	required by I aw (42 USC 1395g; 42 CFR 413.	LOWSHIP VILLAGE, INC In Lie 3.20(b)). Failure to report can result in all interi period being deemed overpayments (42 USC 1395g).			u of Form CMS-2540-10 n FORM APPROVED OMB NO. 0938-0463
SKILLED NURSIN	G FACILITY AND SKILLED NURSING FACILITY HEA EPORT CERTIFICATION AND SETTLEMENT SUMMARY		Provi der CCN: 315356	Period: From 01/01/2023	Expires: 12/31/2021 Worksheet S Parts I, II & III Date/Time Prepared: 6/10/2024 12: 19 pm
PART I - COST	REPORT STATUS				0/10/2024 12. 19 pill
Provi der use only	1.       [X] Electronically prepared cost re         2.       [] Manually prepared cost report         3.       [0] If this is an amended report en         3. 01       [] No Medicare Utilization. Enter	24 Time: 12:19 pm is cost report			
Contractor use only	<ul> <li>4. [1] Cost Report Status <ul> <li>(1) As Submitted</li> <li>(2) Settled without audit</li> <li>(3) Settled with audit</li> <li>(4) Reopened</li> <li>(5) Amended</li> </ul> </li> <li>5. Date Received:</li> </ul>	8.[ N ] Last 9.NPR Date: 10.[ 0 ]If I 11.Contracto 12.[ F ] Medi	No. t Cost Report for this Cost Report for this ine 4, column 1 is "4" r Vendor Code care Utilization. Ente no utilization.	Provider CCN : Enter number of <u>4</u>	

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.

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 FELLOWSHIP VILLAGE, INC (315356) for the cost reporting period beginning 01/01/2023 and ending 12/31/2023 and 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 FINA	NCIAL OFFICER OR ADMINISTRATOR	CHECKBOX		
	1	2	SI GNATURE STATEMENT	
Mar	< Mazzella	ř	I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2 Signatory Printed Name	Mark Mazzella			2
3 Signatory Title	CHIEF FINANCIAL OFFICER			3
4 Date	(Dated when report is electronica			4

		Title	XVIII		
Cost Center Description	Title V	Part A	Part B	Title XIX	
	1.00	2.00	3.00	4.00	
PART III - SETTLEMENT SUMMARY					
1.00 SKILLED NURSING FACILITY	0	4, 617	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	4, 617	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. The valid OMB control number for this information collection is 0938-0463. The time required to complete and review the information collection is estimated 202 hours per response, including the time to review instructions, search existing 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 the 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.

	D NURSING FACILITY AND SKILLED NURSING FACILITY HEA X INDENTIFICATION DATA	ALTH CARE	Provi der	No.: 3	315356	Period: From 01/01,	/2023	Workshe Part I	et S-2	2
						To 12/31	/2023	Date/Ti 6/10/20	me Pre	epare
	1.00	2.00			3.00			6/10/20	)24 12:	19 p
	Skilled Nursing Facility and Skilled Nursing Facil		ddress:							
	Street: 8000 FELLOWSHIP ROAD PO Box									1.
	City: BASKING RIDGE State:		Zip Code:							2.
	County: SOMERSET CBSA ( CBSA (	Code: 35154	Urban/Ru	ral: U						3.
)1	CB3A (		nent Name	P	Provi der	Date	Payme	ent Syste	em (P	3.
		o compos			CCN	Certified		0, or N		
							V	XVIII	XIX	
		-	1.00		2.00	3.00	4.00	5.00	6.00	
	SNF and SNF-Based Component Identification:			LNC	215257	07/01/100/	N	Р	N	
	SNF Nursing Facility	FELLOWSHI P	VILLAGE,	TNC	315356	07/01/1996	N	P	N	4.
	ICF/IID									6.
	SNF-Based HHA									7.
	SNF-Based RHC									8.
	SNF-Based FQHC									9.
00	SNF-Based CMHC									10.
00	SNF-Based OLTC									11.
	SNF-Based HOSPI CE									12.
00	SNF-Based CORF					Erom		То		13.
						From: 1.00		2.0		-
00	Cost Reporting Period (mm/dd/yyyy)					01/01/2		12/31/		14.
	Type of Control (See Instructions)							CORPORAT	LI ON	15.
								Y/I		
	Type of Freestanding Skilled Nursing Facility							1.0	00	
00	Is this a distinct part skilled nursing facility t	hat meets the	requi reme	ents s	set fortl	n in 42 CFR		N		16.
00	section 483.5? Is this a composite distinct part skilled pursing	facility that	moots the	s roa	i romonte	s sat forth	in	N		17.
00 Is this a composite distinct part skilled nursing facility that meets the requirements set forth in 42 CFR section 483.5?								IN IN		''.
	Are there any costs included in Worksheet A that r organizations as defined in CMS Pub. 15-1, chapter							Ν		18.
	Miscellaneous Cost Reporting Information									
	If this is a low Medicare utilization cost report,							N		19.
01	If line 19 is yes, does this cost report meet your utilization cost report, indicate with a "Y", for			for f	filing a	Iow Medica	re	N		19.
	Depreciation - Enter the amount of depreciation re			the r	method i	ndi cated on	Lines	5 20 - 2	22.	
	Straight Line							7,1	161, 326	6 20.
	Declining Balance								(	0 21.
	Sum of the Year's Digits								(	0 22.
	Sum of line 20 through 22							7,1	161, 326	
	If depreciation is funded, enter the balance as o		•		( (N)			V	, (	0 24. 25.
	Were there any disposal of capital assets during t Was accelerated depreciation claimed on any assets					enortina ne	ri od2	Y		26.
00	(Y/N)	The current	int of any	prior	00311	epoi tring pe				20.
00	Did you cease to participate in the Medicare progr	am at end of	the period	d to w	which thi	is cost rep	ort	N		27.
00	applies? (Y/N) Was there a substantial decrease in health insuran	co proporti op	of allows	abloc	cost from	n prior cos	+	N		28.
00	reports? (Y/N)		UT allowa		JUST ITU		L			20.
							Part 1	A Part B 2.00		-
	If this facility contains a public or non-public p	rovider that	qual i fi es	for a	an exemp	tion from t				
	the lower of the costs or charges enter "Y" for ea									
00	exemption. Skilled Nursing Facility						N	N		29.
	Nursing Facility								N	30.
	ICF/IID									31.
	SNF-Based HHA						N	N		32.
00	SNF-Based RHC									33.
	SNF-Based FQHC									34.
	SNF-Based CMHC							Ν		35.
00	SNF-Based OLTC					Y/N				36.
						1.00		2.0	00	
	Is the skilled nursing facility located in a state			ovi der	as a Sl	NF N				37.
00	regardless of the level of care given for Titles V		ts? (Y/N)			NI				38.
	Are you logally required to carry malpractice incu					N				1 30.
00	Are you legally-required to carry malpractice insu Is the malpractice a "claims-made" or "occurrence"		he policy	is		1	1			20
00	Are you legally-required to carry malpractice insu Is the malpractice a "claims-made" or "occurrence" "claims-made" enter 1. If the policy is "occurrenc	policy? If t	he policy	İS		1				
00	Is the malpractice a "claims-made" or "occurrence"	policy? If t	he policy	Pr	remiums 1.00	1 Paid Los 2.00		Selflns 3.0		39.

Health Financial Systems	FELLOWSHIP VILLA	AGE, INC	In Lieu	u of Form CMS-	2540-10
SKILLED NURSING FACILITY AND SKILLED NU	RSING FACILITY HEALTH CARE	Provider No.: 315		Worksheet S-2	2
COMPLEX INDENTIFICATION DATA			From 01/01/2023 To 12/31/2023	Part I Date/Time Pre	epared:
				6/10/2024 12:	19 pm
				Y/N	
		1.00			
42.00 Are malpractice premiums and paid	ve and General cost	N	42.00		
center? Enter Y or N. If yes, che	ck box, and submit supporting	g schedule listing (	cost centers and		
amounts.					
43.00 Are there any home office costs a	s defined in CMS Pub. 15-1, (	Chapter 10?		N	43.00
44.00 If line 43 is yes, enter the home	office chain number and enter	er the name and add	ress of the home		44.00
office on lines 45, 46 and 47.					
1.00	2.00		3.00		
If this facility is part of a cha	in organization, enter the na	ame and address of	the home office on th	e lines	
bel ow.					
45.00 Name:	Contractor's Name:	Con	itractor's Number:		45.00
46.00 Street:	PO Box:				46.00
47.00 City:	State:	Zip	Code:		47.00

	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provi der		Period: From 01/01/2023		
					To 12/31/2023	Date/Time Pre 6/10/2024 12:	
					Y/N	Date	
	General Instruction: For all column 1 respon	and option in column	1 "\/" f		1.00	2.00	_
	responses the format will be (mm/dd/yyyy)	ses enter in corum	1 I, Y IC				
	Completed by All Skilled Nursing Facilites Provider Organization and Operation						-
00	Has the provider changed ownership immediate				N		1.
	reporting period? If column 1 is "Y", enter instructions)	the date of the cha	ange in col	lumn 2. (see			
				Y/N	Date	V/I	
				1.00	2.00	3.00	
00	Has the provider terminated participation in column 1 is yes, enter in column 2 the date			N			2.
	3, "V" for voluntary or "I" for involuntary.						
00	Is the provider involved in business transac			N			3.
	contracts, with individuals or entities (e.g or medical supply companies) that are relate						
	officers, medical staff, management personne						
	of directors through ownership, control, or relationships? (see instructions)	family and other si	milar				
				Y/N	Туре	Date	
				1.00	2.00	3.00	
00	Financial Data and Reports Column 1: Were the financial statements prep	ared by a Certified	1 Public	Y	A	05/15/2024	4.
	Accountant? (Y/N) Column 2: If yes, enter "A	" for Audited, "C"	for			0071072021	
	Compiled, or "R" for Reviewed. Submit comple	1.5					
00	available in column 3. (see instructions) If Are the cost report total expenses and total			Y			5.
	those on the filed financial statements? If						
	reconciliation.				Y/N	Legal Oper.	_
					1.00	2.00	-
•	Approved Educational Activities						<b>.</b>
00	Column 1: Were costs claimed for Nursing Sch legal operator of the program? (Y/N)	iool? (Y/N) Column 2	2: Is the	provider the	N	N	6.
00	Were costs claimed for Allied Health Program				N		7.
00	Were approvals and/or renewals obtained duri School and/or Allied Health Program? (Y/N) s		ng period	for Nursing	N		8.
	School and/or Arried hearth Frograms (17N) s					Y/N	
						1.00	
	Bad Debts						
00		d debts? (Y/N) see	instructio	ons.		Y	9
	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb				st reporting	Y N	
00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy.	ot collection policy	y change du	uring this co		N	10.
00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy.	ot collection policy	y change du	uring this co			10.
00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an	ot collection policy	y change du aived? If '	uring this co "Y", see inst Y", see instr	ructions.	N N	10.
00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement	t collection policy	y change du aived? If ' riod? If "`	uring this co "Y", see inst Y", see instru Pa	ructions.	N N Part B	10.
00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior	ot collection policy	y change du aived? If ' riod? If "`	uring this co "Y", see inst Y", see instr	ructions.	N N	10.
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00 00 00 00 00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior PS&R Data 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.) 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. 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. If line 13 or 14 is "Y", then were adjustments made to PS&R data for	ot collection policy id/or coinsurance wa cost reporting per Description 0	y change du aived? If ' riod? If "`	vring this co "Y", see inst Y", see inst Y", see inst Pa Y/N 1.00 Y N	rt A Date 2.00	N N Part B Y/N 3.00 Y N	10. 11. 12. 13. 13.
00 00 00 00 00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior PS&R Data 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.) 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. 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", If line 13 or 14 is "Y", then were	ot collection policy id/or coinsurance wa cost reporting per Description 0	y change du aived? If ' riod? If "`	vring this co "Y", see inst Y", see inst Y", see inst Pa Y/N 1.00 Y N	rt A Date 2.00	N N Part B Y/N 3.00 Y N	9. 10. 11. 12. 13. 14. 15.
00 00 00 00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior PS&R Data 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.) 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. 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. 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. If line 13 or 14 is "Y", then were	ot collection policy id/or coinsurance wa cost reporting per Description 0	y change du aived? If ' riod? If "`	vring this co "Y", see inst Y", see inst Y", see inst Pa Y/N 1.00 Y N	rt A Date 2.00	N N Part B Y/N 3.00 Y N	10. 11. 12. 13. 14. 15.
00 00 00 00 00 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior PS&R Data 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.) 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. 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. 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. If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other?	ot collection policy id/or coinsurance wa cost reporting per Description 0	y change du aived? If ' riod? If "`	uring this co "Y", see instr "Pa Y/N 1.00 Y N N N	rt A Date 2.00	N N Part B Y/N 3.00 Y N N	10. 11. 12. 13. 13. 14.
. 00 . 00 . 00 . 00	Is the provider seeking reimbursement for ba If line 9 is "Y", did the provider's bad deb period? If "Y", submit copy. If line 9 is "Y", are patient deductibles an Bed Complement Have total beds available changed from prior PS&R Data 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.) 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. 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. 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. If line 13 or 14 is "Y", then were	t collection policy	y change du aived? If ' riod? If "`	uring this co "Y", see instr "Pa Y/N 1.00 Y N N N	rt A Date 2.00	N N Part B Y/N 3.00 Y N N	10. 11. 12. 13. 14. 15.

Heal th	Financial Systems	FELLOWSHIP VI	LLAGE, INC		In Lieu	u of Form CMS-2	2540-10
	ED NURSING FACILITY AND SKILLED NURSING FACILI	TY HEALTH CARE	Provi de		Period:	Worksheet S-2	
COMPLE	EX REIMBURSEMENT QUESTIONNAIRE				From 01/01/2023 To 12/31/2023		nared
						6/10/2024 12:	<u>19 pm</u>
				1.00	2.0	00	
	Cost Report Preparer Contact Information						
19.00	Enter the first name, last name and the title		DEANDRA		FALLON		19.00
	held by the cost report preparer in columns '	1, 2, and 3,					
	respecti vel y.						
20.00	Enter the employer/company name of the cost i	report E	BAKER TILLY	US, LLP			20.00
	preparer.						
21.00	Enter the telephone number and email address		570-820-0301		DEANDRA. FALLON®	BAKERTI LLY. CO	21.00
	report preparer in columns 1 and 2, respective	/el y.			М		

Heal th	Financial Systems	FELLOWSHIP VI	LLAGE, INC	In Lieu	of Form CMS-254	40-10
	D NURSING FACILITY AND SKILLED NURSING FACILI X REIMBURSEMENT QUESTIONNAIRE	TY HEALTH CARE	Provi der No.: 315356		Worksheet S-2 Part II Date/Time Prepar 6/10/2024 12:19	
	-	Part B Date 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.)	05/14/2024			1:	3.00
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.				14	4.00
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.				1!	5.00
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.				10	6.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:				1	7.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.				18	8.00
			3.00			
	Cost Report Preparer Contact Information					
19.00	Enter the first name, last name and the title held by the cost report preparer in columns ' respectively.		DIRECTOR		19	9.00
20.00	Enter the employer/company name of the cost r preparer.	report			20	20.00
21.00	Enter the telephone number and email address report preparer in columns 1 and 2, respectiv				2	21.00

	ED NURSING FÁCILITY AND SKILLED NURSING F EX STATISTICAL DATA	ACILITY HEALTH CARE	Provi der		eriod: rom 01/01/2023 o 12/31/2023	Worksheet S-3 Part I Date/Time Pre 6/10/2024 12:	pared:
				l np	atient Days/Vis		
	Component	Number of Beds	Bed Days Available	Title V	Title XVIII	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
1.00 2.00 3.00 4.00 5.00 6.00 7.00	SKILLED NURSING FACILITY NURSING FACILITY ICF/IID HOME HEALTH AGENCY COST Other Long Term Care SNF-Based CMHC HOSPICE	67	24, 455	0		0	2.00 3.00 4.00 5.00 6.00 7.00
3.00	Total (Sum of lines 1-7)	67 Inpatient E		0	3, 922 Di scharges	0	8.00
			Jay 37 VI 31 13		Di Scharges		
	Component	Other	Total	Title V	Title XVIII	Title XIX	
1 00		6.00	7.00 21,672	8.00	9.00	10.00	1.00
1.00 2.00 3.00 4.00 5.00 6.00 7.00	SKILLED NURSING FACILITY NURSING FACILITY ICF/IID HOME HEALTH AGENCY COST Other Long Term Care SNF-Based CMHC HOSPICE	17, 750	21, 672	0	164	0	1.00 2.00 3.00 4.00 5.00 6.00 7.00
8.00	Total (Sum of lines 1-7)	17, 750		0		0	8.00
		Di sch	arges	Aver	age Length of	Stay	
	Component	Other	Total	Title V	Title XVIII	Title XIX	
1.00	SKILLED NURSING FACILITY	<u> </u>	12.00	13.00 0.00	14.00 23.91	15.00 0.00	1.00
2.00 3.00 4.00 5.00 6.00 7.00	NURSING FACILITY ICF/IID HOME HEALTH AGENCY COST Other Long Term Care SNF-Based CMHC HOSPICE	271		0.00	20. 71	0.00	2.00 3.00 4.00 5.00 6.00 7.00
3.00	Total (Sum of lines 1-7)	291	455	0.00		0.00	8.00
		Average Length of Stay		Admi s	si ons		
	Component	Total	Title V	Title XVIII	Title XIX	Other	
1.00 2.00 3.00 4.00 5.00 6.00 7.00	SKILLED NURSING FACILITY NURSING FACILITY ICF/IID HOME HEALTH AGENCY COST Other Long Term Care SNF-Based CMHC HOSPICE	<u>16.00</u> 47.63	<u>    17. 00                                   </u>	<u>18.00</u> 228	<u>    19. 00                              </u>	20.00 230	1.00 2.00 3.00 4.00 5.00 6.00 7.00
8.00	Total (Sum of lines 1-7)	47.63		-	0	230	8.00
		Admissions	Full Time	Equi val ent			
	Component	Total	Employees on Payroll	Nonpai d Workers	-		
1.00 2.00 3.00 4.00 5.00 5.00 7.00 3.00	SKILLED NURSING FACILITY NURSING FACILITY ICF/IID HOME HEALTH AGENCY COST Other Long Term Care SNF-Based CMHC HOSPICE Total (Sum of Lines 1-7)	21.00 458 458		<u>23.00</u> 0.00 0.00			1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00

Health Financial Systems	FELLOWSHIP V				u of Form CMS-2	
SNF WAGE INDEX INFORMATION				Period: From 01/01/2023 To 12/31/2023	6/10/2024 12:	pared:
	Amount	Reclass. of	Adj usted	Paid Hours	Average	
	Reported	Salaries from	Sal ari es	Related to	Hourly Wage	
		Worksheet A-6	(col. 1 ±	Salary in	(col. 3 ÷	
			col. 2)	col. 3	col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART II - DIRECT SALARIES						-
SALARI ES	10 77( 700		10 77 70		29.35	1.0
1.00 Total salaries (See Instructions)	19, 776, 730	0	19, 776, 73			
2.00 Physician salaries-Part A	0	0		0 0.00		2.0
3.00 Physician salaries-Part B	0	0		0 0.00 0 0.00		3.0
4.00 Home office personnel	0	0		0.00		4.0
5.00 Sum of lines 2 through 4	10 77 720	0	10 77/ 70			
6.00 Revised wages (line 1 minus line 5) 7.00 Other Long Term Care	19, 776, 730	0	19, 776, 73	0 673, 859. 00	29.35	6.0 7.0
7.00 Other Long Term Care 8.00 HOME HEALTH AGENCY COST						8.0
9.00 CMHC						9.0
10. 00 HOSPI CE						10.0
11.00 Other excluded areas	10, 149, 969	0	10, 149, 96	9 426, 840. 00	23. 78	
12.00 Subtotal Excluded salary (Sum of lines 7	10, 149, 969		10, 149, 96			
through 11)	10, 149, 909		10, 149, 90	420, 840. 00	23.70	12.0
13.00 Total Adjusted Salaries (line 6 minus line	9, 626, 761	l o	9, 626, 76	1 247, 019. 00	38.97	13.0
12)						
OTHER WAGES & RELATED COSTS						
14.00 Contract Labor: Patient Related & Mgmt	1,092,377		1, 092, 37			
15.00 Contract Labor: Physician services-Part A	60, 000	0	60, 00			
16.00 Home office salaries & wage related costs	0	0		0 0.00	0.00	16.0
WAGE-RELATED COSTS	1		1			
17.00 Wage-related costs core (See Part IV)	3, 989, 512	0	3, 989, 51	2		17.0
18.00 Wage-related costs other (See Part IV)	0	0		0		18.0
19.00 Wage related costs (excluded units)	2,047,529	0	2, 047, 52	9		19.0
20.00 Physician Part A - WRC	0	0		0		20.0
21.00 Physician Part B - WRC	0	0		0		21.0
22.00 Total Adjusted Wage Related cost (see	1, 941, 983	0	1, 941, 98	3		22.0
instructions)						

Heal th	Financial Systems	FELLOWSHIP V	ILLAGE, INC		In Lie	u of Form CMS-2	2540-10
SNF WA	GE INDEX INFORMATION		Provi der		Period: From 01/01/2023	Worksheet S-3 Part III	
					To 12/31/2023	Date/Time Pre	
					5.1.1.	6/10/2024 12:	19 pm
		Amount	Reclass. of	Adj usted	Paid Hours	Average	
		Reported	Salaries from		Related to	Hourly Wage	
			Worksheet A-6		Salary in	(col. 3 ÷	
				col. 2)	col. 3	col. 4)	
	1	1.00	2.00	3.00	4.00	5.00	
	PART III - OVERHEAD COST - DIRECT SALARIES		•	-			
1.00	Employee Benefits	0	0		0 0.00	0.00	1.00
2.00	Administrative & General	1, 804, 168	0	1, 804, 16	45, 485. 00	39.67	2.00
3.00	Plant Operation, Maintenance & Repairs	8, 603	0	8,60	399.00	21.56	3.00
4.00	Laundry & Linen Service	0	0		0 0.00	0.00	4.00
5.00	Housekeeping	0	0		0 0.00	0.00	5.00
6.00	Dietary	70, 660	0	70, 66	2,051.00	34.45	6.00
7.00	Nursing Administration	1, 146, 578		1, 146, 57			
8.00	Central Services and Supply	0	0	., ,	0 0.00		
9.00	Pharmacy	0	0		0 0.00		
10.00	Medical Records & Medical Records Library	0	0		0 0.00		
11.00	Soci al Servi ce	129, 017	0	129, 01			
12.00	Nursing and Allied Health Ed. Act.	127,017	0	127,01	7 3, 073.00	55.15	12.00
12.00	Other General Service	319, 051	0	319, 05	12, 399. 00	25 72	12.00
							•
14.00	Total (sum lines 1 thru 13)	3, 478, 077	1 0	3, 478, 07	88, 559. 00	39.27	14.00

Heal th	n Financial Systems	FELLOWSHIP VILLA	GE, INC	In Lie	u of Form CMS-2	2540-10
	AGE RELATED COSTS		Provi der No. : 315356	Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part IV	
				10 12/01/2020	6/10/2024 12:	
					Amount	
					Reported	
					1.00	
	PART IV - WAGE RELATED COSTS					
	Part A - Core List					
	RETIREMENT COST					
1.00	401K Employer Contributions				219, 972	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contri				0	2.00
3.00	Qualified and Non-Qualified Pension Plan Co	ost			0	3.00
4.00	Prior Year Pension Service Cost				0	4.00
	PLAN ADMINISTRATIVE COSTS (Paid to External	Organi zati on)			-	
5.00	401K/TSA Plan Administration fees				0	5.00
6.00	Legal /Accounting/Management Fees-Pension Pl				0	6.00
7.00	Employee Managed Care Program Administration	on Fees			0	7.00
0.00	HEALTH AND INSURANCE COST				1 001 101	0.00
8.00	Health Insurance (Purchased or Self Funded)	)			1, 331, 434	
9.00	Prescription Drug Plan				0	9.00
10.00	J				0	10.00
11.00 12.00					0	
12.00					0	12.00
13.00					0	
14.00		when or beneficiary)			593, 864	
16.00		war not the extrac	rdinary accrual require	od by EASP 104	593, 804 0	16.00
10.00	Non cumulative portion)	year, not the extrac	inditially accidati require	eu by FASE 100.	0	10.00
	TAXES					
17.00					1, 515, 759	17.00
18.00					0	18.00
19.00					0	
	State or Federal Unemployment Taxes				328, 483	
20.00	OTHER				020, 100	20.00
21.00					0	21.00
22.00					0	22.00
23.00					0	23.00
24.00		23)			3, 989, 512	
	· · · · · · · · · · · · · · · · · · ·				Amount	
					Reported	
					1.00	
	Part B - Other than Core Related Cost					
25.00	OTHER WAGE RELATED COSTS (SPECIFY)				0	25.00

