	THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).								
HOM	E OFFICE COST STATEMENT STATUS AND CERTIFICATION	HOME OFFICE	PERIOD:	SCHEDULE S					
		NUMBER:	FROM:	_					
			TO:	_					
PART	I - COST STATEMENT STATUS - CONTRACTOR USE ONLY								
1	Amended cost statement				1				
2	2 Amendment number								
3	3 Date received								
4	First cost statement for this home office number		4						
5	Last cost statement for this home office number			5					
6	Cost statement status				6				
7	Reopening number				7				
8	NPR date				8				
9	Contractor number				9				
10	ADR software vendor code				10				
PART	II - CERTIFICATION								
ADN PRO	REPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS C MINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FUR VIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KIC MINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.	THERMORE, IF SER	VICES IDENTIFIED IN	N THIS REPORT W	VERE				

nined the accompanying electronically filed or manually submitted cost
{Home Office Name and Home Office
and that to the best of my knowledge and belief, this
rds of the provider in accordance with applicable instructions, except as
provision of health care services, and that the services identified in this

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
	1	2	SIGNATURE STATEMENT	
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Signatory Printed Name	•		2
3	Signatory Title		_	3
4	Signature Date			4

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 0938-0202. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 466 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD, 21244-1850. PLÉASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

IDEN'	TIFICATION DATA							HOME OFFICE NUMBER:	PERIOD: FROM:	S(CHEDULE S-	1
									TO:			
PART	I - HOME OFFICE DATA											
		STREET ADDRESS	LINE 1	S	ΓREET ADDRESS LINE 2		P O BOX	CITY		STATE	ZIP	
		1			2		3	4		5	6	
1	HO/CO Location											1
						ш	OME OFFICE	DATE OPERATIONS	DEDO	RTING PER	OD	
			HOME OFFICE	NAME			NUMBER	BEGAN	BEGINNING DA		OD DING DATE	_
	-		1	NAME			2	3	4	IL EN	5	-
2	HO/CO Information		1				2	3	+		3	2
	110/CO information											
		TYPE OF CONTROL		DESCRIP	TION							
	ŀ	1		2								
3	HO/CO Control											3
										<u> </u>		
								RECONCILE TO				
		PREPARED BY CPA	A / C /	R	SUBMITTED	DAT	E AVAILABLE	COST STATEMENT				
		1	2		3		4	5				
4	Financial Statements											4
		FIRST NAME	LAST N	AME	TITLE	TELEP	HONE NUMBER	EMAIL A		E	MPLOYER	
		1	2		3		4	5			6	
5	Contact Information											5
DADT	WEW OFFICER BATA											
PAKI	` II - KEY OFFICER DATA POSITION / JOB TITLE	VEV OF	FICER NAME									
	POSITION / JOB TITLE	KEY OF	2									_
1	President		2									1
	Vice President											2
3	Secretary											3
	Treasurer											3 4
	Controller											5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20

LISTIN	NG OF COMPONENTS								OME OFFICE UMBER:	PERIOD: FROM: TO:	SCHEDULE S-2	2
PART	I - HEALTHCARE PROVIDER COMP	ONENTS										
	COMPONENT NAME	CCN	OWNED OR MANAGED		ERIOD ENDING FISCAL YEAR ENDING	DATE ACQUIRED	DATE SOLD / CLOSED / CEASE OPER	MEDICA PARTIO PATIO	CI- REIMBURS	SE- CONTRACTOR	MEDICAID CONTRACTOR NUMBER	
ľ	1	2	3	4	5	6	7	8	9	10	11	1
1												1
2												2
3												3
4												4
5												5
50												50
30												30
PART	II - NON-HEALTHCARE COMPONEN	TS										
					PERIOD ENDING FISCAL YEAR	DATE	DATE SOLD /					
L	COMPONENT NAME			BEGINNING	ENDING	ACQUIRED	CLOSED					
	1	2	3	4	5	6	7	8	9	10	11	
1												1
2												2
3												3
4												5
5												3
50												50
PART	III - REGION / DIVISION COMPONEN	NTS										
		REGIONAL			REGIO!	N/DIVISION LO	CATION		COSTS INCLUDE IN THIS CO		REGION / DIVISION	
	COMPONENT NAME	HO NUMBER			CI			STAT			CONTRACTOR	į.
	1	2	3		4	1		5	6	7	8	
1												1
2												2
3												3
4												4
5												5
												+-
50												50
50												50

