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Section 242 Mortgage Insurance for Hospitals Program

ACCOUNT DEFINITIONS

The following table is the definition of certain accounts. If there is a conflict between the following definitions and the definition in the Regulatory Agreement, the definition in the Regulatory Agreement controls.

Cash and Temporary Investments	For the Borrower, include all unrestricted highly liquid investments that are readily convertible to cash such as commercial papers and short-term investments that are included in the current asset section of the balance sheet. [see note 3 below]
Patient Accounts Receivable	This is accounts receivable pertaining only to patient care for the Borrower. It is usually displayed net of allowance for uncollectible accounts and contractual adjustments. If the gross amount is given, subtract these items from the gross amount to get to the net accounts receivable figure. Do not include other receivables, grant receivables, miscellaneous receivables or receivables from third party agencies.
Allowances for Contractual Deductions and Bad Debt	Follow FASB/GASB guidance as appropriate for the classification of Contractual Deductions and Bad Debt.
Qualified Liquid Investments	For the Borrower: Qualified Liquid Investments are generally made up of marketable securities, CD's, and bond investments that are undesignated and available for general operational use of the hospital within six months or less if so desired. Qualified liquid investments does not include: a) Any accounts, investments, etc. that are part of a self insurance fund; b) Proceeds of any borrowings including without limitation: (1) any internal affiliate loans regardless of the maturity date, (2) proceeds of any outstanding accounts receivable financing; (3) proceeds from lines of credit, or (4) funds supporting a letter of credit, loan guarantee, etc. c) Investments in any related entity or entity controlled by a related entity; d) Pledges receivable; e) Permanently restricted net assets; f) Reserve funds related to an issuance of bonds; g) Amounts shown as an unfunded or under funded reserve(s); h) Mortgage Reserve Fund(s) or other loan reserve funds; or i) Any items that cannot be clearly identified as meeting the criteria of this definition in the financial statements of the organization. Generally alternative investments are excluded from Qualified Liquid investments. Investments designated by the board for future use or for general capital improvements and that are not part of the Equipment Replacement Reserve Fund (or similar fund) nor excluded by any of the other categories listed in this definition may be classified as Qualified Liquid Investments and shall not be excluded because of the designation by the board.
Hospital Held Non Liquid Qualified Investments	This account includes amounts that met all of the criteria for Qualified Liquid Investments except: (1) they could not be made available for general operational use within six months, or (2) they were classified as alternative investments.

Assets Whose Use is Limited:	For the Borrower, this is the total of the non-current portion of all restricted or temporarily restricted assets whose use is limited. It includes the Mortgage Reserve Fund and any reserve accounts such as self-insurance reserves or pension reserves. Do not add back the current portion of this item that has been designated as a current asset in the financial statements.
Plant, Property, and Equipment	This is the total land, land improvements, plant, property, fixed assets, and equipment, moveable equipment, right-of-use assets, and medical equipment recorded on the balance sheet in accordance with GAAP for the Borrower.
Accounts Payable	For the Borrower, this item should reflect what is owed on materials, supplies, utilities, and other personnel expenses. Exclude accrued salaries, wages, employee benefits, professional fees and accrued interest.
Current portion of Long Term Debt and Leases	For the Borrower, this includes the current portion of all types of debt including current portion of leases (with more than one year of duration) recorded on the balance sheet.
Long Term Debt and Leases	This should include all debt that is not included in current liabilities including capital leases and other leases (with more than one year of duration) that are recorded on the balance sheet for the Borrower. It does not include any related bonds as they are not a part of the Borrower.
Generally Accepted Accounting Principles distinguish the net assets of a corporation with appropriate descriptions depending on the organizational structure of the entity. Section 242 uses the following mapping for the treatment of these items and entering data on the Quarterly Data Request.	
Net Assets without Donor Restriction	<p>This should be for only the Borrower.</p> <p><u>For profit entities:</u> Common stock issued and outstanding Common stock shares Retained earnings Paid in capital Partner's capital</p> <p><u>Not-for- Profit entities</u> Net Assets without Donor Restriction</p> <p><u>Governmental entities</u> Unrestricted Net assets Invested in capital assets net of related debt</p>
Net Assets with Donor Restriction	Enter net assets restricted by donor
Patient Revenue Net of Contractual Allowances and Discounts	Follow Health care industry practice.
Provison for Bad Debts	Bad debts related to patient care in accordance with Healthcare industry practice.
Net Patient Service Revenue Net of Bad Debts	Follow Health care industry practice.
	For the Borrower.

Other operating revenue	(Income from investments, unrestricted contributions, interest income, gains from the sale of assets, non-operating revenues, and extraordinary gains are excluded from operating revenue) In certain case where the dollar amounts are assured, revenues from taxation may be included.[1]
Total Operating Revenue	Total operating revenue for the Borrower. Total Operating Revenue is defined as: Net Patient Service Revenue plus Other Operating Revenue
Salaries and wages	Salaries and wages for non-physician employees for the Borrower.
Physician salaries and wages	Employee physician salary and wages including call pay. (Do not include physicians acting in a non-medical capacity such as the CEO). Include emergency department, medical directors, hospitalists, physicians working in clinics and other employee physicians.
Employee Benefits	Enter employee benefits if available.
Professional Fees	Professional fees are defined as contract physicians.
Supplies	Catch-all category, include all expenses that do not fit elsewhere.
Non-operating Income	Income from investments net of investment expense, unrestricted contributions, interest income, gains from the sale of assets, non-operating revenues, extraordinary gains, gains from subsidiaries excluded from the Borrower, grant revenues (when there is not an offsetting expense), and tax revenues[2] are examples of non operating income.
Net Income	Net Income; Revenues in excess of expenses
Related Entity Liquid Investments	Investments that are held by a Financially Related Organization as defined by GAAP, and (1) can be made available to the Borrower, (2) are designated for the sole benefit of the Borrower, (3) are included in the audited financial statements of the Borrower as Beneficial Interest in Net Assets Held by a Financially Related Organization, (4) are unencumbered, and (5) have a: (a) stated maturity of six months or less, plus (b) the estimated liquidation value of investments which could be liquidated within six (6) months
Related Entity Non-liquid Investments	Investments that meet the definition of Related Entity Liquid Investments except for condition (5).

[1] Tax fee programs where a hospital pays a “fee or contribution” and then receives increased Disproportionate Share Funds back may be included in Other Operating Income. Other tax revenue may be included if permitted by HUD.