Heal th	Financial Systems	FELLOWSHIP VII	LLAGE, INC		In Lie	u of Form CMS-2	2540-10
	PORTING OF DIRECT CARE EXPENDITURES		Provi der		Period: From 01/01/2023 To 12/31/2023	Worksheet S-3 Part V Date/Time Pre 6/10/2024 12:	pared:
	Occupational Category	Amount Reported	Fringe Benefits	Adj usted Sal ari es (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	
	Di rect Sal ari es						
1 00	Nursing Occupations	004 040	1/0 /7/	1 00 1 00	4 4 4 5 00	(0.40	1 00
1.00	Registered Nurses (RNs)	836, 262	168, 674				1.00
2.00	Licensed Practical Nurses (LPNs)	728, 681	146, 975	875, 65			2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1, 413, 305	285, 064	1, 698, 36	55, 129. 00	30. 81	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2, 978, 248	600, 713	3, 578, 96	89, 608. 00	39.94	4.00
5.00	Physical Therapists	1, 086, 001	219, 046	1, 305, 04	7 21, 424. 00	60. 92	5.00
6.00	Physical Therapy Assistants	363, 996	73, 418	437, 41	4 10, 406. 00	42.03	6.00
7.00	Physical Therapy Aides	0	0		0 0.00	0.00	7.00
8.00	Occupational Therapists	656, 930	132, 503	789, 43	14, 864. 00	53.11	8.00
9.00	Occupational Therapy Assistants	44, 632	9, 002	53, 63	1, 233. 00	43.50	9.00
10.00	Occupational Therapy Aides	0	0		0 0.00	0.00	10.00
11.00	Speech Therapists	275, 455	55, 559	331, 01	4 6, 403. 00	51.70	11.00
12.00	Respi ratory Therapi sts	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				- F		
	Registered Nurses (RNs)	413, 024		413, 02		99.26	14.00
15.00	Licensed Practical Nurses (LPNs)	378, 712		378, 71		73.00	15.00
16.00	Certified Nursing Assistant/Nursing	232, 618		232, 61	8 4, 653. 00	49.99	16.00
	Assi stants/Ai des						
17.00	Total Nursing (sum of lines 14 through 16)	1, 024, 354		1, 024, 35		73.16	17.00
18.00	Physical Therapists	6, 091		6, 09		60.00	18.00
19.00	Physical Therapy Assistants	7, 177		7, 17		45.00	
20.00	Physical Therapy Aides	0			0 0.00	0.00	20.00
21.00	Occupational Therapists	34, 574		34, 57		60.00	21.00
22.00	Occupational Therapy Assistants	2, 111		2, 11		45.00	22.00
23.00	Occupational Therapy Aides	0			0 0.00	0.00	
24.00	Speech Therapi sts	18, 070		18, 07		60.00	
25.00	Respiratory Therapists	0			0 0.00	0.00	25.00
26.00	Other Medical Staff	0			0 0.00	0.00	26.00

	Provider No.: 315356	Peri od:	Worksheet S-	-7
		From 01/01/2023 To 12/31/2023	Date/Time Pr	repared:
		Group	6/10/2024 12 Days	<u>z: 19 piii</u>
		1.00	2.00	
. 00		RUX		1.00
. 00		RUL RVX		2.00
. 00		RVL		4.00
. 00		RHX		5.00
. 00		RHL		6.00
. 00		RMX		7.00
. 00		RML		8.00
. 00 0. 00		RLX RUC		9.00
1.00		RUB		11.00
2.00		RUA		12.00
3.00		RVC		13.00
4.00		RVB		14.00
5.00		RVA		15.00
6. 00 7. 00		RHC RHB		16.00 17.00
8.00		RHA		18.00
9.00		RMC		19.00
0.00		RMB		20.00
1.00		RMA		21.00
2.00		RLB		22.00
3.00		RLA		23.00
4. 00 5. 00		ES3 ES2		24.00 25.00
6.00		ES1		26.00
7.00		HE2		27.00
8.00		HE1		28.00
9.00		HD2		29.00
0.00		HD1		30.00
1.00 2.00		HC2 HC1		31.00 32.00
3.00		HB2		32.00
4.00		HB1		34.00
5.00		LE2		35.00
6.00		LE1		36.00
7.00		LD2		37.00
8.00		LD1		38.00
9.00		LC2 LC1		39.00 40.00
1.00		LB2		41.00
2.00		LB1		42.00
3.00		CE2		43.00
4.00		CE1		44.00
5.00		CD2		45.00
6. 00 7. 00		CD1 CC2		46.00 47.00
8.00		CC1		48.00
9.00		CB2		49.00
0. 00		CB1		50.00
1.00		CA2		51.00
2.00		CA1		52.00
3. 00 4. 00		SE3 SE2		53.00 54.00
5.00		SE2 SE1		54.00
6.00		SSC		56.00
7.00		SSB		57.00
8.00		SSA		58.00
9.00		I B2		59.00
0.00		I B1 I A2		60.00 61.00
2.00		I A2		62.00
3. 00		BB2		63.00
4.00		BB1		64.00
5.00		BA2		65.00
6.00		BA1		66.00
7.00 8.00		PE2 PE1		67.00 68.00
9.00		PE I PD2		68.00
0.00		PD1		70.00
		PC2		71.00
1.00				
2.00		PC1		72.00

Health Financial Systems	FELLOWSHIP VILLAG	E, INC		In Lie	u of Form CMS	-2540-10	
PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA		Provi der	No.: 315356	Period:	Worksheet S	-7	
				From 01/01/2023 To 12/31/2023	Date/Time Pi 6/10/2024 12		
				Group	Days		
				1.00	2.00		
76.00				PA1		76.00	
99.00				AAA		99.00	
100. 00 TOTAL						100.00	
			Expenses	Percentage	Y/N		
			1.00	2.00	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	
103.00 Retention of employees 104.00 Training						103.00	
105. 00 OTHER (SPECI FY)						104.00	
106.00 Total SNF revenue (Worksheet G-2, Part I, I	ine 1 column ?)					105.00	
100.00 10 tal Sili Levende (WOLKSheet 0-2, Falt 1, 1	The T, Corumn 3)		I	I	I	100.00	

Cost Center Description         Salaries         Other         Total (col. + col. 2)         Reclassificat for mol/01/2023 To 12/31/2020         Worksheet A bat/Time Prepare (col. 3 +- col. 4)           Cost Center Description         Salaries         Other         Total (col. + col. 2)         Reclassificat ions increase/Decription           1.00         2.00         3.00         4.00         5.00           0000300 EMPLOYEE RENEFITS         0         9.963,828         9.963,828         9.963,828         9.963,828           5.00         00000 CAUNDRY & LINEN SERVICE         0         2.44,577         2.44,577         0         2.44,577           7.01         00701 HOUSEKEEPI NG-NURSI NG FACILITY         0         0         0         0         0           0.00         00000 DI ETARY         70,660         7.236,562         7.307,222         0         7.307,222         0         7.307,222
Cost Center Description         Sal aries         Other         Total (col. 1 + col. 2)         Reclassificat ions Increase/Decr ease (Fr Wkst A-6)         Reclassified Trial Balance (col. 3 +- col. 4)           1.00         2.00         3.00         4.00         5.00           00100 (CAP REL COST - BLDGS & FLXTURES 3.00         9.963,828         9.963,828         0         9.963,828           3.00         00400 ADMIN STRATI VE & GENERAL 5.00         0         3.989,512         0         3.989,512           4.00         00400 ADMIN STRATI VE & GENERAL 5.00         1, 804, 168         7, 467,900         9, 272,068         0         9, 272, 068           5.00         00500 PLANT OPERATION, MAINT & REPAIRS         8.603         4.295, 708         4.304, 311         0         4.304, 311           0.00 00700 HOUSEKEEPING         0         1, 223, 742         1, 223, 742         0         1, 223, 742           7.01         00700 HOUSEKEEPING         0         0         0         0         0           0.00 00800 DLTARY         FITAR         19, 001         0         0         0         1, 226, 605           13.00         01300 SOCIAL SERVICE         0         0         0         0         0           0         000000 NUSING FACILITY         0
Cost Center Description         Sal aries         Other         Total (col. 1) + col. 2)         Reclassified ions Increase/Decr ease (Fr Wkst A-6)           1.00         2.00         3.00         4.00         5.00           1.00         2.00         3.00         4.00         5.00           1.00         00100 CAP REL COSTS - BLOGS & FIXTURES         9,963,828         9,963,828         0,9963,828           1.00         000300 EMPLOYEE BENEFITS         0,3,989,512         0,3,989,512         0,3,989,512           4.00         00400 ADMINI STRATIVE & GENERAL         1,804,166         7,467,900         9,272,068           5.00         00500 PLANT OPERATION, MAINT. & REPAIRS         8,603         4,295,708         4,304,311         0         4,304,311           7.00         00700 HOUSEKEEPI NG-NURSING FACILITY         0         1,223,742         0         1,223,742         0         1,223,742           7.01         00702 HOUSEKEEPI NG-RESI DENTIAL         0         0         0         0         0         0         0           8.00         04,165,578         6,0027         1,223,742         0         1,223,742         0         1,223,742         0         1,226,605         0         1,206,605         0         1,206,605         0         <
END         END         ions Increase/Decrease (col. 3) +- col. 4)         Trial Balance (col. 3) +- col. 4)           1.00         00100 (AP REL COST CENTERS         1.00         2.00         3.00         4.00         5.00           1.00         00100 (AP REL COST S - BLDGS & FIXTURES 0.00 (00300 [EMPLOYEE BENETITS         9, 963, 828         9, 963, 828         0         9, 963, 828           4.00         0400 (ADM INI STRATI VE & GENERAL 5.00         1, 804, 168         7, 467, 900         9, 272, 068         0         9, 272, 068           6.00         00500 [LANT DYERATION, MAINT, & REPAI RS 5.00         0, 6003         4, 295, 708         4, 304, 311         0         4, 304, 311           6.00         00600 [LAUNDRY & LI NEN SERVICE         0         1, 223, 742         0         1, 223, 742           7.01         00701 HOUSEKEEPI NG         0         1, 223, 742         0         1, 223, 742           7.01         00702 HOUSEKEEPI NG-NURSI NG FACI LI TY         0         0         0         0           8.00         01 (23, 652         7, 307, 222         0         7, 307, 222         0         7, 307, 222           9.00         00900 [NURSI NG ADMI NI STRATI ON         1, 146, 578         60, 027         1, 206, 605         0         1, 206, 605         1, 206, 605
GENERAL SERVICE COST CENTERS         (col. 3 +- case (Fr Wkst A-6)         (col. 3 +- case (Fr Wkst A-6)           1.00         2.00         3.00         4.00         5.00           1.00         00100 CAP REL COSTS - BLDGS & FIXTURES 0 0300 EMPLOYEE BENEFITS         9,963,828 0 3,989,512         9,963,828 0 9,963,828         9,963,828 0 9,963,828         9,963,828 0 9,963,828         9,963,828 0 9,963,828         0,9,963,828 0 9,963,828         0,9,963,828 0 9,963,828         0,960,51         0,00         0,00         0,96,21,000         0,92,71,2
END         Ease (Fr Wkst A-6)         col . 4)           1.00         2.00         3.00         4.00         5.00           1.00         00100 CAP REL COST CENTERS         9,963,828         9,963,828         0         9,963,828           3.00         00300 EMPLOYEE BENEFITS         0         3,989,512         3,989,512         3,989,512         3,989,512           4.00         00400 ADMI NI STRATI VE & GENERAL         1,804,168         7,467,900         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         9,272,068         0         0,244,577         0         1,245,577         0         0,244,577         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0
CENTRAL SERVICE COST CENTERS         1.00         2.00         3.00         4.00         5.00           1.00         00100 [CAP REL COSTS - BLOGS & FIXTURES         9.963,828         9.963,828         0.9.963,828         0.9.963,828           3.00         00300 [EMPLOYE BENEFITS         0         3.989,512         3.989,512         0.9.963,828           4.00         00400 ADMINISTRATIVE & GENERAL         1.804,168         7.467,900         9.272,068         0.9.272,068           5.00         00500 PLANT OPERATION, MAINT. & REPAIRS         8.603         4.295,708         4.304,311         0         4.304,311           6.00         00700 HOUSEKEEPI NG         0         1.223,742         1.223,742         1.223,742         1.223,742         1.223,742         1.223,742         1.223,742         1.223,742         1.223,742         1.226,605         0<
I. 00         2. 00         3. 00         4. 00         5. 00           GENERAL SERVICE COST CENTERS
GENERAL SERVICE COST CENTERS         9,963,828         9,963,828         9,963,828         9,963,828         0         9,963,828           1.00         00100 CAP REL COSTS - BLOGS & FIXTURES         0         3,989,512         3,989,512         0         0         0         0         0         0         0         0         0         0
1.00       00100       CAP       REL       COSTS - BLDGS & FIXTURES       9, 963, 828       9, 963, 828       9, 963, 828       0       9, 963, 828         3.00       00300       EMPLOYEE       BENEFITS       0       3, 989, 512       3, 989, 512       0       1, 223, 742       0       1, 223, 742       0
3.00       00300       EMPLOYEE BENEFITS       0       3,989,512       3,989,512       3,989,512       0       3,989,512         4.00       00400       ADMINISTRATIVE & GENERAL       1,804,168       7,467,900       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       9,272,068       0       4,304,311       0       4,304,311       0       4,304,311       0       4,304,311       0       4,304,311       0       244,577       0       244,577       0       244,577       0       244,577       0
4.00       00400       ADMI NI STRATI VE & GENERAL       1,804,168       7,467,900       9,272,068       0       9,272,068         5.00       00500       PLANT OPERATI ON, MAI NT. & REPAI RS       8,603       4,295,708       4,304,311       0       4,304,311         6.00       00600       LAUNDRY & LI NEN SERVI CE       0       244,577       244,577       0       244,577         7.00       00700       HOUSEKEEPI NG       0       1,223,742       1,223,742       0       244,577         7.01       00701       HOUSEKEEPI NG       0       0       0       0       0       0         7.02       00702       HOUSEKEEPI NG-RESI DENTI AL       0
5.00       00500       PLANT OPERATION, MAINT. & REPAIRS       8,603       4,295,708       4,304,311       0       4,304,311         6.00       00600       LAUNDRY & LINEN SERVICE       0       244,577       244,577       0       244,577         7.00       00700       HOUSEKEEPI NG       0       1,223,742       1,223,742       0       1,223,742         7.01       00701       HOUSEKEEPI NG-NURSI NG FACILITY       0       0       0       0         7.02       00702       HOUSEKEEPI NG-RESI DENTI AL       0       0       0       0         8.00       00800 DI ETARY       70,660       7,236,562       7,307,222       0       7,307,222         9.00       00900 NURSI NG ADMI NI STRATI ON       1,146,578       60,027       1,206,605       0       1,206,605         13.00       01300       SOCI AL SERVI CE       129,017       0       129,017       1       129,017       1         15.00       D1500       PATI ENT ROUTI NE SERVI CE COST CENTERS
6.00       00600       LAUNDRY & LINEN SERVICE       0       244, 577       244, 577       0       244, 577         7.00       00700       HOUSEKEEPING       0       1, 223, 742       1, 223, 742       0       1, 223, 742         7.01       00701       HOUSEKEEPING-NURSING FACILITY       0       0       0       0       0         7.02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       0         8.00       00800       DI ETARY       70,660       7,236,562       7,307,222       0       7,307,222         9.00       00900       NURSING ADMINISTRATION       1,146,578       60,027       1,206,605       0       1,29,017       1         15.00       01500       PATIENT ACTIVITIES       319,051       26,050       345,101       0       345,101       1         1NPATIENT ROUTINE SERVICE COST CENTERS
7.00       00700       HOUSEKEEPING       0       1, 223, 742       1, 223, 742       0       1, 223, 742         7.01       00701       HOUSEKEEPING-NURSING FACILITY       0       0       0       0       0         7.02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       0       0         8.00       00800       DI ETARY       70,660       7,236,562       7,307,222       0       7,307,222         9.00       00900       NURSING ADMINISTRATION       1,146,578       60,027       1,206,605       0       1,209,017       0       129,017       0       129,017       0       129,017       0       129,017       1       1       15.00       03000       SKI LLED       NURSING FACILITY       2,978,248       1,116,995       4,095,243       0       4,095,243       3         HORALLARY SERVICE COST CENTERS         30.00       03000       SKI LLED       NURSING FACILITY       2,978,248       1,116,995       4,095,243       0       21,950       4         4NCI LLARY SERVICE COST CENTERS         40.00       04000       RADI OLOGY       0       0       0       0       21,950 <td< td=""></td<>
7. 01       00701       HOUSEKEEPING-NURSING FACILITY       0       0       0       0       0         7. 02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       0         8. 00       00800       DI ETARY       70,660       7,236,562       7,307,222       0       7,307,222         9. 00       00900       NURSING ADMINISTRATION       1,146,578       60,027       1,206,605       0       129,017       1         13. 00       01300       SOCI AL SERVICE       129,017       0       129,017       0       129,017       0       345,101       0       345,101       1         INPATI ENT ROUTINE SERVICE COST CENTERS         30. 00       0300 SKI LLED NURSING FACILITY       2,978,248       1,116,995       4,095,243       0       4,095,243       3         ANCILLARY SERVICE COST CENTERS         40. 00       04000       RADI OLOGY       0       21,950       21,950       0       21,950       4         43.00       04300       OXGEN (INHALATION) THERAPY       0       36,740       36,740       4         44.00       04400       PHYSI CAL THERAPY       1,449,997       221,958       1
7. 02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       0         8. 00       00800       DI ETARY       70, 660       7, 236, 562       7, 307, 222       0       7, 307, 222         9. 00       00900       NURSI NG ADMI NI STRATI ON       1, 146, 578       60, 027       1, 206, 605       0       1, 206, 605         13. 00       01300       SOCI AL SERVI CE       129, 017       0       129, 017       0       129, 017       1         15. 00       PATI ENT ACTI VI TI ES       319, 051       26, 050       345, 101       0       345, 101       1         NPATI ENT ROUTI NE SERVI CE COST CENTERS         0       0       21, 950       4, 095, 243       0       4, 095, 243       3         ANCI LLARY SERVI CE COST CENTERS         40. 00       04000       RADI OLOGY       0       21, 950       21, 950       0       21, 950       4         43. 00       04300       0XGEN (INHALATI ON) THERAPY       0       0       0       0       0       0       0       4         45. 00       04500       OCCUPATI ONAL THERAPY       1, 449, 997       221, 988       1, 671, 985       -54, 755
8.00         00800         DI ETARY         70, 660         7, 236, 562         7, 307, 222         0         7, 307, 222           9.00         00900         NURSI NG ADMI NI STRATI ON         1, 146, 578         60, 027         1, 206, 605         0         1, 206, 605           13.00         01300         SOCI AL SERVI CE         129, 017         0         129, 017         0         129, 017         0         345, 101         0         345, 101         1           15.00         03000         SKI LLED NURSI NG FACI LI TY         2, 978, 248         1, 116, 995         4, 095, 243         0         4, 095, 243         3           30.00         03000         SKI LLED NURSI NG FACI LI TY         2, 978, 248         1, 116, 995         4, 095, 243         0         4, 095, 243         3           40.00         04000         RADI OLOGY         0         21, 950         21, 950         0         21, 950         4           41.00         04100         LABORATORY         0         36, 740         36, 740         36, 740         4           43.00         04300         OXYGEN (I NHALATI ON) THERAPY         0         0         0         0         0         0         0         4           44.00
9.00       00900       NURSI NG ADMI NI STRATI ON       1, 146, 578       60, 027       1, 206, 605       0       1, 206, 605         13.00       01300       SOCI AL SERVI CE       129, 017       0       129, 017       0       129, 017       1         15.00       01500       PATI ENT ACTI VI TI ES       319, 051       26, 050       345, 101       0       345, 101       1         INPATI ENT ROUTI NE SERVI CE COST CENTERS         30.00       03000       SKI LLED NURSI NG FACI LI TY       2, 978, 248       1, 116, 995       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       4, 095, 243       0       1 <td< td=""></td<>
13.00       01300       SOCI AL SERVI CE       129,017       0       129,017       0       129,017       1         15.00       01500       PATI ENT ACTI VI TI ES       319,051       26,050       345,101       0       345,101       1         INPATI ENT ACTI VI TI ES       319,051       26,050       345,101       0       345,101       1         INPATI ENT ROUTI NE SERVI CE COST CENTERS         30.00       0300 SKI LLED NURSI NG FACI LI TY       2,978,248       1,116,995       4,095,243       0       4,095,243       3         ANCI LLARY SERVI CE COST CENTERS         4         0       0       21,950       21,950       0       21,950       4         41.00       04100       LABORATORY       0       36,740       36,740       4         43.00       04300       OXGEN (INHALATI ON) THERAPY       0       0       0       0       0       4         44.00       04400       PHYSI CAL THERAPY       1,449,997       221,988       1,671,985       -54,755       1,617,230       4         45.00       04500       SCUPATI ONAL THERAPY       701,562       0       701,562       36,685
15.00         01500         PATI ENT ACTI VI TI ES         319,051         26,050         345,101         0         345,101         1           INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         0300 SKI LLED NURSI NG FACI LI TY         2,978,248         1,116,995         4,095,243         0         4,095,243         3           ANCI LLARY SERVI CE COST CENTERS           40.00         04000 RADI OLOGY         0         21,950         21,950         0         21,950         4           41.00         04100 LABORATORY         0         36,740         36,740         36,740         4           44.00         04400 PHYSI CAL THERAPY         1,449,997         221,988         1,671,985         -54,755         1,617,230         4           45.00         04600 SPEECH PATHOLOGY         275,455         0         738,247         4           46.00         04600 SPEECH PATHOLOGY         275,455         18,070         293,525         4           48.00         04800 MEDI CAL SUPPLI ES CHARGED TO PATI ENTS         0         184,152         184,152         0         184,152         4           49.00         0209,470         0         2
INPATI ENT ROUTI NE SERVI CE COST CENTERS           30.00         03000 SKI LLED NURSI NG FACI LI TY         2, 978, 248         1, 116, 995         4, 095, 243         0         4, 095, 243         3           ANCI LLARY SERVI CE COST CENTERS
30. 00       03000       SKI LLED NURSI NG FACI LI TY       2,978,248       1,116,995       4,095,243       0       4,095,243       3         ANCI LLARY SERVI CE COST CENTERS       0       0       21,950       21,950       0       21,950       4         40. 00       04000       RADI OLOGY       0       21,950       0       21,950       4         41. 00       04100       LABORATORY       0       36,740       36,740       0       36,740         43. 00       04300       OXYGEN (I NHALATI ON) THERAPY       0       0       0       0       0         44. 00       04400       PHYSI CAL THERAPY       1,449,997       221,988       1,671,985       -54,755       1,617,230       4         45. 00       04500       OCCUPATI ONAL THERAPY       701,562       0       701,562       36,685       738,247       4         46. 00       04600       SPEECH PATHOLOGY       275,455       0       275,455       18,070       293,525       4         48. 00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       184,152       184,152       0       184,152       0       209,470       4         49. 00       04900       DRUGS CHARGED T
ANCI LLARY         SERVI CE         COST         CENTERS           40.00         04000         RADI OLOGY         0         21,950         21,950         0         21,950         4           41.00         04100         LABORATORY         0         36,740         36,740         0         36,740         4           43.00         04300         OXYGEN         (1NHALATI ON)         THERAPY         0         0         0         0         0         4           44.00         04400         PHYSI CAL         THERAPY         1,449,997         221,988         1,671,985         -54,755         1,617,230         4           45.00         04500         OCCUPATI ONAL         THERAPY         701,562         0         701,562         36,685         738,247         4           46.00         04600         SPEECH         PATHOLOGY         275,455         0         275,455         18,070         293,525         4           48.00         04800         MEDI CAL         SUPPLIES         CHARGED TO PATI ENTS         0         184,152         184,152         0         184,152         4           49.00         04900         DRUGS         CHARGED TO PATI ENTS         0         209,470 </td
40.00       04000       RADI OLOGY       0       21,950       21,950       0       21,950       4         41.00       04100       LABORATORY       0       36,740       36,740       0       36,740       4         43.00       04300       OXYGEN (I NHALATI ON) THERAPY       0       0       0       0       0       4         44.00       04400       PHYSI CAL THERAPY       1,449,997       221,988       1,671,985       -54,755       1,617,230       4         45.00       04500       OCUPATI ONAL THERAPY       701,562       0       701,562       36,685       738,247       4         46.00       04600       SPEECH PATHOLOGY       275,455       0       275,455       18,070       293,525       4         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       184,152       184,152       0       184,152       0       184,152       4       9.00       04900       DRUGS CHARGED TO PATI ENTS       0       209,470       0       209,470       0       209,470       4
41.00       04100       LABORATORY       0       36,740       36,740       0       36,740       4         43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0       0       0       4         44.00       04400       PHYSI CAL THERAPY       1,449,997       221,988       1,671,985       -54,755       1,617,230       4         45.00       04500       OCCUPATI ONAL THERAPY       701,562       0       701,562       36,685       738,247       4         46.00       04600       SPEECH PATHOLOGY       275,455       0       275,455       18,070       293,525       4         48.00       04900       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       184,152       184,152       0       184,152       4       9.00       209,470       0       209,470       4
43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0       0       4         44.00       04400       PHYSI CAL THERAPY       1, 449, 997       221, 988       1, 671, 985       -54, 755       1, 617, 230       4         45.00       04500       OCCUPATI ONAL THERAPY       701, 562       0       701, 562       36, 685       738, 247       4         46.00       04600       SPEECH PATHOLOGY       275, 455       0       275, 455       18, 070       293, 525       4         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       184, 152       184, 152       0       184, 152       184, 152       0       184, 152       4         49.00       04900       DRUGS CHARGED TO PATIENTS       0       209, 470       0       209, 470       0       209, 470       4
44. 00       04400       PHYSI CAL THERAPY       1, 449, 997       221, 988       1, 671, 985       -54, 755       1, 617, 230       4         45. 00       04500       OCCUPATI ONAL THERAPY       701, 562       0       701, 562       36, 685       738, 247       4         46. 00       04600       SPEECH PATHOLOGY       275, 455       0       275, 455       18, 070       293, 525       4         48. 00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       184, 152       184, 152       0       184, 152       184, 152       0       184, 152       4         49. 00       04900       DRUGS CHARGED TO PATIENTS       0       209, 470       0       209, 470       0       209, 470       4
45.00       04500       0CCUPATI ONAL THERAPY       701, 562       0       701, 562       36, 685       738, 247       4         46.00       04600       SPEECH PATHOLOGY       275, 455       0       275, 455       18, 070       293, 525       4         48.00       04800       MEDI CAL SUPPLI ES CHARGED TO PATI ENTS       0       184, 152       184, 152       0       184, 152       4         49.00       04900       DRUGS CHARGED TO PATI ENTS       0       209, 470       0       209, 470       209, 470       4
48.00         04800         MEDI CAL SUPPLI ES         CHARGED TO PATI ENTS         0         184, 152         184, 152         0         184, 152         4           49.00         04900         DRUGS         CHARGED TO PATI ENTS         0         209, 470         209, 470         0         209, 470         4
49.00 04900 DRUGS CHARGED TO PATIENTS 0 209,470 0 209,470 4
OUTATIENT SERVICE COST CENTERS
60. 00 06000 CLINIC 743, 422 493, 016 1, 236, 438 0 1, 236, 438 6
SPECIAL PURPOSE COST CENTERS
81.00 08100 INTEREST EXPENSE 0 0 0 0 8
89.00         SUBTOTALS (sum of lines 1-84)         9, 626, 761         36, 792, 217         46, 418, 978         0         46, 418, 978         8
NONREI MBURSABLE COST CENTERS
90. 00 09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN 0 0 0 0 0 9
91.00 09100 BARBER AND BEAUTY SHOP 0 88,106 0 88,106 9
95. 00 09500 NON-REI MBURSABLE 0 0 0 0 0 9
95. 01 09501 PC/1LU 8, 935, 962 1, 877, 944 10, 813, 906 0 10, 813, 906 9
95. 02 09502 NRCC HOSPICE 632, 514 165, 807 798, 321 0 798, 321 9
95. 03 09503 CULTURAL ARTS CENTER 0 259, 683 259, 683 0 259, 683 9
95. 04 09504 WELLNESS CENTER 311, 791 168, 831 480, 622 0 480, 622 9
95. 05 09505 MED SPA 269, 702 335, 876 605, 578 0 605, 578 9
100. 00 TOTAL 19, 776, 730 39, 688, 464 59, 465, 194 0 59, 465, 194 10

