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).								
НОМ	E OFFICE COST STATEMENT STATUS AND CERTIFICATION	HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE S				
PART	I - COST STATEMENT <i>STATUS</i>							
1	Amended cost statement				1			
2	Amendment number				2			
3	Date received				3			
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	Date of Finalization of Home Office Cost Statement				8			
9	Contractor number				9			
10	ADR software vendor code	_	·		10			

PART II - CERTIFICATION

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

	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 TO 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 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. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

								NOMBER.	TO:			
PART	I - HOME OFFICE DATA											
		STREET ADDRESS L	INE 1	S	TREET ADDRESS LINE 2		P O BOX	CITY	7	STATE	ZIP	
1	HO/CO Location	1			2		3	4		5	6	1
1	HO/CO Location											1
						НС	OME OFFICE	DATE OPERATIONS	REPO	RTING PERI	OD	Т
			HOME OFFICE	NAME			NUMBER	BEGAN	BEGINNING DA	TE END	ING DATE	
			1				2	3	4		5	
2	HO/CO Information											2
		TYPE OF CONTROL		DESCRIP	PTION	I						
	-	1 11 E OF CONTROL		2	TION							
3	HO/CO Control											3
		<u> </u>										
								RECONCILE TO				
	<u>-</u>	PREPARED BY CPA	A / C /	R	SUBMITTED	DAT	E AVAILABLE	COST STATEMENT				
- 1	Financial Statements	1	2		3		4	5				4
4	Financial Statements											4
		FIRST NAME	LAST NA	AME	TITLE	TELEP	HONE NUMBER	EMAIL A	DDRESS	EM	1PLOYER	Т
		1	2		3		4				6	
5	Contact Information											5
DADZ	H WEW OFFICER DATE											
PART	II - KEY OFFICER DATA POSITION / JOB TITLE	VEV OFF	ICER NAME									1
	1	KET OFF	2									-
1	President											1
2												2
3												3
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COMPONENT NAME											TO:		
COMPONENT NAME													_
COMPONENT NAME	ADT I	THE THE PROTUDED COM	ONENTO										
COMPONENT NAME	PAKI I	I - HEALTHCARE PROVIDER COMI	ONENTS		DEDODEDIC DE	BIOD ENDBIG		DATE COLD /	MEDICAID	MEDICARE	MEDICARE	MEDICAID	1
COMPONENT NAME   CCN   MANAGED   BEGINNING   ENDING   ACQUIRED   CEASE OPER   PATION   MENT TYPE   NUMBER   NUMBER				OHDED OD			D. ITTE						
1			~~~										
1	<u> </u>	COMPONENT NAME					`	CEASE OPER					
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3	1												
A	2												
S	3												
SOL	4												
ACCOUNTING PERIOD ENDING   DATE   SOLD   SOLD   DATE   D	5												5
PART   II - NON-HEALTHCARE COMPONENTS													
PART   II - NON-HEALTHCARE COMPONENTS													
ACQUINTING PERIOD ENDING   DATE   SOLD / DATE   SOLD / CLOSED   SOLD / CLOSE	50												50
ACCOUNTING PERIOD ENDING   DATE   SOLD / DATE   SOLD / CLOSED   SOLD / CLOSE				•							_	_	
ACCOUNTING PERIOD ENDING   DATE   SOLD / DATE   SOLD / CLOSED   SOLD / CLOSE	PART I	II - NON-HEALTHCARE COMPONEN	TS										
COMPONENT NAME   DURING HO FISCAL YEAR   DATE   SOLD / BEGINNING   ENDING   ACQUIRED   CLOSED   CLOS					ACCOUNTING P	ERIOD ENDING		DATE					
COMPONENT NAME							DATE						
1		COMPONENT NAME											
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A	2												
S   S   S   S   S   S   S   S   S   S	3												
Note	- 4												
PART III - REGION / DIVISION COMPONENTS   COSTS   SEPARATE   NCLUDED   COST   NCLUDED   IN THIS COST   STATEMENT   DIVISION   STATE   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   STATEMEN	3												)
PART III - REGION / DIVISION COMPONENTS   COSTS   REGION / IN THIS COST   STATEMENT   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   STATEMENT													_
PART III - REGION / DIVISION COMPONENTS   COSTS   REGION / IN THIS COST   STATEMENT   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   STATEMENT													
REGIONAL   REGION / DIVISION LOCATION   IN THIS COST   STATEMENT   STATEMENT   STATEMENT   SUBMITTED   CONTRACTOR	50												50
REGIONAL   REGION / DIVISION LOCATION													
REGIONAL   HO NUMBER   REGION   DIVISION LOCATION   IN THIS COST   STATEMENT   STATEMENT   SUBMITTED   CONTRACTOR   STATEMENT   SUBMITTED   SUBM	PART I	III - REGION / DIVISION COMPONE	NTS										
REGIONAL HO NUMBER   HO NUMBER   REGION / DIVISION LOCATION   IN THIS COST STATEMENT SUBMITTED CONTRACTOR													
COMPONENT NAME         HO NUMBER         CITY         STATE         STATEMENT         SUBMITTED         CONTRACTOR           1         2         3         4         5         6         7         8           2         3         4         5         6         7         8           3         4         5         6         7         8           4         5         6         7         8           5         6         7         8           2         7         8         1         1           3         7         8         1         2           4         7         8         1         2           3         7         8         3         3           4         7         8         3         4           5         8         7         8         3           6         9         9         9         9         9           7         8         9         9         9         9         9           8         9         9         9         9         9         9         9           9										INCLUDED	COST	REGION /	
1     2     3     4     5     6     7     8       1     1     1     1     1     1     1       2     2     1     1     1     2     2       3     3     4     1     4     4     4     4       5     5     6     7     8     8     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1     1 <td></td> <td></td> <td>REGIONAL</td> <td></td> <td></td> <td>REGIO</td> <td>N / DIVISION LO</td> <td>CATION</td> <td></td> <td>IN THIS COST</td> <td>STATEMENT</td> <td>DIVISION</td> <td></td>			REGIONAL			REGIO	N / DIVISION LO	CATION		IN THIS COST	STATEMENT	DIVISION	
1     1       2     2       3     3       4     4       5     5		COMPONENT NAME	HO NUMBER			CI	TY		STATE	STATEMENT	SUBMITTED	CONTRACTOR	
2     3     3       4     4       5     5		1	2	3		4	1		5	6	7	8	1
2     3     3       4     4       5     5	1												1
3       3         4       4         5       5         6       5         7       6         8       7         9       7         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10         10       10	2												
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	50										+		50

