

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Form Approved
 OMB No. 0938-0463
 Approval Expires 12-31-2021

Worksheet S Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex Cost Report Certification and Settlement Summary

PART I - COST REPORT STATUS

- Provider use only
1. Electronically prepared cost report;
 Date: _____ Time: _____
 2. Manually prepared cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 - 3.01 No Medicare Utilization. Enter "Y" for yes or leave blank for no.
- Contractor use only
4. Cost Report Status
 - [1] As Submitted
 - [2] Settled without audit
 - [3] Settled with audit
 - [4] Reopened
 - [5] Amended
 5. Date Received _____
 6. Contractor No. _____
 7. First Cost Report Processed by Contractor
 8. Last Cost Report Processed by Contractor
 9. NPR Date: _____
 10. If line 4, column 1 is "4": Enter number of times reopened: _____
 11. Contractor Vendor Code _____
 12. Medicare Utilization. Enter "F" for full, "L" for low, or "N" for none

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Reformed Church Home (31-5417) for the cost report period beginning January 1, 2021 and ending December 31, 2021, 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 OF ADMINISTRATOR	CHECKBOX
	1	2
1	_____	<input type="checkbox"/>
2	Printed name _____	<input type="checkbox"/>
3	Title _____	<input type="checkbox"/>
4	Signature date _____	<input type="checkbox"/>

I have read and agree with the above certification statement.
 I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

PART III - SETTLEMENT SUMMARY

		Title XVIII			
		Title V	A	B	Title XIX
CMS #		1	2	3	4
1	SNF	0	-58,496	0	0
100	Total	0	-58,496	0	0

ECR Encryption Information: _____

PI Encryption Information: _____

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS #
 1 Street / P.O. Box: 1990 Route 18 North
 2 City / State / Zip: OLD BRIDGE NJ 08857
 3 County / CBSA Code / Urban/Rural: Middlesex 35154 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
4	SNF	Reformed Church Home	31-5417	12/01/1997			P
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)		01/01/2021	12/31/2021			
15	Type of Control (See Instructions)			1			

TYPE OF FREESTANDING SKILLED NURSING FACILITY

16 Is this a distinct part skilled nursing facility that meets the requirements? N
 17 Is this a composite distinct part skilled nursing facility that meets the requirements? N
 18 Are there any costs included in Worksheet A which resulted from transactions with related organizations? No

MISCELLANEOUS COST REPORTING INFORMATION

19 Is this a low Medicare Utilization cost report, enter "Y" for yes or "N" for no. N
 If the response to line 19 is yes, Does this cost report meet your contractor's criteria for filing a low
 19.01 utilization cost report? (Y/N) N

DEPRECIATION - ENTER THE AMOUNT OF DEPRECIATION REPORTED IN THIS SNF FOR THE METHOD INDICATED ON LINES 20 - 22.

20 Straight Line 1,460,841
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 1,460,841
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE

LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

	Part A	Part B	Other
29 Skilled Nursing Facility	No	No	
30 Nursing Facility			
32 SNF-Based HHA			
36 SNF-Based OLTC			Y/N

Is the skilled nursing facility located in a state that certifies the provider as a SNF regardless of the
 37 level of care given for Titles V & XIX patients? N
 38 Are you legally-required to carry malpractice insurance? N

Is the malpractice a "claims-made:", or "occurrence" policy? If the policy is "claims-made" enter 1. If
 39 policy is "occurrence", enter 2.
 What is the liability limit for the malpractice policy? Enter in column 1 the monetary limit per
 40 lawsuit. Enter in column 2 the monetary limit per policy year.

	Premiums	Paid Losses	Self Insurance
41 List malpractice premiums and paid losses			

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center?
 42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column
 43 1. N
 If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name

44 and address of the home office on lines 45-47.
 45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?	N		
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary	N		
3	Is the provider 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		
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		
APPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?	N		
7	Were costs claimed for Allied Health Programs? (see instructions)	N		
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)	N		
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)	Y		
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.	N		
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.	N		
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.	N		
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)	Y	04/27/2022	Y 04/27/2022
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	N		N
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.	N		N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.	N		N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?	N		N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.	N		N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	Jonathan	Malech	Preparer
20	Employer.	Zimmet Healthcare Services Group		
21	Telephone number/Email address.	973-820-1122	costreports@zhealthcare.com	

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part I Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	108	39,420	0	5,933	12,741	11,370	30,044
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost	0	0	0	0	0	0	0
5	Other Long Term Care	0	0	0	0	0	0	0
8	Total	108	39,420	0	5,933	12,741	11,370	30,044

CMS #	Component	Discharges					Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	0	159	13	138	310	0.00	37.31	980.08	96.92
2	Nursing Facility	0	0	0	0	0	0.00	0.00	0.00	0.00
4	Home Health Agency Cost	0	0	0	0	0	0.00	0.00	0.00	0.00
5	Other Long Term Care	0	0	0	0	0	0.00	0.00	0.00	0.00
8	Total	0	159	13	138	310	0.00	37.31	980.08	96.92

