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

MOHAWK MEADOWS	Period:	Run Date Time:	3/30/2026 11:03
	From: 01/01/2025	MCRIF32	**2540-24**
Provider CCN: 31-5044	To: 12/31/2025	Version:	2.5.181.1

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 MOHAWK MEADOWS, 31-5044 {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	*Grace Reyes*		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	GRACE REYES			2
3	Signatory Title	ADMINISTRATOR			3
4	Signature Date	(Dated when report is electronically signed.)			4

PART III - SETTLEMENT SUMMARY

			Title XVIII			
	Cost Center Description	Title V	Part A	Part B	Title XIX	
		1.00	2.00	3.00	4.00	
1.00	SNF	0	-16,407	27	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**	**-16,407**	**27**	**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 CORRESPONDENSE 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.

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
	From: 01/01/2025	MCRIF32 **2540-24**
Provider CCN: 31-5044	To: 12/31/2025	Version: 2.5.181.1

IDENTIFICATION DATA **Worksheet S-2**

SNF / SNF HEALTHCARE COMPLEX INFORMATION

		STREET ADDRESS	P O BOX		
		1.00	2.00		
1.00	ADDRESS LINE 1	1 OBRIEN LANE			1.00

		CITY	STATE	ZIP CODE	COUNTY		
		1.00	2.00	3.00	4.00		
2.00	ADDRESS LINE 2	LAFAYETTE	NJ	07848	SUSSEX		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	MOHAWK MEADOWS	315044	35084	U	01/01/1970	01/01/1970		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	5			10.00

SNF ORGANIZATION AND OPERATION

		1.00	
11.00	Is the SNF a distinct part SNF that meets the requirements set forth in 42 CFR section 483.5?	N	11.00
12.00	Is the SNF a composite distinct part SNF that meets the requirements set forth in 42 CFR 483.5?	N	12.00

		COMPONENT NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	
		1.00	2.00	3.00	4.00	5.00	6.00	
13.00	Non-contiguous component locations							13.00

		Y/N	DATE	V OR I	
		1.00	2.00	3.00	
14.00	COLUMN 1: Did the SNF terminate participation in the Medicare Program? COLUMN 2: Termination date. COLUMN 3: Voluntary (V) or involuntary (I) termination.	N			14.00
15.00	COLUMN 1: Did the SNF change ownership (CHOW) immediately prior to the beginning of the cost reporting period? COLUMN 2: CHOW date.	N			15.00
		1.00	2.00		
16.00	COLUMN 1: Is the SNF part of a HO/CO as defined in CMS Pub. 15-1, chapter 21, §2150? COLUMN 2: Enter the number of HO/COs allocating costs to this SNF.	N	0		16.00

		HO/CO NAME	STREET ADDRESS	P O BOX	CITY	STATE	ZIP CODE	HO/CO CCN	HO/CO CONTRACTOR #	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
17.00	HO/CO ALLOCATING TO SNF									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

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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.	N		20.00
21.00	Did the SNF operate a radiological department that meets the standards required of a hospital furnishing such services under the program at 42 CFR 482.26 or the standards to provide portable x-ray services?	N		21.00
22.00	COLUMN 1: Did this SNF operate an institutional based ambulance service? COLUMN 2: Enter the ambulance provider number.	N		22.00

		1.00	
23.00	Is this SNF involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?	N	23.00
24.00	Indicate whether the provider is licensed in a State that certifies the provider as a SNF as described on line 3 above, regardless of the level of care given for Titles V and XIX patients. Enter Y or N.	Y	24.00

PROFESSIONAL SERVICES PURCHASED BY THE SNF

		1.00	2.00		
29.00	COLUMN 1: Did the SNF and/or its subproviders (if applicable) purchase professional services, e.g., legal, accounting, tax preparation, bookkeeping, payroll, and/or management/consulting services, from an unrelated organization? COLUMN 2: Were the majority of the expenses (i.e., greater than 50 percent of the total professional services expenses) for services purchased from unrelated organizations located outside of the SNF's local area labor market?	Y	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		
		1.00	2.00		
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	06/15/2026	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	03/10/2026	Y	03/10/2026	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

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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

MOHAWK MEADOWS	Period:	Run Date Time:	3/30/2026 11:03
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IDENTIFICATION DATA **Worksheet S-2**

COST REPORT PREPARER CONTACT INFORMATION

		FIRST NAME	LAST NAME	TITLE	
		1.00	2.00	3.00	
70.00	PREPARER	CHRIS	GUILBAULT	PREPARER	70.00
		NAME			
		1.00			
71.00	EMPLOYER	HEALTH CARE RESOURCES			71.00
		TELEPHONE NUMBER	EMAIL ADDRESS		
		1.00	2.00		
72.00	CONTACT INFORMATION	609-987-1440	CHRIS.GUILBAULT@HCRNJ.NET		72.00

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STATISTICAL DATA

Worksheet S-3
Part I

PART I - VISITS AND CENSUS DATA

				INPATIENT DAYS					DISCHARGES					
		NUMBER OF BEDS	BED DAYS AVAILABLE	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	159	58,035	0	4,786	8,025	7,844	**53,271**	0	67	25	76	**168**	1.00
2.00	SNF - HMO			0	316	32,300			0	12	86	0	**98**	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	**159**	**58,035**	**0**	**5,102**	**40,325**	**7,844**	**53,271**	**0**	**79**	**111**	**76**	**266**	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	71.43	321.00	103.21	**317.09**	0	131	10	33	**174**	0.00	149.50	1.00
2.00	SNF - HMO	0.00	26.33	375.58			0	24	70	0	**94**			2.00
3.00	NF - FFS	0.00		0.00	0.00	**0.00**	0		0	0	**0**	0.00	0.00	3.00
4.00	NF - HMO	0.00		0.00			0		0	0	**0**			4.00
5.00	ICF/IID	0.00		0.00	0.00	**0.00**	0		0	0	**0**	0.00	0.00	5.00
6.00	HOSPICE											0.00	0.00	6.00
7.00	TOTAL													7.00

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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)	8,937,646	0	0	**8,937,646**	408,601.00	21.87	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)	8,937,646	0	0	**8,937,646**	408,601.00	21.87	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	21,560	0	0	**21,560**	1,138.00	18.95	9.00
10.00	SUBTOTAL EXCLUDED SALARY (SUM OF LINES 7 THROUGH 9)	**21,560**	**0**	**0**	**21,560**	**1,138.00**	18.95	10.00
11.00	TOTAL ADJUSTED SALARIES (LINE 6 MINUS LINE 10)	**8,916,086**	**0**	**0**	**8,916,086**	**407,463.00**	21.88	11.00
OTHER WAGES AND RELATED COST								
12.00	CONTRACT LABOR: PATIENT RELATED & MGMT	288,284	0	0	**288,284**	3,202.00	90.03	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)	1,617,713	0	0	**1,617,713**			15.00
16.00	WAGE RELATED COSTS (EXCLUDED UNITS)	4,131	0	0	**4,131**			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)	**1,613,582**	**0**	**0**	**1,613,582**			19.00

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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	809,248	0	0	**809,248**	21,065.00	38.42	2.00
3.00	PLANT OP, MAINT & REPAIRS	5.00	311,147	0	0	**311,147**	18,024.00	17.26	3.00
4.00	LAUNDRY AND LINEN SERVICE	6.00	79,204	0	0	**79,204**	6,473.00	12.24	4.00
5.00	HOUSEKEEPING	7.00	560,061	0	0	**560,061**	32,436.00	17.27	5.00
6.00	DIETARY	8.00	810,404	0	0	**810,404**	36,565.00	22.16	6.00
7.00	NURSING ADMINISTRATION	9.00	572,117	0	0	**572,117**	9,128.00	62.68	7.00
8.00	CENTRAL SERVICES AND SUPPLY	10.00	43,232	0	0	**43,232**	2,028.00	21.32	8.00
9.00	PHARMACY	11.00	0	0	0	**0**	0.00	0.00	9.00
10.00	MEDICAL RECORDS	12.00	0	0	0	**0**	0.00	0.00	10.00
11.00	MEDICAL SOCIAL SERVICES	13.00	171,301	0	0	**171,301**	4,146.00	41.32	11.00
12.00	ACTIVITIES PROGRAM	14.00	339,121	0	0	**339,121**	18,113.00	18.72	12.00
13.00	QA & PERFORMANCE IMPROVEMENT PROGRAM	15.00	0	0	0	**0**	0.00	0.00	13.00
14.00	TRAINING AND IN-SERVICE EDUCATION	16.00	0	0	0	**0**	0.00	0.00	14.00
15.00	PATIENT TRANSPORTATION PART A	17.00	0	0	0	**0**	0.00	0.00	15.00
16.00	OTHER GENERAL SERVICE	18.00	0	0	0	**0**	0.00	0.00	16.00

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STATISTICAL DATA

Worksheet S-3
Part IV

PART IV - SNF WAGE RELATED COSTS			
		AMOUNT	
		1.00	
RETIREMENT COST			
1.00	401k EMPLOYER CONTRIBUTIONS	738	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	396,129	8.00
9.00	PRESCRIPTION DRUG PLAN	0	9.00
10.00	DENTAL, HEARING AND VISION PLANS	0	10.00
11.00	LIFE INSURANCE	0	11.00
12.00	ACCIDENTAL INSURANCE	0	12.00
13.00	DISABILITY INSURANCE	0	13.00
14.00	LONG-TERM CARE INSURANCE	0	14.00
15.00	WORKERS' COMPENSATION INSURANCE	354,754	15.00
16.00	RETIREMENT HEALTH CARE COST	0	16.00
TAXES			
17.00	FICA - EMPLOYER'S PORTION ONLY	680,954	17.00
18.00	MEDICARE TAXES - EMPLOYER'S PORTION ONLY	0	18.00
19.00	UNEMPLOYMENT INSURANCE	177,397	19.00
20.00	STATE OR FEDERAL UNEMPLOYMENT TAXES	7,741	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	**1,617,713**	24.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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STATISTICAL DATA