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES	HOME OFFICE	PERIOD:	SCHEDULE A
	NUMBER:	FROM:	
		ТО:	

		EXPENSES					DIRECT	FUNCTIONAL		1
		PER		RECLASSIFIED		NET	ALLOCATIONS			
		HOME OFFICE	RECLASS-	TRIAL	A D W IOTH (E) ITO	ALLOWABLE	TO	TO	POOLED	
	DEGGRIPTION	BOOKS	IFICATIONS	BALANCE	ADJUSTMENTS	EXPENSES	COMPONENTS		ALLOCATIONS	4
	DESCRIPTION	I	2	3	4	5	6	7	8	┢
	CAPITAL RELATED COST CENTERS  CRC-B&F									<u> </u>
	CRC-B&F									1
	Subtotal CRC									3
3	OTHER CAPITAL RELATED COST CENTERS									3
	Insurance Premiums - Other CRC									4
	Taxes & Licenses - Other CRC			-						5
	All Other Capital Related Costs									6
	Subtotal Other CRC									7
	NON - CAPITAL COST CENTERS									<u> </u>
Q	Salaries of Officers									8
	Salaries & Wages of Others			<del> </del>						9
	Payroll Taxes									10
	Employee Benefits - Payroll Related									11
	Employee Benefits - Non-Pay Related									12
	Profit Sharing/Pension Plans									13
	Legal Fees									14
	Auditing and Accounting Fees									15
	Utilities  Utilities									16
	Communications									17
	Travel & Entertainment									18
	Transportation									19
	Cleaning, Office & Admin Supplies									20
	Minor Equipment									21
	Repairs & Maintenance									22
	Dues & Subscriptions									23
	Contributions									24
	Insurance Premiums - Non-Capital									25
	Taxes & Licenses - Non-Capital									26
	Interest Expense									27
28	Interest Income									28
29										29
30										30
99	Subtotal Non-capital Cost									99
100	Total									100

