


MEDICARE HOME OFFICE COST REPORT
MILLENNIUM HEALTH SYSTEMS, LLC
PERIOD ENDED DECEMBER 31, 2021

| | | | |
|--|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC Provider CCN: HB-2318 | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32 Version: 1.120.174.0 |  |
| 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 as overpayments (42 USC 1395g). | | | FORM APPROVED OMB NO. 0938-0202 |

| | | | |
|----------------------------|--|---|-------------------|
| HOME OFFICE COST STATEMENT | Designated Intermediary Use Only <input type="checkbox"/> N <input type="checkbox"/> Desk Reviewed <input type="checkbox"/> N <input type="checkbox"/> Audited | Date Received: Intermediary No.: | Schedule A |
|----------------------------|--|---|-------------------|

GENERAL INFORMATION, CERTIFICATION AND LISTING OF CHAIN COMPONENTS

PART I - GENERAL INFORMATION

| | |
|--|--|
| 1. Home Office Name: MILLENNIUM HEALTH SYSTEMS LLC | 2. No. Assigned by Designated Intermediary: HB2318 2.01 No. Assigned by CMS: HB2318 |
| 3. Home Office Address: 5310 NW 33RD AVE. SUTTE 211 FT. LAUDERDALE FL 33309 | 4. Chain Operations Started On: 03/01/1974 |
| 5. Contact Person Name: KARRIE TOMS Title: CFO Phone: 954-714-2244 | 6. Cost Statement Period: From: 01/01/2021 To: 12/31/2021 |
| 8. Type Of Chain Organization (check applicable item) | 7. Was Audited Financial Data used on Schedule B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a) voluntary non-profit <input type="checkbox"/> Church Affiliated <input type="checkbox"/> Community <input type="checkbox"/> Private <input type="checkbox"/> Charitable <input type="checkbox"/> Other (Specify) | b) proprietary/investor-owned <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify) |
| | c) governmental <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> District <input type="checkbox"/> Other (Specify) |

9. Key Officers of Home Office (attach listing if necessary)

President ANDREW WEISMAN

Vice President(s)

Secretary HOWARD LIPSCHUTZ

Treasurer

Controllor

CHAIRMAN

PART II - CERTIFICATION BY OFFICER OF HOME OFFICE

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.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF THE PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying statement of allowable Home Office costs (and equity capital if applicable), the allocation thereof to the chain components, and the other supporting schedules for the period beginning 01/01/2021 and ending 12/31/2021. To the best of my knowledge and belief, they are true and correct statements from the books and records of the Home Office in accordance with applicable instructions, except as noted (attach a statement with exception if necessary).

(signed) _____
 Officer or Administrator of Provider(s)

 Title

 Date

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 valid OMB control number for this information collection is 0938-0202. The time required to complete this information collection is estimated to average 662 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, Baltimore, Maryland 21244-1850.



Certified Public Accountants

ACCOUNTANTS' COMPILATION REPORT

To the Members
Millennium Health Systems, LLC
Fort Lauderdale, Florida

Management is responsible for the accompanying Medicare home office cost report of Millennium Health Systems, LLC for the period ended December 31, 2021, included in the accompanying prescribed form. We have performed a compilation engagement in accordance with *Statements on Standards for Accounting and Review Services* issued by the American Institute of Certified Public Accountants. We did not audit or review the information included in the accompanying prescribed form nor were we required to perform any procedures to verify the accuracy or completeness about whether the cost report is in accordance with the basis of accounting prescribed by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the information presented on the prescribed form.


The financial information included in the accompanying prescribed form is presented in accordance with the requirements of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, and is not intended to be a complete presentation of Millennium Health Systems, LLC's assets, liabilities, and operations in accordance with accounting principles generally accepted in the United States of America.

This cost report is intended solely for the information and use of Millennium Health Systems, LLC and the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services and is not intended to be, and should not be, used by anyone other than these specified parties.

MSL, P.A.

Certified Public Accountants

Tampa, Florida
April 21, 2022

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

Schedule A

PART III - LISTING OF CHAIN HEALTHCARE FACILITY COMPONENTS (Please indicate all Medicare numbers excluding Sub-Providers, Provider-Based Skilled Nursing Facilities and Home Health Agencies)

| | Component Name Health Care Facilities | Medicare No. | Periods Ending During Home Office Fiscal Year | | Date Acquired During the Home Office Fiscal Year | Date Sold/Closed During the Home Office Fiscal Year | Medicaid Participation Yes/No | Component Cost Reimbursed Yes/No | Medicare Intermediaries | Medicaid Intermediaries | |
|-------|---------------------------------------|--------------|---|------------|--|---|-------------------------------|----------------------------------|-------------------------|-------------------------|-------|
| | | | From: | To: | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 01/01/2021 | 12/31/2021 | | | Y | N | NOVITAS SOLUTIONS | STATE OF NEW JERSEY | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 01/01/2021 | 12/31/2021 | | | Y | N | WPS | STATE OF FLORIDA | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 01/01/2021 | 12/31/2021 | | | Y | N | NOVITAS SOLUTIONS | STATE OF NEW JERSEY | 8.00 |
| 9.00 | | | | | | | | | | | 9.00 |
| 10.00 | | | | | | | | | | | 10.00 |
| 11.00 | | | | | | | | | | | 11.00 |
| 12.00 | | | | | | | | | | | 12.00 |
| 13.00 | | | | | | | | | | | 13.00 |
| 14.00 | | | | | | | | | | | 14.00 |
| 15.00 | | | | | | | | | | | 15.00 |
| 16.00 | | | | | | | | | | | 16.00 |
| 17.00 | | | | | | | | | | | 17.00 |

PART IV - LISTING OF OTHER (NON-PROVIDER) CHAIN COMPONENTS

| | Component Name Other Components | Periods Ending During Home Office Fiscal Year | | During the Home Office Fiscal Year | | |
|-------|----------------------------------|---|------------|------------------------------------|---------------------|-------|
| | | From: | To: | Date Acquired | Date Sold or Closed | |
| | 1 | 2 | 3 | 4 | 5 | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | 01/01/2021 | 12/31/2021 | | | 19.00 |
| 20.00 | VPRS | 01/01/2021 | 12/31/2021 | | | 20.00 |
| 21.00 | HBA THERAPY | 01/01/2021 | 12/31/2021 | | | 21.00 |
| 22.00 | | | | | | 22.00 |
| 23.00 | | | | | | 23.00 |
| 24.00 | | | | | | 24.00 |
| 25.00 | | | | | | 25.00 |
| 26.00 | | | | | | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | | | | 27.00 |

