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

FORM APPROVED OMB NO. 0938-0202

the beginning of the cost report period being deemed overpayments

(42 USC 1395g).				
HOME OFFICE COST	Designated Intermediary Use Only	Date Receive	d:	SCHEDULE
STATEMENT	Desk Reviewed			A
	Audited	Intermediary	No.	page 1 of 3
				1 0
GENERAL INFORMATION, CERTIF	FICATION AND LISTING OF CHAIN COMPO	NENTS		
Part I - General Information				
l. Home Office Name:	2. No. Assigned by	Designated Intermed	liary:	
	2.01 No. Assigned l	O .	J	
3. Home Office Address:	4. Chain Operations			
	1			
	Started On:			
5. Contact Person	6. Cost Statement P	eriod:		
Name:	From:			
Title:	To:			
Phone:	7. Was Audited Fin	ancial Data used on		
-	Schedule B?		[] Yes [	] No
8. Type of Chain Organization (check	applicable item)			
a) voluntary non-profit	b) proprietary/investor-ow	med	c) governmen	tal
Church affiliated	Individual		0) 80 / 011111111	Federal
Community	Partnership		-	State
Private	Corporation			County
Charitable	Other (specify)			City
Other (specify)				District
outer (speenly)				Other(specify)
9. Key Officers of Home Office (attacl	n listing if necessary)			(op))
President				
Vice President(s)				_
				_
Secretary				_
Treasurer				_
Controller				_
Others(specify)				-
(-F - 3)				_
Part IICertification of Officer of Hom	ne Office			
	TION OF ANY INFORMATION CONTAINED IN THI	S COST REPORT MA	Y BE PUNISHAI	BLE
	ATIVE ACTION, FINE AND/OR IMPRISONMENT U			
· ·	ORT WERE PROVIDED OR PROCURED THROUGH			
	ISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTR			
IMPRISONMENT MAY RESULT.		,		
CERTIFICATION	I BY OFFICER OR ADMINISTRATOR OF PI	ROVIDER(S)		
		(-,		
I HEREBY CERTIFY that I have read	the above statement and that I have examined the	accompanying state	ment of allowab	ole
	f applicable), the allocation thereof to the chain c			
	m the books and records of the Home Office in ac			
except as noted (attach a statement with		ccordance with appli	caore monacaor	,
(	, /·	(signed)		
		(title)		
		(date)		
		(5.5.2.2)		
According to the Paperwork Reduction Act of 1995,	no persons are required to respond to a collection of information	uniess it displays a valid C	MB control number.	
The valid OMB control number for this information	collection is 0938-0202. The time required to complete this info	rmation collection is estima	ited 662 hours	
per response, including the time to review instructio	ns, search existing data resources, gather the data needed, and cor	nplete and review the infor	mation collection.	
If you have any comments concerning the accuracy	of the time estimate(s) or suggestions for improving this form, ple	ease write to:		
	Clearance Officer Baltimore Maryland 21244-1850			

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3990 (Cont.)	FORM CMS-287-05		08-0	05
PART III LISTING OF CHAIN HEAT THOARE FACILITY COMPONENTS	Home Office:	Pariod	SCHEDIII F	

(Atta	ch additional pages if necessar Providers, Provider-Based Skil	y) (Please indicate all	l Medicare numbers e	xcluding		Home Office:	A page 2 of 3				
	Component Name Health Care Facilities	Medicare No.	Periods Ending Do Home Office Fiscal From:	Year To:	Date Acquired During the Home Office Fiscal Year	Date Sold/Closed During the Home Office Fiscal Year	To:	Type of Reimbursement N, P, T, O	Medicare Intermediaries	Medicaid Intermediaries	
	1	2	3	4	5	6	7	8	9	10	oxdot
1.											1.
2.											2.
3.											3.
4.											4.
5.											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.