04-23	1 ORWI CIVIS-207-22			4073 (CONT.
RECLASSIFICATIONS OF EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-6
		NUMBER:	FROM:	
		1	TO:	ĺ

			INCREA			DECRE			1
			SCHEDULE A COST CENTER			SCHEDULE A COST C			
	EXPLANATION OF RECLASSIFICATION	CODE	DESCRIPTION	LINE #	AMOUNT	DESCRIPTION	LINE #	AMOUNT	
	1	2	3	4	5	6	7	8	
1									1
2									2
3									3
4				•			1		4
5									5
6							1		6
7							1		7
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8									8
9				ļ					9
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27				-					27
28									28
29									29
29									29
30									30
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				i					
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		1		1				İ	
100	Total reclassifications								100
100	1 can resulting the control of the c				i .				100

ANA	LYSIS OF CAPITAL COST CENTERS					HOME NUMBI		ERIOD: ROM: TO:	SCHEDULE A-7	
PAR	Γ I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
	DESCRIPTION	BEGINNING BALANCE 1	PURCHASES 2	ACQUISITIONS DONATIONS 3	TOTAL 4	RETIRE- MENTS AND DISPOSALS	ENDING BALANCE 6	FULLY DE- PRECIATED ASSETS	-	
1	Land	-		3	'		Ü	,		1
	Land Improvements	-								2
	Buildings & Fixtures									3
	Building Improvements									4
	Fixed Equipment									5
6	Movable Equipment									6
	Subtotal									7
8	Reconciling Items									8
	Total									9
PART	TII - RECONCILIATION OF CAPITAL COST CENTERS									
			COMPUTATIO					CAPITAL RELAT	ED COSTS	
		GROSS ASSETS	CAPITAL- IZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE PREMIUMS- OTHER CRC	TAXES & LICENSES- OTHER CRC	ALL OTHER CAPITAL REL COSTS	ALLOCATION TOTAL	
	DESCRIPTION	ASSETS	2	3	4	5	6	7	8 8	
	CRC-B&F	1	2	3	4	3	0	/	o	1
	CRC-ME									2
	Total									3
	1041									
					SU	MMARY OF CAPI	TAL			
						INSURANCE	TAXES &	ALL OTHER		
			DEPRE-			PREMIUMS-	LICENSES-	CAPITAL		
			CIATION	LEASE	INTEREST	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	DESCRIPTION		9	10	11	12	13	14	15	
1	CRC-B&F		-	-						1
	CRC-ME									2
	Total					ì	t		1	3

10-22	FURIVI CIVIS-28/-22			4893 (CONT.
ADJUSTMENTS TO EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-8
		NUMBER:	FROM:	
			TO:	1

	Т		SCHEDULE A COST CI	ENTER	
DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	DESCRIPTION	LINE #	1
1	2	3	4	5	1
Federal, state income tax, franchise tax, and related interest and penalties on late payments (CMS Pub. 15-1, chapter 21, §2122.2)					1
2 Stockholders servicing costs (CMS Pub. 15-1, chapter 21, §2134.9)					
3 Acquisition expenses (CMS Pub. 15-1, chapter 21, §2134.11)					
4 Bad debts (CMS Pub. 15-1, chapter 3, §300)					4
5 Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub. 15-1, chapter 21, §2130)					
6 Annual stockholder meeting expenses (CMS Pub. 15-1, chapter 21, §2134.9)					(
7 Non-healthcare projects (CMS Pub. 15-1, chapter 21, §2102.3)					,
8 Non-competition agreement expenses (CMS Pub. 15-1, chapter 21, §2105.1)					
9 Fund-raising expenses (CMS Pub. 15-1, chapter 21, §2136.2)					9
10 Rebates/refunds on expenses (CMS Pub. 15-1, chapter 8, §804)					10
11 Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, chapter 10, §1011.5)					11
12 Related organizations (CMS Pub. 15-1, chapter 10, §1000)	Sch. A-8-1				12
13 Value of services of non-paid workers (CMS Pub. 15-1, chapter 7, §700)					13
14 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)					1.5
16 Interest on loans paid to owners/partners (CMS Pub. 15-1, chapter 2, §218)					10
17 Abandoned construction in progress cost (CMS Pub. 15-1, chapter 21, §2155)					17
18					18
19					19
20					20
21					2
22					22
23					23
24					24
25					2:
26					20
27					2'
28					28
29					29
30					30
100 Total					100

