PROVIDER NUMBER

SCHEDULE A EXPENSE STATEMENT

ADMINISTRATION COST CENTER	LN#	PER BOOKS OR FEDERAL TAX RETURN (1)	PROVIDER ADJUSTMENTS (2)	CLIENT RELATED EXPENSES (3)	(AGENCY USE) SRS ADJUSTMENTS (4)	(AGENCY USE) ADJ CLIENT REL EXPENSES (5)
SALARY-ADMINISTRATOR	101					
SALARY-- CO ADMINISTRATOR	102					
OTHER ADMINISTRATIVE SALARIES	103					
EMPLOYEE BENEFITS	104					
OFFICE SUPPLIES & PRINTING	105					
MANAGEMENT CONSULTANT FEES	106					
OWNER/RELATED PARTY COMPENSATION-- SCHEDULE B	107					
ALLOCATION OF CENTRAL OFFICE COSTS (SEE INSTRUCTIONS)	108					
PHONE & OTHER COMMUNICATION	109					
TRAVEL	110					
ADVERTISING	111					
LICENSES & DUES	112					
LEGAL, ACCOUNTING & DP	113					
INSURANCE(EXCEPT LIFE)	114					
INTEREST (EXCEPT RE LOANS)	115					
OTHER( )	117					
OTHER( )	118					
TOTAL-ADMINISTRATION	120					

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SCHEDULE A EXPENSE STATEMENT

OWNERSHIP COST CENTER	LN#	PER BOOKS OR FEDERAL TAX RETURN (1)	PROVIDER ADJUSTMENTS (2)	CLIENT RELATED EXPENSES (3)	(AGENCY USE) SRS ADJUSTMENTS (4)	(AGENCY USE) ADJ CLIENT REL EXPENSES (5)
INTEREST-REAL ESTATE	122					
RENT/LEASE EXPENSE	123					
AMORTIZED LEASEHOLD IMPROVEMENT	124					
DEPRECIATION EXPENSE	125					
TOTAL-OWNERSHIP COST CENTER						
PLANT OPERATING COST CENTER						
REAL & PERSONAL PROPERTY TAX	121					
SALARIES	126					
EMPLOYEE BENEFITS	127					
OWNER/REL PARTY COMP-SCHEDULE B	128					
UTILITIES EXCEPT PHONE	129					
MAINTENANCE & REPAIRS	130					
SUPPLIES	131					
SMALL EQUIPMENT (SEE INSTRUCTIONS)	137					
OTHER( )	138					
TOTAL-PLANT OPERATING COST CENTER	139					

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SCHEDULE A EXPENSE STATEMENT

ROOM & BOARD COST CENTER	LN#	PER BOOKS OR FEDERAL TAX RETURN (1)	PROVIDER ADJUSTMENTS (2)	CLIENT RELATED EXPENSES (3)	(AGENCY USE) SRS ADJUSTMENTS (4)	(AGENCY USE) ADJ CLIENT REL EXPENSES (5)
ROOM & BOARD EMPLOYEE BENEFITS	141					
DIETARY:						
SALARIES	142					
OWNER/RELATED PARTY COMPENSATION— SCHEDULE B	143					
DIETARY CONSULTANT	144					
FOOD	145					
SUPPLIES	146					
OTHER( )	148					
LAUNDRY & LINEN:						
SALARIES	149					
LINEN & BEDDING MATERIAL	150					
SUPPLIES	151					
OTHER( )	153					
HOUSEKEEPING:						
SALARIES	154					
SUPPLIES	155					
OTHER( )	158					
TOTAL-ROOM & BOARD COST CENTER	159					

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SCHEDULE A EXPENSE STATEMENT