[2] Tax fee programs where a hospital pays a “fee or contribution” and then receives increased Disproportionate Share Funds back may be included in Other Operating Income. Other tax revenue may be included if permitted by HUD.

[3] The term “Borrower”, synonymous with "Mortgagor," is defined as the original borrower under a mortgage and its successors and assigns.

Section 242 Mortgage Insurance for Hospitals Program ACCOUNT GROUPINGS

The following chart showings the typical accounts that are included in the account heading for entry into the Quarterly Data request. This chart is not intended to restrict the separate accounts that a hospital may have on its balance sheet. Certain headings have been omitted such as Accumulated Depreciation or Net Patient Revenue as the heading itself is self-definitive and standard throughout the healthcare industry. Additional accounts should be classified based on the pattern.

Main Heading	Typical Accounts
Cash and Temporary Investments	Cash Cash on hand Savings Checking CDs Marketable securities Investments Short-term investments Assets limited as to use-current portion only
Accounts Receivable, Net	Patient Accounts Receivable net
Accounts Receivable, Gross	Patient Accounts Receivable gross
Other Receivable	Other Receivable
Qualified Liquid Investments	Qualified Liquid Investments Board Designated for Capital Improvements Other non-current assets (if investments) LESS amount pledged on line of credit LESS amount pledged on letter of credit LESS amount due to underfunding of self insured fund LESS amount due to underfunding of pension fund
Limited Use or Designated Assets	Assets limited as to use Debt Escrow Fund MRF Deferred financing costs Permanently restricted assets Investment in affiliates Assets tied up by a Letter of Credit (LOC) Self-insured trust Pension Fund Restricted by Donor PLUS amount pledged on line of credit PLUS amount pledged on letter of credit PLUS amount due to underfunding of self insured fund PLUS amounts due to underfunding of pension fund Deferred Tax Asset
Net Plant Property and Equipment	Total Fixed Assets (net of accumulated depreciation) Property and equipment, net Property, Plant and Equipment Land Improvement Real Estate Building Improvement Leasehold Improvements

	Right of Use (Leased) Assets Construction in Progress With related accumulated depreciation accounts
Accounts Payable	Accounts Payable Trade Accounts Payable Other, Construction & retainage payable
Accrued Expenses	Accrued Expenses Accrued interest payable Other Accrued Expenses
Current Portion of Long-Term Debt and Leases	Current portion of capital debt Current portion of mortgages Current portion of notes payable Current portion of long term lease obligations Current portion of equipment purchases
Total Other Current Liabilities	Other current liabilities Accrued Salaries & Benefits Payables to 3rd party payors Other Due to related entity
Long-Term Debt & Leases	Mortgages Payable Lease Obligations Deferred Financing Costs (FASB)
Total Other Long-Term Liabilities	Other long-term debt Minority interest in Consolidated Sub Other Non-current Deferred Revenues Deferred tax liability
Net Assets without Donor Restriction	Unrestricted Common stock issued and outstanding Common stock shares Retained earnings Paid in capital Partner's Capital Invested in capital assets net of related debt
Net Assets with Donor Restriction	Donor Restricted Net Assets Follow FASB as appropriate
Other Operating Revenues	Other operating revenue Rental income Cafeteria sales Rental of space Amounts received from Related Organizations offset by operating expenses Release of Temporarily Restricted Assets for operating purposes Certain permitted tax revenues[1] Total Other Operating Revenue
Total Salaries and Wages	Salaries and Wages

	(Do not include salaries and wages for physician employees unless employed as other than a physician such as a CEO who is also a physician.
Salaries and Wages -Physician	Salaries & wages of physicians
Employee Benefits	
Professional Fees	Contract Physician Fees
Total Supply Expense	Supplies Purchased services and other contract services Utilities Insurance Other expenses [Note: some hospitals prefer to exclude utilities, insurance, and other expenses from supply expense and restrict this account to supplies, office supplies, central sterile supply, etc. This is also acceptable to group these items in a separate grouping titled "Other Operating Expenses."]
Non-operating Revenue	Non-operating revenue Contributions Grants Interest income Investment income net of expense Net realized gains & investment income Net assets released from restrictions for capital assets Gain on disposal of property and equipment Income less expenses of non-mortgaged entities Minority interest in consolidated subsidiary
Non-operating Expense	Non-operating expense Non-operating losses Change in additional minimum pension liability Loss on sale of assets Loss on disposal of assets Loss on disposal of property and equipment
Extraordinary Items and Income Taxes	Cumulative effect of accounting change Gains or losses on the extinguishment of debt Accelerated depreciation due to the HUD insured project Income taxes unless specifically permitted otherwise Losses or Gains from sale of equipment Losses or Gains from discontinued operations
Other Changes in Net Assets	This is a catch-all field for any other causes for changes in Net Assets such as a change in accounting principle, distribution (or contributions) of Net Assets, an increase or decrease due to restatement of prior period earnings, gifts of permanently restricted assets, additional paid in capital, etc. It is equal to the current period total net assets less the amount of total net assets from the prior year annual financial statements, less unrecognized gains and losses, less changes in temporarily restricted assets.

[1] Tax fee programs where a hospital pays a "fee or contribution" and then receives increased Disproportionate Share Funds back may be included in Other Operating Income. Other tax revenue may be included if permitted by HUD.

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER HOSPITAL NAME HERE

ENTER FYE HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2

2

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- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet

(F.) IMPORTANT: Input for the Balance Sheet and Income Statement Sections may be deemed OPTIONAL by HUD for Borrowers that can provide ALL of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.

Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
Balance Sheet				
Cash & Temporary Investments				
Gross Patient Receivables				
Allowances for Contractual Deductions and Doubtful Accounts				
Net Accounts Receivable	\$ -	\$ -	\$ -	\$ -
All Other Current Assets				
Total Current Assets	\$ -	\$ -	\$ -	\$ -
Qualified Liquid Investments				
Hospital Held Non-Liquid Qual. Invest.				
Limited Use or Designated Assets				
Gross Property, Plant & Equipment				
Accumulated Depreciation				
Net Property, Plant & Equipment	\$ -	\$ -	\$ -	\$ -
All Other Non-current Assets				
Total Assets	\$ -	\$ -	\$ -	\$ -
Accounts Payable				
Accrued Expenses				
Current Portion of LT Debts and Leases				
All Other Current Liabilities				
Total Current Liabilities	\$ -	\$ -	\$ -	\$ -
Long Term Debt and Leases				
All Other Long Term Liabilities				
Total Long Term Liabilities	\$ -	\$ -	\$ -	\$ -
Total Liabilities	\$ -	\$ -	\$ -	\$ -
Net Assets without Donor Restrictions				
Net Assets with Donor Restrictions				
Total Net Assets	\$ -	\$ -	\$ -	\$ -
Total Net Assets + Total Liabilities	\$ -	\$ -	\$ -	\$ -