COST	S OF SERVIO	CES FROM RELATED ORGAN	IZATIONS AND/OR HOME OFFICE/CHA	AIN ORGANIZATIONS				IE OFFICE IBER:	PERIOD: FROM: TO:		SCHEDULE A-8-	-1
PART	I - ADIUST	MENTS REQUIRED AS A RES	SULT OF TRANSACTIONS WITH RELATE	ED ORGANIZATIONS AN	D / OR HOME OFFICE	CE / CHAIN O	RGANIZA	TIONS				
1711(1	I - ADJUSI	MENTS REQUIRED AS A RES	GET OF TRAINSACTIONS WITH RELATE	ED ORGANIZATIONS AN	D7 OK HOME OFFIC	SCH A-8-1		OUNT	AMOUNT			
	SCHE	DULE A COST CENTER				PART II		WABLE	INCLUDED IN		NET	
	LINE #	DESCRIPTION	EXPENSE ITEM	DESCRIPTION		LINE #		COST	SCH. A, COL. 3		DJUSTMENT	
	1	2	3	3		4		5	6		7	
1												1
2												2
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10												10
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												<b>-</b>
100	TOTAL											100
100	TOTAL											100
PART	II - INTERR	ELATIONSHIP OF HOME OFF	TICE / CHAIN ORGANIZATION TO RELATI	ED ORGANIZATIONS								
	INTERRELA-				RELA	ATED						
	TIONSHIP	DESCRIPTION	NAME OF	PERCENTAGE	ORGANI	IZATION		PERCENTA	GE	TYPE O	)F	
	SYMBOL	(IF SCH A-8-1, PART II, COL. 1	= G) RELATED INDIVIDUAL	OWNERSHIP	NA	ME		OWNERSH	IP	BUSINE	SS	1
	1	2	3	4		5		6		7		
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							TO:		
PART	TI - HEALTHCARE PROVIDER COMPONENTS		CAPITAL	RELATED	TO	HER CAPITAL RELA	TED I		
			CRC- B&F	CRC- ME	INSURANCE PREMIUMS- OTHER CRC	TAXES & LICENSES- OTHER CRC	ALL OTHER CAPITAL REL COSTS	TOTAL	
	COMPONENT NAME	CCN	1	2	4	5	6	7	1
2									2
3									3
4									4
5									5
50									50
51	Total								51
DADT	TII - NON-HEALTHCARE COMPONENTS								
FARI	II - NON-HEALITICARE COMPONENTS		CAPITAL	RELATED	OT	HER CAPITAL RELA	TED		
			CRC-	CRC-	INSURANCE PREMIUMS-	TAXES & LICENSES-	ALL OTHER CAPITAL		
			B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME		1	2	4	5	6	7	
1									2
3									3
4									4
5									5
50									50
51	Total								51
DADE	THE PERIOD PRINCIPLE CONTROLLENTS								
PARI	TIII - REGION / DIVISION COMPONENTS	1	CADITAL	RELATED	ОТ	HER CAPITAL RELA	TED		1
			CAFITAL	RELATED	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				<del> </del>					5
5				-					3
50									50
51				<del> </del>					51
	Grand Total								52

DIRE	CT ALLOCATION OF NON-CAPITAL 1	RELATED CO	STS							HOME ONUMBE		PERIOD: FROM:		SCHEDULE B-1, PART I	,
												TO:			
PART	I - HEALTHCARE PROVIDER COMP	ONENTS													
	I	T	SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEI		
			OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			
				OF OTHERS		RELATED		SION PLANS		ING FEES	UTILITIES			NT PORTATON	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	1
1	COMI ONENT NAME	CCN	8	,	10	11	12	13	14	13	10	17	16	19	1
2															2
3	1	1										1			3
4															4
5															5
3															
		1										1			<del> </del>
50														+	50
	Total											1			51
31	Total										<u> </u>		<u> </u>		31
	T	т —	CLEANING,	Г	REPAIRS &	DUES &		INSURANCE	TAXES &		ı	Ι	ī		T
			OFFICE &	MINOR	MAINTEN-		CONTRI-	PREMIUMS-		INTEREST	INTEREST				
						SUBSCRIP-	BUTIONS			EXPENSE				TOTAL	
	COMPONENT NAME	CCN	ADMIN SUP 20	EQUIP 21	ANCE 22	TIONS 23	24	NON-CAP 25	NON-CAP 26	27	INCOME 28			99	4
1	COMPONENT NAME	CCN	20	21	22	23	24	23	20	21	26			99	- 1
2															2
3															3
															4
5															5
3														+	3
														+	-
50														+	50
50	Total												<b></b>	+	50
- 51	LIOIAI				1			1	1		I	I	1		1 21