Health Financial Systems	FELLOWSHIP V	ILLAGE, INC	In Lieu of Form CMS-2540-1
RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF	F EXPENSES	Provi der No. : 315356	Period: Worksheet A
			From 01/01/2023 To 12/31/2023 Date/Time Prepared:
			To 12/31/2023 Date/Time Prepared: 6/10/2024 12:19 pm
Cost Center Description	Adjustments	Net Expenses	
	to Expenses	For	
	(Fr Wkst A-8)	Allocation	
		(col. 5 +-	
		col. 6)	
	6.00	7.00	
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS - BLDGS & FIXTURES	-2, 102, 589		1.00
3. 00 00300 EMPLOYEE BENEFITS	-86, 839		3.00
4.00 00400 ADMINI STRATI VE & GENERAL	-2, 201, 940		4.00
5.00 00500 PLANT OPERATION, MAINT. & REPAIRS	-46, 581		5.00
6.00 00600 LAUNDRY & LI NEN SERVI CE	-19, 132		6.00
7.00 00700 HOUSEKEEPI NG	0	., ===,=	7.00
7. 01 00701 HOUSEKEEPI NG-NURSI NG FACI LI TY	0	-	7.01
7. 02 00702 HOUSEKEEPI NG-RESI DENTI AL	0	-	7.02
8. 00 00800 DI ETARY	-187, 406		8.00
9. 00 00900 NURSI NG ADMI NI STRATI ON	0		9.00
13.00 01300 SOCIAL SERVICE	0		13.00
15.00 01500 PATIENT ACTIVITIES	0	345, 101	15.00
I NPATI ENT ROUTI NE SERVI CE COST CENTERS			
30.00 03000 SKILLED NURSING FACILITY	0	4, 095, 243	30.00
ANCI LLARY SERVICE COST CENTERS	1 .		
40. 00 04000 RADI OLOGY	0		40.00
41.00 04100 LABORATORY	0		41.00
43.00 04300 0XYGEN (INHALATION) THERAPY	0	-	43.00
44. 00 04400 PHYSI CAL THERAPY	0		44.00
45.00 04500 OCCUPATI ONAL THERAPY	0	738, 247	45.00
46.00 04600 SPEECH PATHOLOGY	0		46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	0	209, 470	49.00
OUTPATIENT SERVICE COST CENTERS			
60. 00 06000 CLINIC	0	1, 236, 438	60.00
SPECIAL PURPOSE COST CENTERS	-		
81.00 08100 INTEREST EXPENSE	0		81.00
89.00 SUBTOTALS (sum of lines 1-84)	-4, 644, 487	41, 774, 491	89.00
NONREI MBURSABLE COST CENTERS			
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	1	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0		91.00
95. 00 09500 NON-REI MBURSABLE	0		95.00
95. 01 09501 PC/I LU	0		95.0
95. 02 09502 NRCC HOSPI CE	0		95. 02
95. 03 09503 CULTURAL ARTS CENTER	0		95.03
95.04 09504 WELLNESS CENTER	0	100/022	95.04
95.05 09505 MED SPA	0		95.05
100. 00   TOTAL	-4, 644, 487	54, 820, 707	100.00

Health Financial Systems	FELLOWSHIP VILLAG	E, INC	In Lieu of Form CMS-25			
RECLASSI FI CATI ONS	Provider No.: 315			Period: From 01/01/2023	Worksheet A-6	
					Date/Time Pre	pared:
					6/10/2024 12:	19 pm
			Increases			
			Line #	Sal ary	Non Salary	
	2.00		3.00	4.00	5.00	
(1) B - CONTRACTED THERAPY						
1.00	OCCUPATI ONAL THERAPY		45.0	0 0	36, 685	1.00
2.00	OCCUPATI ONAL THERAPY SPEECH PATHOLOGY		46.0	0 0	18, 070	2.00
TOTALS					_	
100.00	Total Reclassifications (Sum			0	54, 755	100.00
	of columns 4 and 5	of columns 4 and 5 must				
	equal sum of column	s 8 and				
	9)					

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

Health Financial Systems	FELLOWSHIP VILLAG	E, INC		In Lie	u of Form CMS-2	2540-10
RECLASSI FI CATI ONS				Period: From 01/01/2023	Worksheet A-6	
					Date/Time Pre 6/10/2024 12:	pared: 19 pm
			Decreases			
	Cost Cente	r	Line #	Sal ary	Non Salary	
	6.00		7.00	8.00	9.00	
(1) B - CONTRACTED THERAPY						
1.00	PHYSI CAL THERAPY		44. (	0 0	54, 755	1.00
2.00			0.0	0 0	0	2.00
TOTALS			-			
100.00				0	54, 755	100.00

A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
 Transfer to Worksheet A, col. 5, line as appropriate.

	n Financial Systems	FELLOWSHIP VI	LLAGE, INC			eu of Form CMS-2	2540-10
RECON	CILIATION OF CAPITAL COSTS CENTERS		Provi der	No.: 315356	Period:	Worksheet A-7	
					From 01/01/2023 To 12/31/2023		nared
					10 12/01/2020	6/10/2024 12:	19 pm
				Acqui si ti on	S		
	Description	Begi nni ng	Purchases	Donati on	Total	Disposals and	
		Bal ances				Retirements	
		1.00	2.00	3.00	4.00	5.00	
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALA						
1.00	Land	6, 838, 577			0	0 0	1.00
2.00	Land Improvements	1, 497, 242			0 173, 35		2.00
3.00	Buildings and Fixtures	170, 308, 076	14, 395, 434		0 14, 395, 43	4 329, 919	3.00
4.00	Building Improvements	0	0		0	0 0	4.00
5.00	Fixed Equipment	13, 526, 962	2, 979, 362		0 2, 979, 36	2 0	5.00
6.00	Movable Equipment	14, 553, 313	4, 839, 542		0 4, 839, 54		6.00
7.00	Subtotal (sum of lines 1-6)	206, 724, 170	22, 387, 695		0 22, 387, 69	5 329, 919	7.00
8.00	Reconciling Items	0	0		0	0 0	8.00
9.00	Total (line 7 minus line 8)	206, 724, 170	22, 387, 695		0 22, 387, 69	5 329, 919	9.00
	Description	Endi ng	Fully				
		Bal ance	Depreciated				
			Assets				
		6.00	7.00				
	ANALYSIS OF CHANGES IN CAPITAL ASSET BALA						
1.00	Land	6, 838, 577	0				1.00
2.00	Land Improvements	1, 670, 599	0				2.00
3.00	Buildings and Fixtures	184, 373, 591	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	16, 506, 324	0				5.00
6.00	Movable Equipment	19, 392, 855					6.00
7.00	Subtotal (sum of lines 1-6)	228, 781, 946	0				7.00
8.00	Reconciling Items	0	0				8.00
9.00	Total (line 7 minus line 8)	228, 781, 946	0				9.00

	Financial Systems MENTS TO EXPENSES	FELLOWSHIP VIL		No.: 315356	Peri od:	u of Form CMS-2 Worksheet A-8	
55051			11001dei	NO. : 010000	From 01/01/2023		
					To 12/31/2023	Date/Time Pre 6/10/2024 12:	
			I	Expense C	lassification on		
				To/From Whic	ch the Amount is	to be Adjusted	
			A		h Cantan	Line Ne	
	Description (1)	(2) Basis For	Amount	Cost	t Center	Line No.	
		Adjustment					
		1.00	2.00		3.00	4.00	
00	Investment income on restricted funds	В		CAP REL COST	S - BLDGS &	1.00	1.
~ ~	(chapter 2)			FIXTURES			
00	Trade, quantity, and time discounts (chapter 8)		0			0.00	2.
00	Refunds and rebates of expenses (chapter 8)		0			0.00	3.
00	Rental of provider space by suppliers	В	-26, 012	CAP REL COST	S – BLDGS &	1.00	
	(chapter 8)			FI XTURES			
00	Telephone services (pay stations excluded)	В	-37, 018	ADMI NI STRATI	VE & GENERAL	4.00	5.
00	(chapter 21) Television and radio service (chapter 21)	А	102 426	ADMI NI STRATI		4.00	6.
00	Parking lot (chapter 21)	A	- 102, 420		VE & GENERAL	0.00	
00	Remuneration applicable to provider-based	A-8-2	0			0.00	8
	physician adjustment						
00	Home office cost (chapter 21)		0			0.00	
. 00	Sale of scrap, waste, etc. (chapter 23)		0			0.00	
. 00	Nonallowable costs related to certain		0			0.00	11
2.00	Capital expenditures (chapter 24) Adjustment resulting from transactions with	A-8-1	0				12.
	related organizations (chapter 10)		0				1.5
3.00	Laundry and linen service	В	-19, 132	LAUNDRY & LI	NEN SERVICE	6.00	13.
1.00	Revenue - Employee meals		0			0.00	
	Cost of meals - Guests	В	-187, 406			8.00	
. 00	Sale of medical supplies to other than		0			0.00	16
. 00	patients Sale of drugs to other than patients		0			0.00	17.
. 00	Sale of medical records and abstracts		0			0.00	
. 00	Vending machines		0			0.00	19
. 00	Income from imposition of interest, finance		0			0.00	20
00	or penalty charges (chapter 21)					0.00	0.1
. 00	Interest expense on Medicare overpayments and borrowings to repay Medicare		0			0.00	21
	overpayments						
2.00	Utilization reviewphysicians' compensation		0	*** Cost Cen	ter Deleted ***	82.00	22.
	(chapter 21)						
8.00	Depreciationbuildings and fixtures		0	CAP REL COST	S – BLDGS &	1.00	23.
I. 00	Depreciationmovable equipment		0	FIXTURES	ter Deleted ***	2.00	24.
. 00	Other adjustment (specify)		0	cost cen	ter bereteu	0.00	
	MI SCELLANEOUS I NCOME	В	-536, 360	ADMI NI STRATI	VE & GENERAL	4.00	
. 02	TRANSPORTATION INCOME	В		ADMI NI STRATI		4.00	
. 04	SOLAR PANEL	A	-46, 581	PLANT OPERAT REPAI RS	ION, MAINT. &	5.00	25.
. 10	NON ALLOWABLE EXPENSE	A	-1,035,209	ADMI NI STRATI	VE & GENERAL	4.00	25
	NON ALLOWABLE BENEFITS	A		EMPLOYEE BEN		3.00	
. 12	NON ALLOWABLE SALARIES	А		ADMI NI STRATI		4.00	
. 13	I NVESTMENT EXPENSE	A		ADMI NI STRATI	VE & GENERAL	4.00	
. 14	Tatal (our of lines 1 through 00) (Train Co.		0			0.00	
v. 00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-4,644,487				100

(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.

Heal th	Financial Systems	FELLOWSHIP VI	LLAGE, INC		In Lie	u of Form CMS-2	2540-10
COST A	ALLOCATION - GENERAL SERVICE COSTS		Provi der		Period: From 01/01/2023 To 12/31/2023	Worksheet B Part I Date/Time Pre 6/10/2024 12:	pared:
	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A	CAPI TAL RELATED COSTS BLDGS & FI XTURES	EMPLOYEE BENEFI TS	Subtotal	ADMI NI STRATI V E & GENERAL	
		col. 7)					
		0	1.00	3.00	3A	4.00	
	GENERAL SERVICE COST CENTERS		7 0/4 000				1
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES	7,861,239	7, 861, 239				1.00
3.00	00300 EMPLOYEE BENEFITS	3, 902, 673	0	3, 902, 67			3.00
4.00	00400 ADMI NI STRATI VE & GENERAL	7, 070, 128	352, 201	274, 28		7, 696, 612	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	4, 257, 730	337, 913	1, 73		750, 872	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	225, 445	56, 046		0 281, 491	45, 975	6.00
7.00	00700 HOUSEKEEPI NG	1, 223, 742	48, 707		0 1, 272, 449	207, 824	7.00
7.01	00701 HOUSEKEEPI NG-NURSI NG FACI LI TY	0	0		0 0	0	7.01
7.02	00702 HOUSEKEEPI NG-RESI DENTI AL	0	0		0 0	0	7.02
8.00	00800 DI ETARY	7, 119, 816	269, 464	14, 26		1, 209, 191	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	1, 206, 605	0	231, 47		234, 876	9.00
13.00	01300 SOCIAL SERVICE	129, 017	2, 431	26, 04		25, 723	
15.00	01500 PATIENT ACTIVITIES	345, 101	262, 218	64, 41	2 671, 731	109, 711	15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	4, 095, 243	433, 972	601, 26	4 5, 130, 479	837, 941	30.00
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADI OLOGY	21, 950	0		0 21, 950	3, 585	40.00
41.00	04100 LABORATORY	36, 740	0		0 36, 740	6, 001	41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	43.00
44.00	04400 PHYSI CAL THERAPY	1, 617, 230	28, 046	292, 73		316, 527	44.00
45.00	04500 OCCUPATI ONAL THERAPY	738, 247	8, 040	141, 63	5 887, 922	145, 021	45.00
46.00	04600 SPEECH PATHOLOGY	293, 525	1, 558	55, 61	0 350, 693	57, 277	46.00
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	184, 152	1, 714		0 185, 866	30, 357	48.00
49.00	04900 DRUGS CHARGED TO PATIENTS	209, 470	1, 994		0 211, 464	34, 538	49.00
	OUTPATIENT SERVICE COST CENTERS						
60.00	06000 CLINIC	1, 236, 438	17, 451	150, 08	6 1, 403, 975	229, 306	60.00
	SPECIAL PURPOSE COST CENTERS						
81.00	08100 INTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	41, 774, 491	1, 821, 755	1, 853, 54	9 33, 685, 883	4, 244, 725	89.00
	NONREI MBURSABLE COST CENTERS						
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	25, 881		0 25, 881	4, 227	90.00
91.00	09100 BARBER AND BEAUTY SHOP	88, 106	11, 141		0 99, 247	16, 210	91.00
95.00	09500 NON-REI MBURSABLE	0	0		0 0	0	95.00
95.01	09501 PC/I LU	10, 813, 906	5, 597, 799	1, 804, 03	4 18, 215, 739	2, 975, 124	
95.02	09502 NRCC HOSPI CE	798, 321	60, 767	127, 69	5 986, 783	161, 167	95.02
95.03	09503 CULTURAL ARTS CENTER	259, 683	343, 896		0 603, 579	98, 580	95.03
95.04	09504 WELLNESS CENTER	480, 622	0	62, 94	6 543, 568	88, 779	95.04
95.05	09505 MED SPA	605, 578	0	54, 44	9 660, 027	107, 800	95.05
98.00	Cross Foot Adjustments	0	0		0 0	0	98.00
99.00	Negative Cost Centers	0	0		0 0	0	99.00
100.00	TOTAL	54, 820, 707	7, 861, 239	3, 902, 67	3 54, 820, 707	7, 696, 612	100.00