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER HOSPITAL NAME HERE

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2

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Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
Income Statement				
Net Inpatient Revenue (1) (6)				
Net Outpatient Revenue (1) (6)				
Patient Service Rev net of Contr. Allow. & discounts	\$ -	\$ -	\$ -	\$ -
Provision for Bad Debts				
Net Patient service Revenue less Provision for Bad Debts	\$ -	\$ -	\$ -	\$ -
All Other Operating Revenue				
Total Operating Revenue	\$ -	\$ -	\$ -	\$ -
Salaries & Wages				
Physician Salaries & wages				
Employee Benefits				
Contract Physician Fees				
Total Supplies Expense				
Depreciation Expense (incl Lease Amortization)				
Amortization Expense (excl Lease Amortization)				
Interest Expense				
Bad Debt Expense (1)				
All Other Operating Expenses				
Total Operating Expense	\$ -	\$ -	\$ -	\$ -
Income from Operations	\$ -	\$ -	\$ -	\$ -
All Non-Operating Revenue				
All Non-Operating Expense				
Extraordinary Items & Income Tax Revenue				
Net Income	\$ -	\$ -	\$ -	\$ -
Unrecognized Gains/Losses				
Changes in Restricted Net Assets				
Other Changes in Fund Balance (2)				
Net Increase/Decrease in Fund Balance	\$ -	\$ -	\$ -	\$ -

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER HOSPITAL NAME HERE	ENTER FYE HERE
If monthly reporting is required enter 1, if quarterly enter 2 → 2	

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Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
Mortgage Reserve Fund				
Required MRF Balance				
Actual MRF Balance				
FHA-Insured Mortgage				
Total Unpaid Principal Balance of ALL FHA-Insured Mortgages				
Net Inpatient Revenue (1)	\$ -	\$ -	\$ -	\$ -
Medicare				
Medicaid				
Commercial Insurance				
HMO/Managed Care				
Self Pay				
Other				
Inpatient Utilization				
Total Licensed Beds				
Total Staffed Beds				
Acute Medical/Surgical Service				
Number of Beds				
Discharges				
Patient Days				
Newborn Service				
Number of Beds				
Discharges				
Patient Days				
Other Acute Care Services				
Number of Beds				
Discharges				
Patient Days				
Other Non-Acute Care				
Number of Beds				
Discharges				
Patient Days				
Swing Bed (SNF)				
Discharges				
Patient Days				

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

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Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
Acute Care Only (Excl. Newborn)				
Medicare				
Case Mix Index (3)				
ALOS (5)				
Non-Medicare				
Case Mix Index (3)				
ALOS (5)				
All Patients				
Case Mix Index (3)				
ALOS (5)				
Inpatient Cost per Discharge				
Outpatient Utilization				
Emergency Room Visits				
Observation Visits				
Observation Days				
Ambulatory Surgeries				
Clinic Visits				
Other Outpatient Visits				
Staffing				
Total Full-Time Equivalents (4)				

Rows 135 and 136 ONLY APPLY if required by the Regulatory Agreement

Related Entity Liquid Investments				
Related Entity non-liquid Investments				

Rows 139 through 156 ONLY APPLY to Critical Access Hospitals. All other hospitals skip to row 157

Income Statement				
Tax Revenues (that are included in revenue as reported in the income statement)				
Utilization				
Nursing home occupancy				
Nursing home payor mix				
Medicare				
Medicaid				
Private				
Other				
Observation Days				
Respite Days				
Other Information: see questions below				

Instructions:

Please Note - - For the questions below:
 If the answer to any question is "NO", then enter "NO" in the yellow area for the appropriate quarter.
 If the answer to any question is "YES", then enter a brief explanation in the yellow area for the appropriate quarter.

1. Has the Hospital undertaken any major physical facility changes affecting operations (renovation, relocation, addition or deletion of services)?

1st Quarter	
2nd Quarter	

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER HOSPITAL NAME HERE	ENTER FYE HERE
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- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet
- (F.) IMPORTANT: Input for the Balance Sheet and Income Statement Sections may be deemed OPTIONAL by HUD for Borrowers that can provide ALL of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.

Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
3rd Quarter				
4th Quarter				
2. Has the Hospital identified any positive or negative trends in service utilization statistics, financial indicators or ratios?				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				
3. Have there been any significant achievements to the Hospital's Strategic Long Range / Business Plan?				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				
4. Has there been any change in Board membership or Executive Management?				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				
5. Is Management aware of any actions or events that could potentially violate HUD's Regulatory Agreement or Covenants? Have actions or events triggered or required waivers or approvals from any financial institutions or other parties for violating financial, negative or reporting covenants?				
1st Quarter				
2nd Quarter				
3rd Quarter				
4th Quarter				

The following applies to ALL hospitals

Footnotes:

- (1) Bad Debt Expense may be recorded as a separate line item, depending on FASB/GASB reporting standards.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates.

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER HOSPITAL NAME HERE

ENTER FYE HERE

If **monthly** reporting is required enter **1**, if **quarterly** enter **2** →

2

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(B.) Please call your OHF Account Executive for any clarifications.

(C.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow.

(D.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets").

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Description	1st Qtr YTD	2nd Qtr YTD	3rd Qtr YTD	4th Qtr YTD
-------------	----------------	----------------	----------------	----------------

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
Balance Sheet				
A18+A19=A20	Yes	Yes	Yes	Yes
A17+A20+A21=A22	Yes	Yes	Yes	Yes
A22+A23+A24+A25+A28+A29=A30	Yes	Yes	Yes	Yes
A32+A33+A34+A35=A36	Yes	Yes	Yes	Yes
A37+A38=A39	Yes	Yes	Yes	Yes
A36+A38=A39	Yes	Yes	Yes	Yes
A41+A42=A43	Yes	Yes	Yes	Yes
A40+A44=A45	Yes	Yes	Yes	Yes
A30=A45	Yes	Yes	Yes	Yes
Income Statement				
A48+A49=A50	Yes	Yes	Yes	Yes
A50+A51+A53=A54	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64+A65=A66	Yes	Yes	Yes	Yes
A67+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A72+A74+A75+A76=A77	Yes	Yes	Yes	Yes
A85+A86+A87+A88+A89+A90=A48	Yes	Yes	Yes	Yes
Various Edit Checks				
A52<=A54	Yes	Yes	Yes	Yes
A54-A66+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64<=A66	Yes	Yes	Yes	Yes
A17+A20+A21<=A22	Yes	Yes	Yes	Yes
A22+A25+A28<=A30	Yes	Yes	Yes	Yes
A30=A40+A41+A42	Yes	Yes	Yes	Yes
A32+A33+A34<=A36	Yes	Yes	Yes	Yes
A36+A37<=A40	Yes	Yes	Yes	Yes
Enter the Total Net assets from Prior Year	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
IF(ABS((\$B\$232+C72+C74+C75+C76)-C44)<=100,"Yes","No")	Yes	Yes	Yes	Yes
Reasonableness Review for Cost per Discharge	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE
ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 → **1**