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

	IV LISTING OF OTHER		Home Office:		Period			SCHEDULE	
CHAI	N COMPONENTS (Attach				From:			A	
additio	onal pages if necessary)							page 3 of 3	
					To:				
			Periods Ending	During		During the l	Home Office	Fiscal Year	
	Component Name		Home Office Fisc	cal Year		Date		Date	
	Other Components		From	To		Acquired		Sold or Closed	
	1		2	3		4	5		
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
PART	VLISTING OF REGIONS/DIVISION	IS .							
				Costs Included	Separat	e Cost		Designated	_
			Location	in this Cost Statement	Stateme			Region/Division	
	Name	City	State	Amount	Yes	No		Intermediary	
	1	2	3	4	5	6		7	-
									_
1									1
2									2
						1			_
3									3
1		1	1	1	1				4

## DISCLOSURE OF THE HOME OFFICE COST STATEMENT

The home office cost statement is not an integral part of the providers' cost report; therefore, it is not affected by 20 CFR 422.435(c) which requires disclosure of providers' cost reports. Any request received under the Freedom of Information Act (FOIA) regarding a home office cost statement will be subjected to a case by case determination of whether to withhold the information in whole or in part. In most cases, since the home office cost statements contain information the disclosure of which may result in a competitive disadvantage for many provider chains, the exemption from disclosure provided in 5 USC, Sec. 552(b)(4) will apply.

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TRIAL BALANCE OF EXPENSES			Home Office:			Period		SCHEDULE	
RECLASSIFICATIONS, ADJUSTMENTS AND A	LLOCATIONS					From:		В	
						То:		page 1 of 3	
	Expenses per		Reclassified		Net Allowable	Direct	Functional	Pooled	
Cost Center Description	Home Office	Reclassifications	Trial Balance	Medicare	Expenses	Allocations	Allocations	Allocations	
(omit cents)	Books	(from Sch.B-1)	(col. 1minus/	Adjustments	(col.3 minus/plus	To Chain	To Chain	(col.5 minus	
			plus col.2)	(from Sch.C)	col.4)	Components	Components	cols. 6,7)	
	1	2	3	4	5	6	7	8	
Old Cap. Rel. CostsBldg and Fixtures									1
1.01 Int. ExpOld Capital Bldg and Fixtures									1.01
1.01 lint. ExpOld Capital Blug and Fixtures							-		1.01
2. Old Cap. Rel. CostsMovable Equip.									2
2.01 Int. ExpOld Capital Movable Equip.									2.01
3. Sub-Total (Lines 1 and 2)									3
4 New Cap. Rel. CostsBldg and Fixtures									4
Then dup. Itel. dosts Blag and Fixtures							+		<del>-</del>
4.01 Int. ExpNew Capital Bldg and Fixtures									4.01
5 New Cap. Rel. CostsMovable Equip.									5
5.01 Int. ExpNew Capital Movable Equip.									5.01
6 Sub-Total (Lines 4 and 5)									6
Other Capital Related Costs									
7 Insurance Premiums									7
8 Taxes & Licenses (Other than Income)									8
9 Other (Specify)									9
10 Sub-Total (sum of lines 7-9)									10

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00 05			TOTAL CIVID 20	, 05				3330 (0	
TRIAL BALANCE OF EXPENSES			Home Office:		Period	SCHEDULE			
RECLASSIFICATIONS, ADJUSTMENTS AND ALLOCATIONS						From:	В		
						To:		page 2 of 3	
	Expenses per		Reclassified		Net Allowable	Direct	Functional	Pooled	1
Cost Center Description	Home Office	Reclassifications	Trial Balance	Medicare	Expenses	Allocations	Allocations	Allocations	
(omit cents)	Books	(from Sch.B-1)	(col. 1minus/	Adjustments	(col.3 minus/plus	To Chain	To Chain	(col.5 minus	
(omit cents)	Doons	(nom semb 1)	,		1 '			,	
			plus col.2)	(from Sch.C)	col.4)	Components	Components	cols. 6,7)	_
	1	2	3	4	5	6	7	8	
Non-Capital Related Cost									1
11 Salaries of Officers									11
									_
12 Salaries and Wages of Others									12
									-
13 Payroll Taxes									13
To Tuyton Tunes									10
14 Employee Benefits - Payroll Related									14
14 Employee Belletits - Fayton Related									14
15 Employee Benefits - Non-Payroll Related									1.5
15 Employee Benefits - Non-Payroli Related									15
10 P (10 C) 1 (P 1 P)									1.0
16 Profit Sharing/Pension Plans									16
. ,_									
17 Legal Fees									17
18 Auditing and Accounting Fees									18
19 Utilities									19
- Is cuited									10
20 Communications									20
21 Travel and Entertainment									21
21 Haver and Emertainment									- 21
22 Transportation									22
22 Cleaning Office and Adm Supplies									22
23 Cleaning, Office and Adm. Supplies									23
24 Minor Equipment Expensed									24
									-
25 Repairs and Maintenance									25

 $\overline{\text{FORM CMS-287-05 (8/2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3908)} \\ Rev.~1$ 

3990 (Cont.)

