	THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)). FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE THE BEGINNING OF THE COST REPORTING PERIOD BEING DEEMED OVERPAYMENTS (42 USC 1395g).								
НОМ	E OFFICE COST STATEMENT STATUS AND CERTIFICATION	HOME OFFICE NUMBER:	PERIOD: FROM:TO:	SCHEDULE S					
PART	`I - COST STATEMENT STATUS		ļ						
1	Amended cost statement				1				
2	Amendment number				2				
3	Date received				3				
4	First cost statement for this home office number				4				
5	Last cost statement for this home office number				5				
6	Cost statement status				6				
7	Reopening number				7				
8	Date of Finalization of Home Office Cost Statement				8				
9	Contractor number				9				
10	ADR software vendor code				10				
D. D. D. T.	THE CEPTURE LETION								

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

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

	SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR	CHECKBOX	ELECTRONIC	
	1	2	SIGNATURE STATEMENT	
1			I HAVE READ AND AGREE WITH THE ABOVE CERTIFICATION STATEMENT. I CERTIFY THAT I INTEND MY ELECTRONIC SIGNATURE ON THIS CERTIFICATION TO BE THE LEGALLY BINDING EQUIVALENT OF MY ORIGINAL SIGNATURE.	1
2	Signatory Printed Name			2
3	Signatory Title			3
4	Signature Date			4

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0202. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED TO AVERAGE 466 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS. SEARCH EXISTING DATA RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORTS CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MD, 21244-1850. PLEASE DO NOT SEND APPLICATIONS, CLAIMS, PAYMENTS, MEDICAL RECORDS, OR ANY OTHER DOCUMENTS CONTAINING SENSITIVE INFORMATION TO THE PRA REPORTS CLEARANCE OFFICE. PLEASE NOTE THAT ANY CORRESPONDENSE NOT PERTAINING TO THE INFORMATION COLLECTION BURDEN APPROVED UNDER THE ASSOCIATED OMB CONTROL NUMBER LISTED ON THIS FORM WILL NOT BE REVIEWED, FORWARDED, OR RETAINED. IF YOU HAVE QUESTIONS OR CONCERNS REGARDING WHERE TO SUBMIT YOUR DOCUMENTS, CONTACT 1-800-MEDICARE.

								NUMBER:	FROM:			
									TO:			
PART	I - HOME OFFICE DATA											
		STREET ADDRESS I	LINE 1	S'	TREET ADDRESS LINE 2		P O BOX	CITY		STATE	ZIP	
		1			2		3	4		5	6	
1	HO/CO Location											1
							OME OFFICE	DATE OPERATIONS		RTING PER		
			HOME OFFICE	NAME			NUMBER	BEGAN	BEGINNING DA	TE EN	IDING DATE	
			1				2	3	4		5	
2	HO/CO Information											2
	<u> </u>	TYPE OF CONTROL		DESCRIP	TION							
	770/00 0	1		2								
3	HO/CO Control											3
					T	ı		PEGONOM E TO				
		DDED A DED DV CD A	A / C /	' D	CLIDMITTED	DAT	CE AMAII ADI E	RECONCILE TO				
	<b> -</b>	PREPARED BY CPA	A / C / 2	K	SUBMITTED 3	DAI	TE AVAILABLE 4	COST STATEMENT 5				
	Financial Statements	I			3		4	3				4
4	Financial Statements											4
		FIRST NAME	LAST NA	AME	TITLE	TELEP	PHONE NUMBER	EMAIL A	DDRESS	F	EMPLOYER	T
	<b> </b>	1	2	WIL	3	ILLLI	4	5			6	-
5	Contact Information	·					· · · · · · · · · · · · · · · · · · ·					5
								L				
PART	II - KEY OFFICER DATA											
	POSITION / JOB TITLE	KEY OFF	FICER NAME									
	1		2									
1	President											1
2	Vice President											2
3												3
4												2 3 4
5												5
6												6 7
7												7
8												8
9												
10 11												10 11
12												12
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18												18
19												19
20												20