COST ALLOCATION - GENERAL SERVICE COSTS         Provider No. : 315366         Period: For 12/31/2023         Worksheet 8 For 12/31/2023         Worksheet 8 For 12/31/2023           Cost Center Description         PLANT NEEPAIRS         LAUNDRY & NM NT. & REPAIRS         HOUSEKEEPING FOR UNDEXEEPING FOR UNDEXEEPING FO	Health Financial Systems	FFL	IOWSHIP VI	LLAGE, INC		Inlie	u of Form CMS-2	2540-10
From 01/01/2022 To 12/01/2022 Determine Prepared: Diversition         Part 1 Determine Prepared: Diversition           Cost Center Description         PREAT 00, OPRIATION, REPAIRS         LUNNEX & LINN SERVICE         HOUSEKEEPING NUMEX KEEPING NUMEX KE					No : 315356			2010 10
Cost Center Description         PLAIT OPERATION, MERINE         LUNDRY & LINEN SERVICE         HOUSEKEEPING- HOUSEKEEPING- NURSEKEEPIN								
Cost Center Description         PLANT OFERATION REPAIRS         PLANT FOR ALLOW NURSING         HOUSEKEEPING FACILITY         HOUSEKEEPING RESIDENTIAL           1:00         Cost Centers         1.00         Social Service         1.00         NURSING FACILITY         1.00           0:0100 CAP REL COSTS - BLOGS & FIXTURES         0.00         0.0000 DHLOTYE BERPITIS         1.00         3.00           0:000 COOD CAP REL COSTS - BLOGS & FIXTURES         0.00         0.0000 DHLOTYE BERPITIS         1.00         3.00           0:000 COOD CHANT OPERATION, MAINT & REPAIRS         5.348,255         0.0         5.00         5.00         0.00         0.00         0.00         0.00         0.00         7.01         7.01         7.01         7.01         7.02         7.01         7.02         7.01         7.02         7.00         7.00         7.00         7.00         7.00         7.00         7.01         7.02         7.02         7.01         7.02         7.01         7.02         7.01         7.02         7.01         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.01         7.02         7.01         7.02         7.01         7.02         7.01         7.02         7.02         7.02							Date/Time Pre	
Deferring         Deferring         LINEN SERVICE         PAURSING REPAIRS         RESIDENTIAL           00         00100 CAP REL COST CENTERS         5.00         6.00         7.00         7.01         7.02           1.00         00100 CAP REL COST S - BLOS & FIXTURES         5.00         6.00         7.00         7.01         7.02           3.00         00300 EMPLOYCE BENEFITS         5.348,252         5.348,252         5.00         6.00         7.01         7.01           5.00         00070 HOUSEKEEPING         36.326         0         0         0         7.01         7.01           7.01         00000 HURST VER HINEN SERVICE         41.799         369,265         7.01								<u>19 pm</u>
WAINT. 8/ REPARTS         FACILITY           1.00         OOTOO (CAP REL COST CENTERS         5.00         6.00         7.01         7.02           1.00         OOTOO (CAP REL COSTS - ELDOS & FLYTURES 3.00         3.00         3.00         1.00           0.00         OOTOO (PAUT OF REL COSTS - ELDOS & FLYTURES 3.00         1.00         3.00           0.00         OOTOO (PAUT OF REFIT IS 1.00         1.00         3.00           0.00         OOTOO (PAUT OF REATION, MAINT & REPAIRS 5.0348, 252         5.00         5.00           0.00         OOTOO HOUSEKEEPING         3.63, 266         1.516, 599         7.00           7.01         OOTOO HOUSEKEEPING         3.63, 266         1.516, 599         7.00           7.01         OOTOO HOUSEKEEPING         3.61, 326         0         0         0           8.00         OOBOO DI ELTARY         NUENSING FACILITY         200, 967         48, 772         57, 833         0         6.00         13.00           15.00         OTOO OND NUESING FACILITY         200, 967         48, 772         56, 278         0         15.00           16.00         OTOO OND NUESING FACILITY         200, 967         48, 772         56, 278         0         15.00           17.00         SERVICE COST CENT	Cost Center Description	1	PLANT	LAUNDRY &	HOUSEKEEPI NO		HOUSEKEEPI NG-	
REPAILS         7.00         7.01         7.02           GENERAL SERVICE COST CENTERS		OPE	RATI ON,	LINEN SERVICE		NURSI NG	RESI DENTI AL	
Ferrer         5.00         6.00         7.00         7.01         7.02           1.00         00100 (AP REL COSTS C ENTERS         1.00 <t< td=""><td></td><td>MA</td><td>INT. &amp;</td><td></td><td></td><td>FACI LI TY</td><td></td><td></td></t<>		MA	INT. &			FACI LI TY		
GENERAL SERVICE COST CENTERS         Image: Cost Strest of the cost Strest Ost Strest S		RI	EPAI RS					
1.00         COTOO CAP REL_COSTS - BLOES & FIXTURES         1.00           3.00         COSOO EMPLOYE BENEFITS         0         3.00           4.00         COSOO EMPLOYE BENEFITS         0         3.00           5.00         DOSOO PLANT OPERATION, MAINT & REPAIRS         5,348,252         0         1,516,599           7.00         DOTOO HOUSEKEEPI NG         BS.226         0         1,516,599         7.00           7.01         DOTOI HOUSEKEEPI NG-NESI DENTIAL         0         0         0         0         7.00           7.02         DOTOO MOUSEKEEPI NG-RESI DENTIAL         0         0         0         0         0         7.00           7.00         DOSOOD VIRSING AMINISTRATION         0			5.00	6.00	7.00	7.01	7.02	
3.00         003000         EMPLOYEE PERFEITS         3.00           4.00         00400 ADMI NISTRATIVE & GENERAL         5.348,252         5.00           6.00         00500 PLANT OPERATION, MAINT, & REPAIRS         5.348,252         5.00           7.00         00700 HOUSEKEEPING         8ERVICE         41,799           7.01         00701 HOUSEKEEPING-NESING FACILITY         0         0         0           7.02         00702 HOUSEKEEPING-NESING FACILITY         0         0         0         0           7.02         00702 HOUSEKEEPING-NESING FACILITY         0	GENERAL SERVICE COST CENTERS	·	· · · · ·		•			
3.00         003000         EMPLOYEE PERFEITS         3.00           4.00         00400 ADMI NISTRATIVE & GENERAL         5.348,252         5.00           6.00         00500 PLANT OPERATION, MAINT, & REPAIRS         5.348,252         5.00           7.00         00700 HOUSEKCEPI NG         7.01         5.00         6.00           7.01         00701 HOUSEKCEPI NG, NRG FACILITY         0         0         0         7.01           7.02         00702 HOUSEKCEPI NG, NRG FACILITY         0         0         0         0         7.02           8.00         0000 NURSI KG ADMI NI STRATION         0	1.00 00100 CAP REL COSTS - BLDGS & FLXT	URES						1 1.00
4.00       00400       ADMIN IN STRATI VE & GENERAL       4.00         5.00       00500       PLANT OPRATION, MAINT & REPAIRS       5.348, 252       5.00         7.00       00701       HOUSEKEEPING       36, 326       0       1, 516, 599       7.00         7.01       00701       HOUSEKEEPING       SIGNING FACILITY       0       0       0       7.01         7.02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       7.01         8.00       00500 Coll ETARY       Y       200, 967       48, 772       57, 833       0       8.000         9.00       00500 SOCIAL SERVICE       1, 813       0       522       0       0       13.00         13.00       01500 PATIENT ACTIVITIES       195, 563       0       56, 278       0							l	3 00
5.00         00500         PLANT OPERATION, MAINT. & REPAIRS         5.348,252         5.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
6.00         00600         LAUNDRY & LINEN SERVICE         41,799         369,265         6.00           7.00         00701         HOUSEKEEPI NG - RUSI NG FACILITY         36,326         0         1,516,599         7.00           7.01         00701         HOUSEKEEPI NG - RUSI NG FACILITY         0         0         0         0         7.00           8.00         00000 LIETARY         200,967         48,772         57,333         0         8.00           9.00         00900 NURSI NG ADMI NI STRATION         0         0         522         0         0         13.00           13.00         01500 PATI ENT ACTI VI TLES         195,563         0         56,278         0         15.00           14.000 RADI CLEGY         0         0         0         0         0         0         0           30.00         03000 SKI LLED NURSI NG FACILITY         323,658         148,084         93,140         0         0         0           40.00         ADO OLLEGY         0         0         0         0         0         0         41.00           40.00         ADO OLLEGY         0         0         0         0         0         41.00           40.00         ADO OLGY			5 348 252					
7.00         00700         HOUSEKEEPI NG         36, 326         0         1, 516, 599         7.00           7.01         00701         HOUSEKEEPI NG-RESI DENTI AL         0				260 265				1
7. 01       00701       HOUSEKEEPING-NURSING FACILITY       0       0       0       7. 01         7. 02       00702       HOUSEKEEPING-RESIDENTIAL       0       0       0       0       7. 02         8. 00       00800       DIETARY       200,967       48,772       57,833       0       8.00         9. 00       00900       NURSING FACILITY       200,967       48,772       57,833       0       8.00         13. 00       13000       1500       PATLENT ACTIVITIES       195,563       0       56,278       0       13.00         15. 00       0       0       0       0       0       0       0       0       30.00         40. 00       0       0       0       0       0       0       0       0       40.00         41. 00       0       0       0       0       0       0       0       41.00       43.00       43.00       43.00       43.00       43.00       43.00       44.00       44.00       44.00       44.00       44.00       44.00       44.00       44.00       46.00       46.00       46.00       46.00       46.00       46.00       46.00       46.00       46.00       46.00						0		1
7         02         00702         HOUSEKEEPI NG-RESI DENTI AL         0         <		N		-				
8 00         00600         DIETARY         200,967         48,772         57,833         0         0         8.00           9,00         00900         NURSING ADMINISTRATION         0		Y	-	0		-		
9.00         00000         NURSING ADMINISTRATION         0			0	0		0		
13.00       01300       SOCI AL SERVICE       1,813       0       522       0       0       13.00         15.00       01500       PATI ENT ACTIVITIES       195,563       0       56,278       0       0       15.00         INPATI ENT ROUTINE SERVICE COST CENTERS			200, 967	48, 772	57,83	33 0	-	
15.00       01500 PATLENT ACTIVITIES       195,563       0       56,278       0       0       15.00         INPATI ENT ROUTINE SERVICE COST CENTERS	9. 00 00900 NURSI NG ADMI NI STRATI ON		0	0		0 0	0	9.00
INPATIENT ROUTINE SERVICE COST CENTERS         30.00         SKILLED NURSING FACILITY         323,658         148,084         93,140         0         0         30.00           ANCILLARY SERVICE COST CENTERS         0	13.00 01300 SOCIAL SERVICE		1, 813	0	52	22 0	0	13.00
30.00         COUNTRY SERVICE COST CENTERS         323,658         148,084         93,140         0 <th< td=""><td>15.00 01500 PATIENT ACTIVITIES</td><td></td><td>195, 563</td><td>0</td><td>56, 27</td><td>/8 0</td><td>0</td><td>15.00</td></th<>	15.00 01500 PATIENT ACTIVITIES		195, 563	0	56, 27	/8 0	0	15.00
30.00         COUNTRY SERVICE COST CENTERS         323,658         148,084         93,140         0 <th< td=""><td>INPATIENT ROUTINE SERVICE COST CEN</td><td>ITERS</td><td></td><td></td><td>•</td><td></td><td></td><td></td></th<>	INPATIENT ROUTINE SERVICE COST CEN	ITERS			•			
ANCILLARY SERVICE COST CENTERS         0 <th< td=""><td></td><td></td><td>323, 658</td><td>148, 084</td><td>93, 14</td><td>0 0</td><td>0</td><td>30.00</td></th<>			323, 658	148, 084	93, 14	0 0	0	30.00
40. 00         04000         RADI OLOGY         0		I				- <b>-</b>		
41.00       04100       LABORATORY       0			0	0		0 0	0	40 00
43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0       0       43.00         44.00       04400       PHYSI CAL THERAPY       20,917       0       6,019       0       44.00         45.00       04500       OCCUPATI ONAL THERAPY       5,996       0       1,726       0       0       45.00         46.00       04600       SPEECH PATHOLOGY       1,162       0       334       0       0       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       1,278       0       368       0       48.00         49.00       DUPPATI ENTS       1,487       0       428       0       0       49.00         0       04900       DRUGS CHARGED TO PATI ENTS       1,487       0       3.745       0       0       49.00         0       04000       RURPSE COST CENTERS       1       165.01       3.745       0       0       60.00       0       90.00         NONREI MBURSABLE COST CENTERS       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       95.01       95.01       95.01       95.01			-					
44.00       04400       PHYSI CAL THERAPY       20,917       0       6,019       0       0       44.00         45.00       04500       OCCUPATI ONAL THERAPY       5,996       0       1,726       0       0       45.00         46.00       04600       SPECH PATHOLOGY       1,162       0       334       0       0       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,278       0       368       0       0       48.00         0       04900       DRUGS CHARGED TO PATIENTS       1,487       0       428       0       0       49.00         0       04900       INTEREST EXPENSE       1,487       0       428       0       0       60.00       0       60.00       0       60.00       0       60.00       0       60.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       0       90.00       90.00       91.00       91.00       90.00       91.00       91.00       90.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       91.00       9			-			· · · ·		
45.00       04500       0CCUPATI 0NAL THERAPY       5,996       0       1,726       0       0       45.00         46.00       04600       SPECH PATHOLOGY       1,162       0       334       0       0       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       1,278       0       368       0       0       48.00         04900       DRUGS CHARGED TO PATI ENTS       1,487       0       428       0       0       49.00         004900       DRUGS CHARGED TO PATI ENTS       1,487       0       3,745       0       0       49.00         00100       INTERST EXPENSE       13,015       0       3,745       0       0       60.00         89.00       SUBTOTALS (sum of Lines 1-84)       843,981       196,856       220,393       0       81.00         89.00       OP000 G IFT, FLOWER, COFFEE SHOPS & CANTEEN       19,302       0       5,555       0       0       91.00       91.00       91.00       91.00       91.00       91.00       91.00       95.01       95.01       95.01       95.01       95.01       95.01       95.01       95.01       95.01       95.01       95.01       95.02       95.03       95.03 <td></td> <td></td> <td>-</td> <td>0</td> <td></td> <td>-</td> <td>-</td> <td></td>			-	0		-	-	
46.00       04600       SPEECH PATHOLOGY       1, 162       0       334       0       0       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1, 278       0       366       0       0       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       1, 487       0       428       0       0       49.00         00       04700       DUTPATIENT SERVICE COST CENTERS       1       1       0       3, 745       0				0			-	
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       1,278       0       368       0       0       48.00         49.00       04900 DRUGS CHARGED TO PATIENTS       1,487       0       428       0       0       49.00         0UTPATIENT SERVICE COST CENTERS       0       13,015       0       3,745       0       0       60.00         06000 CLINIC       13,015       0       3,745       0       0       60.00         SPECIAL PURPOSE COST CENTERS       5       0       0       0       60.00       0         81.00       08100       INTEREST EXPENSE       843,981       196,856       220,393       0       0       89.00         89.00       09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN       19,302       0       5,555       0       0       90.00       91.00       91.00       91.00       91.00       91.00       91.00       95.02 <td< td=""><td></td><td></td><td></td><td>0</td><td></td><td></td><td>-</td><td>1</td></td<>				0			-	1
49.00       DRUGS CHARGED TO PATIENTS       1,487       0       428       0       0       49.00         OUTPATIENT SERVICE COST CENTERS       0       0       3,745       0       0       60.00         06000 CLINIC       0       3,745       0       0       0       60.00         SPECIAL PURPOSE COST CENTERS       0       0       3,745       0       0       81.00         81.00       0       08100       INTEREST EXPENSE       81.00       89.00       89.00         NONREI MBURSABLE COST CENTERS       0       0       5,555       0       0       90.00         90.00       09100 BARBER AND BEAUTY SHOP       8,309       9,075       2,391       0       0       91.00         95.00       09500 NON-REI MBURSABLE       0       163,334       0       0       95.00         95.01       09501 PC/ILU       4,174,861       1,201,410       0       95.02         95.02       09502 NRCC HOSPICE       45,320       0       13,042       0       95.02         95.03       09503 CULTURAL ARTS CENTER       0       0       0       0       95.03       95.04       95.05         95.04       09504 WELLNESS CENTER				0				
OUTPATI ENT SERVICE COST CENTERS         60.00           SPECIAL PURPOSE COST CENTERS         13,015         0         3,745         0         60.00           SPECIAL PURPOSE COST CENTERS         500         0         3,745         0         0         60.00           81.00         08100         INTEREST EXPENSE         81.00         89.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01	48.00 04800 MEDICAL SUPPLIES CHARGED TO	PATTENTS						
60.00       O6000       CLINIC       13,015       0       3,745       0       0       60.00         SPECIAL PURPOSE COST CENTERS			1, 487	0	42	28 0	0	49.00
SPECIAL PURPOSE COST CENTERS           81.00         08100         INTEREST EXPENSE SUBTOTALS (sum of lines 1-84)         843,981         196,856         220,393         0         0         89.00           NONREI MBURSABLE COST CENTERS         90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         19,302         0         5,555         0         0         90.00           91.00         09100         BARBER AND BEAUTY SHOP         8,309         9,075         2,391         0         0         91.00           95.00         09500         NON-REI MBURSABLE         0         163,334         0         0         95.00           95.01         09501         PC/I LU         4,174,861         0         1,201,410         0         95.02           95.02         09503         CULTURAL ARTS CENTER         256,479         0         73,808         0         0         95.03           95.04         09504         WELLNESS CENTER         0         0         0         0         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05						-		
81.00       08100       INTEREST EXPENSE SUBTOTALS (sum of Lines 1-84)       843,981       196,856       220,393       0       89.00         NONREI MBURSABLE COST CENTERS       0       0       5,555       0       0       90.00         90.00       09100       BARBER AND BEAUTY SHOP       19,302       0       5,555       0       0       91.00         95.00       09500       NON-REI MBURSABLE       0       163,334       0       0       95.00         95.01       09501       PC/ILU       4,174,861       0       1,201,410       0       95.01         95.02       09503       CULTURAL ARTS CENTER       256,479       0       73,808       0       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       95.05         95.05       09505       SPA       0       0       0       0       95.03         95.04       09504       WELLNESS CENTER       0       0       0       95.05         95.05       09505       SPA       0       0       0       0       95.05         98.00       Cross Foot Adjustments       0       0       0       0       99.00			13, 015	0	3, 74	15 0	0	60.00
89.00         SUBTOTALS (sum of lines 1-84)         843,981         196,856         220,393         0         0         89.00           NONREI MBURSABLE COST CENTERS           90.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         19,302         0         5,555         0         0         90.00           91.00         09100         BARBER AND BEAUTY SHOP         8,309         9,075         2,391         0         0         91.00           95.00         09500         NON-REI MBURSABLE         0         163,334         0         0         0         95.00           95.01         09501         PC/LLU         4,174,861         0         1,201,410         0         95.01           95.02         09502         NRCC HOSPI CE         45,320         0         13,042         0         95.02           95.03         09503         CULTURAL ARTS CENTER         256,479         0         73,808         0         95.04           95.04         09504         WELLNESS CENTER         0         0         0         0         95.05           95.05         MED SPA         0         0         0         0         0         95.05           98.00								
NONRE I MBURSABLE COST CENTERS           90.00         09000         GI FT, FLOWER, COFFEE SHOPS & CANTEEN         19, 302         0         5, 555         0         0         90.00           91.00         09100         BARBER AND BEAUTY SHOP         8, 309         9, 075         2, 391         0         0         91.00           95.00         09500         NON-REI MBURSABLE         0         163, 334         0         0         0         95.00           95.01         09501         PC/I LU         4, 174, 861         0         1, 201, 410         0         95.01           95.02         09502         NRCC HOSPI CE         45, 320         0         13, 042         0         95.02           95.03         09503         CULTURAL ARTS CENTER         256, 479         0         73, 808         0         95.03           95.04         09504 WELLNESS CENTER         0         0         0         0         95.04           95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         0         98.00           99.00         Negati ve Cost Center								
90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       19, 302       0       5, 555       0       0       90.00         91.00       09100       BARBER AND BEAUTY SHOP       8, 309       9, 075       2, 391       0       0       91.00         95.00       09500       NON-REI MBURSABLE       0       163, 334       0       0       95.00         95.01       09501       PC/I LU       4, 174, 861       0       1, 201, 410       0       95.01         95.02       09503       NRCC HOSPI CE       45, 320       0       13, 042       0       95.02         95.03       09503       CULTURAL ARTS CENTER       256, 479       0       73, 808       0       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       95.04         95.05       09505       MED SPA       0       0       0       0       95.05         98.00       Cross Foot Adjustments       0       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       0       99.00	89.00 SUBTOTALS (sum of lines 1-84	)	843, 981	196, 856	220, 39	03 0	0	89.00
91.00       09100       BARBER AND BEAUTY SHOP       8,309       9,075       2,391       0       0       91.00         95.00       09500       NON-REI MBURSABLE       0       163,334       0       0       95.00         95.01       09501       PC/I LU       4,174,861       0       1,201,410       0       95.01         95.02       09502       NRCC HOSPI CE       45,320       0       13,042       0       95.02         95.03       09503       CULTURAL ARTS CENTER       256,479       0       73,808       0       95.04         95.04       09504       WELLNESS CENTER       0       0       0       95.05         95.05       09505       MED SPA       0       0       0       95.05         98.00       Cross Foot Adjustments       0       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       0       99.00	NONREI MBURSABLE COST CENTERS							
95.00         09500         NON-REIMBURSABLE         0         163, 334         0         0         95.00         95.00           95.01         09501         PC/ILU         4, 174, 861         0         1, 201, 410         0         95.01         95.01           95.02         09502         NRCC HOSPICE         45, 320         0         13, 042         0         95.02           95.03         09503         CULTURAL ARTS CENTER         256, 479         0         73, 808         0         95.03           95.04         09504         WELLNESS CENTER         0         0         0         95.04           95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00	90.00 09000 GIFT, FLOWER, COFFEE SHOPS &	CANTEEN	19, 302	0	5, 55	5 0	0	90.00
95.00         09500         NON-REI MBURSABLE         0         163, 334         0         0         95.00         95.00           95.01         09501         PC/I LU         4, 174, 861         0         1, 201, 410         0         95.01         95.01           95.02         09502         NRCC HOSPI CE         45, 320         0         13, 042         0         95.02           95.03         09503         CULTURAL ARTS CENTER         256, 479         0         73, 808         0         0         95.04           95.04         09504         WELLNESS CENTER         0         0         0         0         95.04           95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00	91.00 09100 BARBER AND BEAUTY SHOP		8, 309	9,075	2, 39	0 0	0	91.00
95.01       09501       PC/ILU       4, 174, 861       0       1, 201, 410       0       95.01         95.02       09502       NRCC HOSPICE       45, 320       0       13, 042       0       0       95.02         95.03       09503       CULTURAL ARTS CENTER       256, 479       0       73, 808       0       0       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       95.04         95.05       09505       MED SPA       0       0       0       0       95.05         98.00       Cross Foot Adjustments       0       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       0       99.00			0	163.334			0	95.00
95.02         09502         NRCC HOSPICE         45, 320         0         13, 042         0         95.02           95.03         09503         CULTURAL ARTS CENTER         256, 479         0         73, 808         0         95.03           95.04         09504         WELLNESS CENTER         0         0         0         0         95.04           95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			4 174 861			· · · ·		
95.03       09503       CULTURAL ARTS CENTER       256, 479       0       73, 808       0       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       95.04         95.05       09505       MED SPA       0       0       0       0       95.05         98.00       Cross Foot Adjustments       0       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       0       99.00							-	1
95.04         09504         WELLNESS CENTER         0         0         0         0         95.04           95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00				0			-	
95.05         09505         MED SPA         0         0         0         0         95.05           98.00         Cross Foot Adjustments         0         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			230, 479	0	, 3, 60			
98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         0         99.00			0	0			-	
99.00         Negative Cost Centers         0         0         0         0         0         99.00			0	0			-	•
			0	0			-	•
100.00   101AL   5, 348, 252  369, 265  1, 516, 599  0  0 100.00	ũ		0	0				•
			5, 348, 252	309, 265	1, 516, 59	0	0	1100.00

