| 08-05 | FORM CMS 287-05 | 3990 (Cont. |
|-------|-----------------|-------------|
|       |                 |             |

| 00-03                               |                      |               |          | I OIVIVI CIV | 15 207-05    |          |             |          |             |             | 3330 (C  | ont.               |  |
|-------------------------------------|----------------------|---------------|----------|--------------|--------------|----------|-------------|----------|-------------|-------------|----------|--------------------|--|
| ALLOCATION OF HOME OFFICE           | POOLED COSTS         | BETWEEN       |          |              | Home Office: |          | Period      |          |             | SCHEDULE    |          |                    |  |
| HEALTH CARE FACILITIES AND          | OTHER CHAIN O        | COMPONENTS    |          |              |              |          | From:       |          |             | G           |          |                    |  |
|                                     |                      |               |          |              |              |          | To:         |          |             | PART I & II |          |                    |  |
|                                     |                      |               |          |              |              |          | 10.         |          |             |             |          |                    |  |
| Part I Allocation between He        | alth Care Facilities | and Other Com | ponents  |              | !            |          | -1          |          |             |             |          |                    |  |
|                                     | Allocation Sta       | tistics       | Old Cap  | oital        |              | New (    | New Capital |          |             | Non Capital |          |                    |  |
|                                     |                      |               | Building |              |              | Building |             |          |             |             |          |                    |  |
|                                     | Base:                |               | &        | Movable      | Interest     | &        | Movable     | Interest | Non-        | Interest    | Interest |                    |  |
|                                     | Total Cost           | Ratio         | Fixtures | Equipment    | Expense      | Fixtures | Equipment   | Expense  | Capital     | Expense     | Income   |                    |  |
|                                     | 1                    | 1A            | 2        | 3            | 3.01         | 4        | 5           | 5.01     | 6           | 7           | 7.01     | 1                  |  |
| Health Care Facilities              |                      |               |          |              |              |          |             |          |             |             |          | 1                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             |          |                    |  |
| 2. Other Components                 |                      |               |          |              |              |          |             |          |             |             |          | 2                  |  |
| Certain Home Office or Region       |                      |               |          |              |              |          |             |          |             |             |          |                    |  |
| Costs Requiring Home Office/        |                      |               |          |              |              |          |             |          |             |             |          |                    |  |
| 3. Region overhead allocation       |                      |               |          |              |              |          |             |          |             |             |          | 3                  |  |
| 4. Total                            |                      |               |          |              |              |          |             |          |             |             |          | 4                  |  |
| Part II Allocation to Individual Ch | ain Components       |               | ļ        |              |              |          |             |          |             |             |          |                    |  |
|                                     | Allocation Sta       | tistics       | Old Cap  | oital        |              | New (    | Capital     |          | Non Capital |             |          |                    |  |
|                                     |                      |               | Building |              |              | Building |             |          |             |             |          | $\top$             |  |
| Health Care Facilities:             | Base:                |               | &        | Movable      | Interest     | &        | Movable     | Interest | Non-        | Interest    | Interest |                    |  |
|                                     |                      | Ratio         | Fixtures | Equipment    | Expense      | Fixtures | Equipment   | Expense  | Capital     | Expense     | Income   |                    |  |
|                                     | 1                    | 1A            | 2        | 3            | 3.01         | 4        | 5           | 5.01     | 6           | 7           | 7.01     | 1                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             |          |                    |  |
| 1                                   |                      |               |          |              |              |          |             |          |             |             |          | 1                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             |          |                    |  |
| 2                                   |                      |               |          | -            | 1            |          | -           |          |             | -           | <u> </u> | 2                  |  |
| 3                                   |                      |               |          |              |              |          |             |          |             |             |          | 3                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             |          | T                  |  |
| 4                                   |                      |               |          |              |              |          |             |          |             |             |          | $oldsymbol{\perp}$ |  |
| 5                                   |                      |               |          |              |              |          |             |          |             |             |          | 5                  |  |
| 6                                   |                      |               |          |              |              |          |             |          |             |             |          | 6                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             | +        | ╫                  |  |
| 7                                   |                      |               |          |              |              |          |             |          |             |             |          | 7                  |  |
| 8                                   |                      |               |          |              |              |          |             |          |             |             |          | 8                  |  |
|                                     |                      |               |          |              |              |          |             |          |             |             |          | $\top$             |  |
| 9                                   |                      |               |          |              |              |          |             |          |             |             |          | 9                  |  |
| 10                                  |                      |               |          |              |              |          |             |          |             |             |          | 10                 |  |