								I TOM	DEIC.			
										TO:		
PART	I - HEALTHCARE PROVIDER COMP	ONENTS										
				REPORTING PE	ERIOD ENDING		DATE SOLD /	MEDICAID	MEDICARE	MEDICARE	MEDICAID	
			OWNED OR	DURING HO	FISCAL YEAR	DATE	CLOSED /	PARTICI-	REIMBURSE-	CONTRACTOR	CONTRACTOR	
	COMPONENT NAME	CCN	MANAGED	BEGINNING	ENDING	ACQUIRED	CEASE OPER	PATION	MENT TYPE	NUMBER	NAME	
	1	2	3	4	5	6	7	8	9	10	11	
1												1
2												2
3												3
4												4
5												5
50											<u> </u>	50
DADE	THE MODELLE AND COMPONENTS	TO.										
PARI	II - NON-HEALTHCARE COMPONEN	18		A CCOLINITING E	PERIOD ENDING		DATE			1		1
				DURING HO		DATE	SOLD /					
	COMPONENT NAME			BEGINNING	ENDING	ACQUIRED	CLOSED					
	COMPONENT NAME	2	3	4	5	6	7	8	9	10	11	-
1	1	2	,	7	3	0	/	8	,	10	11	1
2												2
3												3
4												4
5												5
50												50
PART	III - REGION / DIVISION COMPONEN	NTS										
									COSTS	SEPARATE		
									INCLUDED	COST	REGION /	
	COMPONENTALLE	REGIONAL				N / DIVISION LO	CATION	CT + TT	IN THIS COST		DIVISION	
	COMPONENT NAME	HO NUMBER			CI			STATE	STATEMENT		CONTRACTOR	4
1	1	2	3			1		5	6	7	8	1
2												1 2
3												3
4										1		4
- 5										1		5
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		1							+	+	<del>                                     </del>	
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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES	HOME OFFICE	PERIOD:	SCHEDULE A
	NUMBER:	FROM:	
		TO:	
		10	

						·				
		EXPENSES					DIRECT	FUNCTIONAL		
		PER		RECLASSIFIED		NET		ALLOCATIONS		
		HOME OFFICE	RECLASS-	TRIAL		ALLOWABLE	TO	TO	POOLED	
		BOOKS	IFICATIONS	BALANCE	ADJUSTMENTS	EXPENSES	COMPONENTS	COMPONENTS	ALLOCATIONS	
	DESCRIPTION	1	2	3	4	5	6	7	8	
	CAPITAL RELATED COST CENTERS									
1	CRC-B&F									1
2	CRC-ME									2
3	Subtotal CRC									3
	OTHER CAPITAL RELATED COST CENTERS									
	instrume Tremains State Cite									4
	Taxes & Licenses - Other CRC									5
	All Other Capital Related Costs									6
7	Subtotal Other CRC									7
	NON - CAPITAL COST CENTERS									
	Salaries of Officers									8
	Salaries & Wages of Others									9
	Payroll Taxes									10
	Employee Benefits - Payroll Related									11
	Employee Benefits - Non-Pay Related									12
	Profit Sharing/Pension Plans									13
	Legal Fees									14
	Auditing and Accounting Fees									15
	Utilities									16
	Communications									17
	Travel & Entertainment									18
	Transportation									19
	Cleaning, Office & Admin Supplies									20
	Minor Equipment									21
	Repairs & Maintenance									22
	Dues & Subscriptions									23
	Contributions									24
	Insurance Premiums - Non-Capital									25
	Taxes & Licenses - Non-Capital									26
										27
28	Interest Income									28
29										29
30										30
									-	
99	Subtotal Non-capital Cost									99
100	Total									100

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

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

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

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

	Т		SCHEDULE A COST CI	ENTER	
DESCRIPTION OF ADJUSTMENT	BASIS	AMOUNT	DESCRIPTION	LINE #	1
1	2	3	4	5	1
Federal, state income tax, franchise tax, and related interest and penalties on late payments (CMS Pub. 15-1, chapter 21, §2122.2)					1
2 Stockholders servicing costs (CMS Pub. 15-1, chapter 21, §2134.9)					2
3 Acquisition expenses (CMS Pub. 15-1, chapter 21, \$2134.11)					
4 Bad debts (CMS Pub. 15-1, chapter 3, §300)					4
5 Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub. 15-1, chapter 21, §2130)					
6 Annual stockholder meeting expenses (CMS Pub. 15-1, chapter 21, §2134.9)					(
7 Non-healthcare projects (CMS Pub. 15-1, chapter 21, §2102.3)					,
8 Non-competition agreement expenses (CMS Pub. 15-1, chapter 21, §2105.1)					
9 Fund-raising expenses (CMS Pub. 15-1, chapter 21, §2136.2)					9
10 Rebates/refunds on expenses (CMS Pub. 15-1, chapter 8, §804)					10
11 Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, chapter 10, §1011.5)					1
12 Related organizations (CMS Pub. 15-1, chapter 10, §1000)	Sch. A-8-1				12
13 Value of services of non-paid workers (CMS Pub. 15-1, chapter 7, §700)					13
14 Interest on loans between home office and components (CMS Pub. 15-1, chapter 21, §2150.2C)					14
15 Costs of corporate acquisitions of capital stocks and acquisition & development department (CMS Pub. 15-1, chapter 21, §2150.2B)					1.5
16 Interest on loans paid to owners/partners (CMS Pub. 15-1, chapter 2, §218)					10
17 Abandoned construction in progress cost (CMS Pub. 15-1, chapter 21, §2155)					17
18					18
19					19
20					20
21					2
22					22
23					2:
24					2
25					2:
26					20
27					2'
28					28
29					29
30					30
	1				
	1			1	
	1				
	1			1	
100 Total					100

