

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).

FORM APPROVED
OMB NO. 0938-0202
EXPIRES 10/31/2027

| | | | |
|---|------------------------------|-------------------------------------|------------|
| HOME OFFICE COST STATEMENT STATUS AND CERTIFICATION | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE S |
|---|------------------------------|-------------------------------------|------------|

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 |

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.

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE CERTIFICATION STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY _____ {HOME OFFICE NAME AND HOME OFFICE NUMBER} FOR THE COST REPORTING PERIOD BEGINNING _____ AND ENDING _____ AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THIS REPORT AND STATEMENT ARE TRUE, CORRECT, COMPLETE AND PREPARED FROM THE BOOKS AND RECORDS OF THE HOME OFFICE IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAW AND REGULATIONS.

| SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR | | CHECKBOX | ELECTRONIC SIGNATURE STATEMENT | |
|---|------------------------|----------|--|---|
| 1 | | 2 | | 1 |
| 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 CORRESPONDENCE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

| | | | | | | | | |
|---------------------|--|--|--|--|--|------------------------------|-------------------------------------|--------------|
| IDENTIFICATION DATA | | | | | | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE S-1 |
|---------------------|--|--|--|--|--|------------------------------|-------------------------------------|--------------|

PART I - HOME OFFICE DATA

| | | STREET ADDRESS LINE 1 1 | STREET ADDRESS LINE 2 2 | P O BOX 3 | CITY 4 | STATE 5 | ZIP 6 | |
|---|----------------|----------------------------|----------------------------|--------------|-----------|------------|----------|---|
| 1 | HO/CO Location | | | | | | | 1 |

| | | HOME OFFICE NAME 1 | HOME OFFICE NUMBER 2 | DATE OPERATIONS BEGAN 3 | REPORTING PERIOD | | |
|---|-------------------|-----------------------|-------------------------|----------------------------|------------------|--|---|
| | | | | BEGINNING DATE 4 | ENDING DATE 5 | | |
| 2 | HO/CO Information | | | | | | 2 |

| | | TYPE OF CONTROL 1 | DESCRIPTION 2 | | | | | |
|---|---------------|----------------------|------------------|--|--|--|--|---|
| 3 | HO/CO Control | | | | | | | 3 |

| | | PREPARED BY CPA 1 | A / C / R 2 | SUBMITTED 3 | DATE AVAILABLE 4 | RECONCILE TO COST STATEMENT 5 | | |
|---|----------------------|----------------------|----------------|----------------|---------------------|----------------------------------|--|---|
| 4 | Financial Statements | | | | | | | 4 |

| | | FIRST NAME 1 | LAST NAME 2 | TITLE 3 | TELEPHONE NUMBER 4 | EMAIL ADDRESS 5 | EMPLOYER 6 | |
|---|---------------------|-----------------|----------------|------------|-----------------------|--------------------|---------------|---|
| 5 | Contact Information | | | | | | | 5 |

PART II - KEY OFFICER DATA

| | | POSITION / JOB TITLE 1 | KEY OFFICER NAME 2 | |
|----|----------------|---------------------------|-----------------------|----|
| 1 | President | | | 1 |
| 2 | Vice President | | | 2 |
| 3 | Secretary | | | 3 |
| 4 | Treasurer | | | 4 |
| 5 | 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 |

LISTING OF COMPONENTS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE S-2

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | OWNED OR MANAGED | REPORTING PERIOD ENDING DURING HO FISCAL YEAR | | DATE ACQUIRED | DATE SOLD / CLOSED / CEASE OPER | MEDICAID PARTICI- PATION | MEDICARE REIMBURSE- MENT TYPE | MEDICARE CONTRACTOR NUMBER | MEDICAID CONTRACTOR NAME | |
|----|----------------|-----|---------------------|--|--------|------------------|---------------------------------------|--------------------------------|-------------------------------------|----------------------------------|--------------------------------|----|
| | | | | BEGINNING | ENDING | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 1 | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | 50 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | | ACCOUNTING PERIOD ENDING DURING HO FISCAL YEAR | | DATE ACQUIRED | DATE SOLD / CLOSED | | | | | |
|----|----------------|---|---|---|--------|------------------|--------------------------|---|---|----|----|----|
| | | | | BEGINNING | ENDING | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | |
| 1 | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | 50 |