RECL	ASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPE	NSES					HOME (RIOD: ROM: TO:	SCHEDULE A	
		EXPENSES PER HOME OFFICE BOOKS	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE	ADJUSTMENTS	NE ALLOW EXPE	ABLE	DIRECT ALLOCATIONS TO COMPONENTS	FUNCTIONAL ALLOCATIONS TO COMPONENTS	POOLED ALLOCATIONS	
	DESCRIPTION	1	2	3	4	5		6	7	8	
	CAPITAL RELATED COST CENTERS										
1	CRC-B&F										1
	CRC-ME										2
3	Subtotal CRC										3
	OTHER CAPITAL RELATED COST CENTERS										
	Insurance Premiums - Other CRC										4
5	Taxes & Licenses - Other CRC										5
6	All Other Capital Related Costs										6
7	Subtotal Other CRC										7
	NON - CAPITAL COST CENTERS										
8	Salaries of Officers										8
9	Salaries & Wages of Others										9
	Payroll Taxes										10
11	Employee Benefits - Payroll Related									ļ	11
12	Employee Benefits - Non-Pay Related									ļ	12
13	Profit Sharing/Pension Plans									ļ	13
14	Legal Fees										14
15	Auditing and Accounting Fees										15
16	Utilities									ļ	16
17	Communications									ļ	17
18	Travel & Entertainment										18
19	Transportation										19
20	Cleaning, Office & Admin Supplies										20
21	Minor Equipment									ļ	21
22	Repairs & Maintenance										22
23	Dues & Subscriptions										23
24	Contributions										24
25	Insurance Premiums - Non-Capital										25
	Taxes & Licenses - Non-Capital										26
27	Interest Expense										27
28	Interest Income										28
											-

30

100 Total

99 Subtotal Non-capital Cost

99

100

10-22	1 OKW CW5-207-22			4073 (CONT.
RECLASSIFICATIONS OF EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-6
		NUMBER:	FROM:	
		1	TO:	

			INCREA			DECRE.			_
			SCHEDULE A COST CENTER			SCHEDULE A COST C			
	DESCRIPTION OF RECLASSIFICATION	CODE	DESCRIPTION	LINE #	AMOUNT	DESCRIPTION	LINE #	AMOUNT	1
	1	2	3	4	5	6	7	8	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8	 								8
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10									10
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12									12
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14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22		1							22
23	 								23
23									23
24 25									24
25									25
26 27									26
27									27
28									28
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		1						1	↓
									Ļ—
									<u> </u>
100	Total reclassifications								100

ANA	LYSIS OF CAPITAL COST CENTERS					HOME NUMB		PERIOD: FROM: TO:	SCHEDULE A-7	
PART	I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
	DESCRIPTION 1 Land 2 Land Improvements 3 Buildings & Fixtures 4 Building Improvements 5 Fixed Equipment 6 Movable Equipment 7 Subtotal	BEGINNING BALANCE	PURCHASES 2	ACQUISITIONS DONATIONS 3	TOTAL 4	RETIRE- MENTS AND DISPOSALS 5	ENDING BALANCE 6	FULLY DE- PRECIATED ASSETS		
1		1	2	3	7	3	0	/		1
										2
3										3
4							+			4
	6 1									5
										6
										7
8	Reconciling Items									8
9	Total									9
PART	II - RECONCILIATION OF CAPITAL COST CENTERS									
				ON OF RATIOS				ER CAPITAL RELAT	ED COSTS	
			CAPITAL-	GROSS		INSURANCE	TAXES &	ALL OTHER		
		GROSS	IZED	ASSETS		PREMIUMS-	LICENSES-	CAPITAL	ALLOCATION	ĺ
		ASSETS	LEASES	FOR RATIO	RATIO	OTHER CRC	OTHER CRO	REL COSTS	TOTAL	i
	DESCRIPTION	1	2	3	4	5	6	7	8	
	CRC-B&F									1
	CRC-ME									2
3	Total									3
			1		~~					
				1	SU	MMARY OF CAP			_	į.
			DEDDE			INSURANCE	TAXES &	ALL OTHER		
			DEPRE-	I E I GE	D. ITTED FOR	PREMIUMS-	LICENSES-	CAPITAL	TOTAL	İ
	DESCRIPTION		CIATION	LEASE	INTEREST	OTHER CRC	OTHER CRO		TOTAL	ł
	DESCRIPTION		9	10	11	12	13	14	15	-
	CRC-B&F CRC-ME						1		 	1
	Total						1		 	2
3	10(a)					1		ı	1 /	- 3