PART V - LISTING OF REGIONS/DIVISIONS

| | Location | | | Costs Included in this Cost Statement Amount | Separate Cost Statement Filed | | Designated Region/Division Intermediary | |
|-------|----------|------|-------|--|-------------------------------|----|---|-------|
| | Name | City | State | | Yes | No | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 29.00 | | | | 0 | | | | 29.00 |
| 30.00 | | | | 0 | | | | 30.00 |
| 31.00 | | | | 0 | | | | 31.00 |
| 32.00 | | | | 0 | | | | 32.00 |

DISCLOSURE OF THE HOME OFFICE COST STATEMENT

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


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|-------------------------------|------------------|----------------------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: 287-05 |
| | To: 12/31/2021 | Version: 1.120.174.0 |



TRIAL BALANCE OF EXPENSES, RECLASSIFICATIONS, ADJUSTMENTS AND ALLOCATIONS

Schedule B

| | Cost Center Description | Expenses per Home Office Books | Reclassifications (from Sch. B-1) | Reclassified Trial Balance (col. 1 minus/plus col. 2) | Medicare Adjustments (from Sch. C) | Net Allowable Expenses (col. 3 minus/plus col. 4) | Direct Allocations - To Chain Components | Functional Allocations - To Chain Components | Pooled Allocations (col. 5. minus cols. 6,7) | |
|------------------------------------|--|--------------------------------|-----------------------------------|---|------------------------------------|---|--|--|--|--------|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| 1.00 | OLD CAP. REL. COSTS--BLDG & FIXTURES | 265,746 | 0 | 265,746 | 0 | 265,746 | 54,158 | 0 | 211,588 | 1.00 |
| 1.01 | INT. EXP. - OLD CAP. BLDG & FIXTURES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.01 |
| 2.00 | OLD CAP. REL. COSTS--MOVABLE EQUIP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 2.01 | INT. EXP. - OLD CAP. MOVABLE EQUIP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.01 |
| 3.00 | SUB-TOTAL (LINES 1 AND 2) | 265,746 | 0 | 265,746 | 0 | 265,746 | 54,158 | 0 | 211,588 | 3.00 |
| 4.00 | NEW CAP. REL. COSTS--BLDG & FIXTURES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 4.01 | INT. EXP. - NEW CAP. BLDG & FIXTURES | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.01 |
| 5.00 | NEW CAP. REL. COSTS--MOVABLE EQUIP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 5.01 | INT. EXP. - NEW CAP. MOVABLE EQUIP. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.01 |
| 6.00 | SUB-TOTAL (LINES 4 AND 5) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| OTHER CAPITAL RELATED COSTS | | | | | | | | | | |
| 7.00 | INSURANCE PREMIUMS | 0 | 0 | 0 | 0 | 0 | 0 | | | 7.00 |
| 8.00 | TAXES & LICENSES-OTHER THAN INCOME | 0 | 0 | 0 | 0 | 0 | 0 | | | 8.00 |
| 9.00 | OTHER | 0 | 0 | 0 | 0 | 0 | 0 | | | 9.00 |
| 10.00 | SUB-TOTAL (SUM OF LINES 7-9) | 0 | 0 | 0 | 0 | 0 | 0 | | | 10.00 |
| NON-CAPITAL RELATED COSTS | | | | | | | | | | |
| 11.00 | SALARIES OF OFFICERS | 659,740 | 0 | 659,740 | 0 | 659,740 | 145,692 | 0 | 514,048 | 11.00 |
| 12.00 | SALARIES & WAGES OF OTHERS | 2,628,632 | 0 | 2,628,632 | 0 | 2,628,632 | 334,242 | 0 | 2,294,390 | 12.00 |
| 13.00 | PAYROLL TAXES | 190,216 | 0 | 190,216 | 0 | 190,216 | 27,762 | 0 | 162,454 | 13.00 |
| 14.00 | EMPLOYEE BENEFITS-PAYROLL RELATED | 359,884 | 0 | 359,884 | 0 | 359,884 | 52,524 | 0 | 307,360 | 14.00 |
| 15.00 | EMPLOYEE BENEFITS-NON-PAYROLL RELTD | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | PROFIT SHRNG/PENSION PLANS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | LEGAL FEES | 3,288 | 0 | 3,288 | 0 | 3,288 | 480 | 0 | 2,808 | 17.00 |
| 18.00 | AUDITING & ACCOUNTING FEES | 27,468 | 0 | 27,468 | 0 | 27,468 | 4,009 | 0 | 23,459 | 18.00 |
| 19.00 | UTILITIES | 10,689 | 0 | 10,689 | 0 | 10,689 | 1,560 | 0 | 9,129 | 19.00 |
| 20.00 | COMMUNICATIONS | 55,291 | 0 | 55,291 | 0 | 55,291 | 8,070 | 0 | 47,221 | 20.00 |
| 21.00 | TRAVEL & ENTERTAINMENT | 60,080 | 0 | 60,080 | 0 | 60,080 | 8,769 | 0 | 51,311 | 21.00 |
| 22.00 | TRANSPORTATION | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | CLEANING OFFICE & ADMIN SUPPLIES | 37,265 | 0 | 37,265 | -13,810 | 23,455 | 3,424 | 0 | 20,031 | 23.00 |
| 24.00 | MINOR EQUIPMENT EXPENSED | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | REPAIRS & MAINTENANCE | 12,641 | 0 | 12,641 | 0 | 12,641 | 1,844 | 0 | 10,797 | 25.00 |
| 26.00 | DUES & SUBSCRIPTIONS | 5,102 | 0 | 5,102 | 0 | 5,102 | 745 | 0 | 4,357 | 26.00 |
| 27.00 | CONTRIBUTIONS | 31,570 | 0 | 31,570 | -31,570 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | INSURANCE PREMS-NON-CAP REL | 29,780 | 0 | 29,780 | 0 | 29,780 | 4,346 | 0 | 25,434 | 28.00 |
| 29.00 | TAXES/LICENSES-NON-CAP REL | 3,373 | 0 | 3,373 | 0 | 3,373 | 493 | 0 | 2,880 | 29.00 |
| 30.00 | INTEREST EXPENSE | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | CONTRACT AND PROFESSIONAL FEES | 193,937 | 0 | 193,937 | -14,217 | 179,720 | 26,230 | 0 | 153,490 | 31.00 |
| 32.00 | BANK CHARGES AND MISC EXPENSE | 60,426 | 0 | 60,426 | -8,000 | 52,426 | 7,651 | 0 | 44,775 | 32.00 |
| 33.00 | SHIPPING AND POSTAGE | 15,252 | 0 | 15,252 | 0 | 15,252 | 2,226 | 0 | 13,026 | 33.00 |
| 34.00 | OTHER ADMIN | 260,635 | 0 | 260,635 | -260,635 | 0 | 0 | 0 | 0 | 34.00 |
| 36.00 | SUB-TOTAL (SUM OF LINES 11-35) | 4,645,269 | 0 | 4,645,269 | -328,232 | 4,317,037 | 630,067 | 0 | 3,686,970 | 36.00 |
| 100.00 | TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36) | 4,911,015 | 0 | 4,911,015 | -328,232 | 4,582,783 | 684,225 | 0 | 3,898,558 | 100.00 |

| | | | |
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| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: 4/21/2022 9:50 am |  |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: 287-05 | |
| | To: 12/31/2021 | Version: 1.120.174.0 | |