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | | REGION / DIVISION LOCATION | | COSTS INCLUDED IN THIS COST STATEMENT | SEPARATE COST STATEMENT SUBMITTED | REGION / DIVISION CONTRACTOR | | |
|----|----------------|-----------------------|--|----------------------------|---|--|--|------------------------------------|--|-------|
| | | | | CITY | | | | | | STATE |
| | | | | 1 | 2 | | | | | 3 |
| 1 | | | | | | | | | | 1 |
| 2 | | | | | | | | | | 2 |
| 3 | | | | | | | | | | 3 |
| 4 | | | | | | | | | | 4 |
| 5 | | | | | | | | | | 5 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 50 | | | | | | | | | | 50 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE A

| DESCRIPTION | | EXPENSES PER HOME OFFICE BOOKS | RECLASS- IFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | NET ALLOWABLE EXPENSES | DIRECT ALLOCATIONS TO COMPONENTS | FUNCTIONAL ALLOCATIONS TO COMPONENTS | POOLED ALLOCATIONS | |
|------------------------------------|-------------------------------------|---|------------------------|----------------------------------|-------------|------------------------------|---|---|-----------------------|-----|
| | | 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 | | | | | | | | | | |
| 4 | 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 |
| 10 | Payroll Taxes | | | | | | | | | 10 |
| 11 | Employee Benefits - Payroll Related | | | | | | | | | 11 |
| 12 | Employee Benefits - Non-Pay Related | | | | | | | | | 12 |
| 13 | Profit Sharing/Pension Plans | | | | | | | | | 13 |
| 14 | Legal Fees | | | | | | | | | 14 |
| 15 | Auditing and Accounting Fees | | | | | | | | | 15 |
| 16 | Utilities | | | | | | | | | 16 |
| 17 | Communications | | | | | | | | | 17 |
| 18 | Travel & Entertainment | | | | | | | | | 18 |
| 19 | Transportation | | | | | | | | | 19 |
| 20 | Cleaning, Office & Admin Supplies | | | | | | | | | 20 |
| 21 | Minor Equipment | | | | | | | | | 21 |
| 22 | Repairs & Maintenance | | | | | | | | | 22 |
| 23 | Dues & Subscriptions | | | | | | | | | 23 |
| 24 | Contributions | | | | | | | | | 24 |
| 25 | Insurance Premiums - Non-Capital | | | | | | | | | 25 |
| 26 | Taxes & Licenses - Non-Capital | | | | | | | | | 26 |
| 27 | Interest Expense | | | | | | | | | 27 |
| 28 | Interest Income | | | | | | | | | 28 |
| 29 | | | | | | | | | | 29 |
| 30 | | | | | | | | | | 30 |
| 99 | Subtotal Non-capital Cost | | | | | | | | | 99 |
| 100 | Total | | | | | | | | | 100 |

| | | | |
|----------------------------------|------------------------------|-------------------------------------|--------------|
| ANALYSIS OF CAPITAL COST CENTERS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE A-7 |
|----------------------------------|------------------------------|-------------------------------------|--------------|

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCE 1 | ACQUISITIONS | | | RETIREMENTS AND DISPOSALS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 | |
|-------------------------|------------------------|----------------|----------------|------------|--------------------------------|---------------------|-------------------------------|---|
| | | PURCHASES 2 | DONATIONS 3 | TOTAL 4 | | | | |
| 1 Land | | | | | | | | 1 |
| 2 Land Improvements | | | | | | | | 2 |
| 3 Buildings & Fixtures | | | | | | | | 3 |
| 4 Building Improvements | | | | | | | | 4 |
| 5 Fixed Equipment | | | | | | | | 5 |
| 6 Movable Equipment | | | | | | | | 6 |
| 7 Subtotal | | | | | | | | 7 |
| 8 Reconciling Items | | | | | | | | 8 |
| 9 Total | | | | | | | | 9 |

