

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning, 2020, and ending, 20

Form header section containing organization name (GREEN HILL, INC.), address (103 PLEASANT VALLEY WAY, WEST ORANGE, NJ 07052), principal officer (BRIAN CHA), and other identifying information.

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, membership counts, revenue breakdown, and expense details.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature block section with fields for officer signature (MONICA TERRANO), date (11/12/2021), preparer name (WAYNE I ROBINSON), and firm information.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,179,020. including grants of \$) (Revenue \$ 12,528,628.)

ATTACHMENT 2

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 9,179,020.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (3), 1b (3), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NJ,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DANIELLE GANTER EXECUTIVE DIRECTOR	35.50 0.				X		220,000.	0.	0.	
(2) CYNTHI AGYEI RN SUPERVISOR	35.50 0.				X		139,759.	0.	0.	
(3) OBIOMA IKWUKA RN	35.50 0.				X		116,642.	0.	0.	
(4) ARI DOBKIN CHAIRMAN	10.00 0.	X		X			0.	0.	0.	
(5) GERRY ADEST TREASURER	10.00 0.	X		X			0.	0.	0.	
(6) MARC ZIMMET SECRETARY	10.00 0.	X		X			0.	0.	0.	
(7) BRIAN CHA EXECUTIVE DIRECTOR	35.50 0.			X			0.	0.	0.	
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,447,860.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f			2,447,860.			
	Program Service Revenue				Business Code			
2a		NET RESIDENT SERVICE REVENUE			9,896,470.	9,896,470.		
b								
c								
d								
e								
g		Total. Add lines 2a-2f			9,896,470.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).			0.			
	4	Income from investment of tax-exempt bond proceeds			0.			
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)				0.		
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a			0.			
					0.			
					0.			
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events.				0.			
9a	Gross income from gaming activities. See Part IV, line 19	9a			0.			
					0.			
					0.			
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
					0.			
					0.			
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue				Business Code				
	11a	OTHER INCOME			162,390.	162,390.		
	b	WC AUDIT REFUND			38,370.	38,370.		
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d				200,760.			
12	Total revenue. See instructions				12,545,090.	10,097,230.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	359,610.	36,110.	323,500.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,994,160.	4,748,980.	245,180.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	1,441,010.	1,353,944.	87,066.	
10 Payroll taxes	522,140.	496,506.	25,634.	
11 Fees for services (nonemployees):				
a Management	299,690.		299,690.	
b Legal	8,160.		8,160.	
c Accounting	25,000.		25,000.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0.			
12 Advertising and promotion	30,670.		30,670.	
13 Office expenses	0.			
14 Information technology	141,300.		141,300.	
15 Royalties	0.			
16 Occupancy	1,652,930.		1,652,930.	
17 Travel	4,540.		4,540.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	86,980.		86,980.	
23 Insurance	222,380.		222,380.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	1,281,460.	1,206,640.	74,820.	
b OTHER DIRECT EXPENSES	217,390.	41,420.	175,970.	
c PROFESSIONAL FEES	24,550.		24,550.	
d MEDICAID ASSESSMENT	160,310.	160,310.		
e All other expenses	1,192,540.	1,135,110.	57,430.	
25 Total functional expenses. Add lines 1 through 24e	12,664,820.	9,179,020.	3,485,800.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-12,619.	1	4,360.
	2 Savings and temporary cash investments	25,644.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	1,586,644.	4	2,442,350.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges ATCH 3	139,215.	9	164,561.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 868,650.		
	b Less: accumulated depreciation	10b 99,200.		
			279,114.	10c 769,450.
	11 Investments - publicly traded securities.	49,128.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	2,524,863.	15	2,976,540.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,591,989.	16	6,357,261.	
Liabilities	17 Accounts payable and accrued expenses	2,227,162.	17	2,316,500.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	67,000.	19	0.
	20 Tax-exempt bond liabilities.	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,484,909.	25	3,364,035.
	26 Total liabilities. Add lines 17 through 25.	3,779,071.	26	5,680,535.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-587,300.	27	224,126.
	28 Net assets with donor restrictions.	1,400,218.	28	452,600.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	812,918.	32	676,726.
33 Total liabilities and net assets/fund balances.	4,591,989.	33	6,357,261.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,545,090.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,664,820.
3	Revenue less expenses. Subtract line 2 from line 1	3	-119,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	812,918.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-16,462.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	676,726.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b		X
2c	X	
3a		X
3b		

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
GREEN HILL, INC.

Employer identification number
22-1500537

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2020

JSA
0E1210 0.030

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	89,688.	33,214.	8,682.	6,785.	790,040.	928,409.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	14,674,328.	14,429,160.	13,305,155.	12,341,595.	9,896,470.	64,646,708.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	14,764,016.	14,462,374.	13,313,837.	12,348,380.	10,686,510.	65,575,117.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						65,575,117.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.	14,764,016.	14,462,374.	13,313,837.	12,348,380.	10,686,510.	65,575,117.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	296,913.	258,027.	94,221.	121,898.		771,059.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	296,913.	258,027.	94,221.	121,898.		771,059.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	106,130.	104,979.	112,326.	250,893.	200,760.	775,088.
13 Total support. (Add lines 9, 10c, 11, and 12.)	15,167,059.	14,825,380.	13,520,384.	12,721,171.	10,887,270.	67,121,264.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	97.70 %
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	97.88 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	1.15 %
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	1.17 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

BEAUTY SHOP REVENUE

2016: \$94,261

2017: \$90,530

2018: \$88,133

2019: \$75,565

2020: \$0

MISCELLANEOUS INCOME:

2016: \$5,889

2017: \$11,833

2018: \$9,840

2019: \$11,065

2020: \$184,298

CORNER STORE RECEIPTS

2016: \$5,980

2017: \$2,616

2018: \$2,478

2019: \$6,331

2020: \$0

APPLICATION FEES

2018: \$11,875

2019: \$3,900

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

2020: \$0

PENSION CURTAILMENT

2019: \$141,390

2020: \$0

BAD DEBT RECOVERY

2019: \$12,642

2020: \$0

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
OTHER INCOME	106,130.	104,979.	112,326.	250,893.	200,760.	775,088.
TOTALS	<u>106,130.</u>	<u>104,979.</u>	<u>112,326.</u>	<u>250,893.</u>	<u>200,760.</u>	<u>775,088.</u>

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

GREEN HILL, INC.

Employer identification number

22-1500537

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2020

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OTHER ASSETS	23,940.
(2) ASSETS LIMITED - ESCROWS	452,600.
(3) DUE FROM LANDLORD	2,500,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,976,540.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	1,315,290.
(3) ACCRUED PAYROLL AND PAYROLL TAXES	524,830.
(4) ACCRUED EXPENSES	353,140.
(5) PENSION CONTRIBUTION PAYABLE	1,170,775.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,364,035.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information *(continued)*

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GREEN HILL, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

22-1500537

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIELLE GANTER EXECUTIVE DIRECTOR	(i)	220,000.	0.	0.		220,000.		
	(ii)	0.	0.	0.				
2 CYNTHI AGYEI RN SUPERVISOR	(i)	138,719.	1,040.	0.		139,759.		
	(ii)	0.	0.	0.				
3 OBIOMA IKWUKA RN	(i)	115,239.	1,403.	0.		116,642.		
	(ii)	0.	0.	0.				
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

GREEN HILL, INC.

