

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).	FORM APPROVED OMB NO. 0938-0463 EXPIRES: 12/31/2021
FELLOWSHIP VILLAGE, INC Provider CCN: 315356	Period: From: 01/01/2024 To: 12/31/2024 Run Date Time: 6/12/2025 5:00 pm MCRIF32 2540-10 Version: 11.1.179.2



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

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

**PART I - COST REPORT STATUS**

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

**PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR**

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by FELLOWSHIP VILLAGE, INC, 315356 {Provider Name(s) and CCN(s)} for the cost reporting period beginning 01/01/2024 and ending 12/31/2024 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.


	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1	1	2		
1	<i>Mark Mazzella</i>	Y	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	Signature Date: (Dated when report is electronically signed.)			4

**PART III - SETTLEMENT SUMMARY**

	Cost Center Description	Title V	Title XVIII		Title XIX	
			Part A	Part B		
		1.00	2.00	3.00	4.00	
1.00	SKILLED NURSING FACILITY	0	16,831	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	<b>0</b>	<b>16,831</b>	<b>0</b>	<b>0</b>	<b>100.00</b>

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 this information collection is estimated 202 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN:	315356	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

**Worksheet S-2**  
**Part I**  
**PPS**

Skilled Nursing Facility and Skilled Nursing Facility Complex Address:								
1.00	Street:	8000 FELLOWSHIP ROAD	P.O. Box:				1.00	
2.00	City:	BASKING RIDGE	State:	NJ	ZIP Code:	07920	2.00	
3.00	County:	SOMERSET	CBSA Code:	35154	Urban / Rural:	U	3.00	
3.01	CBSA on/after October 1 of the Cost Reporting Period (if applicable)							3.01


SNF and SNF-Based Component Identification:								
Component	Component Name	Provider CCN	Date Certified	Payment System (P, O, or N)				
				V	XVIII	XIX		
	1.00	2.00	3.00	4.00	5.00	6.00		
4.00	SNF	FELLOWSHIP VILLAGE, INC	315356	07/01/1996	N	P	N	4.00
5.00	Nursing Facility							5.00
6.00	ICF/IID							6.00
7.00	SNF-Based HHA							7.00
8.00	SNF-Based RHC							8.00
9.00	SNF-Based FQHC							9.00
10.00	SNF-Based CMHC							10.00
11.00	SNF-Based OLTC							11.00
12.00	SNF-Based HOSPICE							12.00
13.00	SNF-Based CORF							13.00
			From:	To:				
			1.00	2.00				
14.00	Cost Reporting Period (mm/dd/yyyy)		01/01/2024	12/31/2024				14.00
15.00	Type of Control (See Instructions)		2 - Voluntary Nonprofit, Other		CORPORATION			15.00
							Y/N	
							1.00	

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

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

Depreciation - Enter the amount of depreciation reported in this SNF for the method indicated on Lines 20 - 22.				
20.00	Straight Line		7,974,259	20.00
21.00	Declining Balance		0	21.00
22.00	Sum of the Year's Digits		0	22.00
23.00	Sum of line 20 through 22		7,974,259	23.00
24.00	If depreciation is funded, enter the balance as of the end of the period.		0	24.00
25.00	Were there any disposal of capital assets during the cost reporting period? (Y/N)		Y	25.00
26.00	Was accelerated depreciation claimed on any assets in the current or any prior cost reporting period? (Y/N)		N	26.00
27.00	Did you cease to participate in the Medicare program at end of the period to which this cost report applies? (Y/N)		N	27.00
28.00	Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? (Y/N)		N	28.00
		Part A	Part B	Other
		1.00	2.00	3.00

If this facility contains a public or non-public provider that qualifies for an exemption from the application of the lower of the costs or charges enter "Y" for each component and type of service that qualifies for the exemption.					
29.00	Skilled Nursing Facility		N	N	29.00
30.00	Nursing Facility			N	30.00
31.00	ICF/IID				31.00
32.00	SNF-Based HHA		N	N	32.00
33.00	SNF-Based RHC				33.00
34.00	SNF-Based FQHC				34.00
35.00	SNF-Based CMHC			N	35.00
36.00	SNF-Based OLTC				36.00
			Y/N		
			1.00	2.00	
37.00	Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the level of care given for Titles V & XIX patients? (Y/N)		N		37.00
38.00	Are you legally-required to carry malpractice insurance? (Y/N)		N		38.00

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		To: 12/31/2024	Version:	11.1.179.2	

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
COMPLEX IDENTIFICATION DATA

**Worksheet S-2**  
**Part I**  
**PPS**

				Y/N		
				1.00		2.00
39.00	Is the malpractice a "claims-made" or "occurrence" policy? If the policy is "claims-made" enter 1. If the policy is "occurrence", enter 2.			1		39.00
		Premiums	Paid Losses		Self Insurance	
		1.00	2.00		3.00	
41.00	List malpractice premiums and paid losses:					41.00
		13,987	0		0	
				Y/N		
				1.00		
42.00	Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts.				N	42.00
43.00	Are there any home office costs as defined in CMS Pub. 15-1, Chapter 10?				Y	43.00
					Provider CCN	
					1.00	
44.00	If line 43 is yes, enter the home office chain number and enter the name and address of the home office on lines 45, 46 and 47.				HB2611	44.00
<b>If this facility is part of a chain organization, enter the name and address of the home office on the lines below.</b>						
45.00	Name:	FELLOWSHIPLIFE, INC.	Contractor Name:	NOVITAS SOLUTIONS, INC.	Contractor Number:	12001
46.00	Street:	8000 FELLOWSHIP ROAD	P.O. Box:			46.00
47.00	City:	BASKING RIDGE	State:	NJ	ZIP Code:	07920

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

Worksheet S-2  
Part II  
PPS

**General Instruction: For all column 1 responses enter in column 1, "Y" for Yes or "N" for No. For all the date responses the format will be (mm/dd/yyyy)**

**Completed by All Skilled Nursing Facilities**

**Provider Organization and Operation**

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

**Financial Data and Reports**

4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? (Y/N) Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/02/2025	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If column 1 is "Y", submit reconciliation.	Y			5.00
		Y/N	Legal Oper.		
		1.00	2.00	3.00	

**Approved Educational Activities**

6.00	Column 1: Were costs claimed for Nursing School? (Y/N) Column 2: Is the provider the legal operator of the program? (Y/N)	N	N		6.00
7.00	Were costs claimed for Allied Health Programs? (Y/N) see instructions.	N			7.00
8.00	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (Y/N) see instructions.	N			8.00
			Y/N		
			1.00	2.00	

**Bad Debts**

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

**Bed Complement**

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

**PS&R Data**

13.00	Was the cost report prepared using the PS&R only? If either col. 1 or 3 is "Y", enter the paid through date of the PS&R used to prepare this cost report in cols. 2 and 4.(see Instructions.)	Y	05/20/2025	Y	05/20/2025	13.00
14.00	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If either col. 1 or 3 is "Y" enter the paid through date of the PS&R used to prepare this cost report in columns 2 and 4.	N		N		14.00
15.00	If line 13 or 14 is "Y", were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If "Y", see Instructions.	N		N		15.00
16.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N		16.00
17.00	If line 13 or 14 is "Y", then were adjustments made to PS&R data for Other? Describe the other adjustments:	N		N		17.00
18.00	Was the cost report prepared only using the provider's records? If "Y" see Instructions.	N		N		18.00
		1.00	2.00	3.00		

**Cost Report Preparer Contact Information**

19.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DEANDRA	FALLON	DIRECTOR	19.00
20.00	Enter the employer/company name of the cost report preparer.	BAKER TILLY ADVISORY GROUP, LP			20.00
21.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	570-820-0301	DEANDRA.FALLON@BAKERTILLY.COM		21.00

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SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY HEALTH CARE  
 COMPLEX STATISTICAL DATA

**Worksheet S-3**  
**Part I**  
 PPS

	Component	Number of Beds	Bed Days Available	Inpatient Days/Visits					Discharges					
				Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SKILLED NURSING FACILITY	67	24,522	0	4,503	0	16,983	21,486	0	187	0	245	432	1.00
2.00	NURSING FACILITY													2.00
3.00	ICF/IID													3.00
4.00	HOME HEALTH AGENCY COST													4.00
5.00	Other Long Term Care													5.00
6.00	SNF-Based CMHC													6.00
7.00	HOSPICE													7.00
8.00	Total (Sum of lines 1-7)	67	24,522	0	4,503	0	16,983	21,486	0	187	0	245	432	8.00