Worksheet S-3
Part V

PART V - SNF REPORTING OF DIRECT CARE EXPENDITURES

		AMOUNT REPORTED	EMPLOYEE WAGE-RELATED COSTS	ADJUSTED SALARIES (COL. 1 + COL. 2)	PAID HOURS RELATED TO SALARY IN COL. 3	AVERAGE HOURLY WAGE (COL. 3 ÷ COL. 4)	
		1.00	2.00	3.00	4.00	5.00	
DIRECT SALARIES							
NURSING EMPLOYEES							
1.00	REGISTERED NURSE	1,012,018	182,708	**1,194,726**	37,015.00	32.28	1.00
2.00	LICENSED PRACTICAL NURSE	995,150	179,662	**1,174,812**	44,594.00	26.34	2.00
3.00	CERTIFIED NURSING ASSISTANT	2,783,623	502,550	**3,286,173**	167,649.00	19.60	3.00
4.00	TOTAL NURSING EXPENDITURES	**4,790,791**	**864,920**	**5,655,711**	**249,258.00**	22.69	4.00
5.00	PHYSICAL THERAPIST	82,849	14,957	**97,806**	1,407.00	69.51	5.00
6.00	PHYSICAL THERAPY ASSISTANT	77,616	14,013	**91,629**	2,258.00	40.58	6.00
7.00	OCCUPATIONAL THERAPIST	158,446	28,606	**187,052**	2,013.00	92.92	7.00
8.00	OCCUPATIONAL THERAPY ASSISTANT	86,611	15,637	**102,248**	4,167.00	24.54	8.00
9.00	SPEECH-LANGUAGE PATHOLOGIST	23,940	4,322	**28,262**	382.00	73.98	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	0	0	**0**	0.00	0.00	15.00
16.00	LICENSED PRACTICAL NURSE	0	0	**0**	0.00	0.00	16.00
17.00	CERTIFIED NURSING ASSISTANT	0	0	**0**	0.00	0.00	17.00
18.00	TOTAL NURSING EXPENDITURES	**0**	**0**	**0**	**0.00**	0.00	18.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
19.00	PHYSICAL THERAPIST	239,353	0	**239,353**	2,525.00	94.79	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	47,557	0	**47,557**	661.00	71.95	23.00
24.00	THERAPY AIDES AND STUDENTS	0	0	**0**	0.00	0.00	24.00
25.00	RESPIRATORY THERAPIST	1,374	0	**1,374**	17.00	80.82	25.00
26.00	OTHER MEDICAL STAFF	0	0	**0**	0.00	0.00	26.00
HOME OFFICE/CHAIN ORGANIZATION							
NURSING EMPLOYEES							
29.00	REGISTERED NURSE	0	0	**0**	0.00	0.00	29.00
30.00	LICENSED PRACTICAL NURSE	0	0	**0**	0.00	0.00	30.00
31.00	CERTIFIED NURSING ASSISTANT	0	0	**0**	0.00	0.00	31.00
32.00	TOTAL NURSING EXPENDITURES	**0**	**0**	**0**	**0.00**	0.00	32.00
TECHNICAL/PROFESSIONAL EMPLOYEES							
33.00	PHYSICAL THERAPIST	0	0	**0**	0.00	0.00	33.00
34.00	PHYSICAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	34.00
35.00	OCCUPATIONAL THERAPIST	0	0	**0**	0.00	0.00	35.00
36.00	OCCUPATIONAL THERAPY ASSISTANT	0	0	**0**	0.00	0.00	36.00
37.00	SPEECH-LANGUAGE PATHOLOGIST	0	0	**0**	0.00	0.00	37.00
38.00	THERAPY AIDES AND STUDENTS	0	0	**0**	0.00	0.00	38.00
39.00	RESPIRATORY THERAPIST	0	0	**0**	0.00	0.00	39.00
40.00	OTHER MEDICAL STAFF	0	0	**0**	0.00	0.00	40.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES				1,255,427	**1,255,427**	1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT				111,670	**111,670**	2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	0	**0**	1,712,194	**1,712,194**	3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	809,248	193,583	**1,002,831**	2,388,965	**3,391,796**	4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	311,147	0	**311,147**	394,351	**705,498**	5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	79,204	1,245	**80,449**	51,635	**132,084**	6.00
7.00	00700	HOUSEKEEPING	560,061	0	**560,061**	49,552	**609,613**	7.00
8.00	00800	DIETARY	810,404	1,735	**812,139**	607,469	**1,419,608**	8.00
9.00	00900	NURSING ADMINISTRATION	572,117	4,190	**576,307**	5,500	**581,807**	9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	43,232	0	**43,232**	0	**43,232**	10.00
11.00	01100	PHARMACY	0	0	**0**	0	**0**	11.00
12.00	01200	MEDICAL RECORDS	0	0	**0**	0	**0**	12.00
13.00	01300	MEDICAL SOCIAL SERVICES	171,301	0	**171,301**	0	**171,301**	13.00
14.00	01400	ACTIVITIES PROGRAM	339,121	0	**339,121**	2,745	**341,866**	14.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	0	**0**	2,028	**2,028**	16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	0	**0**	6,365	**6,365**	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	4,790,790	0	**4,790,790**	206,976	**4,997,766**	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**	10,948	**10,948**	30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	**0**	0	**0**	31.00
32.00	03200	LABORATORY	0	0	**0**	22,890	**22,890**	32.00
33.00	03300	INTRAVENOUS THERAPY	0	0	**0**	0	**0**	33.00
34.00	03400	RESPIRATORY THERAPY	0	1,374	**1,374**	0	**1,374**	34.00
35.00	03500	PHYSICAL THERAPY	166,584	239,353	**405,937**	965	**406,902**	35.00
36.00	03600	OCCUPATIONAL THERAPY	238,937	0	**238,937**	0	**238,937**	36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	23,940	47,557	**71,497**	0	**71,497**	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**	11,143	**11,143**	40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	**0**	123,316	**123,316**	41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	0	**0**	4,860	**4,860**	42.00
43.00	04300	DENTAL CARE	0	0	**0**	0	**0**	43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	0	**0**	1,438	**1,438**	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**	17,657	**17,657**	71.00
72.00	07200	HOSPICE	0	0	**0**	0	**0**	72.00
73.00	07300	CORF	0	0	**0**	0	**0**	73.00
74.00	07400	OPT	0	0	**0**	0	**0**	74.00
75.00	07500	OOT	0	0	**0**	0	**0**	75.00
76.00	07600	OSP	0	0	**0**	0	**0**	76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	0	**0**	0	**0**	77.00
COST REIMBURSED SERVICES COST CENTERS								

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	SALARIES & WAGES	CONTRACT LABOR COSTS	LABOR SUBTOTAL	OTHER COSTS	SUBTOTAL	
			1.00	2.00	3.00	4.00	5.00	
80.00	08000	PREVENTIVE VACCINES		0	**0**	3,305	**3,305**	80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	0	**0**	0	**0**	81.00
89.00		SUBTOTAL	**8,916,086**	**489,037**	**9,405,123**	**6,991,399**	**16,396,522**	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	21,560	0	**21,560**	0	**21,560**	93.00
100.00		TOTAL	**8,937,646**	**489,037**	**9,426,683**	**6,991,399**	**16,418,082**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAPITAL RELATED-BUILDINGS & FIXTURES	0	**1,255,427**	0	**1,255,427**		1.00
2.00	00200	CAPITAL RELATED-MOVABLE EQUIPMENT	0	**111,670**	0	**111,670**		2.00
3.00	00300	EMPLOYEE BENEFITS DEPARTMENT	0	**1,712,194**	0	**1,712,194**		3.00
4.00	00400	ADMINISTRATIVE AND GENERAL	0	**3,391,796**	-367,127	**3,024,669**		4.00
5.00	00500	PLANT OP, MAINT. & REPAIRS	0	**705,498**	0	**705,498**		5.00
6.00	00600	LAUNDRY AND LINEN SERVICE	0	**132,084**	0	**132,084**		6.00
7.00	00700	HOUSEKEEPING	0	**609,613**	0	**609,613**		7.00
8.00	00800	DIETARY	0	**1,419,608**	0	**1,419,608**		8.00
9.00	00900	NURSING ADMINISTRATION	0	**581,807**	0	**581,807**		9.00
10.00	01000	CENTRAL SERVICES AND SUPPLY	0	**43,232**	0	**43,232**		10.00
11.00	01100	PHARMACY	0	**0**	0	**0**		11.00
12.00	01200	MEDICAL RECORDS	0	**0**	0	**0**		12.00
13.00	01300	MEDICAL SOCIAL SERVICES	0	**171,301**	0	**171,301**		13.00
14.00	01400	ACTIVITIES PROGRAM	0	**341,866**	0	**341,866**		14.00
16.00	01600	TRAINING AND IN-SERVICE EDUCATION	0	**2,028**	0	**2,028**		16.00
17.00	01700	PATIENT TRANSPORTATION PART A	0	**6,365**	0	**6,365**		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	02500	SKILLED NURSING FACILITY	0	**4,997,766**	0	**4,997,766**		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	**10,948**	0	**10,948**		30.00
31.00	03100	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	**0**	0	**0**		31.00
32.00	03200	LABORATORY	0	**22,890**	0	**22,890**		32.00
33.00	03300	INTRAVENOUS THERAPY	0	**0**	0	**0**		33.00
34.00	03400	RESPIRATORY THERAPY	0	**1,374**	0	**1,374**		34.00
35.00	03500	PHYSICAL THERAPY	0	**406,902**	0	**406,902**		35.00
36.00	03600	OCCUPATIONAL THERAPY	0	**238,937**	0	**238,937**		36.00
37.00	03700	SPEECH LANGUAGE PATHOLOGIST	0	**71,497**	0	**71,497**		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	**11,143**	0	**11,143**		40.00
41.00	04100	DRUGS: DRUGS CHARGED TO PATIENTS	0	**123,316**	0	**123,316**		41.00
42.00	04200	DRUGS: IV SOLUTIONS	0	**4,860**	0	**4,860**		42.00
43.00	04300	DENTAL CARE	0	**0**	0	**0**		43.00
44.00	04400	APPLIANCES AND EQUIPMENT	0	**1,438**	0	**1,438**		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	**17,657**	0	**17,657**		71.00
72.00	07200	HOSPICE	0	**0**	0	**0**		72.00
73.00	07300	CORF	0	**0**	0	**0**		73.00
74.00	07400	OPT	0	**0**	0	**0**		74.00
75.00	07500	OOT	0	**0**	0	**0**		75.00
76.00	07600	OSP	0	**0**	0	**0**		76.00
77.00	07700	OTHER OUTPATIENT REIMBURSABLE COST	0	**0**	0	**0**		77.00