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

DIRE	CT ALLOCATION OF NON-CAPITAL	RELATED CO	STS							HOME ONUMBE		PERIOD: FROM: TO:		CHEDULE B-1, ART III	
PART	III - REGION / DIVISION COMPONE	NTS													
	COMPONENT NAME	REGIONAL HO NUMBER		SALARIES & WAGES OF OTHERS	PAYROLL TAXES	EMP BEN- PAYROLL RELATED		PROFIT SHAR/PEN- SION PLANS 13	LEGAL FEES	AUDIT / ACCOUNT- ING FEES 15	UTILITIES	COMMUNI- CATIONS		TRANS-T PORTATON	
1								_							1
2															2
3															3
4															4
5															5
50															50
	Total														51
52	Grand Total														52
			CLEANING	ı	DED AIDC 0	DUES &		INSURANCE	TAXES &		ı	ı	1		
		REGIONAL HO	ADMIN SUP	MINOR EQUIP	REPAIRS & MAINTEN- ANCE	SUBSCRIP- TIONS	BUTIONS	PREMIUMS- NON-CAP	LICENSES- NON-CAP	INTEREST EXPENSE	INTEREST INCOME			TOTAL	
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	
1															1
2															3
3														+	4
5														+	5
3														+	
			-											+	
50														+	50
	Total													+ +	51
	Grand Total													1	52

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS		HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE C	,
PART	I - HEALTHCARE PROVIDER COMPONENTS					
			CRC- B&F	CRC- ME	TOTAL	
	COMPONENT NAME	CCN	1	2	3	
1						1
3						3
4						4
5						5
50						50
	Total					51
						7.
PART	II - NON-HEALTHCARE COMPONENTS					
			CDC	CDC		
			CRC- B&F	CRC- ME	TOTAL	
	COMPONENT NAME		1	2	3	7
1						1
2						2
3						3
5						5
50	Total					50 51
31	Total					31
PART	III - REGION / DIVISION COMPONENTS					
		REGIONAL	CRC-	CRC-	TOTAL	
	COMPONENT NAME	HO NUMBER	B&F 1	ME 2	TOTAL 3	-
1		TOMBER	1		3	1
2						2
3						3
5						5
						,
50						50
	Total					51

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS - STATE	TISTICS 207 2	HOME OFFICE	PERIOD:	SCHEDULE C-1
			NUMBER:	FROM:	
				TO:	
PART	Γ I - HEALTHCARE PROVIDER COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
			FEET)	VALUE)	
	COMPONENT NAME	CON	(1) 1	<u>(2)</u> 2	
1	COMPONENT NAME	CCN	1	2	1
2					2
3					3
4					4
5					5
50					50
51	Total				51
PART	Γ II - NON-HEALTHCARE COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
			FEET)	VALUE)	
	COMPONENTALLY		(1)	(2)	
	COMPONENT NAME		1	2	1
2					1 2
3					3
4					4
5					5
50					50
51	Total				51
PART	Γ III - REGION / DIVISION COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
		REGIONAL	FEET)	VALUE)	
		НО	(1)	(2)	
	COMPONENT NAME	NUMBER	1	2	
2					1 2
3					3
4					4
5					5
					50
50					50
	Total Grand Total				51 52
	Cost to be allocated				53
	UCM				54

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL RELATE	ED COSTS							HOME ON NUMBER		PERIOD: FROM:		SCHEDULE D, PART I	
												TO:			
PART	I - HEALTHCARE PROVIDER COMP	ONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEI	_	
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	R- TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT 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															5
50															50
51	Total														51
			CLEANING,		REPAIRS &			INSURANCE							
			OFFICE &	MINOR		SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	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
50															50
51	Total														51