	Component	Average Length of Stay				Admissions					Full Time Equivalent		
		Title V	Title XVIII	Title XIX	Total	Title V	Title XVIII	Title XIX	Other	Total	Employees on Payroll	Nonpaid Workers	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	
1.00	SKILLED NURSING FACILITY	0.00	24.08	0.00	49.74	0	221	0	207	428	125.61	0.00	1.00
2.00	NURSING FACILITY												2.00
3.00	ICF/IID												3.00
4.00	HOME HEALTH AGENCY COST												4.00
5.00	Other Long Term Care												5.00
6.00	SNF-Based CMHC												6.00
7.00	HOSPICE												7.00
8.00	Total (Sum of lines 1-7)	0.00	24.08	0.00	49.74	0	221	0	207	428	125.61	0.00	8.00

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part II**  
**PPS**

<b>PART II - DIRECT SALARIES</b>							
		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>SALARIES</b>							
1.00	Total salaries (See Instructions)	22,286,175	0	<b>22,286,175</b>	719,731.00	30.96	1.00
2.00	Physician salaries-Part A	0	0	<b>0</b>	0.00	0.00	2.00
3.00	Physician salaries-Part B	0	0	<b>0</b>	0.00	0.00	3.00
4.00	Home office personnel	0	0	<b>0</b>	0.00	0.00	4.00
5.00	Sum of lines 2 through 4	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00</b>	0.00	5.00
6.00	Revised wages (line 1 minus line 5)	22,286,175	0	<b>22,286,175</b>	719,731.00	30.96	6.00
7.00	Other Long Term Care						7.00
8.00	HOME HEALTH AGENCY COST						8.00
9.00	CMHC						9.00
10.00	HOSPICE						10.00
11.00	Other excluded areas	11,327,899	0	<b>11,327,899</b>	458,471.00	24.71	11.00
12.00	Subtotal Excluded salary (Sum of lines 7 through 11)	<b>11,327,899</b>	<b>0</b>	<b>11,327,899</b>	<b>458,471.00</b>	24.71	12.00
13.00	Total Adjusted Salaries (line 6 minus line 12)	<b>10,958,276</b>	<b>0</b>	<b>10,958,276</b>	<b>261,260.00</b>	41.94	13.00
<b>OTHER WAGES &amp; RELATED COSTS</b>							
14.00	Contract Labor: Patient Related & Mgmt	2,088,609	0	<b>2,088,609</b>	31,031.00	67.31	14.00
15.00	Contract Labor: Physician services-Part A	60,000	0	<b>60,000</b>	260.00	230.77	15.00
16.00	Home office salaries & wage related costs	0	0	<b>0</b>	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs core (See Part IV)	3,914,640	0	<b>3,914,640</b>			17.00
18.00	Wage-related costs other (See Part IV)	0	0	<b>0</b>			18.00
19.00	Wage related costs (excluded units)	1,989,783	0	<b>1,989,783</b>			19.00
20.00	Physician Part A - WRC	0	0	<b>0</b>			20.00
21.00	Physician Part B - WRC	0	0	<b>0</b>			21.00
22.00	Total Adjusted Wage Related cost (see instructions)	<b>1,924,857</b>	<b>0</b>	<b>1,924,857</b>			22.00

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SNF WAGE INDEX INFORMATION

**Worksheet S-3**  
**Part III**  
**PPS**

**PART III - OVERHEAD COST - DIRECT SALARIES**

		Amount Reported	Reclass. of Salaries from Worksheet A-6	Adjusted Salaries (col. 1 ± col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
1.00	Employee Benefits	0	0	0	0.00	0.00	1.00
2.00	Administrative & General	2,235,646	0	2,235,646	50,572.00	44.21	2.00
3.00	Plant Operation, Maintenance & Repairs	8,548	0	8,548	395.00	21.64	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	79,898	0	79,898	2,287.00	34.94	6.00
7.00	Nursing Administration	1,296,064	0	1,296,064	28,756.00	45.07	7.00
8.00	Central Services and Supply	0	0	0	0.00	0.00	8.00
9.00	Pharmacy	0	0	0	0.00	0.00	9.00
10.00	Medical Records & Medical Records Library	0	0	0	0.00	0.00	10.00
11.00	Social Service	144,655	0	144,655	3,907.00	37.02	11.00
12.00	Nursing and Allied Health Ed. Act.						12.00
13.00	Other General Service	368,298	0	368,298	14,207.00	25.92	13.00
14.00	Total (sum lines 1 thru 13)	4,133,109	0	4,133,109	100,124.00	41.28	14.00

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SNF WAGE RELATED COSTS

**Worksheet S-3**  
**Part IV**  
**PPS**

PART IV - WAGE RELATED COSTS			Amount Reported
			1.00
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions		656,394 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0 2.00
3.00	Qualified and Non-Qualified Pension Plan Cost		0 3.00
4.00	Prior Year Pension Service Cost		0 4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees		0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0 6.00
7.00	Employee Managed Care Program Administration Fees		0 7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)		1,064,599 8.00
9.00	Prescription Drug Plan		0 9.00
10.00	Dental, Hearing and Vision Plan		0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)		2,107 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0 14.00
15.00	Workers' Compensation Insurance		209,013 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0 16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only		1,360,248 17.00
18.00	Medicare Taxes - Employers Portion Only		319,071 18.00
19.00	Unemployment Insurance		0 19.00
20.00	State or Federal Unemployment Taxes		299,562 20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation		3,646 21.00
22.00	Day Care Cost and Allowances		0 22.00
23.00	Tuition Reimbursement		0 23.00
24.00	Total Wage Related cost (Sum of lines 1 - 23)		<b>3,914,640</b> 24.00
			Amount Reported
			1.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS		0 25.00


FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm
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SNF REPORTING OF DIRECT CARE EXPENDITURES

**Worksheet S-3**  
**Part V**  
**PPS**

	OCCUPATIONAL CATEGORY	Amount Reported	Fringe Benefits	Adjusted Salaries (col. 1 + col. 2)	Paid Hours Related to Salary in col. 3	Average Hourly Wage (col. 3 ÷ col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>Direct Salaries</b>							
<b>Nursing Occupations</b>							
1.00	Registered Nurses (RNs)	847,572	148,918	996,490	14,031.00	71.02	1.00
2.00	Licensed Practical Nurses (LPNs)	566,844	99,594	666,438	13,122.00	50.79	2.00
3.00	Certified Nursing Assistant/Nursing Assistants/Aides	1,378,862	242,266	1,621,128	51,644.00	31.39	3.00
4.00	Total Nursing (sum of lines 1 through 3)	2,793,278	490,778	3,284,056	78,797.00	41.68	4.00
5.00	Physical Therapists	1,332,999	234,208	1,567,207	25,801.00	60.74	5.00
6.00	Physical Therapy Assistants	456,226	80,159	536,385	12,385.00	43.31	6.00
7.00	Physical Therapy Aides	0	0	0	0.00	0.00	7.00
8.00	Occupational Therapists	706,782	124,182	830,964	15,407.00	53.93	8.00
9.00	Occupational Therapy Assistants	76,315	13,409	89,724	2,082.00	43.10	9.00
10.00	Occupational Therapy Aides	0	0	0	0.00	0.00	10.00
11.00	Speech Therapists	356,429	62,625	419,054	7,666.00	54.66	11.00
12.00	Respiratory Therapists	0	0	0	0.00	0.00	12.00
13.00	Other Medical Staff	0	0	0	0.00	0.00	13.00
<b>Contract Labor</b>							
<b>Nursing Occupations</b>							
14.00	Registered Nurses (RNs)	944,923		944,923	10,659.00	88.65	14.00
15.00	Licensed Practical Nurses (LPNs)	675,738		675,738	8,149.00	82.92	15.00
16.00	Certified Nursing Assistant/Nursing Assistants/Aides	417,657		417,657	11,343.00	36.82	16.00
17.00	Total Nursing (sum of lines 14 through 16)	2,038,318		2,038,318	30,151.00	67.60	17.00
18.00	Physical Therapists	6,398		6,398	107.00	59.79	18.00
19.00	Physical Therapy Assistants	8,145		8,145	181.00	45.00	19.00
20.00	Physical Therapy Aides	0		0	0.00	0.00	20.00
21.00	Occupational Therapists	23,984		23,984	400.00	59.96	21.00
22.00	Occupational Therapy Assistants	11,763		11,763	192.00	61.27	22.00
23.00	Occupational Therapy Aides	0		0	0.00	0.00	23.00
24.00	Speech Therapists	0		0	0.00	0.00	24.00
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