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22	23
2	Nursing Facility	0	241	11	125	377	136.71	0
4	Home Health Agency Cost	0	0	0	0	0	0.00	0
5	Other Long Term Care	0	0	0	0	0	0.00	0
8	Total	0	241	11	125	377	136.71	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part II Tuesday, May 17, 2022 at 12:50:31 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #	Amount Reported	Reclass. of Salaries		Paid Hours Related to Salary	Average Hourly Wage	
		1	A-6 2			Adjusted Salaries 3
1	Total Salary	8,675,674	0	8,675,674	284,350.00	30.51
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	8,675,674	0	8,675,674	284,350.00	30.51
7	Other Long Term Care	1,080,919	0	1,080,919	40,989.00	26.37
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	0	0	0	0.00	
12	Subtotal Excluded salary (Sum of lines 7-11)	1,080,919	0	1,080,919	40,989.00	26.37
13	Total Adjusted Salaries (Line 6 - 12)	7,594,755	0	7,594,755	243,361.00	31.21
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	1,095,751	0	1,095,751	17,264.00	63.47
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,457,262	0	2,457,262		
18	Wage related costs (See Part IV)	0	0	0		
19	Wage related costs (excluded units)	306,155	0	306,155		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	2,151,107	0	2,151,107		

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part III Tuesday, May 17, 2022 at 12:50:31 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported	Reclass. of Salaries from Wkst.		Adjusted Salaries	Paid Hours Related to Salary	Average Hourly Wage
			A-6				
		1	2		3	4	5
1	Employee Benefits	163,390	0		163,390	6,490	25.18
2	Administrative & General	1,051,012	0		1,051,012	22,977	45.74
3	Plant Operation, Maint. & Repairs	242,653	0		242,653	10,060	24.12
4	Laundry & Linen Service	90,387	0		90,387	6,852	13.19
5	Housekeeping	323,770	0		323,770	16,603	19.50
6	Dietary	0	0		0	0	0.00
7	Nursing Administration	455,063	-105,102		349,961	6,649	52.63
8	Central Services & Supply	0	0		0	0	0.00
9	Pharmacy	0	0		0	0	0.00
10	Medical Rcd.s & M/R Library	0	73,274		73,274	3,530	20.76
11	Social Service	214,465	0		214,465	5,930	36.17
12	Nursing and Allied Health Ed. Act.						
13	Other General Service	360,904	0		360,904	21,081	17.12
14	Total	2,901,644	-31,828		2,869,816	100,172	28.65

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part IV Tuesday, May 17, 2022 at 12:50:31 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	231,934
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	0
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	0
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	1,227,729
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	0
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	281,474
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	633,784
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	61,953
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	20,388
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
		=====
24	Total Wage Related Cost (Lines 1-23)	2,457,262
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part V Tuesday, May 17, 2022 at 12:50:31 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported	Fringe Benefits	Adjusted Salaries	Paid Hours Related to Salary	Average Hourly Wage	
	1	2	3	4	5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	1,962,779	555,929	2,518,708	44,508	56.59
2	Licensed Practical Nurses (LPNs)	857,722	242,938	1,100,660	22,046	49.93
3	Certified Nursing Assistants/Nursing Assistants/Aides	1,872,610	530,390	2,403,000	76,637	31.36
4	Total Nursing (Sum of 1 - 3)	4,693,111	1,329,257	6,022,368	143,191	42.06
5	Physical Therapists	0	0	0	0	0.00
6	Physical Therapy Assistants	0	0	0	0	0.00
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	0	0	0	0	0.00
9	Occupational Therapy Assistants	0	0	0	0	0.00
10	Occupational Therapy Aides	0	0	0	0	0.00
11	Speech Therapists	0	0	0	0	0.00
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
CONTRACT LABOR						
NURSING OCCUPATIONS						
14	Registered Nurses (RNs)	0	0	0	0	0.00
15	Licensed Practical Nurses (LPNs)	0	0	0	0	0.00
16	Certified Nursing Assistants/Nursing Assistants/Aides	28,004		28,004	988	28.34
17	Total Nursing (Sum of 14 - 16)	28,004		28,004	988	28.34
18	Physical Therapists	281,794		281,794	4,136	68.13
19	Physical Therapy Assistants	230,337		230,337	3,703	62.20
20	Physical Therapy Aides	21,945		21,945	878	24.99
21	Occupational Therapists	183,924		183,924	2,356	78.07
22	Occupational Therapy Assistants	241,513		241,513	3,323	72.68
23	Occupational Therapy Aides	17,955		17,955	718	25.01
24	Speech Therapists	90,278		90,278	1,162	77.69
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	0		0	0	0.00