HABILITATION COST CENTER	LN#	PER BOOKS OR FEDERAL TAX RETURN (1)	PROVIDER ADJUSTMENTS (2)	CLIENT RELATED EXPENSES (3)	(AGENCY USE) SRS ADJUSTMENTS (4)	(AGENCY USE) ADJ CLIENT REL EXPENSES (5)
NURSING:						
REGISTERED NURSE (RN)	161					
LICENSED PRACTICAL NURSE (LPN)/LMHT	162					
OTHER HABIL. PERSNL	163					
EMPLOYEE BENEFITS	164					
OWNER/RELATED PARTY COMP--SCHEDULE B	165					
HABILITATION CONSULTANTS	166					
PURCHASED SERVICES	167					
HABILITATION SUPPLIES	168					
OTHER( )	170					
OTHER CLIENT SERV:						
THERAPY/OTHER SALARIES ( )	171					
OWNER/RELATED PARTY COMP--SCHEDULE B	172					
CLT ACT/SOCIAL WKR SAL	173					
CLIENT ACT SUPPLIES	174					
OCC THERAPY-CONSULTANT	175					
MED RECORDS-CONSULTANT	176					
PHARMACIST-CONSULTANT	177					
SPEECH THERAPY-CONSLT	178					
PHYSICAL THER-CONSLT	179					
EMPLOYEE ( )	180					
EMPLOYEE TRAINING	181					
CLIENT TRANSPORT	182					
QMRP	183					
OTHER( )	188					
TOTAL-HABILITATION CTR	189					
TOTAL-ALLOWABLE COSTS	190					

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SCHEDULE A EXPENSE STATEMENT

NON-REIMBURSABLE & NON-CLIENT RELATED EXPENSE ITEMS	LN#	PER BOOKS OR FEDERAL TAX RETURN (1)	PROVIDER ADJUSTMENTS (2)	CLIENT RELATED EXPENSES (3)	(AGENCY USE) SRS ADJUSTMENTS (4)	(AGENCY USE) ADJ CLIENT REL EXPENSES (5)
BAD DEBTS	191			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
PROVISION FOR INCOME TAXES	192			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
NON WORKING OWNERS/OFFICERS	193			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
DONATIONS	194			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
FUND RAISING/PR NON REIMB. ADVERTISING	195			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
LIFE INSURANCE--OWNERS/OFFICERS	196			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
OXYGEN PURCHASES & SUPPLIES	197			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
DRUGS-PHARMACEUTICALS	198			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
VENDING MACHINES	199			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
BOARD OF DIRECTOR EXP	201			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
CLIENT PURCHASES	202			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
BARBER/BEAUTY SHOP	203			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
WORK ACTIVITY PRODUCTION COSTS	204			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
OTHER( )	208			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
TOTAL NON-REIMBURSABLE	209			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
TOTAL	210					

ATTACH A DETAILED DEPRECIATION SCHEDULE AND THE DETAILED WORKING TRIAL BALANCE USED TO PREPARE THIS COST REPORT

EXPENSE RECONCILIATION

PROVIDER NUMBER

	LN#	(1) BOOKS	(2) FED TAX RET	(3) COST REPORT
TOTAL EXPENSES PER BOOKS	231		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
TOTAL EXPENSES PER FEDERAL TAX RETURN	232	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
TOTAL EXPENSES PER COST REPORT (LINE 210, COLUMN 1)	233	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	
EXPENSES ON BOOKS OR FEDERAL TAX RET NOT ON COST REPORT				
SPECIFY-	234			XXXXXXXXXXXXXXXX
SPECIFY	235			XXXXXXXXXXXXXXXX
EXPENSES ON COST REPORT NOT ON BOOKS OR FEDERAL TAX RETURN				
SPECIFY	237	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	
SPECIFY	238	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	
TOTAL (SHOULD BE EQUAL)	240			

SCHEDULE B STATEMENT OF OWNERS AND RELATED PARTIES

LIST ALL OWNERS OF PROVIDER WITH 5% OWNERSHIP INTEREST & ALL RELATED PARTIES. IF ANY OWNERS ARE OTHER THAN INDIVIDUALS, READ AND FOLLOW INSTRUCTIONS CAREFULLY CONCERNING REQUIREMENTS FOR COMPLEX CAPITAL STRUCTURES. ALSO SUMMARIZE THE AMOUNT AND NATURE OF TRANSACTIONS WITH ALL OWNERS & RELATED PARTIES. FOR DEFINITIONS SEE KAR 30-10-200 AND 30-10-209.