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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Worksheet S-7

PPS

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

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PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA


Worksheet S-7

PPS

	Group	Days		
	1.00	2.00		
58.00	SSA		58.00	
59.00	IB2		59.00	
60.00	IB1		60.00	
61.00	IA2		61.00	
62.00	IA1		62.00	
63.00	BB2		63.00	
64.00	BB1		64.00	
65.00	BA2		65.00	
66.00	BA1		66.00	
67.00	PE2		67.00	
68.00	PE1		68.00	
69.00	PD2		69.00	
70.00	PD1		70.00	
71.00	PC2		71.00	
72.00	PC1		72.00	
73.00	PB2		73.00	
74.00	PB1		74.00	
75.00	PA2		75.00	
76.00	PA1		76.00	
99.00	AAA		99.00	
100.00			100.00	
		Expenses	Percentage	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	Retention of employees				103.00
104.00	Training				104.00
105.00	OTHER (SPECIFY)				105.00
106.00	Total SNF revenue (Worksheet G-2, Part I, line 1, column 3)				106.00


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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

PPS

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications Increase/Decrease (Fr Wkst A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	Adjustments to Expenses (Fr Wkst A-8)	Net Expenses For Allocation (col. 5 +- col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	00100	CAP REL COSTS - BLDGS & FIXTURES		10,919,134	<b>10,919,134</b>	0	10,919,134	-1,291,680	<b>9,627,454</b>	1.00
3.00	00300	EMPLOYEE BENEFITS	0	3,914,640	<b>3,914,640</b>	0	3,914,640	-131,174	<b>3,783,466</b>	3.00
4.00	00400	ADMINISTRATIVE & GENERAL	2,235,646	7,902,581	<b>10,138,227</b>	0	10,138,227	-3,487,344	<b>6,650,883</b>	4.00
5.00	00500	PLANT OPERATION, MAINT. & REPAIRS	8,548	4,028,716	<b>4,037,264</b>	0	4,037,264	-53,660	<b>3,983,604</b>	5.00
6.00	00600	LAUNDRY & LINEN SERVICE	0	229,261	<b>229,261</b>	0	229,261	-17,279	<b>211,982</b>	6.00
7.00	00700	HOUSEKEEPING	0	1,202,829	<b>1,202,829</b>	0	1,202,829	0	<b>1,202,829</b>	7.00
8.00	00800	DIETARY	79,898	7,798,607	<b>7,878,505</b>	0	7,878,505	-240,311	<b>7,638,194</b>	8.00
9.00	00900	NURSING ADMINISTRATION	1,296,064	42,569	<b>1,338,633</b>	0	1,338,633	0	<b>1,338,633</b>	9.00
13.00	01300	SOCIAL SERVICE	144,655	589	<b>145,244</b>	0	145,244	0	<b>145,244</b>	13.00
15.00	01500	PATIENT ACTIVITIES	368,298	34,189	<b>402,487</b>	0	402,487	-3,501	<b>398,986</b>	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	03000	SKILLED NURSING FACILITY	2,793,278	2,160,665	<b>4,953,943</b>	0	4,953,943	0	<b>4,953,943</b>	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	04000	RADIOLOGY	0	13,685	<b>13,685</b>	0	13,685	0	<b>13,685</b>	40.00
41.00	04100	LABORATORY	0	52,242	<b>52,242</b>	0	52,242	0	<b>52,242</b>	41.00
43.00	04300	OXYGEN (INHALATION) THERAPY	0	0	<b>0</b>	0	0	0	<b>0</b>	43.00
44.00	04400	PHYSICAL THERAPY	1,789,225	198,338	<b>1,987,563</b>	-35,748	1,951,815	0	<b>1,951,815</b>	44.00
45.00	04500	OCCUPATIONAL THERAPY	783,097	0	<b>783,097</b>	35,748	818,845	0	<b>818,845</b>	45.00
46.00	04600	SPEECH PATHOLOGY	356,429	0	<b>356,429</b>	0	356,429	0	<b>356,429</b>	46.00
48.00	04800	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	212,614	<b>212,614</b>	0	212,614	0	<b>212,614</b>	48.00
49.00	04900	DRUGS CHARGED TO PATIENTS	0	223,654	<b>223,654</b>	0	223,654	0	<b>223,654</b>	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	06000	CLINIC	1,103,138	661,246	<b>1,764,384</b>	0	1,764,384	0	<b>1,764,384</b>	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	08100	INTEREST EXPENSE	0	0	<b>0</b>	0	0	0	<b>0</b>	81.00
89.00		SUBTOTALS (sum of lines 1-84)	10,958,276	39,595,559	<b>50,553,835</b>	0	50,553,835	-5,224,949	<b>45,328,886</b>	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	<b>0</b>	0	0	0	<b>0</b>	90.00
91.00	09100	BARBER AND BEAUTY SHOP	0	89,653	<b>89,653</b>	0	89,653	0	<b>89,653</b>	91.00
95.00	09500	NON-REIMBURSABLE	0	0	<b>0</b>	0	0	0	<b>0</b>	95.00
95.01	09501	PC/ILU	9,522,998	2,353,966	<b>11,876,964</b>	0	11,876,964	0	<b>11,876,964</b>	95.01
95.02	09502	NRCC HOSPICE	703,984	183,090	<b>887,074</b>	0	887,074	0	<b>887,074</b>	95.02
95.03	09503	CULTURAL ARTS CENTER	0	0	<b>0</b>	0	0	0	<b>0</b>	95.03
95.04	09504	WELLNESS CENTER	529,161	306,007	<b>835,168</b>	0	835,168	0	<b>835,168</b>	95.04
95.05	09505	MED SPA	571,756	534,973	<b>1,106,729</b>	0	1,106,729	0	<b>1,106,729</b>	95.05
100.00		TOTAL	<b>22,286,175</b>	<b>43,063,248</b>	<b>65,349,423</b>	<b>0</b>	<b>65,349,423</b>	<b>-5,224,949</b>	<b>60,124,474</b>	100.00

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RECLASSIFICATIONS

Worksheet A-6

PPS

Increases					Decreases				
Cost Center	Line #	Salary	Non Salary		Cost Center	Line #	Salary	Non Salary	
2.00	3.00	4.00	5.00		6.00	7.00	8.00	9.00	
<b>B - CONTRACTED THERAPY</b>									
1.00	OCCUPATIONAL THERAPY	45.00	0	35,748	PHYSICAL THERAPY	44.00	0	35,748	1.00
100.00	<b>TOTAL RECLASSIFICATIONS (Sum of columns 4 and 5 must equal sum of columns 8 and 9 (2))</b>		<b>0</b>	<b>35,748</b>			<b>0</b>	<b>35,748</b>	100.00

(1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.  
 (2) Transfer the amounts in columns 4, 5, 8 and 9 to Worksheet A, column 4, lines as appropriate.


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RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PPS

		Beginning Balances	Acquisitions			Disposals and Retirements	Ending Balance	Fully Depreciated Assets	
			Purchases	Donation	Total				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
<b>ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>									
1.00	Land	6,838,577	0	0	0	0	6,838,577	0	1.00
2.00	Land Improvements	1,670,599	63,969	0	63,969	0	1,734,568	0	2.00
3.00	Buildings and Fixtures	184,373,592	2,875,352	0	2,875,352	256,607	186,992,337	0	3.00
4.00	Building Improvements	0	0	0	0	0	0	0	4.00
5.00	Fixed Equipment	16,506,324	1,921,617	0	1,921,617	0	18,427,941	0	5.00
6.00	Movable Equipment	19,392,855	1,659,182	0	1,659,182	0	21,052,037	0	6.00
7.00	Subtotal (sum of lines 1-6)	228,781,947	6,520,120	0	6,520,120	256,607	235,045,460	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	Total (line 7 minus line 8)	228,781,947	6,520,120	0	6,520,120	256,607	235,045,460	0	9.00