## FORM CMS-287-05

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TRIAL BALANCE OF EXPENSES			Home Office:			Period		SCHEDULE	
RECLASSIFICATIONS, ADJUSTMENTS AND	ALLOCATIONS					From:		В	
						To:		page 3 of 3	
	Expenses per		Reclassified		Net Allowable	Direct	Functional	Pooled	
Cost Center Description	Home Office	Reclassifications	Trial Balance	Medicare	Expenses	Allocations	Allocations	Allocations	
(omit cents)	Books	(from Sch.B-1)	(col. 1minus/	Adjustments	(col.3 minus/plus	To Chain	To Chain	(col.5 minus	
			plus col.2)	(from Sch.C)	col.4)	Components	Components	cols. 6,7)	
	1	2	3	4	5	6	7	8	
Non Capital Related Cost (Cont.)									
26 Dues and Subscriptions									26
27 Contributions									27
28 Insurance Premiums - Non-Cap. Rel.									28
29 Taxes and Licenses - Non-Cap. Rel.									29
30 Interest Expense									30
31 Interest Income									31
32 Other (Specify)									32
33 Other (Specify)									33
34 Other (Specify)									34
35 Other (Specify)									35
36 Sub-Total (sum of lines 11-35)									36
100 Total Exp. (sum of lines 3, 6, 10, 36)									100

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RECLASSIFICATION OF HOME OFFICE EXPENSES				Home Office:		Period: From: To:	SCHEDULE B-1		
		Code		Increase			Decrease		+
	Explanation of Reclassification Entry	(1)	Cost Center	Line No.	Amount(2)	Cost Center	Line No.	Amount(2)	7
		1	2	3	4	5	6	7	
1.									1.
2.									2.
3.									3.
4.									4.
5.									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.
100	Total Reclassifications (Sum of col.4 must equal sum of col.7)								100

<sup>(1)</sup> A letter (A,B, etc) must be entered on each line to identify each reclassification entry.

<sup>(2)</sup> Transfer to Schedule B, column 2, line as appropriate.

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3990 (Cont.)	FORM CMS-287	/_05	08-09	

	(Cont.)			1 011111 01110 20	, 00				00 00
PERIO	YSIS OF CHANGES DURING COST STATE DD IN CAPITAL ASSET BALANCES OF CH OFFICE WHERE THE CHAIN INCLUDES	AIN			PERIOD: FROM: TO:		SCHEDULE B-2 PARTS I & II		
	CT TO THE PROSPECTIVE PAYMENT SY								
PART :	I - ANALYSIS OF CHANGES IN OLD CAPI	TAL ASSET BALANC	ES						
				Acquisitions		Disposals		Fully	
		Beginning				and	Ending	Depreciated	
	Description	Balances	Purchases	Donation	Total	Retirements	Balance	Assets	
		1	2	3	4	5	6	7	
1.	Land								1.
2.	Land Improvements								2.
3.	Buildings and Fixtures								3.
4.	Building Improvements								4.
5.	Fixed Equipment								5.
6.	Movable Equipment								6.
7.	SUBTOTAL								7.
8.	Reconciling Items								8.
9.	TOTAL (Line 7 minus line 8)								9.
PART I	II - ANALYSIS OF CHANGES IN NEW CAI	PITAL ASSET BALAN	CES						
				Acquisitions		Disposals		Fully	
		Beginning				and	Ending	Depreciated	
	Description	Balances	Purchases	Donation	Total	Retirements	Balance	Assets	
		1	2	3	4	5	6	7	1
- 1	r 1			i			i		1

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08-05	5			FORM CMS-	287-05		3990 (			
RECO	NCILIATION OF CAPITAL COSTS CENTERS			Home Office: PERIOD: FROM: TO:				SCHEDULE B-2 Part III		
PART	III		COMPUTATIO	N OF RATIOS			ALLOCATION O	F OTHER CAPITA	L	
				Gross Assets					Total (1)	
			Capitalized	for Ratio	Ratio			Other Capital-	(Sum of	
	Description	Gross Assets	Leases	(Col. 1 - Col. 2)	(See Instructions)	Insurance	Taxes	Related Costs	Columns 5-7)	
*		1	2	3	4	5	6	7	8	
	Old Cap. Rel Costs-Bldgs and Fixtures									
	Old Cap. Rel. Costs-Movable Equipment									
	New Cap. Rel Costs-Bldgs and Fixtures									
4	New Cap. Rel. Costs-Movable Equipment									