10-22	FURIVI CIVIS-207-22			4693 (CONT.
ADJUSTMENTS TO EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-8
		NUMBER:	FROM:	
			TO:	1

	T	T 1	I	SCHEDULE A COST C	ENTER	
	DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	DESCRIPTION	LINE #	1
	1	2	3	4	5	1
1	Federal, state income tax, franchise tax, and related interest and penalties on late payments (CMS Pub. 15-1, chapter 21, §2122.2)	<u> </u>	-	•		1
2	Stockholders servicing costs (CMS Pub. 15-1, chapter 21, §2134.9)					2
3		1				3
4	Bad debts (CMS Pub. 15-1, chapter 3, §300)	1				4
5	Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub. 15-1, chapter 21, §2130					5
6	Annual stockholder meeting expenses (CMS Pub. 15-1, chapter 21, §2134.9)					6
7	Non-healthcare projects (CMS Pub. 15-1, chapter 21, §2102.3)					7
8	Non-competition agreement expenses (CMS Pub. 15-1, chapter 21, §2105.1)					8
9	Fund-raising expenses (CMS Pub. 15-1, chapter 21, §2136.2)					9
	Rebates/refunds on expenses (CMS Pub. 15-1, chapter 8, §804)					10
11						11
12	Related organizations (CMS Pub. 15-1, chapter 10, §1000)	Sch. A-8-1				12
	Value of services of non-paid workers (CMS Pub. 15-1, chapter 7, §700)					13
	Interest on loans between home office and components (CMS Pub. 15-1, chapter 21, §2150.2C)					14
15	Costs of corporate acquisitions of capital stocks and acquisition & development department (CMS Pub. 15-1, chapter 21, §2150.2B)					15
16	Interest on loans paid to owners/partners (CMS Pub. 15-1, chapter 2, §218)					16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
100	Total					100

4895	5 (CONT.)			FORM CMS-	287-22					10-22
COST	S OF SERVI	CES FROM RELATED ORGANIZ	ZATIONS AND/OR HOME OFFICE/CHAIN C	ORGANIZATIONS			HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE A-	8-1
								TO:		
PART	I - ADJUST	MENTS REQUIRED AS A RESU	LT OF TRANSACTIONS WITH RELATED OF	RGANIZATIONS A	ND / OR HOME OFFICE	CE/CHAIN O	RGANIZATIONS			-
						SCH A-8-1	AMOUNT	AMOUNT		1
		EDULE A COST CENTER				PART II	ALLOWABLE	INCLUDED IN	NET	
	LINE #	DESCRIPTION	EXPENSE ITEM DESC	CRIPTION		LINE #	IN COST	SCH. A, COL. 3	ADJUSTMENT	_
-	1	2	3			4	5	6	7	+-,
2		-								2
3		+								3
4		 								4
5										5
6										6
7										7
8										8
9										9
10										10
		ļ								
										—
		 								4—
										+
100	TOTAL									100
100	TOTAL									100
PART	II - INTERF	RELATIONSHIP OF HOME OFFICE	CE / CHAIN ORGANIZATION TO RELATED O	RGANIZATIONS						
	INTERRELA-	- INTERRELATIONSHIP			RELA	ATED				
	TIONSHIP	DESCRIPTION	NAME OF	PERCENTAGE	ORGAN	IZATION	PERCENTA		YPE OF	
		(IF SCH A-8-1, PART II, COL. $1 =$		OWNERSHIP		ME	OWNERSH	IIP BU	JSINESS	╛
	1	2	3	4		5	6		7	
1										1
2										2
3				-						3
5				 						5
6										6
7										7
8										8
9										9
10							_			10

