

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).		FORM APPROVED OMB NO. 0938-0463 EXPIRES: 07/31/2027	
GREENWOOD HOUSE HOME FOR THE JEWISH	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: MCRIF32 Version:	5/28/2026 5:06 2540-24 2.7.181.0
Provider CCN: 31-5215			

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

Worksheet S
Parts I, II & III

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

PART II - CERTIFICATION OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR

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

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE CERTIFICATION STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY GREENWOOD HOUSE HOME FOR THE {PROVIDER NAME(S) AND PROVIDER CCN(S)} FOR THE COST REPORTING PERIOD BEGINNING 01/01/2025 AND ENDING 12/31/2025 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT AND STATEMENT ARE TRUE, CORRECT, COMPLETE AND PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1	<i>Richard Goldstein</i>	Y	I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name RICHARD GOLDSTEIN			2
3	Signatory Title EXECUTIVE DIRECTOR			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 SNF	0	16,271	0	0	1.00	
2.00 NF	0			0	2.00	
3.00 ICF/IID				0	3.00	
4.00 SNF-BASED HHA I	0		0	0	4.00	
100.00 TOTAL	0	16,271	0	0	100.00	

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0463. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 202 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENCE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

SNF / SNF HEALTHCARE COMPLEX INFORMATION

		STREET ADDRESS			P O BOX					
		1.00			2.00					
1.00	ADDRESS LINE 1	53 WALTER STREET							1.00	
		CITY	STATE	ZIP CODE	COUNTY					
		1.00	2.00	3.00	4.00					
2.00	ADDRESS LINE 2	EWING	NJ	45940	MERCER				2.00	
		COMPONENT TYPE	COMPONENT NAME		CCN	CBSA	RURAL OR URBAN	DATE CERTIFIED MEDICARE	DATE CERTIFIED MEDICAID	
		1.00	2.00		3.00	4.00	5.00	6.00	7.00	
3.00	SNF		GREENWOOD HOUSE HOME FOR THE JEWISH		315215	45940	U	02/01/1985	02/01/1985	3.00
4.00	NF									4.00
5.00	ICF/IID									5.00
6.00	SNF-BASED HHA									6.00
7.00	SNF-BASED HOSPICE									7.00
8.00	CORF									8.00
8.10	OPT									8.10
8.20	OOT									8.20
8.30	OSP									8.30
		FROM	TO							
		1.00	2.00							
9.00	COST REPORTING PERIOD	01/01/2025	12/31/2025							9.00
		TOC CODE	SPECIFY OTHER							
		1.00	2.00							
10.00	TYPE OF CONTROL	2								10.00

SNF ORGANIZATION AND OPERATION

11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?								1.00	N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?								1.00	N	12.00
		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE				
		1.00	2.00	3.00	4.00	5.00	6.00				
13.00	Non-contiguous component locations						Y/N	DATE	V OR I	13.00	
							1.00	2.00	3.00		
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.						N			14.00	
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.						N			15.00	
							1.00	2.00			
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.						N	0		16.00	
		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
17.00	HO/CO ALLOCATING TO SNF										17.00
								1.00			
18.00	Did the total number of available beds permanently maintained for lodging inpatients change from the prior cost reporting period?						N			18.00	
19.00	Did this SNF operate a ventilator care unit?						N			19.00	

GREENWOOD HOUSE HOME FOR THE JEWISH	Period: From: 01/01/2025 To: 12/31/2025	Run Date Time: 5/28/2026 5:06 MCRIF32 Version: 2.7.181.0
Provider CCN: 31-5215		

IDENTIFICATION DATA

Worksheet S-2

SNF OWNED SERVICES						
		1.00	2.00			
20.00	COLUMN 1: Did the SNF and/or SNF-based HHA operate a Medicare approved laboratory with its own CLIA number or a CLIA certificate of waiver that meets the requirements in 42 CFR 493? COLUMN 2: Enter the CLIA ID number.	Y	31D0653116			20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N				21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N				22.00
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?		N			23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.		N			24.00
PROFESSIONAL SERVICES PURCHASED BY THE SNF						
		1.00	2.00			
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	Y			29.00
SNF-BASED HHA THERAPY COSTS						
		1.00				
31.00	Did the SNF-based HHA contract with outside suppliers for physical therapy services?	N				31.00
32.00	Did the SNF-based HHA contract with outside suppliers for occupational therapy services?	N				32.00
33.00	Did the SNF-based HHA contract with outside suppliers for speech therapy services?	N				33.00
MEDICAL MALPRACTICE COST						
		1.00	2.00	3.00		
34.00	Is the SNF legally required to carry malpractice insurance?	N				34.00
35.00	If line 34 is Y, is the malpractice policy a claims-made or occurrence policy? Enter 1 for claims-made, or enter 2 for occurrence based policy.					35.00
36.00	If line 34 is Y, enter the total amount of malpractice premiums paid in column 1, the total amount of paid losses in column 2, and the total amount of self-insurance paid in column 3.	0	0	0		36.00
37.00	Are malpractice premiums and paid losses reported in other than the A&G cost center?	N				37.00
LOWER OF COST OR CHARGE EXEMPTION						
		PART A	PART B			
40.00	Did the SNF qualify for an exemption from the application of the lower of costs or charges?	N	N			40.00
41.00	Did the SNF-based HHA qualify for an exemption from the application of the lower of costs or charges?	N	N			41.00
FINANCIAL STATEMENTS						
		1.00	2.00	3.00		
50.00	COLUMN 1: Were the financial statements prepared by a CPA? COLUMN 2: If column 1 is Y, enter "A" for audited, "C" for complied, or "R" for reviewed in column 2. COLUMN 3: If complete copy of the financial statements not submitted with cost report, enter date available.	Y	A	11/15/2026		50.00
51.00	Do total expenses and total revenues reported on the cost report differ from those on the filed financial statements? If "Y", submit a reconciliation.	N				51.00
BAD DEBTS						
		1.00				
52.00	Is the SNF seeking reimbursement for Medicare bad debts?	Y				52.00
53.00	If line 52 is Y, did the SNF change its bad debt collection policy during this cost reporting period?	N				53.00
54.00	If line 52 is Y, did the SNF waive patient deductibles and/or coinsurance?	N				54.00
PS&R REPORT DATA						
	Description	PART A Y/N	PART A DATE	PART B Y/N	PART B DATE	
	0	1.00	2.00	3.00	4.00	
55.00	Is this cost report prepared using only the PS&R? If either column 1 or 3 is Y, in columns 2 and 4 from the PS&R used to prepare this cost report, enter the 55 "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	Y	05/12/2026	Y	05/12/2026	55.00
56.00	Is this cost report prepared using the PS&R for totals and the provider's records for allocation? If either column 1 or 3 is Y, in columns 2 and 4, enter the "Paid Claims Verified Current As Of" date, if present, or the paid-through date. (see instructions)	N		N		56.00
57.00	If line 55 or 56 is Y, were adjustments made to PS&R data for additional claims that have been billed, but are not included on the PS&R used to file this cost report?	N		N		57.00
58.00	If line 55 or 56 is Y, were adjustments made to PS&R data for corrections of other PS&R Report information?	N		N		58.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

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

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

IDENTIFICATION DATA

Worksheet S-2

COST REPORT PREPARER CONTACT INFORMATION					
		FIRST NAME 1.00	LAST NAME 2.00	TITLE 3.00	
70.00	PREPARER	ANTHONY	QUINTO	CONSULTANT	70.00
		NAME			
		1.00			
71.00	EMPLOYER	HUBCO HEALTH CARE GROUP			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	215-450-0303	AQUINTO@HUBCO.NET		72.00

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

STATISTICAL DATA

**Worksheet S-3
Part I**

PART I - VISITS AND CENSUS DATA

		NUMBER OF BEDS	BED DAYS AVAILABLE	INPATIENT DAYS					DISCHARGES					
				TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00	12.00	
1.00	SNF - FFS	137	50,005	0	5,040	1,241	13,182	39,827	0	149	1	74	224	1.00
2.00	SNF - HMO			0	4,405	15,959			0	181	14	0	195	2.00
3.00	NF - FFS	0	0	0		0	0	0	0		0	0	0	3.00
4.00	NF - HMO			0		0			0		0	0	0	4.00
5.00	ICF/IID	0	0	0		0	0	0	0		0	0	0	5.00
6.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	TOTAL	137	50,005	0	9,445	17,200	13,182	39,827	0	330	15	74	419	7.00