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- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet
- (F.) **IMPORTANT:** Input for the Balance Sheet and Income Statement Sections may be deemed **OPTIONAL** by HUD for Borrowers that can provide **ALL** of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.

Description	Entry Label	1st Month YTD	2nd Month YTD	3rd Month YTD	Do not Use - Start New Spreadsheet YTD
Balance Sheet					
Cash & Temporary Investments					
Gross Patient Receivables					
Allowances for Contractual Deductions and Doubtful Accounts					
Net Accounts Receivable	\$	-	-	-	-
All Other Current Assets					
Total Current Assets	\$	-	-	-	-
Qualified Liquid Investments					
Hospital Held Non-Liquid Qual. Invest.					
Limited Use or Designated Assets					
Gross Property, Plant & Equipment					
Accumulated Depreciation					
Net Property, Plant & Equipment	\$	-	-	-	-
All Other Non-current Assets					
Total Assets	\$	-	-	-	-
Accounts Payable					
Accrued Expenses					
Current Portion of LT Debts and Leases					
All Other Current Liabilities					
Total Current Liabilities	\$	-	-	-	-
Long Term Debt and Leases					
All Other Long Term Liabilities					
Total Long Term Liabilities	\$	-	-	-	-
Total Liabilities	\$	-	-	-	-
Net Assets without Donor Restrictions					
Net Assets with Donor Restrictions					
Total Net Assets	\$	-	-	-	-
Total Net Assets + Total Liabilities	\$	-	-	-	-
Income Statement					
Net Inpatient Revenue (1) (6)					
Net Outpatient Revenue (1) (6)					
Patient Service Rev net of Contr. Allow. & discounts	\$	-	-	-	-
Provision for Bad Debts					
Net Patient service Revenue less Provision for Bad Debts	\$	-	-	-	-
All Other Operating Revenue					
Total Operating Revenue	\$	-	-	-	-
Salaries & Wages					
Physician Salaries & wages					
Employee Benefits					
Contract Physician Fees					
Total Supplies Expense					
Depreciation Expense (incl Lease Amortization)					
Amortization Expense (excl Lease Amortization)					
Interest Expense					
Bad Debt Expense (1)					
All Other Operating Expenses					
Total Operating Expense	\$	-	-	-	-
Income from Operations	\$	-	-	-	-

All Non-Operating Revenue				
All Non-Operating Expense				
Extraordinary Items & Income Tax Revenue				
Net Income	\$ -	\$ -	\$ -	\$ -
Unrecognized Gains/Losses				
Changes in Restricted Net Assets				
Other Changes in Fund Balance (2)				
Net Increase/Decrease in Fund Balance	\$ -	\$ -	\$ -	\$ -
Mortgage Reserve Fund				
Required MRF Balance				
Actual MRF Balance				
FHA-Insured Mortgage				
Total Unpaid Principal Balance of ALL FHA-Insured Mortgages				
Net Inpatient Revenue (1)	\$ -	\$ -	\$ -	\$ -
Medicare				
Medicaid				
Commercial Insurance				
HMO/Managed Care				
Self Pay				
Other				
Inpatient Utilization				
Total Licensed Beds				
Total Staffed Beds				
Acute Medical/Surgical Service				
Number of Beds				
Discharges				
Patient Days				
Newborn Service				
Number of Beds				
Discharges				
Patient Days				
Other Acute Care Services				
Number of Beds				
Discharges				
Patient Days				
Other Non-Acute Care				
Number of Beds				
Discharges				
Patient Days				
Swing Bed (SNF)				
Discharges				
Patient Days				
Acute Care Only (Excl. Newborn)				
Medicare				
Case Mix Index (3)				
ALOS (5)				
Non-Medicare				
Case Mix Index (3)				
ALOS (5)				
All Patients				
Case Mix Index (3)				
ALOS (5)				
Inpatient Cost per Discharge				
Outpatient Utilization				
Emergency Room Visits				
Observation Visits				
Observation Days				
Ambulatory Surgeries				
Clinic Visits				
Other Outpatient Visits				
Staffing				
Total Full-Time Equivalents (4)				

Rows 135 and 136 ONLY APPLY if required by the Regulatory Agreement

Related Entity Liquid Investments				
Related Entity non-liquid Investments				

Rows 139 through 156 ONLY APPLY to Critical Access Hospitals. All other hospitals skip to row 157

Income Statement				
Tax Revenues (that are included in revenue as reported in the income statement)				

Utilization					
Nursing home occupancy					
Nursing home payor mix					
Medicare					
Medicaid					
Private					
Other					
Observation Days					
Respite Days					
Other Information: see questions below					

Instructions:
 Please Note - - For the questions below:
 If the answer to any question is "NO", then enter "NO" in the yellow area for the appropriate quarter.
 If the answer to any question is "YES", then enter a brief explanation in the yellow area for the appropriate quarter.

- Has the Hospital undertaken any major physical facility changes affecting operations (renovation, relocation, addition or deletion of services)?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Has the Hospital identified any positive or negative trends in service utilization statistics, financial indicators or ratios?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Have there been any significant achievements to the Hospital's Strategic Long Range / Business Plan?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Has there been any change in Board membership or Executive Management?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Is Management aware of any actions or events that could potentially violate HUD's Regulatory Agreement or Covenants? Have actions or events triggered or required waivers or approvals from any financial institutions or other parties for violating financial, negative or reporting covenants?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

The following applies to ALL hospitals

Footnotes:

- (1) Bad Debt Expense may be recorded as a separate line item, depending on FASB/GASB reporting standards.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates.

Edit Checks

Edit Satisfied?

Edit Satisfied?

Edit Satisfied?

Edit Satisfied?