Employer identification number

22-1500537

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RECREATIONAL, EDUCATION, AND SOCIAL ACTIVITIES. UNDER THE DIRECTION OF
OUR BOARD OF TRUSTEES, WE CONTINUE OUR NOT-FOR-PROFIT MISSION BY
ENHANCING THE QUALITY OF LIFE FOR SENIORS IN A HOME-LIKE ENVIROMENT,
ENCOURAGING RESPECT AND DIGNITY FROM A CARING STAFF WHO TAKE PRIDE IN
THEIR LIFE'S WORK.

FORM 990, PART VI, SECTION A, LINE 3
GREEN HILL, INC. ENGAGED IN A MANAGEMENT AGREEMENT WITH CITADEL CARE
CENTERS ON APRIL 9, 2019. CITADEL IS TO PROVIDE OPERATIONAL OVERSIGHT
FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS
PENSION LIABILITY ADJUSTMENT (\$16,462)

TOTAL TO FORM 990, PART XI, LINE 9 (\$16,462)

FORM 990, PART VI, SECTION B, LINE 11B
THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

Name of the organization GREEN HILL, INC.	Employer identification number 22-1500537
--	--

FORM 990, PART VI, SECTION B, LINE 12C

EACH BOARD MEMBER COMPLETES AN ANNUAL QUESTIONNAIRE IF THERE ARE CONFLICTS, THEY ARE ADDRESSED AT THAT TIME WITH RESOLUTION ACCEPTABLE TO THE CONSENSUS.

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD MEETS AND REVIEWS THE EXECUTIVE DIRECTOR'S SALARY. THE BOARD DETERMINES THE EXECUTIVE DIRECTOR'S SALARY IS AT AN ACCEPTABLE RANGE. THE BOARD MEETS AND DISCUSSES ANY INCREASES AND MAKES RECOMMENDATIONS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CONTINUING THE TRADITION OF THOSE BEFORE US, WE STRIVE TO MAINTAIN A WARM, HOME-LIKE ENVIRONMENT OFFERING SUPPORT AND ASSISTANCE TO SENIORS AND THEIR FAMILIIES. OUR STAFF IS INTEGRAL TO OUR MISSION BY PROVIDING EXCELLENT SERVICE AND OFFERING QUALITY CARE, REHABILITATION,

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GREEN HILL, INC. OPERATES A RETIREMENT COMMUNITY PROVIDING HOUSING, HEALTH CARE, AND OTHER RELATED SERVICES TO ELDERLY RESIDENTS. GREEN HILL IS LICENSED FOR 77 SKILLED NURING BEDS, WHICH INCLUDES FOUR 10-BED SKILLED NURSING HOMES, KNOWN AS GREEN HILL VILLAS. A GREEN HILL VILLA IS A SMALL INTENTIONAL COMMUNITY FOR A GROUP OF ELDERS AND STAFF. IT SERVES AS A PLACE WHERE ELDERS CAN RECEIVE SKILLED NURSING ASSISTANCE AND SUPPORT IN A HOME-LIKE SETTING. GREEN HILL IS ALSO LICENSED FOR 88

Name of the organization GREEN HILL, INC.	Employer identification number 22-1500537
--	--

ATTACHMENT 2 (CONT'D)

COMPREHENSIVE PERSONAL CARE UNITS AND 48 RESIDENTIAL HEALTHCARE UNITS. CENSUS DAYS FOR 2020 ARE AS FOLLOWS: 5,536 FOR CATERED LIVING, 10,801 FOR ASSISTED LIVING, 15,314 FOR NURSING, AND 0 FOR THE GREEN HILL VILLAS. THE GREEN HILL VILLAS WERE CLOSED IN 2020 DUE TO THE COVID-19 PANDEMIC.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	164,561.
TOTALS	<u>164,561.</u>

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

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

Worksheet S Friday, May 20, 2022 at 12:35:46 PM

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

PART I - COST REPORT STATUS

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

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

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

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF FACILITY

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by Green Hill Inc (31-5416) for the cost report period beginning January 1, 2021 and ending December 31, 2021, and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

	SIGNATURE OF CHIEF FINANCIAL OFFICER OF ADMINISTRATOR	CHECKBOX
	1	2
1	_____	_____
2	Printed name _____	
3	Title _____	
4	Signature date _____	

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

PART III - SETTLEMENT SUMMARY

CMS #		Title XVIII			
		Title V	A	B	Title XIX
		1	2	3	4
1	SNF	0	0	0	0
2	Nursing Facility	0			0
100	Total	0	0	0	0

ECR Encryption Information: _____

PI Encryption Information: _____

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0463. The time required to complete this information collection is estimated to average 202 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part I Friday, May 20, 2022 at 12:35:46 PM

Skilled Nursing Facility and Skilled Nursing Facility Complex Identification Data

SKILLED NURSING FACILITY AND SKILLED NURSING FACILITY COMPLEX ADDRESS:

CMS #
 1 Street / P.O. Box: 103 Pleasant Valley Way
 2 City / State / Zip: WEST ORANGE NJ 07052
 3 County / CBSA Code / Urban/Rural: Essex 35084 Urban

Payment System
 P., O. or N.

SNF AND SNF-BASED COMPONENT IDENTIFICATION

CMS #	COMPONENT	COMPONENT NAME	PROVIDER	DATE CERTIFIED	V	XVIII	XIX
0		1	2	3	4	5	6
4	SNF	Green Hill Inc	31-5416	12/01/1997	N	P	N
5	Nursing Facility						
7	SNF-Based HHA						
11	SNF-Based OLTC						
13	Other						
14	Cost Reporting Period (mm/dd/yyyy)	01/01/2021	12/31/2021				
15	Type of Control (See Instructions)		2				

TYPE OF FREESTANDING SKILLED NURSING FACILITY

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

MISCELLANEOUS COST REPORTING INFORMATION

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

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

20 Straight Line 74,657
 21 Declining Balance.
 22 Sum of the Years' Digits
 23 Sum of lines 20 through 22 74,657
 24 If depreciation is funded, enter the balance as of the end of the period.
 25 Were there any disposal of capital assets during the cost reporting period? (Y/N) N
 26 Was accelerated depreciation claimed on any assets in the current or any prior cost report applies? N
 Did you cease to participate in the Medicare program at the end of the period to which this cost report
 27 applies (See PRM 15-1, Chapter 1)? N
 28 Was there a substantial decrease in health insurance proportion of allowable cost from prior cost reports? N

IF THIS FACILITY CONTAINS A PUBLIC OR NON-PUBLIC PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION.

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

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

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

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

Are malpractice premiums and paid losses reported in other than the Administrative and General cost center? Y/N

42 Enter Y or N. If yes, check box, and submit supporting schedule listing cost centers and amounts. N

Are there any home office cost as defined in CMS Pub 15-1, chapter 10? Enter Y for Yes or N for no, in column
 43 1. N

If line 43 = "Y", and there are costs for the home office, enter the home office chain number and enter the name
 44 and address of the home office on lines 45-47.