COST	S OF SERVIO	CES FROM RELATED ORGANI	ZATIONS AND/OR HOME OFFICE/CHAIN C	DRGANIZATIONS				OME OFFICE JMBER:	PERIOD: FROM: TO:	SCHEDULE .	A-8-1
PART	I - ADJUST	MENTS REQUIRED AS A RESI	JLT OF TRANSACTIONS WITH RELATED OF	RGANIZATIONS A	ND / OR HOME OFFI	CE/CHAIN O	RGANIZ	ZATIONS	·		
		EDULE A COST CENTER	or mandiference with Register of		ind a remine of the	SCH A-8-1 PART II	A	MOUNT LOWABLE	AMOUNT INCLUDED IN	NET	
ŀ	LINE #	DESCRIPTION	EXPENSE ITEM DESC	CRIPTION		LINE #		N COST	SCH. A, COL. 3	ADJUSTMENT	
ŀ	1	2	3	orth 11011		4	-	5	6	7	
1								-	·		1
2											2
3											3
4											
5											4
6											(
7											7
8											8
9											9
10											10
		+				$\vdash$					
100	TOTAL										100
100	TOTAL										100
PART	II - INTERR	RELATIONSHIP OF HOME OFFI	CE / CHAIN ORGANIZATION TO RELATED O	RGANIZATIONS							
	INTERRELA-				REL	ATED					
	TIONSHIP	DESCRIPTION	NAME OF	PERCENTAGE		IZATION		PERCENTA	GE	TYPE OF	
	SYMBOL	(IF SCH A-8-1, PART II, COL. 1 =	G) RELATED INDIVIDUAL	OWNERSHIP		ME		OWNERSH	IIP I	BUSINESS	
1	1	2	3	4		5		6		7	
1											1
2											2
3											3
4						<u> </u>					4
5											5
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7											7
8											8
9											9
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						NUMBER:	FROM:		
							TO:		
PART	I - HEALTHCARE PROVIDER COMPONENTS								
			CAPITAL	RELATED	OT	HER CAPITAL RELA	ΓED		
		Ī			INSURANCE	TAXES &	ALL OTHER	1	
			CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
			B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME	CCN	1	2	4	5	6	7	
1							·		1
2									2
3									3
4									4
5									5
50									50
	Total								51
	1000								7.
PART	II - NON-HEALTHCARE COMPONENTS								
171111	TOTAL TERMETHORISE COMMONENTS		CAPITAL	RELATED	ОТ	HER CAPITAL RELA	TED		
		F	CH IIIL	RELITIED	INSURANCE	TAXES &	ALL OTHER		
			CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL		
			B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
	COMPONENT NAME	F	1	2	4	5	6	7	_
1			1	2	7	3	0		1
2									2
3									3
4									4
5					+				5
3									3
50									50
50									50
31	Total								51
DADT	THE RECION / DRIEGON COMPONENTS								
PAKI	III - REGION / DIVISION COMPONENTS	•	CARTA	DEL LEED	0.77	HED CLOUTLE DELL	TED		
		ŀ	CAPITAL	RELATED	DIGUDANCE.	HER CAPITAL RELAT			
		FGYONA	CD C	CD C	INSURANCE	TAXES &	ALL OTHER		
	l R	REGIONAL	CRC-	CRC-	PREMIUMS-	LICENSES-	CAPITAL	momit	
		НО	B&F	ME	OTHER CRC	OTHER CRC	REL COSTS	TOTAL	
		NUMBER	1	2	4	5	6	7	
1									1
2									2
3									3
4									4
5									5
50									50
	Total								51
52	Grand Total								52

DIRE	CT ALLOCATION OF NON-CAPITAL	RELATED CO	OSTS							HOME (		PERIOD: FROM: TO:		SCHEDULE B-1, PART I	
PART	ΓΙ- HEALTHCARE PROVIDER COMP	ONENTS													_
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL	L	
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	R- TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	1
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51
			CLEANING,		REPAIRS &			INSURANCE							
			OFFICE &	MINOR		SUBSCRIP-		PREMIUMS-		INTEREST	INTEREST				
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28		<b></b>	99	<u> </u>
1			1										<b></b>		1
2															2
3													<b>├</b>		3
4													<b>├</b>		5
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	Total		_			1							<del>├</del>	+	51
91															