## SUMMARY OF OLD AND NEW CAPITAL

							Other Capital-	Total (2)
					Insurance	Taxes	Related Costs	(Sum of
	Description	Depreciation	Lease	Interest	(From Col. 5)	(From Col. 6)	(From Col. 7)	Columns 9-14)
*		9	10	11	12	13	14	15
1	Old Cap. Rel Costs-Bldgs and Fixtures							
	Old Cap. Rel. Costs-Movable Equipment							
3	New Cap. Rel Costs-Bldgs and Fixtures							
4	New Cap. Rel. Costs-Movable Equipment							
5	Total (Sum of Lines 1-4)							

<sup>\*</sup> All lines numbers except line 5 are to be consistent with Schedule B line numbers for capital cost centers

5 Total (Sum of Lines 1-4)

<sup>(1)</sup> The sum of the amounts on lines 1 thru 4 must equal the amount on Schedule B, column 2, lines 7-9, net of other capital-related costs directly allocated to components of the chain.

<sup>(2)</sup> The amounts on lines 1 thru 4 must equal the corresponding amounts on Schedule B, Column 3, lines 1,2,4,5 and 7-9.

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Cont.)

	MEDICARE ADJUSTMENTS TO HOME OFFICE EXPENSES				SCHEDULE C	
	Home		Period			1
	Office:		From:		To:	
	onic.		Troin.		Cost Center to be	
					Adjusted (on	
		*			Schedule B, col. 3)	
	Description			Line		
			Amount	No.	Cost Center	
			1	2	3	
1.	Federal/State income tax, franchise tax and related		_			1.
	interest and penalties on late payments					
	(CMS Pub. 15-1, secs.2122.2 and 2133)					
2.	Donations (See CMS Pub. 15-1, Chapter 6)					2.
3.	Stockholders servicing costs (stock transfers and					3.
	registrations) (CMS Pub 15-1, se. 2134.9)					
4.	Acquisition expenses (CMS Pub. 15-1, sec. 2134.11)					4.
	Disposal expenses re: non-patient care assets					5.
	or subsidiaries (CMS Pub. 15-1, sec. 2102.3)					
6.	Bad Debts (CMS Pub. 15-1, sec. 308)					6.
	Life insurance premiums where home office is					7.
	direct/indirect beneficiary (CMS Pub 15-1, sec. 2102.3)					
8.	Annual stockholder meeting expenses					8.
	(CMS Pub. 15-1, sec. 2134.9)					
9.	Nonhealth care projects (CMS Pub. 15-1, sec. 2102.3)					9.
10.	Noncompetition agreement expenses					10.
	(CMS Pub. 15-1, sec 2105.1/1218.7)					
11.	Fund-raising expenses (CMS Pub. 15-1, sec. 2136.2)					11.
12.	Rebates/refunds on expenses (CMS					12.
	Pub. 15-1, sec. 804)					
13.	Other (Specify)					13.
14.	Cost of ownership of assets leased from related					14.
	organization in lieu of rent (CMS Pub. 15-1, sec. 700)					
15.	Related organizations (from Schedule D, Part B					15.
	col. 5, line 15 (CMS Pub. 15-1, sec. 700)					
16.	Value of services of nonpaid					16.
	workers (CMS Pub. 15-1, sec. 700)					
17.	Interest on Loans between home office and					17.
	components of the chain (CMS Pub. 15-1,					
	sec. 2150.2c) where no exception applies					
18.	Costs of corporate acquisitions of					18.
	capital stocks and acquisition and					
	development department cost					
	(CMS Pub. 15-1, sec. 2150.2B)					
19.	Interest on Loans from owners					19.
	(CMS Pub.15-1, sec. 218.2)					
20.	Abandoned construction in progress					20.
	cost (CMS Pub. 15-1, sec. 2155)					
	Other (specify)					21
22	Other (specify)					22
23	Other (specify)					23
24	Other (specify)					24
25	Other (specify)					25
26	Other (specify)					26
	Other (specify)					27
28	Total (sum of lines 1-27)					28

<sup>\*</sup> A. Costs--if cost, including applicable overhead, can be determined.

B. Amount Received--if cost cannot be determined.

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00-05	FURIVI CIVIS-207-05	3990 (Collt.)