PART I - VISITS AND CENSUS DATA

		AVERAGE LENGTH OF STAY					ADMISSIONS					FTE		
		TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	TITLE V	TITLE XVIII	TITLE XIX	OTHER	TOTAL	EMPLOYEE	NON-PAID	
		13.00	14.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00	22.00	23.00	24.00	
1.00	SNF - FFS	0.00	33.83	1,241.00	178.14	177.80	0	155	0	20	175	0.00	0.00	1.00
2.00	SNF - HMO	0.00	24.34	1,139.93			0	184	14	0	198			2.00
3.00	NF - FFS	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	0			4.00
5.00	ICF/IID	0.00		0.00	0.00	0.00	0		0	0	0	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATISTICAL DATA

**Worksheet S-3
Part II**

PART II - SNF WAGE INDEX - DIRECT SALARIES								
		AMOUNT REPORTED	RECLASS-IFICATIONS	ADJUSTMENTS	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		1.00	2.00	3.00	4.00	5.00	6.00	
SALARIES								
1.00	TOTAL SALARY (SEE INSTRUCTIONS)	9,180,372	0	0	9,180,372	313,609.43	29.27	1.00
2.00	PHYSICIAN SALARIES-PART A	0	0	0	0	0.00	0.00	2.00
3.00	PHYSICIAN SALARIES-PART B	0	0	0	0	0.00	0.00	3.00
4.00	HOME OFFICE PERSONNEL	0	0	0	0	0.00	0.00	4.00
5.00	SUM OF LINES 2 THROUGH 4	0	0	0	0	0.00	0.00	5.00
6.00	REVISED WAGES (LINE 1 MINUS LINE 5)	9,180,372	0	0	9,180,372	313,609.43	29.27	6.00
7.00	HOME HEALTH AGENCY	0	0	0	0	0.00	0.00	7.00
8.00	HOSPICE	0	0	0	0	0.00	0.00	8.00
9.00	OTHER EXCLUDED AREAS	817,650	0	0	817,650	31,508.12	25.95	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	817,650	0	0	817,650	31,508.12	25.95	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	8,362,722	0	0	8,362,722	282,101.31	29.64	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	0	0	0	0	0.00	0.00	12.00
13.00	CONTRACT LABOR: PHYSICIAN SERVICES-PART A	0	0	0	0	0.00	0.00	13.00
14.00	HOME OFFICE SALARIES AND WAGE RELATED COSTS	0	0	0	0	0.00	0.00	14.00
WAGE RELATED COSTS								
15.00	WAGE RELATED COSTS CORE (SEE PT.IV)	1,761,234	0	0	1,761,234			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	0	0	0	0			16.00
17.00	PHYSICIANS PART A - WRC	0	0	0	0			17.00
18.00	PHYSICIANS PART B - WRC	0	0	0	0			18.00
19.00	TOTAL ADJUSTED WAGE RELATED COST (SEE INSTRUCTIONS)	1,761,234	0	0	1,761,234			19.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATISTICAL DATA

**Worksheet S-3
Part III**

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

		WKST A LINE NUMBER	AMOUNT REPORTED	RECLASS OF SALARIES	ADJUSTED SALARIES	TOTAL	PAID HOURS	AVERAGE HOURLY WAGE	
		0	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	EMPLOYEE BENEFITS DEPARTMENT	3.00	0	0	0	0	0.00	0.00	1.00
2.00	ADMINISTRATIVE AND GENERAL	4.00	974,250	-41,771	0	932,479	22,036.48	42.32	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	269,286	0	0	269,286	11,226.63	23.99	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	29,126	0	0	29,126	1,679.46	17.34	4.00
5.00	HOUSEKEEPING	7.00	711,464	0	0	711,464	41,583.22	17.11	5.00
6.00	DIETARY	8.00	0	0	0	0	0.00	0.00	6.00
7.00	NURSING ADMINISTRATION	9.00	521,591	372,385	0	893,976	19,516.31	45.81	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	0	0	0	0	0.00	0.00	8.00
9.00	PHARMACY	11.00	0	0	0	0	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	41,991	0	0	41,991	2,080.73	20.18	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	118,779	0	0	118,779	3,290.50	36.10	11.00
12.00	ACTIVITIES PROGRAM	14.00	324,392	0	0	324,392	17,515.84	18.52	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	0	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	71,676	0	71,676	2,170.77	33.02	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	0	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	0	0.00	0.00	16.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATISTICAL DATA

**Worksheet S-3
Part IV**

PART IV - SNF WAGE RELATED COSTS			
			AMOUNT
			1.00
RETIREMENT COST			
1.00	401k EMPLOYER CONTRIBUTIONS		64,412 1.00
2.00	TAX SHELTERED ANNUITY 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
PLAN ADMINISTRATIVE COSTS			
5.00	401K/TSA PLAN ADMINISTRATION FEES		0 5.00
6.00	LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN		0 6.00
7.00	EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES		0 7.00
HEALTH AND INSURANCE COSTS			
8.00	HEALTH INSURANCE		588,530 8.00
9.00	PRESCRIPTION DRUG PLAN		0 9.00
10.00	DENTAL, HEARING AND VISION PLANS		0 10.00
11.00	LIFE INSURANCE		0 11.00
12.00	ACCIDENTAL INSURANCE		0 12.00
13.00	DISABILITY INSURANCE		3,331 13.00
14.00	LONG-TERM CARE INSURANCE		0 14.00
15.00	WORKERS' COMPENSATION INSURANCE		219,273 15.00
16.00	RETIREMENT HEALTH CARE COST		0 16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY		696,835 17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY		0 18.00
19.00	UNEMPLOYMENT INSURANCE		0 19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES		188,854 20.00
OTHER			
21.00	EXECUTIVE DEFERRED COMPENSATION		0 21.00
22.00	DAY CARE COST AND ALLOWANCES		0 22.00
23.00	TUITION REIMBURSEMENT		0 23.00
24.00	TOTAL WAGE RELATED COST		1,761,235 24.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 ÷ COL. 4)	
		1.00	2.00	3.00	4.00	5.00	

DIRECT SALARIES

NURSING EMPLOYEES

1.00	REGISTERED NURSE	1,276,597	244,912	1,521,509	22,893.76	66.46	1.00
2.00	LICENSED PRACTICAL NURSE	1,447,022	277,608	1,724,630	38,797.78	44.45	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,475,817	474,980	2,950,797	106,057.61	27.82	3.00
4.00	TOTAL NURSING EXPENDITURES	5,199,436	997,500	6,196,936	167,749.15	36.94	4.00
5.00	PHYSICAL THERAPIST	336,723	64,600	401,323	7,430.99	54.01	5.00
6.00	PHYSICAL THERAPY ASSISTANT	406,378	77,963	484,341	9,031.84	53.63	6.00
7.00	OCCUPATIONAL THERAPIST	102,457	19,656	122,113	2,145.25	56.92	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	9.00
10.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	10.00
11.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	11.00
12.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	12.00

CONTRACT LABOR

NURSING EMPLOYEES

15.00	REGISTERED NURSE	1,027,165	0	1,027,165	23,270.21	44.14	15.00
16.00	LICENSED PRACTICAL NURSE	997,900	0	997,900	16,092.21	62.01	16.00
17.00	CERTIFIED NURSING ASSISTANT	14,353	0	14,353	233.73	61.41	17.00
18.00	TOTAL NURSING EXPENDITURES	2,039,418	0	2,039,418	39,596.15	51.51	18.00

TECHNICAL/PROFESSIONAL EMPLOYEES

19.00	PHYSICAL THERAPIST	0	0	0	0.00	0.00	19.00
20.00	PHYSICAL THERAPY ASSISTANT	0	0	0	0.00	0.00	20.00
21.00	OCCUPATIONAL THERAPIST	0	0	0	0.00	0.00	21.00
22.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	0	0.00	0.00	22.00
23.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	0	0.00	0.00	23.00
24.00	THERAPY AIDES AND STUDENTS	0	0	0	0.00	0.00	24.00
25.00	RESPIRATORY THERAPIST	0	0	0	0.00	0.00	25.00
26.00	OTHER MEDICAL STAFF	0	0	0	0.00	0.00	26.00