45 Name / Contractor Name / Contractor Number

46 Street / PO Box

47 City / State / Zip

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-2 Part II Friday, May 20, 2022 at 12:35:46 PM

Skilled Nursing Facility and Skilled Nursing Facility Healthcare Complex Reimbursement Questionnaire

Line #	1	2	3	4
PROVIDER ORGANIZATION AND OPERATION				
1	Has the provider changed ownership immediately prior to the beginning of the cost reporting period?			
	N			
2	Has the provider terminated participation in the Medicare Program? If column 1 is yes, enter in column 3, "V" for voluntary or "I" for involuntary			
	N			
3	Is the provider involved in business transactions, including management contracts, with individuals or entities that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships?			
	N			
FINANCIAL DATA AND REPORTS				
4	Were the financial statements prepared by a Certified Public Accountant? If yes, enter in column 2 "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	R 05/17/2022	
5	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.			N
APPROVED EDUCATIONAL ACTIVITIES				
6	Column 1: Were costs claimed for Nursing School? Column 2: Is the provider the legal operator of the program?			N
7	Were costs claimed for Allied Health Programs? (see instructions)			N
8	Were approvals and/or renewals obtained during the cost reporting period for Nursing School and/or Allied Health Program? (see instructions)			N
BAD DEBTS				
9	Is the provider seeking reimbursement for bad debts? (see instructions)			N
10	If line 9 is Yes, did the provider's bad debt collection policy change during this cost reporting period? If Yes, submit copy.			N
11	If line 9 is Yes, are patient deductibles and/or coinsurance waived? If Yes, see instructions.			N
12	Have total beds available changed from prior cost reporting period? If Yes, see instructions.			N
PS&R DATA				
13	Was the cost report prepared using the PS&R only? If yes, enter the paid through date of the PS&R used to prepare this cost report. (see Instructions)			N
14	Was the cost report prepared using the PS&R for total and the provider's records for allocation? If yes enter the paid through date of the PS&R used to prepare this cost report.	Y 04/12/2022		Y 04/12/2022
15	If line 13 or 14 is yes, were adjustments made to PS&R data for additional claims that have been billed but are not included on the PS&R used to file this cost report? If yes, see instructions.			N
16	If line 13 or 14 is yes, then were adjustments made to PS&R data for corrections of other PS&R Report information? If yes, see instructions.			N
17	If line 13 or 14 is yes, then were adjustments made to PS&R data for Other?			N
18	Was the cost report prepared only using the provider's records? If yes, see Instructions.			N
COST REPORT PREPARER CONTACT INFORMATION				
19	First name/Last name/Title	1	2	3
20	Employer.	John Faust		Staff Accountant
21	Telephone number/Email address.	HMM, CPAs LLP 631-265-6289	jfaust@horanmm.com	

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part I Friday, May 20, 2022 at 12:35:46 PM

Skilled Nursing Facility and Skilled Nursing Facility Health Care Complex

PART I - STATISTICAL DATA

CMS #	Component	No. of Beds	Bed days Available	Inpatient Days				Total
				Title V	Title XVIII	Title XIX	Other	
1	Skilled Nursing Facility	77	28,105	0	5,475	6,472	16,546	28,493
2	Nursing Facility	0	0	0	0	0	0	0
4	Home Health Agency Cost			0	0	0	0	0
5	Other Long Term Care	0	0				0	0
8	Total	77	28,105	0	5,475	6,472	16,546	28,493

CMS #	Component	Discharges					Average Length of Stay			
		Title V	Title XVIII	Title XIX	Other	Total	Title V	Title XVIII	Title XIX	Total
1	Skilled Nursing Facility	8	9	10	11	12	13	14	15	16
1	Skilled Nursing Facility	0	120	62	62	244	0.00	45.63	104.39	116.77
2	Nursing Facility	0		0	0	0	0.00		0.00	0.00
4	Home Health Agency Cost					0				0.00
5	Other Long Term Care				0	0				0.00
8	Total	0	120	62	62	244	0.00	45.63	104.39	116.77

CMS #	Component	Admissions					FTE	
		Title V	Title XVIII	Title XIX	Other	Total	Paid	Non-Paid
1	Skilled Nursing Facility	17	18	19	20	21	22	23
1	Skilled Nursing Facility	0	125	57	57	239	122.00	0
2	Nursing Facility	0		0	0	0	0.00	0
4	Home Health Agency Cost					0	0.00	0
5	Other Long Term Care				0	0	0.00	0
8	Total	0	125	57	57	239	122.00	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part II Friday, May 20, 2022 at 12:35:46 PM

SNF Wage Index Information

PART II - DIRECT SALARIES

CMS #		Reclass. of Salaries			Paid Hours Related to Salary	Average Hourly Wage
		Amount Reported	from Wkst. A-6	Adjusted Salaries		
		1	2	3	4	5
1	Total Salary	5,122,979	0	5,122,979	236,850.00	21.63
2	Physician salaries - Part A	0	0	0	0.00	
3	Physician salaries - Part B	0	0	0	0.00	
4	Home office personnel	0	0	0	0.00	
5	Sum of lines 2 through 4	0	0	0	0.00	
6	Revised wages (line 1 - 5)	5,122,979	0	5,122,979	236,850.00	21.63
7	Other Long Term Care	0	0	0	0.00	
8	Home Health Agency	0	0	0	0.00	
9	CMHC	0	0	0	0.00	
10	Hospice	0	0	0	0.00	
11	Other Excluded Areas	182,032	0	182,032	7,660.00	23.76
12	Subtotal Excluded salary (Sum of lines 7-11)	182,032	0	182,032	7,660.00	23.76
13	Total Adjusted Salaries (Line 6 - 12)	4,940,947	0	4,940,947	229,190.00	21.56
OTHER WAGES AND RELATED COSTS						
14	Contract Labor: Patient Related & Mgmt	0	0	0	0.00	
15	Contract Labor: Physician services - Part A	0	0	0	0.00	
16	Home office salaries & wage related costs	0	0	0	0.00	
WAGE RELATED COSTS						
17	Wage related costs (See Part IV)	2,118,748	0	2,118,748		
18	Wage related costs (See Part IV)	3,681	0	3,681		
19	Wage related costs (excluded units)	0	0	0		
20	Physicians Part A - WRC	0	0	0		
21	Physicians Part B - WRC	0	0	0		
22	Total Adjusted Wage Related cost	2,122,429	0	2,122,429		

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part III Friday, May 20, 2022 at 12:35:46 PM

SNF Wage Index Information

PART III - OVERHEAD COSTS - DIRECT SALARIES

CMS #		Amount Reported 1	Reclass.	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5
			of Salaries from Wkst. A-6 2			
1	Employee Benefits	0	0	0	0	0.00
2	Administrative & General	449,041	0	449,041	9,830	45.68
3	Plant Operation, Maint. & Repairs	217,697	0	217,697	7,965	27.33
4	Laundry & Linen Service	66,013	0	66,013	3,600	18.34
5	Housekeeping	283,929	0	283,929	15,780	17.99
6	Dietary	763,755	0	763,755	39,170	19.50
7	Nursing Administration	672,444	0	672,444	14,250	47.19
8	Central Services & Supply	0	0	0	0	0.00
9	Pharmacy	0	0	0	0	0.00
10	Medical Rcd.s & M/R Library	26,141	0	26,141	1,270	20.58
11	Social Service	169,688	0	169,688	5,200	32.63
12	Nursing and Allied Health Ed. Act.					
13	Other General Service	0	0	0	0	0.00
14	Total	2,648,708	0	2,648,708	97,065	27.29

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part IV Friday, May 20, 2022 at 12:35:46 PM