PART II - RECONCILIATION OF CAPITAL COST CENTERS

| DESCRIPTION | COMPUTATION OF RATIOS | | | | ALLOCATION OF OTHER CAPITAL RELATED COSTS | | | | |
|-------------|-----------------------|-------------------------|-----------------------------|------------|---|----------------------------------|----------------------------------|-----------------------|---|
| | GROSS ASSETS 1 | CAPITALIZED LEASES 2 | GROSS ASSETS FOR RATIO 3 | RATIO 4 | INSURANCE PREMIUMS- OTHER CRC 5 | TAXES & LICENSES- OTHER CRC 6 | ALL OTHER CAPITAL REL COSTS 7 | ALLOCATION TOTAL 8 | |
| 1 CRC-B&F | | | | | | | | | 1 |
| 2 CRC-ME | | | | | | | | | 2 |
| 3 Total | | | | | | | | | 3 |

| DESCRIPTION | SUMMARY OF CAPITAL | | | | | | | |
|-------------|--------------------|-------------|----------------|-------------------------------------|-----------------------------------|-----------------------------------|-------------|---|
| | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE PREMIUMS- OTHER CRC 12 | TAXES & LICENSES- OTHER CRC 13 | ALL OTHER CAPITAL REL COSTS 14 | TOTAL 15 | |
| 1 CRC-B&F | | | | | | | | 1 |
| 2 CRC-ME | | | | | | | | 2 |
| 3 Total | | | | | | | | 3 |

ADJUSTMENTS TO EXPENSES

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE A-8

| | DESCRIPTION OF ADJUSTMENT | BASIS | AMOUNT | SCHEDULE A COST CENTER | | |
|-----|--|------------|--------|------------------------|--------|-----|
| | | | | DESCRIPTION | LINE # | |
| | 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) | | | | | 3 |
| 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) | | | | | 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 |
| 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) | | | | | 15 |
| 16 | Interest on loans paid to owners/partners (CMS Pub. 15-1, chapter 2, §218) | | | | | 16 |
| 17 | Abandoned construction in progress cost (CMS Pub. 15-1, chapter 21, §2155) | | | | | 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 |

DIRECT ALLOCATION OF CAPITAL RELATED COSTS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE B

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | CAPITAL RELATED | | OTHER CAPITAL RELATED | | | TOTAL | |
|----|----------------|-----|-----------------|--------|------------------------------|----------------------------|-----------------------------|-------|----|
| | | | CRC-B&F | CRC-ME | INSURANCE PREMIUMS-OTHER CRC | TAXES & LICENSES-OTHER CRC | ALL OTHER CAPITAL REL COSTS | | |
| | | | 1 | 2 | 4 | 5 | 6 | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 50 | | | | | | | | | 50 |
| 51 | Total | | | | | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | CCN | CAPITAL RELATED | | OTHER CAPITAL RELATED | | | TOTAL | |
|----|----------------|-----|-----------------|--------|------------------------------|----------------------------|-----------------------------|-------|----|
| | | | CRC-B&F | CRC-ME | INSURANCE PREMIUMS-OTHER CRC | TAXES & LICENSES-OTHER CRC | ALL OTHER CAPITAL REL COSTS | | |
| | | | 1 | 2 | 4 | 5 | 6 | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 50 | | | | | | | | | 50 |
| 51 | Total | | | | | | | | 51 |

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | CAPITAL RELATED | | OTHER CAPITAL RELATED | | | TOTAL | |
|----|----------------|--------------------|-----------------|--------|------------------------------|----------------------------|-----------------------------|-------|----|
| | | | CRC-B&F | CRC-ME | INSURANCE PREMIUMS-OTHER CRC | TAXES & LICENSES-OTHER CRC | ALL OTHER CAPITAL REL COSTS | | |
| | | | 1 | 2 | 4 | 5 | 6 | | |
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 50 | | | | | | | | | 50 |
| 51 | Total | | | | | | | | 51 |
| 52 | Grand Total | | | | | | | | 52 |

| | | | |
|--|------------------------------|-------------------------------------|-------------------------|
| DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE B-1, PART I |
|--|------------------------------|-------------------------------------|-------------------------|