						NUMBER:	FROM:	—	
							TO:		
PART	I - HEALTHCARE PROVIDER COMPONENTS								
			CAPITAL	RELATED	OT	HER CAPITAL RELA	TED		
					INSURANCE	TAXES &	ALL OTHER		
			CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
			B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME	CCN	1	2	4	5	6	7	
1									1
2									2
3									3
4									4
5									5
50									50
50									50
51	Total								51
DADT	II - NON-HEALTHCARE COMPONENTS								
FANI	II - NON-HEAETHCARE COMFONENTS	I	CADITAL	RELATED	OT	HER CAPITAL RELA	TED		
			CHITTE	KLEATED	INSURANCE	TAXES &	ALL OTHER		
			CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
			B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME	ŀ	1	2	4	5	6	7	
1	COMPONENT THEME		•	-	·		Ů		1
2									2
3									3
4									4
5									5
50									50
51	Total								51
		·							•
PART	III - REGION / DIVISION COMPONENTS								
		L	CAPITAL	RELATED		HER CAPITAL RELA			
					INSURANCE	TAXES &	ALL OTHER		
		REGIONAL	CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
		НО	B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME	NUMBER	1	2	4	5	6	7	
1									1
2									2
3									3
4									4
5				ļ					5
50									50
50									
	Total Grand Total								51 52
32	Otaliu Total			1	ľ	I	1		32

DIRE	CCT ALLOCATION OF NON-CAPITAL	RELATED CO	OSTS							HOME (PERIOD: FROM: TO:		CHEDULE B-1, ART I	
PART	ΓΙ- HEALTHCARE PROVIDER COMP	ONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	- TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	T PORTATON	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
4															4
5														1	5
														1	
50														+	50
	Total													+	51
													<u>. </u>		
		T	CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &		I	I			
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-		INTEREST	INTEREST				
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	
1										-	-				1
2														+	2
3														+	3
4														+	4
5														+	5
														+	Ť
		1	1									1		+	
50														+	50
	Total													+	51

DIRE	CT ALLOCATION OF NON-CAPITAL I	RELATED CO	OSTS							HOME O		PERIOD: FROM:		SCHEDULE B-1, PART II	
												TO:			
PART	II - NON-HEALTHCARE COMPONENT	ΓS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEI		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	R- TRANS-	İ
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	İ
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
4															4
5														'	5
50															50
51	Total														51
		•	•	-									-		
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &					'	
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST			Į.	İ
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	İ
	COMPONENT NAME		20	21	22	23	24	25	26	27	28			99	İ
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51

DIRE	CT ALLOCATION OF NON-CAPITAL	RELATED CO	STS							HOME ON NUMBER		PERIOD: FROM:		CHEDULE B-1, ART III	
												TO:			
												<u> </u>			
PART	III - REGION/DIVISION COMPONEN	NTS													
			SALARIES			EMP BEN-	EMP BEN-			AUDIT /			TRAVEL		ı
		REGIONAL	OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-		ı
		НО	OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN7	PORTATON	ı
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	1
1															1
2													 		2
3															3
4														T	4
5													ĺ		5
														T	
														1	
50														1	50
51	Total														51
52	Grand Total													1	52
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &					Ί	
		REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST		i		ı
		НО	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME		i	TOTAL	ı
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	ı
1															1
2															2
3													1		3
4													1		4
5														1	5
														1	
														†	
50		İ												† †	50
	Total													1	51
	Grand Total													1 1	52

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS		HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE C	,
PART	I - HEALTHCARE PROVIDER COMPONENTS					
		gay.	CRC- B&F	CRC- ME	TOTAL	
1	COMPONENT NAME	CCN	1	2	3	1
2						2
3						3
4						4
5		+			+	5
50						50
51	Total					51
PART	II - NON-HEALTHCARE COMPONENTS					
			CRC-	CRC-		
	COMPONENT NAME		B&F 1	ME 2	TOTAL 3	
1	COMI ONENT NAME		1		3	1
2						2
3						3
5						5
3						3
50						50
51	Total					51
PART	III - REGION / DIVISION COMPONENTS					
	COMPONENT NAME	REGIONAL HO NUMBER	CRC- B&F	CRC- ME 2	TOTAL 3	
1	COM CIVELLI IVENE	IVONIBLIC	1		J	1
2						2
3						3
5		+				4 5
		+ +			1	
50						50
	Total Grand Total					51