HOME OFFICE/CHAIN ORGANIZATION

NURSING EMPLOYEES

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

TECHNICAL/PROFESSIONAL EMPLOYEES

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

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				774,814	774,814	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				105,427	105,427	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	1,761,234	1,761,234	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	974,250	39,714	1,013,964	3,255,257	4,269,221	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	269,286	0	269,286	1,088,683	1,357,969	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	29,126	0	29,126	97,707	126,833	6.00
7.00	00700	HOUSEKEEPING	711,464	5,200	716,664	42,663	759,327	7.00
8.00	00800	DIETARY	0	2,411,481	2,411,481	248,850	2,660,331	8.00
9.00	00900	NURSING ADMINISTRATION	521,591	0	521,591	51,043	572,634	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	0	0	401,596	401,596	10.00
11.00	01100	PHARMACY	0	0	0	51,205	51,205	11.00
12.00	01200	MEDICAL RECORDS	41,991	0	41,991	0	41,991	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	118,779	0	118,779	0	118,779	13.00
14.00	01400	ACTIVITIES PROGRAM	324,392	0	324,392	35,523	359,915	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	54,000	54,000	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0	0	17.00
18.00	01800	PATIENT ACTIVITIES	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	4,526,285	2,039,418	6,565,703	26,661	6,592,364	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS								
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	0	0	71,378	71,378	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	31.00
32.00	03200	LABORATORY	0	0	0	61,809	61,809	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	0	39,926	39,926	33.00
34.00	03400	RESPIRATORY THERAPY	0	0	0	45,269	45,269	34.00
35.00	03500	PHYSICAL THERAPY	336,723	12,224	348,947	4,754	353,701	35.00
36.00	03600	OCCUPATIONAL THERAPY	406,378	0	406,378	0	406,378	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	102,457	0	102,457	0	102,457	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	373,816	373,816	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	0	75.00
76.00	07600	OSP	0	0	0	0	0	76.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	1.00	2.00	3.00	4.00	5.00	
			0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES				0	0	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	81.00
89.00		SUBTOTAL	8,362,722	4,508,037	12,870,759	8,591,615	21,462,374	89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	90.00
91.00	09100	NONPAID WORKERS	0	0	0	0	0	91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	92.00
93.00	09300	BARBER AND BEAUTY SHOP	15,396	0	15,396	855	16,251	93.00
93.01	09301	ASSISTED LIVING	704,277	0	704,277	0	704,277	93.01
93.02	09302	DEVELOPMENT OFFICE	97,977	0	97,977	60,038	158,015	93.02
100.00		TOTAL	9,180,372	4,508,037	13,688,409	8,652,508	22,340,917	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION	
			6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	774,814	0	774,814	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	105,427	0	105,427	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	1,761,234	0	1,761,234	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	-41,771	4,227,450	-597,652	3,629,798	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	1,357,969	0	1,357,969	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	126,833	0	126,833	6.00
7.00	00700	HOUSEKEEPING	0	759,327	0	759,327	7.00
8.00	00800	DIETARY	0	2,660,331	0	2,660,331	8.00
9.00	00900	NURSING ADMINISTRATION	372,385	945,019	0	945,019	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	401,596	0	401,596	10.00
11.00	01100	PHARMACY	0	51,205	0	51,205	11.00
12.00	01200	MEDICAL RECORDS	0	41,991	-54	41,937	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	118,779	0	118,779	13.00
14.00	01400	ACTIVITIES PROGRAM	0	359,915	0	359,915	14.00
15.00	01500	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	54,000	0	54,000	15.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	71,676	71,676	0	71,676	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	0	0	17.00
18.00	01800	PATIENT ACTIVITIES	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	02500	SKILLED NURSING FACILITY	-403,073	6,189,291	-20,000	6,169,291	25.00
26.00	02600	NURSING FACILITY	0	0	0	0	26.00
27.00	02700	ICF/IID	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS							
30.00	03000	RADIOLOGY-DIAGNOSTIC	0	71,378	0	71,378	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	31.00
32.00	03200	LABORATORY	-289	61,520	0	61,520	32.00
33.00	03300	INTRAVENOUS THERAPY	0	39,926	0	39,926	33.00
34.00	03400	RESPIRATORY THERAPY	0	45,269	0	45,269	34.00
35.00	03500	PHYSICAL THERAPY	0	353,701	0	353,701	35.00
36.00	03600	OCCUPATIONAL THERAPY	0	406,378	0	406,378	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	102,457	0	102,457	37.00
38.00	03800	AUDIOLOGY	0	0	0	0	38.00
39.00	03900	ELECTROCARDIOLOGY	0	0	0	0	39.00
40.00	04000	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	-2,036	371,780	0	371,780	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	0	0	42.00
43.00	04300	DENTAL CARE	0	0	0	0	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	0	0	44.00
45.00	04500	BLOOD AND BLOOD PRODUCTS	0	0	0	0	45.00
46.00	04600	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	46.00
47.00	04700	OTHER ANCILLARY SERVICE COST	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS							
60.00	06000	SCREENING & PREVENTIVE SERVICES	0	0	0	0	60.00
61.00	06100	OUTPATIENT LABORATORY	0	0	0	0	61.00
62.00	06200	PORTABLE X-RAY SERVICES	0	0	0	0	62.00
63.00	06300	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	63.00
64.00	06400	OTHER OUTPATIENT SERVICE COST	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
70.00	07000	HOME HEALTH AGENCY	0	0	0	0	70.00
71.00	07100	AMBULANCE	0	0	0	0	71.00
72.00	07200	HOSPICE	0	0	0	0	72.00
73.00	07300	CORF	0	0	0	0	73.00
74.00	07400	OPT	0	0	0	0	74.00
75.00	07500	OOT	0	0	0	0	75.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
76.00	07600	OSP	0	0	0	0		76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	0	0	0		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	0	0		81.00
89.00		SUBTOTAL	-3,108	21,459,266	-617,706	20,841,560		89.00
NONREIMBURSABLE COST CENTERS								
90.00	09000	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0		90.00
91.00	09100	NONPAID WORKERS	0	0	0	0		91.00
92.00	09200	PHYSICIAN PRIVATE OFFICES	0	0	0	0		92.00
93.00	09300	BARBER AND BEAUTY SHOP	0	16,251	0	16,251		93.00
93.01	09301	ASSISTED LIVING	3,108	707,385	0	707,385		93.01
93.02	09302	DEVELOPMENT OFFICE	0	158,015	0	158,015		93.02
100.00		TOTAL	0	22,340,917	-617,706	21,723,211		100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECLASSIFICATIONS

Worksheet A-6

INCREASES					DECREASES				
COST CENTER	LINE #	SALARY	OTHER	COST CENTER	LINE #	SALARY	OTHER		
3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00		
A - TO RECLASS ALF LPN OTHER EXPENSE									
1.00	ASSISTED LIVING	93.01	0	783	SKILLED NURSING FACILITY	25.00	0	783	1.00
B - TO RECLASS ALF LAB									
1.00	ASSISTED LIVING	93.01	0	289	LABORATORY	32.00	0	289	1.00
C - TO RECLASS ALF DRUGS CHARGED TO PAT									
1.00	ASSISTED LIVING	93.01	0	2,036	DRUGS: DRUGS CHARGED TO PATIENTS	41.00	0	2,036	1.00
D - TO RECLASS INSERVICE COORDINATOR SAL									
1.00	TRAINING AND IN-SERVICE EDUCATION	16.00	71,676	0	NURSING ADMINISTRATION	9.00	71,676	0	1.00
E - RECLASS MEDICA SECRETARY SAL									
1.00	SKILLED NURSING FACILITY	25.00	49,264	0	NURSING ADMINISTRATION	9.00	49,264	0	1.00
F - RECLASS RN SUPERVISOR SALARY									
1.00	NURSING ADMINISTRATION	9.00	234,521	0	SKILLED NURSING FACILITY	25.00	234,521	0	1.00
G - RECLASS ADON SALARY									
1.00	NURSING ADMINISTRATION	9.00	126,707	0	SKILLED NURSING FACILITY	25.00	126,707	0	1.00
H - RECLASS UNIT COORDINATOR SALARY									
1.00	NURSING ADMINISTRATION	9.00	90,326	0	SKILLED NURSING FACILITY	25.00	90,326	0	1.00
I - TO RECLASS CASE MANAGER SALARY									
1.00	NURSING ADMINISTRATION	9.00	41,771	0	ADMINISTRATIVE AND GENERAL	4.00	41,771	0	1.00
GRAND TOTAL									
500.00	TOTAL RECLASSIFICATIONS		614,265	3,108			614,265	3,108	500.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