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A Tuesday, May 17, 2022 at 12:50:31 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		1,491,956	1,491,956	0	1,491,956	0	1,491,956
2	Cap Rel Costs - Movable Equipment		0	0	0	0	0	0
3	Employee Benefits	163,390	2,578,130	2,741,520	0	2,741,520	0	2,741,520
4	Administrative & General	1,051,012	1,940,953	2,991,965	0	2,991,965	-2,424,061	567,904
5	Plant Operation, Maint. & Repairs	242,653	925,070	1,167,723	0	1,167,723	0	1,167,723
6	Laundry & Linen Service	90,387	116,113	206,500	0	206,500	0	206,500
7	Housekeeping	323,770	158,542	482,312	0	482,312	0	482,312
8	Dietary	0	1,936,159	1,936,159	0	1,936,159	-5,071	1,931,088
9	Nursing Administration	455,063	85,000	540,063	-105,102	434,961	0	434,961
10	Central Services & Supply	0	146,204	146,204	-16,229	129,975	0	129,975
11	Pharmacy	0	24,047	24,047	0	24,047	0	24,047
12	Medical Records & Library	0	0	0	73,274	73,274	0	73,274
13	Social Service	214,465	4,499	218,964	0	218,964	0	218,964
15	Activities	360,904	22,902	383,806	0	383,806	0	383,806
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	4,693,111	120,184	4,813,295	31,828	4,845,123	0	4,845,123
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	1,080,919	37,323	1,118,242	0	1,118,242	-2,997	1,115,245
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	26,991	26,991	0	26,991	0	26,991
41	Laboratory	0	44,027	44,027	0	44,027	0	44,027
42	Intravenous Therapy	0	0	0	16,229	16,229	0	16,229
43	Oxygen (Inhalation) Therapy	0	39,228	39,228	0	39,228	0	39,228
44	Physical Therapy	0	964,024	964,024	-475,460	488,564	0	488,564
45	Occupational Therapy	0	0	0	368,513	368,513	0	368,513
46	Speech Pathology	0	0	0	106,947	106,947	0	106,947
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	0	0	0
49	Drugs Charged to Patients	0	224,471	224,471	0	224,471	0	224,471
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	17,797	17,797	0	17,797	0	17,797
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	8,675,674	10,903,620	19,579,294	0	19,579,294	-2,432,129	17,147,165
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0
00	TOTAL	8,675,674	10,903,620	19,579,294	0	19,579,294	-2,432,129	17,147,165

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Tuesday, May 17, 2022 at 12:50:31 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Code	Increases			Decreases				
			COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
1	To reclass OT costs	A	Occupational Therapy	45.00	0	368,513	Physical Therapy	44.00	0	368,513
2	To reclass ST costs	B	Speech Pathology	46.00	0	106,947	Physical Therapy	44.00	0	106,947
3	To reclass IV Therapy cost	C	Intravenous Therapy	42.00	0	16,229	Central Services & S	10.00	0	16,229
4	To reclass Medical record cost	D	Medical Records & Li	12.00	73,274	0	Nursing Administrati	9.00	73,274	0
5	To reclass routine costs	E	Skilled Nursing Faci	30.00	31,828	0	Nursing Administrati	9.00	31,828	0
100	TOTAL RECLASSIFICATIONS				105,102	491,689			105,102	491,689

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Tuesday, May 17, 2022 at 12:50:31 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions		Disposals	Ending	Fully	
		Balances	Purchase	Donation	and Retirements	Balance	Depreciated Assets	
		1	2	3	4	5	6	7
1	Land	1,589,290	0	0	0	0	1,589,290	0
2	Land Improvements	0	0	0	0	0	0	0
3	Buildings & Fixtures	23,700,240	451,298	0	451,298	0	24,151,538	0
4	Building Improvements	0	0	0	0	0	0	0
5	Fixed Equipment	5,489,163	307,091	0	307,091	0	5,796,254	0
6	Movable Equipment	1,240,035	0	0	0	0	1,240,035	0
7	Subtotal	32,018,728	758,389	0	758,389	0	32,777,117	0
8	Reconciling Items	0	0	0	0	0	0	0
9	Total	32,018,728	758,389	0	758,389	0	32,777,117	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Tuesday, May 17, 2022 at 12:50:31 PM

Adjustments to Expenses

CMS #	Description	Basis for		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		Adjustment 1	Amount 2	Cost Center 3		
1	Investment income on restricted funds	B	-1,549,284	Administrative & General		4
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests	B	-5,071	Dietary		8
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
	Income from imposition of interest, finance or penalty charges		0			
	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review		82
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures		1
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment		2
25	Bad Debt SNF	A	-254,413	Administrative & General		4
26	Transportation	B	-2,997	Other Long Term Care		33
27	Barber and Beauty	B	-1,763	Administrative & General		4
28	Contributions- Special Events	B	-38,439	Administrative & General		4
29	Misc. Income	A	-2,070	Administrative & General		4
30	Marketing	A	-288,011	Administrative & General		4
31	SNF Patient Lost/Destroyed	A	-2,070	Administrative & General		4
32	Marketing	A	-288,011	Administrative & General		4
			=====			
100	TOTAL		-2,432,129			

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Tuesday, May 17, 2022 at 12:50:31 PM

Statement of Costs of Services from Related Organizations and Home Office Costs

I. Costs Incurred And Adjustments Required As A Result Of Transactions With Related Organizations Or Claimed Home Office Costs:

CMS #	Line No.	Cost Center	Expense Items	Amount	Amount	Adjustments (col 4 - 5)
				Allowable In Cost	Included in Wkst A col 5	
	1	2	3	4	5	6
10	TOTALS			0	0	0

II. Interrelationship To Related Organization(s) And/Or Home Office:

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

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

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

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-2 Tuesday, May 17, 2022 at 12:50:31 PM

Provider-Based Physicians Adjustments

Wkst A Line No	Cost Center / Physician Identifier	Total Remuner- ation 3	Profess- ional Component 4	Provider Component 5	RCE Amount 6	Physician/ Provider Component Hours 7	Unadjusted RCE Limit 8	5% of Unadjusted RCE Limit 9
100	Total	0	0	0		0	0	0

Wkst A Line No	Cost Center / Physician Identifier	Cost of Memberships & Continuing Education 12	Provider Component Share of Col 12 13	Physician Cost of Malpractice Insurance 14	Provider Component Share of Col 14 15	Adjusted RCE Limit 16	RCE Dis- allowance 17	Adjustment 18
100	Total	0	0	0	0	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	Employee Benefits (Gross Salaries)	SubTotal	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	3	3A	4	5	6	7
1 Cap Rel Costs - Bldgs & Fixtures	1,491,956	1,491,956							
2 Cap Rel Costs - Movable Equipment	0		0						
3 Employee Benefits	2,741,520	0	0	2,741,520					
4 Administrative & General	567,904	152,444	0	338,495	1,058,843	1,058,843			
5 Plant Operation, Maint. & Repairs	1,167,723	53,644	0	78,150	1,299,517	85,526	1,385,043		
6 Laundry & Linen Service	206,500	24,411	0	29,111	260,022	17,113		303,429	
7 Housekeeping	482,312	20,227	0	104,275	606,814	39,937	21,787	0	668,538
8 Dietary	1,931,088	43,000	0	0	1,974,088	129,923	46,316	0	23,160
9 Nursing Administration	434,961	9,819	0	112,711	557,491	36,691	10,576	0	5,288
10 Central Services & Supply	129,975	0	0	0	129,975	8,554	0	0	0
11 Pharmacy	24,047	0	0	0	24,047	1,583	0	0	0
12 Medical Records & Library	73,274	0	0	23,599	96,873	6,376	0	0	0
13 Social Service	218,964	3,666	0	69,072	291,702	19,198	3,949	0	1,974
15 Activities	383,806	44,167	0	116,235	544,208	35,817	47,573	0	23,789
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	4,845,123	711,264	0	1,521,745	7,078,132	465,845	766,122	303,429	383,094
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	1,115,245	403,842	0	348,127	1,867,214	122,889	434,989	0	217,513
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	26,991	0	0	0	26,991	1,776	0	0	0
41 Laboratory	44,027	0	0	0	44,027	2,898	0	0	0
42 Intravenous Therapy	16,229	0	0	0	16,229	1,068	0	0	0
43 Oxygen (Inhalation) Therapy	39,228	0	0	0	39,228	2,582	0	0	0
44 Physical Therapy	488,564	22,007	0	0	510,571	33,603	23,704	0	11,853
45 Occupational Therapy	368,513	0	0	0	368,513	24,253	0	0	0
46 Speech Pathology	106,947	0	0	0	106,947	7,039	0	0	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	224,471	0	0	0	224,471	14,773	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	17,797	0	0	0	17,797	1,171	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	17,147,165	1,488,491	0	2,741,520	17,143,700	1,058,615	1,381,310	303,429	666,671
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	3,465	0	0	3,465	228	3,733	0	1,867
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	17,147,165	1,491,956	0	2,741,520	17,147,165	1,058,843	1,385,043	303,429	668,538

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	2,173,487								
9 Nursing Administration	0	610,046							
10 Central Services & Supply	0	0	138,529						
11 Pharmacy	0	0	0	25,630					
12 Medical Records & Library	0	0	0	0	103,249				
13 Social Service	0	0	0	0	0	316,823			
15 Activities	0	0	0	0	0	0	651,387		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	2,173,487	610,046	138,529	25,630	103,249	316,823	651,387	13,015,773	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	2,642,605	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	28,767	0
41 Laboratory	0	0	0	0	0	0	0	46,925	0
42 Intravenous Therapy	0	0	0	0	0	0	0	17,297	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	41,810	0
44 Physical Therapy	0	0	0	0	0	0	0	579,731	0
45 Occupational Therapy	0	0	0	0	0	0	0	392,766	0
46 Speech Pathology	0	0	0	0	0	0	0	113,986	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	239,244	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	18,968	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	2,173,487	610,046	138,529	25,630	103,249	316,823	651,387	17,137,872	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	9,293	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	2,173,487	610,046	138,529	25,630	103,249	316,823	651,387	17,147,165	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	13,015,773
31 Nursing Facility	0
33 Other Long Term Care	2,642,605
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	28,767
41 Laboratory	46,925
42 Intravenous Therapy	17,297
43 Oxygen (Inhalation) Therapy	41,810
44 Physical Therapy	579,731
45 Occupational Therapy	392,766
46 Speech Pathology	113,986
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	239,244
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	18,968
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	17,137,872
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	9,293
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	0
99 Negative Cost Center	0
100 TOTAL	17,147,165