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS - STATISTICS		HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE C-1
				TO:	
DADZ	T. L. HEALTHGARE PROVIDER COMPONENTS				•
PAR	「I - HEALTHCARE PROVIDER COMPONENTS				
			CRC- B&F (SQUARE FEET)	CRC- ME (DOLLAR VALUE)	
	COMPONENT NAME	CCN	1	2	
2		+			1 2
3					3
4					4
5					5
50					50
51	Total				51
PART	Γ II - NON-HEALTHCARE COMPONENTS				
	COMPONENT NAME		CRC- B&F (SQUARE FEET)	CRC- ME (DOLLAR VALUE)	
1	COMPONENT NAME		1	2	1
2					2
3					3
5					5
50	Total				50
31	Total				31
PAR	III - REGION / DIVISION COMPONENTS				
		REGIONAL HO	CRC- B&F (SQUARE FEET)	CRC- ME (DOLLAR VALUE)	
1	COMPONENT NAME	NUMBER	1	2	1
2					2
3					3
5		1			5
					3
50	T.4.1				50
51	Total Grand Total				51 52
53	Cost to be allocated				53
54	UCM				54

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL RELATI	ED COSTS							HOME (PERIOD: FROM: TO:		CHEDULE D, ART I	
2.20															
PART	I - HEALTHCARE PROVIDER COMP	ONENTS										1			
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	T PORTATON	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
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4															4
5													1		5
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50														_	50
	Total														51
	1000	l .													
	I	Т	CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &			l e			
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-		INTEREST	INTEREST				
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	•
1	COMI ONENT NAME	CCN	20	21	22	23	24	23	20	21	26				1
2		1											├		2
3		1											├		3
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5															5
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50													L		50
51	Total													ı,	51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS								HOME ON NUMBER		PERIOD: FROM:		CHEDULE D, ART II	
												TO:			
PART	II - NON-HEALTHCARE COMPONENT	TS													
			SALARIES			EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		l
			OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-		l
				OF OTHERS		RELATED		SION PLANS		ING FEES	UTILITIES			T PORTATON	l
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	
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3															3
4															4
5															5
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51	Total														51
				•	•				•						
			CLEANING,		REPAIRS &			INSURANCE							l
			OFFICE &	MINOR		SUBSCRIP-		PREMIUMS-		INTEREST	INTEREST				l
			ADMIN SUP	`	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	l
	COMPONENT NAME		20	21	22	23	24	25	26	27	28			99	
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4															4
5															5
															—
													<u> </u>		—
50	Total														50
5.1	Liotal													. ,	- 51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS								HOME ON NUMBER		PERIOD: FROM:		CHEDULE D, ART III	
												10			
PART	PART III - REGION/DIVISION COMI	PONENTS	CALABIEC	CALABIEC	1	EMD DEM	EMD DEM	DDOCKE		A LUDITE /	1	1	TDANEL		
		DECIONAL	SALARIES OF		DAMBOLI	EMP BEN-	EMP BEN-	PROFIT	LECAL	AUDIT /		COMMINI	TRAVEL		l
		REGIONAL		& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-	LITTLE LTTEC	COMMUNI-			l
	COMPONENTALA	HO		OF OTHERS		RELATED	12	SION PLANS 13		ING FEES	UTILITIES		1AINMEN 18	T PORTATON 19	l
-	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	
1														_	1
2														_	3
4	1													_	4
5															5
3														-	
														-	
50														-	- 50
50														_	50 51
	Total Grand Total													-	
52	Grand Total														52
	T	ı	CLEANING,	ı	REPAIRS &	DUES &		INSURANCE	TAXES &			ı	ı		
		REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				l
		HO	ADMIN SUP		ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	l
	COMPONENT NAME	NUMBER	20	21	22	23	24	NON-CAP	26	27	28			99	l
1	COMPONENT NAME	NUMBER	20	21	22	23	24	25	20	21	28			99	1
2															2
3	1														3
4	<u> </u>													+	4
5	1														5
3														+	
														+	
50														+	50
	Total													+	51
	Grand Total													+	52