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN-PAYROLL RELATED | EMP BEN-NON-PAY RELATED | PROFIT SHAR/PEN-SION PLANS | LEGAL FEES | AUDIT / ACCOUNTING FEES | UTILITIES | COMMUNICATIONS | TRAVEL & ENTERTAINMENT | TRANSPORTATION | |
|----|----------------|-----|----------------------|----------------------------|---------------|-------------------------|-------------------------|----------------------------|------------|-------------------------|-----------|----------------|------------------------|----------------|----|
| | | | 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 |

| | COMPONENT NAME | CCN | CLEANING, OFFICE & ADMIN SUP | MINOR EQUIP | REPAIRS & MAINTENANCE | DUES & SUBSCRIPTIONS | CONTRIBUTIONS | INSURANCE PREMIUMS-NON-CAP | TAXES & LICENSES-NON-CAP | INTEREST EXPENSE | INTEREST INCOME | | | TOTAL | |
|----|----------------|-----|------------------------------|-------------|-----------------------|----------------------|---------------|----------------------------|--------------------------|------------------|-----------------|----|--|-------|----|
| | | | 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 |

| | | | |
|--|------------------------------|-------------------------------------|--------------------------|
| DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE B-1, PART II |
|--|------------------------------|-------------------------------------|--------------------------|

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN-PAYROLL RELATED | EMP BEN-NON-PAY RELATED | PROFIT SHAR/PEN-SION PLANS | LEGAL FEES | AUDIT / ACCOUNTING FEES | UTILITIES | COMMUNICATIONS | TRAVEL & ENTERTAINMENT | TRANSPORTATION | |
|----|----------------|----------------------|----------------------------|---------------|-------------------------|-------------------------|----------------------------|------------|-------------------------|-----------|----------------|------------------------|----------------|----|
| | | 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 |

| | COMPONENT NAME | CLEANING, OFFICE & ADMIN SUP | MINOR EQUIP | REPAIRS & MAINTENANCE | DUES & SUBSCRIPTIONS | CONTRIBUTIONS | INSURANCE PREMIUMS-NON-CAP | TAXES & LICENSES-NON-CAP | INTEREST EXPENSE | INTEREST INCOME | TOTAL | |
|----|----------------|------------------------------|-------------|-----------------------|----------------------|---------------|----------------------------|--------------------------|------------------|-----------------|-------|----|
| | | 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 |

| | | | |
|--|------------------------------|-------------------------------------|---------------------------|
| DIRECT ALLOCATION OF NON-CAPITAL RELATED COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE B-1, PART III |
|--|------------------------------|-------------------------------------|---------------------------|

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN-PAYROLL RELATED | EMP BEN-NON-PAY RELATED | PROFIT SHAR/PEN-SION PLANS | LEGAL FEES | AUDIT / ACCOUNTING FEES | UTILITIES | COMMUNICATIONS | TRAVEL & ENTERTAINMENT | TRANSPORTATION | |
|----|----------------|--------------------|----------------------|----------------------------|---------------|-------------------------|-------------------------|----------------------------|------------|-------------------------|-----------|----------------|------------------------|----------------|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |

| | COMPONENT NAME | REGIONAL HO NUMBER | CLEANING, OFFICE & ADMIN SUP | MINOR EQUIP | REPAIRS & MAINTENANCE | DUES & SUBSCRIPTIONS | CONTRIBUTIONS | INSURANCE PREMIUMS-NON-CAP | TAXES & LICENSES-NON-CAP | INTEREST EXPENSE | INTEREST INCOME | | | TOTAL | |
|----|----------------|--------------------|------------------------------|-------------|-----------------------|----------------------|---------------|----------------------------|--------------------------|------------------|-----------------|----|--|-------|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |

| | | | |
|--|------------------------------|-------------------------------------|------------|
| FUNCTIONAL ALLOCATION OF CAPITAL RELATED COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE C |
|--|------------------------------|-------------------------------------|------------|