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 17, 2022 at 12:50:31 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Square Feet)	SubTotal	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen Service (Patient Days)	House- keeping (Square Feet)
	0	1	2	2A	3	4	5	6	7
1	0	0							
2	0	0	0						
3	0	0	0	0	0				
4	0	152,444	0	152,444	0	152,444			
5	0	53,644	0	53,644	0	12,313	65,957		
6	0	24,411	0	24,411	0	2,464	1,252	28,127	
7	0	20,227	0	20,227	0	5,750	1,038	0	27,015
8	0	43,000	0	43,000	0	18,704	2,206	0	936
9	0	9,819	0	9,819	0	5,282	504	0	214
10	0	0	0	0	0	1,232	0	0	0
11	0	0	0	0	0	228	0	0	0
12	0	0	0	0	0	918	0	0	0
13	0	3,666	0	3,666	0	2,764	188	0	80
15	0	44,167	0	44,167	0	5,156	2,265	0	961
ANCILLARY SERVICE COST CENTERS									
30	0	711,264	0	711,264	0	67,070	36,482	28,127	15,481
31	0	0	0	0	0	0	0	0	0
33	0	403,842	0	403,842	0	17,692	20,715	0	8,789
OTHER REIMBURSABLE COST CENTERS									
40	0	0	0	0	0	256	0	0	0
41	0	0	0	0	0	417	0	0	0
42	0	0	0	0	0	154	0	0	0
43	0	0	0	0	0	372	0	0	0
44	0	22,007	0	22,007	0	4,838	1,129	0	479
45	0	0	0	0	0	3,492	0	0	0
46	0	0	0	0	0	1,013	0	0	0
47	0	0	0	0	0	0	0	0	0
48	0	0	0	0	0	0	0	0	0
49	0	0	0	0	0	2,127	0	0	0
50	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51	0	0	0	0	0	169	0	0	0
52	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60	0	0	0	0	0	0	0	0	0
63	0	0	0	0	0	0	0	0	0
70	0	0	0	0	0	0	0	0	0
71	0	0	0	0	0	0	0	0	0
74	0	0	0	0	0	0	0	0	0
84	0	0	0	0	0	0	0	0	0
89	0	1,488,491	0	1,488,491	0	152,411	65,779	28,127	26,940
90	0	0	0	0	0	0	0	0	0
91	0	3,465	0	3,465	0	33	178	0	75
92	0	0	0	0	0	0	0	0	0
93	0	0	0	0	0	0	0	0	0
94	0	0	0	0	0	0	0	0	0
95	0	0	0	0	0	0	0	0	0
98	0	0	0	0	0	0	0	0	0
99	0	0	0	0	0	0	0	0	0
100	0	1,491,956	0	1,491,956	0	152,444	65,957	28,127	27,015

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 17, 2022 at 12:50:31 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15	SubTotal 16	Adjustments 17
1 Cap Rel Costs - Bldgs & Fixtures									
2 Cap Rel Costs - Movable Equipment									
3 Employee Benefits									
4 Administrative & General									
5 Plant Operation, Maint. & Repairs									
6 Laundry & Linen Service									
7 Housekeeping									
8 Dietary	64,846								
9 Nursing Administration	0	15,819							
10 Central Services & Supply	0	0	1,232						
11 Pharmacy	0	0	0	228					
12 Medical Records & Library	0	0	0	0	918				
13 Social Service	0	0	0	0	0	6,698			
15 Activities	0	0	0	0	0	0	52,549		
ANCILLARY SERVICE COST CENTERS									
30 Skilled Nursing Facility	64,846	15,819	1,232	228	918	6,698	52,549	1,000,714	0
31 Nursing Facility	0	0	0	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0	0	451,038	0
OTHER REIMBURSABLE COST CENTERS									
40 Radiology	0	0	0	0	0	0	0	256	0
41 Laboratory	0	0	0	0	0	0	0	417	0
42 Intravenous Therapy	0	0	0	0	0	0	0	154	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	372	0
44 Physical Therapy	0	0	0	0	0	0	0	28,453	0
45 Occupational Therapy	0	0	0	0	0	0	0	3,492	0
46 Speech Pathology	0	0	0	0	0	0	0	1,013	0
47 Electrocardiology	0	0	0	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0	0	2,127	0
50 Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS									
51 Support Surfaces	0	0	0	0	0	0	0	169	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS									
60 Clinic	0	0	0	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89 Subtotals	64,846	15,819	1,232	228	918	6,698	52,549	1,488,205	0
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0	0	3,751	0
92 Physicians Private Offices	0	0	0	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	64,846	15,819	1,232	228	918	6,698	52,549	1,491,956	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Tuesday, May 17, 2022 at 12:50:31 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Total
	18
<hr/>	
1 Cap Rel Costs - Bldgs & Fixtures	
2 Cap Rel Costs - Movable Equipment	
3 Employee Benefits	
4 Administrative & General	
5 Plant Operation, Maint. & Repairs	
6 Laundry & Linen Service	
7 Housekeeping	
8 Dietary	
9 Nursing Administration	
10 Central Services & Supply	
11 Pharmacy	
12 Medical Records & Library	
13 Social Service	
15 Activities	
ANCILLARY SERVICE COST CENTERS	
30 Skilled Nursing Facility	1,000,714
31 Nursing Facility	0
33 Other Long Term Care	451,038
OTHER REIMBURSABLE COST CENTERS	
40 Radiology	256
41 Laboratory	417
42 Intravenous Therapy	154
43 Oxygen (Inhalation) Therapy	372
44 Physical Therapy	28,453
45 Occupational Therapy	3,492
46 Speech Pathology	1,013
47 Electrocardiology	0
48 Medical Supplies Charged to Patients	0
49 Drugs Charged to Patients	2,127
50 Dental Care - Title XIX only	0
SPECIAL PURPOSE COST CENTERS	
51 Support Surfaces	169
52 Other Ancillary Service Cost Center	0
NON-REIMBURSABLE COST CENTERS	
60 Clinic	0
63 Other Outpatient Service Cost	0
70 Home Health Agency Cost	0
71 Ambulance	0
74 Other Reimbursable Cost	0
84 Other Special Purpose Cost	0
89 Subtotals	1,488,205
90 Gift, Flower, Coffee Shops & Canteen	0
91 Barber and Beauty Shop	3,751
92 Physicians Private Offices	0
93 Nonpaid Workers	0
94 Patients Laundry	0
95 Other Non Reimbursable Cost	0
98 Cross Foot Adjustments	
99 Negative Cost Center	
100 TOTAL	1,491,956