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES **Worksheet A**

		Cost Center Description	RECLASS-IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	EXPENSES FOR COST ALLOCATION		
			6.00	7.00	8.00	9.00		
COST REIMBURSED SERVICES COST CENTERS								
80.00	08000	PREVENTIVE VACCINES	0	**3,305**	0	**3,305**		80.00
81.00	08100	OTHER COST REIMBURSED SERVICE COST	0	**0**	0	**0**		81.00
89.00		SUBTOTAL	**0**	**16,396,522**	**-367,127**	**16,029,395**		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	**21,560**	0	**21,560**		93.00
100.00		TOTAL	**0**	**16,418,082**	**-367,127**	**16,050,955**		100.00

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RECONCILIATION OF CAPITAL COSTS CENTERS **Worksheet A-7**

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

			ACQUISITIONS						
		BEGINNING BALANCES	PURCHASES	DONATION	TOTAL	DISPOSALS AND RETIREMENTS	ENDING BALANCE	FULLY DEPRECIATED ASSETS	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	LAND	0	0	0	**0**	0	0	0	1.00
2.00	LAND IMPROVEMENTS	0	0	0	**0**	0	0	0	2.00
3.00	BUILDINGS AND FIXTURES	0	0	0	**0**	0	0	0	3.00
4.00	BUILDING IMPROVEMENTS	6,220	24,357	0	**24,357**	0	30,577	0	4.00
5.00	FIXED EQUIPMENT	0	2,190	0	**2,190**	0	2,190	0	5.00
6.00	MOVABLE EQUIPMENT	19,808	65,070	0	**65,070**	0	84,878	0	6.00
7.00	SUBTOTAL	**26,028**	**91,617**	**0**	**91,617**	**0**	**117,645**	**0**	7.00
8.00	RECONCILING ITEMS	0	0	0	**0**	0	0	0	8.00
9.00	TOTAL	**26,028**	**91,617**	**0**	**91,617**	**0**	**117,645**	**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	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	CAPITAL RELATED COSTS - BUILDINGS & FIXTURES	8,154	875,000	0	0	372,273	0	**1,255,427**	1.00
2.00	CAPITAL RELATED COSTS - MOVABLE EQUIPMENT	10,400	101,270	0	0	0	0	**111,670**	2.00
3.00	TOTAL	**18,554**	**976,270**	**0**	**0**	**372,273**	**0**	**1,367,097**	3.00

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ADJUSTMENTS TO EXPENSES **Worksheet A-8**

				WORKSHEET A		
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	COST CENTER	LINE NO.	
	1.00	2.00	3.00	4.00	5.00	
1.00	INVESTMENT INCOME ON RESTRICTED FUNDS (CMS PUB. 15-1, CHAPTER 2)	B	-1,508	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		0		0.00	16.00
17.00	VENDING MACHINES		0		0.00	17.00
18.00	INCOME FROM IMPOSITION OF INTEREST, FINANCE, OR PENALTY CHARGES (CMS PUB. 15-1, CHAPTER 21)		0		0.00	18.00
19.00	INTEREST EXPENSE ON MEDICARE OVERPAYMENTS AND BORROWINGS TO REPAY MEDICARE OVERPAYMENTS		0		0.00	19.00
20.00	DEPRECIATION--BUILDINGS AND FIXTUES		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 INCOME	B	-1,564	ADMINISTRATIVE AND GENERAL	4.00	24.00
24.02	ADS/PR	A	-25,940	ADMINISTRATIVE AND GENERAL	4.00	24.02
24.03	DONATION	A	-300	ADMINISTRATIVE AND GENERAL	4.00	24.03
24.04	FINES/PENALTIES	A	-183	ADMINISTRATIVE AND GENERAL	4.00	24.04
24.05	BAD DEBT EXP	A	-337,632	ADMINISTRATIVE AND GENERAL	4.00	24.05
100.00	**TOTAL**		**-367,127**			100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	1,255,427	1,255,427							1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT	111,670		111,670						2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	1,712,194	0	0	1,712,194					3.00
4.00	ADMINISTRATIVE AND GENERAL	3,024,669	180,597	16,064	155,028	**3,376,358**	3,376,358			4.00
5.00	PLANT OP, MAINT. & REPAIRS	705,498	99,433	8,845	59,607	**873,383**	232,659	1,106,042		5.00
6.00	LAUNDRY AND LINEN SERVICE	132,084	30,694	2,730	15,173	**180,681**	48,131	34,805	263,617	6.00
7.00	HOUSEKEEPING	609,613	10,807	961	107,291	**728,672**	194,109	12,255	0	7.00
8.00	DIETARY	1,419,608	124,980	11,117	155,250	**1,710,955**	455,778	141,720	0	8.00
9.00	NURSING ADMINISTRATION	581,807	75,282	6,696	109,601	**773,386**	206,021	85,366	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	43,232	23,379	2,080	8,282	**76,973**	20,505	26,510	0	10.00
11.00	PHARMACY	0	0	0	0	**0**	0	0	0	11.00
12.00	MEDICAL RECORDS	0	0	0	0	**0**	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	171,301	0	0	32,816	**204,117**	54,374	0	0	13.00
14.00	ACTIVITIES PROGRAM	341,866	0	0	64,966	**406,832**	108,375	0	0	14.00
16.00	TRAINING AND IN-SERVICE EDUCATION	2,028	0	0	0	**2,028**	540	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	6,365	0	0	0	**6,365**	1,696	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	4,997,766	678,054	60,314	917,778	**6,653,912**	1,772,519	768,873	263,617	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	10,948	0	0	0	**10,948**	2,916	0	0	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	**0**	0	0	0	31.00
32.00	LABORATORY	22,890	0	0	0	**22,890**	6,098	0	0	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	**0**	0	0	0	33.00
34.00	RESPIRATORY THERAPY	1,374	0	0	0	**1,374**	366	0	0	34.00
35.00	PHYSICAL THERAPY	406,902	20,511	1,824	31,913	**461,150**	122,845	23,259	0	35.00
36.00	OCCUPATIONAL THERAPY	238,937	0	0	45,773	**284,710**	75,843	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	71,497	0	0	4,586	**76,083**	20,268	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	11,143	0	0	0	**11,143**	2,968	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	123,316	4,926	438	0	**128,680**	34,279	5,585	0	41.00
42.00	DRUGS: IV SOLUTIONS	4,860	0	0	0	**4,860**	1,295	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	**0**	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	1,438	0	0	0	**1,438**	383	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	17,657	0	0	0	**17,657**	4,704	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

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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	
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	3,305	184	16	0	**3,505**	934	208	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	**0**	0	0	0	81.00
89.00	SUBTOTAL	**16,029,395**	**1,248,847**	**111,085**	**1,708,064**	**16,018,100**	**3,367,606**	**1,098,581**	**263,617**	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	21,560	6,580	585	4,130	**32,855**	8,752	7,461	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	**0**	0	0	0	99.00
100.00	TOTAL	**16,050,955**	**1,255,427**	**111,670**	**1,712,194**	**16,050,955**	**3,376,358**	**1,106,042**	**263,617**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	935,036								7.00
8.00	DIETARY	125,133	2,433,586							8.00
9.00	NURSING ADMINISTRATION	75,374	0	1,140,147						9.00
10.00	CENTRAL SERVICES AND SUPPLY	23,407	0	0	147,395					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	0			12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	0	258,491		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	515,207	14.00
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
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	678,882	2,433,586	1,140,147	82,403	0	0	258,491	515,207	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	20,536	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	5,078	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	4,932	0	0	56,193	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	2,215	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	
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	184	0	0	1,506	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	**928,448**	**2,433,586**	**1,140,147**	**147,395**	**0**	**0**	**258,491**	**515,207**	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	6,588	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**935,036**	**2,433,586**	**1,140,147**	**147,395**	**0**	**0**	**258,491**	**515,207**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		16.00	17.00	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
16.00	TRAINING AND IN-SERVICE EDUCATION	2,568						16.00
17.00	PATIENT TRANSPORTATION PART A	0	8,061					17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	SKILLED NURSING FACILITY	2,568	8,061	14,578,266	0	14,578,266		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	0		13,864	0	13,864		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		0	0	0		31.00
32.00	LABORATORY	0		28,988	0	28,988		32.00
33.00	INTRAVENOUS THERAPY	0		0	0	0		33.00
34.00	RESPIRATORY THERAPY	0		1,740	0	1,740		34.00
35.00	PHYSICAL THERAPY	0		627,790	0	627,790		35.00
36.00	OCCUPATIONAL THERAPY	0		360,553	0	360,553		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		96,351	0	96,351		37.00
38.00	AUDIOLOGY	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		19,189	0	19,189		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		229,669	0	229,669		41.00
42.00	DRUGS: IV SOLUTIONS	0		8,370	0	8,370		42.00
43.00	DENTAL CARE	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		1,821	0	1,821		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	SCREENING & PREVENTIVE SERVICES	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	HOME HEALTH AGENCY	0		0	0	0		70.00
71.00	AMBULANCE	0	0	22,361	0	22,361		71.00
72.00	HOSPICE	0		0	0	0		72.00
73.00	CORF	0		0	0	0		73.00
74.00	OPT	0		0	0	0		74.00
75.00	OOT	0		0	0	0		75.00

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ALLOCATION OF GENERAL SERVICES COSTS