SNF Wage Related Costs

CMS #	Description	
	RETIREMENT COST	
1	401K Employer Contributions	0
2	Tax Sheltered Annuity (TSA) Employer Contribution	0
3	Qualified and Non-Qualified Pension Plan Cost	150,045
4	Prior Year Pension Service Cost	0
	PLAN ADMINISTRATIVE COSTS (Paid to External Organization)	
5	401K/TSA Plan Administration fees	0
6	Legal/Accounting/Management Fees-Pension Plan	870,747
7	Employee Managed Care Program Administration Fees	0
	HEALTH AND INSURANCE COST	
8	Health Insurance (Purchased or Self Funded)	290,921
9	Prescription Drug Plan	0
10	Dental, Hearing and Vision Plan	0
11	Life Insurance (If employee is owner or beneficiary)	0
12	Accidental Insurance (If employee is owner or beneficiary)	0
13	Disability Insurance (If employee is owner or beneficiary)	6,840
14	Long-Term Care Insurance (If employee is owner or beneficiary)	0
15	Workers' Compensation Insurance	164,169
16	Retirement Health Care Cost (see instructions)	0
	TAXES	
17	FICA-Employers Portion Only	438,163
18	Medicare Taxes - Employer Portion Only	0
19	Unemployment Insurance	197,863
20	State or Federal Unemployment Taxes	0
	OTHER	
21	Executive Deferred Compensation	0
22	Day Care Cost and Allowances	0
23	Tuition Reimbursement	0
	=====	
24	Total Wage Related Cost (Lines 1-23)	2,118,748
	PART B OTHER THAN CORE RELATED COST	
25	Other Wage Related Costs	3,681

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet S-3 Part V Friday, May 20, 2022 at 12:35:46 PM

SNF Reporting Of Direct Care Expenditures

PART V - OVERHEAD COSTS - DIRECT SALARIES

CMS #	Amount Reported 1	Fringe Benefits 2	Adjusted Salaries 3	Paid Hours Related to Salary 4	Average Hourly Wage 5	
DIRECT SALARIES						
NURSING OCCUPATIONS						
1	Registered Nurses (RNs)	510,283	196,461	706,744	14,750	47.91
2	Licensed Practical Nurses (LPNs)	524,956	202,110	727,066	19,750	36.81
3	Certified Nursing Assistants/Nursing Assistants/Aides	794,843	306,018	1,100,861	55,000	20.02
4	Total Nursing (Sum of 1 - 3)	1,830,082	704,589	2,534,671	89,500	28.32
5	Physical Therapists	91,317	35,164	126,481	2,550	49.60
6	Physical Therapy Assistants	21,829	8,406	30,235	900	33.59
7	Physical Therapy Aides	0	0	0	0	0.00
8	Occupational Therapists	0	0	0	0	0.00
9	Occupational Therapy Assistants	105,254	40,515	145,769	4,500	32.39
10	Occupational Therapy Aides	12,446	4,791	17,237	750	22.98
11	Speech Therapists	41,984	16,174	58,158	1,450	40.11
12	Respiratory Therapists	0	0	0	0	0.00
13	Other Medical Staff	0	0	0	0	0.00
CONTRACT LABOR						
NURSING OCCUPATIONS						
14	Registered Nurses (RNs)	65,981		65,981	1,350	48.87
15	Licensed Practical Nurses (LPNs)	98,789		98,789	2,550	38.74
16	Certified Nursing Assistants/Nursing Assistants/Aides	164,464		164,464	7,500	21.93
17	Total Nursing (Sum of 14 - 16)	329,234		329,234	11,400	28.88
18	Physical Therapists	0		0	0	0.00
19	Physical Therapy Assistants	50,137		50,137	1,400	35.81
20	Physical Therapy Aides	0		0	0	0.00
21	Occupational Therapists	0		0	0	0.00
22	Occupational Therapy Assistants	81,096		81,096	2,400	33.79
23	Occupational Therapy Aides	0		0	0	0.00
24	Speech Therapists	0		0	0	0.00
25	Respiratory Therapists	0		0	0	0.00
26	Other Medical Staff	78,486		78,486	1,400	56.06

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A Friday, May 20, 2022 at 12:35:46 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
GENERAL SERVICE COST CENTERS								
1	Cap Rel Costs - Bldgs & Fixtures		1,500,000	1,500,000	0	1,500,000	0	1,500,000
2	Cap Rel Costs - Movable Equipment		74,657	74,657	0	74,657	0	74,657
3	Employee Benefits	0	2,122,429	2,122,429	0	2,122,429	-39,633	2,082,796
4	Administrative & General	449,041	1,715,399	2,164,440	0	2,164,440	-750,185	1,414,255
5	Plant Operation, Maint. & Repairs	217,697	1,062,501	1,280,198	0	1,280,198	0	1,280,198
6	Laundry & Linen Service	66,013	6,498	72,511	0	72,511	0	72,511
7	Housekeeping	283,929	43,611	327,540	0	327,540	0	327,540
8	Dietary	763,755	333,246	1,097,001	0	1,097,001	0	1,097,001
9	Nursing Administration	672,444	98,357	770,801	0	770,801	0	770,801
10	Central Services & Supply	0	31,481	31,481	0	31,481	0	31,481
11	Pharmacy	0	233,683	233,683	0	233,683	0	233,683
12	Medical Records & Library	26,141	0	26,141	0	26,141	0	26,141
13	Social Service	169,688	0	169,688	0	169,688	0	169,688
14	Nursing and Allied Health Education	0	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS								
30	Skilled Nursing Facility	2,019,409	349,698	2,369,107	0	2,369,107	0	2,369,107
31	Nursing Facility	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS								
40	Radiology	0	19,029	19,029	0	19,029	0	19,029
41	Laboratory	0	145,996	145,996	0	145,996	0	145,996
42	Intravenous Therapy	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0
44	Physical Therapy	113,146	50,297	163,443	0	163,443	0	163,443
45	Occupational Therapy	117,700	81,096	198,796	0	198,796	0	198,796
46	Speech Pathology	41,984	0	41,984	0	41,984	0	41,984
47	Electrocardiology	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	26,482	26,482	0	26,482	0	26,482
49	Drugs Charged to Patients	0	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0
51	Support Surfaces	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS								
60	Clinic	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS								
70	Home Health Agency Cost	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS								
80	Malpractice Premiums & Paid Losses		0	0	0	0	0	0
81	Interest Expense		0	0	0	0	0	0
82	Utilization Review	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0
89	SUBTOTALS	4,940,947	7,894,460	12,835,407	0	12,835,407	-789,818	12,045,589
NONREIMBURSABLE COST CENTERS								
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0	0
92	Physicians Private Offices	0	40,477	40,477	0	40,477	0	40,477
93	Nonpaid Workers	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A Friday, May 20, 2022 at 12:35:47 PM

Reclassification and Adjustment of Trial Balance of Expenses

CMS #	COST CENTER DESCRIPTION	Salaries 1	Other 2	Total 3	Reclassi- fications 4	Reclassified Trial Balance 5	Adjust- ments to Expenses 6	Net Expenses for Cost Allocation 7
95.01	Dental	0	0	0	0	0	0	0
95.02	DAYCARE	182,032	674,199	856,231	0	856,231	0	856,231
95.03	INDEPENDENT LIVING	0	0	0	0	0	0	0
95.04	ASSISTED LIVING	0	0	0	0	0	0	0
95.05	LONG-TERM VENTILATOR	0	0	0	0	0	0	0
95.06	HHA	0	0	0	0	0	0	0
00	TOTAL	5,122,979	8,609,136	13,732,115	0	13,732,115	-789,818	12,942,297

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A-6 Friday, May 20, 2022 at 12:35:47 PM

Reclassifications

CMS #	EXPLANATION OF RECLASSIFICATION ENTRY	Increases			Decreases					
		Code	COST CENTER	LINE	SALARY	NON-SALARY	COST CENTER	LINE	SALARY	NON-SALARY
		1	2	3	4	5	6	7	8	9
100	TOTAL RECLASSIFICATIONS				0	0			0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A-7 Friday, May 20, 2022 at 12:35:47 PM

