

| BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | | PROVIDER NO.: | PERIOD: FROM _____ TO _____ | WORKSHEET G | | |
|--|--|---------------|-----------------------------------|----------------|------------|-------|
| Assets (Omit cents) | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund | |
| | | 1 | 2 | 3 | 4 | |
| CURRENT ASSETS | | | | | | |
| 1 | Cash on hand and in banks | | | | | 1 |
| 2 | Temporary investments | | | | | 2 |
| 3 | Notes receivable | | | | | 3 |
| 4 | Accounts receivable | | | | | 4 |
| 5 | Other receivables | | | | | 5 |
| 6 | Allowances for uncollectible notes and accounts receivable | | | | | 6 |
| 7 | Inventory | | | | | 7 |
| 8 | Prepaid expenses | | | | | 8 |
| 9 | Other current assets | | | | | 9 |
| 10 | Due from other funds | | | | | 10 |
| 11 | Total current assets (sum of lines 1-10) | | | | | 11 |
| FIXED ASSETS | | | | | | |
| 12 | Land | | | | | 12 |
| 13 | Land improvements | | | | | 13 |
| 13.01 | Accumulated depreciation | | | | | 13.01 |
| 14 | Buildings | | | | | 14 |
| 14.01 | Accumulated depreciation | | | | | 14.01 |
| 15 | Leasehold improvements | | | | | 15 |
| 15.01 | Accumulated depreciation | | | | | 15.01 |
| 16 | Fixed equipment | | | | | 16 |
| 16.01 | Accumulated depreciation | | | | | 16.01 |
| 17 | Automobiles and trucks | | | | | 17 |
| 17.01 | Accumulated depreciation | | | | | 17.01 |
| 18 | Major movable equipment | | | | | 18 |
| 18.01 | Accumulated depreciation | | | | | 18.01 |
| 19 | Minor equipment depreciable | | | | | 19 |
| 19.01 | Accumulated depreciation | | | | | 19.01 |
| 20 | Minor equipment-nondepreciable | | | | | 20 |
| 21 | Total fixed assets (sum of lines 12-20) | | | | | 21 |
| OTHER ASSETS | | | | | | |
| 22 | Investments | | | | | 22 |
| 23 | Deposits on leases | | | | | 23 |
| 24 | Due from owners/officers | | | | | 24 |
| 25 | Other assets | | | | | 25 |
| 26 | Total other assets (sum of lines 22-25) | | | | | 26 |
| 27 | Total assets (sum of lines 11, 21, and 26) | | | | | 27 |

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| BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only) | | PROVIDER NO.: | PERIOD: FROM _____ TO _____ | WORKSHEET G (CONT.) | |
|--|--|---------------|-----------------------------------|------------------------|------------|
| Liabilities and Fund Balances (Omit cents) | | General Fund | Specific Purpose Fund | Endowment Fund | Plant Fund |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | Accounts payable | | | | 28 |
| 29 | Salaries, wages, and fees payable | | | | 29 |
| 30 | Payroll taxes payable | | | | 30 |
| 31 | Notes and loans payable (short term) | | | | 31 |
| 32 | Deferred income | | | | 32 |
| 33 | Accelerated payments | | | | 33 |
| 34 | Due to other funds | | | | 34 |
| 35 | Other current liabilities | | | | 35 |
| 36 | Total current liabilities (sum of lines 28 thru 35) | | | | 36 |
| LONG TERM LIABILITIES | | | | | |
| 37 | Mortgage payable | | | | 37 |
| 38 | Notes payable | | | | 38 |
| 39 | Unsecured loans | | | | 39 |
| 40 | Loans from owners .01 Prior to 7/1/66 | | | | 40.01 |
| | .02 On or after 7/1/66 | | | | 40.02 |
| 41 | Other long term liabilities | | | | 41 |
| 42 | Total long term liabilities (sum of lines 37 thru 41) | | | | 42 |
| 43 | Total liabilities (sum of lines 36 and 42) | | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | General fund balance | | | | 44 |
| 45 | Specific purpose fund | | | | 45 |
| 46 | Donor created - endowment fund balance - restricted | | | | 46 |
| 47 | Donor created - endowment fund balance - unrestricted | | | | 47 |
| 48 | Governing body created - endowment fund balance | | | | 48 |
| 49 | Plant fund balance - invested in plant | | | | 49 |
| 50 | Plant fund balance - reserve for plant improvement, replacement, and expansion | | | | 50 |
| 51 | Total fund balances (sum of lines 44 thru 50) | | | | 51 |
| 52 | Total liabilities and fund balances (sum of lines 43 and 51) | | | | 52 |

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| | | | |
|---|------------------------|-----------------------------------|--------------------------------|
| STATEMENT OF PATIENT REVENUES AND OPERATING REVENUES | PROVIDER NO.: _____ | PERIOD: FROM _____ TO _____ | WORKSHEET G-2, PARTS I & II |
|---|------------------------|-----------------------------------|--------------------------------|