Balance Sheet

A18+A19=A20	Yes	Yes	Yes	Yes
A17+A20+A21=A22	Yes	Yes	Yes	Yes
A22+A23+A24+A25+A28+A29=A30	Yes	Yes	Yes	Yes
A32+A33+A34+A35=A36	Yes	Yes	Yes	Yes
A37+A38=A39	Yes	Yes	Yes	Yes
A36+A38=A39	Yes	Yes	Yes	Yes
A41+A42=A43	Yes	Yes	Yes	Yes
A40+A44=A45	Yes	Yes	Yes	Yes
A30=A45	Yes	Yes	Yes	Yes
Income Statement				
A48+A49=A50	Yes	Yes	Yes	Yes
A50+A51+A53=A54	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64+A65=A66	Yes	Yes	Yes	Yes
A67+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A72+A74+A75+A76=A77	Yes	Yes	Yes	Yes
A85+A86+A87+A88+A89+A90=A48	Yes	Yes	Yes	Yes
Various Edit Checks				
A52<=A54	Yes	Yes	Yes	Yes
A54-A66+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64<=A66	Yes	Yes	Yes	Yes
A17+A20+A21<=A22	Yes	Yes	Yes	Yes
A22+A25+A28<=A30	Yes	Yes	Yes	Yes
A30=A40+A41+A42	Yes	Yes	Yes	Yes
A32+A33+A34<=A36	Yes	Yes	Yes	Yes
A36+A37<=A40	Yes	Yes	Yes	Yes
Enter the Total Net assets from Prior Year				
IF(ABS((\$B\$232+C72+C74+C75+C76)-C44)<=100,"Yes","No")	Yes	Yes	Yes	Yes

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE
ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 **1**

Instructions:

- (A.) This form should be filed electronically using the most recent official OHF spreadsheet which is available on the OHF website or may be obtained from your account executive.
- (B.) Please call your OHF Account Executive for any clarifications.
- (C.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow.
- (D.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets").
- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet

(F.) IMPORTANT: Input for the Balance Sheet and Income Statement Sections may be deemed OPTIONAL by HUD for Borrowers that can provide ALL of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.

Description	Entry Label	4th Month YTD	5th Month YTD	6th Month YTD	Do not Use - Start New Spreadsheet YTD
Balance Sheet					
Cash & Temporary Investments					
Gross Patient Receivables					
Allowances for Contractual Deductions and Doubtful Accounts					
Net Accounts Receivable	\$	-	\$	-	\$
All Other Current Assets					
Total Current Assets	\$	-	\$	-	\$
Qualified Liquid Investments					
Hospital Held Non-Liquid Qual. Invest.					
Limited Use or Designated Assets					
Gross Property, Plant & Equipment					
Accumulated Depreciation					
Net Property, Plant & Equipment	\$	-	\$	-	\$
All Other Non-current Assets					
Total Assets	\$	-	\$	-	\$
Accounts Payable					
Accrued Expenses					
Current Portion of LT Debts and Leases					
All Other Current Liabilities					
Total Current Liabilities	\$	-	\$	-	\$
Long Term Debt and Leases					
All Other Long Term Liabilities					
Total Long Term Liabilities	\$	-	\$	-	\$
Total Liabilities	\$	-	\$	-	\$
Net Assets without Donor Restrictions					
Net Assets with Donor Restrictions					
Total Net Assets	\$	-	\$	-	\$
Total Net Assets + Total Liabilities	\$	-	\$	-	\$
Income Statement					
Net Inpatient Revenue (1) (6)					
Net Outpatient Revenue (1) (6)					
Patient Service Rev net of Contr. Allow. & discounts	\$	-	\$	-	\$
Provision for Bad Debts					
Net Patient service Revenue less Provision for Bad Debts	\$	-	\$	-	\$
All Other Operating Revenue					
Total Operating Revenue	\$	-	\$	-	\$
Salaries & Wages					
Physician Salaries & wages					
Employee Benefits					
Contract Physician Fees					
Total Supplies Expense					
Depreciation Expense (incl Lease Amortization)					
Amortization Expense (excl Lease Amortization)					
Interest Expense					
Bad Debt Expense (1)					
All Other Operating Expenses					
Total Operating Expense	\$	-	\$	-	\$
Income from Operations	\$	-	\$	-	\$

All Non-Operating Revenue				
All Non-Operating Expense				
Extraordinary Items & Income Tax Revenue				
Net Income	\$ -	\$ -	\$ -	\$ -
Unrecognized Gains/Losses				
Changes in Restricted Net Assets				
Other Changes in Fund Balance (2)				
Net Increase/Decrease in Fund Balance	\$ -	\$ -	\$ -	\$ -
Mortgage Reserve Fund				
Required MRF Balance				
Actual MRF Balance				
FHA-Insured Mortgage				
Total Unpaid Principal Balance of ALL FHA-Insured Mortgages				
Net Inpatient Revenue (1)	\$ -	\$ -	\$ -	\$ -
Medicare				
Medicaid				
Commercial Insurance				
HMO/Managed Care				
Self Pay				
Other				
Inpatient Utilization				
Total Licensed Beds				
Total Staffed Beds				
Acute Medical/Surgical Service				
Number of Beds				
Discharges				
Patient Days				
Newborn Service				
Number of Beds				
Discharges				
Patient Days				
Other Acute Care Services				
Number of Beds				
Discharges				
Patient Days				
Other Non-Acute Care				
Number of Beds				
Discharges				
Patient Days				
Swing Bed (SNF)				
Discharges				
Patient Days				
Acute Care Only (Excl. Newborn)				
Medicare				
Case Mix Index (3)				
ALOS (5)				
Non-Medicare				
Case Mix Index (3)				
ALOS (5)				
All Patients				
Case Mix Index (3)				
ALOS (5)				
Inpatient Cost per Discharge				
Outpatient Utilization				
Emergency Room Visits				
Observation Visits				
Observation Days				
Ambulatory Surgeries				
Clinic Visits				
Other Outpatient Visits				
Staffing				
Total Full-Time Equivalents (4)				

Rows 135 and 136 ONLY APPLY if required by the Regulatory Agreement

Related Entity Liquid Investments				
Related Entity non-liquid Investments				

Rows 139 through 156 ONLY APPLY to Critical Access Hospitals. All other hospitals skip to row 157

Income Statement				
Tax Revenues (that are included in revenue as reported in the income statement)				

Utilization					
Nursing home occupancy					
Nursing home payor mix					
Medicare					
Medicaid					
Private					
Other					
Observation Days					
Respite Days					
Other Information: see questions below					

Instructions:
 Please Note - - For the questions below:
 If the answer to any question is "NO", then enter "NO" in the yellow area for the appropriate quarter.
 If the answer to any question is "YES", then enter a brief explanation in the yellow area for the appropriate quarter.