Worksheet B
Part I

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		16.00	17.00	19.00	20.00	21.00		
76.00	OSP	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	PREVENTIVE VACCINES	0		6,337	0	6,337		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		0	0	0		81.00
89.00	SUBTOTAL	**2,568**	**8,061**	**15,995,299**	**0**	**15,995,299**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0	0	0		90.00
91.00	NONPAID WORKERS	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0		55,656	0	55,656		93.00
98.00	CROSS FOOT ADJUSTMENTS							98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	**2,568**	**8,061**	**16,050,955**	**0**	**16,050,955**		100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
	From: 01/01/2025	MCRIF32 **2540-24**
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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**	0				3.00
4.00	ADMINISTRATIVE AND GENERAL	0	180,597	16,064	**196,661**	0	196,661			4.00
5.00	PLANT OP, MAINT. & REPAIRS	0	99,433	8,845	**108,278**	0	13,551	121,829		5.00
6.00	LAUNDRY AND LINEN SERVICE	0	30,694	2,730	**33,424**	0	2,803	3,834	40,061	6.00
7.00	HOUSEKEEPING	0	10,807	961	**11,768**	0	11,306	1,350	0	7.00
8.00	DIETARY	0	124,980	11,117	**136,097**	0	26,547	15,610	0	8.00
9.00	NURSING ADMINISTRATION	0	75,282	6,696	**81,978**	0	12,000	9,403	0	9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	23,379	2,080	**25,459**	0	1,194	2,920	0	10.00
11.00	PHARMACY	0	0	0	**0**	0	0	0	0	11.00
12.00	MEDICAL RECORDS	0	0	0	**0**	0	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	**0**	0	3,167	0	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	0	**0**	0	6,312	0	0	14.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	**0**	0	31	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	**0**	0	99	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	0	678,054	60,314	**738,368**	0	103,246	84,690	40,061	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	170	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	355	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	21	0	0	34.00
35.00	PHYSICAL THERAPY	0	20,511	1,824	**22,335**	0	7,155	2,562	0	35.00
36.00	OCCUPATIONAL THERAPY	0	0	0	**0**	0	4,418	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	0	**0**	0	1,181	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	173	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	4,926	438	**5,364**	0	1,997	615	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	**0**	0	75	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	22	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	274	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

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	
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	184	16	**200**	0	54	23	0	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	**0**	0	0	0	0	81.00
89.00	SUBTOTAL	**0**	**1,248,847**	**111,085**	**1,359,932**	**0**	**196,151**	**121,007**	**40,061**	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	6,580	585	**7,165**	0	510	822	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER		0	0	**0**	0	0	0	0	99.00
100.00	TOTAL	**0**	**1,255,427**	**111,670**	**1,367,097**	**0**	**196,661**	**121,829**	**40,061**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	24,424								7.00
8.00	DIETARY	3,269	181,523							8.00
9.00	NURSING ADMINISTRATION	1,969	0	105,350						9.00
10.00	CENTRAL SERVICES AND SUPPLY	611	0	0	30,184					10.00
11.00	PHARMACY	0	0	0	0	0				11.00
12.00	MEDICAL RECORDS	0	0	0	0	0	0			12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	0	3,167		13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	0	6,312	14.00
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
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	17,733	181,523	105,350	16,875	0	0	3,167	6,312	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	536	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	1,040	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	129	0	0	11,507	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	454	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00
74.00	OPT	0	0	0	0	0	0	0	0	74.00
75.00	OOT	0	0	0	0	0	0	0	0	75.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	
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	5	0	0	308	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	**24,252**	**181,523**	**105,350**	**30,184**	**0**	**0**	**3,167**	**6,312**	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	172	0	0	0	0	0	0	0	93.00
98.00	CROSS FOOT ADJUSTMENTS									98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0	0	0	0	99.00
100.00	TOTAL	**24,424**	**181,523**	**105,350**	**30,184**	**0**	**0**	**3,167**	**6,312**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		16.00	17.00	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
16.00	TRAINING AND IN-SERVICE EDUCATION	31						16.00
17.00	PATIENT TRANSPORTATION PART A	0	99					17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
25.00	SKILLED NURSING FACILITY	31	99	1,297,455	0	1,297,455		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	0		170	0	170		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0		0	0	0		31.00
32.00	LABORATORY	0		355	0	355		32.00
33.00	INTRAVENOUS THERAPY	0		0	0	0		33.00
34.00	RESPIRATORY THERAPY	0		21	0	21		34.00
35.00	PHYSICAL THERAPY	0		32,588	0	32,588		35.00
36.00	OCCUPATIONAL THERAPY	0		4,418	0	4,418		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0		1,181	0	1,181		37.00
38.00	AUDIOLOGY	0		0	0	0		38.00
39.00	ELECTROCARDIOLOGY	0		0	0	0		39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		1,213	0	1,213		40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0		19,612	0	19,612		41.00
42.00	DRUGS: IV SOLUTIONS	0		529	0	529		42.00
43.00	DENTAL CARE	0		0	0	0		43.00
44.00	APPLIANCES AND EQUIPMENT	0		22	0	22		44.00
45.00	BLOOD AND BLOOD PRODUCTS	0		0	0	0		45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0		0	0	0		46.00
47.00	OTHER ANCILLARY SERVICE COST	0		0	0	0		47.00
OUTPATIENT SERVICE COST CENTERS								
60.00	SCREENING & PREVENTIVE SERVICES	0		0	0	0		60.00
61.00	OUTPATIENT LABORATORY	0		0	0	0		61.00
62.00	PORTABLE X-RAY SERVICES	0		0	0	0		62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0		0	0	0		63.00
64.00	OTHER OUTPATIENT SERVICE COST	0		0	0	0		64.00
OUTPATIENT REIMBURSABLE COST CENTERS								
70.00	HOME HEALTH AGENCY	0		0	0	0		70.00
71.00	AMBULANCE	0	0	274	0	274		71.00
72.00	HOSPICE	0		0	0	0		72.00
73.00	CORF	0		0	0	0		73.00
74.00	OPT	0		0	0	0		74.00
75.00	OOT	0		0	0	0		75.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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ALLOCATION OF CAPITAL RELATED COSTS

Worksheet B
Part II

	Cost Center Description	TRAINING & IN-SERVICE EDUCATION	PATIENT TRANSPORT PART A	SUBTOTAL	POST STEPDOWN ADJ	TOTAL		
		16.00	17.00	19.00	20.00	21.00		
76.00	OSP	0		0	0	0		76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST	0		0	0	0		77.00
COST REIMBURSED SERVICES COST CENTERS								
80.00	PREVENTIVE VACCINES	0		590	0	590		80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0		0	0	0		81.00
89.00	SUBTOTAL	**31**	**99**	**1,358,428**	**0**	**1,358,428**		89.00
NONREIMBURSABLE COST CENTERS								
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN	0		0	0	0		90.00
91.00	NONPAID WORKERS	0		0	0	0		91.00
92.00	PHYSICIAN PRIVATE OFFICES	0		0	0	0		92.00
93.00	BARBER AND BEAUTY SHOP	0		8,669	0	8,669		93.00
98.00	CROSS FOOT ADJUSTMENTS							98.00
99.00	NEGATIVE COST CENTER	0	0	0	0	0		99.00
100.00	TOTAL	**31**	**99**	**1,367,097**	**0**	**1,367,097**		100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	
		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	34,153								1.00
2.00	CAPITAL RELATED-MOVABLE EQUIPMENT		34,153							2.00
3.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	8,937,646						3.00
4.00	ADMINISTRATIVE AND GENERAL	4,913	4,913	809,248	**-3,376,358**	12,674,597				4.00
5.00	PLANT OP, MAINT. & REPAIRS	2,705	2,705	311,147	**0**	873,383	26,535			5.00
6.00	LAUNDRY AND LINEN SERVICE	835	835	79,204	**0**	180,681	835	53,271		6.00
7.00	HOUSEKEEPING	294	294	560,061	**0**	728,672	294	0	25,406	7.00
8.00	DIETARY	3,400	3,400	810,404	**0**	1,710,955	3,400	0	3,400	8.00
9.00	NURSING ADMINISTRATION	2,048	2,048	572,117	**0**	773,386	2,048	0	2,048	9.00
10.00	CENTRAL SERVICES AND SUPPLY	636	636	43,232	**0**	76,973	636	0	636	10.00
11.00	PHARMACY	0	0	0	**0**	0	0	0	0	11.00
12.00	MEDICAL RECORDS	0	0	0	**0**	0	0	0	0	12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	171,301	**0**	204,117	0	0	0	13.00
14.00	ACTIVITIES PROGRAM	0	0	339,121	**0**	406,832	0	0	0	14.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	**0**	2,028	0	0	0	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	**0**	6,365	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	18,446	18,446	4,790,790	**0**	6,653,912	18,446	53,271	18,446	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**	10,948	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**	22,890	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**	1,374	0	0	0	34.00
35.00	PHYSICAL THERAPY	558	558	166,584	**0**	461,150	558	0	558	35.00
36.00	OCCUPATIONAL THERAPY	0	0	238,937	**0**	284,710	0	0	0	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0	0	23,940	**0**	76,083	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**	11,143	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	134	134	0	**0**	128,680	134	0	134	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	0	**0**	4,860	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**	1,438	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**	17,657	0	0	0	71.00
72.00	HOSPICE	0	0	0	**0**	0	0	0	0	72.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
	From: 01/01/2025	MCRIF32 **2540-24**
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	CRC - B&F (SQUARE FEET)	CRC - ME (SQUARE FEET)	EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	RECONCIL-IATION	ADMINISTRATIVE AND GENERAL (ACCUM COST)	PLANT OP, MAINT & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (PATIENT CENSUS)	HOUSEKEEPING (SQUARE FEET)	
		1.00	2.00	3.00	4A	4.00	5.00	6.00	7.00	
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	5	5	0	**0**	3,505	5	0	5	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	**0**	0	0	0	0	81.00
89.00	SUBTOTAL	**33,974**	**33,974**	**8,916,086**	**-3,376,358**	**12,641,742**	**26,356**	**53,271**	**25,227**	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	179	179	21,560	**0**	32,855	179	0	179	93.00
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	1,255,427	111,670	1,712,194		3,376,358	1,106,042	263,617	935,036	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	36.758908	3.269698	0.191571		0.266388	41.682382	4.948602	36.803747	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II			0		196,661	121,829	40,061	24,424	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II			0.000000		0.015516	4.591257	0.752023	0.961348	105.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (COSTED REQUIS)	MEDICAL SOCIAL SERVICES (PATIENT CENSUS)	ACTIVITIES PROGRAM (PATIENT CENSUS)	TRAINING & IN-SERVICE EDUCATION (PATIENT CENSUS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	16.00	
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	159,813								8.00
9.00	NURSING ADMINISTRATION	0	249,258							9.00
10.00	CENTRAL SERVICES AND SUPPLY	0	0	323,462						10.00
11.00	PHARMACY	0	0	0	0					11.00
12.00	MEDICAL RECORDS	0	0	0	0	0				12.00
13.00	MEDICAL SOCIAL SERVICES	0	0	0	0	0	53,271			13.00
14.00	ACTIVITIES PROGRAM	0	0	0	0	0	0	53,271		14.00
16.00	TRAINING AND IN-SERVICE EDUCATION	0	0	0	0	0	0	0	53,271	16.00
17.00	PATIENT TRANSPORTATION PART A	0	0	0	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS										
25.00	SKILLED NURSING FACILITY	159,813	249,258	180,838	0	0	53,271	53,271	53,271	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	11,143	0	0	0	0	0	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	0	0	123,316	0	0	0	0	0	41.00
42.00	DRUGS: IV SOLUTIONS	0	0	4,860	0	0	0	0	0	42.00
43.00	DENTAL CARE	0	0	0	0	0	0	0	0	43.00
44.00	APPLIANCES AND EQUIPMENT	0	0	0	0	0	0	0	0	44.00
45.00	BLOOD AND BLOOD PRODUCTS	0	0	0	0	0	0	0	0	45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE	0	0	0	0	0	0	0	0	46.00
47.00	OTHER ANCILLARY SERVICE COST	0	0	0	0	0	0	0	0	47.00
OUTPATIENT SERVICE COST CENTERS										
60.00	SCREENING & PREVENTIVE SERVICES	0	0	0	0	0	0	0	0	60.00
61.00	OUTPATIENT LABORATORY	0	0	0	0	0	0	0	0	61.00
62.00	PORTABLE X-RAY SERVICES	0	0	0	0	0	0	0	0	62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	0	63.00
64.00	OTHER OUTPATIENT SERVICE COST	0	0	0	0	0	0	0	0	64.00
OUTPATIENT REIMBURSABLE COST CENTERS										
70.00	HOME HEALTH AGENCY	0	0	0	0	0	0	0	0	70.00
71.00	AMBULANCE	0	0	0	0	0	0	0	0	71.00
72.00	HOSPICE	0	0	0	0	0	0	0	0	72.00
73.00	CORF	0	0	0	0	0	0	0	0	73.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	DIETARY (MEALS SERVED)	NURSING ADMIN (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS (COSTED REQUIS)	MEDICAL SOCIAL SERVICES (PATIENT CENSUS)	ACTIVITIES PROGRAM (PATIENT CENSUS)	TRAINING & IN-SERVICE EDUCATION (PATIENT CENSUS)	
		8.00	9.00	10.00	11.00	12.00	13.00	14.00	16.00	
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	3,305	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	**159,813**	**249,258**	**323,462**	**0**	**0**	**53,271**	**53,271**	**53,271**	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
98.00	CROSS FOOT ADJUSTMENT									98.00
99.00	NEGATIVE COST CENTER									99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	2,433,586	1,140,147	147,395	0	0	258,491	515,207	2,568	102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	15.227710	4.574164	0.455679	0.000000	0.000000	4.852377	9.671435	0.048206	103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	181,523	105,350	30,184	0	0	3,167	6,312	31	104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	1.135846	0.422654	0.093315	0.000000	0.000000	0.059451	0.118488	0.000582	105.00