| Rev.   | 4 CMS-287-05 (8/2005) (INSTRUC<br>. 1<br>O (Cont.) | CTIONS FOR THI  | S WORKSHEET | ARE PUBLISHE | ED IN CMS PUB |              | 3917)    |           |          |             |                | 39-<br>08 | ·12′<br>3-05 |
|--------|--|-----------------|-------------|--------------|---------------|--------------|----------|-----------|----------|-------------|----------------|-----------|--------------|
|        | OCATION OF HOME OFFICE P                           | OOLED COSTS     | BETWEEN     |              |               | Home Office: |          | Period    |          |             | SCHEDULE       |           |              |
| HEAI   | LTH CARE FACILITIES AND C                          | THER CHAIN C    | COMPONENTS  |              |               |              |          | From:     |          |             | G              |           |              |
|        |  |                 |             |              |               |              |          | To:       |          |             | PART I & II (C | Cont'd)   |              |
|        |  |                 |             |              |               |              |          |           |          |             |                |           |              |
| Part I | II Allocation to Individual Chai                   | n Components (C | ontinued)   |              |               | •            |          | •         |          |             | •              |           |              |
|        |  | Allocation Stat | tistics     | Old Cap      | ital          |              | New C    | apital    |          | Non Capital |                |           |              |
|        |  |                 |             | Building     |               |              | Building |           |          |             |                |           |              |
|        | <b>Health Care Facilities:</b>                     | Base:           |             | &            | Movable       | Interest     | &        | Movable   | Interest | Non-        | Interest       | Interest  |              |
|        | (Continued)  |                 | Ratio       | Fixtures     | Equipment     | Expense      | Fixtures | Equipment | Expense  | Capital     | Expense        | Income    |              |
|        |  | 1               | 1A          | 2            | 3             | 3.01         | 4        | 5         | 5.01     | 6           | 7              | 7.01      |              |
| 11     |  |                 |             |              |               |              |          |           |          |             |                |           | 11           |
| 12     |  |                 |             |              |               |              |          |           |          |             |                |           | 12           |
| 13     |  |                 |             |              |               |              |          |           |          |             |                |           | 13           |
| 14     |  |                 |             |              |               |              |          |           |          |             |                |           | 14           |
| 15     |  |                 |             |              |               |              |          |           |          |             |                |           | 15           |
| 16     |  |                 |             |              |               |              |          |           |          |             |                |           | 16           |

18 Total (sum of lines 1-17)
Other Components

28 Total (sum of lines 20-27)

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| ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN    | Home Office:    | Period | SCHEDU   | LE            |
| HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS |                 | From:  | G        |               |
|   |                 | To:    | PART I & | : II (Cont'd) |

|                                      | Allocation Stati | stics | Old Capital               |                      |                     | New Capital               |                      |                     | Non Capital     |                     |                    |   |
|--------------------------------------|------------------|-------|---------------------------|----------------------|---------------------|---------------------------|----------------------|---------------------|-----------------|---------------------|--------------------|---|
| Regional Offices:                    | Base:            | Ratio | Building<br>&<br>Fixtures | Movable<br>Equipment | Interest<br>Expense | Building<br>&<br>Fixtures | Movable<br>Equipment | Interest<br>Expense | Non-<br>Capital | Interest<br>Expense | Interest<br>Income | T |
|                                      | 1                | 1A    | 2                         | 3                    | 3.01                | 4                         | 5                    | 5.01                | 6               | 7                   | 7.01               | ユ |
| 29                                   |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    | 2 |
| 0                                    |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    |   |
| 1                                    |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    |   |
| 2                                    |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    |   |
| 3 Total (sum of lines 29-32)         |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    |   |
| 4 Total (sum of lines 18, 28 and 33) |                  |       |                           |                      |                     |                           |                      |                     |                 |                     |                    |   |

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