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL RELATE	ED COSTS -	STATISTICS						HOME O		PERIOD: FROM: TO:		CHEDULE D-1, ART I	
PART	I - HEALTHCARE PROVIDER COMPO	ONENTS													
	COMPONENT NAME	CCN	SALARIES OF OFFICERS (ENTER BASIS) 8	SALARIES & WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)		PROFIT SHAR/PEN- SION PLANS (ENTER BASIS)	LEGAL FEES (ENTER BASIS)	AUDIT / ACCOUNT- ING FEES (ENTER BASIS)	UTILITIES (ENTER BASIS) 16	COMMUNI- CATIONS (ENTER BASIS)			
1															1
2															2
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50														_	50
51	Total														51
			CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	REPAIRS & MAINTEN- ANCE (ENTER BASIS)	SUBSCRIP- TIONS (ENTER BASIS)	CONTRI- BUTIONS (ENTER BASIS)	INSURANCE PREMIUMS- NON-CAP (ENTER BASIS)	TAXES & LICENSES- NON-CAP (ENTER BASIS)	INTEREST EXPENSE (ENTER BASIS)	INTEREST INCOME (ENTER BASIS)				
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	Ш_
1													└		1
2															2
3													<u> </u>		3
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50													\vdash		50
	Total														51
J 1	10111														J 1

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS	- STATISTIC	S						HOME ON NUMBER		PERIOD: FROM: TO:		CHEDULE D-1, ART II	
DADT	II - NON-HEALTHCARE COMPONENT	re.										L			
PAKI			SALARIES OF OFFICERS (ENTER BASIS)	& WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)	RELATED (ENTER BASIS)	PROFIT SHAR/PEN- SION PLANS (ENTER BASIS)	LEGAL FEES (ENTER BASIS)	AUDIT / ACCOUNT- ING FEES (ENTER BASIS)	UTILITIES (ENTER BASIS)	COMMUNI- CATIONS (ENTER BASIS)	(ENTER BASIS)	TRANS-T PORTATON (ENTER BASIS)	
1	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	1
2			-	-										+	2
3														+	3
4														1	4
5															5
50															50
51	Total			<u> </u>											51
			CLEANING, OFFICE & ADMIN SUP (ENTER	MINOR	REPAIRS & MAINTEN- ANCE (ENTER	DUES & SUBSCRIP- TIONS (ENTER	CONTRI- BUTIONS (ENTER	INSURANCE PREMIUMS- NON-CAP (ENTER	TAXES & LICENSES- NON-CAP (ENTER	INTEREST EXPENSE (ENTER	INTEREST INCOME (ENTER				
			BASIS)	BASIS)	(ENTER BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)				
	COMPONENT NAME		20	21	22	23	24	25	26	27	28			99	
1															1
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3	<u> </u>														3
4															4
5															5
50															50
	Total														51

FUNC	THONAL ALLOCATION OF NON-CAPI	TAL COSTS	- STATISTICS	2						NUMBE		FROM:		CHEDULE D-1, ART III	
PART	` III - REGION / DIVISION COMPONEN	ITS	SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
	COMPONENT NAME	REGIONAL HO NUMBER	OF OFFICERS (ENTER BASIS)	& WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	PAYROLL RELATED (ENTER BASIS)	NON-PAY RELATED (ENTER BASIS)	SHAR/PEN- SION PLANS (ENTER BASIS)	LEGAL FEES (ENTER BASIS)	ACCOUNT- ING FEES (ENTER BASIS)	UTILITIES (ENTER BASIS)	COMMUNI- CATIONS (ENTER BASIS)	& ENTER- TAINMEN (ENTER BASIS)	TRANS- T PORTATON (ENTER BASIS) 19	
1	COMPONENT NAME	NUMBER	o	,	10	11	12	13	14	13	10	17	10	19	1
2															2
3															3
4															4
5															5
50															- 50
50	Total														50 51
	Grand Total													+	52
	Cost to be allocated													+	53
	UCM													+	54
			CLEANING,		REPAIRS &			INSURANCE	TAXES &						
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-		PREMIUMS-	LICENSES-	INTEREST	INTEREST				
		REGIONAL HO	ADMIN SUP (ENTER BASIS)	EQUIP (ENTER BASIS)	ANCE (ENTER BASIS)	TIONS (ENTER BASIS)	BUTIONS (ENTER BASIS)	NON-CAP (ENTER BASIS)	NON-CAP (ENTER BASIS)	EXPENSE (ENTER BASIS)	INCOME (ENTER BASIS)				
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	
1															2
3															
4														_	3
5															5
														-	Ť
50															50
	Total														51
	Grand Total														52
	Cost to be allocated														53
54	UCM				<u> </u>										54