COST ALLOCATION - GENERAL SERVICE COSTS         Provider No. 31536         Period: From 01/01/2022         Worksheet B From 01/01/2022 <th< th=""><th>Health F</th><th>inancial Systems</th><th>FELLOWSHIP V</th><th>ILLAGE, INC</th><th></th><th>In Lie</th><th>u of Form CMS-</th><th>2540-10</th></th<>	Health F	inancial Systems	FELLOWSHIP V	ILLAGE, INC		In Lie	u of Form CMS-	2540-10
Cost Center Description         DIETARY         NURSING ADMINISTRATIO         SOCIAL SERVICE         OTHER CENERAL SERVICE         Subtotal           1         00         00100 CAP REL COSTS - BLOSS & FLXTURES         13.00         15.00         16.00         1.00           1         00         00300 CAP REL COSTS - BLOSS & FLXTURES         1.00         1.00         1.00         16.00         1.00           1         00         00300 CAP REL COSTS - BLOSS & FLXTURES         1.00         1	COST ALI	LOCATION - GENERAL SERVICE COSTS		Provi der	No.: 315356	From 01/01/2023	Part I	epared:
Cost Center Description         DIETARY         NURSING AMI NI STRATIO         SOCIAL SERVICE         SUbtotal PATIENT ACTIVITIES         Subtotal           1:00         00100 (CAP REL COST - BLOS & FLXTURES 00100 (CAP REL COST - BLOS & FLXTURES 000400 ADMI NI STRATIVE & GENERAL SERVICE         10:00         13:00         15:00         16:00           0:00         00000 (PLAVT OPRATION, MAINT & REPAIRS 000400 ADMI NI STRATIVE & GENERAL SERVICE         0								
Cost Center Description         DIETARY         NURSING ADMINISTRATIO         SCICIAL SERVICE         PATIENT ACTIVITIES         Subtotal           0         610.02 PREL COST CENTERS         8.00         9.00         13.00         15.00         16.00           0         00300 EMPLOYCE BENEFITS         1.00         15.00         16.00         1.00           0.00         00300 LMNIDYRET RES         1.00         1.00         1.00         1.00           0.00         00500 PLANT OPERATION, MAINT. & REPAIRS         0.00         6.00         6.00         6.00           0.00         000500 LTARY         8.920,308         1.672,956         8.00         7.01           7.00         07070 HOUSEKCEPI NG-NERSING FACILITY         8.920,308         1.033,223         11.033,223         15.00           10.00 01300 SICIAL SERVICE         0         0         1.033,223         15.00         13.00           10.00 1300 CIALSERVICE         0         0         0         1.033,223         15.00           10.00 1400 CAST CENTERS         0         0         0.00         0.00         1.033,223         15.00           10.00 1400 CAST CENTERS         0         0         0         0.00         0.00         0.00         0.01         1.0								
ADMI NI STRATIO         SERVICE         ACTI VITIES           8.00         9.00         13.00         15.00         16.00           0100         CAST VITIES         1.00         15.00         16.00           00000         CAST VITIES         1.00         13.00         15.00         16.00           00100         CAST ST BLOS & FIXTURES         1.00         3.00         3.00           00000         CAST VITIES         1.00         1.00         3.00           0000         CAST VITIES         1.00         1.00         1.00         3.00           00000         CAST VITIES         1.00								
N         N         O         N         O         O           BUDG PREL CSTST - BLOGS & FIXTURES         0		Cost Center Description	DI ETARY				Subtotal	
B. 00         9.00         13.00         15.00         16.00           I.00         OOTOO CAP REL COSTS - BLOGS & FLATURES					SERVICE	ACTIVITIES		
CENERAL SERVICE COST CENTRES         Image: Cost of Centres           1.00         Otion Cap ReL COST CENTRES         1.00           3.00         Od3000 EMPLOYEE BENEFITS         1.00           4.00         Od400 ADMINI STRATIVE & GENERAL         3.00           5.00         O0500 PLANT OPERATION, MAINT. & REPAIRS         6.00           6.00         Ob500 PLANT OPERATION, MAINT. & REPAIRS         6.00           7.01         O0700 HOUSEKEEPING-RESIDENTIAL         8,920,308           8.00         00800 DI ETARY         8,920,308         7.01           7.02         O0720 HOUSEKEEPING-RESIDENTIAL         8,920,308         7.02           8.00         00300 SOCIAL SERVICE         0         0         1.033,283           13.00         O1300 SOCIAL SERVICE COST CENTRES         0         0         1.303,283         11.718,920           13.00         O1300 SOCIAL SERVICE COST CENTRES         0         0         0         2.553         1.033,283         11.718,920           14.00         O4100 LABORATORY         0         0         0         0         2.553         1.033,283         11.718,926           40.00         O4000 OVCLART VITTES         0         0         0         2.293,830         1.672,958         185,553								
1.00         00100 CAP REL COSTS - BLOGS & FLXTURES         1.00           0.00         00300 CMPLOYEE DERVERT TS         0.00           0.00         00400 ADM IN STRATI VE & CENERAL         0.00           0.00         00000 LAUNDRY & LINEN SERVICE         0.00           0.00         00000 LAUNDRY & LINEN SERVICE         0.00           0.00         00000 LAUNDRY & LINEN SERVICE         0.00           0.00         00000 LETARY         0.00         0.00           0.00         00000 UETARY         8,920,308         1,672,958           0.00         00000 UETARY         8,920,308         1,672,958           0.00         00000 UETARY         0         0         1,033,283           15.00         01500 PATIENT ACTI NUTIES         0         0         1,033,283         11,718,926           0.00         00000 CLAURSING FACILITY         2,293,830         1,672,958         1,033,283         11,718,926           0.00         00000 SKI LLED NURSING FACILITY         2,293,830         1,672,958         1,033,283         11,718,926           0.00         0         0         0         0         0         2,281,472         44.00           0.4000 RADIOLOGY         0         0         0         0			8.00	9.00	13.00	15.00	16.00	
3.00         00300         EMPLOYEE BENEFITS         4.00           4.00         00400         ADMIN ISTRATIVE & GENERAL         4.00           5.00         00500         PLANT OPERATION, MAINT. & REPAIRS         4.00           6.00         00400         LANDRY & LINEN SERVICE         7.01           7.00         00700         HOUSSEKEPINGRESIDEFINE         7.01           7.01         00701         HOUSSEKEPING-RESIDENTAL         8.920,308           8.00         00800         DIESTARY         8.920,308           9.00         009000         NURSING ADMINISTRATION         0         1.632,953           13.00         01300         SOCIAL SERVICE         0         0         1.300           13.00         0300 SOCIAL SERVICE COST CENTERS         15.00         15.00           40.00         04000 RADIOLGGY         0         0         0         2.535           40.00         04000 RADIOLGGY         0         0         0         2.535           40.00         04000 RADIOLGGY         0         0         0         2.729,830         1.672,958         40.00           41.00         04100 DAYGEN (INHALATION) THERAPY         0         0         0         0         2.535			1	1	1			
4.00         00400         ADMI NI STRATI VE & GENERAL         4.00           5.00         00500         PLANT OPERATION, MAINT & REPAIRS         5.00           0.00         00400         LINEN SERVICE         5.00           0.00         00701         HOUSEKEEPING         7.01           0.01         00701         HOUSEKEEPING         7.01           0.01         00701         HOUSEKEEPING         8.920, 308           9.00         00900 NURSING ADMINISTRATION         0         1.672, 958           15.00         01500 PATIENT ACTIVITIES         0         0         1.033, 283           15.00         01500 PATIENT ACTIVITIES         0         0         0         1.30           03000 SKI LLED NURSING FACILITY         2.293, 830         1.672, 958         1.835, 553         1.033, 283         11.718, 926           40.00         4400 IABORATORY         0         0         0         2.5535         0.00           10.00         1010 LARY SERVICE COST CENTERS								
5.00         000500         PLANT OPERATION, MAINT & REPAIRS         5.00         7.01         7.01         7.01         7.01         7.01         7.01         7.02         7.02         7.02         7.02         7.02         7.02         7.02         7.02         8.00         0.00								
6 000         000600         LAUNDRY & LINEN SERVICE         6.00           00         00701         HOUSEKEEPI NG-NURSI NG FACI LI TY         7.01           7.02         00702         HOUSEKEEPI NG-NURSI NG FACI LI TY         7.02           7.02         00702         HOUSEKEEPI NG-NURSI NG FACI LI TY         7.01           7.02         00702         HOUSEKEEPI NG-NESI DENTI AL         8.920, 308           9.00         00900         NURSI NG ADMI NI STRATI ON         0         1.672, 958           13.00         1300         OTAGO SOCIAL SERVI CE         0         0         1.033, 283           INPATLENT ROUTI ES ERVICE COST CENTERS         0         0         0         1.033, 283         11, 718, 926           30.00         03000 (RADI DLOCY         0         0         0         0         25, 553           40.00         04000 (RADI DLOCY         0         0         0         0         42, 741         41.00           41.00         LARRAPY         0         0         0         0         2281, 472         44.00           43.00         04300 OLASOD OCLAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         217, 664         46.00           44.00         04600 SPEECH PATHOLOGY <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
7.00         00700         HOUSEKEEPI NG.NURSI NG FACILITY         7.01         7.02         8.00         9.00         0.0000         1.612,958         8.00         9.00         7.00         7.00         7.02         8.00         9.00         1.600         15.00								
7. 01         00701 HOUSEKEEPI NG-NURSING FACILITY         7. 01           7. 02         00702 HOUSEKEEPI NG-RESI DENTI AL         8. 920. 308         7. 02           8. 00         00900 NURSI NG ADMI NI STRATI ON         0         1, 672, 958         8. 00           9. 00         0005 SOCI AL SERVI CE         0								
7. 02         00702         HOUSEKEEPI NO-RESI DENTI AL         8. 920, 308         9 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
8.00         00000 DI ETARY         8, 920, 308         4, 920, 308         6, 90         9, 00         00000 DI ETARY         8, 920, 308         1, 672, 958         8, 90         9, 00         9, 00         9, 00         9, 00         1, 672, 958         1, 672, 958         1, 632, 283         13, 00         14, 00								
9.00         00900         NURSI NG ADMINI STRATI ON         0         1, 672, 958         9.00           13.00         01300         SOCI AL SERVI CE         0         0         0         185, 553         1, 033, 283         11. 01500         15.00           INPATI ENT ROUTINE SERVI CE COST CENTERS         0         0         0         1, 672, 958         185, 553         1, 033, 283         11, 718, 926         30.00           ANCILLARY SERVI CE COST CENTERS         0         0         0         0         25, 535         40.00         0         0         24, 741         41.00           40.00         04000 RADIOLOGY         0         0         0         0         0         25, 535         40.00           41.00         LABGRATORY         0         0         0         0         42, 741         41.00           43.00         04300 OXYGEN (INHALATI ON) THERAPY         0         0         0         0         24, 717         44.00           46.00         04600 REDICAL SUPPLIES CHARGED TO PATI ENTS         0         0         0         247, 917         49.00           01700 LABGRATORY         0         0         0         0         0         0         247, 917         49.00								7.02
13.00       OCIAL SERVICE       0       0       185, 553       1, 033, 283       13.00         15.00       01500       PATIENT ACTIVITIES       0       0       0       1, 033, 283       15.00         15.00       03000       SKILLED NURSING FACILITY       2, 293, 830       1, 672, 958       185, 553       1, 033, 283       11, 718, 926       30.00         40.00       O4000       RADIOLARY SERVICE COST CENTERS       0       0       0       25, 535       40.00         40.00       O4000       RADIOLARY SERVICE COST CENTERS       0       0       0       42, 741       41.00         40.00       O4000       RADIOLARY SERVICE COST CENTERS       0       0       0       0       42, 741       41.00         41.00       O4400       PHSICAL THERAPY       0       0       0       0       44.00         45.00       O4500       OCUPATI ONAL THERAPY       0       0       0       0       247, 917       44.00         48.00       O4800       DEICAL SUPPLIES CHARGED TO PATIENTS       0       0       0       247, 917       49.00         04000       CLINIC       O       0       0       0       0       1, 650, 647       89.00	8.00 0	0800 DI ETARY	8, 920, 308					8.00
15.00       01500       PATLENT ACTIVITIES       0       0       1,033,283       15.00         1NPATLENT ROUTINE SERVICE COST CENTERS       11,033,283       11,033,283       11,718,926       30.00         ANCILLARY SERVICE COST CENTERS       0       0       0       25,535       40.00         ANCILLARY SERVICE COST CENTERS       0       0       0       25,535       40.00         41.00       04000 RADIOLOGY       0       0       0       24,741       41.00         43.00       04300 0XYGEN (INHALATION) THERAPY       0       0       0       0       43.00         44.00       04000 PHYSICAL THERAPY       0       0       0       0       43.00         45.00       04500 OCUPATIONAL THERAPY       0       0       0       44.00         46.00       04600 SEECH PATHOLOGY       0       0       0       48.00         49.00       04000 DRUGS CHARGED TO PATIENTS       0       0       0       247,917         49.00       000 COUPATIENT SERVICE COST CENTERS       0       0       0       247,917         49.00       000 COUPATIENT SERVICE COST CENTERS       0       0       0       0         19.00       000 COUPATIENT SERVICE COST CENT	9.00 0	0900 NURSI NG ADMI NI STRATI ON	0	1, 672, 958	3			9.00
INPATIENT ROUTINE SERVICE COST CENTERS         Image:	13.00 0	1300 SOCIAL SERVICE	0	0	185, 55	53		13.00
30.0         03000         Ski LLED NURSING FACILITY         2, 293, 830         1, 672, 958         185, 553         1, 033, 283         11, 718, 926         30.00           ANCILLARY SERVICE COST CENTERS	15.00 0	1500 PATIENT ACTIVITIES	0	0		0 1, 033, 283		15.00
ANCILLARY SERVICE COST CENTERS           40.00         04000         RADIOLOGY         0         0         0         25,535         40.00           40.00         04100         LABORATORY         0         0         0         25,535         40.00           43.00         04300         DXYGEN (INHALATION) THERAPY         0         0         0         43.00           44.00         04400         PHYSICAL THERAPY         0         0         0         2,281,472         44.00           45.00         04600         SPECH PATHOLOGY         0         0         0         1,040,665         45.00           46.00         04600         SPECH PATHOLOGY         0         0         0         1,040,665         45.00           48.00         04800         MEDICAL SUPPLIES CHARGED TO PATIENTS         0         0         0         247,917         49.00           0UTPATIENT SERVICE COST CENTERS         0         0         0         0         247,917         49.00           08100         INTEREST EXPENSE         0         0         0         0         1,650,041         60.00           90.00         09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0 <t< td=""><td>1</td><td>NPATIENT ROUTINE SERVICE COST CENTERS</td><td></td><td></td><td>·</td><td></td><td></td><td>1</td></t<>	1	NPATIENT ROUTINE SERVICE COST CENTERS			·			1
ANCILLARY SERVICE COST CENTERS           40.00         04000         RADIOLOGY         0         0         0         25,535         40.00           40.00         04100         LABORATORY         0         0         0         25,535         40.00           43.00         04300         DXYGEN (INHALATION) THERAPY         0         0         0         22,281,472         44.00           45.00         04500         DCVDRATIONAL THERAPY         0         0         0         1,040,665         45.00           46.00         04500         DCCUPATIONAL THERAPY         0         0         0         1,040,665         45.00           46.00         04600         SPECCH PATHOLOGY         0         0         0         217,869         48.00           48.00         04800         MEDI CAL SUPPLIES CHARGED TO PATIENTS         0         0         0         247,917         49.00           00000         DOUTPATIENT SERVICE COST CENTERS         0         0         0         247,917         49.00           08100         INTEREST EXPENSE         0         0         0         0         1,650,041         49.00           90.00         09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0	30.00 0	3000 SKILLED NURSING FACILITY	2, 293, 830	1, 672, 958	3 185, 55	53 1, 033, 283	11, 718, 926	30.00
41.00       04100       LABORATORY       0       0       42,741       41.00         43.00       04300       0XYGEN (INHALATION) THERAPY       0       0       0       43.00         44.00       04400       PHYSICAL THERAPY       0       0       0       0       43.00         45.00       04500       OCCUPATIONAL THERAPY       0       0       0       0       1,040,665       45.00         46.00       04600       SPEECH PATHOLOCY       0       0       0       0       48.00       48.00       400,00       0       227,741       49.00       49.00       49.00       409.00       247,917       49.00       0       0       0       247,917       49.00       0       0       0       247,917       49.00       49.00       400,00       1,650,041       60.00 <t< td=""><td>A</td><td>NCILLARY SERVICE COST CENTERS</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	A	NCILLARY SERVICE COST CENTERS						
43.00       04300       0XYGEN (1NHALATION) THERAPY       0       0       0       0       43.00         44.00       04400       PHYSI CAL THERAPY       0       0       0       0       2,281,472       44.00         45.00       04500       OCCUPATIONAL THERAPY       0       0       0       0       1,40,665       45.00         46.00       04600       SPECH PATHOLOGY       0       0       0       0       409,466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       217,869       48.00         49.00       0HUTPATIENT SERVICE COST CENTERS       0       0       0       0       247,911       49.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       1,650,041       60.00         5UBTOTALS (sum of lines 1-84)       2,293,830       1,672,958       185,553       1,033,283       17,634,632       89.00         90.00       09100       BARER AND BEAUTY SHOP       0       0       0       33,193,612       90.00         91.00       09100       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       33,193,612       95.01       95.01	40.00 0	4000 RADI OLOGY	0	(	)	0 0	25, 535	40.00
44.00       04400       PHYSI CAL THERAPY       0       0       0       2,281,472       44.00         45.00       04500       OCCUPATI ONAL THERAPY       0       0       0       1,040,665       45.00         46.00       04600       SPEECH PATHOLOGY       0       0       0       0409,466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       0       0       247,917       49.00         00       00       0       0       0       0       0       247,917       49.00         00       000       0       0       0       0       0       0       247,917       49.00         0000       0000       0       0       0       0       0       0       0       0       0         0000       0000       <	41.00 0	4100 LABORATORY	0	0		0 0	42, 741	41.00
45:00       04500       OCCUPATI ONAL THERAPY       0       0       0       1,040,665       45:00         46:00       04600       SPEECH PATHOLOGY       0       0       0       409,466       46:00         48:00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       217,869       48:00         49:00       04900       DRUGS CHARGED TO PATIENTS       0       0       0       247,917       49:00         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       1,650,041       60:00         80:00       06000       CLINIC       0       0       0       1,634,632       89:00         81:00       NORREI MBURSABLE COST CENTERS        81:00       0       0       54,965       90:00         90:00       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       135,232       91:00         91:00       09100       BARBER AND BEAUTY SHOP       0       0       0       133,193,612       95:01         95:02       09500       NON-REI MBURSABLE       0       0       0       1,032,446       95:03         95:02       09502       NCC HOSPI CE       0       0 <td>43.00 0</td> <td>4300 OXYGEN (INHALATION) THERAPY</td> <td>0</td> <td>0</td> <td></td> <td>0 0</td> <td>0</td> <td>43.00</td>	43.00 0	4300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	43.00
46.00       04600       SPEECH PATHOLOGY       0       0       0       0       40.0, 466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       0       217, 869       48.00         49.00       DRUGS CHARGED TO PATIENTS       0       0       0       0       217, 869       48.00         00       DUTPATIENT SERVICE COST CENTERS       0       0       0       0       217, 917       49.00         60.00       06000 [LINIC       0       0       0       0       0       1, 650, 041       60.00         89.00       SUBTOTALS (sum of 1 ines 1-84)       2, 293, 830       1, 672, 958       185, 553       1, 033, 283       17, 634, 632       89.00         90.00       09000       GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       54, 965       90.00         91.00       09100       BABER AND BEAUTY SHOP       0       0       0       135, 232       91.00         95.01       09500       NON-REI MBURSABLE       0       0       0       133, 34       25.01         95.02       09500       NCC HOSPI CE       0       0       0       1, 333, 495.02       95.01<	44.00 0	4400 PHYSI CAL THERAPY	0	0		0 0	2, 281, 472	44.00
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       0       0       217,869       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       0       0       0       247,917       49.00         0UTPATIENT SERVICE COST CENTERS       0       0       0       0       1,650,041       60.00         06000       CLINIC       0       0       0       0       1,650,041       60.00         89.00       SUBTOTALS (sum of lines 1-84)       2,293,830       1,672,958       185,553       1,033,283       17,634,632       89.00         90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       0       0       054,965       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       135,232       91.00         95.01       09501       NCL HUBURSABLE       0       0       0       163,334       95.00         95.02       09502       NRCC HOSPICE       0       0       0       133,193,12       95.01         95.03       09503       CULTURAL ARTS CENTER       0       0       0       1,032,446       95.03         95.04       09504       WELLNESS CEN	45.00 0	4500 OCCUPATI ONAL THERAPY	0	0		0 0	1, 040, 665	45.00
49.00         Odgool         DRUGS         CHARGED TO PATIENTS         O         O         O         247,917         49.00           OUTPATIENT SERVICE COST CENTERS         O         O         O         O         O         1,650,041         60.00         60.00         0         0         1,650,041         60.00         60.00         0         0         1,650,041         60.00         60.00         60.00         1,650,041         60.00         60.00         60.00         1,650,041         60.00	46.00 0	4600 SPEECH PATHOLOGY	0	0		0 0	409, 466	46.00
OUTPATIENT SERVICE COST CENTERS         0         0         0         0         1,650,041         60.00           60:00         06000 CLINIC         0         0         0         0         1,650,041         60.00           SPECIAL PURPOSE COST CENTERS         81.00         89.00         SUBTOTALS (sum of lines 1-84)         2,293,830         1,672,958         185,553         1,033,283         17,634,632         89.00           90:00         09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         0         54,965         90.00           91:00         09100 BARBER AND BEAUTY SHOP         0         0         0         135,232         91.00           95:00         09500 NON-REI MBURSABLE         0         0         0         163,334         95.00           95:01         09502 NRCC HOSPICE         0         0         0         1,33,193,612         95.01           95:02         09503 CULTURAL ARTS CENTER         0         0         0         0         1,032,446         95.03           95:04         09504 WELLNESS CENTER         0         0         0         0         1,032,446         95.03           95:05         09505 MED SPA         0         0         0	48.00 0	4800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	217, 869	48.00
60.00         06000         CLINIC         0         0         0         0         1,650,041         60.00           SPECIAL PURPOSE COST CENTERS            81.00         81.00         NUTREEST EXPENSE         81.00         81.00         81.00         81.00         81.00         0         0         0         0         50.041         81.00         89.00         89.00         81.00         89.00         81.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         89.00         80.00         89.00	49.00 0	4900 DRUGS CHARGED TO PATIENTS	0	0		0 0	247, 917	49.00
SPECIAL PURPOSE COST CENTERS           81.00         08100         INTEREST EXPENSE         81.00         81.00           89.00         SUBTOTALS (sum of lines 1-84)         2,293,830         1,672,958         185,553         1,033,283         17,634,632         89.00           NONREI MBURSABLE COST CENTERS         0         0         0         54,965         90.00           90.00         G9000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         135,232         91.00           91.00         O9100 BARBER AND BEAUTY SHOP         0         0         0         163,334         95.00           95.01         09501 PC/I LU         6,626,478         0         0         0         33,193,612         95.01           95.02         09502 NRCC HOSPI CE         0         0         0         0         1,206,312         95.02           95.03         09503 CULTURAL ARTS CENTER         0         0         0         0         32,347         95.04           95.04         09504 WELLNESS CENTER         0         0         0         0         632,347         95.04           95.05         09505 MED SPA         0         0         0         0         0         98.00         <	0	UTPATIENT SERVICE COST CENTERS		•	•			
81.00         08100         INTEREST EXPENSE         81.00           89.00         SUBTOTALS (sum of lines 1-84)         2,293,830         1,672,958         185,553         1,033,283         17,634,632         89.00           NONREI MBURSABLE COST CENTERS         90.00         G9000         GIT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         54,965         90.00           91.00         09100         BARBER AND BEAUTY SHOP         0         0         0         135,232         91.00           95.00         09500         NON-REI MBURSABLE         0         0         0         163,334         95.00           95.01         09501         PC/I LU         6,626,478         0         0         0         33,193,612         95.01           95.02         09502         NRCC HOSPI CE         0         0         0         1,032,446         95.03           95.03         09503         CULTURAL ARTS CENTER         0         0         0         632,347         95.04           95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.04           95.05         09505         MED SPA         0         0         0         0 <td></td> <td></td> <td>0</td> <td>(</td> <td>)</td> <td>0 0</td> <td>1, 650, 041</td> <td>60.00</td>			0	(	)	0 0	1, 650, 041	60.00
89.00         SUBTOTALS (sum of lines 1-84)         2,293,830         1,672,958         185,553         1,033,283         17,634,632         89.00           NONREI MBURSABLE COST CENTERS         NONREI MBURSABLE COST CENTERS         0         0         0         0         54,965         90.00           91.00         09000         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         135,232         91.00           95.00         09500         NON-REI MBURSABLE         0         0         0         163,334         95.00           95.01         09501         PC/I LU         6,626,478         0         0         0         33,193,612         95.01           95.02         09502         NRCC HOSPI CE         0         0         0         1,032,446         95.02           95.03         09503         CHURAL ARTS CENTER         0         0         0         1,032,446         95.03           95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.04           95.05         09505         MED SPA         0         0         0         0         632,347         95.05           98.00         Cross Foot Adjustments	S	PECIAL PURPOSE COST CENTERS						
NONRE         IMBURSABLE         COST         CENTERS           90.00         09000         GI FT,         FLOWER,         COFFEE         SHOPS         & CANTEEN         0         0         0         54,965         90.00         91.00         0         0         0         0         135,232         91.00         95.00         0         0         0         0         0         0         135,232         91.00         95.00         0 <td>81.00 0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>81.00</td>	81.00 0							81.00
90.00         09000         GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         0         0         54,965         90.00           91.00         09100         BARBER AND BEAUTY SHOP         0         0         0         135,232         91.00           95.00         09500         NON-REI MBURSABLE         0         0         0         163,334         95.00           95.01         09501         PC/ILU         6,626,478         0         0         0         33,193,612         95.01           95.02         09502         NRCC HOSPI CE         0         0         0         1,206,312         95.02           95.03         09503         CULTURAL ARTS CENTER         0         0         0         1,032,446         95.03           95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.03           95.05         09505         MED SPA         0         0         0         632,347         95.05           98.00         Cross Foot Adjustments         0         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         0			2, 293, 830	1, 672, 958	185, 55	53 1, 033, 283	17, 634, 632	89.00
91.00       09100       BARBER AND BEAUTY SHOP       0       0       0       135,232       91.00         95.00       09500       NON-REI MBURSABLE       0       0       0       163,334       95.00         95.01       09501       PC/LU       6,626,478       0       0       0       133,193,612       95.01         95.02       09502       NRCC HOSPI CE       0       0       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       0       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       0       0       632,347       95.04         95.05       09505       MED SPA       0       0       0       0       632,347       95.04         95.06       09505       KED SPA       0       0       0       0       767,827       95.05         98.00       Vegative Cost Centers       0       0       0       0       90       99.00	N	ONREIMBURSABLE COST CENTERS						
95.00         09500         NON-REIMBURSABLE         0         0         163,334         95.00           95.01         09501         PC/ILU         6,626,478         0         0         33,193,612         95.01           95.02         09502         NRCC HOSPICE         0         0         0         1,206,312         95.02           95.03         09503         CULTURAL ARTS CENTER         0         0         0         1,032,446         95.03           95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.04           95.05         09505         MED SPA         0         0         0         767,827         95.05           98.00         Cross Foot Adjustments         0         0         0         99.00         99.00         0         0         99.00	90.00 0	9000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	54, 965	90.00
95.01       09501       PC/ILU       6, 626, 478       0       0       33, 193, 612       95.01         95.02       09502       NRCC HOSPICE       0       0       0       1, 206, 312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       0       0       1, 032, 446       95.03         95.04       09504       WELLNESS CENTER       0       0       0       632, 347       95.04         95.05       09505       MED SPA       0       0       0       767, 827       95.05         98.00       Cross Foot Adjustments       0       0       0       0       99.00         99.00       Negative Cost Centers       0       0       0       0       99.00	91.00 0	9100 BARBER AND BEAUTY SHOP	0	0		0 0	135, 232	91.00
95.02       09502       NRCC HOSPI CE       0       0       0       1, 206, 312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       0       0       0       1, 032, 446       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       632, 347       95.04         95.05       09505       MED SPA       0       0       0       0       767, 827       95.05         98.00       Cross Foot Adjustments       0       0       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       0       0       99.00	95.00 0	9500 NON-REI MBURSABLE	0	0		0 0	163, 334	95.00
95.03       09503       CULTURAL ARTS CENTER       0       0       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       0       0       0       632,347       95.04         95.05       09505       MED SPA       0       0       0       0       767,827       95.05         98.00       Cross Foot Adjustments       0       0       0       0       0       99.00	95.01 0	9501 PC/I LU	6, 626, 478	0		0 0	33, 193, 612	95.01
95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.04           95.05         09505         MED SPA         0         0         0         0         767,827         95.05           98.00         Cross Foot Adjustments         0         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00	95.02 0	9502 NRCC HOSPI CE	0	0		0 0	1, 206, 312	95.02
95.04         09504         WELLNESS CENTER         0         0         0         632,347         95.04           95.05         09505         MED SPA         0         0         0         0         767,827         95.05           98.00         Cross Foot Adjustments         0         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00	95.03 0	9503 CULTURAL ARTS CENTER	0	0		0 0		
95.05         09505         MED SPA         0         0         0         767,827         95.05           98.00         Cross Foot Adjustments         0         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			0	0		0 0		
98.00         Cross Foot Adjustments         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         0         99.00			0	0	b	0 0		
99.00         Negative Cost Centers         0         0         0         0         99.00			-			0		
5			0			0 0	0	
		5	8, 920, 308	1, 672, 958	185.55	1,033,283		