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ADJUSTMENTS TO EXPENSES

Worksheet A-8

PPS

	Description (1)	(2) Basis For Adjustment	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line No.
				1.00	2.00
1.00	Investment income on restricted funds (chapter 2)	B	-1,269,799	CAP REL COSTS - BLDGS & FIXTURES	1.00 1.00
2.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 2.00
3.00	Refunds and rebates of expenses (chapter 8)		0		0.00 3.00
4.00	Rental of provider space by suppliers (chapter 8)	B	-21,881	CAP REL COSTS - BLDGS & FIXTURES	1.00 4.00
5.00	Telephone services (pay stations excluded) (chapter 21)	B	-42,222	ADMINISTRATIVE & GENERAL	4.00 5.00
6.00	Television and radio service (chapter 21)	A	-104,505	ADMINISTRATIVE & GENERAL	4.00 6.00
7.00	Parking lot (chapter 21)		0		0.00 7.00
8.00	Remuneration applicable to provider-based physician adjustment	A-8-2	0		8.00
9.00	Home office cost (chapter 21)		0		0.00 9.00
10.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00 10.00
11.00	Nonallowable costs related to certain Capital expenditures (chapter 24)		0		0.00 11.00
12.00	Adjustment resulting from transactions with related organizations (chapter 10)	A-8-1	-1,146,383		12.00
13.00	Laundry and linen service	B	-17,279	LAUNDRY & LINEN SERVICE	6.00 13.00
14.00	Revenue - Employee meals		0		0.00 14.00
15.00	Cost of meals - Guests	B	-240,311	DIETARY	8.00 15.00
16.00	Sale of medical supplies to other than patients		0		0.00 16.00
17.00	Sale of drugs to other than patients		0		0.00 17.00
18.00	Sale of medical records and abstracts		0		0.00 18.00
19.00	Vending machines		0		0.00 19.00
20.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 20.00
21.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 21.00
22.00	Utilization review--physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	82.00 22.00
23.00	Depreciation--buildings and fixtures		0	CAP REL COSTS - BLDGS & FIXTURES	1.00 23.00
24.00	Depreciation--movable equipment		0	*** Cost Center Deleted ***	2.00 24.00
25.00	Other adjustment (specify)		0		0.00 25.00
25.01	MISCELLANEOUS INCOME	B	-101,299	ADMINISTRATIVE & GENERAL	4.00 25.01
25.02	TRANSPORTATION INCOME	B	-35,669	ADMINISTRATIVE & GENERAL	4.00 25.02
25.04	SOLAR PANEL	A	-53,660	PLANT OPERATION, MAINT. & REPAIRS	5.00 25.04
25.10	NON ALLOWABLE EXPENSE	A	-1,465,794	ADMINISTRATIVE & GENERAL	4.00 25.10
25.11	NON ALLOWABLE BENEFITS	A	-131,174	EMPLOYEE BENEFITS	3.00 25.11
25.12	NON ALLOWABLE SALARIES	A	-591,222	ADMINISTRATIVE & GENERAL	4.00 25.12
25.13	INVESTMENT EXPENSE	A	-250	ADMINISTRATIVE & GENERAL	4.00 25.13
25.14	LIFE ENRICHMENT	B	-3,501	PATIENT ACTIVITIES	15.00 25.14
100.00	Total (sum of lines 1 through 99) (Transfer to Worksheet A, col. 6, line 100)		-5,224,949		100.00

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Worksheet A-8-1  
Parts I & II  
PPS

**PART I. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:**

Line No.	Cost Center	Expense Items	Amount Allowable In Cost	Amount Included in Wkst. A, col. 5	Adjustments (col. 4 minus col. 5)	
1.00	4.00	ADMINISTRATIVE & GENERAL	HOME OFFICE	2,076,328	3,222,711	-1,146,383
2.00	0.00			0	0	0
3.00	0.00			0	0	0
4.00	0.00			0	0	0
5.00	0.00			0	0	0
6.00	0.00			0	0	0
7.00	0.00			0	0	0
8.00	0.00			0	0	0
9.00	0.00			0	0	0
10.00	<b>TOTALS (sum of lines 1-9). Transfer column 6, line 10 to Worksheet A-8, column 3, line 12.</b>			<b>2,076,328</b>	<b>3,222,711</b>	<b>-1,146,383</b>

**PART II. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:**


The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part II of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the requested information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office		
			Name	Percentage of Ownership	Type of Business
1.00	2.00	3.00	4.00	5.00	6.00
1.00	B	FELLOWSHIP LIFE, INC.	0.00	100.00	HOME OFFICE
2.00			0.00	0.00	
3.00			0.00	0.00	
4.00			0.00	0.00	
5.00			0.00	0.00	
6.00			0.00	0.00	
7.00			0.00	0.00	
8.00			0.00	0.00	
9.00			0.00	0.00	
10.00			0.00	0.00	

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or organization.
- E. Individual is director, officer, administrator or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.
- G. Other (financial or non-financial) specify:

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
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		To: 12/31/2024	Version:	11.1.179.2	

COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	BLDGS & FIXTURES	EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	3.00	3A	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	9,627,454	9,627,454							1.00
3.00	EMPLOYEE BENEFITS	3,783,466	0	3,783,466						3.00
4.00	ADMINISTRATIVE & GENERAL	6,650,883	431,331	286,778	<b>7,368,992</b>	7,368,992				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	3,983,604	413,833	1,491	<b>4,398,928</b>	614,451	5,013,379			5.00
6.00	LAUNDRY & LINEN SERVICE	211,982	68,638	0	<b>280,620</b>	39,198	39,182	359,000		6.00
7.00	HOUSEKEEPING	1,202,829	59,651	0	<b>1,262,480</b>	176,346	34,052	0	1,472,878	7.00
8.00	DIETARY	7,638,194	330,005	13,934	<b>7,982,133</b>	1,114,960	188,384	24,490	56,166	8.00
9.00	NURSING ADMINISTRATION	1,338,633	0	226,026	<b>1,564,659</b>	218,555	0	0	0	9.00
13.00	SOCIAL SERVICE	145,244	2,977	25,227	<b>173,448</b>	24,228	1,699	0	507	13.00
15.00	PATIENT ACTIVITIES	398,986	321,132	64,229	<b>784,347</b>	109,559	183,319	0	54,655	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	4,953,943	531,474	487,131	<b>5,972,548</b>	834,257	303,392	149,903	90,455	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	13,685	0	0	<b>13,685</b>	1,912	0	0	0	40.00
41.00	LABORATORY	52,242	0	0	<b>52,242</b>	7,297	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	<b>0</b>	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,951,815	34,348	312,030	<b>2,298,193</b>	321,016	19,607	0	5,846	44.00
45.00	OCCUPATIONAL THERAPY	818,845	9,846	136,567	<b>965,258</b>	134,829	5,621	0	1,676	45.00
46.00	SPEECH PATHOLOGY	356,429	1,908	62,159	<b>420,496</b>	58,736	1,089	0	325	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	212,614	2,099	0	<b>214,713</b>	29,992	1,198	0	357	48.00
49.00	DRUGS CHARGED TO PATIENTS	223,654	2,443	0	<b>226,097</b>	31,582	1,394	0	416	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	1,764,384	21,372	192,381	<b>1,978,137</b>	276,310	12,200	0	3,637	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	<b>45,328,886</b>	<b>2,231,057</b>	<b>1,807,953</b>	<b>35,956,976</b>	<b>3,993,228</b>	<b>791,137</b>	<b>174,393</b>	<b>214,040</b>	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	31,695	0	<b>31,695</b>	4,427	18,093	0	5,394	90.00
91.00	BARBER AND BEAUTY SHOP	89,653	13,644	0	<b>103,297</b>	14,429	7,789	13,737	2,322	91.00
95.00	NON-REIMBURSABLE	0	0	0	<b>0</b>	0	0	0	0	95.00
95.01	PC/ILU	11,876,964	6,855,478	1,660,748	<b>20,393,190</b>	2,848,562	3,913,457	166,175	1,166,776	95.01
95.02	NRCC HOSPICE	887,074	74,420	122,771	<b>1,084,265</b>	151,452	42,483	0	12,666	95.02
95.03	CULTURAL ARTS CENTER	0	421,160	0	<b>421,160</b>	58,828	240,420	0	71,680	95.03
95.04	WELLNESS CENTER	835,168	0	92,283	<b>927,451</b>	129,548	0	0	0	95.04
95.05	MED SPA	1,106,729	0	99,711	<b>1,206,440</b>	168,518	0	4,695	0	95.05
98.00	Cross Foot Adjustments	0	0	0	<b>0</b>	0	0	0	0	98.00
99.00	Negative Cost Centers	0	0	0	<b>0</b>	0	0	0	0	99.00
100.00	TOTAL	<b>60,124,474</b>	<b>9,627,454</b>	<b>3,783,466</b>	<b>60,124,474</b>	<b>7,368,992</b>	<b>5,013,379</b>	<b>359,000</b>	<b>1,472,878</b>	100.00


FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm
Provider CCN:	315356	From: 01/01/2024	MCRIF32	2540-10
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COST ALLOCATION - GENERAL SERVICE COSTS

**Worksheet B**  
**Part I**  
**PPS**

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Stepdown Adjustments	Total		
		8.00	9.00	13.00	15.00	16.00	17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	9,366,133								8.00
9.00	NURSING ADMINISTRATION	0	1,783,214							9.00
13.00	SOCIAL SERVICE	0	0	199,882						13.00
15.00	PATIENT ACTIVITIES	0	0	0	1,131,880					15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	2,215,629	1,783,214	199,882	1,131,880	12,681,160	0	12,681,160		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	15,597	0	15,597		40.00
41.00	LABORATORY	0	0	0	0	59,539	0	59,539		41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	2,644,662	0	2,644,662		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	1,107,384	0	1,107,384		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	480,646	0	480,646		46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	246,260	0	246,260		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	259,489	0	259,489		49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	2,270,284	0	2,270,284		60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	2,215,629	1,783,214	199,882	1,131,880	19,765,021	0	19,765,021		89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	59,609	0	59,609		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	141,574	0	141,574		91.00
95.00	NON-REIMBURSABLE	0	0	0	0	0	0	0		95.00
95.01	PC/ILU	7,150,504	0	0	0	35,638,664	0	35,638,664		95.01
95.02	NRCC HOSPICE	0	0	0	0	1,290,866	0	1,290,866		95.02
95.03	CULTURAL ARTS CENTER	0	0	0	0	792,088	0	792,088		95.03
95.04	WELLNESS CENTER	0	0	0	0	1,056,999	0	1,056,999		95.04
95.05	MED SPA	0	0	0	0	1,379,653	0	1,379,653		95.05
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0		98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0		99.00
100.00	TOTAL	9,366,133	1,783,214	199,882	1,131,880	60,124,474	0	60,124,474		100.00

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN:	315356	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	Directly Assigned New Capital Related Costs	BLDGS & FIXTURES	Subtotal	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	PLANT OPERATION, MAINT. & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		0	1.00	2A	3.00	4.00	5.00	6.00	7.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS	0	0	0	0					3.00
4.00	ADMINISTRATIVE & GENERAL	0	431,331	431,331	0	431,331				4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	0	413,833	413,833	0	35,966	449,799			5.00
6.00	LAUNDRY & LINEN SERVICE	0	68,638	68,638	0	2,294	3,515	74,447		6.00
7.00	HOUSEKEEPING	0	59,651	59,651	0	10,322	3,055	0	73,028	7.00
8.00	DIETARY	0	330,005	330,005	0	65,262	16,902	5,079	2,785	8.00
9.00	NURSING ADMINISTRATION	0	0	0	0	12,793	0	0	0	9.00
13.00	SOCIAL SERVICE	0	2,977	2,977	0	1,418	152	0	25	13.00
15.00	PATIENT ACTIVITIES	0	321,132	321,132	0	6,413	16,447	0	2,710	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	0	531,474	531,474	0	48,832	27,220	31,086	4,485	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	112	0	0	0	40.00
41.00	LABORATORY	0	0	0	0	427	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0	34,348	34,348	0	18,790	1,759	0	290	44.00
45.00	OCCUPATIONAL THERAPY	0	9,846	9,846	0	7,892	504	0	83	45.00
46.00	SPEECH PATHOLOGY	0	1,908	1,908	0	3,438	98	0	16	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,099	2,099	0	1,755	108	0	18	48.00
49.00	DRUGS CHARGED TO PATIENTS	0	2,443	2,443	0	1,849	125	0	21	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	21,372	21,372	0	16,173	1,095	0	180	60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	0	2,231,057	2,231,057	0	233,736	70,980	36,165	10,613	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	31,695	31,695	0	259	1,623	0	267	90.00
91.00	BARBER AND BEAUTY SHOP	0	13,644	13,644	0	845	699	2,849	115	91.00
95.00	NON-REIMBURSABLE	0	0	0	0	0	0	0	0	95.00
95.01	PC/ILU	0	6,855,478	6,855,478	0	166,736	351,115	34,459	57,851	95.01
95.02	NRCC HOSPICE	0	74,420	74,420	0	8,865	3,812	0	628	95.02
95.03	CULTURAL ARTS CENTER	0	421,160	421,160	0	3,443	21,570	0	3,554	95.03
95.04	WELLNESS CENTER	0	0	0	0	7,583	0	0	0	95.04
95.05	MED SPA	0	0	0	0	9,864	0	974	0	95.05
98.00	Cross Foot Adjustments								0	98.00
99.00	Negative Cost Centers		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	9,627,454	9,627,454	0	431,331	449,799	74,447	73,028	100.00

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm
Provider CCN:	315356	From: 01/01/2024	MCRIF32	2540-10
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ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B**  
**Part II**  
**PPS**

	Cost Center Description	DIETARY	NURSING ADMINISTRATION	SOCIAL SERVICE	PATIENT ACTIVITIES	Subtotal	Post Step-Down Adjustments	Total		
		8.00	9.00	13.00	15.00	16.00	17.00	18.00		
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES									1.00
3.00	EMPLOYEE BENEFITS									3.00
4.00	ADMINISTRATIVE & GENERAL									4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS									5.00
6.00	LAUNDRY & LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	420,033								8.00
9.00	NURSING ADMINISTRATION	0	12,793							9.00
13.00	SOCIAL SERVICE	0	0	4,572						13.00
15.00	PATIENT ACTIVITIES	0	0	0	346,702					15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	99,362	12,793	4,572	346,702	1,106,526	0	1,106,526		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	0	112	0	112		40.00
41.00	LABORATORY	0	0	0	0	427	0	427		41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0	0	55,187	0	55,187		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0	0	18,325	0	18,325		45.00
46.00	SPEECH PATHOLOGY	0	0	0	0	5,460	0	5,460		46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	3,980	0	3,980		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,438	0	4,438		49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	0	0	0	0	38,820	0	38,820		60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	99,362	12,793	4,572	346,702	1,233,275	0	1,233,275		89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	33,844	0	33,844		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0	0	18,152	0	18,152		91.00
95.00	NON-REIMBURSABLE	0	0	0	0	0	0	0		95.00
95.01	PC/ILU	320,671	0	0	0	7,786,310	0	7,786,310		95.01
95.02	NRCC HOSPICE	0	0	0	0	87,725	0	87,725		95.02
95.03	CULTURAL ARTS CENTER	0	0	0	0	449,727	0	449,727		95.03
95.04	WELLNESS CENTER	0	0	0	0	7,583	0	7,583		95.04
95.05	MED SPA	0	0	0	0	10,838	0	10,838		95.05
98.00	Cross Foot Adjustments	0	0	0	0	0	0	0		98.00
99.00	Negative Cost Centers	0	0	0	0	0	0	0		99.00
100.00	TOTAL	420,033	12,793	4,572	346,702	9,627,454	0	9,627,454		100.00