FUNC	CTIONAL ALLOCATION OF NON-CAPIT	TAL COSTS								HOME (		PERIOD: FROM: TO:		SCHEDULE D, PART II	
										<u> </u>					
PART	II - NON-HEALTHCARE COMPONENT	'S													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL	-	
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	R- TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	1
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		ĺ		
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
	COMPONENT NAME		20	21	22	23	24	25	26	27	28			99	1
1															1
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3															3
4														-	4
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															Ť
														_	<b>†</b>
50														_	50
	Total												<del></del>	+	51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS								HOME ONUMBE		PERIOD: FROM:		CHEDULE D, ART III	
												TO:			
PART	PART III - REGION/DIVISION COM	PONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		1
		REGIONAL	OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-	TRANS-	ı
		НО	OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN'	Γ PORTATON	ı
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	l
1														T	1
2														T	2
3															3
4														T	4
5															5
														Ί	
														1	
50														1	50
51	Total													1	51
52	Grand Total														52
		•	=	3	3			<del></del>	<del></del> -			•	<u> </u>		
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
		REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				ı
		НО	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	ı
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	l
1															1
2														1	2
3														1	3
4															4
5															5
														1	
												İ		1	
50														1	50
51	Total													1	51
52	Grand Total													1	52

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL RELATE	ED COSTS - S	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)	EMP BEN- NON-PAY 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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5													<b>├</b> ──	<del>                                     </del>	5
3			<u> </u>									<u> </u>	<del>├</del>	+	
													<del>                                     </del>	+	
50														+ +	50
	Total													1	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	
1													<b>↓</b>		1
2													<del>                                     </del>		2
3													<b>├</b>		3
5													<del> </del>		5
3													<del></del>		
													<del></del>		
50															50
51	Total														51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	ITAL COSTS	- STATISTICS	5						NUMBE		PERIOD: FROM: TO:		CHEDULE D-1, PART II	
PART	Γ II - NON-HEALTHCARE COMPONEN'	TS													
	COMPONENT NAME		SALARIES OF OFFICERS (ENTER BASIS) 8	& WAGES	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)	EMP BEN- NON-PAY 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)		TRANS- T PORTATON	
1	COM ONDIVITATION				10		- 12	10			10	1,	10	1	1
2															2
3															3
4															4
5															5
															<del></del>
50													<b>├</b> ──	_	50
	Total		_			-							<del> </del>		51
31	Total														31
			CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR	REPAIRS & MAINTEN- ANCE (ENTER BASIS)	DUES & 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		20	21	22	23	24	25	26	27	28			99	i
1															1
2															2
3															3
4															4
5															5
													$\vdash$		ſ
50															50
51	Total														51

FUNC	TIONAL ALLOCATION OF NON-CAPI	TAL COSTS -	- STATISTICS							NUMBE		PERIOD: FROM: TO:		CHEDULE D-1, ART III	
DADT	III - REGION / DIVISION COMPONEN	ITC													
FAKI	COMPONENT NAME	REGIONAL HO NUMBER	SALARIES OF OFFICERS (ENTER BASIS) 8	SALARIES & WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)	EMP BEN- NON-PAY 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)	TRAVEL & ENTER- TAINMEN' (ENTER BASIS)		
1	COMI GIVEIVI IVENE	TTOMBER	- O		10		12	15	11	13	10	17	10	17	1
2															2
3															3
4															4
5															5
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50					-									+	50
	Total													+	51
	Grand Total													+ +	52
	Cost to be allocated													+	53
54	UCM														54
	COMPONENT NAME	REGIONAL HO NUMBER	CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	REPAIRS & MAINTEN- ANCE (ENTER BASIS)	DUES & SUBSCRIP- TIONS (ENTER BASIS) 23	CONTRI- BUTIONS (ENTER BASIS)	INSURANCE PREMIUMS- NON-CAP (ENTER BASIS)	TAXES & LICENSES- NON-CAP (ENTER BASIS) 26	INTEREST EXPENSE (ENTER BASIS) 27	INTEREST INCOME (ENTER BASIS) 28			99	
1															1
2															2
3															3
5					-										5
3															
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50															50
	Total														51
52	Grand Total														52
	Cost to be allocated														53
54	UCM				<u> </u>										54