RECONCILIATION OF CAPITAL COSTS CENTERS

Worksheet A-7

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

		BEGINNING BALANCES	ACQUISITIONS			DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
			PURCHASES	DONATION	TOTAL				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	LAND	227,371	0	0	0	0	227,371	0	1.00
2.00	LAND IMPROVEMENTS	579,278	0	0	0	0	579,278	0	2.00
3.00	BUILDINGS AND FIXTURES	11,395,008	2,150	0	2,150	0	11,397,158	0	3.00
4.00	BUILDING IMPROVEMENTS	0	0	0	0	0	0	0	4.00
5.00	FIXED EQUIPMENT	3,377,142	131,392	0	131,392	0	3,508,534	0	5.00
6.00	MOVABLE EQUIPMENT	910,861	76,894	0	76,894	0	987,755	0	6.00
7.00	SUBTOTAL	16,489,660	210,436	0	210,436	0	16,700,096	0	7.00
8.00	RECONCILING ITEMS	0	0	0	0	0	0	0	8.00
9.00	TOTAL	16,489,660	210,436	0	210,436	0	16,700,096	0	9.00

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

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	TOTAL	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	653,663	9,714	0	111,437	0	0	774,814	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	0	105,427	0	0	0	0	105,427	2.00
3.00	TOTAL	653,663	115,141	0	111,437	0	0	880,241	3.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ADJUSTMENTS TO EXPENSES

Worksheet A-8

					WORKSHEET A	
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	COST CENTER	LINE NO.	
	1.00	2.00	3.00	4.00	5.00	
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)	B	-34	ADMINISTRATIVE AND GENERAL	4.00	1.00
2.00	TRADE, QUANTITY, TIME, AND OTHER DISCOUNTS ON PURCHASES (CMS PUB. 15-1, CHAPTER 8)		0		0.00	2.00
3.00	REBATES AND REFUNDS OF EXPENSES (CMS PUB. 15-1, CHAPTER 8)		0		0.00	3.00
4.00	RENTAL OF PROVIDER SPACE BY SUPPLIERS (CMS PUB. 15-1, CHAPTER 8)		0		0.00	4.00
5.00	TELEPHONE SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	5.00
6.00	TELEVISION AND RADIO SERVICES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	6.00
7.00	PARKING LOT (CMS PUB. 15-1, CHAPTER 21)		0		0.00	7.00
8.00	REMUNERATION APPLICABLE TO PROVIDER-BASED PHYSICIAN ADJUSTMENT	A-8-2	0			8.00
9.00	SALE OF SCRAP, WASTE, ETC. (CMS PUB. 15-1, CHAPTER 23)		0		0.00	9.00
10.00	RELATED ORGANIZATION AND HOME OFFICE COST TRANSACTIONS (CMS PUB. 15-1, CHAPTER 10)	A-8-1	0			10.00
11.00	LAUNDRY AND LINEN SERVICE		0		0.00	11.00
12.00	REVENUE - EMPLOYEE MEALS		0		0.00	12.00
13.00	COST OF MEALS - GUESTS		0		0.00	13.00
14.00	SALE OF MEDICAL SUPPLIES TO OTHER THAN PATIENTS		0		0.00	14.00
15.00	SALE OF DRUGS TO OTHER THAN PATIENTS		0		0.00	15.00
16.00	REVENUE - COPYING COSTS OF MEDICAL RECORDS AND ABSTRACTS	B	-54	MEDICAL RECORDS	12.00	16.00
17.00	VENDING MACHINES		0		0.00	17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00	19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTURES		0	CAPITAL RELATED-BUILDINGS & FIXTURES	1.00	20.00
21.00	DEPRECIATION--MOVABLE EQUIPMENT		0	CAPITAL RELATED-MOVABLE EQUIPMENT	2.00	21.00
22.00	SHORT TERM INPATIENT HOSPICE CARE		0		0.00	22.00
23.00	HOSPICE NON-CORE CONTRACTED SERVICES		0		0.00	23.00
24.00	MISC EXPENSE	A	0	ADMINISTRATIVE AND GENERAL	4.00	24.00
24.01	MISCELLANEOUS INCOME	B	-1,461	ADMINISTRATIVE AND GENERAL	4.00	24.01
24.02	AMBULANCE	A	-1,418	ADMINISTRATIVE AND GENERAL	4.00	24.02
24.03	PHYSICIAN COST	A	-20,000	SKILLED NURSING FACILITY	25.00	24.03
24.04	BAD DEBTS	A	-388,916	ADMINISTRATIVE AND GENERAL	4.00	24.04
24.05	MARKETING	A	-76,111	ADMINISTRATIVE AND GENERAL	4.00	24.05
24.06	SPECIAL EVENTS	A	-128,881	ADMINISTRATIVE AND GENERAL	4.00	24.06
24.07	LATE FEES	A	-831	ADMINISTRATIVE AND GENERAL	4.00	24.07
100.00	TOTAL		-617,706			100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	774,814	774,814							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	105,427		105,427						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,761,234	0	0	1,761,234					3.00
4.00	ADMINISTRATIVE AND GENERAL	3,629,798	38,165	5,193	0	3,673,156	3,673,156			4.00
5.00	PLANT OP, MAINT. & REPAIRS	1,357,969	21,051	2,864	186,908	1,568,792	319,246	1,888,038		5.00
6.00	LAUNDRY AND LINEN SERVICE	126,833	18,370	2,500	51,662	199,365	40,570	48,467	288,402	6.00
7.00	HOUSEKEEPING	759,327	18,065	2,458	5,588	785,438	159,835	47,664	0	7.00
8.00	DIETARY	2,660,331	84,831	11,543	136,493	2,893,198	588,760	223,819	0	8.00
9.00	NURSING ADMINISTRATION	945,019	3,195	435	0	948,649	193,048	8,429	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	401,596	4,117	560	100,066	506,339	103,039	10,862	0	10.00
11.00	PHARMACY	51,205	3,214	437	0	54,856	11,163	8,479	0	11.00
12.00	MEDICAL RECORDS	41,937	0	0	0	41,937	8,534	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	118,779	1,046	142	8,056	128,023	26,052	2,759	0	13.00
14.00	ACTIVITIES PROGRAM	359,915	25,139	3,421	22,788	411,263	83,691	66,328	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	54,000	0	0	62,234	116,234	23,653	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	71,676	0	0	0	71,676	14,586	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	6,169,291	329,921	44,891	988,047	7,532,150	1,532,786	870,466	288,402	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	71,378	0	0	0	71,378	14,525	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	61,520	0	0	0	61,520	12,519	0	0	32.00
33.00	INTRAVENOUS THERAPY	39,926	0	0	0	39,926	8,125	0	0	33.00
34.00	RESPIRATORY THERAPY	45,269	0	0	0	45,269	9,212	0	0	34.00
35.00	PHYSICAL THERAPY	353,701	5,876	800	64,600	424,977	86,482	15,503	0	35.00
36.00	OCCUPATIONAL THERAPY	406,378	2,719	370	77,963	487,430	99,191	7,175	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	102,457	2,719	370	19,656	125,202	25,478	7,175	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	371,780	0	0	0	371,780	75,656	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period: 01/01/2025	Run Date Time: 5/28/2026 5:06
Provider CCN: 31-5215	To: 12/31/2025	MCRIF32 Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	NET EXPENSES FOR COST ALLOCATION	CRC - B&F	CRC - ME	EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	3.00	3A	4.00	5.00	6.00	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	20,841,560	558,428	75,984	1,724,061	20,558,558	3,436,151	1,317,126	288,402	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	16,251	1,902	259	2,954	21,366	4,348	5,017	0	93.00
93.01	ASSISTED LIVING	707,385	212,658	28,936	15,422	964,401	196,254	561,078	0	93.01
93.02	DEVELOPMENT OFFICE	158,015	1,826	248	18,797	178,886	36,403	4,817	0	93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	21,723,211	774,814	105,427	1,761,234	21,723,211	3,673,156	1,888,038	288,402	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	992,937								7.00
8.00	DIETARY	0	3,705,777							8.00
9.00	NURSING ADMINISTRATION	0	0	1,150,126						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	620,240					10.00
11.00	PHARMACY	0	0	0	0	74,498				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	50,471			12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	0	156,834		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	561,282	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	975,320	3,029,533	1,150,126	616,689	72,486	50,471	156,834	473,786	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B
Part I**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	975,320	3,029,533	1,150,126	616,689	72,486	50,471	156,834	473,786	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	17,617	676,244	0	3,551	2,012	0	0	87,496	93.01
93.02	DEVELOPMENT OFFICE	0	0	0	0	0	0	0	0	93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	992,937	3,705,777	1,150,126	620,240	74,498	50,471	156,834	561,282	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period: 01/01/2025	Run Date Time: 5/28/2026 5:06
Provider CCN: 31-5215	To: 12/31/2025	MCRIF32 Version: 2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	139,887								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	86,262							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	PATIENT ACTIVITIES	0	0	0	0					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	118,080	86,262	0	0	16,953,391	0	16,953,391		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	85,903	0	85,903		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	74,039	0	74,039		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	48,051	0	48,051		33.00
34.00	RESPIRATORY THERAPY	0	0		0	54,481	0	54,481		34.00
35.00	PHYSICAL THERAPY	0	0		0	526,962	0	526,962		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	593,796	0	593,796		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	157,855	0	157,855		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	447,436	0	447,436		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0		0	0	0	0		72.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF GENERAL SERVICES COSTS