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | CRC-B&F | CRC-ME | TOTAL | |
|----|----------------|-----|---------|--------|-------|----|
| | | | 1 | 2 | 3 | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 50 | | | | | | 50 |
| 51 | Total | | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | CRC-B&F | CRC-ME | TOTAL | |
|----|----------------|--|---------|--------|-------|----|
| | | | 1 | 2 | 3 | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 50 | | | | | | 50 |
| 51 | Total | | | | | 51 |

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | CRC-B&F | CRC-ME | TOTAL | |
|----|----------------|--------------------|---------|--------|-------|----|
| | | | 1 | 2 | 3 | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 50 | | | | | | 50 |
| 51 | Total | | | | | 51 |
| 52 | Grand Total | | | | | 52 |

| | | | |
|---|------------------------------|-------------------------------------|--------------|
| FUNCTIONAL ALLOCATION OF CAPITAL RELATED COSTS - STATISTICS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE C-1 |
|---|------------------------------|-------------------------------------|--------------|

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | CRC-B&F (SQUARE FEET) (1) | CRC-ME (DOLLAR VALUE) (2) | |
|----|----------------|-----|---------------------------------|---------------------------------|----|
| | | | 1 | 2 | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| | | | | | |
| | | | | | |
| | | | | | |
| 50 | | | | | 50 |
| 51 | Total | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | CRC-B&F (SQUARE FEET) (1) | CRC-ME (DOLLAR VALUE) (2) | |
|----|----------------|--|---------------------------------|---------------------------------|----|
| | | | 1 | 2 | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| | | | | | |
| | | | | | |
| | | | | | |
| 50 | | | | | 50 |
| 51 | Total | | | | 51 |

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | CRC-B&F (SQUARE FEET) (1) | CRC-ME (DOLLAR VALUE) (2) | |
|----|----------------------|--------------------|---------------------------------|---------------------------------|----|
| | | | 1 | 2 | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 3 | | | | | 3 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| | | | | | |
| | | | | | |
| | | | | | |
| 50 | | | | | 50 |
| 51 | Total | | | | 51 |
| 52 | Grand Total | | | | 52 |
| 53 | Cost to be allocated | | | | 53 |
| 54 | UCM | | | | 54 |

FUNCTIONAL ALLOCATION OF NON-CAPITAL RELATED COSTS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE D,
PART I

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN-PAYROLL RELATED | EMP BEN-NON-PAY RELATED | PROFIT SHAR/PEN-SION PLANS | LEGAL FEES | AUDIT / ACCOUNTING FEES | UTILITIES | COMMUNICATIONS | TRAVEL & ENTERTAINMENT | TRANSPORTATION | |
|----|----------------|-----|----------------------|----------------------------|---------------|-------------------------|-------------------------|----------------------------|------------|-------------------------|-----------|----------------|------------------------|----------------|----|
| | | | 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 |

| | COMPONENT NAME | CCN | CLEANING, OFFICE & ADMIN SUP | MINOR EQUIP | REPAIRS & MAINTENANCE | DUES & SUBSCRIPTIONS | CONTRIBUTIONS | INSURANCE PREMIUMS-NON-CAP | TAXES & LICENSES-NON-CAP | INTEREST EXPENSE | INTEREST INCOME | | | TOTAL | |
|----|----------------|-----|------------------------------|-------------|-----------------------|----------------------|---------------|----------------------------|--------------------------|------------------|-----------------|----|--|-------|----|
| | | | 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 |

| | | | |
|--|------------------------------|-------------------------------------|------------------------|
| FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE D, PART II |
|--|------------------------------|-------------------------------------|------------------------|

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN-PAYROLL RELATED | EMP BEN-NON-PAY RELATED | PROFIT SHAR/PEN-SION PLANS | LEGAL FEES | AUDIT / ACCOUNTING FEES | UTILITIES | COMMUNICATIONS | TRAVEL & ENTERTAINMENT | TRANSPORTATION | |
|----|----------------|----------------------|----------------------------|---------------|-------------------------|-------------------------|----------------------------|------------|-------------------------|-----------|----------------|------------------------|----------------|----|
| | | 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 |

| | COMPONENT NAME | CLEANING, OFFICE & ADMIN SUP | MINOR EQUIP | REPAIRS & MAINTENANCE | DUES & SUBSCRIPTIONS | CONTRIBUTIONS | INSURANCE PREMIUMS-NON-CAP | TAXES & LICENSES-NON-CAP | INTEREST EXPENSE | INTEREST INCOME | TOTAL | |
|----|----------------|------------------------------|-------------|-----------------------|----------------------|---------------|----------------------------|--------------------------|------------------|-----------------|-------|----|
| | | 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 |

FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE D,
PART III

PART PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMP BEN- PAYROLL RELATED | EMP BEN- NON-PAY RELATED | PROFIT SHAR/PEN- SION PLANS | LEGAL FEES | AUDIT / ACCOUNT- ING FEES | UTILITIES | COMMUNI- CATIONS | TRAVEL & ENTER- TAINMENT | TRANS- PORTATION | |
|----|----------------|--------------------------|----------------------------|----------------------------------|------------------|--------------------------------|--------------------------------|-----------------------------------|---------------|---------------------------------|-----------|---------------------|--------------------------------|---------------------|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |

| | COMPONENT NAME | REGIONAL HO NUMBER | 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 | | | TOTAL | |
|----|----------------|--------------------------|------------------------------------|----------------|-------------------------------|------------------------------|--------------------|-----------------------------------|---------------------------------|---------------------|--------------------|----|--|-------|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |

FUNCTIONAL ALLOCATION OF NON-CAPITAL RELATED COSTS - STATISTICS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE D-1,
PART I

PART I - HEALTHCARE PROVIDER COMPONENTS

| | 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 / ACCOUNTING FEES (ENTER BASIS) | UTILITIES (ENTER BASIS) | COMMUNI-CATIONS (ENTER BASIS) | TRAVEL & ENTER-TAINMENT (ENTER BASIS) | TRANS-PORTATON (ENTER BASIS) | |
|----|----------------|-----|------------------------------------|--|-----------------------------|---------------------------------------|---------------------------------------|--|--------------------------|---------------------------------------|-------------------------|-------------------------------|---------------------------------------|------------------------------|----|
| | | | 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 |

| | COMPONENT NAME | CCN | 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) | | | | |
|----|----------------|-----|--|---------------------------|--------------------------------------|-------------------------------------|------------------------------|--|--|--------------------------------|-------------------------------|----|--|--|----|
| | | | 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 |

FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS - STATISTICS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE D-1,
PART II

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | 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 / ACCOUNTING FEES (ENTER BASIS) | UTILITIES (ENTER BASIS) | COMMUNI-CATIONS (ENTER BASIS) | TRAVEL & ENTER-TAINMENT (ENTER BASIS) | TRANS-PORTATON (ENTER BASIS) | |
|----|----------------|------------------------------------|--|-----------------------------|---------------------------------------|---------------------------------------|--|--------------------------|---------------------------------------|-------------------------|-------------------------------|---------------------------------------|------------------------------|----|
| | | 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 |

| | COMPONENT NAME | 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) | | | | |
|----|----------------|--|---------------------------|--------------------------------------|-------------------------------------|------------------------------|--|--|--------------------------------|-------------------------------|--|----|--|----|
| | | 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 |

FUNCTIONAL ALLOCATION OF NON-CAPITAL COSTS - STATISTICS

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE D-1,
PART III

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | 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) | TRAVEL & ENTER- TAINMENT (ENTER BASIS) | TRANS- PORTATION (ENTER BASIS) | |
|----|----------------------|--------------------------|--|--|--------------------------------------|--|--|---|-----------------------------------|---|-------------------------------|---|--|---|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |
| 53 | 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) | CONTRI- BUTIONS (ENTER BASIS) | INSURANCE PREMIUMS- NON-CAP (ENTER BASIS) | TAXES & LICENSES- NON-CAP (ENTER BASIS) | INTEREST EXPENSE (ENTER BASIS) | INTEREST INCOME (ENTER BASIS) | | | | |
|----|----------------------|--------------------------|--|------------------------------------|---|--|--|---|---|---|--|--|----|--|----|
| | | | 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 |
| 52 | Grand Total | | | | | | | | | | | | | | 52 |
| 53 | Cost to be allocated | | | | | | | | | | | | | | 53 |
| 54 | UCM | | | | | | | | | | | | | | 54 |