COST ALLOCATION - GENERAL SERVICE COSTS         Provider No.: 315366         Period: Total         Period	Heal th	Financial Systems	FELLOWSHIP VIL	LAGE LNC		In Lieu of Form C	MS-2540-10
From 01/01/2023         Part 1 D         Total         Detertine Propared: 0/10/2024 12:19 pm           1.00         00100 (AP REL COST CENTERS 0.00         18.00         0 <td></td> <td></td> <td></td> <td></td> <td>No : 315356</td> <td></td> <td></td>					No : 315356		
Cost Center Description         Post Stepdown         Total Adjustments           10:00         00100 (CAP REL COST CENTERS         17.00         18.00           10:00         00100 (CAP REL COST S = BLOS & FLATURES 3.00         3.00           10:00         00400 PMC)/CVE BENFITS         1.00           10:00         00400 PLAYIC DERVIFITS         3.00           10:00         00400 PLAYIC DERVIFITS         4.00           10:00         00500 PLAYIC DERVIFITS         5.00           10:00         00500 PLAYIC DERVIFITS         7.00           10:00         00500 PLAYIC DERVIFITS         7.00           10:00         00000 PLAYIC DERVIFITS         7.00           10:00         00000 PLAYIC DERVIFITS         7.00           10:00         10000 SOCIAL SERVICE         7.00           10:00         1000 SOCIAL SERVICE         7.00           10:00         1000 SOCIAL SERVICE COST CENTERS         30.00           10:00         1000				1.01.401		From 01/01/2023 Part I	
Cost Center Description         Post Stepdown         Total Adjustments           10:00         00100 (CAP REL COST CENTERS         17.00         18.00           10:00         00100 (CAP REL COST S = BLOS & FLATURES 3.00         3.00           10:00         00400 PMC)/CVE BENFITS         1.00           10:00         00400 PLAYIC DERVIFITS         3.00           10:00         00400 PLAYIC DERVIFITS         4.00           10:00         00500 PLAYIC DERVIFITS         5.00           10:00         00500 PLAYIC DERVIFITS         7.00           10:00         00500 PLAYIC DERVIFITS         7.00           10:00         00000 PLAYIC DERVIFITS         7.00           10:00         00000 PLAYIC DERVIFITS         7.00           10:00         10000 SOCIAL SERVICE         7.00           10:00         1000 SOCIAL SERVICE         7.00           10:00         1000 SOCIAL SERVICE COST CENTERS         30.00           10:00         1000						To 12/31/2023 Date/Time	Prepared:
Adj ustments         17.00         18.00           GENERAL SERVICE COST CENTERS         1.00           0.00         00300 CAP REL COST - BLDGS & FIXTURES         1.00           0.00         00300 EMPLOYCE BENEFITS         4.00           0.00         000300 EMPLOYCE BENEFITS         4.00           0.00         000300 EMPLOYCE BENEFITS         4.00           0.00         000300 EMPLOYCE BENEFITS         5.00           0.00         000500 PLANT OPERATION, MAINT. & REPAIRS         6.00           0.00         00000 LAUNORY & LINEN SERVICE         7.01           0.00         00000 DIETARY         9.00         7.00           0.00         00000 DIETARY         9.00         8.00           9.00         00000 NURSING ADMINISTRATION         11.718, 926         30.00           10.00         10300 OSIGLAL SERVICE         11.718, 926         30.00           30.00         03000 SIGLAL SERVICE COST CENTERS         11.00         115.00           11.001 LARY SERVICE COST CENTERS         30.00         30.00         30.00           30.00 0300 SIGLAL SERVICE         0         1.7178, 926         30.00           30.00 0300 OSIGLAL SERVICE         0         1.040, 665         46.00           40.00 04000 OPHYSICAL THE						6/10/2024	12:19 pm
Image: Constraint of the service cost centers         1.00         18.00           1000         (0100) CAP REL_COSTS_CENTERS         1.00           1000         (0000) EMPLOVEE BENEFITS         1.00           1000         (0000) EMPLOVEE BENEFITS         1.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         5.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         6.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         6.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         7.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         7.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         8.00           1000         (0000) PLANT OPERATION, MAINT & REPAIRS         7.00           1000         (0000) PLANT OPERATION, PLANT AND P		Cost Center Description		Iotai			
GENERAL SERVICE COST CENTERS         1.00           1.00         00100 CAP REL COSTS - BLOS & FIXTURES         3.00           0.00         00300 EMPLOYEE BEMETITS         4.00           0.00         00500 PLANT OPERATION, MAINT & REPAIRS         5.00           0.00         00700 HOUSEKEEPING         7.01           7.02         00701 HOUSEKEEPING         7.01           7.03         0000 ORDOU RANDRY & RENT OF ACILLITY         7.01           7.02         00702 HOUSEKEEPING         7.02           8.00         006000 PATLENT ACRIVE RESTORTAL         8.00           9.00         009000 NURSING AGMINI STRATION         9.00           13.00         01300 SOCIAL SERVICE         11.718,926           40.00         04100 LABORATORY         0         25.535           40.00         41.00         11.718,926         30.00           40.00         04000 RADIOLOCY         0         25.535         40.00           41.00         LLARY         0         11.718,926         30.00           43.00         AGMINISING FACILITY         0         11.718,926         30.00           44.00         CAST ENVICE COST CENTERS         40.00         41.00         41.00           0         40.00				10.00	4		
1.00         COTOQ CAP REL COSTS - BLOCS & FIXTURES         1.00           3.00         COMOQ CAPREL COSTS - BLOCS & FIXTURES         3.00           4.00         COMOQ CAPREL COSTS - BLOCS & FIXTURES         3.00           5.00         COSCO PLANT OPERATION, MAINT & REPAIRS         5.00           6.00         COSCO PLANT OSCO PATIENT ALL         7.01           7.01         COSCO PLANT OSCO PATIENT ALL         5.00           6.00         OSCOLAL SERVICE         7.01           7.00         COSCO PATIENT ALLED NURSING FACILITY         0           7.00         COSCOLAL SERVICE         11.718,926           7.00         COSCOLAL SERVICE         0         12.7535           7.00         COSCOLAL SERVICE         0			17.00	18.00			
3. 00         00300 [EMPLOYEE BENEFITS         3. 00           4.00         00400 ADMI NISTRATI VE & GENERAL         4.00           6.00         00500 (ALMINER & LINEN SERVICE         5.00           7.00         07000 HOUSEKEEPI NG         7.00           7.01         007021 HOUSEKEEPI NG-NESI JENTI AL         7.00           8.00         008000 ILAINDER & ING FACI LITY         7.02           9.00         009000 NURSI NG FACI LITY         7.02           11.00         01300 SOCI AL SERVICE         11.718, 926           0.00         03000 SKI LLED NURSI NG FACI LITY         0         11.718, 926           0.00         03000 SKI LLED NURSI NG FACI LITY         0         11.718, 926           0.00         03000 SKI LLED NURSI NG FACI LITY         0         11.718, 926           0.00         04000 RADI OLOGY         0         25, 535         40.00           41.00         04100 LABORATORY         0         22, 535         40.00           43.00         04300 OXOCR CINNAL THERAPY         0         22, 535         40.00           44.00         04400 PHYSI CAL THERAPY         0         22, 535         40.00           44.00         04400 PHYSI CAL THERAPY         0         22, 14.72         44.00	1 00						1.00
4. 00       00400 ADMI NI STRATI VE & GENERAL       4. 00         5.00       00500 PLANT OPERATION, MAIN T& & REPAI RS       5.00         6.00       00500 LAUNDRY & LINEN SERVICE       5.00         7.01       00701 HOUSEKEEPI NG - RESIDENTI AL       7.01         7.02       00702 HOUSEKEEPI NG - RESIDENTI AL       7.02         8.00       00500 DETARY       8.00         9.00       00900 NURSI NG ADMI NI STRATI ON       7.02         8.00       00500 OD LETARY       9.00         13.00       01300 OS COL AL SERVICE       11.718,926         MINTERT RUTIENT ROTINE SERVICE COST CENTERS       11.718,926         40.00       04000 RADIOLGOST CENTERS       40.00         41.00       04000 RADIOLGOST CENTERS       40.00         40.00       04000 RADIOLGOST CENTERS       40.00         40.00       04000 RADIOLGOST CENTERS       40.00         40.00       04000 RADIOLAGORATORY       0       2.281, 472         40.00       04000 RADIOLAGORATORY       0       2.281, 472         40.00       04000 RADIOLAGORATORY       0       1.040, 665         41.00       0       1.040, 665       45.00         43.00       04500 OCUPATI ONAL THERAPY       0       1.7, 634, 632 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
5.00         00500         PLANT OPERATION, MAINT. & REPAIRS         5.00           6.00         00500         LAINT OPERATION, MAINT. & REPAIRS         5.00           7.01         00700         HOUSEKEEPING.         7.01           7.01         00701         HOUSEKEEPING.         7.01           7.02         00720         HOUSEKEEPING.         7.01           7.01         7.01         7.01         7.02           8.00         00800 DIETARY         8.00         8.00           9.00         00900 NURSING ADMINISTRATION         3.00           15.00         01300 SOCIAL SERVICE         15.00           15.00         DISODO SIXILLED NURSING FACILITY         0         11.718.926           30.00         ANCILLARY SERVICE COST CENTERS         40.00         42.741           41.00         43.00         04000 RADIOLOGY         0         2.535           40.00         04000 AVGEN (INHALATION) THERAPY         0         0         43.00           40.00         04000 AVGEN (INHALATION) THERAPY         0         0.407.741         41.00           41.00         44.00         40.9466         45.00         40.00           42.00         409.466         45.00         40.00         49.							
6.00         00600         LAUNDRY & LINEN SERVICE         6.00           7.00         00701         HOUSSEKEEPI NG - RESIDENTI AL         7.01           7.01         00701         HOUSSEKEEPI NG - RESIDENTI AL         7.02           8.00         00900         NUSSEKEEPI NG - RESIDENTI AL         7.02           8.00         00900         NUSSEKEEPI NG - RESIDENTI AL         8.00           9.00         009000 SOCIAL SERVICE         13.00           15.00         15.00         00500 SOCIAL SERVICE COST CENTERS         15.00           0.00         03000 SKI LLED NURSI NG FACILITY         0         11,718,926         30.00           ANCILLARY SERVICE COST CENTERS         40.00         41.00         41.00         41.00           0.00         04000 RADI CLOGY         0         25,535         40.00           44.00         04100 LABORATORY         0         2,231,472         44           0.00         04000 RADI CLOGY         0         2,247,711         41.00           45.00         04400 PHYSI CAL THERAPY         0         2,47,917         49.00           0.00         04000 CRADI CLOGY         0         409,466         46.00           48.00         048000 OEDECAL SUPPLIES CHARGED TO PATIENTS <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>							
7.00         00700         HOUSEKEEPI NG         7.00         7.01           7.01         00701         HOUSEKEEPI NG-RESI DENTI AL         7.01           7.02         00702         HOUSEKEEPI NG-RESI DENTI AL         7.01           8.00         00800         DIETARY         8.00           9.00         00700         NURSI NG ADMI NI STRATI ON         8.00           15.00         10500         SIGO PATIENT ACTI VI TIES         15.00           INPATIENT ROUTINE SERVICE COST CENTERS         30.00           ANCILLARY SERVICE COST CENTERS         40.00           41.00         04100         LABORATORY         0         42,741           40.00         ANCILLARY SERVICE COST CENTERS         40.00           43.00         04300         VARGEN (INHALATION) THERAPY         0         2,281,472           40.00         Addol ADOR OLOCY         0         49.0466         46.00           40.00         Addol SPEECH ALREED THANEL         0         17,634,632         49.00           40.00         Addol SPECH ALREED TO PATIENTS         217,869         48.00           40.00         0         1,650,041         60.00         60.00           00.00         OUDTPATIENT SERVICE COST CENTERS         81.00							
7. 01       00701       HOUSEKEEPI NG-RESIDENTI AL       7. 01         7. 02       007021       HOUSEKEEPI NG-RESIDENTI AL       7. 02         8. 00       000000       DUETARY       8. 00         9. 00       000000       DUETARY       9. 00         9. 00       00150       DETARY       9. 00         9. 00       00150       DETARY       9. 00         13. 00       15. 00       DISO PATIENT ACTIVITIES       11. 718. 926         9. 00       03000       SKILLED NURSING FACILITY       0       11. 718. 926         40. 00       04000 RADIOLOGY       0       25. 535       40. 00         41. 00       04100 LABORATORY       0       42. 741       41. 00         43. 00       04400 PHYSICAL THERAPY       0       1. 040, 665       45. 00         40. 00       04400 PHYSICAL THERAPY       0       217. 869       48. 00         41. 00       04600 MEDICAL SUPPLIES CHARGED TO PATIENTS       247. 917       49. 00         010       04900 DRUGS CHARGED TO PATIENTS       0       17. 634. 632       89. 00         00. 00       0000 GLITT SERVICE COST CENTERS       0       17. 634. 632       89. 00         00. 00       0000 DRUGS CHARGED TO PATIENTS							
7. 02       00702 HOUSEKEEPI NG-RESI DENTI AL.       7. 02         8. 00       00800 DI ETARY       8. 00         9. 00       00900 NURSI NG ADMI NI STRATI ON       8. 00         13. 00       01300 SOCI AL SERVICE       13. 00         15. 00       1500 PATIENT ACTI VI TIES       15. 00         10. 00       000000 SKI LLED NURSI NG FACILITY       0       11, 718, 926         ANCILLARY SERVICE COST CENTERS       40. 00       440. 00       42, 741       41. 00         40. 00       04000 [RADI OLGY       0       2, 81, 472       44. 00         40. 00       04000 [RADI OLGY       0       2, 81, 472       44. 00         40. 00       04000 [RADI OLGY       0       1, 040, 665       45. 00         40. 00       04000 [REDI CAL THERAPY       0       1, 040, 665       45. 00         40. 00       04400 [NEDI CAL THERAPY       0       1, 718, 926       48. 00         40. 00       04000 [REDI CAL THERAPY       0       1, 718, 926       48. 00         40. 00       04500 [SECH PATHOLOGY       0       2, 81, 472       44. 00         40. 00       04500 [SECH PATHOLOGY       0       1, 640, 665       45. 00         40. 00       04500 [SECH PATHOLOGY       0							
8 00         00000         DUETARY         9.00         00900         NURSING ADMINISTRATION         9.00         9.00         00900         NURSING ADMINISTRATION         9.00         13.00							
9.00         00900         NURSING ADMINISTRATION         9.00           13.00         01300         SOCIAL SERVICE         13.00           15.00         DISDO/PATIENT ACTIVITIES         13.00           INPATIENT ROUTINE SERVICE COST CENTERS         30.00           ANCILLARY SERVICE COST CENTERS         40.00           40.00         04000 RADIOLOGY         0           41.00         04100 LABORATORY         0           41.00         04300 OXYGEN (I NHALATION) THERAPY         0           40.00         04000 RADIOLOGY         0           41.00         04300 OXYGEN (I NHALATION) THERAPY         0           42.00         04000 PKYSICAL THERAPY         0           43.00         04300 OXYGEN (I NHALATION) THERAPY         0           43.00         04300 OXYGEN (I NHALATION) THERAPY         0           44.00         45.00         04600 SPECH PATHOLOCY         44.00           45.00         04500 OCCUPATIONAL THERAPY         0         1.040, 665           46.00         04600 SPECH PATHOLOCY         0         409, 00           00         04300 OXYGEN (I NHALATION)         41.00         43.00           47.00         0         1.650, 041         45.00           48.00         <							
13.00       01300       SOCI AL SERVICE       13.00         15.00       01500       PATIENT ACTIVITIES       15.00         INPATIENT ROUTINE SERVICE COST CENTERS       15.00         00       03000       SKI LLED NURSING FACILITY       0       11,718,926         00       03000       RADIOLOGY       0       25,535       40.00         40.00       04000       RADIOLOGY       0       42,741       41.00         30.00       04300       DXGEN (INHALATION) THERAPY       0       42,741       43.00         44.00       04400       PHYSI CAL THERAPY       0       2,281,472       44.00         45.00       04600       SPEECH PATHOLOGY       0       409,466       46.00         46.00       04800       MEDICAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         40.00       04000 RUGS CHARGED TO PATIENTS       0       17,650,041       590.00       590.00       590.00       60.00       54.60       48.00         40.00       0100 INTEREST EXPENSE       0       17,634,632       89.00       60.00       590.00       590.00       590.00       590.00       590.00       590.00       590.00       590.00       590.00       590.00							
15.00       01500 PATIENT ACTIVITIES       15.00         INPATIENT ROUTINE SERVICE COST CENTERS       30.00         30.00       3000[SKILLED NURSING FACILITY       0       11,718,926       30.00         40.00       04000 RADIOLOGY       0       25,535       40.00         41.00       04100 LABORATORY       0       42,741       41.00         43.00       04300 OXYGEN (INHALATION) THERAPY       0       0       43.00         44.00       04400 PHYSICAL THERAPY       0       2,281,472       43.00         45.00       04600 SPECCH PATHOLOGY       0       40,406       45.00       46.00         46.00       04600 MEDICAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         47.00       0.000 CLUS CHARGED TO PATIENTS       0       247,917       49.00         0000 DRUGS CHARGED TO PATIENTS       0       247,917       49.00         0000 OLUS CHARGED TO PATIENTS       0       1,650,041       60.00         59ECI AL PURPOSE COST CENTERS       0       17,634,632       89.00         00.00       09000 GIFT, FLOWER, COST ECHTERS       0       16,3,334       90.00         00000 GIFT, FLOWER, COST ECHTERS       0       16,3,334       95.01       95.00 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
INPATIENT ROUTINE SERVICE COST CENTERS         30.00         Skilled NURSING FACILITY         0         11.718,926         30.00           ANCILLARY SERVICE COST CENTERS         0         25,535         40.00         41.00         40.00         40.00         40.00         40.00         40.00         41.00         40.00         40.00         40.00         40.00         41.00         40.00         41.00         42,741         41.00         43.00         43.00         44.00         43.00         44.00         45.00         40500 OCCUPATIONAL THERAPY         0         1,040,665         45.00         46.00         49.00         49.00         49.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
30.00         SKILLED NURSING FACILITY         0         11, 718, 926         30.00           ANCILLARY SERVICE COST CENTERS         40.00         AAOORADIOLOGY         0         25, 535         40.00           41.00         04000 RADIORY         0         42, 741         41.00         43.00           43.00         04000 PAYSICAL THERAPY         0         2, 281, 472         44.00           44.00         04400 PHYSICAL THERAPY         0         1, 040, 665         45.00           46.00         04500 OCCUPATI ONAL THERAPY         0         10, 040, 665         46.00           48.00         04600 MEDICAL SUPPLIES CHARGED TO PATIENTS         0         217, 869         48.00           49.00         04900 DRUGS CHARGED TO PATIENTS         0         247, 917         49.00           0000         06000 CLINIC         0         1, 650, 041         60.00           SPECIAL PURPOSE COST CENTERS         0         17, 634, 632         89.00           0000         09100 INTERST EXPENSE         0         135, 232         91.00           90.00         09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         133, 34         95.01           91.00         95.00         09500 PC/LIU         0         33, 193, 612         9	15.00						15.00
ANCILLARY SERVICE COST CENTERS           40.00         04000 RADIOLOGY         0         25, 535         40.00           41.00         04100 LABORATORY         0         42, 741         41.00           43.00         04300 DXYGEN (INHALATION) THERAPY         0         2, 281, 472         44.00           45.00         04500 OCCUPATIONAL THERAPY         0         1, 040, 665         45.00           46.00         04600 SPEECH PATHOLOGY         0         40.00         46.00           48.00         04600 SPEECH PATHOLOGY         0         40.9466         46.00           49.00         04900 DRUGCAL SUPPLIES CHARGED TO PATIENTS         0         217, 869         48.00           90.00         04900 DRUGCAL SUPPLIES CHARGED TO PATIENTS         0         247, 917         49.00           0UTPATIENT SERVICE COST CENTERS         0         1, 650, 041         60.00         60.00           81.00         08100 INTEREST EXPENSE         0         17, 634, 632         89.00         89.00           00.00         09100 BARBER AND BEAUTY SHOP         0         135, 232         90.00         91.00           95.01         09500 INON-REI MBURSABLE         0         163, 334         95.01         95.01         95.01 <t< td=""><td></td><td></td><td>-</td><td></td><td>1</td><td></td><td></td></t<>			-		1		
40.00       04000       RADI OLOGY       0       25, 535       40.00         41.00       04100       LABORATORY       0       42, 741       41.00         43.00       04300       OXGEN (I NHALATI ON) THERAPY       0       0       43.00         44.00       04400       PHYSI CAL THERAPY       0       2, 281, 472       44.00         45.00       04500       OCUPATI ONAL THERAPY       0       1, 040, 665       46.00         46.00       04600       PECI PATHOLOGY       0       40.9, 466       46.00         48.00       04600       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       217, 869       48.00         49.00       DUPATI ENT SERVICE COST CENTERS       0       1, 650, 041       60.00       60.00         SPECIAL PURPOSE COST CENTERS         810.00       80100   INTEREST EXPENSE       81.00         89.00       SUBTOTALS (sum of lines 1-84)       0       17, 634, 632       91.00         90.00       09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       163, 334       95.01         90.00       90000 BARBER AND BEAUTY SHOP       0       135, 232       91.00         95.01       09500 NON-REI MBURSABLE       0       163, 334 <td>30.00</td> <td></td> <td>0</td> <td>11, 718, 926</td> <td></td> <td></td> <td>30.00</td>	30.00		0	11, 718, 926			30.00
41.00       04100       LABORATORY       0       42,741       41.00         43.00       04300       OXYGEN (INHALATION) THERAPY       0       0       0         44.00       04400       PHSICAL THERAPY       0       2,281,472       43.00         45.00       04500       OCUPATIONAL THERAPY       0       1,040,665       45.00         46.00       04600       SPEECH PATHOLOGY       0       409,9466       46.00         48.00       04800       MOICAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         49.00       OUTPATIENT SERVICE COST CENTERS       0       1,650,041       40.00       40.00         00       06000       CLINIC       0       1,650,041       60.00       60.00         90.00       09000       GIFT. FLOWER, COFFEE SHOPS & CANTEEN       0       17,634,632       81.00         90.00       09000       GIFT. FLOWER, COFFEE SHOPS & CANTEEN       0       135,232       90.00         90.00       09500       NOREI MBURSABLE       0       133,193,612       95.01         95.01       09501       PC/LUW       0       33,193,612       95.01         95.01       09503       NOREI MBURSABLE       0					.1		
43.00       04300       0XYGEN (1NHALATION) THERAPY       0       0       0         44.00       04400       PHYSI CAL THERAPY       0       2, 281, 472       44.00         45.00       04600       OCUPATIONAL THERAPY       0       1,040,665       45.00         46.00       04600       SPECH PATHOLOGY       0       409,466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         49.00       OUPAOTE ONT SERVICE COST CENTERS       0       247,917       49.00       49.00         60.00       06000       CLINIC       0       1,650,041       60.00       60.00         SPECI AL PURPOSE COST CENTERS         81.00       08100       INTEREST EXPENSE       81.00         89.00       SUBTOTALS (sum of lines 1-84)       0       17,634,632       89.00         NONREI MBURSABLE COST CENTERS         90.00       09100       BARER AND BEAUTY SHOP       0       135,232       90.00         95.00       09500 NON-REI MBURSABLE       0       1,206,312       95.01         95.01       09501 NON-REI MBURSABLE       0       1,206,312       95.02         95.02 <t< td=""><td></td><td></td><td></td><td></td><td>•</td><td></td><td></td></t<>					•		
44.00       04400       PHYSICAL THERAPY       0       2,281,472       44.00         45.00       04500       0CCUPATI ONAL THERAPY       0       1,040,665       45.00         46.00       04600       SPEECH PATHOLOGY       0       409,466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         49.00       04900 (DRUGS CHARGED TO PATIENTS       0       247,917       49.00         0000       00600[CLI NI C       0       1,650,041       60.00         06000       OBIOOI INTEREST EXPENSE       0       17,634,632       89.00         NONREI MBURSABLE COST CENTERS       0       17,634,632       89.00         90.00       090000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       54.965       90.00         91.00       09100 BARBER AND BEAUTY SHOP       0       135,232       91.00         95.01       09501 PC/LLU       0       33,193,612       95.01         95.01       09503 INOR-REI MBURSABLE       0       1,206,312       95.02         95.02       09503 INOR-REI MBURSABLE       0       1,206,312       95.03         95.04       09503 INOR-REI MBURSABLE       0       1,206,312			-		•		
45.00       04500       OCCUPATI ONAL THERAPY       0       1,040,665       45.00         46.00       04600       SPECH PATHOLOGY       0       409,466       46.00         48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATI ENTS       0       217,869       48.00         04900       DRUGS CHARGED TO PATI ENTS       0       247,917       49.00         0UTPATI ENT SERVI CE COST CENTERS       0       1,650,041       60.00         08000       INTEREST EXPENSE       0       17,634,632       81.00         89.00       SUBTOTALS (sum of lines 1-84)       0       17,634,632       90.00         90.00       G9000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       135,232       91.00         91.00       09100 BARBER AND BEAUTY SHOP       0       135,232       91.00         95.00       09500 NON-REI MBURSABLE       0       163,334       95.00         95.01       09503 CULTURAL ARTS CENTER       0       1,206,312       95.03         95.03       09503 CULTURAL ARTS CENTER       0       632,347       95.04         95.04       09504 WELLNESS CENTER       0       632,347       95.04         95.05       09505 MED SPA       0       767,827       95.05					1		
46.00       04600       SPEECH PATHOLOGY       0       409, 466       46.00         48.00       04800 MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       217, 869       48.00         49.00       OUTPATIENT SERVICE COST CENTERS       0       247, 917       49.00         00TTPATIENT SERVICE COST CENTERS       0       1, 650, 041       60.00         00TOTATIENT SERVICE COST CENTERS       0       1, 650, 041       60.00         81.00       08100 INTEREST EXPENSE       81.00       89.00         SUBTOTALS (sum of lines 1-84)       0       17, 634, 632       90.00         90.00       09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       54, 965       90.00         91.00       09100 BARBER AND BEAUTY SHOP       0       135, 232       91.00         95.01       09501 PC/LLU       0       33, 193, 612       95.01         95.02       09502 NRCC HOSPI CE       0       1, 032, 446       95.02         95.03       09503 CULTURAL ARTS CENTER       0       632, 347       95.04         95.04       09504 WELLNESS CENTER       0       632, 347       95.04         95.05       09505 MED SPA       0       767, 827       95.05         98.00       NORCE MEMENSABLE			-				
48.00       04800       MEDI CAL SUPPLIES CHARGED TO PATIENTS       0       217,869       48.00         49.00       04900       DRUGS CHARGED TO PATIENTS       0       247,917       49.00         0UTPATIENT SERVICE COST CENTERS       0       1,650,041       60.00       60.00         SPECIAL PURPOSE COST CENTERS       0       1,650,041       60.00         81.00       08100       INTEREST EXPENSE       81.00         89.00       SUBTOTALS (sum of Lines 1-84)       0       17,634,632       89.00         90.00       09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       54,965       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       135,232       91.00         95.00       09500 NON-REI MBURSABLE       0       163,334       95.00         95.01       09501 PC/ILU       0       33,193,612       95.02         95.02       09503 CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504 WELLNESS CENTER       0       632,347       95.04         95.05       09505 MED SPA       0       767,827       95.04         95.05       09505 MED SPA       0       767,827       95.05         96.00							
49.00       04900       DRUGS CHARGED TO PATIENTS       0       247,917       49.00         0UTPATIENT SERVICE COST CENTERS       0       1,650,041       60.00         SPECIAL PURPOSE COST CENTERS       0       1,650,041       60.00         81.00       08100       INTEREST EXPENSE       81.00         SUBTOTALS (sum of lines 1-84)       0       17,634,632       89.00         NONREI MBURSABLE COST CENTERS       90.00       54,965       90.00         09100       BARBER AND BEAUTY SHOP       0       135,232       91.00         95.00       09500       NON-REI MBURSABLE       0       163,334       95.01         95.01       09500       NON-REI MBURSABLE       0       1,206,312       95.01         95.02       09502       NRCC HOSPI CE       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.04         95.05       09505       MED SPA       0       767,827       95.05         96.00       Negative Cost Centers       0       0       0       99.00			-				
OUTPATI ENT SERVICE COST CENTERS         60.00         0         0         1,650,041         60.00           60.00         06000 CLINIC         0         1,650,041         60.00           SPECIAL PURPOSE COST CENTERS         81.00         81.00         81.00         81.00           89.00         SUBTOTALS (sum of lines 1-84)         0         17,634,632         89.00           NONRE I MBURSABLE COST CENTERS         90.00         90000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         54,965         90.00           90.00         09000 GI FT, FLOWER, COFFEE SHOPS & CANTEEN         0         163,334         95.00           95.01         09500 NON-REI MBURSABLE         0         163,334         95.00           95.02         09502 NRCC HOSPI CE         0         1,206,312         95.02           95.03         09503 CULTURAL ARTS CENTER         0         1,032,446         95.03           95.04         09504 WELLNESS CENTER         0         632,347         95.04           95.05         09505 MED SPA         0         767,827         95.04           95.05         09505 MED SPA         0         767,827         95.04           99.00         Negative Cost Centers         0         0         99.00 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
60.00       06000       CLINIC       0       1,650,041       60.00         SPECIAL PURPOSE COST CENTERS       81.00       81.00       81.00       81.00         81.00       00       INTREST EXPENSE SUBTOTALS (sum of lines 1-84)       0       17,634,632       89.00         NONREI MBURSABLE COST CENTERS         90.00       09100       GFT, FLOWER, COFFEE SHOPS & CANTEEN       0       54,965       90.00         91.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       135,232       91.00         95.00       09500       NON-REI MBURSABLE       0       163,334       95.00         95.01       09501       PC/I LU       0       33,193,612       95.01         95.02       09502       NRCC HOSPI CE       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.04         95.04       09505       MED SPA       0       767,827       95.05         98.00       Cross Foot Adj ustments       0       0       0       98.00         99.00       Negati ve Cost Centers	49.00		0	247, 917			49.00
SPECIAL PURPOSE COST CENTERS         81.00           81.00         08100         INTEREST EXPENSE SUBTOTALS (sum of lines 1-84)         0         17,634,632         89.00           NONREI MBURSABLE COST CENTERS         0         17,634,632         90.00         90.00         90.00         90.00         91.00         90.00         90.00         91.00         91.00         91.00         91.00         95.01         91.00         95.01         95.00         95.00         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.01         95.02         95.02         95.02         95.02         95.02         95.02         95.03         95.04         95.03         95.04         95.04         95.04         95.04         95.04         95.04         95.04         95.04         95.05         95.04         95.04         95.05         95.05         95.04         95.05         95.05         95.04         95.04         95.05         95.05         95.04         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05 <td></td> <td></td> <td>· · · · · ·</td> <td></td> <td>1</td> <td></td> <td></td>			· · · · · ·		1		
81.00       08100       INTEREST EXPENSE SUBTOTALS (sum of Lines 1-84)       0       17,634,632       81.00         89.00       NONREI MBURSABLE COST CENTERS       90.00       09000       GIFT, FLOWER, COFFEE SHOPS & CANTEEN       0       54,965       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       135,232       91.00         95.01       09501       PC/ILU       0       33,193,612       95.01         95.02       09502       NRCC HOSPICE       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09505       MED SPA       0       632,347       95.04         95.05       09505       SDFA       0       767,827       95.05         98.00       Cross Foot Adj ustments       0       0       0       98.00         99.00       Negati ve Cost Centers       0       0       0       99.00	60.00		0	1, 650, 041			60.00
89.00         SUBTOTALS (sum of lines 1-84)         0         17,634,632         89.00           NONREI MBURSABLE COST CENTERS         90.00         GIFT, FLOWER, COFFEE SHOPS & CANTEEN         0         54,965         90.00         91.00           91.00         09100         BARBER AND BEAUTY SHOP         0         135,232         91.00         95.00         95.00         95.00         95.01         95.01         95.01         95.01         95.01         95.02         95.02         NRCC HOSPICE         0         1,206,312         95.02         95.02         95.03         95.03         09503         VULTURAL ARTS CENTER         0         1,032,446         95.03         95.04         95.04         95.05         95.04         95.05 <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>					-		
NONREI MBURSABLE COST CENTERS         0         54,965         90.00         91.00         90.00         91.00         93.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         91.00         95.01         95.02         95.02         95.03         95.04         95.03         95.04         95.04         95.04         95.04         95.04         95.04         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         95.05         9							
90.00       09000       GI FT, FLOWER, COFFEE SHOPS & CANTEEN       0       54,965       90.00         91.00       09100       BARBER AND BEAUTY SHOP       0       135,232       91.00         95.00       09500       NON-REI MBURSABLE       0       163,334       95.00         95.01       09501       PC/I LU       0       33,193,612       95.01         95.02       09503       CULTURAL ARTS CENTER       0       1,206,312       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.04         95.05       09505       MED SPA       0       767,827       95.05         98.00       Cross Foot Adjustments       0       0       0       98.00         99.00       Negative Cost Centers       0       0       0       99.00	89.00		0	17, 634, 632	2		89.00
91.00       09100       BARBER AND BEAUTY SHOP       0       135,232       91.00         95.00       09500       NON-REIMBURSABLE       0       163,334       95.00         95.01       09501       PC/I LU       0       33,193,612       95.01         95.02       09502       NRCC HOSPI CE       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.05         95.05       09505       MED SPA       0       767,827       95.05         98.00       Negative Cost Centers       0       0       0       99.00					1		
95.00         09500         NON-REIMBURSABLE         0         163, 334         95.00           95.01         09501         PC/ILU         0         33, 193, 612         95.01           95.02         09502         NRCC HOSPICE         0         1, 206, 312         95.02           95.03         09503         CULTURAL ARTS CENTER         0         1, 032, 446         95.03           95.04         09504         WELLNESS CENTER         0         632, 347         95.04           95.05         09505         MED SPA         0         767, 827         95.00           95.00         Rost Adjustments         0         0         0         98.00           99.00         Negative Cost Centers         0         0         0         99.00					•		
95.01       09501       PC/ILU       0       33,193,612       95.01         95.02       09502       NRCC HOSPICE       0       1,206,312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.04         95.05       09505       MED SPA       0       767,827       95.05         98.00       Cross Foot Adjustments       0       0       98.00       99.00         99.00       Negative Cost Centers       0       0       0       99.00					•		
95.02       09502       NRCC HOSPICE       0       1, 206, 312       95.02         95.03       09503       CULTURAL ARTS CENTER       0       1, 032, 446       95.03         95.04       09504       WELLNESS CENTER       0       632, 347       95.04         95.05       09505       MED SPA       0       767, 827       95.05         98.00       Vegative Cost Centers       0       0       0         99.00       Negative Cost Centers       0       0       99.00							
95.03       09503       CULTURAL ARTS CENTER       0       1,032,446       95.03         95.04       09504       WELLNESS CENTER       0       632,347       95.04         95.05       09505       MED SPA       0       767,827       95.05         98.00       Cross Foot Adjustments       0       0       98.00       99.00         99.00       Negative Cost Centers       0       0       99.00			-		1		
95.04         09504         WELLNESS CENTER         0         632, 347         95.04         95.05           95.05         09505         MED SPA         0         767, 827         95.05         98.00         98.00         99.00							
95.05         09505         MED SPA         0         767,827         95.05           98.00         Cross Foot Adjustments         0         0         98.00         98.00         98.00         99.00         99.00         0         0         99.00         0         99.00         0         99.00			U		1		
98.00         Cross Foot Adjustments         0         0         98.00         98.00         99.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00         90.00			0		1		
99.00         Negative Cost Centers         0         0         99.00			-	767, 827			
100. 00    TOTAL   0   54, 820, 707   100. 00				0			
	100.00	TOTAL	0	54, 820, 707	1		100.00