ALLOCATION OF POOLED COSTS FOR DOUBLE ALLOCATI	ION METHOD				NUMBI		PERIOD: FROM: TO:	SCHEDULE E	
	ALLOCATION STATISTICS				NO	N-CAPITAL RE	LATED		
	(TOTAL		CAPITAL	RELATED	SALARIES	SALARIES	ALL	1	
	COST)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
DESCRIPTION	1	2	3	4	5	6	7	8	
1 Healthcare Provider Components									1
2 Non-Healthcare Components									2
3 Region / Division Components									3
4 Total									4

ALLOCATION OF POOLED COSTS TO COMPONENTS  H N									PERIOD: SCHEDULE E-1 FROM: TO:		
PART	I - HEALTHCARE PROVIDER COMPONENTS										
	COMPONENT NAME	CCN	ALLOCATION STATISTICS (ENTER BASIS) (BASIS CODE)	ALLOCATION RATIO 2	CAPITAL CRC- B&F 3	RELATED  CRC- ME 4	SALARIES OF OFFICERS 5	N-CAPITAL REL SALARIES & WAGES OF OTHERS 6	ATED  ALL  OTHER  NON-CRC	INTEREST INCOME 8	
1				_	-				,		1
2											2
3											3
4											4
5											5
50											50
	Total										51
									_		
PART	II - NON-HEALTHCARE COMPONENTS										
			ALLOCATION STATISTICS (TOTAL COSTS)	ALLOCATION	CRC-	RELATED CRC-	NON-CAPITAL RELAT SALARIES SALARIES OF & WAGES		ALL OTHER	INTEREST	
	COMPONENTALLA		(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
1	COMPONENT NAME		1	2	3	4	5	6	7	8	1
2											2
3											3
4											4
5											5
50											50
51	Total										51

ALLC	ALLOCATION OF POOLED COSTS TO COMPONENTS								ERIOD: FROM:	SCHEDULE E-1	
									TO:		
PART	III - REGION / DIVISION COMPONENTS										
	in Abbien bristen comments	ALLOCATION STATISTICS (TOTAL		CAPITAL	RELATED	NC SALARIES	N-CAPITAL REI SALARIES	LATED ALL			
		REGIONAL	COSTS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
		НО	(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	1
1											1
2											2
3											3
4											4
5											5
50											50
51	Total										51
52	Grand Total										52

SUMI	MARY OF CAPITAL RELATED COSTS	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE F			
					TO:		
PART	Γ I - HEALTHCARE PROVIDER COMPONENTS						
			DIRECT	FUNCTIONAL	POOLED	TOTAL CAPITAL COST	
	COMPONENT NAME	CCN	1	2	3	4	
1							1
2							2
3						<del>                                     </del>	3
5						<u> </u>	5
3							+ -
							$\dashv$
50							50
51	Total						51
	W. VAN VIII. VIII. VIII. CAN III. CAN I						
PART	「II - NON-HEALTHCARE COMPONENTS	-	ı	<del></del>		TOTAL	
			DIRECT	FUNCTIONAL	POOLED	CAPITAL COST	
	COMPONENT NAME		1	2	3	4	$\dashv$
1			1	-	<u> </u>	<u> </u>	1
2							2
3							3
4							4
5							5
						ļ	
50						<u> </u>	50
50	Total					<u> </u>	51
31	10(4)						31
PART	TIII - REGION / DIVISION COMPONENTS						
		REGIONAL	DIRECT	FUNCTIONAL	POOLED	TOTAL CAPITAL COST	
	COMPONENT NAME	HO NUMBER	1	2	3	4	
1							1
2							2
3							3
4						<del>                                     </del>	4
5		<u> </u>		+		<del>                                     </del>	5
		<del> </del>		+			+
50				<del>                                     </del>			50
51	Total						51
52	Grand Total						52