NAME, SSN, ADDRESS (CITY & STATE)	(1) %-OWNERSHIP	(2) %-TIME DEVOTED	(3) TOTAL AMT INCURRED	(4) TITLE, FUNCTION OR DESCRIPTION-TRANSACTION	(5) DISTRIBUTION AMOUNT	(5) DISTRIBUTION LINE #
1. NAME						
2. SSN						
3. ADDRESS						
1. NAME						
2. SSN						
3. ADDRESS						
1. NAME						
2. SSN						
3. ADDRESS						
1. NAME						
2. SSN						
3. ADDRESS						
1. NAME						
2. SSN						
3. ADDRESS						
TOTALS (SHOULD BE EQUAL)	XXXXXXXXX	XXXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXX		XXXXXXXX

CALCULATIONS MUST EQUAL THE OWNER/RELATED PARTY LINES OF 107, 128, 143, 165, 172 & 193.

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SCHEDULE C SALARIES & WAGES

LN#	POSITION/TITLE	(16) TOTAL HOURS	(17) TOTAL SALARIES & WAGES
101	ADMINISTRATOR		
102	CO-ADMINISTRATOR		
103	OTHER ADMINISTRATIVE SALARIES		
126	MAINTENANCE		
142	DIETARY		
149	LAUNDRY		
154	HOUSEKEEPING		
161	REGISTERED NURSE		
162	LICENSED PRACTICAL NURSE		
162	LICENSED MENTAL HEALTH TECH		
163	HABILITATION AIDES		
163	MEDICATION AIDES		
163	SPECIFY( )		
163	SPECIFY( )		
171	THERAPY-SPECIFY( )		
171	THERAPY-SPECIFY( )		
171	QMRP		
171	THERAPY-SPECIFY( )		
173	CLIENT ACTIVITIES		
173	SOCIAL WORKER		
	OTHER		
	TOTAL		

REPORT ONLY EMPLOYEE SALARIES- THE OWNER/RELATED PARTY SALARIES ARE REPORTED ON SCHEDULE B. THE TOTALS ON SCHEDULES C & B SHOULD EQUAL THE SALARIES REPORTED ON SCHEDULE A.

STATEMENT RELATED TO INTEREST

SCHEDULE D ON ALL BONDS, LOANS, NOTES AND MORTGAGES PAYABLE

PROVIDER NUMBER

LN#						
301	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED					
	(1) ORIGINAL DATE AND DURATION	(2) INTEREST RATE	(3) ORIGINAL LOAN AMOUNT	(4) UNPAID BALANCE	(5) TOTAL ANNUAL PAYMENTS	(6) INTEREST EXPENSE
302	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED:					
	ORIGINAL DATE AND DURATION	INTEREST RATE	ORIGINAL LOAN AMOUNT	UNPAID BALANCE	TOTAL ANNUAL PAYMENTS	INTEREST EXPENSE
303	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED:					
	ORIGINAL DATE AND DURATION	INTEREST RATE	ORIGINAL LOAN AMOUNT	UNPAID BALANCE	TOTAL ANNUAL PAYMENTS	INTEREST EXPENSE
304	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED:					
	ORIGINAL DATE AND DURATION	INTEREST RATE	ORIGINAL LOAN AMOUNT	UNPAID BALANCE	TOTAL ANNUAL PAYMENTS	INTEREST EXPENSE
305	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED:					
	ORIGINAL DATE AND DURATION	INTEREST RATE	ORIGINAL LOAN AMOUNT	UNPAID BALANCE	TOTAL ANNUAL PAYMENTS	INTEREST EXPENSE
306	LENDER'S NAME & ADDRESS:					
	ITEMS FINANCED:					
	ORIGINAL DATE AND DURATION	INTEREST RATE	ORIGINAL LOAN AMOUNT	UNPAID BALANCE	TOTAL ANNUAL PAYMENTS	INTEREST EXPENSE
311	TOTALS	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXXX	

TOTAL OF COLUMN 6 MUST AGREE WITH THE SUM OF LINES 115 & 122. ENTRIES IN COLUMN 4 MUST AGREE WITH THE BALANCE SHEET. ATTACH A COPY OF LOAN AGREEMENTS AND AMORTIZATION SCHEDULES FOR ALL LOANS OF $5,000 OR