Heal th	Financial Systems	FELLOWSHIP V	ILLAGE, INC		In Lie	u of Form CMS-2	2540-10
ALLOCA	TION OF CAPITAL RELATED COSTS				Period: From 01/01/2023 To 12/31/2023		pared: 19 pm
	Cost Center Description	Directly Assigned New Capital Related Costs	CAPI TAL RELATED COSTS BLDGS & FI XTURES	Subtotal	EMPLOYEE BENEFI TS	ADMI NI STRATI V E & GENERAL	
		0	1.00	2A	3.00	4.00	
	GENERAL SERVICE COST CENTERS		_	_			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300 EMPLOYEE BENEFITS	0	0		0 0		3.00
4.00	00400 ADMINI STRATI VE & GENERAL	0	352, 201	352, 20	01 0	352, 201	4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS	0	337, 913			34, 361	5.00
6.00	00600 LAUNDRY & LINEN SERVICE	0	56, 046			2, 104	6.00
7.00	00700 HOUSEKEEPI NG	0	48, 707			9, 510	•
7.01	00701 HOUSEKEEPI NG-NURSI NG FACI LI TY	0	0		0 0	0	7.01
7.02	00702 HOUSEKEEPI NG-RESI DENTI AL	0	0		0 0	0	
8.00	00800 DI ETARY	0	269, 464	269, 46		55, 334	8.00
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0		0 0	10, 748	•
13.00	01300 SOCI AL SERVI CE	0				1, 177	•
15.00	01500 PATIENT ACTIVITIES	0	262, 218	262, 21	8 0	5, 021	15.00
~~ ~~	INPATIENT ROUTINE SERVICE COST CENTERS		100.070	400.07		00.045	
30.00	03000 SKILLED NURSING FACILITY	0	433, 972	433, 97	2 0	38, 345	30.00
40.00	ANCI LLARY SERVICE COST CENTERS					1/1	1 40 00
40.00	04000 RADI OLOGY	0			0 0	164	•
41.00		0	0		0 0	275	•
43.00 44.00	04300 OXYGEN (INHALATION) THERAPY 04400 PHYSICAL THERAPY	0	28, 046			0	43.00
44.00	04400 PHYSICAL THERAPY 04500 OCCUPATI ONAL THERAPY	0	8, 046		-	14, 485	•
45.00	04600 SPEECH PATHOLOGY	0	1, 558			6, 636	•
48.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0				2, 621 1, 389	
48.00	04900 DRUGS CHARGED TO PATIENTS	0				1, 580	
47.00	OUTPATIENT SERVICE COST CENTERS	0	1, 774	1, 77	4 0	1, 500	47.00
60.00	06000 CLINIC	0	17, 451	17, 45	1 0	10, 493	60.00
00.00	SPECIAL PURPOSE COST CENTERS	0	17,431	17,45	0	10, 475	00.00
81.00	08100 I NTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1, 821, 755	1, 821, 75	5 0	194, 243	
07100	NONREI MBURSABLE COST CENTERS		1,021,700	1,021,70		1717210	0/100
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	25, 881	25, 88	1 0	193	90.00
91.00	09100 BARBER AND BEAUTY SHOP	0				742	91.00
95.00	09500 NON-REI MBURSABLE	0			0 0	0	95.00
95.01	09501 PC/I LU	0				136, 141	
95.02	09502 NRCC HOSPI CE	0	60, 767			7, 375	
95.03	09503 CULTURAL ARTS CENTER	0	343, 896			4, 511	
95.04	09504 WELLNESS CENTER	0	0		0 0	4, 063	•
95.05	09505 MED SPA	0	0		0 0	4, 933	95.05
98.00	Cross Foot Adjustments				0		98.00
99.00	Negative Cost Centers		0		0 0	0	99.00
100.00	TOTAL	0	7, 861, 239	7, 861, 23	9 0	352, 201	100.00

Health Financial Systems	FELLOWSHIP	VILLAGE, INC		In Lie	u of Form CMS-2	2540-10
ALLOCATION OF CAPITAL RELATED COSTS				Period:	Worksheet B	
				From 01/01/2023		
				To 12/31/2023		
Cost Center Description	PLANT	LAUNDRY &	HOUSEKEEPING	HOUSEKEEPI NG-	6/10/2024 12: HOUSEKEEPI NG-	
cost center bescription	OPERATION,	LINEN SERVICE	TIOUSEREEFTING	NURSI NG	RESI DENTI AL	
	MAINT. &	LINEN SERVICE		FACI LI TY	RESTDENTIAL	
	REPAIRS			THOILITT		
	5.00	6.00	7.00	7.01	7.02	
GENERAL SERVICE COST CENTERS				1		
1.00 00100 CAP REL COSTS - BLDGS & FIXT	URES					1.00
3.00 00300 EMPLOYEE BENEFITS					1	3.00
4.00 00400 ADMINI STRATI VE & GENERAL					1	4.00
5.00 00500 PLANT OPERATION, MAINT. & RE	PALRS 372, 27	4			1	5.00
6.00 00600 LAUNDRY & LINEN SERVICE	2, 91				1	6.00
7.00 00700 HOUSEKEEPI NG	2, 52			6	1	7.00
7.01 00701 HOUSEKEEPI NG-NURSI NG FACI LI T		ol c		0 0	1	7.01
7. 02 00702 HOUSEKEEPI NG-RESI DENTI AL		ol c		0 0	0	
8. 00 00800 DI ETARY	13, 98	9 8,065	2, 31	6 0	0	1
9. 00 00900 NURSI NG ADMI NI STRATI ON		0 0		0 0	0	1
13.00 01300 SOCIAL SERVICE	12	6 C	2	1 0	0	13.00
15.00 01500 PATIENT ACTIVITIES	13, 61					1
INPATIENT ROUTINE SERVICE COST CEN		-		1		
30.00 03000 SKILLED NURSING FACILITY	22, 52	9 24, 487	3, 73	1 0	0	30.00
ANCILLARY SERVICE COST CENTERS	· · · · · · · · · · · · · · · · · · ·	•	•			
40. 00 04000 RADI OLOGY		o c	)	0 0	0	40.00
41.00 04100 LABORATORY		o  C		0 0	0	41.00
43.00 04300 OXYGEN (INHALATION) THERAPY		o  C		0 0	0	43.00
44.00 04400 PHYSI CAL THERAPY	1, 45	6 C	24	1 0	0	44.00
45.00 04500 OCCUPATI ONAL THERAPY	41	7 C	6	9 0	0	45.00
46.00 04600 SPEECH PATHOLOGY	8				0	46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO		9 C				48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	10	4 C	1	7 0	0	49.00
OUTPATIENT SERVICE COST CENTERS		_		_		
60. 00 06000 CLINIC	90	6 C	15	0 0	0	60.00
SPECIAL PURPOSE COST CENTERS		1	1			
81.00 08100 INTEREST EXPENSE				_	_	81.00
89.00 SUBTOTALS (sum of lines 1-84	) 58, 74	9 32, 552	8, 82	7 0	0	89.00
NONREI MBURSABLE COST CENTERS						
90.00 09000 GIFT, FLOWER, COFFEE SHOPS &						1
91.00 09100 BARBER AND BEAUTY SHOP	57				-	
95.00 09500 NON-REI MBURSABLE		0 27,007		0 0	-	
95. 01 09501 PC/I LU	290, 59				-	
95. 02 09502 NRCC HOSPI CE	3, 15				-	
95. 03 09503 CULTURAL ARTS CENTER	17,85		2,95		-	
95. 04 09504 WELLNESS CENTER				0 0		
95.05 09505 MED SPA		0 0		0 0		
98.00 Cross Foot Adjustments 99.00 Negative Cost Centers				0 0	-	
99.00 Negative Cost Centers 100.00 TOTAL	372, 27	° .		0 0 6 0		99.00 100.00
	572,27		'I 00,74	0 <sub>1</sub> 0	1 0	1.00.00

Health Financial Systems	FELLOWSHIP VI	LLAGE, INC		In Lieu	u of Form CMS-3	2540-10
ALLOCATION OF CAPITAL RELATED COSTS		Provi der		Period: From 01/01/2023 To 12/31/2023	Worksheet B Part II Date/Time Pre	
Cost Center Description	DI ETARY	NURSI NG ADMI NI STRATI O N	SOCI AL SERVI CE	OTHER GENERAL SERVI CE PATI ENT ACTI VI TI ES	<u>6/10/2024_12:</u> Subtotal	
	8.00	9.00	13.00	15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00         00100         CAP         REL         COSTS         -         BLDGS         &         FIXTURES           3.00         00300         EMPLOYEE         BENEFITS         -						1.00 3.00 4.00 5.00 6.00
7.00         00700         HOUSEKEEPI NG           7.01         00701         HOUSEKEEPI NG-NURSI NG FACI LI TY           7.02         00702         HOUSEKEEPI NG-RESI DENTI AL						7.00 7.01 7.02
8. 00 00800 DI ETARY 9. 00 00900 NURSI NG ADMI NI STRATI ON 13. 00 01300 SOCI AL SERVI CE	349, 168 0 0	10, 748 0		5		8.00 9.00 13.00
15. 00 01500 PATIENT ACTIVITIES INPATIENT ROUTINE SERVICE COST CENTERS	0	-		283, 106		15.00
30. 00 03000 SKI LLED NURSI NG FACI LI TY ANCI LLARY SERVI CE COST CENTERS	89, 788	10, 748	3, 75	5 283, 106	910, 461	30.00
40. 00 04000 RADI OLOGY	0	0		0 0	164	40.00
41.00 04100 LABORATORY	0	0		0 0	275	41.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	
44.00 04400 PHYSI CAL THERAPY	0	0		0 0	44, 228	•
45.00 04500 OCCUPATI ONAL THERAPY	0	0		0 0	15, 162	•
46.00 04600 SPEECH PATHOLOGY	0	0		0 0	4, 273	
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0 0	3, 207	
49.00 04900 DRUGS CHARGED TO PATIENTS	0	0		0 0	3, 695	49.00
OUTPATIENT SERVICE COST CENTERS			1			1 / 0 . 00
60.00 06000 CLINIC SPECIAL PURPOSE COST CENTERS	0	0		0 0	29, 000	60.00
81. 00 08100 INTEREST EXPENSE		[	1			81.00
89.00 SUBTOTALS (sum of lines 1-84)	89, 788	10, 748	3, 75	5 283, 106	1, 010, 465	
NONREI MBURSABLE COST CENTERS	07,700	10,740	5,75	203, 100	1,010,400	07.00
90.00 09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0 0	27,640	90.00
91.00 09100 BARBER AND BEAUTY SHOP	0			0 0	14,058	
95. 00 09500 NON-REI MBURSABLE	0	0		0 0	27,007	
95. 01 09501 PC/I LU	259, 380	-		0 0	6, 332, 038	
95. 02 09502 NRCC HOSPI CE	0	0		0 0	71, 819	
95. 03 09503 CULTURAL ARTS CENTER	0	0		0 0	369, 216	
95. 04 09504 WELLNESS CENTER	0	0		0 0	4,063	
95. 05 09505 MED SPA	0	0		0 0	4, 933	•
98.00 Cross Foot Adjustments	0	0		0	0	
99.00 Negative Cost Centers	0	0		0 0	0	
100. 00 TOTAL	349, 168	10, 748	3, 75	5 283, 106	7, 861, 239	100.00

Heal th	Financial Systems	FELLOWSHIP VI	LLAGE INC		Inlie	」of Form CMS-2	540-10
	TI ON OF CAPITAL RELATED COSTS			r No.: 315356	Peri od: From 01/01/2023	Worksheet B Part II	
					To 12/31/2023	Date/Time Prep 6/10/2024 12:1	ared:
	Cost Center Description	Post	Total			0/10/2024 12:1	<u>9 piii</u>
		Step-Down	Total				
		Adjustments					
	T	17.00	18.00				
	GENERAL SERVICE COST CENTERS	1 1		1			
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.00
3.00	00300 EMPLOYEE BENEFITS						3.00
4.00	00400 ADMI NI STRATI VE & GENERAL						4.00
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.00
6.00 7.00	00600 LAUNDRY & LI NEN SERVI CE 00700 HOUSEKEEPI NG						6.00 7.00
7.00	00701 HOUSEKEEPING						7.00
7.01	00702 HOUSEKEEPI NG-RESI DENTI AL						7.01
8.00	00800 DI ETARY						8.00
9.00	00900 NURSI NG ADMI NI STRATI ON						9.00
13.00	01300 SOCIAL SERVICE						13.00
15.00	01500 PATIENT ACTIVITIES						15.00
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 SKILLED NURSING FACILITY	0	910, 46	51			30.00
	ANCILLARY SERVICE COST CENTERS						
40.00	04000 RADI OLOGY	0	16				40.00
41.00	04100 LABORATORY	0	27				41.00
43.00	04300 OXYGEN (INHALATION) THERAPY	0		0			43.00
44.00	04400 PHYSI CAL THERAPY	0	44, 22				44.00
45.00	04500 OCCUPATI ONAL THERAPY	0	15, 16				45.00
46.00	04600 SPEECH PATHOLOGY	0	4, 27				46.00
48.00 49.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS 04900 DRUGS CHARGED TO PATIENTS	0	3, 20 3, 69				48.00 49.00
49.00	OUTPATIENT SERVICE COST CENTERS	0	3, 0	70			49.00
60,00	06000 CLINIC	0	29, 00	00			60.00
00.00	SPECIAL PURPOSE COST CENTERS	<u> </u>	27,00	50			00.00
81.00	08100 I NTEREST EXPENSE						81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	1,010,46	55			89.00
	NONREI MBURSABLE COST CENTERS						
90.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	27,64	40			90.00
91.00	09100 BARBER AND BEAUTY SHOP	0	14, 05				91.00
95.00	09500 NON-REI MBURSABLE	0	27,00				95.00
95.01	09501 PC/I LU	0	6, 332, 03				95.01
95.02	09502 NRCC HOSPI CE	0	71, 81				95.02
95.03	09503 CULTURAL ARTS CENTER	0	369, 2				95.03
95.04	09504 WELLNESS CENTER	0	4,00				95.04
95.05	09505 MED SPA	0	4, 93				95.05
98.00 99.00	Cross Foot Adjustments Negative Cost Centers	0		0			98.00 99.00
99.00 100.00	5	0	7,861,23	-			99.00 100.00
100.00		I U	7,001,23			I	100.00

OST A	ALLOCATION - STATISTICAL BASIS		Provi der		Peri od:	Worksheet B-1	
					From 01/01/2023		
					To 12/31/2023	Date/Time Pre 6/10/2024 12:	
		CAPI TAL	I				
		RELATED COSTS					
	Cost Center Description	BLDGS &	EMPLOYEE		D ADMI NI STRATI V	PLANT	
		FI XTURES	BENEFITS	n	E & GENERAL	OPERATI ON,	
		(SQUARE FEET)	(GROSS		(ACCUM COST)	MAINT. &	
			SALARI ES)			REPAI RS	
		1.00			1.00	(SQUARE FEET)	
	GENERAL SERVICE COST CENTERS	1.00	3.00	4A	4.00	5.00	
. 00	00100 CAP REL COSTS - BLDGS & FIXTURES	504, 529					1.0
. 00	00300 EMPLOYEE BENEFITS	0	19, 331, 172				3.0
. 00	00400 ADMI NI STRATI VE & GENERAL	22, 604	1, 358, 610		2 47, 124, 095		4.
. 00	00500 PLANT OPERATION, MAINT. & REPAIRS	21, 687	8, 603		0 4, 597, 380	460, 238	
. 00	00600 LAUNDRY & LINEN SERVICE	3, 597	0,000		0 281, 491	3, 597	
. 00	00700 HOUSEKEEPI NG	3, 126	0		0 1, 272, 449	3, 126	
. 00	00701 HOUSEKEEPI NG-NURSI NG FACI LI TY	3, 120	0		0 1, 272, 447	3, 120	
. 01	00702 HOUSEKEEPING-NORSING FACILITY	0	0		0 0	0	
. 02	100800 DI ETARY		70 ((0		-		
	00900 NURSI NG ADMI NI STRATI ON	17, 294	70, 660			17, 294	
. 00		0	1, 146, 578		0 1, 438, 082	0	
3.00	01300 SOCIAL SERVICE	156	129, 017		0 157, 495	156	
5.00	01500 PATIENT ACTIVITIES	16, 829	319, 051		0 671, 731	16, 829	15.
0. 00	I NPATI ENT ROUTI NE SERVI CE COST CENTERS 03000 SKI LLED NURSI NG FACI LI TY	27, 852	2 070 240		0 5, 130, 479	27.052	20
0.00	ANCILLARY SERVICE COST CENTERS	27,852	2, 978, 248	I	0 5, 130, 479	27, 852	30.
0. 00	04000 RADI OLOGY	0	0		0 21, 950	0	40.
1.00	04100 LABORATORY	0	0		0 36, 740	0	
3.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	
4.00	04400 PHYSI CAL THERAPY	1, 800	1, 449, 997		0 1, 938, 009	1,800	
5.00	04500 OCCUPATI ONAL THERAPY	516	701, 562		0 887, 922	516	
6.00	04600 SPEECH PATHOLOGY	100	275, 455		0 350, 693	100	
8.00	04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	110	273,433		0 185, 866	110	
	04900 DRUGS CHARGED TO PATIENTS	128	0		0 211, 464	128	
7.00	OUTPATIENT SERVICE COST CENTERS	120	0	I	211, 404	120	1 7.
0.00	06000 CLINIC	1, 120	743, 422		0 1, 403, 975	1, 120	60.
	SPECIAL PURPOSE COST CENTERS						
1. 00	08100 INTEREST EXPENSE						81.
9.00	SUBTOTALS (sum of lines 1-84)	116, 919	9, 181, 203	-7, 696, 61	2 25, 989, 271	72, 628	89.
	NONREI MBURSABLE COST CENTERS				0 05 004		
0.00	09000 GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1, 661	0		0 25, 881	1, 661	
1.00	09100 BARBER AND BEAUTY SHOP	715	0		0 99, 247	715	
5.00	09500 NON-REI MBURSABLE	0	0		0 0	0	
5.01	09501 PC/I LU	359, 263	8, 935, 962		0 18, 215, 739	359, 263	
	09502 NRCC HOSPI CE	3, 900	632, 514		0 986, 783	3, 900	
5.03	09503 CULTURAL ARTS CENTER	22, 071	0		0 603, 579	22, 071	
5.04	09504 WELLNESS CENTER	0	311, 791		0 543, 568	0	
5.05	09505 MED SPA	0	269, 702		0 660, 027	0	
8.00	Cross Foot Adjustments						98.
9.00	Negative Cost Centers						99.
02.00		7, 861, 239	3, 902, 673		7, 696, 612	5, 348, 252	102.
	Part I)						
03.00		15. 581342	0. 201885		0. 163326	11. 620622	
04.00			0		352, 201	372, 274	104.
	Part II)	1					1
05.00		1	0. 000000		0.007474	0.808873	

COST	ALLOCATION - STATISTICAL BASIS		ILLAGE, INC Provider	No.: 315356	Peri od:	u of Form CMS- Worksheet B-1	
00017	ALLOUATION STATISTICAL DASIS		110VI dei	10 515550	From 01/01/2023	Nor Kaneet D I	
					To 12/31/2023		
	Cost Center Description	LAUNDRY &	HOUSEKEEPING	HOUSEKEEPI NG	- HOUSEKEEPING-	6/10/2024 12: DI ETARY	19 pm
	cost center bescription	LINEN SERVICE		NURSING	RESI DENTI AL	(MEALS	
		(POUNDS OF		FACILITY	(SQ FT RES)	SERVED)	
		LAUNDRY)		(SQ FT	(00 11 1120)	SERVED)	
		Entonibitity		NURSI NG)			
		6.00	7.00	7.01	7.02	8.00	
	GENERAL SERVICE COST CENTERS						
1.00	00100 CAP REL COSTS - BLDGS & FIXTURES						1.0
3.00	00300 EMPLOYEE BENEFITS						3.0
4.00	00400 ADMINI STRATI VE & GENERAL						4.0
5.00	00500 PLANT OPERATION, MAINT. & REPAIRS						5.0
6.00	00600 LAUNDRY & LINEN SERVICE	191, 894					6.0
7.00	00700 HOUSEKEEPI NG	0	453, 515				7.0
7.01	00701 HOUSEKEEPI NG-NURSI NG FACI LI TY	0	0	27, 8	52		7.0
7.02	00702 HOUSEKEEPI NG-RESI DENTI AL	0	0		0 384, 608		7.0
8.00	00800 DI ETARY	25, 345	17, 294		0 0	241, 255	8.0
9.00	00900 NURSI NG ADMI NI STRATI ON	0	0		0 0	0	9.0
13.00	01300 SOCIAL SERVICE	0	156		0 0	0	13.0
15.00	01500 PATIENT ACTIVITIES	0	16, 829		0 0	0	15.0
	INPATIENT ROUTINE SERVICE COST CENTERS		·				1
30.00	03000 SKILLED NURSING FACILITY	76, 954	27, 852	27, 8	52 0	62, 038	30.0
	ANCILLARY SERVICE COST CENTERS		-				
40.00		0	0		0 0	0	40.0
41.00		0	0		0 0	0	41.0
43.00	04300 OXYGEN (INHALATION) THERAPY	0	0		0 0	0	43.0
44.00		0	1, 800		0 0	0	44.0
45.00	04500 OCCUPATI ONAL THERAPY	0	516		0 0	0	45.0
46.00	04600 SPEECH PATHOLOGY	0	100		0 0	0	46.0
48.00		0	110		0 0	0	48.0
49.00		0	128		0 0	0	49.0
	OUTPATIENT SERVICE COST CENTERS						
60.00		0	1, 120		0 0		60.0
	SPECIAL PURPOSE COST CENTERS	1	I	1	1		
81.00							81.0
89.00		102, 299	65, 905	27, 8	52 0	62, 038	89.0
	NONREI MBURSABLE COST CENTERS	-		1			1
90.00		0			0 0	0	
91.00		4, 716			0 0	0	
95.00		84, 879			0 0	0	
95.01	09501 PC/I LU	0			0 358, 637	179, 217	
95.02		0			0 3, 900	0	
95.03		0	22, 071		0 22,071	0	
95.04		0	0		0 0	0	
95.05		0	0		0 0	0	
98.00	5						98.0
99.00	5.0						99.0
102.00	Cost to be allocated (per Wkst. B, Part I)	369, 265	1, 516, 599	1	0 0	8, 920, 308	102.0
103.00	0 Unit cost multiplier (Wkst. B, Part I)	1. 924318	3. 344099	0.0000	0. 000000	36.974604	103.0
104.00	O Cost to be allocated (per Wkst. B,	61,060	60, 746		0 0	349, 168	104.0
	Part II)						
105.00	0 Unit cost multiplier (Wkst. B, Part	0. 318197	0. 133945	0.0000	0. 000000	1.447299	105.0
		1	1	1			1