	-				(		
STAT	EMENT OF CO	STS OF SERVICES			SCHEDULE D		
FROM	M RELATED OF	RGANIZATIONS			page 1 of 2		
			Period		•		
Home			From:		То:		
Part A	۸.	Are there any costs included on Schedule B v from transactions with related organizations a 42 CFR 413.17? Yes			No		
		If "YES," complete Parts B and C following.					
Part E	3.	Costs incurred and adjustment required as a retransactions with related organizations:  Account and Amount	result of	Amount	Net Adjustment		
		(on Schedule B, column 3)		Allowable	(col. 3 minus		
	Line	Expense Account	Amount	in Cost	col.4) *		
	1	2	3	4	5	7	
1.						1.	
2.						2.	
3.						3.	
4.						4.	
5.						5.	
6.						6.	
7.						7.	
8.						8.	
9.						9.	
10.						10.	
11						11	

12.

13.

14.

100

12.

13.

14.

100 Total (sum of lines 1-99)

<sup>\*</sup> transfer to column 1 of Schedule C, applicable lines

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3990	(Cont.)			08-05		
	STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS	Home Office:		Period: From:	SCHEDULE D page 2 of 2	
	Part C. Inter-relationship of chain Home Office	to related organization:				
	Name of Related Organization	Type of Business	Related Through Ownership or Control	Explanation of Relationship		
	1	2	3	4		
1.						1.
2.						2.
3.						3.
4.						4.
5.						5.
6.						6.
						7
7						<u> </u>
8.						8.
9						9.
10.						10.
11						11
12						12
13						13
14						14
15						15
16						16

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	4 CMS-287-05 3990 (	Cont.)
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DIRI	ECT ALLOCATION OF HOME OFFIC	E CAPITAL		Home Office:		Period					
COS	TS TO CHAIN COMPONENTS					From:			SCHEDULE		
						To:			E Page 1		
			Old Ca	pital	New C	Capital		Other Capital			
	Chain Components		Building		Building						Г
		Medicare	and	Movable	and	Movable			Other	Total	ĺ
		No.	Fixtures	Equipment	Fixtures	Equipment	Insurance	Taxes	Capital	(cols. 1 thru 7)	
			1	2	3	4	5	6	7	8	
	Health Care Facilities:									1	
1.											1
2.											
3.											_3
4.											Ľ
5.											L.
6.											Ľ
7											١,
7.		+		+			1				H
8.											١,
0.		+								+	H,
9.											,
-										+	H
10.											10
										+	
11.											11
12.											12
										1	
13.											13
14.											14
15.											15
16.											16
10.		+	1	+						+	10
17											17
17		+		+		<del> </del>				+	<u> </u>
18	Total (sum of lines 1-17)									1	18
	1 (00 01 0 1 1/)	1	I	1	1	1	1	l .	I.		`ثــــــــــــــــــــــــــــــــــــ

Grand Total (sum of lines 18, 28 and 33)

08-05 DIRECT ALLOCATION OF HOME OFFICE CAPITAL Home Office: Period COSTS TO CHAIN COMPONENTS From: SCHEDULE To:\_ E Page 2 Other Capital Old Capital New Capital Chain Components Building Building and Movable and Movable Other Total Medicare No. Fixtures Equipment Fixtures Equipment Insurance Taxes Capital (cols. 1 thru 7) 1 2 3 4 5 6 7 8 Other Components: 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 Other Managed Facilities 28 Total (sum of lines 19-27) 28 Regional Offices: 29 29 30 30 31 31 32 32 33 Total (sum of lines 29-32) 33

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	DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS				Home Office:		Period From:	SCHEDULE					
					To:					E-1			
Chai	n Components		Specify:										
Cilui	i Components	Medicare No.										Total (cols. 1 thru 9)	
	Hadd Can Fadden		1	2	3	4	5	6	7	8	9	10	_
	Health Care Facilities:												
1.													1
2.													2
3.													3
4.													4
5.													5
6.													6
7.													7
8.													8
9.													9
10.				1									10
11.													11
12.													12
13.													13
14.													14
15.													15
16.													16
17.													17
	Tatal (sum of l' 4.17)												
18	Total (sum of lines 1-17)					L		L	L	I			18

## Rev. 1 3990 (Cont.) FORM CMS-287-05

DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED Home Office: Period EXPENSES TO CHAIN COMPONENTS SCHEDULE From: To:\_ E-1 Specify: Chain Components Medicare Total No. (cols. 1 thru 9) Other Components: Other Managed Facilities Total (sum of lines 19-27) Regional Offices: Total (sum of lines 29-32) Grand Total (sum of lines 18, 28 and 33) 