| | | | |
|---|------------------------------|-------------------------------------|------------|
| ALLOCATION OF POOLED COSTS FOR DOUBLE ALLOCATION METHOD | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE E |
|---|------------------------------|-------------------------------------|------------|

| DESCRIPTION | ALLOCATION STATISTICS (TOTAL COST) (1) | ALLOCATION RATIO 2 | CAPITAL RELATED | | NON-CAPITAL RELATED | | | INTEREST INCOME 8 | |
|----------------------------------|---|-----------------------|-----------------|-------------|---------------------------|---------------------------------|------------------------|----------------------|---|
| | | | CRC-B&F 3 | CRC-ME 4 | SALARIES OF OFFICERS 5 | SALARIES & WAGES OF OTHERS 6 | ALL OTHER NON-CRC 7 | | |
| | | | 1 | 2 | 3 | 4 | 5 | | |
| 1 Healthcare Provider Components | | | | | | | | | 1 |
| 2 Non-Healthcare Components | | | | | | | | | 2 |
| 3 Region / Division Components | | | | | | | | | 3 |
| 4 Total | | | | | | | | | 4 |

| | | | |
|--|-------------------------------------|-------------------------------------|--------------|
| ALLOCATION OF POOLED COSTS TO COMPONENTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE E-1 |
|--|-------------------------------------|-------------------------------------|--------------|

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | ALLOCATION STATISTICS (TOTAL COSTS) (1) | ALLOCATION RATIO 2 | CAPITAL RELATED | | NON-CAPITAL RELATED | | | INTEREST INCOME 8 | |
|----|----------------|--------------------------|---|--------------------------|------------------|-----------------|---------------------------------|---------------------------------------|------------------------------|-------------------------|----|
| | | | | | CRC- B&F 3 | CRC- ME 4 | SALARIES OF OFFICERS 5 | SALARIES & WAGES OF OTHERS 6 | ALL OTHER NON-CRC 7 | | |
| | | | | | | | | | | | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 50 | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | 51 |
| 52 | Grand Total | | | | | | | | | | 52 |

| | | | |
|----------------------------------|---------------------------------|-------------------------------------|------------|
| SUMMARY OF CAPITAL RELATED COSTS | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE F |
|----------------------------------|---------------------------------|-------------------------------------|------------|

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | DIRECT | FUNCTIONAL | POOLED | TOTAL CAPITAL COST | |
|----|----------------|-----|--------|------------|--------|--------------------|----|
| | | | 1 | 2 | 3 | 4 | |
| 1 | | | | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | | | 5 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 50 | | | | | | | 50 |
| 51 | Total | | | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | DIRECT | FUNCTIONAL | POOLED | TOTAL CAPITAL COST | |
|----|----------------|--|--------|------------|--------|--------------------|----|
| | | | 1 | 2 | 3 | 4 | |
| 1 | | | | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | | | 5 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 50 | | | | | | | 50 |
| 51 | Total | | | | | | 51 |

PART III - REGION / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | DIRECT | FUNCTIONAL | POOLED | TOTAL CAPITAL COST | |
|----|----------------|--------------------|--------|------------|--------|--------------------|----|
| | | | 1 | 2 | 3 | 4 | |
| 1 | | | | | | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 5 | | | | | | | 5 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 50 | | | | | | | 50 |
| 51 | Total | | | | | | 51 |
| 52 | Grand Total | | | | | | 52 |

| | | | |
|----------------------------|---------------------------------|-------------------------------------|--------------|
| SUMMARY OF INTEREST INCOME | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE F-2 |
|----------------------------|---------------------------------|-------------------------------------|--------------|

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | INTEREST INCOME | | | | | | | | |
|----|----------------|-----|-----------------|------------|--------|------------------|--|--|--|--|----|
| | | | DIRECT | FUNCTIONAL | POOLED | TOTAL INT INCOME | | | | | |
| | | | 1 | 2 | 3 | 4 | | | | | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| | | | | | | | | | | | |
| 50 | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | INTEREST INCOME | | | | | | | | |
|----|----------------|--|-----------------|------------|--------|------------------|--|--|--|--|----|
| | | | DIRECT | FUNCTIONAL | POOLED | TOTAL INT INCOME | | | | | |
| | | | 1 | 2 | 3 | 4 | | | | | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| | | | | | | | | | | | |
| 50 | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | 51 |

