	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:	SCHEDULE S					
			TO:	_					
PART	I - COST STATEMENT STATUS								
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				
	THE CERTIFICATION								

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	ı						
	-	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											
PARI	II - KEY OFFICER DATA POSITION / JOB TITLE	VEV OFF	ICER NAME									1
	1	KET OFF	2									-
1	President											1
2												2
3												3
4												4
5												5
7												7
8												8
9												9
10												10
11			·		·			<u> </u>			· · · · · ·	11
12												12
13 14												13 14
15												15
16												16
17												17
18					-			•				18
19		·										19

								NOME	EK.			
										TO:		
DADT	I - HEALTHCARE PROVIDER COMP	ONENTS										
TAICI	1 - HERETHERIKE TROVIDER COM	ONLINIS		REPORTING PE	RIOD ENDING		DATE SOLD /	MEDICAID	MEDICARE	MEDICARE	MEDICAID	$\overline{}$
			OWNED OR	DURING HO I		DATE	CLOSED /	PARTICI-	REIMBURSE-	CONTRACTOR	CONTRACTOR	
	COMPONENT NAME	CCN	MANAGED	BEGINNING	ENDING	ACQUIRED	CEASE OPER	PATION	MENT TYPE	NUMBER	NAME	
	1	2	3	4	5	6	7	8	9	10	11	ŧ
1	1		3	7	3	0	,	0		10	- 11	1
2												2
3												3
4												4
5												5
												\vdash
50												50
30												30
DADT	II - NON-HEALTHCARE COMPONENT	ге										
IAKI	II - NON-HEALTHEARE COMI ONEN	10		ACCOUNTING P	EDIOD ENDING		DATE					$\overline{}$
				DURING HO I		DATE	SOLD /					
	COMPONENT NAME			BEGINNING	ENDING ENDING	ACQUIRED	CLOSED				1	
	COMFONENT NAME	2	3	4	5	6	CLOSED 7	8	9	10	11	ł
1	1	2	3	7	3	0	,	8	,	10	11	1
2												2
3												3
4												4
- 5												5
												-
50												50
30												30
DADT	' III - REGION / DIVISION COMPONEN	ITC										
IAKI	III - REGION/ DIVISION COMI ONE	115							COSTS	SEPARATE		$\overline{}$
									INCLUDED	COST	REGION /	
		REGIONAL			REGION	N/DIVISION LO	CATION		IN THIS COST	STATEMENT	DIVISION	
	COMPONENT NAME	HO NUMBER			CI		CATION	STATE	STATEMENT	SUBMITTED	CONTRACTOR	
	1	2	3			ļ		5	6	7	8	ł
1	1		3		-	•		J	U	'	0	1
2												2
3												3
4											 	4
5												5
											 	
		 							+	-	 	$\vdash \!$
50									+			50

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

						·				
		EXPENSES					DIRECT	FUNCTIONAL		
		PER		RECLASSIFIED		NET	ALLOCATIONS	ALLOCATIONS		
		HOME OFFICE	RECLASS-	TRIAL		ALLOWABLE	TO	TO	POOLED	
		BOOKS	IFICATIONS	BALANCE	ADJUSTMENTS	EXPENSES	COMPONENTS	COMPONENTS	ALLOCATIONS	
	DESCRIPTION	1	2	3	4	5	6	7	8	
	CAPITAL RELATED COST CENTERS									
1	CRC-B&F									1
2	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									11
	Employee Benefits - Non-Pay Related									12
13	Profit Sharing/Pension Plans									13
14	Legal Fees									14
15	Auditing and Accounting Fees									15
	Utilities									16
17	Communications									17
18	Travel & Entertainment									18
19	1									19
	Cleaning, Office & Admin Supplies									20
21	Minor Equipment									21
22	Repairs & Maintenance									22
23	Dues & Subscriptions									23
	Contributions									24
	Insurance Premiums - Non-Capital									25
26	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

04-25	1 OKW CW5-267-22			4073 (CONT.
RECLASSIFICATIONS OF EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-6
		NUMBER:	FROM:	
			TO:	

			INCREA			DECREA			1
			SCHEDULE A COST C	ENTER					
	EXPLANATION OF RECLASSIFICATION	CODE	DESCRIPTION	LINE #	AMOUNT	DESCRIPTION	LINE #	AMOUNT	
	1	2	3	4	5	6	7	8	1
1									1
2									2
3								1	3
4		1							4
		-						1	5
5		1							
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14		1							14
15									15
16								1	16
17									17
18		-					1	1	18
19									19
19									19
20									20
21									21
22									22
23									23
24 25									24
25									25
26									26
27									27
28									28
29									29
30		1		1			1	1	30
50									- 50
		1					1	 	\vdash
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		1							—
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									$ldsymbol{ldsymbol{eta}}$
									<u></u>
								1	
100	Total reclassifications								100
100	1								100