SCHEDULE E — BALANCE SHEET — PROVIDER NUMBER

BALANCE SHEET SHALL REFLECT THE ASSET, LIABILITY AND RESIDUAL ACCOUNTS OF THIS FACILITY ONLY

	LN	BEGINNING OF PERIOD		END OF PERIOD	
ASSETS	#	(1)	(2)	(3)	(4)
CASH	351	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
ACCOUNTS RECEIVABLE	352		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
LESS: ALLOWANCE FOR DOUBTFUL ACC	353	( )		( )	
INVENTORIES & SUPPLIES	354	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
*ALL LOANS TO OFFICERS, OWNERS AND		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
RELATED PARTIES	355	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
*ALL ASSETS NOT REL-CLIENT CARE	356	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
*ASSETS HELD FOR INVESTMENT	357	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
ICF-MR PLANT & EQUIPMENT:					
BUILDING	358		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
LESS: ACCUMULATED DEPRECIATION	359	( )		( )	
EQUIPMENT	360		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
LESS: ACCUMULATED DEPRECIATION	361	( )		( )	
LEASEHOLD IMPROVEMENTS	362		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX
LESS: ACCUMULATED AMORTIZATION	363	( )		( )	
LAND	364	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
OTHER( )	365	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
OTHER( )	366	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
TOTAL ASSETS	369	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
LIABILITIES & OWNER'S EQUITY					
ACCOUNTS PAYABLE	371	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
OTHER CURRENT LIABILITIES	372	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
*ALL LOANS FROM OFFICERS, OWNERS		XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
AND RELATED PARTIES	373	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
MORTGAGE PAYABLE	374	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
OTHER LONG TERM LIABILITIES	375	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
OWNER'S EQUITY OR FUND BALANCE (LIST APPROPRIATE ACCOUNTS & AMOUNTS--SEE INSTRUCTIONS)					
	377	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
	378	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
	379	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	
TOTAL LIAB & OWNER'S EQUITY	380	XXXXXXXXXXXXXXXX		XXXXXXXXXXXXXXXX	

*IF AMOUNTS EXCEED $10,000 ATTACH SCHEDULE SHOWING DETAILS.

TN# MS-91-14 Approval Date JUN 12 1991 Effective Date JAN - 1 1991 Superseded MS-90-46

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SCHEDULE F BEGINNING & ENDING RESIDUAL BALANCES RECONCILIATION

BALANCE AT BEGINNING OF PERIOD-LINE 377,378 & 379, COLUMN 2.	401	XXXXXXXXXXXXXXXXX	
INCREASES:			
REVENUE PER LINE 449, COLUMN 1	402		XXXXXXXXXXXXXXXXX
INVESTMENT BY OWNER	403		XXXXXXXXXXXXXXXXX
TRANSFERS FROM CENTRAL OFFICE	404		XXXXXXXXXXXXXXXXX
COMMON STOCK SOLD	405		XXXXXXXXXXXXXXXXX
OTHER (SPECIFY)	406		XXXXXXXXXXXXXXXXX
OTHER (SPECIFY)	407		XXXXXXXXXXXXXXXXX
TOTAL INCREASES	408	XXXXXXXXXXXXXXXXX	
DECREASES:			
EXPENSES PER SCHEDULE A, LINE 210, COLUMN 1	411		XXXXXXXXXXXXXXXXX
WITHDRAWAL BY OWNERS NOT IN SCHEDULE A	412		XXXXXXXXXXXXXXXXX
TRANSFERS TO CENTRAL OFFICE	413		XXXXXXXXXXXXXXXXX
DIVIDENDS PAID TO STOCKHOLDERS	414		XXXXXXXXXXXXXXXXX
DEPRECIATION EXPENSE IN EXCESS OF STRAIGHT LINE	415		XXXXXXXXXXXXXXXXX
OTHER (SPECIFY)	416		XXXXXXXXXXXXXXXXX
OTHER (SPECIFY)	417		XXXXXXXXXXXXXXXXX
		XXXXXXXXXXXXXXXXX	
TOTAL DECREASES	418	XXXXXXXXXXXXXXXXX	( )
		XXXXXXXXXXXXXXXXX	
BALANCE AT END OF PERIOD-LINE 377,378 & 379, COLUMN 4.	419	XXXXXXXXXXXXXXXXX	