MOHAWK MEADOWS	Period:	Run Date Time:	3/30/2026 11:03
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	PATIENT TRANSPORT PART A (USAGE)		
		17.00		
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
16.00	TRAINING AND IN-SERVICE EDUCATION			16.00
17.00	PATIENT TRANSPORTATION PART A	100		17.00
INPATIENT ROUTINE SERVICE COST CENTERS				
25.00	SKILLED NURSING FACILITY	100		25.00
26.00	NURSING FACILITY			26.00
27.00	ICF/IID			27.00
ANCILLARY SERVICE COST CENTERS				
30.00	RADIOLOGY-DIAGNOSTIC			30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY			31.00
32.00	LABORATORY			32.00
33.00	INTRAVENOUS THERAPY			33.00
34.00	RESPIRATORY THERAPY			34.00
35.00	PHYSICAL THERAPY			35.00
36.00	OCCUPATIONAL THERAPY			36.00
37.00	SPEECH LANGUAGE PATHOLOGIST			37.00
38.00	AUDIOLOGY			38.00
39.00	ELECTROCARDIOLOGY			39.00
40.00	MEDICAL SUPPLIES CHARGED TO PATIENTS			40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS			41.00
42.00	DRUGS: IV SOLUTIONS			42.00
43.00	DENTAL CARE			43.00
44.00	APPLIANCES AND EQUIPMENT			44.00
45.00	BLOOD AND BLOOD PRODUCTS			45.00
46.00	BLOOD TRANSFUSION/PROCESSING/STORAGE			46.00
47.00	OTHER ANCILLARY SERVICE COST			47.00
OUTPATIENT SERVICE COST CENTERS				
60.00	SCREENING & PREVENTIVE SERVICES			60.00
61.00	OUTPATIENT LABORATORY			61.00
62.00	PORTABLE X-RAY SERVICES			62.00
63.00	OUTPATIENT DURABLE MEDICAL EQUIPMENT			63.00
64.00	OTHER OUTPATIENT SERVICE COST			64.00
OUTPATIENT REIMBURSABLE COST CENTERS				
70.00	HOME HEALTH AGENCY			70.00
71.00	AMBULANCE	0		71.00
72.00	HOSPICE			72.00
73.00	CORF			73.00
74.00	OPT			74.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COST ALLOCATIONS - STATISTICAL BASIS **Worksheet B-1**

	Cost Center Description	PATIENT TRANSPORT PART A (USAGE)		
		17.00		
75.00	OOT			75.00
76.00	OSP			76.00
77.00	OTHER OUTPATIENT REIMBURSABLE COST			77.00
COST REIMBURSED SERVICES COST CENTERS				
80.00	PREVENTIVE VACCINES			80.00
81.00	OTHER COST REIMBURSED SERVICE COST			81.00
89.00	SUBTOTAL	**100**		89.00
NONREIMBURSABLE COST CENTERS				
90.00	GIFT, FLOWER, COFFEE SHOPS & CANTEEN			90.00
91.00	NONPAID WORKERS			91.00
92.00	PHYSICIAN PRIVATE OFFICES			92.00
93.00	BARBER AND BEAUTY SHOP			93.00
98.00	CROSS FOOT ADJUSTMENT			98.00
99.00	NEGATIVE COST CENTER			99.00
102.00	COST TO BE ALLOCATED - WKST B, PART I	8,061		102.00
103.00	UNIT COST MULTIPLIER - WKST B, PART I	80.610000		103.00
104.00	COST TO BE ALLOCATED - WKST B, PART II	99		104.00
105.00	UNIT COST MULTIPLIER - WKST B, PART II	0.990000		105.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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RATIO OF COST TO CHARGES FOR ANCILLARY AND OUTPATIENT COST CENTERS **Worksheet C**

			CHARGES				
	Cost Center Description	TOTAL COST	TOTAL CHARGES	RECLASS-IFICATIONS	RECLASSIFIED CHARGES	COST TO CHARGE RATIO	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
25.00	SKILLED NURSING FACILITY	14,578,266	16,646,722	0	16,646,722		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	13,864	250	0	250	55.456000	30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0	0	0	0	0.000000	31.00
32.00	LABORATORY	28,988	0	0	0	0.000000	32.00
33.00	INTRAVENOUS THERAPY	0	0	0	0	0.000000	33.00
34.00	RESPIRATORY THERAPY	1,740	0	0	0	0.000000	34.00
35.00	PHYSICAL THERAPY	627,790	381,012	0	381,012	1.647691	35.00
36.00	OCCUPATIONAL THERAPY	360,553	605,416	0	605,416	0.595546	36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	96,351	176,739	0	176,739	0.545160	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	19,189	0	0	0	0.000000	40.00
41.00	DRUGS: DRUGS CHARGED TO PATIENTS	229,669	95,051	0	95,051	2.416271	41.00
42.00	DRUGS: IV SOLUTIONS	8,370	0	0	0	0.000000	42.00
43.00	DENTAL CARE	0	0	0	0	0.000000	43.00
44.00	APPLIANCES AND EQUIPMENT	1,821	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	22,361	0	0	0	0.000000	71.00
COST REIMBURSED SERVICES COST CENTERS							
80.00	PREVENTIVE VACCINES	6,337	147	0	147	43.108844	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0	0	0	0	0.000000	81.00
100.00	Total	**15,995,299**	**17,905,337**	**0**	**17,905,337**		100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D**

Title XVIII Skilled Nursing Facility

			HEALTHCARE CHARGES			HEALTHCARE COSTS			
		RATIO OF COST TO CHARGES	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	55.456000	250	0		13,864	0		30.00
31.00	RADIOLOGY-THERAPEUTIC/CHEMOTHERAPY	0.000000	0	0		0	0		31.00
32.00	LABORATORY	0.000000	0	0		0	0		32.00
33.00	INTRAVENOUS THERAPY	0.000000	0	0		0	0		33.00
34.00	RESPIRATORY THERAPY	0.000000	0	0		0	0		34.00
35.00	PHYSICAL THERAPY	1.647691	194,936	0		321,194	0		35.00
36.00	OCCUPATIONAL THERAPY	0.595546	210,125	0		125,139	0		36.00
37.00	SPEECH LANGUAGE PATHOLOGIST	0.545160	100,599	0		54,843	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	2.416271	77,188	0		186,507	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	43.108844			147			6,337	80.00
81.00	OTHER COST REIMBURSED SERVICE COST	0.000000	0	0		0	0		81.00
100.00	Total		**583,098**	**0**	**147**	**701,547**	**0**	**6,337**	100.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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COMPUTATION OF INPATIENT ROUTINE COSTS **Worksheet D-1**

Title XVIII Skilled Nursing Facility

		1.00	
INPATIENT DAYS			
1.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS	53,271	1.00
2.00	PRIVATE ROOM DAYS	0	2.00
3.00	INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	4,786	3.00
4.00	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM	0	4.00
5.00	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	**14,578,266**	5.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
6.00	GENERAL INPATIENT ROUTINE SERVICE CHARGES	16,646,722	6.00
7.00	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	0.875744	7.00
8.00	ENTER PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	8.00
9.00	AVERAGE PRIVATE ROOM PER DIEM CHARGE	0.00	9.00
10.00	ENTER SEMI-PRIVATE ROOM CHARGES FROM YOUR RECORDS	0	10.00
11.00	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	0.00	11.00
12.00	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	0.00	12.00
13.00	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	0.00	13.00
14.00	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	0	14.00
15.00	GENERAL INPATIENT ROUTINE SERVICE COST NET OF PRIVATE ROOM COST DIFFERENTIAL	14,578,266	15.00
PROGRAM INPATIENT ROUTINE SERVICE COSTS			
16.00	ADJUSTED GENERAL INPATIENT SERVICE COST PER DIEM	273.66	16.00
17.00	PROGRAM ROUTINE SERVICE COST	1,309,737	17.00
18.00	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	0	18.00
19.00	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	**1,309,737**	19.00
20.00	CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	1,297,455	20.00
21.00	PER DIEM CAPITAL RELATED COSTS	24.36	21.00
22.00	PROGRAM CAPITAL RELATED COST	116,587	22.00
23.00	INPATIENT ROUTINE SERVICE COST	1,193,150	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	**1,193,150**	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