ANA	LYSIS OF CAPITAL COST CENTERS					HOME (PERIOD: FROM: TO:	SCHEDULE A-7	
PART	Γ I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES									
		BEGINNING BALANCE	PURCHASES	ACQUISITIONS DONATIONS	TOTAL	RETIRE- MENTS AND DISPOSALS	ENDING BALANCE	FULLY DE- PRECIATED ASSETS		
	DESCRIPTION	1	2	3	4	5	6	7	-	
1	Land	•	-				- U	,		1
	Land Improvements									2
	Buildings & Fixtures									3
	Building Improvements									4
	Fixed Equipment									5
6	Movable Equipment									6
	Subtotal									7
8	Reconciling Items									8
9	Total									9
PART	II - RECONCILIATION OF CAPITAL COST CENTERS									
				ON OF RATIOS				R CAPITAL RELATI	ED COSTS	1
			CAPITAL-	GROSS		INSURANCE	TAXES &	ALL OTHER		
		GROSS	IZED	ASSETS		PREMIUMS-	LICENSES-	CAPITAL	ALLOCATION	
		ASSETS	LEASES	FOR RATIO	RATIO	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	1
	DESCRIPTION	1	2	3	4	5	6	7	8	
	CRC-B&F									1
	CRC-ME									2
3	Total									3
					SU	MMARY OF CAPI				1
						INSURANCE	TAXES &	ALL OTHER		
			DEPRE-			PREMIUMS-	LICENSES-	CAPITAL	ı	
			CIATION	LEASE	INTEREST	OTHER CRC	OTHER CRC		TOTAL	1
	DESCRIPTION		9	10	11	12	13	14	15	<u> </u>
	CRC-B&F									1
	CRC-ME									2
3	Total		1			Ī	l		1	3

10-22	1 OKW CWI5-287-22			4095 (CONT.
ADJUSTMENTS TO EXPENSES		HOME OFFICE	PERIOD:	SCHEDULE A-8
		NUMBER:	FROM:	
			TO:	

	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)					2
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)					1
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					2:
24					2
25					2:
26					20
27					2'
28					28
29					29
30					30
	1				
	1			1	
	1				
	1			1	
100 Total					100

COST	S OF SERVIO	CES FROM RELATED ORGANI	ZATIONS AND/OR HOME OFFICE/CHAIN C	DRGANIZATIONS				OME OFFICE JMBER:	PERIOD: FROM: TO:	SCHEDULE .	A-8-1
PART	I - ADJUST	MENTS REQUIRED AS A RESI	JLT OF TRANSACTIONS WITH RELATED OF	RGANIZATIONS A	ND / OR HOME OFFI	CE/CHAIN O	RGANIZ	ZATIONS	·		
		EDULE A COST CENTER	or mandiference with Register of		ind a remine of the	SCH A-8-1 PART II	A	MOUNT LOWABLE	AMOUNT INCLUDED IN	NET	
ŀ	LINE #	DESCRIPTION	EXPENSE ITEM DESC	CRIPTION		LINE #		N COST	SCH. A, COL. 3	ADJUSTMENT	
ŀ	1	2	3	orth 11011		4	-	5	6	7	
1								-	·		1
2											2
3											3
4											
5											4
6											(
7											7
8											8
9											9
10											10
		+				\vdash					
100	TOTAL										100
100	TOTAL										100
PART	II - INTERR	RELATIONSHIP OF HOME OFFI	CE / CHAIN ORGANIZATION TO RELATED O	RGANIZATIONS							
	INTERRELA-				REL	ATED					
	TIONSHIP	DESCRIPTION	NAME OF	PERCENTAGE		IZATION		PERCENTA	GE	TYPE OF	
	SYMBOL	(IF SCH A-8-1, PART II, COL. 1 =	G) RELATED INDIVIDUAL	OWNERSHIP		ME		OWNERSH	IIP I	BUSINESS	
1	1	2	3	4		5		6		7	
1											1
2											2
3											3
4						<u> </u>					4
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6											(
7											7
8											8
9											9
10								1			10
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								1			