Analysis of changes during cost reporting period in capital asset balances

CMS #	DESCRIPTION	Beginning	Acquisitions	Disposals	Ending	Fully
		Balances	Purchase	and	Balance	Depreciated
		1	2	Retirements	6	Assets
			3	5		7
			4			
1	Land	0	0	0	0	0
2	Land Improvements	0	0	0	0	0
3	Buildings & Fixtures	307,650	399,454	0	707,104	0
4	Building Improvements	246,240	236,478	0	482,718	0
5	Fixed Equipment	0	0	0	0	0
6	Movable Equipment	314,760	347,784	0	662,544	0
7	Subtotal	868,650	983,716	0	1,852,366	0
8	Reconciling Items	0	0	0	0	0
9	Total	868,650	983,716	0	1,852,366	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8 Friday, May 20, 2022 at 12:35:47 PM

Adjustments to Expenses

CMS #	Description	Basis for Adjustment		Expense classification on Worksheet A to/from which the amount is to be adjusted		Line No.
		1	2	3	4	
1	Investment income on restricted funds	B	-97	Administrative & General	4	
2	Trade, quantity and time discounts on purchases		0			
3	Refunds and rebates of expenses		0			
4	Rental of provider space by suppliers		0			
5	Telephone services (pay stations excluded)		0			
6	Television and radio service		0			
7	Parking lot		0			
8	Remuneration applicable to provider-based physician adjustment	A82	0			
9	Home office costs		0			
10	Sale of scrap, waste, etc.		0			
11	Nonallowable costs related to certain capital expenditures		0			
12	Adjustment resulting from transactions with related organizations	A81	0			
13	Laundry and Linen service		0			
14	Revenue - Employee meals		0			
15	Cost of meals - Guests		0			
16	Sale of medical supplies to other than patients		0			
17	Sale of drugs to other than patients		0			
18	Sale of medical records and abstracts		0			
19	Vending machines		0			
20	Income from imposition of interest, finance or penalty charges		0			
21	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			
22	Utilization review -- physicians' compensation		0	Utilization Review	82	
23	Depreciation -- buildings and fixtures		0	Cap Rel Costs - Bldgs & Fixtures	1	
24	Depreciation -- movable equipment		0	Cap Rel Costs - Movable Equipment	2	
25	Bad Debt	A	-280,000	Administrative & General	4	
26	Personal Use Auto	A	-2,440	Administrative & General	4	
27	Employee Gifts	A	-4,834	Administrative & General	4	
28	Misc. Income	B	-128,539	Administrative & General	4	
29	Management Fees	A	-297,780	Administrative & General	4	
30	Advertising	A	-36,495	Administrative & General	4	
31	Workers Comp Audit Refund	B	-39,633	Employee Benefits	3	
			=====			
100	TOTAL		-789,818			

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-1 Friday, May 20, 2022 at 12:35:47 PM

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

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

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

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

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

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

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

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet A-8-2 Friday, May 20, 2022 at 12:35:47 PM

Provider-Based Physicians Adjustments

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

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

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Friday, May 20, 2022 at 12:35:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Net Expenses For Cost Allocation	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	Employee Benefits (Gross Salaries)	SubTotal 3A	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Pounds of Laundry)	House- keeping (Hours of Service)
	0	1	2	3	3A	4	5	6	7
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	12,942,297	1,500,000	74,657	2,082,796	12,942,297	1,926,906	1,842,581	311,596	621,257

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Friday, May 20, 2022 at 12:35:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15	SubTotal 16
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	2,132,169	1,263,402	43,442	291,761	43,201	286,071	0	0	12,942,297

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet B Part I Friday, May 20, 2022 at 12:35:47 PM

COST ALLOCATION - GENERAL SERVICE COSTS

	Adjustments	Total
	17	18
95.04 ASSISTED LIVING	0	0
95.05 LONG-TERM VENTILATOR	0	0
95.06 HHA	0	0
98 Cross Foot Adjustments	0	0
99 Negative Cost Center	0	0
100 TOTAL	0	12,942,297

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Friday, May 20, 2022 at 12:35:48 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Directly Assigned Capital Related Costs	Cap Rel Build & Fixtures (Square Feet)	Cap Rel Movable Equipment (Dollar Value)	SubTotal 2A	Employee Benefits (Gross Salaries)	Adminis- trative & General (Accum. Cost)	Plant Oper Maint. & Repair (Square Feet)	Laundry & Linen & Service (Pounds of Laundry)	House- keeping (Hours of Service)
	0	1	2	2A	3	4	5	6	7
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments		0	0		0	0	0	0	0
99 Negative Cost Center		0	0		0	0	0	0	0
100 TOTAL	27,972	1,500,000	74,657	1,588,643	0	331,676	248,235	87,474	56,825

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Friday, May 20, 2022 at 12:35:48 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Dietary (Meals Served) 8	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15	SubTotal 16
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
100 TOTAL	251,026	47,544	3,733	14,457	1,203	9,621	0	0	1,588,643

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet B Part II Friday, May 20, 2022 at 12:35:48 PM

ALLOCATION OF CAPITAL - RELATED COSTS

	Adjustments	Total
	17	18
95.04 ASSISTED LIVING	0	0
95.05 LONG-TERM VENTILATOR	0	0
95.06 HHA	0	0
98 Cross Foot Adjustments	0	
99 Negative Cost Center	0	
100 TOTAL	0	1,588,643