DIRE	CT ALLOCATION OF NON-CAPITAL I	RELATED CO	STS							HOME (		PERIOD: FROM:		SCHEDULE B-1, PART II	
												TO:			
PART	II - NON-HEALTHCARE COMPONENT	ΓS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL	Ĺ	
			OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			
			OFFICERS	OF OTHERS	TAXES	RELATED		SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	1
1															1
2															2
3															3
4															4
5															5
														-	<b>†</b>
50															50
	Total													-	51
		I	CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &		I	I		$\neg$	
			OFFICE &	MINOR	MAINTEN-		CONTRI-	PREMIUMS-		INTEREST	INTEREST		ĺ		
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME		ĺ	TOTAL	
	COMPONENT NAME		20	21	22	23	24	25	26	27	28			99	1
1															1
2															2
3															3
4															4
5															5
														1	
														<u> </u>	
50														<u> </u>	50
	Total														51

DIRE	CT ALLOCATION OF NON-CAPITAL I	RELATED CO	STS							HOME ON NUMBER		PERIOD: FROM:		SCHEDULE B-1, PART III	
												TO:			
												•			
PART	'III - REGION / DIVISION COMPONEN	NTS													
			SALARIES			EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		l
		REGIONAL	OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			l
		НО	OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	l
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51
52	Grand Total														52
		•	=	=	=			-	<u>-                                    </u>		<u>-</u>	•			
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
		REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				l
		НО	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	l
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	ĺ
1															1
2															2
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4															4
5															5
			1	1	ì										
50															50
51	Total													$\overline{}$	51
52	Grand Total														52

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

FUNC	CTIONAL ALLOCATION OF CAPITAL RELATED COSTS - STAT	TISTICS	HOME OFFICE	PERIOD:	SCHEDULE C-1
			NUMBER:	FROM:	
				TO:	
PART	Γ I - HEALTHCARE PROVIDER COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
			FEET)	VALUE)	
	COMPONENT NAME	CCN	(1)	(2)	
1	COMPONENT NAME	CCN	1	Δ	1
2					2
3					3
4					4
5					5
50					50
51	Total				51
PART	Γ II - NON-HEALTHCARE COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
			FEET)	VALUE)	
	COLOROVENENTALANTE		(1)	(2)	
	COMPONENT NAME		1	2	1
2					1 2
3					3
4					4
5					5
50					50
51	Total				51
PART	Γ III - REGION / DIVISION COMPONENTS				
			CRC-	CRC-	
			B&F	ME	
			(SQUARE	(DOLLAR	
		REGIONAL	FEET)	VALUE)	
		НО	(1)	(2)	
	COMPONENT NAME	NUMBER	1	2	
2			-		1 2
3					3
4					4
5					5
50					50
50	Total				50 51
	Grand Total				52
	Cost to be allocated				53
	UCM				54

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL RELATE	ED COSTS							HOME ON NUMBER		PERIOD: FROM:		SCHEDULE D, PART I	
												TO:			
PART	I - HEALTHCARE PROVIDER COMP	ONENTS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEI	_	
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER	R- TRANS-	
			OFFICERS	OF OTHERS	TAXES	RELATED	RELATED	SION PLANS	FEES	ING FEES	UTILITIES	CATIONS	TAINMEN	NT PORTATON	
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
4															4
5															5
50															50
51	Total														51
			CLEANING,		REPAIRS &			INSURANCE							
			OFFICE &	MINOR		SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	
1															1
2															2
3															3
4															4
5															5
50									-						50
51	Total														51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS								HOME (		PERIOD: FROM:		CHEDULE D, ART II	
												TO:			
DADT	II - NON-HEALTHCARE COMPONENT	re													
PAKI	II - NON-HEALTHCARE COMPONENT	ı	CALABIEC	CALABIEC	1	EMD DEN	EMD DEM	PROFIT	1	ALIDIT /	ı		TD AXIEL		
			SALARIES		DAMBOLI	EMP BEN-	EMP BEN-	PROFIT	IFCAI	AUDIT /		COMMENT	TRAVEL		İ
			OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			İ
				OF OTHERS		RELATED		SION PLANS		ING FEES				T PORTATON	
	COMPONENT NAME		8	9	10	11	12	13	14	15	16	17	18	19	
1													L		1
2													L		2
3													<u> </u>		3
4													<u> </u>		4
5															5
50															50
51	Total											1			51
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
			OFFICE &	MINOR		SUBSCRIP-	CONTRI-	PREMIUMS-		INTEREST	INTEREST				İ
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	İ
	COMPONENT NAME		20	21	22	23	24	25	26	27	28	<del>                                     </del>	<del> </del>	99	1
1	COM ONE WINE		20	21	- 22	23		23	20	27	20		<del></del>		1
2													<del></del>	+	2
3													<del></del>	+	3
4												<del> </del>	<b>├</b> ──		4
	1												——		
5												<b>├</b>	—		5
												<b></b>	<b>├</b>		—
												<u> </u>	<u> </u>		Щ.
50												<u> </u>	Ь——		50
51	Total								i l		I	1	1		51