ALLC	OCATION OF POOLED COSTS FOR DOUBLE ALLOCATION METHO	D				HOME ONUMBE		PERIOD: FROM: TO:	SCHEDULE E	
		ALLOCATION					N-CAPITAL RE		4	
		STATISTICS		CAPITAL	RELATED	SALARIES	SALARIES	ALL		
		(ENTER	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
		BASIS)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
	DESCRIPTION	1	2	3	4	5	6	7	8	1
1	Healthcare Provider Components									1
2	Non-Healthcare Components									2
3	Region / Division Components									3
4	Total									4

ALLC	CATION OF POOLED COSTS TO COMPONENTS						NUMB		FROM: TO:	SCHEDULE E-	I
									10	· <u>l</u>	
PART	I - HEALTHCARE PROVIDER COMPONENTS										
	THE HEALTH THE THE TELL COMMONDER		ALLOCATION				NO	N-CAPITAL RE	LATED		\Box
			STATISTICS		CAPITAL	RELATED	SALARIES	SALARIES		1	
			(ENTER	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
			BASIS)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	
1											1
2											2
3											3
4											4
5											5
50										_	- 50
50	T + 1									_	50
51	Total					<u> </u>		<u> </u>			51
ADT	II - NON-HEALTHCARE COMPONENTS										
AKI	II - NON-HEALTHCARE COMPONENTS		ALLOCATION				NO.	N-CAPITAL RE	LATED	т —	
			STATISTICS		CADITAL	RELATED	SALARIES	SALARIES	ALL	⊣	
			(ENTER	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
			BASIS)	RATIO	B&F	ME	OFFICERS	OF OTHERS		INCOME	
	COMPONENT NAME		1	2	3	4	5	6	7	8	-
1	COM OTHER TWEE		•	-		· ·		Ů	,		1
2											2
3											3
4											4
5											5
50											50
51	Total										51
PART	III - REGION / DIVISION COMPONENTS			-							
			ALLOCATION					N-CAPITAL RE			
			STATISTICS			RELATED	SALARIES	SALARIES	ALL		
		REGIONAL	(ENTER	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
		НО	BASIS)	RATIO	B&F	ME	OFFICERS	OF OTHERS		INCOME	_
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	—
1											1
3										 	2
						-				+	3
5						-				+	5
J						 		+	+	+	+ 3
								1		+	+
50										+	50
	Total									+	51
	Grand Total							1		+	52

SUMI	MARY OF CAPITAL RELATED COSTS			NUMBER:	FROM:	SCHEDULE F	
					TO:		
PART	TI - HEALTHCARE PROVIDER COMPONENTS	I	I			TOTAL	-
						CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	COST	
	COMPONENT NAME	CCN	1	2	3	4	
1					-		1
2							2
3							3
4							4
5							5
50							50
50	Total						51
31	10001						31
PART	II - NON-HEALTHCARE COMPONENTS						
						TOTAL	
						CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	COST	
	COMPONENT NAME		1	2	3	4	
1							1
2							2
3							3
5							5
3							3
							+
50							50
51	Total						51
							•
PART	TIII - REGION/DIVISION COMPONENTS						
						TOTAL	
						CAPITAL	
	COMPONENTALLA	REGIONAL	DIRECT	FUNCTIONAL	POOLED	COST	_
1	COMPONENT NAME	HO NUMBER	1	2	3	4	1
2							2
3							3
4							4
5							5
50							50
51	Total						51
52	Grand Total		l			I	52