- Has the Hospital undertaken any major physical facility changes affecting operations (renovation, relocation, addition or deletion of services)?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Has the Hospital identified any positive or negative trends in service utilization statistics, financial indicators or ratios?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Have there been any significant achievements to the Hospital's Strategic Long Range / Business Plan?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Has there been any change in Board membership or Executive Management?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	
- Is Management aware of any actions or events that could potentially violate HUD's Regulatory Agreement or Covenants? Have actions or events triggered or required waivers or approvals from any financial institutions or other parties for violating financial, negative or reporting covenants?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

The following applies to ALL hospitals

Footnotes:

- (1) Bad Debt Expense may be recorded as a separate line item, depending on FASB/GASB reporting standards.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates.

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
-------------	-----------------	-----------------	-----------------

Balance Sheet				
A18+A19=A20	Yes	Yes	Yes	Yes
A17+A20+A21=A22	Yes	Yes	Yes	Yes
A22+A23+A24+A25+A28+A29=A30	Yes	Yes	Yes	Yes
A32+A33+A34+A35=A36	Yes	Yes	Yes	Yes
A37+A38=A39	Yes	Yes	Yes	Yes
A36+A38=A39	Yes	Yes	Yes	Yes
A41+A42=A43	Yes	Yes	Yes	Yes
A40+A44=A45	Yes	Yes	Yes	Yes
A30=A45	Yes	Yes	Yes	Yes
Income Statement				
A48+A49=A50	Yes	Yes	Yes	Yes
A50+A51+A53=A54	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64+A65=A66	Yes	Yes	Yes	Yes
A67+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A72+A74+A75+A76=A77	Yes	Yes	Yes	Yes
A85+A86+A87+A88+A89+A90=A48	Yes	Yes	Yes	Yes
Various Edit Checks				
A52<=A54	Yes	Yes	Yes	Yes
A54-A66+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64<=A66	Yes	Yes	Yes	Yes
A17+A20+A21<=A22	Yes	Yes	Yes	Yes
A22+A25+A28<=A30	Yes	Yes	Yes	Yes
A30=A40+A41+A42	Yes	Yes	Yes	Yes
A32+A33+A34<=A36	Yes	Yes	Yes	Yes
A36+A37<=A40	Yes	Yes	Yes	Yes
Enter the Total Net assets from Prior Year				
IF(ABS((\$B\$232+C72+C74+C75+C76)-C44)<=100,"Yes","No")	Yes	Yes	Yes	Yes

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 **1**

Instructions:

- (A.) This form should be filed electronically using the most recent official OHF spreadsheet which is available on the OHF website or may be obtained from your account executive.
- (B.) Please call your OHF Account Executive for any clarifications.
- (C.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow.
- (D.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets").
- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet

(F.) IMPORTANT: Input for the Balance Sheet and Income Statement Sections may be deemed OPTIONAL by HUD for Borrowers that can provide ALL of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.

Description	Entry Label	7th Month YTD	8th Month YTD	9th Month YTD	Do not Use - Start New Spreadsheet YTD
Balance Sheet					
Cash & Temporary Investments					
Gross Patient Receivables					
Allowances for Contractual Deductions and Doubtful Accounts					
Net Accounts Receivable		\$ -	\$ -	\$ -	\$ -
All Other Current Assets					
Total Current Assets		\$ -	\$ -	\$ -	\$ -
Qualified Liquid Investments					
Hospital Held Non-Liquid Qual. Invest.					
Limited Use or Designated Assets					
Gross Property, Plant & Equipment					
Accumulated Depreciation					
Net Property, Plant & Equipment		\$ -	\$ -	\$ -	\$ -
All Other Non-current Assets					
Total Assets		\$ -	\$ -	\$ -	\$ -
Accounts Payable					
Accrued Expense					
Current Portion of LT Debts and Leases					
All Other Current Liabilities					
Total Current Liabilities		\$ -	\$ -	\$ -	\$ -
Long Term Debt and Leases					
All Other Long Term Liabilities					
Total Long Term Liabilities		\$ -	\$ -	\$ -	\$ -
Total Liabilities		\$ -	\$ -	\$ -	\$ -
Net Assets without Donor Restrictions					
Net Assets with Donor Restrictions					
Total Net Assets		\$ -	\$ -	\$ -	\$ -
Total Net Assets + Total Liabilities		\$ -	\$ -	\$ -	\$ -
Income Statement					
Net Inpatient Revenue (1) (6)					
Net Outpatient Revenue (1) (6)					
Patient Service Rev net of Contr. Allow. & discounts		\$ -	\$ -	\$ -	\$ -
Provision for Bad Debts					
Net Patient service Revenue less Provision for Bad Debts		\$ -	\$ -	\$ -	\$ -
All Other Operating Revenue					
Total Operating Revenue		\$ -	\$ -	\$ -	\$ -
Salaries & Wages					
Physician Salaries & wages					
Employee Benefits					
Contract Physician Fees					
Total Supplies Expense					
Depreciation Expense (incl Lease Amortization)					
Amortization Expense (excl Lease Amortization)					
Interest Expense					
Bad Debt Expense (1)					
All Other Operating Expenses					
Total Operating Expense		\$ -	\$ -	\$ -	\$ -
Income from Operations		\$ -	\$ -	\$ -	\$ -

All Non-Operating Revenue				
All Non-Operating Expense				
Extraordinary Items & Income Tax Revenue				
Net Income	\$ -	\$ -	\$ -	\$ -
Unrecognized Gains/Losses				
Changes in Restricted Net Assets				
Other Changes in Fund Balance (2)				
Net Increase/Decrease in Fund Balance	\$ -	\$ -	\$ -	\$ -
Mortgage Reserve Fund				
Required MRF Balance				
Actual MRF Balance				
FHA-Insured Mortgage				
Total Unpaid Principal Balance of ALL FHA-Insured Mortgages				
Net Inpatient Revenue (1)	\$ -	\$ -	\$ -	\$ -
Medicare				
Medicaid				
Commercial Insurance				
HMO/Managed Care				
Self Pay				
Other				
Inpatient Utilization				
Total Licensed Beds				
Total Staffed Beds				
Acute Medical/Surgical Service				
Number of Beds				
Discharges				
Patient Days				
Newborn Service				
Number of Beds				
Discharges				
Patient Days				
Other Acute Care Services				
Number of Beds				
Discharges				
Patient Days				
Other Non-Acute Care				
Number of Beds				
Discharges				
Patient Days				
Swing Bed (SNF)				
Discharges				
Patient Days				
Acute Care Only (Excl. Newborn)				
Medicare				
Case Mix Index (3)				
ALOS (5)				
Non-Medicare				
Case Mix Index (3)				
ALOS (5)				
All Patients				
Case Mix Index (3)				
ALOS (5)				
Inpatient Cost per Discharge				
Outpatient Utilization				
Emergency Room Visits				
Observation Visits				
Observation Days				
Ambulatory Surgeries				
Clinic Visits				
Other Outpatient Visits				
Staffing				
Total Full-Time Equivalents (4)				