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
1 Cap Rel Costs - Bldgs & Fixtures						
2 Cap Rel Costs - Movable Equipment						
3 Employee Benefits						
4 Administrative & General						
5 Plant Operation, Maint. & Repairs						
6 Laundry & Linen Service						
7 Housekeeping						
8 Dietary						
9 Nursing Administration	30,044					
10 Central Services & Supply	0	30,044				
11 Pharmacy	0	0	30,044			
12 Medical Records & Library	0	0	0	30,044		
13 Social Service	0	0	0	0	30,044	
15 Activities	0	0	0	0	0	30,044
ANCILLARY SERVICE COST CENTERS						
30 Skilled Nursing Facility	30,044	30,044	30,044	30,044	30,044	30,044
31 Nursing Facility	0	0	0	0	0	0
33 Other Long Term Care	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
40 Radiology	0	0	0	0	0	0
41 Laboratory	0	0	0	0	0	0
42 Intravenous Therapy	0	0	0	0	0	0
43 Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44 Physical Therapy	0	0	0	0	0	0
45 Occupational Therapy	0	0	0	0	0	0
46 Speech Pathology	0	0	0	0	0	0
47 Electrocardiology	0	0	0	0	0	0
48 Medical Supplies Charged to Patients	0	0	0	0	0	0
49 Drugs Charged to Patients	0	0	0	0	0	0
50 Dental Care - Title XIX only	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
51 Support Surfaces	0	0	0	0	0	0
52 Other Ancillary Service Cost Center	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS						
60 Clinic	0	0	0	0	0	0
63 Other Outpatient Service Cost	0	0	0	0	0	0
70 Home Health Agency Cost	0	0	0	0	0	0
71 Ambulance	0	0	0	0	0	0
74 Other Reimbursable Cost	0	0	0	0	0	0
80 Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84 Other Special Purpose Cost	0	0	0	0	0	0
89 Subtotal	30,044	30,044	30,044	30,044	30,044	30,044
90 Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91 Barber and Beauty Shop	0	0	0	0	0	0
92 Physicians Private Offices	0	0	0	0	0	0
93 Nonpaid Workers	0	0	0	0	0	0
94 Patients Laundry	0	0	0	0	0	0
95 Other Non Reimbursable Cost	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	610,046	138,529	25,630	103,249	316,823	651,387

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Square Feet) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Patient Days) 6	House- keeping (Square Feet) 7	Dietary (Meals Served) 8	
103	Unit Cost Multiplier per Bp1	11.787223	0.000000	0.322066	0.000000	0.065814	12.696333	10.099487	6.348708	24.114488
104	Cost to be Allocated per Bp2	0	0	0	0	152,444	65,957	28,127	27,015	64,846
105	Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.009475	0.604611	0.936194	0.256545	0.719456

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Tuesday, May 17, 2022 at 12:50:31 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Patient Days) 9	Central Services & Supply (Patient Days) 10	Pharmacy (Patient Days) 11	Medical Records & Library (Patient Days) 12	Social Service (Patient Days) 13	Activities SERVICE (Patient Days) 15
103 Unit Cost Multiplier per Bp1	20.305086	4.610871	0.853082	3.436593	10.545300	21.681101
104 Cost to be Allocated per Bp2	15,819	1,232	228	918	6,698	52,549
105 Unit Cost Multiplier per Bp2	0.526528	0.041007	0.007589	0.030555	0.222940	1.749068

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Tuesday, May 17, 2022 at 12:50:31 PM

Post Step Down Adjustments

Worksheet B

Description	Part No.	Line No.	Amount
1	2	3	4

Worksheet has no records.