RECLASSIFICATION OF HOME OFFICE EXPENSES

Schedule B-1

| | Increase | | | Decrease | | | |
|--------|---------------------|----------|------------|-------------|----------|------------|--------|
| | Cost Center | Line No. | Amount (2) | Cost Center | Line No. | Amount (2) | |
| | 2 | 3 | 4 | 5 | 6 | 7 | |
| 100.00 | GRAND TOTALS | | 0 | | | 0 | 100.00 |

- (1) A letter (A, B, etc.) must be entered on each line to identify each reclassification entry.
- (2) Transfer to Schedule B, column 2, line as appropriate.

| | | | |
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| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



ANALYSIS OF CHANGES DURING COST STATEMENT PERIOD IN CAPITAL ASSET BALANCES OF CHAIN HOME OFFICE WHERE THE CHAIN INCLUDES HOSPITALS SUBJECT TO THE PROSPECTIVE PAYMENT SYSTEM


**Schedule B-2
Parts I & II**

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| | Description | Beginning Balances | Acquisitions | | | Disposals and Retirements | Ending Balance | Fully Depreciated Assets | |
|------|-----------------------------|--------------------|--------------|----------|-------|---------------------------|----------------|--------------------------|------|
| | | | Purchases | Donation | Total | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1.00 | Land | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Land Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Buildings and Fixtures | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Building Improvements | 25,390 | 0 | 0 | 0 | 0 | 25,390 | 0 | 4.00 |
| 5.00 | Fixed Equipment | 583,346 | 1,977 | 0 | 1,977 | 0 | 585,323 | 0 | 5.00 |
| 6.00 | Movable Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | SUBTOTAL | 608,736 | 1,977 | 0 | 1,977 | 0 | 610,713 | 0 | 7.00 |
| 8.00 | Reconciling Items | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | TOTAL (Line 7 minus line 8) | 608,736 | 1,977 | 0 | 1,977 | 0 | 610,713 | 0 | 9.00 |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| | Description | Beginning Balances | Acquisitions | | | Disposals and Retirements | Ending Balance | Fully Depreciated Assets | |
|------|-----------------------------|--------------------|--------------|----------|-------|---------------------------|----------------|--------------------------|------|
| | | | Purchases | Donation | Total | | | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1.00 | Land | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | Land Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Buildings and Fixtures | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Building Improvements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | Fixed Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | Movable Equipment | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | SUBTOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | Reconciling Items | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | TOTAL (Line 7 minus line 8) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |


| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

MEDICARE ADJUSTMENTS TO HOME OFFICE EXPENSES

Schedule C

| | Description | * | Amount | Cost Center to be Adjusted (on Schedule B, col. 3) | | |
|-------|---|---|----------|--|----------------------------------|-------|
| | | | | Line No. | Cost Center | |
| | | 1 | 2 | 3 | 4 | |
| 1.00 | Federal/State income tax, franchise tax and related interest and penalties on late payments (CMS Pub. 15-1, secs.2122.2 and 2133) | | 0 | 0.00 | | 1.00 |
| 2.00 | Donations (See CMS Pub. 15-1, Chapter 6) | | 0 | 0.00 | | 2.00 |
| 3.00 | Stockholders servicing costs (stock transfers and registrations) (CMS Pub 15-1, se. 2134.9) | | 0 | 0.00 | | 3.00 |
| 4.00 | Acquisition expenses (CMS Pub. 15-1, sec. 2134.11) | | 0 | 0.00 | | 4.00 |
| 5.00 | Disposal expenses re: non-patient care assets or subsidiaries (CMS Pub. 15-1, sec. 2102.3) | | 0 | 0.00 | | 5.00 |
| 6.00 | Bad Debts (CMS Pub. 15-1, sec. 308) | | 0 | 0.00 | | 6.00 |
| 7.00 | Life insurance premiums where home office is direct/indirect beneficiary (CMS Pub 15-1, sec. 2102.3) | | 0 | 0.00 | | 7.00 |
| 8.00 | Annual stockholder meeting expenses (CMS Pub 15-1, sec. 2134.9) | | 0 | 0.00 | | 8.00 |
| 9.00 | Nonhealth care projects (CMS Pub. 15-1, sec. 2102.3) | | 0 | 0.00 | | 9.00 |
| 10.00 | Noncompetition agreement expenses (CMS Pub. 15-1, sec 2105.1/1218.7) | | 0 | 0.00 | | 10.00 |
| 11.00 | Fund-raising expenses (CMS Pub. 15-1, sec. 2136.2) | | 0 | 0.00 | | 11.00 |
| 12.00 | Rebates/refunds on expenses (CMS Pub. 15-1, sec. 804) | | 0 | 0.00 | | 12.00 |
| 13.00 | OTHER (SPECIFY) | | 0 | 0.00 | | 13.00 |
| 14.00 | Cost of ownership of assets leased from related organization in lieu of rent (CMS Pub. 15-1, sec. 700) | | 0 | 0.00 | | 14.00 |
| 15.00 | Related organizations (from Schedule D, Part B col. 5, line 15 (CMS Pub. 15-1, sec. 700) | | 0 | 0.00 | | 15.00 |
| 16.00 | Value of services of nonpaid workers (CMS Pub. 15-1, sec. 700) | | 0 | 0.00 | | 16.00 |
| 17.00 | Interest on Loans between home office and components of the chain (CMS Pub. 15-1, sec. 2150.2e) where no exception applies | | 0 | 0.00 | | 17.00 |
| 18.00 | Costs of corporate acquisitions of capital stocks and acquisition and development department cost (CMS Pub. 15-1, sec. 2150.2B) | | 0 | 0.00 | | 18.00 |
| 19.00 | Interest on Loans from owners (CMS Pub. 15-1, sec. 218.2) | | 0 | 0.00 | | 19.00 |
| 20.00 | Abandoned construction in progress cost (CMS Pub. 15-1, sec. 2155) | | 0 | 0.00 | | 20.00 |
| 21.00 | ADM:PROFESSIONAL FEES | A | -14,217 | 31.00 | CONTRACT AND PROFESSIONAL FEES | 21.00 |
| 22.00 | PMA:MISCELLANEOUS INCOME | B | -13,810 | 23.00 | CLEANING OFFICE & ADMIN SUPPLIES | 22.00 |
| 23.00 | ADM:CONTRIBUTIONS POLITICAL | A | -31,570 | 27.00 | CONTRIBUTIONS | 23.00 |
| 24.00 | PUBLIC RELATIONS | A | -8,000 | 32.00 | BANK CHARGES AND MISC EXPENSE | 24.00 |
| 25.00 | FORGIVNESS OF DEBT | A | -260,635 | 34.00 | OTHER ADMIN | 25.00 |
| 26.00 | OTHER (SPECIFY) | | 0 | 0.00 | | 26.00 |
| 27.00 | OTHER (SPECIFY) | | 0 | 0.00 | | 27.00 |
| 28.00 | Total (sum of lines 1-27) | | -328,232 | | | 28.00 |