Rows 135 and 136 ONLY APPLY if required by the Regulatory Agreement

Related Entity Liquid Investments				
Related Entity non-liquid Investments				

Rows 139 through 156 ONLY APPLY to Critical Access Hospitals. All other hospitals skip to row 157

Income Statement				
Tax Revenues (that are included in revenue as reported in the income statement)				

Utilization					
Nursing home occupancy					
Nursing home payor mix					
Medicare					
Medicaid					
Private					
Other					
Observation Days					
Respite Days					
Other Information: see questions below					

Instructions:

Please Note - - For the questions below:

If the answer to any question is "NO", then enter "NO" in the yellow area for the appropriate quarter.

If the answer to any question is "YES", then enter a brief explanation in the yellow area for the appropriate quarter.

1. Has the Hospital undertaken any major physical facility changes affecting operations (renovation, relocation, addition or deletion of services)?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

2. Has the Hospital identified any positive or negative trends in service utilization statistics, financial indicators or ratios?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

3. Have there been any significant achievements to the Hospital's Strategic Long Range / Business Plan?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

4. Has there been any change in Board membership or Executive Management?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

5. Is Management aware of any actions or events that could potentially violate HUD's Regulatory Agreement or Covenants? Have actions or events triggered or required waivers or approvals from any financial institutions or other parties for violating financial, negative or reporting covenants?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

The following applies to ALL hospitals

Footnotes:

- (1) Bad Debt Expense may be recorded as a separate line item, depending on FASB/GASB reporting standards.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates.

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
Balance Sheet				
A18+A19=A20	Yes	Yes	Yes	Yes
A17+A20+A21=A22	Yes	Yes	Yes	Yes
A22+A23+A24+A25+A28+A29=A30	Yes	Yes	Yes	Yes
A32+A33+A34+A35=A36	Yes	Yes	Yes	Yes
A37+A38=A39	Yes	Yes	Yes	Yes
A36+A38=A39	Yes	Yes	Yes	Yes
A41+A42=A43	Yes	Yes	Yes	Yes
A40+A44=A45	Yes	Yes	Yes	Yes
A30=A45	Yes	Yes	Yes	Yes
Income Statement				
A48+A49=A50	Yes	Yes	Yes	Yes
A50+A51+A53=A54	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64+A65=A66	Yes	Yes	Yes	Yes
A67+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A72+A74+A75+A76=A77	Yes	Yes	Yes	Yes
A85+A86+A87+A88+A89+A90=A48	Yes	Yes	Yes	Yes
Various Edit Checks				
A52<=A54	Yes	Yes	Yes	Yes
A54-A66+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64<=A66	Yes	Yes	Yes	Yes
A17+A20+A21<=A22	Yes	Yes	Yes	Yes
A22+A25+A28<=A30	Yes	Yes	Yes	Yes
A30=A40+A41+A42	Yes	Yes	Yes	Yes
A32+A33+A34<=A36	Yes	Yes	Yes	Yes
A36+A37<=A40	Yes	Yes	Yes	Yes
Enter the Total Net assets from Prior Year				
IF(ABS((\$B\$232+C72+C74+C75+C76)-C44)<=100,"Yes","No")	Yes	Yes	Yes	Yes

Section 242 Mortgage Insurance for Hospitals Program FINANCIAL AND STATISTICAL DATA FOR HUD REPORTING

ENTER FYE HERE

ENTER HOSPITAL NAME HERE

If **monthly** reporting is required enter 1, if **quarterly** enter 2 **→** **1**

Instructions:

- (A.) This form should be filed electronically using the most recent official OHF spreadsheet which is available on the OHF website or may be obtained from your account executive.
- (B.) Please call your OHF Account Executive for any clarifications.
- (C.) For the FY quarter that you are completing, a value must be entered for all cells highlighted in yellow.
- (D.) All line items in your financials must be summarized on this worksheet (e.g., if you have a current asset on your balance sheet and there is no specific line on this worksheet for it, then it should be included in "All Other Current Assets").
- (E.) Footnotes, which provide an explanation of some lines, are located at bottom of sheet
- (F.) IMPORTANT: Input for the Balance Sheet and Income Statement Sections may be deemed OPTIONAL by HUD for Borrowers that can provide ALL of the following datapoints via internally prepared submissions (i.e. direct output from the Borrower's financial system). Please discuss with your Account Executive.**

Description	Entry Label	10th Month YTD	11th Month YTD	12th Month YTD	Do not Use - Start New Spreadsheet YTD
Balance Sheet					
Cash & Temporary Investments					
Gross Patient Receivables					
Allowances for Contractual Deductions and Doubtful Accounts					
Net Accounts Receivable		\$ -	\$ -	\$ -	\$ -
All Other Current Assets					
Total Current Assets		\$ -	\$ -	\$ -	\$ -
Qualified Liquid Investments					
Hospital Held Non-Liquid Qual. Invest.					
Limited Use or Designated Assets					
Gross Property, Plant & Equipment					
Accumulated Depreciation					
Net Property, Plant & Equipment		\$ -	\$ -	\$ -	\$ -
All Other Non-current Assets					
Total Assets		\$ -	\$ -	\$ -	\$ -
Accounts Payable					
Accrued Expenses					
Current Portion of LT Debts and Leases					
All Other Current Liabilities					
Total Current Liabilities		\$ -	\$ -	\$ -	\$ -
Long Term Debt and Leases					
All Other Long Term Liabilities					
Total Long Term Liabilities		\$ -	\$ -	\$ -	\$ -
Total Liabilities		\$ -	\$ -	\$ -	\$ -
Net Assets without Donor Restrictions					
Net Assets with Donor Restrictions					
Total Net Assets		\$ -	\$ -	\$ -	\$ -
Total Net Assets + Total Liabilities		\$ -	\$ -	\$ -	\$ -
Income Statement					
Net Inpatient Revenue (1) (6)					
Net Outpatient Revenue (1) (6)					
Patient Service Rev net of Contr. Allow. & discounts		\$ -	\$ -	\$ -	\$ -
Provision for Bad Debts					
Net Patient service Revenue less Provision for Bad Debts		\$ -	\$ -	\$ -	\$ -
All Other Operating Revenue					
Total Operating Revenue		\$ -	\$ -	\$ -	\$ -
Salaries & Wages					
Physician Salaries & wages					
Employee Benefits					
Contract Physician Fees					
Total Supplies Expense					
Depreciation Expense (incl Lease Amortization)					
Amortization Expense (excl Lease Amortization)					
Interest Expense					
Bad Debt Expense (1)					
All Other Operating Expenses					
Total Operating Expense		\$ -	\$ -	\$ -	\$ -
Income from Operations		\$ -	\$ -	\$ -	\$ -