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Friday, May 20, 2022 at 12:35:48 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Dollar Value) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen Service (Pounds of Laundry) 6	House- keeping (Hours of Service) 7	Dietary (Meals Served) 8	
1	Cap Rel Costs - Bldgs & Fixtures	536,899								
2	Cap Rel Costs - Movable Equipment		74,657							
3	Employee Benefits	0	5,122,979							
4	Administrative & General	112,548	15,650	449,041	-1,926,906	11,015,391				
5	Plant Operation, Maint. & Repairs	68,037	9,461	217,697	0	1,568,249	356,314			
6	Laundry & Linen Service	22,614	3,145	66,013	0	165,673	22,614	13,696		
7	Housekeeping	11,697	1,626	283,929	0	477,279	11,697	0	15,727	
8	Dietary	55,522	7,720	763,755	0	1,570,352	55,522	0	0	64,248
9	Nursing Administration	4,242	590	672,444	0	1,056,631	4,242	0	0	0
10	Central Services & Supply	749	104	0	0	33,678	749	0	0	0
11	Pharmacy	1,996	278	0	0	239,537	1,996	0	0	0
12	Medical Records & Library	0	0	26,141	0	36,769	0	0	0	0
13	Social Service	655	91	169,688	0	240,597	655	0	0	0
14	Nursing and Allied Health Education	0	0	0	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS										
30	Skilled Nursing Facility	246,051	34,213	2,019,409	0	3,911,752	246,051	13,696	15,727	64,248
31	Nursing Facility	0	0	0	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS										
40	Radiology	0	0	0	0	19,029	0	0	0	0
41	Laboratory	0	0	0	0	145,996	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0	0	0	0
44	Physical Therapy	8,188	1,139	113,146	0	233,459	8,188	0	0	0
45	Occupational Therapy	2,027	282	117,700	0	252,593	2,027	0	0	0
46	Speech Pathology	0	0	41,984	0	59,053	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	0	0	0	26,482	0	0	0	0
49	Drugs Charged to Patients	0	0	0	0	0	0	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS										
51	Support Surfaces	0	0	0	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0	0	0	0
NON-REIMBURSABLE COST CENTERS										
60	Clinic	0	0	0	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0	0	0	0
89	Subtotal	534,326	74,299	4,940,947	-1,926,906	10,037,129	353,741	13,696	15,727	64,248
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0	0	0	0
91	Barber and Beauty Shop	2,573	358	0	0	7,547	2,573	0	0	0
92	Physicians Private Offices	0	0	0	0	40,477	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0	0	0	0
95.01	Dental	0	0	0	0	0	0	0	0	0
95.02	DAYCARE	0	0	182,032	0	930,238	0	0	0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Friday, May 20, 2022 at 12:35:48 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Direct Nrsing Hrs)	Central Services & Supply (Costed Requis.)	Pharmacy (Costed Requis.)	Medical Records & Library (Time Spent)	Social Service (Time Spent)	Nursing & Allied Health Ed. (Assigned Time)	Other General Service (Cost)
	9	10	11	12	13	14	15
1	Cap Rel Costs - Bldgs & Fixtures						
2	Cap Rel Costs - Movable Equipment						
3	Employee Benefits						
4	Administrative & General						
5	Plant Operation, Maint. & Repairs						
6	Laundry & Linen Service						
7	Housekeeping						
8	Dietary						
9	Nursing Administration	13,489					
10	Central Services & Supply	0	26,482				
11	Pharmacy	0	0	233,683			
12	Medical Records & Library	0	0	0	516		
13	Social Service	0	0	0	0	3,527	
14	Nursing and Allied Health Education	0	0	0	0	0	0
15	Other General Service Cost	0	0	0	0	0	0
	ANCILLARY SERVICE COST CENTERS						
30	Skilled Nursing Facility	13,489	0	0	516	3,527	0
31	Nursing Facility	0	0	0	0	0	0
33	Other Long Term Care	0	0	0	0	0	0
	OTHER REIMBURSABLE COST CENTERS						
40	Radiology	0	0	0	0	0	0
41	Laboratory	0	0	0	0	0	0
42	Intravenous Therapy	0	0	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0	0	0
44	Physical Therapy	0	0	0	0	0	0
45	Occupational Therapy	0	0	0	0	0	0
46	Speech Pathology	0	0	0	0	0	0
47	Electrocardiology	0	0	0	0	0	0
48	Medical Supplies Charged to Patients	0	26,482	0	0	0	0
49	Drugs Charged to Patients	0	0	233,683	0	0	0
50	Dental Care - Title XIX only	0	0	0	0	0	0
	SPECIAL PURPOSE COST CENTERS						
51	Support Surfaces	0	0	0	0	0	0
52	Other Ancillary Service Cost Center	0	0	0	0	0	0
	NON-REIMBURSABLE COST CENTERS						
60	Clinic	0	0	0	0	0	0
63	Other Outpatient Service Cost	0	0	0	0	0	0
70	Home Health Agency Cost	0	0	0	0	0	0
71	Ambulance	0	0	0	0	0	0
74	Other Reimbursable Cost	0	0	0	0	0	0
80	Malpractice Premiums & Paid Losses	0	0	0	0	0	0
84	Other Special Purpose Cost	0	0	0	0	0	0
89	Subtotal	13,489	26,482	233,683	516	3,527	0
90	Gift, Flower, Coffee Shops & Canteen	0	0	0	0	0	0
91	Barber and Beauty Shop	0	0	0	0	0	0
92	Physicians Private Offices	0	0	0	0	0	0
93	Nonpaid Workers	0	0	0	0	0	0
94	Patients Laundry	0	0	0	0	0	0
95	Other Non Reimbursable Cost	0	0	0	0	0	0
95.01	Dental	0	0	0	0	0	0
95.02	DAYCARE	0	0	0	0	0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Friday, May 20, 2022 at 12:35:48 PM

COST ALLOCATION - STATISTICAL BASIS

	Cap Rel Build & Fixtures (Square Feet) 1	Cap Rel Movable Equipment (Dollar Value) 2	Employee Benefits (Gross Salaries) 3	Reconcil- iation 4A	Adminis- trative & General (Accum. Cost) 4	Plant Oper Maint. & Repair (Square Feet) 5	Laundry & Linen & Service (Pounds of Laundry) 6	House- keeping (Hours of Service) 7	Dietary (Meals Served) 8
95.03 INDEPENDENT LIVING	0	0	0	0	0	0	0	0	0
95.04 ASSISTED LIVING	0	0	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	1,500,000	74,657	2,082,796	0	1,926,906	1,842,581	311,596	621,257	2,132,169
103 Unit Cost Multiplier per Bp1	2.793822	1.000000	0.406560	0.000000	0.174929	5.171228	22.750876	39.502575	33.186543
104 Cost to be Allocated per Bp2	0	0	0	0	331,676	248,235	87,474	56,825	251,026
105 Unit Cost Multiplier per Bp2	0.000000	0.000000	0.000000	0.000000	0.030110	0.696675	6.386828	3.613213	3.907141

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet B-1 Friday, May 20, 2022 at 12:35:49 PM

COST ALLOCATION - STATISTICAL BASIS

	Nursing Adminis- tration (Direct Nrsing Hrs) 9	Central Services & Supply (Costed Requis.) 10	Pharmacy (Costed Requis.) 11	Medical Records & Library (Time Spent) 12	Social Service (Time Spent) 13	Nursing & Allied Health Ed. (Assigned Time) 14	Other General Service (Cost) 15
95.03 INDEPENDENT LIVING	0	0	0	0	0	0	0
95.04 ASSISTED LIVING	0	0	0	0	0	0	0
95.05 LONG-TERM VENTILATOR	0	0	0	0	0	0	0
95.06 HHA	0	0	0	0	0	0	0
98 Cross Foot Adjustments	0	0	0	0	0	0	0
99 Negative Cost Center	0	0	0	0	0	0	0
102 Cost to be Allocated per Bp1	1,263,402	43,442	291,761	43,201	286,071	0	0
103 Unit Cost Multiplier per Bp1	93.661650	1.640435	1.248533	83.722868	81.108874	0.000000	0.000000
104 Cost to be Allocated per Bp2	47,544	3,733	14,457	1,203	9,621	0	0
105 Unit Cost Multiplier per Bp2	3.524650	0.140964	0.061866	2.331395	2.727814	0.000000	0.000000

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet B-2 Friday, May 20, 2022 at 12:35:49 PM

Post Step Down Adjustments

Worksheet B

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

#

Worksheet has no records.

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet C Friday, May 20, 2022 at 12:35:49 PM

Ratio of Cost of Charges
 for Ancillary and Outpatient Cost Centers

CMS #	COST CENTER	Total	Total	Ratio
		1	Charges 2	3
	ANCILLARY SERVICE COST CENTERS			
	OUTPATIENT SERVICE COST CENTERS			
40	Radiology	22,358	23,375	0.956492
41	Laboratory	171,535	49,288	3.480259
42	Intravenous Therapy	0	0	0.000000
43	Oxygen (Inhalation) Therapy	0	0	0.000000
44	Physical Therapy	316,640	418,458	0.756683
45	Occupational Therapy	307,261	521,890	0.588747
46	Speech Pathology	69,383	87,627	0.791799
47	Electrocardiology	0	0	0.000000
48	Medical Supplies Charged to Patients	74,556	26,482	2.815346
49	Drugs Charged to Patients	291,761	241,544	1.207900
50	Dental Care - Title XIX only	0	0	0.000000
51	Support Surfaces	0	0	0.000000
52	Other Ancillary Service Cost Center	0	0	0.000000
60	Clinic	0	0	0.000000
63	Other Outpatient Service Cost	0	0	0.000000
71	Ambulance	0	0	0.000000
100	TOTAL	1,253,494	1,368,664	

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part I Friday, May 20, 2022 at 12:35:49 PM