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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				 					5
5				-					3
50									50
51				 					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			
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													+	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								_		-	-			- 	1
2															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	20, 2	HOME OFFICE NUMBER:	PERIOD: FROM: TO:	SCHEDULE C	,
PART	Γ I - HEALTHCARE PROVIDER COMPONENTS				·	
	COMPONENT NAME	CCN	CRC- B&F	CRC- ME 2	TOTAL 3	
1		CCIV	•		3	1
2						2
3						3
4						4
5						5
						+
50						50
	Total					51
					•	
PART	II - NON-HEALTHCARE COMPONENTS				•	
	COMPONENT NAME		CRC- B&F	CRC- ME 2	TOTAL 3	
1			•	-	-	1
2						2
3						3
4						4
5						5
50						50
51	Total					51
PARI	TIII - REGION / DIVISION COMPONENTS	1 1	<u> </u>		1	1
	COMPONENT NAME	REGIONAL HO NUMBER	CRC- B&F	CRC- ME 2	TOTAL 3	
1						1
2						2
3						3
5						5
						1 3
		+				+
50						50
51	Total					51
52	Grand Total					52

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS - STAT	TISTICS	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	CCN	(1)	(2)	
1	COMPONENT NAME	CCN	1	Δ	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)	
	COLOROVENENTALANTE		(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				50 51
	Grand Total				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
2														-	2
3															3
4														-	4
5														1	5
															Ť
														1	†
50														_	50
	Total													+	51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS	HOME ON NUMBER		PERIOD: FROM:		CHEDULE D, ART III								
												TO:			
PART	PART III - REGION/DIVISION COM	PONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
		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	T PORTATON	ı
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	ı
1															1
2															2
3															3
4															4
5															5
														\top	
50															50
51	Total											1			51
52	Grand Total											1			52
			•	•	•							•			
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &					\top	
		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	ı
1															1
2															2
3															3
4												1			4
5												1			5
			1	1	ì							1		1	
				ĺ								İ		1	
50				1								1		1	50
51	Total			1	ì							1		1	51
52	Grand Total			i e	İ								ĺ	1	52

FUNC	TIONAL ALLOCATION OF NON-CAPI	TAL RELATE	ED COSTS - S	STATISTICS						HOME ONUMBE		PERIOD: FROM: TO:		CHEDULE D-1, ART I	
PART	I - HEALTHCARE PROVIDER COMP	ONENTS													
TAKT	COMPONENT NAME	CCN	SALARIES OF OFFICERS (ENTER BASIS)	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)	COMMUNI- CATIONS (ENTER BASIS)		- TRANS- T PORTATON	
1	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	10	17	18	19	1
2		1										t		+ +	2
3														1	3
4															4
5															5
50															50
51	Total													$oldsymbol{\perp}$	51
						•									
			CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	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	CCN	20	21	22	23	24	25	26	27	28			99	1
1															1
2															2
3															3
4															4
5			<u> </u>									1			5
															
50			1												50
	Total											 			51
J 1															1

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS	- STATISTICS	S						HOME (PERIOD: FROM: TO:		CHEDULE D-1, ART II	
PART	II - NON-HEALTHCARE COMPONENT	Γς													
TAKI	COMPONENT NAME		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														Т	2
3															3
4															4
5															5
															ь—
50															- 50
50													<u> </u>	+	50
51	Total		<u> </u>												51
			CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	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	1
1															1
2															2
3															3
4															4
5													 		5
															
50													 		50
	Total			1		1							 		51
						1									

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS -	- STATISTICS							HOME (NUMBE		PERIOD: FROM: TO:		CHEDULE D-1, ART III	
PART	` III - REGION / DIVISION COMPONEN	NTS													
		PEGIONAL	SALARIES OF OFFICERS	SALARIES & WAGES OF OTHERS	PAYROLL TAXES	EMP BEN- PAYROLL RELATED		PROFIT SHAR/PEN- SION PLANS	LEGAL FEES	AUDIT / ACCOUNT- ING FEES	UTILITIES	COMMUNI- CATIONS	TRAVEL & ENTER- TAINMEN	TRANS- Γ PORTATON	
	COMPONENT NAME	REGIONAL HO NUMBER	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS) 14	(ENTER BASIS) 15	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS) 19	
1		NOMBER	0		10	11	12	13	17	13	10	17	10	17	1
2															2
3															3
4															4
5															5
															