All Non-Operating Revenue				
All Non-Operating Expense				
Extraordinary Items & Income Tax Revenue				
Net Income	\$ -	\$ -	\$ -	\$ -
Unrecognized Gains/Losses				
Changes in Restricted Net Assets				
Other Changes in Fund Balance (2)				
Net Increase/Decrease in Fund Balance	\$ -	\$ -	\$ -	\$ -
Mortgage Reserve Fund				
Required MRF Balance				
Actual MRF Balance				
FHA-Insured Mortgage				
Total Unpaid Principal Balance of ALL FHA-Insured Mortgages				
Net Inpatient Revenue (1)	\$ -	\$ -	\$ -	\$ -
Medicare				
Medicaid				
Commercial Insurance				
HMO/Managed Care				
Self Pay				
Other				
Inpatient Utilization				
Total Licensed Beds				
Total Staffed Beds				
Acute Medical/Surgical Service				
Number of Beds				
Discharges				
Patient Days				
Newborn Service				
Number of Beds				
Discharges				
Patient Days				
Other Acute Care Services				
Number of Beds				
Discharges				
Patient Days				
Other Non-Acute Care				
Number of Beds				
Discharges				
Patient Days				
Swing Bed (SNF)				
Discharges				
Patient Days				
Acute Care Only (Excl. Newborn)				
Medicare				
Case Mix Index (3)				
ALOS (5)				
Non-Medicare				
Case Mix Index (3)				
ALOS (5)				
All Patients				
Case Mix Index (3)				
ALOS (5)				
Inpatient Cost per Discharge				
Outpatient Utilization				
Emergency Room Visits				
Observation Visits				
Observation Days				
Ambulatory Surgeries				
Clinic Visits				
Other Outpatient Visits				
Staffing				
Total Full-Time Equivalents (4)				

Rows 135 and 136 ONLY APPLY if required by the Regulatory Agreement

Related Entity Liquid Investments				
Related Entity non-liquid Investments				

Rows 139 through 156 ONLY APPLY to Critical Access Hospitals. All other hospitals skip to row 157

Income Statement				
Tax Revenues (that are included in revenue as reported in the income statement)				

Utilization					
Nursing home occupancy					
Nursing home payor mix					
Medicare					
Medicaid					
Private					
Other					
Observation Days					
Respite Days					
Other Information: see questions below					

Instructions:

Please Note - For the questions below:

If the answer to any question is "NO", then enter "NO" in the yellow area for the appropriate quarter.

If the answer to any question is "YES", then enter a brief explanation in the yellow area for the appropriate quarter.

1. Has the Hospital undertaken any major physical facility changes affecting operations (renovation, relocation, addition or deletion of services)?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

2. Has the Hospital identified any positive or negative trends in service utilization statistics, financial indicators or ratios?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

3. Have there been any significant achievements to the Hospital's Strategic Long Range / Business Plan?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

4. Has there been any change in Board membership or Executive Management?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

5. Is Management aware of any actions or events that could potentially violate HUD's Regulatory Agreement or Covenants? Have actions or events triggered or required waivers or approvals from any financial institutions or other parties for violating financial, negative or reporting covenants?

1st Quarter	
2nd Quarter	
3rd Quarter	
4th Quarter	

The following applies to ALL hospitals

Footnotes:

- (1) Bad Debt Expense may be recorded as a separate line item, depending on FASB/GASB reporting standards.
- (2) Please provide an explanation for any "Other Changes in Fund Balance".
- (3) Please enter using only 2 decimal points
- (4) Please enter using only a whole number
- (5) Please enter using only 1 decimal point
- (6) These are estimates.

Edit Checks	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?	Edit Satisfied?
Balance Sheet				
A18+A19=A20	Yes	Yes	Yes	Yes
A17+A20+A21=A22	Yes	Yes	Yes	Yes
A22+A23+A24+A25+A28+A29=A30	Yes	Yes	Yes	Yes
A32+A33+A34+A35=A36	Yes	Yes	Yes	Yes
A37+A38=A39	Yes	Yes	Yes	Yes
A36+A38=A39	Yes	Yes	Yes	Yes
A41+A42=A43	Yes	Yes	Yes	Yes
A40+A44=A45	Yes	Yes	Yes	Yes
A30=A45	Yes	Yes	Yes	Yes
Income Statement				
A48+A49=A50	Yes	Yes	Yes	Yes
A50+A51+A53=A54	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64+A65=A66	Yes	Yes	Yes	Yes
A67+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A72+A74+A75+A76=A77	Yes	Yes	Yes	Yes
A85+A86+A87+A88+A89+A90=A48	Yes	Yes	Yes	Yes
Various Edit Checks				
A52<=A54	Yes	Yes	Yes	Yes
A54-A66+A69+A70+A71=A72	Yes	Yes	Yes	Yes
A56+A57+A58+A59+A60+A61+A62+A63+A64<=A66	Yes	Yes	Yes	Yes
A17+A20+A21<=A22	Yes	Yes	Yes	Yes
A22+A25+A28<=A30	Yes	Yes	Yes	Yes
A30=A40+A41+A42	Yes	Yes	Yes	Yes
A32+A33+A34<=A36	Yes	Yes	Yes	Yes
A36+A37<=A40	Yes	Yes	Yes	Yes
Enter the Total Net assets from Prior Year				
IF(ABS((\$B\$232+C72+C74+C75+C76)-C44)<=100,"Yes","No")	Yes	Yes	Yes	Yes