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm
Provider CCN: 315356		From: 01/01/2024	MCRIF32	2540-10
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COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	BLDGS & FIXTURES (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	PLANT OPERATION, MAINT. & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		1.00	3.00	4A	4.00	5.00	6.00	7.00	8.00	
<b>GENERAL SERVICE COST CENTERS</b>										
1.00	CAP REL COSTS - BLDGS & FIXTURES	504,529								1.00
3.00	EMPLOYEE BENEFITS	0	21,694,953							3.00
4.00	ADMINISTRATIVE & GENERAL	22,604	1,644,424	-7,368,992	52,755,482					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS	21,687	8,548	0	4,398,928	460,238				5.00
6.00	LAUNDRY & LINEN SERVICE	3,597	0	0	280,620	3,597	252,720			6.00
7.00	HOUSEKEEPING	3,126	0	0	1,262,480	3,126	0	453,515		7.00
8.00	DIETARY	17,294	79,898	0	7,982,133	17,294	17,240	17,294	267,250	8.00
9.00	NURSING ADMINISTRATION	0	1,296,064	0	1,564,659	0	0	0	0	9.00
13.00	SOCIAL SERVICE	156	144,655	0	173,448	156	0	156	0	13.00
15.00	PATIENT ACTIVITIES	16,829	368,298	0	784,347	16,829	0	16,829	0	15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>										
30.00	SKILLED NURSING FACILITY	27,852	2,793,278	0	5,972,548	27,852	105,525	27,852	63,220	30.00
<b>ANCILLARY SERVICE COST CENTERS</b>										
40.00	RADIOLOGY	0	0	0	13,685	0	0	0	0	40.00
41.00	LABORATORY	0	0	0	52,242	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0	0	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	1,800	1,789,225	0	2,298,193	1,800	0	1,800	0	44.00
45.00	OCCUPATIONAL THERAPY	516	783,097	0	965,258	516	0	516	0	45.00
46.00	SPEECH PATHOLOGY	100	356,429	0	420,496	100	0	100	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	110	0	0	214,713	110	0	110	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	128	0	0	226,097	128	0	128	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>										
60.00	CLINIC	1,120	1,103,138	0	1,978,137	1,120	0	1,120		60.00
<b>SPECIAL PURPOSE COST CENTERS</b>										
81.00	INTEREST EXPENSE									81.00
89.00	SUBTOTALS (sum of lines 1-84)	116,919	10,367,054	-7,368,992	28,587,984	72,628	122,765	65,905	63,220	89.00
<b>NONREIMBURSABLE COST CENTERS</b>										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	1,661	0	0	31,695	1,661	0	1,661	0	90.00
91.00	BARBER AND BEAUTY SHOP	715	0	0	103,297	715	9,670	715	0	91.00
95.00	NON-REIMBURSABLE	0	0	0	0	0	0	0	0	95.00
95.01	PC/ILU	359,263	9,522,998	0	20,393,190	359,263	116,980	359,263	204,030	95.01
95.02	NRCC HOSPICE	3,900	703,984	0	1,084,265	3,900	0	3,900	0	95.02
95.03	CULTURAL ARTS CENTER	22,071	0	0	421,160	22,071	0	22,071	0	95.03
95.04	WELLNESS CENTER	0	529,161	0	927,451	0	0	0	0	95.04
95.05	MED SPA	0	571,756	0	1,206,440	0	3,305	0	0	95.05
98.00	Cross Foot Adjustments									98.00
99.00	Negative Cost Centers									99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	9,627,454	3,783,466		7,368,992	5,013,379	359,000	1,472,878	9,366,133	102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	19.082063	0.174394		0.139682	10.893014	1.420544	3.247694	35.046335	103.00
104.00	Cost to be allocated (per Wkst. B, Part II)		0		431,331	449,799	74,447	73,028	420,033	104.00
105.00	Unit cost multiplier (Wkst. B, Part II)		0.000000		0.008176	0.977318	0.294583	0.161027	1.571686	105.00


FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN:	315356	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

COST ALLOCATION - STATISTICAL BASIS

Worksheet B-1

PPS

	Cost Center Description	NURSING ADMINISTRATION (RESIDENT DAYS)	SOCIAL SERVICE (RESIDENT DAYS)	PATIENT ACTIVITIES (RESIDENT DAYS)		
		9.00	13.00	15.00		
<b>GENERAL SERVICE COST CENTERS</b>						
1.00	CAP REL COSTS - BLDGS & FIXTURES					1.00
3.00	EMPLOYEE BENEFITS					3.00
4.00	ADMINISTRATIVE & GENERAL					4.00
5.00	PLANT OPERATION, MAINT. & REPAIRS					5.00
6.00	LAUNDRY & LINEN SERVICE					6.00
7.00	HOUSEKEEPING					7.00
8.00	DIETARY					8.00
9.00	NURSING ADMINISTRATION	21,672				9.00
13.00	SOCIAL SERVICE	0	21,672			13.00
15.00	PATIENT ACTIVITIES	0	0	21,672		15.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00	SKILLED NURSING FACILITY	21,672	21,672	21,672		30.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
40.00	RADIOLOGY	0	0	0		40.00
41.00	LABORATORY	0	0	0		41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0		43.00
44.00	PHYSICAL THERAPY	0	0	0		44.00
45.00	OCCUPATIONAL THERAPY	0	0	0		45.00
46.00	SPEECH PATHOLOGY	0	0	0		46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		48.00
49.00	DRUGS CHARGED TO PATIENTS	0	0	0		49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
60.00	CLINIC	0	0	0		60.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
81.00	INTEREST EXPENSE					81.00
89.00	SUBTOTALS (sum of lines 1-84)	21,672	21,672	21,672		89.00
<b>NONREIMBURSABLE COST CENTERS</b>						
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0		90.00
91.00	BARBER AND BEAUTY SHOP	0	0	0		91.00
95.00	NON-REIMBURSABLE	0	0	0		95.00
95.01	PC/ILU	0	0	0		95.01
95.02	NRCC HOSPICE	0	0	0		95.02
95.03	CULTURAL ARTS CENTER	0	0	0		95.03
95.04	WELLNESS CENTER	0	0	0		95.04
95.05	MED SPA	0	0	0		95.05
98.00	Cross Foot Adjustments					98.00
99.00	Negative Cost Centers					99.00
102.00	Cost to be allocated (per Wkst. B, Part I)	1,783,214	199,882	1,131,880		102.00
103.00	Unit cost multiplier (Wkst. B, Part I)	82.281931	9.223053	52.227759		103.00
104.00	Cost to be allocated (per Wkst. B, Part II)	12,793	4,572	346,702		104.00
105.00	Unit cost multiplier (Wkst. B, Part II)	0.590301	0.210963	15.997693		105.00


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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

PPS

	Cost Center Description	Total (from Wkst. B, Pt I, col. 18)	Total Charges	Ratio (col. 1 divided by col. 2)	
		1.00	2.00	3.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
40.00	RADIOLOGY	15,597	13,685	1.139715	40.00
41.00	LABORATORY	59,539	52,242	1.139677	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	43.00
44.00	PHYSICAL THERAPY	2,644,662	2,656,788	0.995436	44.00
45.00	OCCUPATIONAL THERAPY	1,107,384	1,500,421	0.738049	45.00
46.00	SPEECH PATHOLOGY	480,646	390,164	1.231908	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,260	212,614	1.158249	48.00
49.00	DRUGS CHARGED TO PATIENTS	259,489	223,654	1.160225	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
60.00	CLINIC	2,270,284	2,053,929	1.105337	60.00
100.00	Total	<b>7,083,861</b>	<b>7,103,497</b>		100.00

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN:	315356	From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	


APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS

**Worksheet D**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART I - CALCULATION OF ANCILLARY AND OUTPATIENT COST							
		Ratio of Cost to Charges (Fr. Wkst. C Column 3)	Health Care Program Charges		Health Care Program Cost		
			Part A	Part B	Part A (col. 1 x col. 2)	Part B (col. 1 x col. 3)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
40.00	RADIOLOGY	1.139715	0	0	0	0	40.00
41.00	LABORATORY	1.139677	0	0	0	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0.000000	0	0	0	0	43.00
44.00	PHYSICAL THERAPY	0.995436	322,340	0	320,869	0	44.00
45.00	OCCUPATIONAL THERAPY	0.738049	329,564	0	243,234	0	45.00
46.00	SPEECH PATHOLOGY	1.231908	105,471	0	129,931	0	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.158249	0	0	0	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	1.160225	0	0	0	0	49.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
60.00	CLINIC	1.105337	0	0	0	0	60.00
100.00	Total (Sum of lines 40 - 71)		<b>757,375</b>	<b>0</b>	<b>694,034</b>	<b>0</b>	100.00

(1) For titles V and XIX use columns 1, 2 and 4 only.  
 (2) Line 71 columns 2 and 4 are for titles V and XIX. No amounts should be entered here for title XVIII.