PART III - REGION OFFICE / DIVISION COMPONENTS

| | COMPONENT NAME | REGIONAL HO NUMBER | INTEREST INCOME | | | | | | | | |
|----|----------------|--------------------|-----------------|------------|--------|------------------|--|--|--|--|----|
| | | | DIRECT | FUNCTIONAL | POOLED | TOTAL INT INCOME | | | | | |
| | | | 1 | 2 | 3 | 4 | | | | | |
| 1 | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| | | | | | | | | | | | |
| 50 | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | 51 |
| 52 | Grand Total | | | | | | | | | | 52 |

SUMMARY OF COSTS BY COMPONENT

HOME OFFICE
NUMBER:

PERIOD:
FROM: _____
TO: _____

SCHEDULE F-3

PART I - HEALTHCARE PROVIDER COMPONENTS

| | COMPONENT NAME | CCN | DIRECT | FUNCTIONAL | POOLED | TOTAL | | | | | | |
|----|----------------|-----|--------|------------|--------|-------|--|--|--|--|--|----|
| | | | 1 | 2 | 3 | 4 | | | | | | |
| 1 | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | | 51 |

PART II - NON-HEALTHCARE COMPONENTS

| | COMPONENT NAME | | DIRECT | FUNCTIONAL | POOLED | TOTAL | | | | | | |
|----|----------------|--|--------|------------|--------|-------|--|--|--|--|--|----|
| | | | 1 | 2 | 3 | 4 | | | | | | |
| 1 | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | | 51 |

PART III - REGION OFFICE / DIVISION COMPONENTS

| | COMPONENT NAME | HO NUMBER | DIRECT | FUNCTIONAL | POOLED | TOTAL | | | | | | |
|----|----------------|-----------|--------|------------|--------|-------|--|--|--|--|--|----|
| | | | 1 | 2 | 3 | 4 | | | | | | |
| 1 | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | 5 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | 50 |
| 51 | Total | | | | | | | | | | | 51 |
| 52 | Grand Total | | | | | | | | | | | 52 |

THIS PAGE RESERVED FOR FUTURE USE.

| | | | |
|---------------|-------------------------------------|-------------------------------------|------------|
| BALANCE SHEET | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE G |
|---------------|-------------------------------------|-------------------------------------|------------|

| | DESCRIPTION | AMOUNT | |
|------------------------------|--|--------|----|
| | | 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 |
| 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 | | 22 |
| 23 | Less: accumulated depreciation | | 23 |
| 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 | | | |
| 33 | Accounts payable | | 33 |
| 34 | Salaries, wages, and fees payable | | 34 |
| 35 | Payroll taxes payable | | 35 |
| 36 | Notes and short-term loans payable | | 36 |
| 37 | Deferred income | | 37 |
| 38 | Accelerated payments | | 38 |
| 39 | Other current liabilities | | 39 |
| 40 | Total current liabilities | | 40 |
| LONG TERM LIABILITIES | | | |
| 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 | | | |
| 47 | Retained earnings | | 47 |
| 48 | Total liabilities and retained earnings | | 48 |

| | | | |
|------------------------------------|-------------------------------------|-------------------------------------|--------------|
| STATEMENT OF REVENUES AND EXPENSES | HOME OFFICE NUMBER: _____ | PERIOD: FROM: _____ TO: _____ | SCHEDULE G-1 |
|------------------------------------|-------------------------------------|-------------------------------------|--------------|

| DESCRIPTION | | AMOUNT | |
|-----------------|--|--------|----|
| 1 | | 2 | |
| 1 | Total operating revenue | | 1 |
| 2 | Less: Operating expenses | | 2 |
| 3 | Operating profit or (loss) | | 3 |
| Other income: | | | |
| 4 | Contributions, donations, bequests, etc. | | 4 |
| 5 | 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 |