50															50
	Total														51
	Grand Total													+	52
	Cost to be allocated														53
54	UCM														54
			CLEANING, OFFICE & ADMIN SUP	MINOR EQUIP	REPAIRS & MAINTEN- ANCE	DUES & SUBSCRIP- TIONS	CONTRI- BUTIONS	INSURANCE PREMIUMS- NON-CAP	TAXES & LICENSES- NON-CAP	INTEREST EXPENSE	INTEREST INCOME				
		REGIONAL HO		(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)	(ENTER BASIS)				
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	1
1															1
2															2
3															3
4															4
5															5
		+													
50															50
	Total														51
	Grand Total														52
	Cost to be allocated														53
54	UCM														54

ALLOCATION OF POOLED COSTS FOR DOUBLE ALLOCATION METHO	DD.				HOME NUMBI		PERIOD: FROM: TO:	SCHEDULE E	
	ALLOCATION								
	STATISTICS				NO	NON-CAPITAL RELATED			
	(TOTAL		CAPITAL	RELATED	SALARIES	SALARIES	ALL		
	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
1 Healthcare Provider Components									1
2 Non-Healthcare Components									2
3 Region / Division Components									3
4 Total									4

ALLO	CATION OF POOLED COSTS TO COMPONENTS						HOME (ERIOD: FROM:	SCHEDULE E-1	
									TO:		
D. D. D. T.	A A THE A TAIL OF THE PROTUCTION OF THE PROTUCTION						•				
PARI	I - HEALTHCARE PROVIDER COMPONENTS		ALLOCATION	1			1			1	_
			STATISTICS				NO	N-CAPITAL REL	ATED		
			(ENTER		CAPITAL	RELATED	SALARIES	SALARIES	ALL	1	
			BASIS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
			(BASIS CODE)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	_
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	₩.
2											2
3											3
4											4
5											5
50											50
51	Total										51
PART	II - NON-HEALTHCARE COMPONENTS										
TAICI	ii - NON-IEZETHEZIKE COMFONENTS		ALLOCATION								$\overline{}$
			STATISTICS				NO:	N-CAPITAL REL	ATED		1
			(TOTAL			RELATED	SALARIES	SALARIES	ALL		
			COSTS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	COMPONENT NAME		(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	4
1	COMPONENT NAME		1	2	3	4	5	6	7	8	1
2											2
3											3
4											4
5											5
											$ldsymbol{\perp}$
50							-				50
50 51	Total						-				50 51
91	10141										

ALLO	OCATION OF POOLED COSTS TO COMPONENTS	HOME NUMBI		ERIOD: ROM:	SCHEDULE E-1						
									TO:		
PART	T III - REGION / DIVISION COMPONENTS										
TAIC	THE - REGION / DIVISION COMPONENTS		ALLOCATION STATISTICS (TOTAL		CAPITAL	RELATED	NO SALARIES	N-CAPITAL REL	ATED ALL	_	
		REGIONAL HO	COSTS) (1)	ALLOCATION RATIO	CRC- B&F	CRC- ME	OF OFFICERS	& WAGES OF OTHERS	OTHER NON-CRC	INTEREST INCOME	
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	
1											1
2											2
3											3
4	<u> </u>										4
5											5
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50							<u> </u>		1	ļ	- 50
50										ļ	50
	Total Grand Total									ļ	51

Rev. 3

SUMN	MARY OF CAPITAL RELATED COSTS	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE F	SCHEDULE F		
				NOWIDER.		-	
					TO:	—	
PART	I - HEALTHCARE PROVIDER COMPONENTS						
						TOTAL	
			DIDECT	FIDICTIONAL	POOLED.	CAPITAL	
	COMBONENTALAGE	CCM	DIRECT	FUNCTIONAL	POOLED	COST	_
1	COMPONENT NAME	CCN	1	2	3	4	-
2							1 2
3							
4							3 4
5							5
							+
							+
50							50
51	Total						51
PART	II - NON-HEALTHCARE COMPONENTS						
						TOTAL	
						CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	COST	
	COMPONENT NAME		1	2	3	4	
1							1
2							2
3							3
4							4
5							5
							_
50							- 50
50	Total						50 51
31	Total						31
DADT	III - REGION / DIVISION COMPONENTS						
171111	III - REGION/ DIVISION COM ONENTS	I	1			TOTAL	\neg
						CAPITAL	
		REGIONAL	DIRECT	FUNCTIONAL	POOLED	COST	
	COMPONENT NAME	HO NUMBER	1	2	3	4	7
1					-		1
2							2
3							3
4							4
5							5
50							50
51	Total						51
52	Grand Total		1	1		1	52