* A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - If cost cannot be determined.

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:51 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS

Schedule D

| | |
|---|----|
| | 1 |
| A. Are there any costs included on Schedule B which resulted from transactions with related organizations as defined in 42 CFR 413.17? (If yes, complete Parts B and C) | NO |


B. Costs incurred and adjustments required as a result of transactions with related organizations:

| Account and Amount (on Schedule B, column 3) | | | | |
|--|----------------------------|--------|--------------------------|---|
| Line | Expense Account | Amount | Amount Allowable in Cost | Net Adjustments (col. 3 minus col. 4) * |
| 1 | 2 | 3 | 4 | 5 |
| 1.00 | 0.00 | 0 | 0 | 0 |
| 2.00 | 0.00 | 0 | 0 | 0 |
| 3.00 | 0.00 | 0 | 0 | 0 |
| 4.00 | 0.00 | 0 | 0 | 0 |
| 5.00 | 0.00 | 0 | 0 | 0 |
| 6.00 | 0.00 | 0 | 0 | 0 |
| 7.00 | 0.00 | 0 | 0 | 0 |
| 8.00 | 0.00 | 0 | 0 | 0 |
| 9.00 | 0.00 | 0 | 0 | 0 |
| 10.00 | 0.00 | 0 | 0 | 0 |
| 11.00 | 0.00 | 0 | 0 | 0 |
| 12.00 | 0.00 | 0 | 0 | 0 |
| 13.00 | 0.00 | 0 | 0 | 0 |
| 14.00 | 0.00 | 0 | 0 | 0 |
| 100.00 | TOTALS (Sum of lines 1-99) | 0 | 0 | 0 |

* transfer to column 1 of Schedule C, applicable lines

C. Interrelationship of chain Home Office to related organization:

| | Name of Related Organization | Type of Business | Related Through Ownership or Control | Explanation of Relationship |
|--------|------------------------------|------------------|--------------------------------------|-----------------------------|
| | 1 | 2 | 3 | 4 |
| 1.00 | | | | |
| 2.00 | | | | |
| 3.00 | | | | |
| 4.00 | | | | |
| 5.00 | | | | |
| 6.00 | | | | |
| 7.00 | | | | |
| 8.00 | | | | |
| 9.00 | | | | |
| 10.00 | | | | |
| 11.00 | | | | |
| 12.00 | | | | |
| 13.00 | | | | |
| 14.00 | | | | |
| 15.00 | | | | |
| 16.00 | | | | |
| 100.00 | | | | |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

DIRECT ALLOCATION OF HOME OFFICE CAPITAL COSTS TO CHAIN COMPONENTS

Schedule E

| | Chain Components | Medicare No. | OLD CAP. REL. COSTS--BLDG & FIXTURES | Total | |
|-------------------------------|--|--------------|--------------------------------------|--------|-------|
| | | 0 | 1 | 10 | |
| HEALTH CARE FACILITIES | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 0 | 8.00 |
| 9.00 | | | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 0 | 18.00 |
| OTHER COMPONENTS | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 33,837 | 33,837 | 19.00 |
| 20.00 | VPRS | | 2,321 | 2,321 | 20.00 |
| 21.00 | HBA THERAPY | | 18,000 | 18,000 | 21.00 |
| 22.00 | | | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 54,158 | 54,158 | 28.00 |
| REGIONAL OFFICES | | | | | |
| 29.00 | | | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 54,158 | 54,158 | 34.00 |


| | | | |
|-------------------------------|------------------|----------------|-------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule E-1


| | Chain Components | Medicare No. | SALARIES OF OFFICERS | SALARIES & WAGES OF OTHERS | PAYROLL TAXES | EMPLOYEE BENEFITS-PAYROLL RELATED | LEGAL FEES | AUDITING & ACCOUNTING FEES | |
|-------------------------------|--|--------------|----------------------|----------------------------|---------------|-----------------------------------|------------|----------------------------|-------|
| | | 0 | 11 | 12 | 13 | 14 | 17 | 18 | |
| HEALTH CARE FACILITIES | | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| OTHER COMPONENTS | | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 136,341 | 312,789 | 25,980 | 49,153 | 449 | 3,752 | 19.00 |
| 20.00 | VPRS | | 9,351 | 21,453 | 1,782 | 3,371 | 31 | 257 | 20.00 |
| 21.00 | HBA THERAPY | | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 145,692 | 334,242 | 27,762 | 52,524 | 480 | 4,009 | 28.00 |
| REGIONAL OFFICES | | | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 145,692 | 334,242 | 27,762 | 52,524 | 480 | 4,009 | 34.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule E-1

| | Chain Components | UTILITIES 19 | COMMUNICA TIONS 20 | TRAVEL & ENTERTAINM ENT 21 | CLEANING OFFICE & ADMIN SUPPLIES 23 | REPAIRS & MAINTENANC E 25 | DUES & SUBSCRIPTIO NS 26 | INSURANCE PREMS-NON-C AP REL 28 | |
|-------------------------------|--|-----------------|--------------------------|-------------------------------------|---|------------------------------------|-----------------------------------|--|-------|
| HEALTH CARE FACILITIES | | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| OTHER COMPONENTS | | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | 1,460 | 7,552 | 8,206 | 3,204 | 1,726 | 697 | 4,067 | 19.00 |
| 20.00 | VPRS | 100 | 518 | 563 | 220 | 118 | 48 | 279 | 20.00 |
| 21.00 | HBA THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | 1,560 | 8,070 | 8,769 | 3,424 | 1,844 | 745 | 4,346 | 28.00 |
| REGIONAL OFFICES | | | | | | | | | |
| 29.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | 1,560 | 8,070 | 8,769 | 3,424 | 1,844 | 745 | 4,346 | 34.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