FUNC	CTIONAL ALLOCATION OF NON-CAP	TAL COSTS								HOME ON NUMBER		PERIOD: FROM:		CHEDULE D, ART III	
												TO:			
PART	PART III - REGION / DIVISION COM	PONENTS									-				
			SALARIES			EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		ı
		REGIONAL	OF	& WAGES	PAYROLL	PAYROLL		SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-	& ENTER-		ı
		НО	OFFICERS	OF OTHERS		RELATED		SION PLANS		ING FEES	UTILITIES	CATIONS		Γ PORTATON	ı
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	
1													<u> </u>		1
2															2
3													<u> </u>		3
4															4
5															5
50															50
51	Total														51
52	Grand Total														52
		-	•	=	=	-		-				•			
			CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &						
		REGIONAL	OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				ı
		НО	ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME			TOTAL	ı
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	ı
1															1
2															2
3															3
4															4
5															5
														1	
		İ												1	
50		İ													50
	Total														51
52	Grand Total													<del>1 1</del>	52

FUNC	CTIONAL ALLOCATION OF NON-CAPIT	TAL RELATE	ED COSTS - S	STATISTICS						HOME ON NUMBER		PERIOD: FROM: TO:		CHEDULE D-1, ART I	
PART	I - HEALTHCARE PROVIDER COMPO	ONENTS													
			SALARIES OF OFFICERS (ENTER BASIS)	SALARIES & WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)		PROFIT SHAR/PEN- SION PLANS (ENTER BASIS)	LEGAL FEES (ENTER BASIS)	AUDIT / ACCOUNT- ING FEES (ENTER BASIS)	UTILITIES (ENTER BASIS)	COMMUNI- CATIONS (ENTER BASIS)			
	COMPONENT NAME	CCN	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
3														+	2
4														+	4
5														+	5
														1	
														1	
50															50
51	Total														51
			CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	REPAIRS & MAINTEN- ANCE (ENTER BASIS)	DUES & SUBSCRIP- TIONS (ENTER BASIS)	CONTRI- BUTIONS (ENTER BASIS)	INSURANCE PREMIUMS- NON-CAP (ENTER BASIS)	TAXES & LICENSES- NON-CAP (ENTER BASIS)	INTEREST EXPENSE (ENTER BASIS)	INTEREST INCOME (ENTER BASIS)				I
	COMPONENT NAME	CCN	20	21	22	23	24	25	26	27	28			99	
1															1
2															2
3		ļ													3
5															5
3															
		<b> </b>													
50															50
51	Total														51

FUNC	CTIONAL ALLOCATION OF NON-CAPI	TAL COSTS	- STATISTICS	S						HOME ON NUMBER		PERIOD: FROM:		CHEDULE D-1, ART II	
DART	Γ II - NON-HEALTHCARE COMPONENT	TS													
TAKI	COMPONENT NAME		SALARIES OF OFFICERS (ENTER BASIS) 8	SALARIES & WAGES OF OTHERS (ENTER BASIS)	PAYROLL TAXES (ENTER BASIS)	EMP BEN- PAYROLL RELATED (ENTER BASIS)		PROFIT SHAR/PEN- SION PLANS (ENTER BASIS)	LEGAL FEES (ENTER BASIS)	AUDIT / ACCOUNT- ING FEES (ENTER BASIS)	UTILITIES (ENTER BASIS) 16	COMMUNI- CATIONS (ENTER BASIS)		- TRANS- T PORTATON	
1															1
2															2
3															3
4															4
5															5
													<u> </u>		
50													<u> </u>		50
51	Total												<u> </u>		51
					r										
	COMPONENT NAME		CLEANING, OFFICE & ADMIN SUP (ENTER BASIS)	MINOR EQUIP (ENTER BASIS)	REPAIRS & MAINTEN- ANCE (ENTER BASIS) 22	DUES & SUBSCRIP- TIONS (ENTER BASIS)	CONTRI- BUTIONS (ENTER BASIS)	INSURANCE PREMIUMS- NON-CAP (ENTER BASIS)	TAXES & LICENSES- NON-CAP (ENTER BASIS)	INTEREST EXPENSE (ENTER BASIS)	INTEREST INCOME (ENTER BASIS)			99	
1															1
2															2
3															3
4															4
5															5
													<b>└</b>		<u> </u>
50													<b>└</b>		50
51	Total					1	ĺ						1		51