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART A

Worksheet E
Part A

Title XVIII Skilled Nursing Facility

		1.00	
1.00	INPATIENT PPS AMOUNT	3,851,474	1.00
2.00	ALLOWABLE BAD DEBTS	265,069	2.00
3.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL ELIGIBLE BENEFICIARIES	70,289	3.00
4.00	REIMBURSABLE BAD DEBTS	172,295	4.00
5.00	TOTAL REIMBURSABLE COST	**4,023,769**	5.00
6.00	PRIMARY PAYER AMOUNTS	0	6.00
7.00	COINSURANCE	711,043	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	3,446	10.00
11.00	SEQUESTRATION AMOUNT	62,809	11.00
12.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	12.00
13.00	NET REIMBURSABLE COST	**3,246,471**	13.00
14.00	INTERIM PAYMENTS	3,262,878	14.00
15.00	TENTATIVE ADJUSTMENT	0	15.00
16.00	BALANCE DUE PROVIDER/PROGRAM	**-16,407**	16.00
17.00	PROTESTED AMOUNTS	0	17.00

MOHAWK MEADOWS	Period:	Run Date Time:	3/30/2026 11:03
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CALCULATION OF REIMBURSEMENT SETTLEMENT - MEDICARE PART B

Worksheet E
Part B

Title XVIII Skilled Nursing Facility

		1.00	
1.00	PART B ANCILLARY SERVICE COSTS	0	1.00
2.00	PREVENTIVE VACCINES	6,337	2.00
3.00	TOTAL REASONABLE COSTS	**6,337**	3.00
4.00	MEDICARE PART B ANCILLARY CHARGES	147	4.00
5.00	COST OF COVERED SERVICES	147	5.00
6.00	ALLOWABLE BAD DEBTS	0	6.00
7.00	ALLOWABLE BAD DEBTS FOR INDIGENT DUAL-ELIGIBLE BENEFICIARIES	0	7.00
8.00	REIMBURSABLE BAD DEBTS	0	8.00
9.00	TOTAL REIMBURSABLE COST	**147**	9.00
10.00	PRIMARY PAYER AMOUNTS	0	10.00
11.00	COINSURANCE AND DEDUCTIBLES	0	11.00
12.00	OTHER ADJUSTMENTS (SPECIFY)	0	12.00
13.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT BEFORE SEQUESTRATION	0	13.00
14.00	SEQUESTRATION AMOUNT	3	14.00
15.00	DEMONSTRATION PAYMENT ADJUSTMENT AMOUNT AFTER SEQUESTRATION	0	15.00
16.00	NET REIMBURSABLE COST	144	16.00
17.00	INTERIM PAYMENTS	117	17.00
18.00	TENTATIVE ADJUSTMENT	0	18.00
19.00	BALANCE DUE PROVIDER/PROGRAM	27	19.00
20.00	PROTESTED AMOUNTS	0	20.00

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ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED TO MEDICARE BENEFICIARIES

Worksheet E-1

Title XVIII Skilled Nursing Facility

		PART A		PART B		
		DATE	AMOUNT	DATE	AMOUNT	
		1.00	2.00	3.00	4.00	
1.00	TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,382,473		117	1.00
2.00	INTERIM PAYMENTS PAYABLE		0		0	2.00
3.00	RETROACTIVE LUMP SUM ADJUSTMENTS					3.00
PROGRAM TO PROVIDER						
3.01	ADJUSTMENT TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
PROVIDER TO PROGRAM						
3.50	ADJUSTMENT TO PROGRAM	10/21/2025	119,595		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		**-119,595**		**0**	3.99
4.00	TOTAL INTERIM PAYMENTS		**3,262,878**		**117**	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		0		27	6.01
6.02	PROVIDER TO PROGRAM		16,407		0	6.02
7.00	CONTRACTOR: TOTAL MEDICARE PROGRAM LIABILITY		**3,246,471**		**144**	7.00

	NAME OF CONTRACTOR	CONTRACTOR NUMBER	DATE OF NPR	
	1.00	2.00	3.00	
8.00				8.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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CALCULATION OF REIMBURSEMENT SETTLEMENT - OTHER **Worksheet E-2**

Title XIX Skilled Nursing Facility

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

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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BALANCE SHEET **Worksheet G**

		1.00	
ASSETS			
CURRENT ASSETS			
1.00	CASH ON HAND AND IN BANKS	705,152	1.00
2.00	TEMPORARY INVESTMENTS	0	2.00
3.00	NOTES RECEIVABLE	0	3.00
4.00	ACCOUNTS RECEIVABLE	5,072,487	4.00
5.00	OTHER RECEIVABLES	27,426	5.00
6.00	LESS: ALLOWANCES FOR UNCOLLECTIBLE NOTES AND ACCOUNTS RECEIVABLE	920,302	6.00
7.00	INVENTORY	0	7.00
8.00	PREPAID EXPENSES	321,711	8.00
9.00	OTHER CURRENT ASSETS	169,913	9.00
10.00	DUE FROM OTHER FUNDS	0	10.00
11.00	TOTAL CURRENT ASSETS)	**5,376,387**	11.00
FIXED ASSETS			
12.00	LAND	0	12.00
13.00	LAND IMPROVEMENTS	0	13.00
14.00	LESS: ACCUMULATED DEPRECIATION	0	14.00
15.00	BUILDINGS	0	15.00
16.00	LESS: ACCUMULATED DEPRECIATION	0	16.00
17.00	LEASEHOLD IMPROVEMENTS	30,577	17.00
18.00	LESS: ACCUMULATED AMORTIZATION	1,112	18.00
19.00	FIXED EQUIPMENT	1,870	19.00
20.00	LESS: ACCUMULATED DEPRECIATION	0	20.00
21.00	AUTOMOBILES AND TRUCKS	0	21.00
22.00	LESS: ACCUMULATED DEPRECIATION	0	22.00
23.00	MAJOR MOVABLE EQUIPMENT	84,878	23.00
24.00	LESS: ACCUMULATED DEPRECIATION	12,447	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	**103,766**	28.00
OTHER ASSETS			
29.00	INVESTMENTS	0	29.00
30.00	DEPOSITS ON LEASES	1,264,002	30.00
31.00	DUE FROM OWNERS/OFFICERS	0	31.00
32.00	OTHER ASSETS	16,566,857	32.00
33.00	TOTAL OTHER ASSETS	**17,830,859**	33.00
34.00	TOTAL ASSETS	**23,311,012**	34.00
LIABILITIES			
CURRENT LIABILITIES			
35.00	ACCOUNTS PAYABLE	1,979,570	35.00
36.00	SALARIES, WAGES, AND FEES PAYABLE	672,451	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	0	41.00
42.00	OTHER CURRENT LIABILITIES	0	42.00
43.00	TOTAL CURRENT LIABILITIES	**2,652,021**	43.00
LONG TERM LIABILITIES			
44.00	MORTGAGE PAYABLE	0	44.00
45.00	NOTES PAYABLE	19,106,839	45.00
46.00	UNSECURED LOANS	0	46.00
47.00	LOANS FROM OWNERS	3,258,000	47.00
48.00	OTHER LONG TERM LIABILITIES	0	48.00
49.00	TOTAL LONG TERM LIABILITIES	**22,364,839**	49.00
50.00	TOTAL LIABILITIES	**25,016,860**	50.00
CAPITAL ACCOUNTS			
51.00	FUND BALANCE	-1,705,848	51.00
52.00	TOTAL LIABILITIES AND FUND BALANCES	**23,311,012**	52.00

MOHAWK MEADOWS	Period:	Run Date Time: 3/30/2026 11:03
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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	3,874,517	209,923	1,717,524	8,112,894	2,731,864						**16,646,722**	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	**3,874,517**	**209,923**	**1,717,524**	**8,112,894**	**2,731,864**						**16,646,722**	4.00
ALL OTHER SERVICES													
5.00	ANCILLARY SERVICES	495,463	0	0	43,936	217,218	526,393	0	0	0	0	**1,283,010**	5.00
6.00	HOME HEALTH AGENCY						0	0	0	0	0	**0**	6.00
7.00	AMBULANCE		0	0	0	0	0	0	0	0	0	**0**	7.00
8.00	HOSPICE	0	0	0	0	0	0	0	0	0	0	**0**	8.00
9.00	ALL OTHER REVENUES	0	0	0	0	0	0	0	0	0	0	**0**	9.00
10.00	TOTAL PATIENT REVENUES	**4,369,980**	**209,923**	**1,717,524**	**8,156,830**	**2,949,082**	**526,393**	**0**	**0**	**0**	**0**	**17,929,732**	10.00

PART II - OPERATING EXPENSES

		TOTAL	
		1.00	
11.00	OPERATING EXPENSES	16,418,082	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	**16,418,082**	16.00

MOHAWK MEADOWS	Period:	Run Date Time:	3/30/2026 11:03
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STATEMENT OF REVENUES AND EXPENSES **Worksheet G-3**

		1.00	
INCOME FROM SERVICES TO PATIENTS			
1.00	TOTAL PATIENT REVENUES	17,929,732	1.00
2.00	LESS: CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENT ACCOUNTS	1,135,473	2.00
3.00	NET PATIENT REVENUES	16,794,259	3.00
4.00	LESS: TOTAL OPERATING EXPENSES	16,418,082	4.00
5.00	NET INCOME FROM SERVICES TO PATIENTS	**376,177**	5.00
OTHER INCOME			
6.00	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	0	6.00
7.00	INCOME FROM INVESTMENTS	1,508	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	PRIOR YEAR	108,727	24.00
24.01	NON PATIENT REVENUE	1,564	24.01
25.00	PHE FUNDING	0	25.00
26.00	TOTAL OTHER INCOME	**111,799**	26.00
27.00	TOTAL INCOME	**487,976**	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	**487,976**	32.00