DIRECT ALLOCATION OF HOME OFFICE NON-CAPITAL RELATED EXPENSES TO CHAIN COMPONENTS

Schedule E-1

| | Chain Components | TAXES/LICEN SES-NON-CAP REL | CONTRACT AND PROFESSIONA L FEES | BANK CHARGES AND MISC EXPENSE | SHIPPING AND POSTAGE | Total | | |
|-------------------------------|--|-----------------------------------|--|--|----------------------------|---------|--|-------|
| | | 29 | 31 | 32 | 33 | 36 | | |
| HEALTH CARE FACILITIES | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 0 | 0 | 0 | 0 | 0 | | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 0 | 0 | 0 | 0 | 0 | | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 0 | 0 | 0 | 0 | 0 | | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 0 | | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 0 | 0 | 0 | 0 | 0 | | 8.00 |
| 9.00 | | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | | 0 | 0 | 0 | 0 | 0 | | 10.00 |
| 11.00 | | 0 | 0 | 0 | 0 | 0 | | 11.00 |
| 12.00 | | 0 | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | | 0 | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | | 0 | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | | 0 | 0 | 0 | 0 | 0 | | 15.00 |
| 16.00 | | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | | 0 | 0 | 0 | 0 | 0 | | 17.00 |
| 18.00 | Total (sum of lines 1-17) | 0 | 0 | 0 | 0 | 0 | | 18.00 |
| OTHER COMPONENTS | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | 461 | 24,546 | 7,160 | 2,083 | 589,626 | | 19.00 |
| 20.00 | VPRS | 32 | 1,684 | 491 | 143 | 40,441 | | 20.00 |
| 21.00 | HBA THERAPY | 0 | 0 | 0 | 0 | 0 | | 21.00 |
| 22.00 | | 0 | 0 | 0 | 0 | 0 | | 22.00 |
| 23.00 | | 0 | 0 | 0 | 0 | 0 | | 23.00 |
| 24.00 | | 0 | 0 | 0 | 0 | 0 | | 24.00 |
| 25.00 | | 0 | 0 | 0 | 0 | 0 | | 25.00 |
| 26.00 | | 0 | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | 0 | 0 | 0 | 0 | 0 | | 27.00 |
| 28.00 | Total (sum of lines 19-27) | 493 | 26,230 | 7,651 | 2,226 | 630,067 | | 28.00 |
| REGIONAL OFFICES | | | | | | | | |
| 29.00 | | 0 | 0 | 0 | 0 | 0 | | 29.00 |
| 30.00 | | 0 | 0 | 0 | 0 | 0 | | 30.00 |
| 31.00 | | 0 | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | | 0 | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | Total (sum of lines 29-32) | 0 | 0 | 0 | 0 | 0 | | 33.00 |
| GRAND TOTAL | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | 493 | 26,230 | 7,651 | 2,226 | 630,067 | | 34.00 |


| | | | |
|-------------------------------|------------------|----------------|-------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:51 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



STATISTICAL BASIS DESCRIPTIONS

Schedule F
Part S

| | Cost Center Description | Stat Code | Stat Label | |
|------------------------------------|--|-----------|-------------------|--------|
| | | 1 | 2 | |
| 1.00 | OLD CAP. REL. COSTS--BLDG & FIXTURES | 1 | SQUARE FEET | 1.00 |
| 1.01 | INT. EXP. - OLD CAP. BLDG & FIXTURES | 1 | SQUARE FEET | 1.01 |
| 2.00 | OLD CAP. REL. COSTS--MOVABLE EQUIP. | 1 | SQUARE FEET | 2.00 |
| 2.01 | INT. EXP. - OLD CAP. MOVABLE EQUIP. | 1 | SQUARE FEET | 2.01 |
| 3.00 | SUB-TOTAL (LINES 1 AND 2) | | | 3.00 |
| 4.00 | NEW CAP. REL. COSTS--BLDG & FIXTURES | 2 | SQUARE FEET | 4.00 |
| 4.01 | INT. EXP. - NEW CAP. BLDG & FIXTURES | 2 | SQUARE FEET | 4.01 |
| 5.00 | NEW CAP. REL. COSTS--MOVABLE EQUIP. | 2 | SQUARE FEET | 5.00 |
| 5.01 | INT. EXP. - NEW CAP. MOVABLE EQUIP. | 2 | SQUARE FEET | 5.01 |
| 6.00 | SUB-TOTAL (LINES 4 AND 5) | | | 6.00 |
| OTHER CAPITAL RELATED COSTS | | | | |
| 7.00 | INSURANCE PREMIUMS | 13 | SQUARE FEET | 7.00 |
| 8.00 | TAXES & LICENSES-OTHER THAN INCOME | 13 | SQUARE FEET | 8.00 |
| 9.00 | OTHER | | | 9.00 |
| 10.00 | SUB-TOTAL (SUM OF LINES 7-9) | | | 10.00 |
| NON-CAPITAL RELATED COSTS | | | | |
| 11.00 | SALARIES OF OFFICERS | 3 | HOURS | 11.00 |
| 12.00 | SALARIES & WAGES OF OTHERS | 4 | HOURS | 12.00 |
| 13.00 | PAYROLL TAXES | | | 13.00 |
| 14.00 | EMPLOYEE BENEFITS-PAYROLL RELATED | 5 | GROSS SALARIES | 14.00 |
| 15.00 | EMPLOYEE BENEFITS-NON-PAYROLL RELTD | 6 | GROSS SALARIES | 15.00 |
| 16.00 | PROFIT SHRNG/PENSION PLANS | | | 16.00 |
| 17.00 | LEGAL FEES | 14 | HOURS OF SERVICE | 17.00 |
| 18.00 | AUDITING & ACCOUNTING FEES | 15 | COST REQUISITIONS | 18.00 |
| 19.00 | UTILITIES | 1 | SQUARE FEET | 19.00 |
| 20.00 | COMMUNICATIONS | 8 | TIME SPENT | 20.00 |
| 21.00 | TRAVEL & ENTERTAINMENT | 17 | MILES | 21.00 |
| 22.00 | TRANSPORTATION | 18 | MILES | 22.00 |
| 23.00 | CLEANING OFFICE & ADMIN SUPPLIES | 1 | SQUARE FEET | 23.00 |
| 24.00 | MINOR EQUIPMENT EXPENSED | 1 | SQUARE FEET | 24.00 |
| 25.00 | REPAIRS & MAINTENANCE | 1 | SQUARE FEET | 25.00 |
| 26.00 | DUES & SUBSCRIPTIONS | 9 | INVOICES | 26.00 |
| 27.00 | CONTRIBUTIONS | 10 | INVOICES | 27.00 |
| 28.00 | INSURANCE PREMS-NON-CAP REL | 11 | SQUARE FEET | 28.00 |
| 29.00 | TAXES/LICENSES-NON-CAP REL | 11 | SQUARE FEET | 29.00 |
| 30.00 | INTEREST EXPENSE | 12 | SQUARE FEET | 30.00 |
| 31.00 | CONTRACT AND PROFESSIONAL FEES | | | 31.00 |
| 32.00 | BANK CHARGES AND MISC EXPENSE | | | 32.00 |
| 33.00 | SHIPPING AND POSTAGE | | | 33.00 |
| 34.00 | OTHER ADMIN | | | 34.00 |
| 36.00 | SUB-TOTAL (SUM OF LINES 11-35) | | | 36.00 |
| 100.00 | TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36) | | | 100.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