OST ALLOCA	ancial Systems ATION - STATISTICAL BASIS	FELLOWSHIP VI		No.: 315356	Period: Worksheet	MS-2540 B-1
					From 01/01/2023 To 12/31/2023 Date/Time	Dropar
					6/10/2024	
				OTHER GENERA		
				SERVI CE		
	Cost Center Description	NURSI NG	SOCI AL	PATI ENT		
		ADMI NI STRATI O	SERVI CE	ACTI VI TI ES		
		N	(RESI DENT	(RESI DENT		
		(RESI DENT	DAYS)	DAYS)		
		DAYS)	12.00	15.00		
CENE	RAL SERVICE COST CENTERS	9.00	13.00	15.00		
	O CAP REL COSTS - BLDGS & FIXTURES			1		1
	O EMPLOYEE BENEFITS					3
	O ADMINI STRATI VE & GENERAL					4
	O PLANT OPERATION, MAINT. & REPAIRS					5
	O LAUNDRY & LINEN SERVICE					6
						7
	1 HOUSEKEEPI NG-NURSI NG FACI LI TY					7
	2 HOUSEKEEPI NG-RESI DENTI AL					7
	O DI ETARY					8
	O NURSING ADMINISTRATION	21, 672				9
	0 SOCIAL SERVICE	0	21, 672			13
	O PATIENT ACTIVITIES	0	0	21, 67	72	15
	TIENT ROUTINE SERVICE COST CENTERS				-	
	0 SKILLED NURSING FACILITY	21, 672	21, 672	21, 67	72	30
	LLARY SERVICE COST CENTERS					
	0 RADI OLOGY	0	0		0	40
1.00 0410	0 LABORATORY	0	0		0	41
3.00 0430	O OXYGEN (INHALATION) THERAPY	0	0		0	43
4.00 0440	0 PHYSI CAL THERAPY	0	0		0	44
5.00 0450	0 OCCUPATI ONAL THERAPY	0	0		0	45
5.00 0460	O SPEECH PATHOLOGY	0	0		0	46
3. 00 0480	O MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	48
9.00 0490	O DRUGS CHARGED TO PATIENTS	0	0		0	49
	ATIENT SERVICE COST CENTERS	· ·				
0. 00 0600	O CLINIC	0	0		0	60
SPEC	I AL PURPOSE COST CENTERS			•		
1.00 0810	0 INTEREST EXPENSE					81
9.00	SUBTOTALS (sum of lines 1-84)	21, 672	21, 672	21, 67	72	89
NONR	EIMBURSABLE COST CENTERS			•		
0.00 0900	O GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	90
	O BARBER AND BEAUTY SHOP	0	0		0	91
	0 NON-REI MBURSABLE	0	0		0	95
	1 PC/ILU	0	0		0	95
	2 NRCC HOSPI CE	0	0		0	95
	3 CULTURAL ARTS CENTER	0	0		0	95
	4 WELLNESS CENTER	0	0		0	95
	5 MED SPA	0	0		0	95
3. 00	Cross Foot Adjustments		0			98
9.00	Negative Cost Centers					99
02.00	Cost to be allocated (per Wkst. B,	1, 672, 958	185, 553	1, 033, 28	22	102
JZ. 00	Part I)	1,072,958	100, 003	1, 033, 20	00	102
02 00		77 104444	8. 561877	47.67824	18	102
03.00	Unit cost multiplier (Wkst. B, Part I)					103 104
04.00	Cost to be allocated (per Wkst. B,	10, 748	3, 755	283, 10		104
05.00	Part II)	0 405000	0 1700/5	12 0/00	15	10-
	Unit cost multiplier (Wkst. B, Part	0. 495939	0. 173265	13.0632		105

Health Financial Systems FELLOWSHIP VIL	LAGE, INC		In Lie	u of Form CMS-2	2540-10
RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS	Provi der		Peri od:	Worksheet C	
			rom 01/01/2023		
			To 12/31/2023		
Cost Center Description		Total (from	Total Charges	6/10/2024 12: Patio (col 1	19 pili
cost center bescription		Wkst. B, Pt	Total charges	divided by	
		I, col. 18)		col. 2	
		1.00	2.00	3.00	
ANCI LLARY SERVI CE COST CENTERS		1.00	2.00	5.00	
40. 00 04000 RADI OLOGY		25, 535	5 21, 950	1. 163326	40.00
41. 00 04100 LABORATORY		42, 741			41.00
43. 00 04300 0XYGEN (INHALATION) THERAPY		,	0 0	0.000000	
44. 00 04400 PHYSI CAL THERAPY		2, 281, 472	2, 435, 288		44.00
45. 00 04500 OCCUPATI ONAL THERAPY		1,040,665			
46.00 04600 SPEECH PATHOLOGY		409, 466			46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS		217, 869			48.00
49.00 04900 DRUGS CHARGED TO PATIENTS		247, 917			49.00
OUTPATIENT SERVICE COST CENTERS					
60. 00 06000 CLINIC		1, 650, 041	1, 539, 428	1.071853	60.00
100. 00 Total		5, 915, 706			100.00
			1		

Health Financial Systems	FELLOWSHIP V	LLAGE, INC		In Lie	u of Form CMS-2	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS		Provi der		Period:	Worksheet D	
				From 01/01/2023		
				To 12/31/2023	Date/Time Pre 6/10/2024 12:	
		Title	XVIII (1)	Skilled Nursing		
				Facility		
		Health Care Pr	rogram Charges	B Health Care	Program Cost	
	Ratio of Cost	Part A	Part B	Part A (col.	Dort R (col	
	to Charges	Part A	Parto	$1 \times col. 2$	Part B (col. 1 x col. 3)	
	(Fr. Wkst. C					
	Column 3)					
	1.00	2.00	3.00	4.00	5.00	
PART I - CALCULATION OF ANCILLARY AND OUTPAT	IENT COST					
ANCILLARY SERVICE COST CENTERS						
40. 00 04000 RADI OLOGY	1. 163326	0		0 0	0	40.00
41.00 04100 LABORATORY	1. 163337	0	1	0 0	0	41.00
43.00 04300 OXYGEN (INHALATION) THERAPY	0. 000000	0		0 0	0	43.00
44. 00 04400 PHYSI CAL THERAPY	0. 936839	287, 609		0 269, 443	0	44.00
45. 00 04500 OCCUPATI ONAL THERAPY	0. 735874	312, 426		0 229, 906	0	45.00
46.00 04600 SPEECH PATHOLOGY	1.087680	127, 981		0 139, 202	0	46.00
48.00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	1. 183093	0		0 0	0	48.00
49.00 04900 DRUGS CHARGED TO PATIENTS	1. 183544	0		0 0	0	49.00
OUTPATIENT SERVICE COST CENTERS	r			- <b>T</b>		
60. 00 06000 CLINIC	1.071853			0 0		60.00
100.00   Total (Sum of Lines 40 - 71)		728, 016		0 638, 551	0	100.00
(1) For title V and XIX use columns 1, 2, and 4 onl	у.					

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

Health Financial Systems	FELLOWSHIP VI	LLAGE, INC		In Lie	u of Form CMS-2	2540-10
APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS				Period: From 01/01/2023 To 12/31/2023	Date/Time Pre 6/10/2024 12:	
		Ti tl	e XVIII	Skilled Nursing Facility	PPS	
Cost Center Description					1.00	
PART II - APPORTIONMENT OF VACCINE COST					1.00	
1.00 Drugs charged to patients - ratio of co	st to charges	(From Workshee	et C, column 3	3, line 49)	1. 183544	1.00
2.00 Program vacci ne charges (From your reco				. ,	0	2.00
3.00 Program costs (Line 1 x line 2) (Title E, Part I, line 18)	XVIII, PPS pro	viders, transf	er this amour	nt to Worksheet	0	3.00
Cost Center Description	Total Cost	Nursing &	Ratio of	Program Part	Part A	
		Allied Health		A Cost (From	Nursing &	
	B, Part I,	(From Wkst.	Allied Healt		Allied Health	
	Col. 18	B, Part I,	Costs to	I, Col. 4)	Costs for	
		Col. 14)	Total Costs	-	Pass Through	
			Part A (Col.		(Col. 3 x	
			2 / Col. 1)		Col. 4)	
	1.00	2.00	3.00	4.00	5.00	
PART III - CALCULATION OF PASS THROUGH COSTS	FOR NURSING &	ALLIED HEALTH				
ANCI LLARY SERVICE COST CENTERS	05 505	0	0.0000			10.00
40. 00 04000 RADI 0LOGY 41. 00 04100 LABORATORY	25, 535 42, 741	0	0.00000		0	40.00
43. 00 04300 0XYGEN (INHALATION) THERAPY	42, 741	0	0.00000			41.00
44. 00 04400 PHYSI CAL THERAPY	2, 281, 472	0	0.00000		0	43.00
45. 00 04500 OCCUPATI ONAL THERAPY	1,040,665		0. 00000			45.00
46. 00 04600 SPEECH PATHOLOGY	409, 466		0. 00000			46.00
48. 00 04800 MEDICAL SUPPLIES CHARGED TO PATIENTS	217, 869		0.00000		0	48.00
49. 00 04900 DRUGS CHARGED TO PATIENTS	247, 917		0.00000		0	49.00
100.00   Total (Sum of Lines 40 - 52)	4, 265, 665			638, 551	0	100.00

	Financial Systems F TION OF INPATIENT ROUTINE COSTS	ELLOWSHIP VILLAGE, INC Provider No.: 315356	Period:	u of Form CMS-2 Worksheet D-1	
JMPUTA	ATTON OF INPATTENT ROUTINE COSTS		From 01/01/2023		
				Date/Time Pre	pare
				6/10/2024 12:	<u>'19 pr</u>
		Title XVIII	Skilled Nursing	PPS	
			Facility		
				1.00	
F	PART I CALCULATION OF INPATIENT ROUTINE COSTS			1.00	
-	NPATI ENT DAYS				1
00	Inpatient days including private room days			21, 672	1 1.
00	Private room days			0	2.
00	Inpatient days including private room days appl	icable to the Program		3, 922	3.
	Medically necessary private room days applicabl			0	4.
	Total general inpatient routine service cost	3		11, 718, 926	5.
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				1
00 🛛	General inpatient routine service charges			9, 103, 902	6
00 0	General inpatient routine service cost/charge r	atio (Line 5 divided by line 6)		1.287242	7.
00	Enter private room charges from your records	· · ·		0	8
	Average private room per diem charge (Private r	oom charges line 8 divided by private r	room days, line	0.00	9
	2) Enter comi privata reem charges from vour recor	do		9, 103, 902	10
00 Enter semi-private room charges from your records 00 Average semi-private room per diem charge (Semi-private room charges line 10, divided by					
	semi-private room days)	n-private room charges time to, divided	u by	420. 08	11
. 00 /	Average per diem private room charge differenti	al (Line 9 minus line 11)		0.00	12
. 00 /	Average per diem private room cost differential	(Line 7 times line 12)		0.00	13
. 00   I	Private room cost differential adjustment (Line	2 times line 13)		0	14
	General inpatient routine service cost net of p	rivate room cost differential (Line 5	minus line 14)	11, 718, 926	15
	PROGRAM INPATIENT ROUTINE SERVICE COSTS	m (line 15 divided by line 1)		E 40 74	11/
	Adjusted general inpatient service cost per die Program routine service cost (Line 3 times lin			540. 74 2, 120, 782	
	Medically necessary private room cost applicabl			2, 120, 782	18
	Total program general inpatient routine service			-	
	Capital related cost allocated to inpatient rou		t II column 10	2, 120, 782 910, 461	20
	Lapital related cost allocated to inpatient rou line 30 for SNF; line 31 for NF, or line 32 for		L FE COLUMN 18,	910, 461	20
	Per diem capital related costs (Line 20 divide			42.01	21
	Program capital related costs (Line 3 times lin			164, 763	
	Inpatient routine service cost (Line 19 minus			1, 956, 019	
	Aggregate charges to beneficiaries for excess c			1, 956, 019	23
	Total program routine service costs for compari		nus Line 24)	1, 956, 019	
			ius (THE 24)	1, 900, 019	25
	Enter the per diem limitation (1)	2 times the ner diam limitation line (	24) (1)		
	Inpatient routine service cost limitation (Line				27
	Reimbursable inpatient routine service costs (L	•	rne 27)		28
	(Transfer to Worksheet E, Part II, line 4) (See	instructions)			1

		1.00	
	PART II CALCULATION OF INPATIENT NURSING & ALLIED HEALTH COSTS FOR PPS PASS-THROUGH		
1.00	Total SNF inpatient days	21, 672	1.00
2.00	Program inpatient days (see instructions)	3, 922	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. 180971	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)	0	5.00

Heal th	Financial Systems FELLOWSHIP VILLA	GE, INC	In Lieu	u of Form CMS-2	2540-10
CALCUL	ATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII	Provi der No.: 315356	Period: From 01/01/2023	Worksheet E Part I	
			To 12/31/2023	Date/Time Pre 6/10/2024 12:	
		Title XVIII	Skilled Nursing	PPS	
			Facility		
				1.00	
	PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBUR	SEMENT		1100	
1.00	Inpatient PPS amount (See Instructions)			2, 793, 318	1.00
2.00	Nursing and Allied Health Education Activities (pass through p	ayments)		0	2.00
3.00	Subtotal (Sum of lines 1 and 2)			2, 793, 318	3.00
4.00	Primary payor amounts			0	4.00
5.00	Coinsurance			171, 400	5.00
6.00	Allowable bad debts (From your records)			7, 248	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instr	uctions)		0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)			4, 711	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)			2, 626, 629	11.00
12.00	Interim payments (See instructions)			2, 569, 480	12.00
13.00	Tentati ve adjustment			0	13.00
14.00	OTHER adjustment (See instructions)			0	14.00
14.50 14.55	Demonstration payment adjustment amount before sequestration			0	14.50 14.55
14.55	Demonstration payment adjustment amount after sequestration Sequestration for non-claims based amounts (see instructions)			94	14.55
14.75	Sequestration amount (see instructions)			52, 438	
15.00	Balance due provider/program (see Instructions)			4, 617	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance	e with CMS Pub 15-2	section 115 2)	4, 017	16.00
10.00	PART B - ANCILLARY SERVICE COMPUTATION OF REIMBURSEMENT LESSER				10.00
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 instr	uctions)		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
	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 28. 99	Demonstration payment adjustment amount after sequestration			0	28. 55 28. 99
28.99	Sequestration amount (see instructions) Balance due provider/program (see instructions)			0	28.99
	Protested amounts (Nonallowable cost report items) in accordan	ce with CMS Pub 15-2	section 115 2	0	29.00 30.00
50.00		100 with the own rub. $10-2$ ,	3000101110.2	0	50.00

NALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED		Provi der No.: 315356		Period: From 01/01/202 To 12/31/202		epare
		Titl	e XVIII	Skilled Nursin Facility		
		I npati en	t Part A		art B	
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
00 00	Total interim payments paid to provider 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 List separately each retroactive lump sum adjustment		2, 569, 4	0	000	
	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) Program to Provider					
)1	ADJUSTMENTS TO PROVIDER			0	0	0 3
02				0	0	
03				0	0	
)4				0	0	
)5	Provider to Program			0	0	) 3
0	ADJUSTMENTS TO PROGRAM			0	0	0 3
1				0	0	
52				0	0	
3				0	0	
54				0	0	
9	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50			0	0	) 3
00	- 3.98) Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line		2, 569, 4	80	0	
	26 for Part B) TO BE COMPLETED BY CONTRACTOR					-
0	List separately each tentative settlement payment after desk review. Also show date of each payment. If none,					
	write "NONE" or enter a zero. (1)					
	Program to Provider		[			
)1 )2	TENTATI VE TO PROVI DER			0	0	
)2 )3				0	0	
-	Provider to Program					1
0	TENTATI VE TO PROGRAM			0	0	
1				0	0	
52 99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50			0	0	
7	- 5.98)					ή :
00	Determined net settlement amount (balance due) based on the cost report. (1)					6
)1	PROGRAM TO PROVIDER		4,6	17	0	
)2	PROVIDER TO PROGRAM		0 574 0	0	0	
00	Total Medicare program liability (see instructions)		2, 574, 0	97 actor Name	0 Contractor	) 7
			Contra	actor Name	Number	
				1.00	2.00	-

(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.

nd-t y)	E SHEET (If you are nonproprietary and do not maintain ype accounting records, complete the "General Fund" column		F	eriod: rom 01/01/2023 o 12/31/2023	Worksheet G Date/Time Pre 6/10/2024 12:	∋par 19
		General Fund	Speci fi c	Endowment	Plant Fund	17
		1.00	Purpose Fund 2.00	Fund 3.00	4.00	+
	Assets					
	CURRENT ASSETS	1		1		4
00	Cash on hand and in banks	2, 709, 828	1		0	
00	Temporary investments	501, 051	0		0	
)0 )0	Notes receivable Accounts receivable	5, 693, 196	0		0	
0	Other receivables	814, 943	1		0	
0	Less: allowances for uncollectible notes and accounts	-251, 433		-	0	
	recei vabl e					
00	Inventory	7, 731	0	-	0	
00	Prepaid expenses	762, 581	0	-	0	
00	Other current assets	578, 832	1	-	0	
00 00	Due from other funds TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	0 10, 816, 729	0		0	
00	FIXED ASSETS	10, 010, 729	0	U U	0	1'
00	Land	6, 838, 577	0	0	0	1:
00	Land improvements	1, 670, 599	0	0	0	
00	Less: Accumulated depreciation	-648, 320	0	0	0	1
00	Bui I di ngs	184, 373, 592	0	0	0	1
00	Less Accumulated depreciation	-61, 970, 736			0	
00	Leasehold improvements	0	0	-	0	
00	Less: Accumulated Amortization	14 504 224	0		0	
00 00	Fixed equipment Less: Accumulated depreciation	16, 506, 324	0		0	
00	Automobiles and trucks	1, 083, 680			0	
	Less: Accumulated depreciation	1,000,000	0	-	0	
00	Major movable equipment	18, 309, 173			0	
00	Less: Accumulated depreciation	-19, 290, 654	0	0	0	2
00	Minor equipment - Depreciable	0	0	0	0	2
00	Minor equipment nondepreciable	0	0		0	
	Other fixed assets	4, 901, 876			0	
00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	151, 774, 111	0	0	0	2
~~	OTHER ASSETS	24 700 004			0	
00 00	Investments Deposits on Leases	26, 799, 884	0		0	
	Due from owners/officers	0	0		0	
	Other assets	5, 129, 840			0	
00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	31, 929, 724	1	0	0	3
00	TOTAL ASSETS (Sum of Lines 11, 28, and 33)	194, 520, 564	0	0	0	3
	Liabilities and Fund Balances					
~~	CURRENT LI ABI LI TI ES	10.007.40/				
	Accounts payable	10, 027, 196			0	
	Salaries, wages, and fees payable Payroll taxes payable	804, 959 80, 328			0	
	Notes & Loans payable (Short term)	3, 011, 957		0	0	
00	Deferred income	68, 099			0	
00	Accelerated payments	0				4
00	Due to other funds	0	0	0	0	4
	Other current liabilities	-29, 597			0	
00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	13, 962, 942	0	0	0	4
~~	LONG TERM LI ABI LI TI ES					4.
00	Mortgage payable	07 004 012	0		0	
00 00	Notes payable Unsecured Loans	87, 084, 812	0	-	0	
00	Loans from owners:		0	-	0	
00	Other long term liabilities	57, 114, 556	-	-	0	
	OTHER (SPECIFY)	0	Ő		0	
	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49	144, 199, 368	0	0	0	
00	TOTAL LIABILITIES (Sum of lines 43 and 50)	158, 162, 310	0	0	0	5
	CAPITAL ACCOUNTS	1	1			4
00	General fund balance	36, 358, 254	1			5
00	Specific purpose fund		0	_		5
00	Donor created - endowment fund balance - restricted			0		5
00	Donor created - endowment fund balance - unrestricted			0		5
00 00	Governing body created - endowment fund balance Plant fund balance - invested in plant			0	0	
	Plant fund balance - reserve for plant improvement,				0	
			1		0	1
00	replacement, and expansion					
00	replacement, and expansion TOTAL FUND BALANCES (Sum of lines 52 thru 58)	36, 358, 254	0	0	0	5

	Financial Systems	FELLOWSHIP VII				eu of Form CMS-	
STATEN	IENT OF CHANGES IN FUND BALANCES		Provi der	No.: 315356	Period: From 01/01/2023 To 12/31/2023		epared:
		General	Fund	Speci al	Purpose Fund	Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
$\begin{array}{c} 1.00\\ 2.00\\ 3.00\\ 4.00\\ 5.00\\ 6.00\\ 7.00\\ 8.00\\ 9.00\\ 10.00\\ 11.00\\ 12.00\\ 13.00\\ 14.00\\ 15.00\\ 16.00\\ 17.00\\ 18.00\\ 19.00\\ \end{array}$	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) CHANGE IN INTEREST IN FOUNDATION ROUNDING Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) EQUITY TRANSFER FELLOWSHIP FOUNDATION CHANGE IN NET ASSETS Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance	1,00 0 2 0 0 0 0 1,071,278 3,813,212 4,230,581 0 0	2.00 41, 606, 774 3, 866, 549 45, 473, 323 2 45, 473, 325 9, 115, 071 36, 358, 254	3.00	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		6.00         7.00         8.00         9.00         10.00         11.00         12.00         13.00         14.00         15.00         16.00
	sheet (Line 11 - line 18)	Endowment Fund	PI ant	Fund			
		6.00	7.00	8,00	_		
1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00	Fund balances at beginning of period Net income (loss) (from Wkst. G-3, line 31) Total (sum of line 1 and line 2) Additions (credit adjustments) CHANGE IN INTEREST IN FOUNDATION ROUNDING	0	000000000000000000000000000000000000000		0		1.00 2.00 3.00 4.00 5.00 6.00 7.00 8.00 9.00
10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00	Total additions (sum of line 5 - 9) Subtotal (line 3 plus line 10) Deductions (debit adjustments) EQUITY TRANSFER FELLOWSHIP FOUNDATION CHANGE IN NET ASSETS Total deductions (sum of lines 13 - 17) Fund balance at end of period per balance sheet (Line 11 - line 18)	0 0 0 0	0 0 0 0 0		0 0 0 0		10.00         11.00         12.00         13.00         14.00         15.00         16.00         17.00         18.00         19.00

Heal th	Financial Systems	FELLOWSHIP VILLAG	E, INC			In Lie	u of Form CMS-2	2540-10
STATEM	IENT OF PATIENT REVENUES AND OPERATING EXPENSES		Provi der	No.: 315356		riod: om 01/01/2023 12/31/2023		pared:
	Cost Center Description			I npati ent		Outpati ent	Total	
				1.00		2.00	3.00	
	PART I – PATIENT REVENUES							
	General Inpatient Routine Care Services							
1.00	SKILLED NURSING FACILITY			9, 103, 9	02		9, 103, 902	1.00
2.00	NURSING FACILITY				0		0	2.00
3.00	ICF/IID				0		0	3.00
4.00	OTHER LONG TERM CARE				0		0	4.00
5.00	Total general inpatient care services (Sum of	lines 1 - 4)		9, 103, 9	02		9, 103, 902	5.00
	All Other Care Services							
6.00	ANCI LLARY SERVI CES			3, 540, 7	83	0	3, 540, 783	6.00
7.00	CLINIC					1, 539, 428	1, 539, 428	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	СМНС					0	0	11.00
12.00	HOSPI CE				0	0	0	12.00
13.00	OTHER PATIENT REVENUES			40, 769, 3	74	o	40, 769, 374	13.00
	Total Patient Revenues (Sum of lines 5 - 13) (	Transfer column 3	to	53, 414, 0		1, 539, 428	54, 953, 487	14.00
	Worksheet G-3, Line 1)							
	Cost Center Description							
						1.00	2.00	
	PART II - OPERATING EXPENSES							
1.00	Operating Expenses (Per Worksheet A, Col. 3, L	ine 100)					59, 465, 194	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
	Total Deductions (Sum of lines 9 - 13)						0	
15.00	Total Operating Expenses (Sum of lines 1 and 8	3, minus line 14)					59, 465, 194	15.00

		WSHIP VILLAGE, INC	215257		u of Form CMS-2	
STATEM	ENT OF PATIENT REVENUES AND OPERATING EXPENSES	Provider No	0. : 315356	Period: From 01/01/2023	Worksheet G-3	
				To 12/31/2023	Date/Time Pre	pared:
					6/10/2024 12:	
					1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, co				54, 953, 487	1.00
2.00	Less: contractual allowances and discounts on patie	nts accounts			3, 767, 571	
3.00	Net patient revenues (Line 1 minus line 2)				51, 185, 916	3.00
4.00	Less: total operating expenses (From Worksheet G-2,	· · · ·			59, 465, 194	4.00
5.00	Net income from service to patients (Line 3 minus 4	)			-8, 279, 278	5.00
	Other income:					
6.00	Contributions, donations, bequests, etc				6, 096, 587	6.00
7.00	Income from investments				2,880,559	7.00
8.00	Revenues from communications (Telephone and Intern	et service)			37, 018	8.00
9.00	Revenue from television and radio service				474, 113	
	Purchase di scounts				0	
	Rebates and refunds of expenses				0	11.00
	Parking lot receipts				0	12.00
	Revenue from Laundry and Linen service				19, 132	13.00
	Revenue from meals sold to employees and guests				33, 534	14.00
	Revenue from rental of living quarters				0	15.0
	Revenue from sale of medical and surgical supplies	to other than patients			0	16.0
	Revenue from sale of drugs to other than patients				0	17.0
	Revenue from sale of medical records and abstracts				0	
	Tuition (fees, sale of textbooks, uniforms, etc.)				0	19.0
	Revenue from gifts, flower, coffee shops, canteen				153, 872	
	Rental of vending machines				0	21.0
	Rental of skilled nursing space				26, 012	22.0
	Governmental appropriations				0	23.0
	BARBER I NCOME				118, 578	
	OTHER MISC INCOME				536, 360	
	TRANSPORTATION INCOME				39, 854	
	SPA REVENUE				300, 159	
	SOLAR ELECTRIC REVENUE				46, 581	
	MASSAGE I NCOME				173, 263	
					4,653	
	HOSPICE INCOME CULTURAL ARTS INCOME				838, 414	
24.08 24.09	CULTURAL ARTS TNOUME				351, 273 0	
	FINANCE CHARGES				46, 716	
24.10					40, 710	24.1
	COVI D-19 PHE Funding				0	24.1
	Total other income (Sum of lines 6 - 24)				12, 176, 678	
	Total (Line 5 plus line 25)				3, 897, 400	
	MISC ACTIVITY EXPENSE				3, 897, 400	27.0
	LOSS ON SALE OF ASSETS				30, 709	
29.00	LUGG UN GALL UN AGGETS				30, 709	28.00
- /. 00					30, 851	
30 00 1	Total other expenses (Sum of lines 27 - 29)					