FUNC	TIONAL ALLOCATION OF NON-CAPI	TAL COSTS -	- STATISTICS	i						NUMBE		PERIOD: FROM:		CHEDULE D-1, ART III	,
												-			
												TO:			
PART	'III - REGION / DIVISION COMPONEN	ITS													
			SALARIES	SALARIES		EMP BEN-	EMP BEN-	PROFIT		AUDIT /			TRAVEL		
			OF	& WAGES	PAYROLL	PAYROLL	NON-PAY	SHAR/PEN-	LEGAL	ACCOUNT-		COMMUNI-			
			OFFICERS			RELATED		SION PLANS		ING FEES	UTILITIES	CATIONS		T PORTATON	
		REGIONAL	`	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER		
		НО	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	
	COMPONENT NAME	NUMBER	8	9	10	11	12	13	14	15	16	17	18	19	
1															1
2															2
3															3
5															5
3														+	)
														+	<del>                                     </del>
50					-									+	50
	Total													+	51
	Grand Total													+	52
	Cost to be allocated													+	53
	UCM													+	54
J.	CCM														
		ı	CLEANING,		REPAIRS &	DUES &		INSURANCE	TAXES &	I				$\overline{}$	
			OFFICE &	MINOR	MAINTEN-	SUBSCRIP-	CONTRI-	PREMIUMS-	LICENSES-	INTEREST	INTEREST				
			ADMIN SUP	EQUIP	ANCE	TIONS	BUTIONS	NON-CAP	NON-CAP	EXPENSE	INCOME				
		REGIONAL	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER	(ENTER				
		НО	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)	BASIS)				
	COMPONENT NAME	NUMBER	20	21	22	23	24	25	26	27	28			99	1
1															1
2															2
3															3
4															4
5															5
50															50
	Total														51
	Grand Total														52
	Cost to be allocated														53
54	UCM		<u> </u>		<u> </u>			<u> </u>		<u> </u>					54

ALLOCATION OF POOLED COSTS FOR DOUBLE ALLOCATION METHOR	D				NUMBI		PERIOD: FROM: TO:	SCHEDULE E	
	ALLOCATION								
	STATISTICS				NON-CAPITAL RELATED				
	(TOTAL		CAPITAL	RELATED	SALARIES	SALARIES	ALL	1	
	COST)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	(1)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	
DESCRIPTION	1	2	3	4	5	6	7	8	1
1 Healthcare Provider Components									1
2 Non-Healthcare Components									2
3 Region / Division Components									3
4 Total									4

ALLO	CATION OF POOLED COSTS TO COMPONENTS						HOME (		ERIOD: FROM:	SCHEDULE E-1	
									TO:		
D. D. D. T.	A A THE A TAIL OF THE PROTUCTION OF THE PROTUCTI						•				
PARI	I - HEALTHCARE PROVIDER COMPONENTS		ALLOCATION	1			1			1	т —
			STATISTICS				NO	N-CAPITAL REL	ATED		
			(ENTER		CAPITAL	RELATED	SALARIES	SALARIES	ALL	1	
			BASIS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
			(BASIS CODE)	RATIO	B&F	ME	OFFICERS	OF OTHERS	NON-CRC	INCOME	_
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	<u> </u>
2											2
3											3
4											4
5											5
50											50
51	Total										51
PART	II - NON-HEALTHCARE COMPONENTS										
1711(1	I NON ILABITICARE COMPONENTS		ALLOCATION								T
			STATISTICS				NO	N-CAPITAL REI	ATED		1
			(TOTAL			RELATED	SALARIES	SALARIES	ALL		
			COSTS)	ALLOCATION	CRC-	CRC-	OF	& WAGES	OTHER	INTEREST	
	COMPONENT NAME		(1)	RATIO 2	B&F 3	ME 4	OFFICERS 5	OF OTHERS 6	NON-CRC 7	INCOME 8	4
1	COMPONENT NAME		1	2	3	4	3	0	/	0	1
2											2
3											3
4											4
5											5
											4
50											50
	Total								+		51
J 1	10111										J1