								NUMBE	ZK:	FROM:	1	
										TO:		
ΔΡΤ	I - HEALTHCARE PROVIDER COM	/PONENTS										
11(1	1 - HERETHERIKE TROVIDER CON	II OILLIVIS		SALA	RIFS			ALL OTHER NON	I-CAPITAL COST	rs	TOTAL	Τ
		1		J. K.	ICIES	SUBTOTAL		THE OTHER TOP	I	SUBTOTAL ALL	NON-CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	9	1
1	COM OND WITH THE	0011	•	-	,				,			十
2										+		t
3										+		t
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_	Total											t
									<u> </u>			Ė
RT	II - NON-HEALTHCARE COMPONE	NTS										_
				SALA	ARIES			ALL OTHER NON	I-CAPITAL COST	ΓS	TOTAL	Т
						SUBTOTAL				SUBTOTAL ALL	NON-CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	
	COMPONENT NAME		1	2	3	4	5	6	7	8	9	1
1					-		-	-	·			T
2												T
3										1		Ť
4										1		Ť
5										1		t
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RT	III - REGION OFFICE / DIVISION CO	OMPONENTS										_
				SALA	RIES			ALL OTHER NON	I-CAPITAL COST	ΓS	TOTAL	Τ
		REGIONAL				SUBTOTAL				SUBTOTAL ALL	NON-CAPITAL	
		НО	DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP	COST	
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	9	1
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2												T
3												T
4												Ť
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												T
50												T
51	Total											T
	Grand Total					i			i	_		L

52 Grand Total

52

SUMN	MARY OF INTEREST INCOME							HOME OFFIC NUMBER:	FROM:	SCHEDULE F-2
									<i>TO</i> :	
PART	I - HEALTHCARE PROVIDER COMPON	VENTS								
				INTEREST	T INCOME					
			DIRECT	FUNCTIONAL	POOLED	TOTAL INT INCOME				
	COMPONENT NAME	CCN	I	2	3	4				
1										1
2										2
3										3 4 5
5										4 5
,										
50										50
	Total									51
PART	II - NON-HEALTHCARE COMPONENTS									
				INTEREST	T INCOME		1 1			
						TOTAL				
			DIRECT	FUNCTIONAL	POOLED	INT INCOME				
,	COMPONENT NAME		1	2	3	4				
1										1
3										2 3
4										4
5										5
50										50
51	Total									51
PART	III - REGION OFFICE / DIVISION COM.	PONENTS								
		DEGIONAL.		INTEREST	T INCOME	mom u	ļ			
		REGIONAL	DIDECT	ELINGTIONAL	DOO! ED	TOTAL				
	COMPONENT NAME	HO NUMBER	DIRECT 1	FUNCTIONAL 2	POOLED 3	INT INCOME 4				
1	COMPONENT NAME	NUMBER	I	2	3	4				1
2										2
3										3
4						1				3 4 5
5										5
50										50
51	Total									51
52	Grand Total									52

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04-23	FORIVI CIVIS-207-22		4693 (CONT.)
BALANCE SHEET	HOME OFFICE	PERIOD:	SCHEDULE G
	NUMBER:	FROM:	
		TO:	

	<del></del>	TO	:		
			Al	MOUNT	Т
	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				5
6	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
	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				22
23	Less: accumulated depreciation				23
	Minor equipment non-depreciable				24
25	Other fixed assets				25
26	Total fixed assets				26
	OTHER ASSETS				
27	Investments				27
	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				
33	Accounts payable				33
	Salaries, wages, and fees payable				34
	Payroll taxes payable				35
	Notes and short-term loans payable				36
-	Deferred income				37
38	Accelerated payments		1		38
39	Other current liabilities		1		39
40	Total current liabilities		1		40
- 10	LONG TERM LIABILITIES				- 10
41	Mortgage payable				41
	Notes payable		1		42
43	Unsecured loans		1		43
44	Other long term liabilities				44
45	Total long term liabilities		1		45
46	Total liabilities  Total liabilities		1		46
40	CAPITAL				70
47	Retained earnings				47
	Total liabilities and retained earnings		1		48
40	10th naointee and retained carmings				+0

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STAT	EMENT OF REVENUES AND EXPENSES	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE C	3-1
			TO:		
	DESCRIPTION			AMOUNT	
	1			2	
1	Total operating revenue				1
2	1 8 1				2
3					3
	Other income:				
4	Contributions, donations, bequests, etc.				4
	Interest income				5
6	Purchase discounts				6
7	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
22	Net income or loss for the period				22