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	CTIONAL ALLOCATION OF HOME OFFICE ITAL COSTS TO CHAIN COMPONENTS	Home Office:				Period From: To:		SCHEDULE F Part 1				
		Old Capital					New Capital					
	Chain Components  Health Care Facilities:	Building and Fixtures	Interest Expense	Movable Equipment	Interest Expense	Building and Fixtures	Interest Expense	Movable Equipment	Interest Expense			
		1	2.01	2	2.01	3	4.01	4	4.01	-		
1.										1.		
2.										2.		
3.										3.		
4.										4.		
5.										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	Total (sum of lines 1-17)									18		

399	0 (Cont.)	FORM CMS-287-05								
	CTIONAL ALLOCATION OF HOME OFFICE TAL COSTS TO CHAIN COMPONENTS	Home Office:				Period           From:         SCHEDULE F           To:         Part 1 (Cont'd)				
	Chain Components			Old Capital	1			New Capital		
	Other Components:	Building and Fixtures	Interest Expense 2.01	Movable Equipment 2	Interest Expense 2.01	Building and Fixtures	Interest Expense 4.01	Movable Equipment 4	Interest Expense 4.01	
19										18.
20										19.
21										20.
22										21.
23										22.
24										23.
25										24.
26										25.
27	Other Managed Facilities									26.
28	Total (sum of lines 19-27)									27.
	Regional Offices:									28.
29										29.
30										30.
31										31.
32										32.
33	Total (sum of lines 28-32)									33.
34	Grand Total (sum of lines 18, 28 and 33)									34.

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FUNCTIONAL ALLOCATION OF HOME OFFICE CAPITAL			Home Office:		Period			
COSTS TO CHAIN COMPONENTSSTATISTICS					From:	SCHEDULE F		
		•			To:	Part II		
		Old Capital			New Capital			
		Base:						
Chain Components								
		Building			Building			
		and	Movable	Interest	and	Movable	Interest	
	Health Care Facilities:	Fixtures	Equipment	Expense	Fixtures	Equipment	Expense	
		1	2	2.01	3	4	4.01	
1.								1.
2.								2.
_								
3.								3.
4								1
4.								4.
5.								5.
J.								5.
6.								6.
-								
7.								7.
8.								8.
9.								9.
10.								10.
11.								11.
12.								12.
10								10
13.								13.
14.								14.
14.								14.
15.								15.
								10.
16.								16.
17								17
18	Total (sum of lines 1-17)							18

36

36

Unit Cost Multiplier (B/A)

3990 (Cont.) FORM CMS-287-05 08-05 FUNCTIONAL ALLOCATION OF HOME OFFICE CAPITAL Home Office: Period COSTS TO CHAIN COMPONENTS---STATISTICS SCHEDULE F From: To: Part II Old Capital New Capital Base: Chain Components Building Building and Movable and Movable Interest Interest Other Components: Fixtures Equipment Expense Fixtures Equipment Expense 2 2.01 3 4.01 1 19 19 20 20 21 21 22 22 23 23 24 24 25 25 26 26 27 Other Managed Facilities 27 28 Total (sum of lines 19-27) 28 Regional Offices: 29 29 30 30 31 31 32 32 33 Total (sum of lines 28-31) 33 34 Total statistics (sum of lines 18, 28 and 33) (A) 34 35 Cost to be Allocated (B) 35

CUNTIONAL ALLOCATION OF EXPENSES TO CHAIN COMPONE		NON-CAPITAL F	KELATED	Home Office: Period From:						SCHEDULE		
						То:				F-1 Part I		
Chain Components	Medicare No.	Specify:									Total (cols. 1 thru 9)	
Health Care Facilities:		1	2	3	4	5	6	7	8	9	10	
).												
ı.												
2.												
3.												
ı.												
5.												
5.												
7.												
8 Total (sum of lines 1-17)												

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FORM CMS-287-05

	NTIONAL ALLOCATION OF H	TONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED			Home Office: Period							00-03		
	PENSES TO CHAIN COMPONE						From:				SCHEDULE			
			Specify:				To:				F-1 Part I			
Cha	in Components	Medicare No.										Total (cols. 1 thru 9)		
	I a. a		1	2	3	4	5	6	7	8	9	10		
	Other Components:													
19												19		
20												20		
21												21		
22												22		
23												23		
24												24		
25												25		
26												26		
27	Other Managed Facilities											27		
28	Total (sum of lines 18-27)											28		
	Regional Offices:													
29												29		
30												30		
31												31		
32												32		
33	Total (sum of lines 29-32)											33		
34	Grand Total (sum of lines 18, 28	and 33)										34		