ALLC	CATION OF POOLED COSTS TO COMPONENTS	HOM: NUM:		PERIOD: FROM:	SCHEDULE E-1						
									TO:		
PART	III - REGION / DIVISION COMPONENTS										
			ALLOCATION STATISTICS (TOTAL		CAPITAL	RELATED	N SALARIES	ON-CAPITAL RE			
		REGIONAL HO	COSTS) (1)	ALLOCATION RATIO	CRC- B&F	CRC- ME	OF OFFICERS	& WAGES OF OTHERS		INTEREST INCOME	
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	]
1											1
2											2
3											3
4											4
5											5
50											50
	Total										51
52	Grand Total						ı		I		52

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SUMN	MARY OF CAPITAL RELATED COSTS	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE F	SCHEDULE F		
					TO:	_	
PART	I - HEALTHCARE PROVIDER COMPONENTS						
			DIRECT	FUNCTIONAL	POOLED	TOTAL CAPITAL COST	
	COMPONENT NAME	CCN	1	2	3	4	_
1							1
2							2
3							3
4							4
5							5
50							50
51	Total						51
PART	II - NON-HEALTHCARE COMPONENTS		1				
						TOTAL CAPITAL	
			DIRECT	FUNCTIONAL	POOLED	COST	_
	COMPONENT NAME		1	2	3	4	1
2							1 2
3							3
4							4
5							5
50							50
51	Total						51
DADT	III - REGION / DIVISION COMPONENTS						
TAKI	III - REGION/ DIVISION COMPONENTS	REGIONAL	DIRECT	FUNCTIONAL	POOLED	TOTAL CAPITAL COST	
	COMPONENT NAME	HO NUMBER	1	2	3	4	-
1	COMI ONEXT IVAME	HO WOMBER	1		3		1
2							2
3							3
4							4
5						·	5
50							50
51	Total						51
52	Grand Total						52

								NUMBI	ER:	FROM:		
										TO:		
DADT	LI HEALTHCARE PROVIDER COLUDA	ENITO										
PAKI	I - HEALTHCARE PROVIDER COMPON	ENIS		SALA	DIEC			ALL OTHER NO	I CADITAL COS	TTC	TOTAL	т —
		-		SALA	AKIES	SUBTOTAL		ALL OTHER NON	N-CAPITAL COS	SUBTOTAL ALL		
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP		
	COMPONENT NAME	CCN	1	2	3	4	5	6	7	8	9	1
1		CCIT	-			·	<u> </u>		,	Ů	<del></del>	1
2												2
3											1	3
4												4
5												5
50											ļ	50
51	Total											51
D + D T	H. NOVI HELLENGARE GOLDONENES											
PART	II - NON-HEALTHCARE COMPONENTS									TOTAL	т —	
			SALARIES SUBTOTAL					ALL OTHER NON	N-CAPITAL COS	SUBTOTAL ALL		
			DIRECT	FUNCTIONAL	POOLED	SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP		
	COMPONENT NAME	F	1	2	3	4	5	6	7	8	9	-
1	COMI ONLIVI WAWLE		1	2		7		0		0	<del>                                     </del>	1
2									1		<del>                                     </del>	2
3												3
4												4
5											1	5
50												50
51	Total											51
PART	III - REGION OFFICE / DIVISION COMP	ONENTS		~	2.00		1					
	l n	ECIONAL		SALA	ARIES	CLIDTOTAL		ALL OTHER NON	N-CAPITAL COS	SUBTOTAL ALL	TOTAL	
	R	REGIONAL HO	DIRECT	FUNCTIONAL	POOLED	SUBTOTAL SALARIES	DIRECT	FUNCTIONAL	POOLED	OTH NON-CAP		
	COMPONENT NAME	NUMBER	1	2	3	4	5	6	7	8	9	-
1	COMPONENT NAME	NUMBER	1	2	3	4	3	U	,	0	9	1
2								-			<del>                                     </del>	2
3											1	3
4									1			4
5											1	5
												1
50												50
	Total											51
52	Grand Total											52