Skilled Nursing Facility
 Title XVIII

PART I - ANCILLARY COST APPORTIONMENT

CMS #	Cost Center Description	Ratio of	Health Care		Health Care	
		cost to charges	Program Part A	Charges Part B	Program Part A	Cost Part B
		1	2	3	4	5
ANCILLARY SERVICE COST CENTERS						
40	Radiology	0.956492	17,012	0	16,272	0
41	Laboratory	3.480259	47,370	0	164,860	0
42	Intravenous Therapy	0.000000	0	0	0	0
43	Oxygen (Inhalation) Therapy	0.000000	0	0	0	0
44	Physical Therapy	0.756683	284,121	0	214,990	0
45	Occupational Therapy	0.588747	362,520	0	213,433	0
46	Speech Pathology	0.791799	67,386	0	53,356	0
47	Electrocardiology	0.000000	0	0	0	0
48	Medical Supplies Charged to Patients	2.815346	26	0	73	0
49	Drugs Charged to Patients	1.207900	174,263	0	210,492	0
50	Dental Care - Title XIX only	0.000000	0	0	0	0
51	Support Surfaces	0.000000	0	0	0	0
52	Other Ancillary Service Cost Center	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
60	Clinic	0.000000	0	0	0	0
63	Other Outpatient Service Cost	0.000000	0	0	0	0
71	Ambulance	0.000000	0	0	0	0
100	TOTAL		952,698	0	873,476	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet D Part II Friday, May 20, 2022 at 12:35:49 PM

Skilled Nursing Facility
 Title XVIII

Part II - APPORTIONMENT OF VACCINE COST

#	Description	Amount
1	Drugs charged to patients - RCC	1.207900
2	Program vaccine charges	0
3	Program costs	0

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

	Total Cost (From Worksheet B, Part I, Col 18	Nursing & Allied Health (From Wkst B Part I, Col 14)	Ratio of Nursing & Allied Health Costs To Total Costs - Part A (Col 2 / Col 1)	Program Part A Cost (From Wkst D Part I, Col 4)	Part A Nursing & Allied Health Costs for Pass Through (Col 3 X Col 4)
	1	2	3	4	5
40	Radiology	22,358	0	16,272	0
41	Laboratory	171,535	0	164,860	0
42	Intravenous Therapy	0	0	0	0
43	Oxygen (Inhalation) Therapy	0	0	0	0
44	Physical Therapy	316,640	0	214,990	0
45	Occupational Therapy	307,261	0	213,433	0
46	Speech Pathology	69,383	0	53,356	0
47	Electrocardiology	0	0	0	0
48	Medical Supplies Charged to Patients	74,556	0	73	0
49	Drugs Charged to Patients	291,761	0	210,492	0
50	Dental Care - Title XIX only	0	0	0	0
51	Support Surfaces	0	0	0	0
	=====	=====	=====	=====	=====
100	TOTAL	1,253,494	0	873,476	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Friday, May 20, 2022 at 12:35:49 PM

Nursing Facility
 Title XVIII

PART I - CALCULATION OF INPATIENT ROUTINE COSTS

CMS #	DESCRIPTION	AMOUNT
1	Inpatient days incl. private	28,493
2	Private room days	15,292
3	Inpatient days incl. Program prvt.	5,475
4	Med. nec. Program prvt. room days	0
5	Total general Inpatient routine svc.s co	10,526,108
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
6	General Inpatient routine service charge	9,207,677
7	General Inpatient routine service RCC	1.143188
8	Private room charges	4,285,102
9	Avg. private room per diem charge	280.22
10	Semi-private room charges	4,922,575
11	Avg. semi-private room per diem charge	372.89
12	Avg. private room charge diff.	0.00
13	Avg. private room cost diff.	0.00
14	Private room cost diff. adjustment	0
15	General Inpatient routine service cost n	10,526,108
PROGRAM INPATIENT ROUTINE SERVICE COSTS		
16	Adjusted general Inpatient per diem cost	369.43
17	Program routine service cost	2,022,629
18	Med. nec. program prvt. room cost	0
19	Total program general Inpatient cost	2,022,629
20	Capital related cost allocated to inpati	1,472,085
21	Per diem capital related costs	51.66
22	Program capital related cost	282,839
23	Inpatient routine service cost	1,739,790
24	Aggregate charges to beneficiaries for e	0
25	Total program routine service costs for	1,739,790
26	Per diem limitation	0.00
27	I/p routine service cost limitation	0
28	Reimbursable Inpatient routine service c	0

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet D-1 Friday, May 20, 2022 at 12:35:49 PM

Computation of Inpatient Routine Costs

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

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

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet E Friday, May 20, 2022 at 12:35:49 PM

Calculation of Reimbursement Settlement
Title XVIII

PART I - SNF REIMBURSEMENT UNDER PPS

PART A - INPATIENT SERVICE PPS PROVIDER COMPUTATION OF REIMBURSEMENT

1	Inpatient PPS amount (See Instructions)	3,406,013
2	Nursing and Allied Health Education Activities (pass through payments)	0

3	Subtotal	3,406,013
4	Primary payor amounts	0
5	Coinsurance	602,875
6	Reimbursable bad debts (From your records)	0
7	Reimbursable bad debts for dual eligible beneficiaries (See instructions)	0
8	Adjusted reimbursable bad debts. (See instructions)	0
9	Recovery of bad debts - for statistical records only	0
10	Utilization review	0

11	Subtotal	2,803,138
12	Interim payments (See instructions)	2,803,138
13	Tentative adjustment	0
14	Other adjustment (See instructions)	0
14.50	Demonstration payment adjustment amount before sequestration	0
14.55	Demonstration payment adjustment amount after sequestration	0
14.75	Sequestration for non-claims based amounts (See instructions)	0
14.99	Sequestration adjustment (See instructions)	0
15	Balance due provider/program	0
16	Protested amounts (Nonallowable cost report items)	0

PART I - SNF REIMBURSEMENT UNDER PPS

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

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

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

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

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet E-1 Friday, May 20, 2022 at 12:35:49 PM

Analysis of Payments to Providers for Service Rendered

CMS #	DESCRIPTION	---- Inpatient Part A ---		----- Part B -----	
		Mo/Day/Year 1	Amount 2	Mo/Day/Year 3	Amount 4
1	Total interim payments paid to provider		2,803,138		0
2	Interim payments payable on individual bills, eithe		0		0
3.01	Lump sums ... to Provider		0		0
3.02	Lump sums ... to Provider		0		0
3.03	Lump sums ... to Provider		0		0
3.04	Lump sums ... to Provider		0		0
3.05	Lump sums ... to Provider		0		0
3.50	Lump sums ... to Program		0		0
3.51	Lump sums ... to Program		0		0
3.52	Lump sums ... to Program		0		0
3.53	Lump sums ... to Program		0		0
3.54	Lump sums ... to Program		0		0
3.99	SUBTOTAL		0		0
4	TOTAL INTERIM PAYMENTS		2,803,138		0

TO BE COMPLETED BY CONTRACTOR

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

Name of Contractor: _____ Contractor Number: _____

8 Name of Contractor/Number 0 0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet G Friday, May 20, 2022 at 12:35:49 PM