**Worksheet B
Part I**

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	0	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	118,080	86,262	0	0	18,941,914	0	18,941,914		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0	0		0	30,731	0	30,731		93.00
93.01	ASSISTED LIVING	21,807	0		0	2,530,460	0	2,530,460		93.01
93.02	DEVELOPMENT OFFICE	0	0		0	220,106	0	220,106		93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	139,887	86,262	0	0	21,723,211	0	21,723,211		100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
	0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS									
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT								2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	38,165	5,193	43,358	0	43,358		4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	21,051	2,864	23,915	0	3,768	27,683	5.00
6.00	LAUNDRY AND LINEN SERVICE	0	18,370	2,500	20,870	0	479	711	22,060
7.00	HOUSEKEEPING	0	18,065	2,458	20,523	0	1,887	699	0
8.00	DIETARY	0	84,831	11,543	96,374	0	6,949	3,282	0
9.00	NURSING ADMINISTRATION	0	3,195	435	3,630	0	2,279	124	0
10.00	CENTRAL SERVICES AND SUPPLY	0	4,117	560	4,677	0	1,216	159	0
11.00	PHARMACY	0	3,214	437	3,651	0	132	124	0
12.00	MEDICAL RECORDS	0	0	0	0	0	101	0	0
13.00	MEDICAL SOCIAL SERVICES	0	1,046	142	1,188	0	308	40	0
14.00	ACTIVITIES PROGRAM	0	25,139	3,421	28,560	0	988	973	0
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	279	0	0
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	172	0	0
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS									
25.00	SKILLED NURSING FACILITY	0	329,921	44,891	374,812	0	18,093	12,762	22,060
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0
27.00	ICF/IID	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	171	0	0
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0
32.00	LABORATORY	0	0	0	0	0	148	0	0
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	96	0	0
34.00	RESPIRATORY THERAPY	0	0	0	0	0	109	0	0
35.00	PHYSICAL THERAPY	0	5,876	800	6,676	0	1,021	227	0
36.00	OCCUPATIONAL THERAPY	0	2,719	370	3,089	0	1,171	105	0
37.00	SPEECH LANGUAGE PATHOLOGIST	0	2,719	370	3,089	0	301	105	0
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	893	0	0
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0
43.00	DENTAL CARE	0	0	0	0	0	0	0	0
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS									
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0
OUTPATIENT REIMBURSABLE COST CENTERS									
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	DIRECTLY ASSIGNED CAPITAL RELATED COST	CRC - B&F	CRC - ME	Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE AND GENERAL	PLANT OP, MAINT & REPAIRS	LAUNDRY & LINEN SERVICE	
		0	1.00	2.00	2A	3.00	4.00	5.00	6.00	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	0	558,428	75,984	634,412	0	40,561	19,311	22,060	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	1,902	259	2,161	0	51	74	0	93.00
93.01	ASSISTED LIVING	0	212,658	28,936	241,594	0	2,316	8,227	0	93.01
93.02	DEVELOPMENT OFFICE	0	1,826	248	2,074	0	430	71	0	93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	0	0	0	0	0	99.00
100.00	TOTAL	0	774,814	105,427	880,241	0	43,358	27,683	22,060	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING	23,109								7.00
8.00	DIETARY	0	106,605							8.00
9.00	NURSING ADMINISTRATION	0	0	6,033						9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	0	6,052					10.00
11.00	PHARMACY	0	0	0	0	3,907				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	101			12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	0	1,536		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	30,521	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	22,699	87,151	6,033	6,017	3,801	101	1,536	25,763	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B
Part II**

	Cost Center Description	HOUSEKEEPING	DIETARY	NURSING ADMIN	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS	MEDICAL SOCIAL SERVICES	ACTIVITIES PROGRAM	
		7.00	8.00	9.00	10.00	11.00	12.00	13.00	14.00	
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	22,699	87,151	6,033	6,017	3,801	101	1,536	25,763	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	410	19,454	0	35	106	0	0	4,758	93.01
93.02	DEVELOPMENT OFFICE	0	0	0	0	0	0	0	0	93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	23,109	106,605	6,033	6,052	3,907	101	1,536	30,521	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period: 01/01/2025	Run Date Time: 5/28/2026 5:06
Provider CCN: 31-5215	To: 12/31/2025	MCRIF32 Version: 2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY									8.00
9.00	NURSING ADMINISTRATION									9.00
10.00	CENTRAL SERVICES AND SUPPLY									10.00
11.00	PHARMACY									11.00
12.00	MEDICAL RECORDS									12.00
13.00	MEDICAL SOCIAL SERVICES									13.00
14.00	ACTIVITIES PROGRAM									14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	279								15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	172							16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0						17.00
18.00	PATIENT ACTIVITIES	0	0	0	0					18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	236	172	0	0	581,236	0	581,236		25.00
26.00	NURSING FACILITY	0	0		0	0	0	0		26.00
27.00	ICF/IID	0	0		0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0		0	171	0	171		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0		0	0	0	0		31.00
32.00	LABORATORY	0	0		0	148	0	148		32.00
33.00	INTRAVENOUS THERAPY	0	0		0	96	0	96		33.00
34.00	RESPIRATORY THERAPY	0	0		0	109	0	109		34.00
35.00	PHYSICAL THERAPY	0	0		0	7,924	0	7,924		35.00
36.00	OCCUPATIONAL THERAPY	0	0		0	4,365	0	4,365		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0		0	3,495	0	3,495		37.00
38.00	AUDIOLOGY	0	0		0	0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0	0		0	0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		0	0	0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0		0	893	0	893		41.00
42.00	DRUGS: IV SOLUTIONS	0	0		0	0	0	0		42.00
43.00	DENTAL CARE	0	0		0	0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0	0		0	0	0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0		0	0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0		0	0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0		0	0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0		0	0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0	0		0	0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0	0		0	0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0		0	0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0		0	0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0		0	0	0	0		70.00
71.00	AMBULANCE	0	0	0	0	0	0	0		71.00
72.00	HOSPICE	0	0		0	0	0	0		72.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