PART I - PATIENT REVENUES

| REVENUE CENTER | | INPATIENT | OUTPATIENT | TOTAL | |
|--|--|-----------|------------|-------|----|
| | | 1 | 2 | 3 | |
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | | | |
| 1 | Hospital | | | | 1 |
| 2 | Subprovider | | | | 2 |
| 4 | Swing bed - SNF | | | | 4 |
| 5 | Swing bed - NF | | | | 5 |
| 6 | Skilled nursing facility | | | | 6 |
| 7 | Nursing facility | | | | 7 |
| 8 | Other long term care | | | | 8 |
| 9 | Total general inpatient care services (sum of lines 1-8) | | | | 9 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | | |
| 10 | Intensive care unit | | | | 10 |
| 11 | Coronary care unit | | | | 11 |
| 12 | Burn intensive care unit | | | | 12 |
| 13 | Surgical intensive care unit | | | | 13 |
| 14 | Other special care (specify) | | | | 14 |
| 15 | Total intensive care type inpatient hospital services (sum of lines 10-14) | | | | 15 |
| 16 | Total inpatient routine care services (sum of lines 9 and 15) | | | | 16 |
| 17 | Ancillary services | | | | 17 |
| 18 | Outpatient services | | | | 18 |
| 19 | Home health agency | | | | 19 |
| 20 | Ambulance | | | | 20 |
| 21 | Outpatient rehabilitation providers | | | | 21 |
| 22 | ASC | | | | 22 |
| 23 | Hospice | | | | 23 |
| 24 | | | | | 24 |
| 25 | Total patient revenues (sum of lines 16-24) (transfer column 3 to Wkst. G-3, line 1) | | | | 25 |

PART II - OPERATING EXPENSES

| | | 1 | 2 | |
|----|---|---|---|----|
| 26 | Operating expenses (per Wkst. A, column 3, line 101) | | | 26 |
| 27 | Add (specify) | | | 27 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 | Total additions (sum of lines 27-32) | | | 33 |
| 34 | Deduct (specify) | | | 34 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| 37 | | | | 37 |
| 38 | | | | 38 |
| 39 | Total deductions (sum of lines 34-38) | | | 39 |
| 40 | Total operating expenses (sum of lines 26 and 33 minus line 39) (transfer to Wkst. G-3, line 4) | | | 40 |

| | | | |
|---------------------------------------|---------------|-----------------------------------|---------------|
| STATEMENT OF REVENUES AND EXPENSES | PROVIDER NO.: | PERIOD: FROM _____ TO _____ | WORKSHEET G-3 |
|---------------------------------------|---------------|-----------------------------------|---------------|

| Description | | | |
|--------------|---|--|----|
| 1 | Total patient revenues (from Wkst. G-2, Part I, column 3, line 25) | | 1 |
| 2 | Less contractual allowances and discounts on patients' accounts | | 2 |
| 3 | Net patient revenues (line 1 minus line 2) | | 3 |
| 4 | Less total operating expenses (from Wkst. G-2, Part II, line 40) | | 4 |
| 5 | Net income from service to patients (line 3 minus line 4) | | 5 |
| OTHER INCOME | | | |
| 6 | Contributions, donations, bequests, etc | | 6 |
| 7 | Income from investments | | 7 |
| 8 | Revenues from telephone and telegraph service | | 8 |
| 9 | Revenue from television and radio service | | 9 |
| 10 | Purchase discounts | | 10 |
| 11 | Rebates and refunds of expenses | | 11 |
| 12 | Parking lot receipts | | 12 |
| 13 | Revenue from laundry and linen service | | 13 |
| 14 | Revenue from meals sold to employees and guests | | 14 |
| 15 | Revenue from rental of living quarters | | 15 |
| 16 | Revenue from sale of medical and surgical supplies to other than patients | | 16 |
| 17 | Revenue from sale of drugs to other than patients | | 17 |
| 18 | Revenue from sale of medical records and abstracts | | 18 |
| 19 | Tuition (fees, sale of textbooks, uniforms, etc.) | | 19 |
| 20 | Revenue from gifts, flowers, coffee shops, and canteen | | 20 |
| 21 | Rental of vending machines | | 21 |
| 22 | Rental of hospital space | | 22 |
| 23 | Governmental appropriations | | 23 |
| 24 | Other (specify) | | 24 |
| 25 | Total other income (sum of lines 6-24) | | 25 |
| 26 | Total (line 5 plus line 25) | | 26 |
| 27 | Other expenses (specify) | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | Total other expenses (sum of lines 27-29) | | 30 |
| 31 | Net income (or loss) for the period (line 26 minus line 30) | | 31 |

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