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
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APPORTIONMENT OF ANCILLARY AND OUTPATIENT COSTS


**Worksheet D**  
**Parts II-III**  
PPS

Title XVIII Skilled Nursing Facility

PART II - APPORTIONMENT OF VACCINE COST		
		1.00
1.00	Drugs charged to patients - ratio of cost to charges (From Worksheet C, column 3, line 49)	1.160225
2.00	Program vaccine charges (From your records, or the PS&R)	0
3.00	Program costs (Line 1 x line 2) (Title XVIII, PPS providers, transfer this amount to Worksheet E, Part I, line 18)	0

PART III - CALCULATION OF PASS THROUGH COSTS FOR NURSING & ALLIED HEALTH						
	Cost Center Description	Total Cost (From Wkst. B, Part I, Col. 18)	Nursing & Allied Health (From Wkst. B, Part I, Col. 14)	Ratio of Nursing & Allied Health Costs to Total Costs - Part A (Col. 2 / Col. 1)	Program Part A Cost (From Wkst. D Part I, Col. 4)	Part A Nursing & Allied Health Costs for Pass Through (Col. 3 x Col. 4)
		1.00	2.00	3.00	4.00	5.00

ANCILLARY SERVICE COST CENTERS						
40.00	RADIOLOGY	15,597	0	0.000000	0	40.00
41.00	LABORATORY	59,539	0	0.000000	0	41.00
43.00	OXYGEN (INHALATION) THERAPY	0	0	0.000000	0	43.00
44.00	PHYSICAL THERAPY	2,644,662	0	0.000000	320,869	44.00
45.00	OCCUPATIONAL THERAPY	1,107,384	0	0.000000	243,234	45.00
46.00	SPEECH PATHOLOGY	480,646	0	0.000000	129,931	46.00
48.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	246,260	0	0.000000	0	48.00
49.00	DRUGS CHARGED TO PATIENTS	259,489	0	0.000000	0	49.00
100.00	Total (Sum of lines 40 - 52)	<b>4,813,577</b>	<b>0</b>		<b>694,034</b>	<b>100.00</b>


FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN: 315356		From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

COMPUTATION OF INPATIENT ROUTINE COSTS

**Worksheet D-1**  
**Part I**  
**PPS**

Title XVIII Skilled Nursing Facility

PART I CALCULATION OF INPATIENT ROUTINE COSTS			1.00	
<b>INPATIENT DAYS</b>				
1.00	Inpatient days including private room days		21,486	1.00
2.00	Private room days		0	2.00
3.00	Inpatient days including private room days applicable to the Program		4,503	3.00
4.00	Medically necessary private room days applicable to the Program		0	4.00
5.00	Total general inpatient routine service cost		<b>12,681,160</b>	5.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
6.00	General inpatient routine service charges		9,382,825	6.00
7.00	General inpatient routine service cost/charge ratio (Line 5 divided by line 6)		1.351529	7.00
8.00	Enter private room charges from your records		0	8.00
9.00	Average private room per diem charge (Private room charges line 8 divided by private room days, line 2)		0.00	9.00
10.00	Enter semi-private room charges from your records		9,382,825	10.00
11.00	Average semi-private room per diem charge (Semi-private room charges line 10, divided by semi-private room days)		436.69	11.00
12.00	Average per diem private room charge differential (Line 9 minus line 11)		0.00	12.00
13.00	Average per diem private room cost differential (Line 7 times line 12)		0.00	13.00
14.00	Private room cost differential adjustment (Line 2 times line 13)		0	14.00
15.00	General inpatient routine service cost net of private room cost differential (Line 5 minus line 14)		12,681,160	15.00
<b>PROGRAM INPATIENT ROUTINE SERVICE COSTS</b>				
16.00	Adjusted general inpatient service cost per diem (Line 15 divided by line 1)		590.21	16.00
17.00	Program routine service cost (Line 3 times line 16)		2,657,716	17.00
18.00	Medically necessary private room cost applicable to program (line 4 times line 13)		0	18.00
19.00	Total program general inpatient routine service cost (Line 17 plus line 18)		<b>2,657,716</b>	19.00
20.00	Capital related cost allocated to inpatient routine service costs (From Wkst. B, Part II column 18, line 30 for SNF; line 31 for NF, or line 32 for ICF/IID)		1,106,526	20.00
21.00	Per diem capital related costs (Line 20 divided by line 1)		51.50	21.00
22.00	Program capital related cost (Line 3 times line 21)		231,905	22.00
23.00	Inpatient routine service cost (Line 19 minus line 22)		2,425,811	23.00
24.00	Aggregate charges to beneficiaries for excess costs (From provider records)		0	24.00
25.00	Total program routine service costs for comparison to the cost limitation (Line 23 minus line 24)		<b>2,425,811</b>	25.00
26.00	Enter the per diem limitation (1)			26.00
27.00	Inpatient routine service cost limitation (Line 3 times the per diem limitation line 26) (1)			27.00
28.00	Reimbursable inpatient routine service costs (Line 22 plus the lesser of line 25 or line 27) (Transfer to Worksheet E, Part II, line 4) (See instructions)			28.00
<b>PART II CALCULATION OF INPATIENT NURSING &amp; ALLIED HEALTH COSTS FOR PPS PASS-THROUGH</b>				
			1.00	
1.00	Total SNF inpatient days		21,486	1.00
2.00	Program inpatient days (see instructions)		4,503	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)		0.209578	4.00
5.00	Program nursing & allied health costs for pass-through. (line 3 times line 4)		0	5.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT FOR TITLE XVIII

**Worksheet E**  
**Part I**  
**PPS**


Title XVIII Skilled Nursing Facility

**PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT**

		1.00	
1.00	Inpatient PPS amount (See Instructions)	3,392,416	1.00
2.00	Nursing and Allied Health Education Activities (pass through payments)	0	2.00
3.00	Subtotal (Sum of lines 1 and 2)	<b>3,392,416</b>	3.00
4.00	Primary payor amounts	0	4.00
5.00	Coinsurance	246,840	5.00
6.00	Allowable bad debts (From your records)	26,423	6.00
7.00	Allowable Bad debts for dual eligible beneficiaries (See instructions)	0	7.00
8.00	Adjusted reimbursable bad debts. (See instructions)	17,175	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)	<b>3,162,751</b>	11.00
12.00	Interim payments (See instructions)	3,082,665	12.00
13.00	Tentative adjustment	0	13.00
14.00	OTHER adjustment (See instructions)	0	14.00
14.50	Demonstration payment adjustment amount before sequestration	0	14.50
14.55	Demonstration payment adjustment amount after sequestration	0	14.55
14.75	Sequestration for non-claims based amounts (see instructions)	344	14.75
14.99	Sequestration amount (see instructions)	62,911	14.99
15.00	Balance due provider/program (see Instructions)	<b>16,831</b>	15.00
16.00	Protested amounts (Nonallowable cost report items in accordance with CMS Pub. 15-2, section 115.2)	0	16.00

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

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

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
Provider CCN: 315356		From: 01/01/2024	MCRIF32	<b>2540-10</b>	
		To: 12/31/2024	Version:	11.1.179.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Worksheet E-1

Title XVIII Skilled Nursing Facility PPS

	DESCRIPTION	Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,082,665			1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, enter zero		0			2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
<b>Program to Provider</b>						
3.01	ADJUSTMENTS TO PROVIDER		0			3.01
3.02			0			3.02
3.03			0			3.03
3.04			0			3.04
3.05			0			3.05
<b>Provider to Program</b>						
3.50	ADJUSTMENTS TO PROGRAM		0			3.50
3.51			0			3.51
3.52			0			3.52
3.53			0			3.53
3.54			0			3.54
3.99	Subtotal (Sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0			3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (Transfer to Wkst. E, Part I line 12 for Part A, and line 26 for Part B)		3,082,665			4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0			5.01
5.02			0			5.02
5.03			0			5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0			5.50
5.51			0			5.51
5.52			0			5.52
5.99	Subtotal (Sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0			5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	PROGRAM TO PROVIDER		16,831			6.01
6.02	PROVIDER TO PROGRAM		0			6.02
7.00	Total Medicare program liability (see instructions)		3,099,496			7.00
Contractor Name		Contractor Number				
1.00		2.00				
8.00						8.00