ALLOCATION OF CAPITAL RELATED COSTS

**Worksheet B
Part II**

	Cost Center Description	QUALITY & PERFORM IMPROV PGM	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	PATIENT ACTIVITIES	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		15.00	16.00	17.00	18.00	19.00	20.00	21.00		
73.00	CORF	0	0		0	0	0	0		73.00
74.00	OPT	0	0		0	0	0	0		74.00
75.00	OOT	0	0		0	0	0	0		75.00
76.00	OSP	0	0		0	0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0		0	0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0		0	0	0	0		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0		0	0	0	0		81.00
89.00	SUBTOTAL	236	172	0	0	598,437	0	598,437		89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0		0	0	0	0		90.00
91.00	NONPAID WORKERS	0	0		0	0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0		0	0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0	0		0	2,286	0	2,286		93.00
93.01	ASSISTED LIVING	43	0		0	276,943	0	276,943		93.01
93.02	DEVELOPMENT OFFICE	0	0		0	2,575	0	2,575		93.02
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0		99.00
100.00	TOTAL	279	172	0	0	880,241	0	880,241		100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE AND GENERAL (ACCUM. COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (DIRECT)	HOUSEKEEPING (DIRECT)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES	81,490								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT		81,490							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	9,180,372						3.00
4.00	ADMINISTRATIVE AND GENERAL	4,014	4,014	0	-3,673,156	18,050,055				4.00
5.00	PLANT OP, MAINT. & REPAIRS	2,214	2,214	974,250	0	1,568,792	75,262			5.00
6.00	LAUNDRY AND LINEN SERVICE	1,932	1,932	269,286	0	199,365	1,932	126,833		6.00
7.00	HOUSEKEEPING	1,900	1,900	29,126	0	785,438	1,900	0	759,327	7.00
8.00	DIETARY	8,922	8,922	711,464	0	2,893,198	8,922	0	0	8.00
9.00	NURSING ADMINISTRATION	336	336	0	0	948,649	336	0	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	433	433	521,591	0	506,339	433	0	0	10.00
11.00	PHARMACY	338	338	0	0	54,856	338	0	0	11.00
12.00	MEDICAL RECORDS	0	0	0	0	41,937	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	110	110	41,991	0	128,023	110	0	0	13.00
14.00	ACTIVITIES PROGRAM	2,644	2,644	118,779	0	411,263	2,644	0	0	14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	324,392	0	116,234	0	0	0	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	71,676	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	34,699	34,699	5,150,173	0	7,532,150	34,699	126,833	745,855	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	71,378	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	61,520	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	39,926	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	45,269	0	0	0	34.00
35.00	PHYSICAL THERAPY	618	618	336,723	0	424,977	618	0	0	35.00
36.00	OCCUPATIONAL THERAPY	286	286	406,378	0	487,430	286	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	286	286	102,457	0	125,202	286	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	371,780	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMEN T (GROSS SALARIES)	RECONCIL- IATION	ADMINISTRA TIVE AND GENERAL (ACCUM. COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (DIRECT)	HOUSEKEEPI NG (DIRECT)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	58,732	58,732	8,986,610	-3,673,156	16,885,402	52,504	126,833	745,855	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	200	200	15,396	0	21,366	200	0	0	93.00
93.01	ASSISTED LIVING	22,366	22,366	80,389	0	964,401	22,366	0	13,472	93.01
93.02	DEVELOPMENT OFFICE	192	192	97,977	0	178,886	192	0	0	93.02
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	774,814	105,427	1,761,234		3,673,156	1,888,038	288,402	992,937	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	9.508087	1.293742	0.191848		0.203498	25.086206	2.273872	1.307654	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			0		43,358	27,683	22,060	23,109	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.000000		0.002402	0.367822	0.173929	0.030434	105.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (DIRECT)	NURSING ADMIN (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (DIRECT)	PHARMACY (DIRECT)	MEDICAL RECORDS (PATIENT DAYS)	MEDICAL SOCIAL SERVICES (PATIENT DAYS)	ACTIVITIES PROGRAM (DIRECT)	QUALITY & PERFORM IMPROV PGM (DIRECT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS										
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES									1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT									2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT									3.00
4.00	ADMINISTRATIVE AND GENERAL									4.00
5.00	PLANT OP, MAINT. & REPAIRS									5.00
6.00	LAUNDRY AND LINEN SERVICE									6.00
7.00	HOUSEKEEPING									7.00
8.00	DIETARY	2,660,331								8.00
9.00	NURSING ADMINISTRATION	0	39,827							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	401,596						10.00
11.00	PHARMACY	0	0	0	51,205					11.00
12.00	MEDICAL RECORDS	0	0	0	0	39,827				12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	39,827			13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	359,915		14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	0	0	0	0	0	0	0	359,915	15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
18.00	PATIENT ACTIVITIES	0	0	0	0	0	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	2,174,864	39,827	399,297	49,822	39,827	39,827	303,809	303,809	25.00
26.00	NURSING FACILITY	0	0	0	0	0	0	0	0	26.00
27.00	ICF/IID	0	0	0	0	0	0	0	0	27.00
ANCILLARY SERVICE COST CENTERS										
30.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0	0	0	0	31.00
32.00	LABORATORY	0	0	0	0	0	0	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0	0	0	0	33.00
34.00	RESPIRATORY THERAPY	0	0	0	0	0	0	0	0	34.00
35.00	PHYSICAL THERAPY	0	0	0	0	0	0	0	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	0	0	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	0	0	0	0	0	37.00
38.00	AUDIOLOGY	0	0	0	0	0	0	0	0	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0	0	0	0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	DIETARY (DIRECT)	NURSING ADMIN (PATIENT DAYS)	CENTRAL SERVICES & SUPPLY (DIRECT)	PHARMACY (DIRECT)	MEDICAL RECORDS (PATIENT DAYS)	MEDICAL SOCIAL SERVICES (PATIENT DAYS)	ACTIVITIES PROGRAM (DIRECT)	QUALITY & PERFORM IMPROV PGM (DIRECT)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	15.00	
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00
76.00	OSP	0	0	0	0	0	0	0	0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0	0	0	0	0	0	0	0	77.00
COST REIMBURSED SERVICES COST CENTERS										
80.00	PREVENTIVE VACCINES	0	0	0	0	0	0	0	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0	0	0	0	81.00
89.00	SUBTOTAL	2,174,864	39,827	399,297	49,822	39,827	39,827	303,809	303,809	89.00
NONREIMBURSABLE COST CENTERS										
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0	0	0	0	0	0	0	0	90.00
91.00	NONPAID WORKERS	0	0	0	0	0	0	0	0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0	0	0	0	0	0	0	0	92.00
93.00	BARBER AND BEAUTY SHOP	0	0	0	0	0	0	0	0	93.00
93.01	ASSISTED LIVING	485,467	0	2,299	1,383	0	0	56,106	56,106	93.01
93.02	DEVELOPMENT OFFICE	0	0	0	0	0	0	0	0	93.02
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	3,705,777	1,150,126	620,240	74,498	50,471	156,834	561,282	139,887	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	1.392976	28.878048	1.544438	1.454897	1.267256	3.937881	1.559485	0.388667	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	106,605	6,033	6,052	3,907	101	1,536	30,521	279	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.040072	0.151480	0.015070	0.076301	0.002536	0.038567	0.084801	0.000775	105.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (PATIENT DAYS)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	PATIENT ACTIVITIES (TIME SPENT)	
		16.00	17.00	18.00	
GENERAL SERVICE COST CENTERS					
1.00	CAPITAL RELATED-BUILDINGS & FIXTURES				1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT				2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT				3.00
4.00	ADMINISTRATIVE AND GENERAL				4.00
5.00	PLANT OP, MAINT. & REPAIRS				5.00
6.00	LAUNDRY AND LINEN SERVICE				6.00
7.00	HOUSEKEEPING				7.00
8.00	DIETARY				8.00
9.00	NURSING ADMINISTRATION				9.00
10.00	CENTRAL SERVICES AND SUPPLY				10.00
11.00	PHARMACY				11.00
12.00	MEDICAL RECORDS				12.00
13.00	MEDICAL SOCIAL SERVICES				13.00
14.00	ACTIVITIES PROGRAM				14.00
15.00	QA & PERFORMANCE IMPROVEMENT PROGRAM				15.00
16.00	TRAINING AND IN-SERVICE EDUCATION	39,827			16.00
17.00	PATIENT TRANSPORTATION PART A	0	0		17.00
18.00	PATIENT ACTIVITIES	0	0	0	18.00
INPATIENT ROUTINE SERVICE COST CENTERS					
25.00	SKILLED NURSING FACILITY	39,827	0	0	25.00
26.00	NURSING FACILITY	0		0	26.00
27.00	ICF/IID	0		0	27.00
ANCILLARY SERVICE COST CENTERS					
30.00	RADIOLOGY-DIAGNOSTIC	0		0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		0	31.00
32.00	LABORATORY	0		0	32.00
33.00	INTRAVENOUS THERAPY	0		0	33.00
34.00	RESPIRATORY THERAPY	0		0	34.00
35.00	PHYSICAL THERAPY	0		0	35.00
36.00	OCCUPATIONAL THERAPY	0		0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		0	37.00
38.00	AUDIOLOGY	0		0	38.00
39.00	ELECTROCARDIOLOGY	0		0	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		0	41.00
42.00	DRUGS: IV SOLUTIONS	0		0	42.00
43.00	DENTAL CARE	0		0	43.00
44.00	APPLIANCES AND EQUIPMENT	0		0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0		0	47.00
OUTPATIENT SERVICE COST CENTERS					
60.00	SCREENING & PREVENTIVE SERVICES	0		0	60.00
61.00	OUTPATIENT LABORATORY	0		0	61.00
62.00	PORTABLE X-RAY SERVICES	0		0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS					