								NOM	DEK.	KOWI.		
										TO:		
PART	I - HEALTHCARE PROVIDER COMPO	NENTS										
		TIETITE		SALA	RIES			ALL OTHER NO	ON-CAPITAL COS	ΓS	TOTAL	
		•				SUBTOTAL		1		SUBTOTAL ALL		
			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
2												2
3												3
4												4
5												5
50											 	50
50	Total							+			 	51
31	Total											31
PART	II - NON-HEALTHCARE COMPONENTS	S										
171101	I TON HEAETHOAKE COM ONENT			SALA	RIES			ALL OTHER NO	ON-CAPITAL COS	ΓS	TOTAL	
		•				SUBTOTAL		1		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
2												2
3												3
4												4
5												5
												
50												50
50	Total							 			 	50 51
31	Total											31
PART	III - REGION OFFICE / DIVISION COM	PONENTS										
1711(1	III - REGION OFFICE/ BIVISION COM	TORLINIS		SALA	RIES			ALL OTHER NO	ON-CAPITAL COS	ΓS	TOTAL	
		REGIONAL		5.12.	Italia	SUBTOTAL			1	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	
1												1
2												2
3												3
4												4
5								1			<u> </u>	5
								ļ			<u> </u>	
50								1		-	 	50
50	Total							+			 	50
	Total Grand Total							+			 	51 52
54	Orana rotar							1	1			52

SUMN	MARY OF INTEREST INCOME							HOME OFF NUMBER:	PERIOD: FROM:	SCHEDULE	F-2
									TO:		
PART	I - HEALTHCARE PROVIDER COMPO	ONENTS									
				INTERES	T INCOME						
						TOTAL	İ				
			DIRECT	FUNCTIONAL	POOLED	INT INCOME					
	COMPONENT NAME	CCN	1	2	3	4					
1											1
2											2
3											3
4											4
5											5
50											50
51	Total										51
PART	II - NON-HEALTHCARE COMPONENT	S									
				INTERES	T INCOME						
						TOTAL					
			DIRECT	FUNCTIONAL	POOLED	INT INCOME					_
	COMPONENT NAME		1	2	3	4					
1											1
2											2
3											3 4
4											5
5				-							3
				-							
50											50
	Total										51
31	Total			<u> </u>		<u> </u>		<u>_</u>		<u></u>	31
PART	III - REGION OFFICE / DIVISION COM	IPONENTS									
				INTERES	T INCOME						
		REGIONAL		1		TOTAL	•				
		НО	DIRECT	FUNCTIONAL	POOLED	INT INCOME					
	COMPONENT NAME	NUMBER	1	2	3	4					
1											1
2											2
3											3
4											4
5											5
50											50
51	Total										51
52	Grand Total				<u> </u>						52

BALA	NCE SHEET	HOME OFFICE	PERIOD:	SCHEDULE G
		NUMBER:	FROM:	
			TO:	
	DESCRIPTION			AMOUNT
	DESCRIPTION		ļ	1
	ASSETS			
	CURRENT ASSETS			
1				1
2				2
3				3
5	Accounts receivable Other receivables			5
6				6
7				7
	Prepaid expenses			8
9				9
10	Total current assets			10
	FIXED ASSETS			- 11
11	Land Land improvements			11 12
13	Less: accumulated depreciation			13
14				14
15	Less: accumulated depreciation			15
16				16
17	Less: accumulated depreciation			17
18				18
19 20	Less: accumulated depreciation Automobiles and trucks			19 20
21	Less: accumulated depreciation			21
22				22
23	Less: accumulated depreciation			23
24				24
25	Other fixed assets			25
26	Total fixed assets			26
27	OTHER ASSETS			27
28	Investments Deposits on leases			28
29	*			29
30				30
31	Total other assets			31
32	Total assets			32
	LIADHETTEC			
	LIABILITIES CURRENT LIABILITIES			
33	Accounts payable			33
	Salaries, wages, and fees payable			34
35	Payroll taxes payable			35
	Notes and short-term loans payable			36
	Deferred income			37
	Accelerated payments Other current liabilities			38
40	Total current liabilities			40
-10	LONG TERM LIABILITIES			40
41	Mortgage payable			41
42	Notes payable			42
	Unsecured loans			43
	Other long term liabilities			44
45	Total long term liabilities			45
46	Total liabilities CAPITAL			46
47	Retained earnings			47
40	Testal is distributed and in a familiar			17

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