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

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

**Worksheet G**

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>Assets</b>						
<b>CURRENT ASSETS</b>						
1.00	Cash on hand and in banks	2,713,719	0	0	0	1.00
2.00	Temporary investments	501,201	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,845,807	0	0	0	4.00
5.00	Other receivables	856,163	0	0	0	5.00
6.00	Less: allowances for uncollectible notes and accounts receivable	-1,171,744	0	0	0	6.00
7.00	Inventory	7,731	0	0	0	7.00
8.00	Prepaid expenses	1,234,129	0	0	0	8.00
9.00	Other current assets	668,849	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	TOTAL CURRENT ASSETS (Sum of lines 1 - 10)	12,655,855	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,838,577	0	0	0	12.00
13.00	Land improvements	1,734,568	0	0	0	13.00
14.00	Less: Accumulated depreciation	-787,429	0	0	0	14.00
15.00	Buildings	186,992,337	0	0	0	15.00
16.00	Less Accumulated depreciation	-67,007,745	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Less: Accumulated Amortization	0	0	0	0	18.00
19.00	Fixed equipment	18,427,940	0	0	0	19.00
20.00	Less: Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	1,099,509	0	0	0	21.00
22.00	Less: Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	19,952,526	0	0	0	23.00
24.00	Less: Accumulated depreciation	-21,879,310	0	0	0	24.00
25.00	Minor equipment - Depreciable	0	0	0	0	25.00
26.00	Minor equipment nondepreciable	0	0	0	0	26.00
27.00	Other fixed assets	6,335,429	0	0	0	27.00
28.00	TOTAL FIXED ASSETS (Sum of lines 12 - 27)	151,706,402	0	0	0	28.00
<b>OTHER ASSETS</b>						
29.00	Investments	22,065,702	0	0	0	29.00
30.00	Deposits on leases	0	0	0	0	30.00
31.00	Due from owners/officers	0	0	0	0	31.00
32.00	Other assets	5,410,350	0	0	0	32.00
33.00	TOTAL OTHER ASSETS (Sum of lines 29 - 32)	27,476,052	0	0	0	33.00
34.00	TOTAL ASSETS (Sum of lines 11, 28, and 33)	191,838,309	0	0	0	34.00
<b>Liabilities and Fund Balances</b>						
<b>CURRENT LIABILITIES</b>						
35.00	Accounts payable	9,937,209	0	0	0	35.00
36.00	Salaries, wages, and fees payable	1,109,311	0	0	0	36.00
37.00	Payroll taxes payable	66,013	0	0	0	37.00
38.00	Notes & loans payable (Short term)	2,268,633	0	0	0	38.00
39.00	Deferred income	61,069	0	0	0	39.00
40.00	Accelerated payments	0				40.00
41.00	Due to other funds	0	0	0	0	41.00
42.00	Other current liabilities	-31,166	0	0	0	42.00
43.00	TOTAL CURRENT LIABILITIES (Sum of lines 35 - 42)	13,411,069	0	0	0	43.00
<b>LONG TERM LIABILITIES</b>						
44.00	Mortgage payable	0	0	0	0	44.00
45.00	Notes payable	84,747,151	0	0	0	45.00
46.00	Unsecured loans	0	0	0	0	46.00
47.00	Loans from owners:	0	0	0	0	47.00
48.00	Other long term liabilities	64,132,981	0	0	0	48.00
49.00	OTHER (SPECIFY)	0	0	0	0	49.00
50.00	TOTAL LONG TERM LIABILITIES (Sum of lines 44 - 49)	148,880,132	0	0	0	50.00


FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
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		To: 12/31/2024	Version:	11.1.179.2	

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

**Worksheet G**

PPS

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
51.00	TOTAL LIABILITIES (Sum of lines 43 and 50)	<b>162,291,201</b>	<b>0</b>	<b>0</b>	<b>0</b>	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	29,547,108				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	TOTAL FUND BALANCES (Sum of lines 52 thru 58)	<b>29,547,108</b>	<b>0</b>	<b>0</b>	<b>0</b>	59.00
60.00	TOTAL LIABILITIES AND FUND BALANCES (Sum of lines 51 and 59)	<b>191,838,309</b>	<b>0</b>	<b>0</b>	<b>0</b>	60.00
( ) = contra amount						


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STATEMENT OF CHANGES IN FUND BALANCES

Worksheet G-1

PPS


	General Fund		Special Purpose Fund		Endowment Fund		Plant Fund		
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
1.00	Fund balances at beginning of period								
2.00	Net income (loss) (from Wkst. G-3, line 31)								
3.00	Total (sum of line 1 and line 2)								
4.00	Additions (credit adjustments)								
5.00	CONTRIBUTIONS								
6.00	NET ASSETS								
7.00	NET ASSET TRANSFER								
8.00	ROUNDING								
9.00									
10.00	Total additions (sum of line 5 - 9)								
11.00	Subtotal (line 3 plus line 10)								
12.00	Deductions (debit adjustments)								
13.00	EQUITY TRANSFER								
14.00	FELLOWSHIP FOUNDATION								
15.00	CHANGE IN NET ASSETS								
16.00									
17.00									
18.00	Total deductions (sum of lines 13 - 17)								
19.00	Fund balance at end of period per balance sheet (Line 11 - line 18)								

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

**Worksheet G-2**  
**Part I**  
**PPS**

<b>PART I - PATIENT REVENUES</b>					
	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>General Inpatient Routine Care Services</b>					
1.00	SKILLED NURSING FACILITY	9,382,825		9,382,825	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)	9,382,825		9,382,825	5.00
<b>All Other Care Services</b>					
6.00	ANCILLARY SERVICES	3,709,601	0	3,709,601	6.00
7.00	CLINIC		2,053,929	2,053,929	7.00
8.00	HOME HEALTH AGENCY COST		0	0	8.00
9.00	AMBULANCE		0	0	9.00
10.00	RURAL HEALTH CLINIC		0	0	10.00
10.10	FQHC		0	0	10.10
11.00	CMHC		0	0	11.00
12.00	HOSPICE	0	0	0	12.00
13.00	OTHER PATIENT REVENUES	43,611,845	0	43,611,845	13.00
14.00	Total Patient Revenues (Sum of lines 5 - 13) (Transfer column 3 to Worksheet G-3, Line 1)	56,704,271	2,053,929	58,758,200	14.00
<b>PART II - OPERATING EXPENSES</b>					
			1.00	2.00	
1.00	Operating Expenses (Per Worksheet A, Col. 3, Line 100)			65,349,423	1.00
2.00	Add (Specify)		0		2.00
3.00			0		3.00
4.00			0		4.00
5.00			0		5.00
6.00			0		6.00
7.00			0		7.00
8.00	Total Additions (Sum of lines 2 - 7)			0	8.00
9.00	Deduct (Specify)		0		9.00
10.00			0		10.00
11.00			0		11.00
12.00			0		12.00
13.00			0		13.00
14.00	Total Deductions (Sum of lines 9 - 13)			0	14.00
15.00	Total Operating Expenses (Sum of lines 1 and 8, minus line 14)			65,349,423	15.00

FELLOWSHIP VILLAGE, INC		Period:	Run Date Time:	6/12/2025 5:00 pm	
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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-3

PPS

		1.00	
1.00	Total patient revenues (From Wkst. G-2, Part I, col. 3, line 14)	58,758,200	1.00
2.00	Less: contractual allowances and discounts on patients accounts	2,794,191	2.00
3.00	Net patient revenues (Line 1 minus line 2)	55,964,009	3.00
4.00	Less: total operating expenses (From Worksheet G-2, Part II, line 15)	65,349,423	4.00
5.00	Net income from service to patients (Line 3 minus 4)	<b>-9,385,414</b>	5.00
<b>Other income:</b>			
6.00	Contributions, donations, bequests, etc	5,456	6.00
7.00	Income from investments	2,052,217	7.00
8.00	Revenues from communications ( Telephone and Internet service)	42,222	8.00
9.00	Revenue from television and radio service	469,971	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	17,279	13.00
14.00	Revenue from meals sold to employees and guests	34,391	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flower, coffee shops, canteen	205,920	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of skilled nursing space	31,393	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	0	24.00
24.01	BARBER AND BEAUTY	122,747	24.01
24.02	ACTIVITIES	3,501	24.02
24.03	OTHER MISCELLANEOUS INCOME	101,299	24.03
24.04	TRANSPORTATION	35,669	24.04
24.06	SOLAR ELECTRIC REVENUE	53,660	24.06
24.07	GAIN/LOSS ON DISPOSAL OF ASSET	0	24.07
24.08	SPA REVENUE	912,780	24.08
24.09	MASSAGE AND WELLNESS THERAPY	126,484	24.09
24.10	HOUSEKEEPING	5,451	24.10
24.12	HOSPICE	1,165,063	24.12
24.13	CULTURAL ARTS CENTER	0	24.13
24.14	OTHER (SPECIFY)	246,109	24.14
24.15	FINANCE CHARGES	71,543	24.15
24.50	COVID-19 PHE Funding	0	24.50
25.00	Total other income (Sum of lines 6 - 24)	<b>5,703,155</b>	25.00
26.00	Total (Line 5 plus line 25)	<b>-3,682,259</b>	26.00
27.00	MISC ACTIVITY EXPENSE	0	27.00
28.00	LOSS ON SALE OF ASSETS	18,889	28.00
29.00		0	29.00
30.00	Total other expenses (Sum of lines 27 - 29)	<b>18,889</b>	30.00
31.00	Net income (or loss) for the period (Line 26 minus line 30)	<b>-3,701,148</b>	31.00