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 Version: 2.7.181.0

COST ALLOCATIONS - STATISTICAL BASIS

Worksheet B-1

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION (PATIENT DAYS)	PATIENT TRANSPORT PART A (NUMBER OF TRANSPORTS)	PATIENT ACTIVITIES (TIME SPENT)	
		16.00	17.00	18.00	
70.00	HOME HEALTH AGENCY	0		0	70.00
71.00	AMBULANCE	0	0	0	71.00
72.00	HOSPICE	0		0	72.00
73.00	CORF	0		0	73.00
74.00	OPT	0		0	74.00
75.00	OOT	0		0	75.00
76.00	OSP	0		0	76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		0	77.00
COST REIMBURSED SERVICES COST CENTERS					
80.00	PREVENTIVE VACCINES	0		0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		0	81.00
89.00	SUBTOTAL	39,827	0	0	89.00
NONREIMBURSABLE COST CENTERS					
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0	90.00
91.00	NONPAID WORKERS	0		0	91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		0	92.00
93.00	BARBER AND BEAUTY SHOP	0		0	93.00
93.01	ASSISTED LIVING	0		0	93.01
93.02	DEVELOPMENT OFFICE	0		0	93.02
98.00	CROSS FOOT ADJUSTMENT				98.00
99.00	NEGATIVE COST CENTER				99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	86,262	0	0	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	2.165918	0.000000	0.000000	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	172	0	0	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.004319	0.000000	0.000000	105.00

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS

Worksheet C

	Cost Center Description	TOTAL COST	TOTAL CHARGES	CHARGES		COST TO CHARGE RATIO	
				RECLASS-IFICATIONS	RECLASSIFIED CHARGES		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	SKILLED NURSING FACILITY	16,953,391	0	0	0		25.00
26.00	NURSING FACILITY	0	0	0	0		26.00
27.00	ICF/IID	0	0	0	0		27.00
ANCILLARY SERVICE COST CENTERS							
30.00	RADIOLOGY-DIAGNOSTIC	85,903	71,378	0	71,378	1.203494	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	74,039	61,520	0	61,520	1.203495	32.00
33.00	INTRAVENOUS THERAPY	48,051	39,926	0	39,926	1.203501	33.00
34.00	RESPIRATORY THERAPY	54,481	45,269	0	45,269	1.203495	34.00
35.00	PHYSICAL THERAPY	526,962	543,421	0	543,421	0.969712	35.00
36.00	OCCUPATIONAL THERAPY	593,796	645,065	0	645,065	0.920521	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	157,855	196,393	0	196,393	0.803771	37.00
38.00	AUDIOLOGY	0	0	0	0	0.000000	38.00
39.00	ELECTROCARDIOLOGY	0	0	0	0	0.000000	39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	447,436	371,780	0	371,780	1.203497	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	0	0.000000	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0.000000	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0.000000	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0.000000	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0.000000	47.00
OUTPATIENT SERVICE COST CENTERS							
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0.000000	64.00
OUTPATIENT REIMBURSABLE COST CENTERS							
71.00	AMBULANCE	0	0	0	0	0.000000	71.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	PREVENTIVE VACCINES	0	0	0	0	0.000000	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	18,941,914	1,974,752	0	1,974,752		100.00

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D

Title XVIII Skilled Nursing Facility

		RATIO OF COST TO CHARGES	HEALTHCARE CHARGES			HEALTHCARE COSTS			
			INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	INPATIENT	OUTPATIENT	PREVENTIVE VACCINES	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS									
30.00	RADIOLOGY-DIAGNOSTIC	1.203494	0	0		0	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	1.203495	0	0		0	0		32.00
33.00	INTRAVENOUS THERAPY	1.203501	0	0		0	0		33.00
34.00	RESPIRATORY THERAPY	1.203495	0	0		0	0		34.00
35.00	PHYSICAL THERAPY	0.969712	247,398	0		239,905	0		35.00
36.00	OCCUPATIONAL THERAPY	0.920521	263,215	0		242,295	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.803771	104,018	0		83,607	0		37.00
38.00	AUDIOLOGY	0.000000	0	0		0	0		38.00
39.00	ELECTROCARDIOLOGY	0.000000	0	0		0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000	0	0		0	0		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	1.203497	0	0		0	0		41.00
42.00	DRUGS: IV SOLUTIONS	0.000000	0	0		0	0		42.00
43.00	DENTAL CARE	0.000000	0	0		0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0.000000	0	0		0	0		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0.000000	0	0		0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0.000000	0	0		0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0.000000	0	0		0	0		47.00
OUTPATIENT SERVICE COST CENTERS									
64.00	OTHER OUTPATIENT SERVICE COST	0.000000	0	0		0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS									
71.00	AMBULANCE	0.000000	0	0		0	0		71.00
COST REIMBURSED SERVICES COST CENTERS									
80.00	PREVENTIVE VACCINES	0.000000			0			0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		614,631	0	0	565,807	0	0	100.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XVIII Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	39,827	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	5,040	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,953,391	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	18,292,333	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.926803	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	18,292,333	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	459.29	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	16,953,391	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	425.68	16.00
17.00	PROGRAM ROUTINE SERVICE COST	2,145,427	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	2,145,427	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	581,236	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	14.59	21.00
22.00	PROGRAM CAPITAL RELATED COST	73,534	22.00
23.00	INPATIENT ROUTINE SERVICE COST	2,071,893	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	2,071,893	25.00
26.00	ENTER THE PER DIEM LIMITATION		26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION		27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS		28.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

COMPUTATION OF INPATIENT ROUTINE COSTS

Worksheet D-1

Title XIX Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	39,827	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	1,241	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	16,953,391	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	18,292,333	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.926803	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	18,292,333	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	459.29	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	16,953,391	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	425.68	16.00
17.00	PROGRAM ROUTINE SERVICE COST	528,269	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	528,269	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	581,236	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	14.59	21.00
22.00	PROGRAM CAPITAL RELATED COST	18,106	22.00
23.00	INPATIENT ROUTINE SERVICE COST	510,163	23.00
24.00	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	0	24.00
25.00	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	510,163	25.00
26.00	ENTER THE PER DIEM LIMITATION	0.00	26.00
27.00	INPATIENT ROUTINE SERVICE COST LIMITATION	0	27.00
28.00	REIMBURSABLE INPATIENT ROUTINE SERVICE COSTS	18,106	28.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

**Worksheet E
Part A**

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	3,349,333	1.00
2.00	ALLOWABLE BAD DEBTS	72,446	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	11,403	3.00
4.00	REIMBURSABLE BAD DEBTS	47,090	4.00
5.00	TOTAL REIMBURSABLE COST	3,396,423	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	492,325	7.00
8.00	OTHER ADJUSTMENTS (SPECIFY)	0	8.00
9.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	9.00
10.00	SEQUESTRATION AMOUNT FOR NON-CLAIMS BASED ITEMS	942	10.00
11.00	SEQUESTRATION AMOUNT	57,140	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	2,846,016	13.00
14.00	INTERIM PAYMENTS	2,829,745	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	16,271	16.00
17.00	PROTESTED AMOUNTS	0	17.00

GREENWOOD HOUSE HOME FOR THE JEWISH		Period:	Run Date Time:
Provider CCN: 31-5215		From: 01/01/2025	5/28/2026 5:06
		To: 12/31/2025	MCRIF32 2540-24
			Version: 2.7.181.0

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

Title XVIII Skilled Nursing Facility

		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1.00	2.00	3.00	4.00	
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		2,799,868		0	1.00
2.00	INTERIM PAYMENTS PAYABLE		0		0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS					3.00
PROGRAM TO PROVIDER						
3.01	ADJUSTMENT TO PROVIDER	09/18/2025	29,877		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
PROVIDER TO PROGRAM						
3.50	ADJUSTMENT TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	SUBTOTAL		29,877		0	3.99
4.00	TOTAL INTERIM PAYMENTS		2,829,745		0	4.00
5.00	CONTRACTOR: TENTATIVE SETTLEMENT PAYMENTS					5.00
PROGRAM TO PROVIDER						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
PROVIDER TO PROGRAM						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	SUBTOTAL		0		0	5.99
6.00	CONTRACTOR: NET SETTLEMENT AMOUNT					6.00
6.01	PROGRAM TO PROVIDER		16,271		0	6.01
6.02	PROVIDER TO PROGRAM		0		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		2,846,016		0	7.00
NAME OF CONTRACTOR		CONTRACTOR NUMBER		DATE OF NPR		
1.00		2.00		3.00		
8.00						8.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER