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet C Tuesday, May 17, 2022 at 12:50:31 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total	Total	Ratio
		1	2	3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	28,767	26,991	1.065800
41	Laboratory	46,925	45,248	1.037062
42	Intravenous Therapy	17,297	19,283	0.897008
43	Oxygen (Inhalation) Therapy	41,810	39,228	1.065820
44	Physical Therapy	579,731	977,301	0.593196
45	Occupational Therapy	392,766	864,573	0.454289
46	Speech Pathology	113,986	219,491	0.519320
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	0	0	0.000000
49	Drugs Charged to Patients	239,244	318,131	0.752030
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	18,968	17,797	1.065798
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,479,494	2,528,043	

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to	Program	Part A	Program	Part B
		charges	Charges	Part B	Charges	Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	1.065800	18,792	0	20,029	0
41	Laboratory	1.037062	32,573	0	33,780	0
42	Intravenous Therapy	0.897008	16,229	0	14,558	0
43	Oxygen (Inhalation) Therapy	1.065820	0	0	0	0
44	Physical Therapy	0.593196	355,526	0	210,897	0
45	Occupational Therapy	0.454289	368,513	0	167,411	0
46	Speech Pathology	0.519320	106,947	0	55,540	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	0.000000	0	0	0	0
49	Drugs Charged to Patients	0.752030	239,011	0	179,743	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	1.065798	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		1,137,591	0	681,958	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Tuesday, May 17, 2022 at 12:50:31 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	0.752030
2	Program vaccine charges	0
3	Program costs	0

Part III - CALCULATION OF PASS-THROUGH COSTS FOR INTERNS AND RESIDENTS

	Total Cost (From Worksheet B, Part I, Col 18 1	Nursing & Allied Health Costs (From Wkst B Part I, Col 14) 2	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1) 3	Program Part A Cost (From Wkst D Part I, Col 4) 4	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4) 5
40	Radiology	0	0.000000	20,029	0
41	Laboratory	0	0	33,780	0
42	Intravenous Therapy	0	0	14,558	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	0	0	210,897	0
45	Occupational Therapy	0	0	167,411	0
46	Speech Pathology	0	0	55,540	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0
49	Drugs Charged to Patients	0	0	179,743	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
100	TOTAL	0	0	681,958	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 17, 2022 at 12:50:31 PM

Nursing Facility
 Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	30,044
2	Private room days	0
3	Inpatient days incl. Program prvt.	5,933
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	13,015,773
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	3,445,193
7	General Inpatient routine service RCC	3.777952
8	Private room charges	0
9	Avg. private room per diem charge	0.00
10	Semi-private room charges	0
11	Avg. semi-private room per diem charge	0.00
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	13,015,773
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	433.22
17	Program routine service cost	2,570,294
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,570,294
20	Capital related cost allocated to inpati	1,000,714
21	Per diem capital related costs	33.31
22	Program capital related cost	197,628
23	Inpatient routine service cost	2,372,666
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	2,372,666
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Tuesday, May 17, 2022 at 12:50:31 PM

Computation of Inpatient Routine Costs

Part II - Calculation of Inpatient Nursing & Allied Health Cost for PPS Pass-through
Skilled Nursing Facility
Title XVIII

Line No.	Item Description	Amounts
1	Total inpatient days (see instructions)	0
2	Program inpatient days (see instructions)	0
3	Total Nursing & Allied Health costs (see instructions)	0
4	Nursing & Allied Health ratio (Line 2 divided by line 1)	0.000000
5	Program Nursing & Allied Health costs for pass-through (Line 3 times line 4)	0

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2021 to 12/31/2021

Worksheet E Tuesday, May 17, 2022 at 12:50:31 PM

Calculation of Reimbursement Settlement
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	3,962,783
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	3,962,783
4	Primary payor amounts	0
5	Coinsurance	565,218
6	Reimbursable bad debts (From your records)	2,040
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	2,040
8	Adjusted reimbursable bad debts. (See instructions)	1,326
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	3,398,891
12	Interim payments (See instructions)	3,457,387
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	-58,496
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

PART B - ANCILLARY SERVICES COMPUTATION OF REIMBURSEMENT LESSER OF COST OR CHARGES

17	Ancillary services Part B	0
18	Vaccine cost	0
19	Total reasonable costs	0
20	Medicare Part B ancillary charges	0
21	Cost of covered services	0
22	Primary payor amounts	0
23	Coinsurance and deductibles	0
24	Reimbursable bad debts	0
24.01	Reimbursable bad debts for dual eligible beneficiaries (see inst	0
24.02	Adjusted reimbursable bad debts (see instructions)	0

25	Subtotal	0
26	Interim adjustment	0
27	Tentative adjustment	0
28	Other adjustments (See instructions) Specify	0
28.50	Demonstration payment adjustment amount before sequestration	0
28.55	Demonstration payment adjustment amount after sequestration	0
28.99	Sequestration amount (see instructions)	0