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	NTIONAL ALLOCATION OF HOME O		RELATED	Home Office:		Period				COMEDINE		
EXI	PENSES TO CHAIN COMPONENTS -ST	IAHSHCS				From:				SCHEDULE F-1 Part II		
		Base:	1			To:	<u> </u>	1		F-1 Part II		_
Cha	in Components	Base:									Total	
											(cols. 1 thru 9)	
		1	2	3	4	5	6	7	8	9	10	
	Health Care Facilities:											
1.												1
2.												2
3.												3
4.												4
5.												5
6.												6
7.												7
8.												8
9.					-		-					9
40												
10.											<b></b>	10
11												1,1
11.							-				<del> </del>	11
12.												12
12.											<del>                                     </del>	12
13.												13
												H
14.												14
											<del>                                     </del>	H
15.												15
					<u> </u>		<u> </u>		<u> </u>		1	۳
16.												16
									1		1	H
17												17
									1		1	$\vdash$
18	Total (sum of lines 1-17)											18

## FORM CMS-287-05

3990 (Cont.) FUNTIONAL ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED Home Office: Period EXPENSES TO CHAIN COMPONENTS -STATISTICS SCHEDULE From: To:\_ F-1 Part II Base: Chain Components Total (cols. 1 thru 9) Other Components: Other Managed Facilities Total (sum of lines 19-27) Regional Offices: Total (sum of lines 29-32) Grand Total (sum of lines 18, 28 and 33) 

08-05	FORM CM		3990 (Cont.)

ALL	LLOCATION OF HOME OFFICE POOLED COSTS BETWEEN					Home Office:		Period			SCHEDULE		
HEA	ALTH CARE FACILITIES AND O	THER CHAIN C	OMPONENTS					From:			G		
								To:			PART I & II		
	Part I Allocation between Healt	h Care Facilities	and Other Comp	onents		•		•			•		
		Allocation Stat	istics	Old Capi	ital		New C	apital		Non Capital			
				Building			Building						T
		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
	. Total												4
Part	II Allocation to Individual Chain												
		Allocation Stat	istics	Old Cap	ital		New C	apital		Non Capital			
				Building			Building						
	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
2	2												2
3	3												3
4	ı												
5	;												5
6													6
7	,												7
8								1		1		1	1
	3												8
	3												8
9													8

3990 (Cont.)	FORM CMS-2	287-05		08-05
ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN	Hor	ome Office:	Period	SCHEDULE
HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS			From:	G
			To:	PART I & II

rt II Allocation to Individual Ch	Allocation Stati		Old Cap	ital		New C	Canital		Non Capital			
	Anocation State	isucs	Building	ltai		Building	арна		Non Capital	l		$\top$
Health Care Facilities:	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	1
1												11
2												12
3												13
2												113
4												14
5												15
6												16
												$\top$
7												17
8 Total (sum of lines 1-17)												18
Other Components												
9												19
0												20
1												2
2												22
3												23
												$\top$
4												24
5												25
26												26
												1
7												27
Total (sum of lines 20-27)												28

FORM	1 CMS-287-05 (8/2005) (INSTRUCT	TONS FOR THIS	WORKSHEET	ARE PUBLISHE	D IN CMS PUB	15-II SECTION	I 3917)						
39-1	` /\		.,				,					Rev	7 <b>.</b> 1
08-0	5				FORM CM	IS-287-05						3990 (Cor	nt.)
ALLC	CATION OF HOME OFFICE PO	OLED COSTS I	BETWEEN			Home Office:		Period			SCHEDULE		
HEAI	TH CARE FACILITIES AND OT	HER CHAIN C	OMPONENTS					From:			G		
								To:			PART I & II		
Part I	I Allocation to Individual Chain	Components (Co	ntinued)					Į.					_
		Allocation Stati	stics	Old Capi	tal		New C	apital		Non Capital			_
- 1				Building			Building						
	Regional Offices:	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	

33 Total (sum of lines 29-32)

34 Total (sum of lines 18, 28 and 33)

FORM CMS-287-05 (8/2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 3917)