| | | Medicare No. | Total Cost | Ratio | OLD CAP. REL. COSTS--BLDG & FIXTURES | INT. EXP. - OLD CAP. BLDG & FIXTURES | OLD CAP. REL. COSTS--MOVA BLE EQUIP. | INT. EXP. - OLD CAP. MOVABLE EQUIP. | |
|------|--|--------------|------------|----------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|------|
| | | 0 | 1 | 1.01 | 2 | 2.01 | 3 | 3.01 | |
| 1.00 | Health Care Facilities | | 262,937 | 1.000000 | 211,588 | 0 | 0 | 0 | 1.00 |
| 2.00 | Other Components | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | Total | | 262,937 | 1.000000 | 211,588 | 0 | 0 | 0 | 4.00 |

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

| | | Medicare No. | Total Cost | Ratio | OLD CAP. REL. COSTS--BLDG & FIXTURES | INT. EXP. - OLD CAP. BLDG & FIXTURES | OLD CAP. REL. COSTS--MOVA BLE EQUIP. | INT. EXP. - OLD CAP. MOVABLE EQUIP. | |
|-------|---------------------------------|--------------|------------|----------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------|
| | | 0 | 1 | 1.01 | 2 | 2.01 | 3 | 3.01 | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 41,948 | 0.159536 | 33,755 | 0 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 29,822 | 0.113419 | 23,998 | 0 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 36,624 | 0.139288 | 29,472 | 0 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 28,085 | 0.106813 | 22,600 | 0 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 32,191 | 0.122429 | 25,905 | 0 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 30,122 | 0.114560 | 24,240 | 0 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 26,592 | 0.101134 | 21,399 | 0 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 37,553 | 0.142821 | 30,219 | 0 | 0 | 0 | 8.00 |
| 9.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 262,937 | 1.000000 | 211,588 | 0 | 0 | 0 | 18.00 |

OTHER COMPONENTS


| | | | | | | | | | |
|-------|----------------------------------|--|---|----------|---|---|---|---|-------|
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | VPRS | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | HBA THERAPY | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 28.00 |

REGIONAL OFFICES

| | | | | | | | | | |
|-------|----------------------------|--|---|----------|---|---|---|---|-------|
| 29.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0.000000 | 0 | 0 | 0 | 0 | 33.00 |

GRAND TOTAL

| | | | | | | | | | |
|-------|--|--|---------|----------|---------|---|---|---|-------|
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 262,937 | 1.000000 | 211,588 | 0 | 0 | 0 | 34.00 |
|-------|--|--|---------|----------|---------|---|---|---|-------|

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

ALLOCATION OF HOME OFFICE POOLED COSTS BETWEEN HEALTH CARE FACILITIES AND OTHER CHAIN COMPONENTS

Schedule G

PART I - ALLOCATION BETWEEN HEALTH CARE FACILITIES AND OTHER COMPONENTS

| | | NEW CAP. REL. COSTS--BLDG & FIXTURES | INT. EXP. - NEW CAP. BLDG & FIXTURES | NEW CAP. REL. COSTS--MOVABLE EQUIP. | INT. EXP. - NEW CAP. MOVABLE EQUIP. | Non-Capital | INTEREST EXPENSE | | |
|------|--|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------|------------------|--|------|
| | | 4 | 4.01 | 5 | 5.01 | 6 | 7 | | |
| 1.00 | Health Care Facilities | 0 | 0 | 0 | 0 | 3,686,970 | 0 | | 1.00 |
| 2.00 | Other Components | 0 | 0 | 0 | 0 | 0 | 0 | | 2.00 |
| 3.00 | Certain Home Office or Region Costs Requiring Home Office/Region overhead allocation | 0 | 0 | 0 | 0 | 0 | 0 | | 3.00 |
| 4.00 | Total | 0 | 0 | 0 | 0 | 3,686,970 | 0 | | 4.00 |

PART II - ALLOCATION TO INDIVIDUAL CHAIN COMPONENTS

| | | NEW CAP. REL. COSTS--BLDG & FIXTURES | INT. EXP. - NEW CAP. BLDG & FIXTURES | NEW CAP. REL. COSTS--MOVABLE EQUIP. | INT. EXP. - NEW CAP. MOVABLE EQUIP. | Non-Capital | INTEREST EXPENSE | | |
|-------|---------------------------------|--------------------------------------|--------------------------------------|-------------------------------------|-------------------------------------|-------------|------------------|--|-------|
| | | 4 | 4.01 | 5 | 5.01 | 6 | 7 | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 588,205 | 0 | | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 0 | 0 | 0 | 0 | 418,172 | 0 | | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 513,551 | 0 | | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 0 | 0 | 0 | 0 | 393,816 | 0 | | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 451,392 | 0 | | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 0 | 0 | 0 | 0 | 422,379 | 0 | | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 0 | 0 | 0 | 0 | 372,878 | 0 | | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 0 | 0 | 0 | 0 | 526,577 | 0 | | 8.00 |
| 9.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 10.00 |
| 11.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 11.00 |
| 12.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 15.00 |
| 16.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 17.00 |
| 18.00 | Total (sum of lines 1-17) | 0 | 0 | 0 | 0 | 3,686,970 | 0 | | 18.00 |