BALANCE SHEET

CMS #	ASSETS (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT ASSETS					
1	Cash on hand and in banks	32,815	0	0	0
2	Temporary investments	0	0	0	0
3	Notes receivable	0	0	0	0
4	Accounts receivable	3,671,516	0	0	0
5	Other receivables	0	0	0	0
	Less: allowances for uncollectible notes and				
6	accounts receivable	580,000	0	0	0
7	Inventory	0	0	0	0
8	Prepaid expenses	179,815	0	0	0
9	Other current assets	46,565	0	0	0
10	Due from other funds	0	0	0	0
11	TOTAL CURRENT ASSETS	3,350,711	0	0	0
FIXED ASSETS					
12	Land	0	0	0	0
13	Land improvements	0	0	0	0
14	Less: Accumulated depreciation	0	0	0	0
15	Buildings	707,104	0	0	0
16	Less: Accumulated depreciation	0	0	0	0
17	Leasehold improvements	482,718	0	0	0
18	Less: Accumulated amortization	79,711	0	0	0
19	Fixed equipment	0	0	0	0
20	Less: Accumulated depreciation	0	0	0	0
21	Automobiles and trucks	0	0	0	0
22	Less: Accumulated depreciation	0	0	0	0
23	Major movable equipment	662,544	0	0	0
24	Less: Accumulated depreciation	94,152	0	0	0
25	Minor equipment depreciable	0	0	0	0
26	Minor equipment nondepreciable	0	0	0	0
27	Other fixed assets	0	0	0	0
28	TOTAL FIXED ASSETS	1,678,503	0	0	0
OTHER ASSETS					
29	Investments	0	0	0	0
30	Deposits on leases	0	0	0	0
31	Due from owners/officers	2,500,000	0	0	0
32	Other assets	483,254	0	0	0
33	TOTAL OTHER ASSETS	2,983,254	0	0	0
34	TOTAL ASSETS	8,012,468	0	0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet G Friday, May 20, 2022 at 12:35:49 PM

BALANCE SHEET

CMS #	LIABILITIES AND FUND BALANCES (omit cents)	General	Specific	Endowment	Plant
		Fund	Purpose	Fund	Fund
		1	2	3	4
CURRENT LIABILITIES					
35	Accounts payable	3,797,346	0	0	0
36	Salaries, wages & fees payable	250,511	0	0	0
37	Payroll taxes payable	170,142	0	0	0
38	Notes & loans payable (short term)	0	0	0	0
39	Deferred income	0	0	0	0
40	Accelerated payments	0			
41	Due to other funds	0	0	0	0
42	Other current liabilities	481,440	0	0	0
43	TOTAL CURRENT LIABILITIES	4,699,439	0	0	0
LONG TERM LIABILITIES					
44	Mortgage payable	0	0	0	0
45	Notes payable	0	0	0	0
46	Unsecured loans	0	0	0	0
47	Loans from owners	0	0	0	0
48	Other long term liabilities	2,713,884	0	0	0
49		0	0	0	0
50	TOTAL LONG TERM LIABILITIES	2,713,884	0	0	0
51	TOTAL LIABILITIES	7,413,323	0	0	0
CAPITAL ACCOUNTS					
52	General fund balance	599,145			
53	Specific purpose fund		0		
54	Donor created - endowment fund balance - restricted		0	0	
55	Donor created - endowment fund balance - unrestricted			0	
56	Governing body created - endowment fund balance			0	
57	Plant fund balance - invested in plant				0
58	Plant fund balance - reserve for plant improvement, replacement and expansion				0
59	TOTAL FUND BALANCES	599,145	0	0	0
60	TOTAL LIABILITIES & FUND BALANCES	8,012,468	0	0	0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet G-1 Friday, May 20, 2022 at 12:35:50 PM

STATEMENT OF CHANGES IN FUND BALANCES

	----- GENERAL FUND -----		SPECIFIC PURPOSE FUND -		----- ENDOWMENT FUND -----		----- PLANT FUND -----	
	1	2	3	4	5	6	7	8
1 Fund balances - beginning		676726		0		0		0
2 Net income (loss)		-1343656						
3 Total		-666930		0		0		0
4 Additions (Credit adjustments)	0		0		0		0	
5 Changes in OCI	1266075		0		0		0	
6	0		0		0		0	
7	0		0		0		0	
8	0		0		0		0	
9	0		0		0		0	
10 Total Additions		1266075		0		0		0
11 Subtotal		599145		0		0		0
12 Deductions (Debit adjustments)	0		0		0		0	
13	0		0		0		0	
14	0		0		0		0	
15	0		0		0		0	
16	0		0		0		0	
17	0		0		0		0	
18 Total deductions		0		0		0		0
19 Fund balances - ending		599145		0		0		0

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part I Friday, May 20, 2022 at 12:35:50 PM

Statement of Patient Revenues and Operating Expenses

PART I - PATIENT REVENUES

CMS #	REVENUE CENTER	Inpatient 1	Outpatient 2	Total 3
	GENERAL INPATIENT ROUTINE CARE SERVICES			
1	Skilled Nursing Facility	9,207,677		9,207,677
2	Nursing Facility	0		0
4	Other Long Term Care	0		0
		-----	-----	-----
5	Total general Inpatient care services	9,207,677		9,207,677
	ALL OTHER CARE SERVICES			
6	Ancillary services	773,312	0	773,312
7	Clinic		0	0
8	Home Health Agency Cost		0	0
9	Ambulance		0	0
		-----	-----	-----
13	Other (Specify)			
		=====	=====	=====
14	Total Patient Revenues	9,980,989	0	9,980,989

GREEN HILL INC
Provider CCN: 31-5416
Period from 1/1/2021 to 12/31/2021

Worksheet G-2 Part II Friday, May 20, 2022 at 12:35:50 PM

Statement of Patient Revenues and Operating Expenses

PART II - OPERATING EXPENSES

CMS #	Description		
1	Operating Expenses		13,732,115
2	Additions	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8	Total Additions		0
9	Deductions	0	
10		0	
11		0	
12		0	
13		0	
14	Total Deductions		0
15	Total Operating Expenses		13,732,115

GREEN HILL INC
 Provider CCN: 31-5416
 Period from 1/1/2021 to 12/31/2021

Worksheet G-3 Friday, May 20, 2022 at 12:35:50 PM

Statement of Revenues and Expenses

CMS #	Description		
1	Total Patient Revenues		9,980,989
2	Less: contractual allowances and ...		0
3	Net Patient Revenues (Line 1 - 2)		9,980,989
4	Less: total operating expenses		13,732,115
5	Net income from service to patients (Line 3 - 4)		-3,751,126
	Other Income:		
6	Contributions, donations, bequests, etc.		
7	Income from investments	97	
8	Revenues from communications (Telephone and Internet service)	0	
9	Revenues from television and radio service	0	
10	Purchase discounts	0	
11	Rebates and refunds of expenses	0	
12	Parking lot receipts	0	
13	Revenue from laundry and linen service	0	
14	Revenue from meals sold to employees and guests	0	
15	Revenue from rental of living quarters	0	
16	Revenue from sale of medical and surgical supplies to other than patients	0	
17	Revenue from sale of drugs to other than patients	0	
18	Revenue from sale of medical records and abstracts	0	
19	Tuition (fees, sales of textbooks, uniforms, etc)	0	
20	Revenue from gifts, flowers, coffee shops, canteen	0	
21	Rental of vending machines	0	
22	Rental of skilled nursing space	0	
23	Government appropriations	0	
24	Misc. Income	128,539	
24.01	Forgiveness of PPP Loan	1,216,910	
24.02	Employee Retention Credit	750,349	
24.03	Recovery of Bad Debt	55,000	
24.04	Workers Comp Audit Refund	39,633	
24.50	COVID-19 PHE Funding	216,942	
25	Total other income		2,407,470
26	Total		-1,343,656
27		0	
28		0	
29		0	
30	Total other expenses		0
31	Net income (or loss) for the period		-1,343,656