Worksheet E-2

Title XIX Skilled Nursing Facility

		1.00	
COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	INPATIENT ANCILLARY SERVICES	0	1.00
2.00	OUTPATIENT SERVICES	0	2.00
3.00	INPATIENT ROUTINE SERVICES	18,106	3.00
4.00	COST OF COVERED SERVICES	18,106	4.00
5.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	5.00
6.00	SUBTOTAL	18,106	6.00
7.00	PRIMARY PAYER AMOUNTS	0	7.00
8.00	TOTAL REASONABLE COST	18,106	8.00
REASONABLE CHARGES			
9.00	INPATIENT ANCILLARY SERVICES CHARGES	0	9.00
10.00	OUTPATIENT SERVICES CHARGES	0	10.00
11.00	INPATIENT ROUTINE SERVICES CHARGES	0	11.00
12.00	DIFFERENTIAL IN CHARGES BETWEEN SEMIPRIVATE ACCOMMODATIONS AND LESS THAN SEMIPRIVATE ACCOMMODATIONS	0.000000	12.00
13.00	TOTAL REASONABLE CHARGES	0	13.00
CUSTOMARY CHARGES			
14.00	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	0	14.00
15.00	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)	0	15.00
16.00	RATIO OF LINE 14 TO LINE 15 (NOT TO EXCEED 1.000000)	0.000000	16.00
17.00	TOTAL CUSTOMARY CHARGES	0	17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18.00	COST OF COVERED SERVICES	0	18.00
19.00	COST SHARING	0	19.00
20.00	SUBTOTAL	0	20.00
21.00	ALLOWABLE BAD DEBTS	0	21.00
22.00	SUBTOTAL	0	22.00
23.00	OTHER ADJUSTMENTS (SPECIFY)	0	23.00
24.00	SUBTOTAL	0	24.00
25.00	INTERIM PAYMENTS	0	25.00
26.00	BALANCE DUE PROVIDER/PROGRAM (INDICATE OVERPAYMENT IN PARENTHESES)	0	26.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

BALANCE SHEET

Worksheet G

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	6,947,944	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	2,760,018	4.00
5.00	OTHER RECEIVABLES	7,724,803	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	480,000	6.00
7.00	INVENTORY	0	7.00
8.00	PREPAID EXPENSES	777,179	8.00
9.00	OTHER CURRENT ASSETS	0	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	17,729,944	11.00
FIXED ASSETS			
12.00	LAND	227,371	12.00
13.00	LAND IMPROVEMENTS	579,278	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	518,161	14.00
15.00	BUILDINGS	11,397,158	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	7,773,605	16.00
17.00	LEASEHOLD IMPROVEMENTS	0	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	0	18.00
19.00	FIXED EQUIPMENT	3,508,534	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	3,164,991	20.00
21.00	AUTOMOBILES AND TRUCKS	0	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	0	22.00
23.00	MAJOR MOVABLE EQUIPMENT	987,755	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	833,402	24.00
25.00	MINOR EQUIPMENT - DEPRECIABLE	0	25.00
26.00	MINOR EQUIPMENT NONDEPRECIABLE	0	26.00
27.00	OTHER FIXED ASSETS	0	27.00
28.00	TOTAL FIXED ASSETS	4,409,937	28.00
OTHER ASSETS			
29.00	INVESTMENTS	346,317	29.00
30.00	DEPOSITS ON LEASES	0	30.00
31.00	DUE FROM OWNERS/OFFICERS	0	31.00
32.00	OTHER ASSETS	-239,476	32.00
33.00	TOTAL OTHER ASSETS	106,841	33.00
34.00	TOTAL ASSETS	22,246,722	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	2,351,509	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	804,962	36.00
37.00	PAYROLL TAXES PAYABLE	0	37.00
38.00	NOTES & LOANS PAYABLE (SHORT TERM)	0	38.00
39.00	DEFERRED INCOME	0	39.00
40.00	ACCELERATED PAYMENTS	0	40.00
41.00	DUE TO OTHER FUNDS	158,280	41.00
42.00	OTHER CURRENT LIABILITIES	347,823	42.00
43.00	TOTAL CURRENT LIABILITIES	3,662,574	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	0	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	0	47.00
48.00	OTHER LONG TERM LIABILITIES	0	48.00
49.00	TOTAL LONG TERM LIABILITIES	0	49.00
50.00	TOTAL LIABILITIES	3,662,574	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	18,584,148	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	22,246,722	52.00

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Worksheet G-2

PART I - PATIENT REVENUES														
		INPATIENT					OUTPATIENT							
		MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	MEDICARE FFS	MEDICARE HMO	MEDICAID	MEDICAID HMO	OTHER	TOTAL		
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00	10.00	11.00		
GENERAL INPATIENT ROUTINE CARE SERVICES														
1.00	SKILLED NURSING FACILITY	2,307,429	2,064,176	0	7,783,268	6,137,460						18,292,333	1.00	
2.00	NURSING FACILITY	0	0	0	0	0						0	2.00	
3.00	ICF/IID	0	0	0	0	0						0	3.00	
4.00	TOTAL GENERAL INPATIENT CARE SERVICES	2,307,429	2,064,176	0	7,783,268	6,137,460						18,292,333	4.00	
ALL OTHER SERVICES														
5.00	ANCILLARY SERVICES	734,018	546,512	0	3,175	2,788	0	0	0	0	0	1,286,493	5.00	
6.00	HOME HEALTH AGENCY						0	0	0	0	0	0	6.00	
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	0	7.00	
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	0	8.00	
9.00	ALL OTHER REVENUES	0	0	0	239,265	2,435,930	0	0	0	0	0	2,675,195	9.00	
10.00	TOTAL PATIENT REVENUES	3,041,447	2,610,688	0	8,025,708	8,576,178	0	0	0	0	0	22,254,021	10.00	
PART II - OPERATING EXPENSES														
		TOTAL												
		1.00												
11.00	OPERATING EXPENSES											22,340,917	11.00	
12.00	ADD (SPECIFY)											0	12.00	
13.00	TOTAL ADDITIONS											0	13.00	
14.00	DEDUCT (SPECIFY)											0	14.00	
15.00	TOTAL DEDUCTIONS											0	15.00	
16.00	TOTAL OPERATING EXPENSES											22,340,917	16.00	

GREENWOOD HOUSE HOME FOR THE JEWISH	Period:	Run Date Time:	5/28/2026 5:06
Provider CCN: 31-5215	From: 01/01/2025	MCRIF32	2540-24
	To: 12/31/2025	Version:	2.7.181.0

STATEMENT OF REVENUES AND EXPENSES

Worksheet G-3

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	22,254,021	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	3,899,430	2.00
3.00	NET PATIENT REVENUES	18,354,591	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	22,340,917	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	-3,986,326	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	547,853	6.00
7.00	INCOME FROM INVESTMENTS	125,246	7.00
8.00	REVENUES FROM COMMUNICATIONS (TELEPHONE AND INTERNET SERVICES)	0	8.00
9.00	REVENUE FROM TELEVISION AND RADIO SERVICES	0	9.00
10.00	PURCHASE DISCOUNTS	0	10.00
11.00	REBATES AND REFUNDS OF EXPENSES	0	11.00
12.00	PARKING LOT RECEIPTS	0	12.00
13.00	REVENUE FROM LAUNDRY AND LINEN SERVICE	0	13.00
14.00	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	0	14.00
15.00	REVENUE FROM RENTAL OF LIVING QUARTERS	0	15.00
16.00	REVENUE FROM SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS	0	16.00
17.00	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	0	17.00
18.00	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	0	18.00
19.00	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)	0	19.00
20.00	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN	0	20.00
21.00	RENTAL OF VENDING MACHINES	0	21.00
22.00	RENTAL OF SKILLED NURSING SPACE	0	22.00
23.00	GOVERNMENTAL APPROPRIATIONS	0	23.00
24.00	OTHER INCOME	2,427,735	24.00
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	3,100,834	26.00
27.00	TOTAL INCOME	-885,492	27.00
EXPENSES			
28.00	OTHER EXPENSES (SPECIFY)	0	28.00
29.00		0	29.00
30.00		0	30.00
31.00	TOTAL OTHER EXPENSES	0	31.00
32.00	NET INCOME (LOSS) FOR THE PERIOD	-885,492	32.00