29	Balance due provider/program	0
30	Protested amounts (Nonallowable cost report items)	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Tuesday, May 17, 2022 at 12:50:31 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year	Amount	Mo/Day/Year	Amount
		1	2	3	4
1	Total interim payments paid to provider		3,397,565		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider	08/11/2021	59,822		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		59,822		0
4	TOTAL INTERIM PAYMENTS		3,457,387		0

TO BE COMPLETED BY CONTRACTOR

5	Items Below for INTERMEDIARIES:				
5.01	Settlement ... to Provider		0		0
5.02	Settlement ... to Provider		0		0
5.03	Settlement ... to Provider		0		0
5.50	Settlement ... to Program		0		0
5.51	Settlement ... to Program		0		0
5.52	Settlement ... to Program		0		0
5.99	SUBTOTAL		0		0
6.01	Net settlement ... to Provider		0		0
6.50	Net settlement ... to Program		0		0
7	TOTAL MEDICARE PROGRAM LIABILITY		0		0

Name of Contractor: _____ Contractor Number: _____

8	Name of Contractor/Number	0	0
---	---------------------------	---	---

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 17, 2022 at 12:50:31 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	1,081,127	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	2,749,969	0	0	0
5	Other receivables	225,234	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	749,000	0	0	0
7	Inventory	97,098	0	0	0
8	Prepaid expenses	275,511	0	0	0
9	Other current assets	0	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	3,679,939	0	0	0
FIXED ASSETS					
12	Land	1,589,290	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	24,151,538	0	0	0
16	Less: Accumulated depreciation	16,665,218	0	0	0
17	Leasehold improvements	0	0	0	0
18	Less: Accumulated amortization	0	0	0	0
19	Fixed equipment	5,796,254	0	0	0
20	Less: Accumulated depreciation	3,856,110	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	1,240,035	0	0	0
24	Less: Accumulated depreciation	831,509	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	11,424,280	0	0	0
OTHER ASSETS					
29	Investments	30,693,566	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	0	0	0	0
32	Other assets	252,606	0	0	0
33	TOTAL OTHER ASSETS	30,946,172	0	0	0
34	TOTAL ASSETS	46,050,391	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet G Tuesday, May 17, 2022 at 12:50:31 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund 1	Purpose Fund 2	Fund 3	Fund 4
CURRENT LIABILITIES					
35	Accounts payable	438,782	0	0	0
36	Salaries, wages & fees payable	147,414	0	0	0
37	Payroll taxes payable	19,318	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	1,324,873	0	0	0
43	TOTAL CURRENT LIABILITIES	1,930,387	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	558,602	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	0	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	558,602	0	0	0
51	TOTAL LIABILITIES	2,488,989	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	43,561,402			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	43,561,402	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	46,050,391	0	0	0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Tuesday, May 17, 2022 at 12:50:31 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----	SPECIFIC PURPOSE FUND -	----- ENDOWMENT FUND -----	----- PLANT FUND -----				
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		42244637		0		0		0
2 Net income (loss)		1316769						
3 Total		43561406		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5	0		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		0		0		0		0
11 Subtotal		43561406		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13 Rounding	4		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		4		0		0		0
19 Fund balances - ending		43561402		0		0		0

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Tuesday, May 17, 2022 at 12:50:31 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	12,836,633		12,836,633
2	Nursing Facility	2,938,221		2,938,221
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	15,774,854		15,774,854
	ALL OTHER CARE SERVICES			
6	Ancillary services	2,470,580	0	2,470,580
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13		0		
		=====	=====	=====
14	Total Patient Revenues	18,245,434	0	18,245,434

REFORMED CHURCH HOME
Provider CCN: 31-5417
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Tuesday, May 17, 2022 at 12:50:31 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		19,579,294
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	

8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	

14	Total Deductions		0

15	Total Operating Expenses		19,579,294
			=====

REFORMED CHURCH HOME
 Provider CCN: 31-5417
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Tuesday, May 17, 2022 at 12:50:31 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		18,245,434
2	Less: contractual allowances and ...		1,963,169
3	Net Patient Revenues (Line 1 - 2)		16,282,265
4	Less: total operating expenses		19,579,294
5	Net income from service to patients (Line 3 - 4)		-3,297,029
	Other Income:		
6	Contributions, donations, bequests, etc.	164,163	
7	Income from investments	1,549,284	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	5,071	
15	Revenue from rental of living quarters	0	
	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Barber & Beauty	555	
24.01	Other Income	4,760	
24.02	Physical Exam Income	45,803	
24.03	CONTRIBUTIONS-SPECIAL EVENTS	38,439	
24.04	UNREALIZED GAIN/LOSS ON INVESTMENTS	2,702,191	
24.05	PPP Forgiveness	13,529	
24.06		0	
24.50	Covid-19 PHE Funding	90,003	

25	Total other income		4,613,798

26	Total		1,316,769
27	Other Expenses (specify)	0	
28		0	
29		0	
29.01		0	

30	Total other expenses		0

31	Net income (or loss) for the period		1,316,769
			=====