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STATEMENT OF REVENUE AND EXPENSES			SCHEDULE I
			1
Home Office:	Period From:		То:
l. Total operating revenue		:	\$
2. Less: Operating expenses (Schedule B, column 1, line 37)		:	\$
3. Operating profit (loss)		:	\$
4. Other income:			
a. contributions, donations b. income from investments c. interest income d. purchase discounts e. rebates and refunds of expenses f. parking lot receipts g. rental income h. other (specify)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
5. Total other income (sum of item 4 above)		:	\$
6. Other expenses (specify)	\$ \$ \$ \$		
7. Total other expenses (sum of item 6 above)		:	\$
8. Net income (loss) for the period (line 3 plus line 5 minus	line 7)	:	\$

10

10 Total Current Assets (Sum of lines 1-9)

3990	(Cont.)	FORM CMS-287-05		08-05
	BALANCE SHEET		SCHEDULE J page 2 of 5	
	Assets (Omit Cents) Fixed Assets		Balance Sheet Per Books 1	
				$\top$
	Land			11
12	Land Improvements			12
13	Less: Accumulated Depreciation			13
14	Building			14
15	Less: Accumulated Depreciation			15
16	Leasehold Improvement			16
17	Less: Accumulated Depreciation			17
18	Fixed Equipment			18
19	Less: Accumulated Depreciation			19
20	Motor Vehicles			20
21	Less: Accumulated Depreciation			21
22	Major Movable Equipment			22
23	Less: Accumulated Depreciation			23
24	Minor Equipment - Depreciable			24
25	Less: Accumulated Depreciation			25
26	Minor Equipment - Non-Depreciable			26
27	Other Fixed Assets (Specify)			27
	Other Fixed Assets (Specify)			28
	Total Fixed Assets (Sum of lines 11-28)			29

08-05 FORM CMS-287-05 3990 (Cont.) BALANCE SHEET SCHEDULE J page 3 of 5 Balance Assets Sheet (Omit Cents) Per Books Other Assets 1 30 Investments 30 31 Deposits on Leases 31 32 Due from Owners/Officers 32 33 Due from Related Organizations 33 34 Special Funds 34 35 Goodwill 35 36 Construction in Progress 36 37 Other (Specify) 37 38 Total Other Assets (Sum of lines 30-37) 38 39 Total Assets (Sum of lines 10, 29, and 38) 39

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3990 (	(Cont.)	FORM CMS 287-92		08-05
	BALANCE SHEET		SCHEDULE J	
			page 4 of 5	
			Balance	
	Liabilities and Capital		Sheet	
	(Omit Cents)		Per Books	
	Liabilities		1	
	Current Liabilities:			
40	Accounts Payable			40
41	Notes and Loans Payable - Short Term			41
42	Current Portion of Long-Term Debt			42
43	Salaries, Wages and Fees Payable			43
44	Payroll Taxes Payable			44
45	Other Accrued Expenses Payable			45
46	Deferred Income			46
47	Notes and Loans Payable to Related Organization			47
48	Other (Specify)			48
49	Total Current Liabilities (Sum of lines 40-48)			49
	Long Term Liabilities:			
50	Mortgage Payable (Long-term Portion)			50
51	Notes Payable - (Long-term Portion)			51
52	Unsecured Loans - (Long-term Portion)			52
53	Loans from Owners			53
54	Other (Specify)			54

				1	
55	Total Long-term Liabilities (Sum of lines 50-54)				55
56	Total Liabilities (Sum of lines 49 and 55)				56
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08-05 FORM CMS-287-05				399	90 (Cont.)
BALANCE SHEET		Home Office:	Period:	SCHEDULE J	
			From:	page 5 of 5	
			To:		
				Balance	
Liabilities and Capital (Omit Cents)				Sheet Per Books	
Capital				1	
	Cupital				$\overline{}$
57	Preferred Stock				57
58	Common Stock				58
59	Additional Paid-In Capital				59
	- Additional Fait in Capital				
60	Retained Earnings - Unrestricted				60
61	Other (Specify)				61
62	Total Capital (Sum of lines 57-61)				62
	Total Capital (Sain of fines 57 of)				+
63	Total Liabilities and Total Capital (Sum of lines 56 and 62	2)			63
64	4 Equity in Assets Leased from Related Organizations (Attach supporting Schedules)				64
65	Equity in Related Organizations (attach Supporting School	ules)			65
	2-quity in related organizations (utuall outporting select				- 35
66	Total Equity Capital (Lines 62 plus/minus 64 and 65)				66

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