SUMI	MARY OF NON-CAPITAL RELATED CO	818						NUME		FROM:	SCHEDULE F-1	
										TO:		
PART	` I - HEALTHCARE PROVIDER COMPON	NENTS										
TICI	1 - HEALTHCARE TROVIDER COMPO	ILITID		SALA	ARIES			ALL OTHER NO	N-CAPITAL CO	STS	TOTAL	
			DIRECT	FUNCTIONAL	POOLED	SUBTOTAL SALARIES	DIRECT	FUNCTIONAL		SUBTOTAL ALL OTH NON-CAP		
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	9	
1												1
3								-				3
4											 	4
5											 	5
50												50
51	Total											51
DADT	THE NOVEMBER THICKER COMPONENTS	,										
PART	II - NON-HEALTHCARE COMPONENTS	· · · · · · · · · · · · · · · · · · ·		SALA	ADIEC			ALL OTHER NO	N CADITAL CO	OTC .	TOTAL	1
		ŀ		SALF	AKIES	SUBTOTAL		ALL OTHER NO	N-CAPITAL CO	SUBTOTAL ALL		
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	
	COMPONENT NAME		1	2	3	4	5	6	7	8	9	1
1												1
2												2
3												3
4												4
5												5
												-
50								-				50
	Total										 	51
51	1041											31
PART	III - REGION OFFICE / DIVISION COMP	PONENTS										
				SALA	ARIES			ALL OTHER NO	N-CAPITAL CO	STS	TOTAL	
]	REGIONAL				SUBTOTAL				SUBTOTAL ALL		
		НО	DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	9	<u> </u>
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3								+			<u> </u>	3
4												4
5											 	5
										1	1	Ť
											 	
50												50
	Total											51
52	Grand Total											52

10-22	I ORIVI CIVID-207-22		4073 (CONT.
BALANCE SHEET	HOME OFFICE	CE PERIOD:	SCHEDULE G
	NUMBER:	FROM:	
		TO:	

	T	O:		
		Al	MOUNT	
	DESCRIPTION		1	
	ASSETS			
	CURRENT ASSETS			
1	Cash on hand and in banks			1
2	Temporary investments			2
3	Notes receivable			3
4	Accounts receivable			4
5	Other receivables Less: allowances for uncollectible notes and accounts receivable			6
7	Inventory			7
8	Prepaid expenses			8
9	Other current assets			9
10	Total current assets			10
	FIXED ASSETS			
11	Land			11
12	Land improvements			12
13	Less: accumulated depreciation			13
14	Buildings			14
15	Less: accumulated depreciation			15
16	Leasehold improvements			16
17	Less: accumulated depreciation			17
18	Fixed Equipment			18
19	Less: accumulated depreciation			19
20	Automobiles and trucks			20
21	Less: accumulated depreciation			21
22	Major movable equipment Less: accumulated depreciation			22
24	Minor equipment non-depreciable			24
25	Other fixed assets			25
26	Total fixed assets			26
	OTHER ASSETS			
27	Investments			27
28	Deposits on leases			28
29	Due from owners/officers			29
30	Other assets			30
31	Total other assets			31
32	Total assets			32
	LIABILITIES			
	CURRENT LIABILITIES			
	Accounts payable	1		33
34	Salaries, wages, and fees payable	1		34
35	Payroll taxes payable Notes and short-term loans payable	_		35
	Notes and snort-term toans payable Deferred income	+		37
38	Accelerated payments	+		38
39	Other current liabilities	+		39
40	Total current liabilities	1		40
	LONG TERM LIABILITIES			<u></u>
41	Mortgage payable			41
42	Notes payable			42
43	Unsecured loans			43
44	Other long term liabilities			44
45	Total long term liabilities			45
46	Total liabilities			46
	CAPITAL			
	Retained earnings			47
48	Total liabilities and retained earnings			48

STAT	EMENT OF REVENUES AND EXPENSES	HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE	G-1
	DESCRIPTION			AMOUNT	
	1			2	
1	Total operating revenue				1
2	1 8 1				2
3	-181()				3
	Other income:				
4	Contributions, donations, bequests, etc.				4
	Interest income				5
6	Purchase discounts				6
	Rebates and refunds of expenses				7
8	Parking lot receipts				8
9	Rental income				9
10					10
11					11
12					12
13					13
14					14
15	Total other income				15
	Other expenses:				
16					16
17					17
18					18
19					19
20					20
21	Total other expenses				21
	Net income or loss for the period				22