OTHER COMPONENTS

| | | | | | | | | | |
|-------|----------------------------------|---|---|---|---|---|---|--|-------|
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | 0 | 0 | 0 | 0 | 0 | 0 | | 19.00 |
| 20.00 | VPRS | 0 | 0 | 0 | 0 | 0 | 0 | | 20.00 |
| 21.00 | HBA THERAPY | 0 | 0 | 0 | 0 | 0 | 0 | | 21.00 |
| 22.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 22.00 |
| 23.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 23.00 |
| 24.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 24.00 |
| 25.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 25.00 |
| 26.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | 0 | 0 | 0 | 0 | 0 | 0 | | 27.00 |
| 28.00 | Total (sum of lines 19-27) | 0 | 0 | 0 | 0 | 0 | 0 | | 28.00 |

REGIONAL OFFICES

| | | | | | | | | | |
|-------|----------------------------|---|---|---|---|---|---|--|-------|
| 29.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 29.00 |
| 30.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 30.00 |
| 31.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | | 0 | 0 | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | Total (sum of lines 29-32) | 0 | 0 | 0 | 0 | 0 | 0 | | 33.00 |

GRAND TOTAL

| | | | | | | | | | |
|-------|--|---|---|---|---|-----------|---|--|-------|
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | 0 | 0 | 0 | 0 | 3,686,970 | 0 | | 34.00 |
|-------|--|---|---|---|---|-----------|---|--|-------|


| | | | |
|-------------------------------|------------------|----------------|-------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



STATISTICS

Schedule G


| | | [21] | [22] | [23] | [24] | [25] | | |
|----------------------------------|--|----------------|----------|---------|-------|------|---|-------|
| | 0 | 1 | 2 | 3 | 4 | 5 | | |
| | TOTAL COST | INPATIENT DAYS | VISITS | OTHER | OTHER | | | |
| | Method | Basis #1 | Basis #2 | | | | | |
| | 0 | 1 | 2 | 3 | | | | |
| Method and basis for allocation: | | S | 22 | 21 | | | | |
| HEALTH CARE FACILITIES | | | | | | | | |
| | Medicare No. | | | | | | | |
| | 0 | 1 | 2 | 3 | 4 | 5 | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 41,948 | 0 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 29,822 | 0 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 36,624 | 0 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 28,085 | 0 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 32,191 | 0 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 30,122 | 0 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 26,592 | 0 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 37,553 | 0 | 0 | 0 | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 262,937 | 0 | 0 | 0 | 18.00 |
| OTHER COMPONENTS | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 0 | 0 | 0 | 0 | 0 | 19.00 |
| 20.00 | VPRS | | 0 | 0 | 0 | 0 | 0 | 20.00 |
| 21.00 | HBA THERAPY | | 0 | 0 | 0 | 0 | 0 | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 0 | 0 | 0 | 0 | 0 | 28.00 |
| REGIONAL OFFICES | | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 0 | 262,937 | 0 | 0 | 0 | 34.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

STATEMENT OF REVENUE AND EXPENSES

Schedule I


| | | 1 | 2 | |
|------|--|---------|------------------|------|
| 1.00 | Total Operating Revenue | | 5,987,930 | 1.00 |
| 2.00 | Less: Operating expenses (Schedule B, column 1, line 100) | | 4,911,015 | 2.00 |
| 3.00 | Operating profit (loss) | | 1,076,915 | 3.00 |
| 4.00 | Other Income: | | | 4.00 |
| 4.01 | A. Contributions, Donations | 511,468 | | 4.01 |
| 4.02 | B. Income from investments | 0 | | 4.02 |
| 4.03 | C. Interest income | 0 | | 4.03 |
| 4.04 | D. Purchase discounts | 0 | | 4.04 |
| 4.05 | E. Rebates and refunds of expenses | 0 | | 4.05 |
| 4.06 | F. Parking lot receipts | 0 | | 4.06 |
| 4.07 | G. Rental income | 0 | | 4.07 |
| 4.08 | H. MISC INCOME | 13,810 | | 4.08 |
| 5.00 | Total other income (sum of item 4 above) | | 525,278 | 5.00 |
| 6.00 | OTHER EXPENSES (SPECIFY) | 0 | | 6.00 |
| 6.01 | OTHER EXPENSES (SPECIFY) | 0 | | 6.01 |
| 6.02 | OTHER EXPENSES (SPECIFY) | 0 | | 6.02 |
| 6.03 | OTHER EXPENSES (SPECIFY) | 0 | | 6.03 |
| 6.04 | OTHER EXPENSES (SPECIFY) | 0 | | 6.04 |
| 7.00 | Total other expenses (sum of item 6 above) | | 0 | 7.00 |
| 8.00 | Net income (loss) for the period (line 3 plus line 5 minus line 7) | | 1,602,193 | 8.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