SUM	MARY OF INTEREST INCOME							HOME OFFICE NUMBER:	FROM:	SCHEDULE F-2
									TO:	
										•
PART	I - HEALTHCARE PROVIDER COMPO	NENTS								
				INTERES	T INCOME					
						TOTAL	Ĭ			
			DIRECT	FUNCTIONAL	POOLED	INT INCOME				
	COMPONENT NAME	CCN	1	2	3	4				
1										1
2										2
3										3
4										4
5										5
50										50
51	Total									51
PART	II - NON-HEALTHCARE COMPONENTS	S								
		ļ		INTERES	T INCOME		ļ			
			DIDECE	FIRICETONIA	DOOLED.	TOTAL				
	COMPONENTALLE		DIRECT	FUNCTIONAL	POOLED	INT INCOME				
- 1	COMPONENT NAME		1	2	3	4				
1										1
2										2 3
3										4
5										5
3										3
50										50
	Total									51
<i>J</i> 1	10141			<u> </u>	l .	<u> </u>				31
PART	III - REGION OFFICE / DIVISION COM	PONENTS								
				INTERES'	T INCOME					
		REGIONAL				TOTAL	†			
		НО	DIRECT	FUNCTIONAL	POOLED	INT INCOME				
	COMPONENT NAME	NUMBER	1	2	3	4				
1										1
2										2
3										3 4
4										4
5										5
50										50
51	Total									51
52	Grand Total									52

SUMM	MARY OF COSTS BY COMPONENT							HOME OF I	ERIOD: ROM: TO:	SCHEDULE F-3	
PART	I - HEALTHCARE PROVIDER COMPO	ONENTS									
			DIRECT	FUNCTIONAL	POOLED	TOTAL					
	COMPONENT NAME	CCN	1	2	3	4					
1											1
2											2
3											<i>3</i>
5											5
		+				<b> </b>		_			
50											50
	Total										51
			•	•	•						
PART	II - NON-HEALTHCARE COMPONENTS	S									
			DIRECT	FUNCTIONAL	POOLED	TOTAL					r
	COMPONENT NAME		1	2	3	4					
1											1
3											2 3
4											4
5						<b>†</b>					5
50											50
51	Total										51
PART	III - REGION OFFICE / DIVISION COM		DIRECT	FUNCTIONAL	POOLED	TOTAL	<del> </del>			<del></del>	
	COMPONENT NAME	HO NUMBER	DIRECT	FUNCTIONAL 2	3	TOTAL 4					
1	COMPONENT NAME	NUMBER	1	2	3	7					1
2											2
3											
4		1									<i>3</i>
5											5
50											50
	Total Comp. T. (1)										51
32	Grand Total										52

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BALA	NCE SHEET	HOME OFFICE	PERIOD:	SCHEDULE	JLE G	
		NUMBER:	FROM:			
			TO:			
				AMOUNT		
	DESCRIPTION			1		
	ASSETS					
	CURRENT ASSETS					
1					1	
2	. ,				2	
4					3 4	
5	Other receivables				5	
	Less: allowances for uncollectible notes and accounts receivable				6	
7					7	
8	Prepaid expenses				8	
9	Other current assets				9	
10	Total current assets				10	
	FIXED ASSETS					
11	Land				11	
12	Land improvements  Less: accumulated depreciation				12	
13 14	Buildings				13 14	
15	Less: accumulated depreciation				15	
16	Leasehold improvements				16	
17	Less: accumulated depreciation				17	
18					18	
19	Less: accumulated depreciation				19	
20	Automobiles and trucks				20	
21	Less: accumulated depreciation				21	
22	Major movable equipment				22	
23	Less: accumulated depreciation				23	
24	Minor equipment non-depreciable Other fixed assets				24 25	
26	Total fixed assets				26	
20	OTHER ASSETS				20	
27					27	
	Deposits on leases				28	
29	Due from owners/officers				29	
30	Other assets				30	
31	Total other assets				31	
32	Total assets				32	
	LIABILITIES				1	
	CURRENT LIABILITIES					
33					33	
	Salaries, wages, and fees payable				34	
	Payroll taxes payable				35	
	Notes and short-term loans payable				36	
	Deferred income				37	
38	Accelerated payments				38	
	Other current liabilities				39	
40					40	
41	LONG TERM LIABILITIES				4.2	
41	Mortgage payable				41	
42	Notes payable Unsecured loans				42	
	Other long term liabilities		-		43	
					45	
46	Total liabilities				46	
-	CAPITAL					
47	Retained earnings				47	
48	Total liabilities and retained earnings				48	

STAT	EMENT OF REVENUES AND EXPENSES	HOME OFFICE NUMBER:	PERIOD: FROM:	SCHEDULE C	G-1
			TO:		
	DESCRIPTION			AMOUNT	
	1			2	
1	Total operating revenue				1
2	1 5 1				2
3					3
	Other income:				
4	Contributions, donations, bequests, etc.				4
	Interest income				5
	Purchase discounts				6
7	Rebates and refunds of expenses				7
8	Parking lot receipts				8
	Rental income				9
10					10
11					11
12					12
13					13
14					14
15	Total other income				15
	Other expenses:				
16					16
17					17
18					18
19					19
20					20
21	Total other expenses				21
22	Net income or loss for the period				22