BEMET LLC
D/B/A MOHAWK MEADOWS
(a limited liability company)

FINANCIAL STATEMENTS
YEAR ENDED DECEMBER 31, 2025

Brand Sonnenschine LLP
Certified Public Accountants & Advisors

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Brand Sonnenschine LLP
Certified Public Accountants & Advisors

INDEPENDENT AUDITORS' REPORT

To the Member of
Bemet LLC
d/b/a Mohawk Meadows

Opinion

We have audited the accompanying financial statements of Bemet LLC d/b/a Mohawk Meadows (a limited liability company), which comprise the balance sheet as of December 31, 2025, and the related statements of operations and member's deficiency and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Bemet LLC d/b/a Mohawk Meadows as of December 31, 2025, and the results of its operations, changes in member's deficiency, and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Bemet LLC d/b/a Mohawk Meadows and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Bemet LLC d/b/a Mohawk Meadows's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Bemet LLC d/b/a Mohawk Meadows's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Bemet LLC d/b/a Mohawk Meadows's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

June 1, 2026

BEMET LLC
D/B/A MOHAWK MEADOWS
(a limited liability company)
BALANCE SHEET
AT DECEMBER 31, 2025

ASSETS		
Current assets		
Cash and cash equivalents (note 2)	$	705,151
Restricted cash - patient funds (note 2)		63,251
Accounts receivable - net (note 3)		1,799,874
Escrow deposits (notes 2 and 5)		106,663
Prepaid expenses and other		133,316
Total current assets		2,808,255
Property and equipment - net (note 4)		654,037
Security deposit (note 5)		1,264,002
Right-of-use asset (note 5)		14,463,358
TOTAL ASSETS	$	19,189,652
LIABILITIES AND MEMBER'S DEFICIENCY		
Current liabilities		
Accounts payable	$	1,749,609
Accrued expenses		817,799
Operating lease obligation (note 5)		1,468,017
Due to prior owner (note 12)		15,633
Due to private and third-party payors		87,848
Patients' funds payable		63,251
Total current liabilities		4,202,157
Loan payable (note 10)		1,572,000
Due to member (note 11)		3,258,000
Operating lease obligation (note 5)		15,864,481
Total liabilities		24,896,638
Member's deficiency		(5,706,986)
TOTAL LIABILITIES AND MEMBER'S DEFICIENCY	$	19,189,652

See accompanying notes to the financial statements.

BEMET LLC
D/B/A MOHAWK MEADOWS
(a limited liability company)
STATEMENTS OF OPERATIONS AND MEMBER'S DEFICIENCY
YEAR ENDED DECEMBER 31, 2025

Revenues	$ 16,724,945
Operating expenses	20,158,597
Loss from operations	(3,433,652)
Non-operating revenue (expense):	
Interest income	1,508
Interest expense	(81,021)
NET LOSS	(3,513,165)
Member's deficiency - December 31, 2024	(2,193,821)
MEMBER'S DEFICIENCY - DECEMBER 31, 2025	$ (5,706,986)

See accompanying notes to the financial statements.

BEMET LLC
D/B/A MOHAWK MEADOWS
(a limited liability company)
STATEMENT OF CASH FLOWS
YEAR ENDED DECEMBER 31, 2025

Cash flows from operating activities	
Net loss	$ (3,513,165)
Adjustments to reconcile net loss	
to net cash provided by operating activities:	
Depreciation	27,551
Net increase in right-of-use asset and operating lease liability	1,281,943
(Increase) decrease in assets	
Accounts receivable	2,715,761
Prepaid expenses and other	(14,600)
Increase in liabilities	
Accounts payable	425,453
Accrued expenses	89,377
Due to private and third-party payors	2,415
Patients' funds payable	5,514
Net cash provided by operating activities	1,020,249
Cash flows from investing activities	
Purchase of property and equipment	(663,827)
Increase in security deposits	(14,002)
Net cash used in investing activities	(677,829)
Cash flows from financing activities	
Repayments to member	(100,000)
Receipts from prior owner	174,016
Net cash provided by financing activities	74,016
Net increase in cash, restricted cash, and cash equivalents	416,436
Cash, restricted cash, and cash equivalents - December 31, 2024	458,629
CASH, RESTRICTED CASH, AND CASH EQUIVALENTS - DECEMBER 31, 2025	$ 875,065

See accompanying notes to the financial statements.

BEMET LLC
D/B/A MOHAWK MEADOWS
(a limited liability company)
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization and business – Bemet LLC d/b/a Mohawk Meadows (the "Company") was formed in the State of New Jersey on February 20, 2023, without a finite life, and commenced operations on February 1, 2024. The Company leases the land, building, and the rights to its license in Andover, New Jersey from an unrelated landlord. The Company is licensed to operate a long-term care facility with 159 long-term care beds, which it operates under the name Mohawk Meadows. The member of the Company is generally protected from liability for the acts and obligations of the Company.

Basis of accounting – The books and records of the Company are maintained on the accrual basis in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Cash equivalents – Cash equivalents represent short-term investments with original maturity dates of three months or less.

Restricted cash - patient funds – The Company adopted Financial Accounting Standards Board ("FASB") standard "Accounting Standards Update ("ASU") 2016-18, Statement of Cash Flows (Topic 230): Restricted Cash". This standard requires that cash, restricted cash, and cash equivalents be included in beginning and ending cash, restricted cash, and cash equivalents on the statement of cash flows. The Company is required to maintain patient funds in a separate, restricted account. The amount at all times must be equal to or exceed the aggregate of all outstanding obligations to the patients.

Restricted deposits - escrowed – The escrow deposits recorded by the Company represent restricted funds for capital improvements. The funds consist of deposits by the Company to guarantee that funds are available for capital improvements in the future. The Company requests reimbursement from the escrow upon proof of capital improvements. Future monthly required commitments for the funding of the escrow are $4,638.

Trade accounts receivable – Trade accounts receivable are stated at the amount management expects to collect from outstanding balances. The Company adopted "ASU 2016-13, Measurement of Credit Losses on Financial Instruments" and its related amendments using the prospective method. The standard changes the impairment model for most financial assets that are measured at amortized cost and certain other instruments, including trade receivables, from an incurred loss model to an expected loss model and adds certain new required disclosures. Under the expected loss model, entities recognize credit losses to be incurred over the entire contractual term of the instrument rather than delaying recognition of credit losses until it is probable that the loss has been incurred. In accordance with Accounting Standards Codification ("ASC") 326, the Company evaluates certain criteria, including aging and historical write-offs, current economic conditions of specific payors, and future economic conditions, to determine the appropriate allowance for credit losses. The impact of the adoption of ASC 326 on the Company's opening balance of net assets was not material.

In 2025, the Company elected to early adopt FASB ASU 2025-05, "Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets" which allows it to elect a practical expedient that assumes that the current conditions used in estimating the expected credit losses for accounts receivable and contract assets balances will not change for the remaining life of the asset.

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Property and equipment – Property and equipment are stated at cost. Depreciation is computed by the straight-line method over the estimated useful lives of the assets. Expenditures for maintenance and repairs are charged to operations as incurred. Significant renovations and replacements which improve and extend the life of the asset are capitalized.

Leases – The Company adopted "ASC 842, Leases". With this adoption, the Company determined which contracts conveyed the Company a right to control identified property, plant, or equipment for a period of time in exchange for consideration, that were deemed leases. The Company classified these contracts as right-of-use ("ROU") assets. ROU assets and lease liabilities are recognized based on the present value of lease payments over the lease term, with lease expense recognized on a straight-line basis.

Lease agreements may contain rent escalation clauses, rent holidays, or certain landlord incentives, including tenant improvement allowances. ROU assets include amounts for scheduled rent increases and may be reduced by lease incentive amounts. Using the transition approach, the Company elected to use the following practical expedients and, therefore, did not reassess any of the following: (1) whether any expired or existing contracts are or contain leases; (2) the lease classification of pre-ASC 842 operating leases, which continue to be reported as operating leases, and the lease classification of pre-ASC 842 capital leases, which are now reported as financing leases; and (3) initial direct costs for any existing leases.

With implementation, the Company also elected the following practical expedients of (1) using the Company's implicit borrowing rate (if available at the time of the lease origination); or (2) using a risk-free discount rate (US Treasury Rate) for the lease-derived ROU assets. ROU assets were treated separately from non-lease components of all asset classes. For leases utilizing the risk-free rate expedient, the Company elected to use a period comparable with that of the lease term, as an accounting policy election for all leases. The Company also made an accounting policy election to not record ROU assets or lease liabilities for leases with an initial term of 12 months or less and recognizes payments for such leases in its statement of earnings on a straight-line basis over the lease term. There were no residual value guarantees in any of the leases. The Company used hindsight in determining the lease term.

Revenues – Revenue is derived primarily from providing healthcare services to the Company's patients. Revenues are recognized when services are provided to the patients at the amount that reflects the consideration to which the Company expects to be entitled from patients and third-party payors, including Medicaid, Medicare, and insurers (private and Medicare replacement plans), in exchange for providing patient care. The healthcare services in transitional and skilled, home health, and hospice patient contracts include routine services in exchange for a contractual agreed-upon amount or rate. Routine services are treated as a single-performance obligation, satisfied over time as services are rendered. As such, patient care services represent a bundle of services that are not capable of being distinct. Additionally, there may be ancillary services which are not included in the daily rates for routine services, but instead are treated as separate performance obligations satisfied at a point in time, if and when those services are rendered.

NOTE 1 – FORMATION AND DESCRIPTION OF BUSINESS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenues recognized from healthcare services are adjusted for estimates of variable consideration to arrive at the transaction price. The Company determines the transaction price based on contractually agreed-upon amounts or rates, adjusted for estimates of variable consideration. The Company uses the expected value method to determine the variable component that should be used to arrive at the transaction price, using contractual agreements and historical reimbursement experience within each payor type. The amount of variable consideration which is included in the transaction price may be constrained and is included in the net revenue only to the extent that it is probable that a significant reversal in the amount of the cumulative revenue recognized will not occur in a future period. If actual amounts of consideration ultimately received differ from estimates, the Company adjusts these estimates, which would affect net service revenue in the period such variances become known.

Income taxes – The Company is treated as a single-member LLC for federal income tax purposes and does not incur income taxes. Instead, its earnings and losses are included on the return of the single member ("Parent"). The policy of the Company is to record interest expenses and penalties relating to income taxes in operating expenses. During the year, there were no income tax-related interest or penalty expenses and no accrued interest or penalties.

Advertising – Advertising costs, except for costs associated with direct-response advertising, are charged to operations when incurred. The costs of direct-response advertising are capitalized and amortized over the period during which future benefits are expected to be received.

Fair value of financial instruments – The carrying amounts of the Company's assets and liabilities approximate their fair value.

Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates**.**

Subsequent events – The Company has reviewed subsequent events and transactions for potential recognition and disclosure in the financial statements through June 1, 2026, the date the financial statements were available to be issued. See note 16 for subsequent events identified.

NOTE 2 – CASH, RESTRICTED CASH, AND CASH EQUIVALENTS

The balance in cash, restricted cash, and cash equivalents at December 31, 2025, consists of the following:

Operating cash	$	705151
Restricted cash – patient funds		63,251
Escrow deposits – lease (note 5)		106,663
Total cash, restricted cash, and cash equivalents	$	875,065

NOTE 3 – ALLOWANCE FOR CREDIT LOSSES

The change in the allowance for credit losses included in accounts receivable at December 31, 2025 is summarized as follows:

Balance – December 31, 2024	$	517,000
Provision for credit losses – current year		1,131,746
Provision for credit losses – prior period		1,597,806
Less: write-offs		24,552
Balance – December 31, 2025	$	3,222,000

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment at December 31, 2025, are summarized as follows:

	Estimated life (years)		
Furniture and equipment	5	$	36,916
Leasehold improvements	15		646,719
			683,635
Less: accumulated depreciation			29,598
		$	654,037

Depreciation expense was $27,551 for the year.

NOTE 5 – LEASE

The Company has an operating lease for the nursing facility premises. ROU assets represent the Company's right to use an underlying asset for the lease term if greater than twelve months. Lease obligations represent the Company's liability to make lease payments arising from the lease. Operating lease ROU assets and related obligations are recognized at the commencement date based on the present value of lease payments over the lease term discounted using an appropriate incremental borrowing rate. The incremental borrowing rate is based on the information available at the commencement date in determining the present value of lease payments. The value of an option to extend or terminate a lease is reflected to the extent it is reasonably certain management will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

The Company occupies its premises from an unrelated landlord under an operating lease that expires on January 31, 2034, with two successive extension options of five years each. The lease provides for a monthly base rent of $30,000 in months 1-8 of the lease, $50,000 in months 9-12, $75,000 in months 13-24, $183,333 in months 25-32, $191,667 in months 33-44, $200,000 in months 45-55, and annual 3% increases thereafter. The Company is responsible for additional rent of real estate taxes and operating expenses. The Company elected to exclude variable payments for real estate taxes and operating expenses from ROU operating lease present value computations. The lease is secured by the Company's accounts receivable, equipment, furniture, fixtures, and property. The lease arrangement has a remaining lease term of 8.08 years.

NOTE 5 – LEASE (continued)

The lease requires monthly escrow deposits for capital improvements. The balance of the escrow at December 31, 2025 was $106,663.

Beginning February 1, 2027, the Company has the option to purchase the premises for $11,130,000 until such time the lease is no longer in effect. As a condition of the option, the Company sent a deposit in the amount of $1,250,000, which will be credited against the purchase price should the purchase option be exercised.

The following table is a summary of components of lease expense and year-end ROU assets and lease liabilities relating to operating leases at December 31, 2025, and for the year then ended.

Operating lease cost	$	2,156,943
Short-term lease costs		33,993
Variable lease costs		389,408
Total	$	2,580,344
Operating lease ROU assets	$	14,463,358
Other current liabilities	$	1,468,017
Operating lease liabilities		15,864,481
Total operating lease liabilities	$	17,332,498
Weighted-average remaining lease term		8.08 years
Weighted-average discount rate		3.87%

Future lease liability maturities at December 31, 2025, are as follows:

2026	$	2,108,331
2027		2,316,670
2028		2,418,000
2029		2,490,540
2030		2,565,256
Thereafter		8,405,629
Total undiscounted lease liabilities		20,304,426
Less: imputed interest on lease liabilities		2,971,928
Total lease liabilities	$	17,332,498

The following table presents supplemental cash flow information for the year.

Operating cash flows for operating leases	$	875,000

NOTE 6 – CAPITAL EXPENDITURES PROMISSORY NOTE

In connection with the Company's lease (note 5), the Company entered into a $1,500,000 promissory note with its landlord. Draws on the note are available for capital expenditures. Interest on advances is payable at 8% per annum. Monthly payments are required once funds are drawn. The note expires when the lease terminates or the purchase option is exercised, at which time all unpaid principal and interest are to become due. No advances on the note were made to the Company during the year, and there was no balance due at December 31, 2025.

NOTE 7 – REVENUES

Approximately 8% of revenues for the year were derived from billings to the New Jersey Department of Health for stays by Medicaid patients. Approximately 4% of revenues for the year were derived from billings to the New York Department of Social Services for stays by Medicaid patients. Approximately 48% of revenues for the year were derived from billings to Managed Care Organizations ("MCOs") for stays by Managed Medicaid patients approved by the New Jersey Department of Health. Approximately 25% of revenues for the year were derived from billings to the Federal government for stays by Medicare patients covered by Part A and for services provided which are covered by Medicare Part B.

As a result of audits or appeals, adjustments to interim rates received in prior years decreased the Company's revenues by $116,808 for the year.

Effective July 2014, the New Jersey Department of Human Services changed its reimbursement methodology to an MCO system. The Company entered into contracts with state-approved MCOs that are paying for all new Medicaid admissions. Subsequent rates are negotiated between the Company and each MCO.

Effective January 2012, the methodology for Medicaid reimbursement in the State of New York was changed to a regional pricing methodology.

NOTE 8 – CONCENTRATION OF CREDIT RISK

The Company maintains its cash balances at several financial institutions. At December 31, 2025, accounts at each institution are insured by the Federal Deposit Insurance Corporation ("FDIC") up to $250,000. At December 31, 2025, the Company had uninsured bank balances of approximately $624,000.

At December 31, 2025, the Company had approximately 16% of its receivables due from the New Jersey Department of Health, 4% of its receivables due from the New York Department of Social Services, 17% of its receivables due from MCOs approved by the New Jersey Department of Health, and 7% of its receivables due from the Federal government for Medicare recipients.

At December 31, 2025, approximately 56% of the accounts payable balance was payable to one vendor.

NOTE 9 – ADVERTISING

Advertising and recruiting expenses were $119,803 for the year. There were no direct-response advertising costs either capitalized or expensed.

NOTE 10 – LOAN PAYABLE

The Company has received advances from its unrelated management company. The balance of the loan at December 31, 2025, was $1,572,000. The loan does not bear interest, and there is no formal repayment plan.

NOTE 11 – DUE TO MEMBER

The Parent advanced funds to the Company. The balance of the loan at December 31, 2025, was $3,258,000. $900,000 of the loan bears interest and the remainder does not. There is no formal repayment plan for the entire balance. Interest expense recorded on the loan was $74,497 for the year, and accrued interest on the loan at December 31, 2025, was $134,784, which was included in accrued expenses.

NOTE 12 – DUE TO PRIOR OWNER

The Company has either received payments due to the prior owner or has had recoupments which the prior owner was required to reimburse. The balance owed to the prior owner at December 31, 2025 was $15,633.

NOTE 13 – MULTIEMPLOYER HEALTH PLAN

Pursuant to a collective-bargaining agreement, the Company makes contributions to a multiemployer health plan for its union-represented employees. Required contributions are $38 per member per month. The Company incurred contribution expenses of $44,422 for the year.

NOTE 14 – EMPLOYEE BENEFIT PLANS

The Company maintains a qualified salary-reduction profit-sharing plan for eligible employees under section 401(k) of the Internal Revenue Code. The plan provides for voluntary employee contributions through salary reductions, with no required employer contributions. The Company did not incur any contribution expenses related to the plan for the year.

NOTE 15 – CONTINGENCIES

Revenues are based on current billings. Certain adjustments may be made in subsequent periods as a result of audits or appeals, the final results of which are not determinable as of the date of the financial statements. Such adjustments, if any, will be reflected in revenues in the period in which they are ascertained.

NOTE 15 – CONTINGENCIES (CONTINUED)

At times, the Company may be involved in various lawsuits and is subject to certain contingencies in the normal course of business. Management vigorously defends any claims that are asserted.

The Company provides health coverage to its employees through a self-funded healthcare arrangement, which runs on a fiscal year from July 1 through June 30, and assumes direct risk for payment of the claims for benefits. The Company also purchased a stop-loss insurance plan, which caps the employer liability on any individual claimant to a $50,000 deductible. Additionally, once aggregate deductibles on the policy reach a variable amount which is based on the current population of employees, the policy covers the next $1,000,000 of deductibles. The Company is responsible for deductibles in excess of $1,000,000 above the aggregate deductible.

In October 2019, the NYS Department of Health issued Medicaid rates for all Nursing Facilities in the state, effective July 1, 2019, utilizing a new methodology to calculate the Case Mix Index ("CMI") used as part of the rate calculation. A lawsuit was filed on behalf of the nursing home industry to block the implementation of this new methodology. The court issued an injunction to the implementation of the new calculation until such time as the case can be litigated and resolved in court. As required by the Court, the Department of Health restored the rates to the previously used methodology and updated the rate in February 2020 to use the most accurate CMI date as allowed under the old methodology. There exists a possibility of a change to these rates at a future time, when the legal case is finally resolved in court. A material amount may be awarded or recovered from the Company at that time. No amount has been recorded in the financial statements at this time to account for this uncertainty.

The New Jersey Department of Health is currently in the process of revising the methodology used to calculate the Medicaid reimbursement rate paid to the Company. The effect of these revisions on future operations cannot be determined at this time.

NOTE 16 – SUBSEQUENT EVENTS

In 2026, the Company acquired a 2.5% equity stake in an unrelated skilled nursing facility. As part of the skilled nursing facility's financing activity, the Company granted a first lien security interest in its equity of the facility. Management is in the process of divesting from this equity stake and will as a result be released from the lien.