BALANCE SHEET FOR HOME OFFICE

Schedule J


| Assets (Omit Cents) | | Balance Sheet Per Books | |
|-----------------------|--|-------------------------|-------|
| | | 1 | |
| Current Assets | | | |
| 1.00 | Cash - On Hand & In Bank | 2,449,088 | 1.00 |
| 2.00 | Current Investments | 0 | 2.00 |
| 3.00 | Notes Receivable | 0 | 3.00 |
| 4.00 | Accounts Receivable | 0 | 4.00 |
| 5.00 | OTHER RECEIVABLES (SPECIFY) | 2,847,959 | 5.00 |
| 6.00 | Less: Allowance for Uncollectable Notes and Account Receivable | 0 | 6.00 |
| 7.00 | Inventory | 0 | 7.00 |
| 8.00 | Prepaid Expenses | 31,074 | 8.00 |
| 9.00 | OTHER CURRENT ASSETS (SPECIFY) | 0 | 9.00 |
| 10.00 | Total Current Assets (Sum of lines 1-9) | 5,328,121 | 10.00 |
| Fixed Assets | | | |
| 11.00 | Land | 0 | 11.00 |
| 12.00 | Land Improvements | 0 | 12.00 |
| 13.00 | Less: Accumulated Depreciation | 0 | 13.00 |
| 14.00 | Building | 0 | 14.00 |
| 15.00 | Less: Accumulated Depreciation | 0 | 15.00 |
| 16.00 | Leashold Improvement | 25,390 | 16.00 |
| 17.00 | Less: Accumulated Depreciation | 0 | 17.00 |
| 18.00 | Fixed Equipment | 585,323 | 18.00 |
| 19.00 | Less: Accumulated Depreciation | -517,806 | 19.00 |
| 20.00 | Motor Vehicles | 0 | 20.00 |
| 21.00 | Less: Accumulated Depreciation | 0 | 21.00 |
| 22.00 | Major Movable Equipment | 0 | 22.00 |
| 23.00 | Less: Accumulated Depreciation | 0 | 23.00 |
| 24.00 | Minor Equipment - Depreciable | 0 | 24.00 |
| 25.00 | Less: Accumulated Depreciation | 0 | 25.00 |
| 26.00 | Minor Equipment - Non-Depreciable | 0 | 26.00 |
| 27.00 | OTHER FIXED ASSETS (SPECIFY) | 0 | 27.00 |
| 28.00 | OTHER FIXED ASSETS (SPECIFY) | 0 | 28.00 |
| 29.00 | Total Fixed Assets (Sum of lines 11-28) | 92,907 | 29.00 |
| Other Assets | | | |
| 30.00 | Investments | 0 | 30.00 |
| 31.00 | Deposits on Leases | 3,525 | 31.00 |
| 32.00 | Due from Owners/Officers | 0 | 32.00 |
| 33.00 | Due from Related Organizations | 0 | 33.00 |
| 34.00 | Special Funds | 0 | 34.00 |
| 35.00 | Goodwill | 0 | 35.00 |
| 36.00 | Construction in Progress | 0 | 36.00 |
| 37.00 | CASH SURRENDER VALUE LIFE INS | 562,723 | 37.00 |
| 38.00 | Total Other Assets (Sum of lines 30-37) | 566,248 | 38.00 |
| 39.00 | Total Assets (Sum of lines 10, 29, and 38) | 5,987,276 | 39.00 |
| Liabilities | | | |
| 40.00 | Accounts Payable | 57,775 | 40.00 |
| 41.00 | Notes and Loans Payable - Short Term | 0 | 41.00 |
| 42.00 | Current Portion of Long-Term Debt | 0 | 42.00 |
| 43.00 | Salaries, Wages and Fees Payable | 590,688 | 43.00 |
| 44.00 | Payroll Taxes Payable | 6,584 | 44.00 |
| 45.00 | Other Accrued Expenses Payable | 1,179,562 | 45.00 |
| 46.00 | Deferred Income | 0 | 46.00 |
| 47.00 | Notes and Loans Payable to Related Organization | 0 | 47.00 |
| 48.00 | OTHER (SPECIFY) | 0 | 48.00 |
| 49.00 | Total Current Liabilities (Sum of lines 40-48) | 1,834,609 | 49.00 |
| 50.00 | Mortgage Payable (Long-term Portion) | 0 | 50.00 |
| 51.00 | Notes Payable - (Long-term Portion) | 173,991 | 51.00 |
| 52.00 | Unsecured Loans - (Long-term Portion) | 0 | 52.00 |
| 53.00 | Loans from Owners | 0 | 53.00 |
| 54.00 | OTHER PAYABLES | 0 | 54.00 |

| | | | |
|-------------------------------|---|--|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

BALANCE SHEET FOR HOME OFFICE

Schedule J

| Assets (Omit Cents) | | Balance Sheet Per Books | |
|---------------------|--|----------------------------|-------|
| | | 1 | |
| 55.00 | Total Long-term Liabilities (Sum of lines 50-54) | 173,991 | 55.00 |
| 56.00 | Total Liabilities (Sum of lines 49 and 55) | 2,008,600 | 56.00 |
| Capital | | | |
| 57.00 | Preferred Stock | 0 | 57.00 |
| 58.00 | Common Stock | 0 | 58.00 |
| 59.00 | Additional Paid-In Capital | 0 | 59.00 |
| 60.00 | Retained Earnings - Unrestricted | 3,978,676 | 60.00 |
| 61.00 | OTHER (SPECIFY) | 0 | 61.00 |
| 62.00 | Total Capital (Sum of lines 57-61) | 3,978,676 | 62.00 |
| 63.00 | Total Liabilities and Total Capital (Sum of lines 56 and 62) | 5,987,276 | 63.00 |
| 64.00 | Equity in Assets Leased from Related Organizations (Attach Supporting Schedules) | 0 | 64.00 |
| 65.00 | Equity in Related Organizations (Attach Supporting Schedules) | 0 | 65.00 |
| 66.00 | Total Equity Capital (Lines 62 plus/minus 64 and 65) | 3,978,676 | 66.00 |

| | | | |
|-------------------------------|---|---|---|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: From: 01/01/2021 To: 12/31/2021 | Run Date Time: 4/21/2022 9:50 am MCRIF32: 287-05 Version: 1.120.174.0 |  |
| Provider CCN: HB-2318 | | | |

SUMMARY OF ALLOCATED COSTS - TOTAL

Schedule **Other**
Total

| | | Medicare No. | Direct Allocation | Functional Allocation | Pooled Allocation | Total Cost Allocation | |
|-------------------------------|--|--------------|-------------------|-----------------------|-------------------|-----------------------|-------|
| | | 0 | 1 | 2 | 3 | 4 | |
| HEALTH CARE FACILITIES | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 0 | 621,960 | 621,960 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 0 | 442,170 | 442,170 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 0 | 543,023 | 543,023 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 0 | 416,416 | 416,416 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 0 | 477,297 | 477,297 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 0 | 446,619 | 446,619 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 0 | 394,277 | 394,277 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 0 | 556,796 | 556,796 | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 0 | 3,898,558 | 3,898,558 | 18.00 |
| OTHER COMPONENTS | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 623,463 | 0 | 0 | 623,463 | 19.00 |
| 20.00 | VPRS | | 42,762 | 0 | 0 | 42,762 | 20.00 |
| 21.00 | HBA THERAPY | | 18,000 | 0 | 0 | 18,000 | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 684,225 | 0 | 0 | 684,225 | 28.00 |
| REGIONAL OFFICES | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 684,225 | 0 | 3,898,558 | 4,582,783 | 34.00 |

| | | | |
|-------------------------------|------------------|----------------|-------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



SUMMARY OF ALLOCATED COSTS - DIRECT

Schedule Other Direct

| | | Medicare No. | Old Capital | New Capital | Other Capital | Subtotal of Capital Related | Non-Capital Related | Total Direct Allocation | |
|-------------------------------|--|--------------|-------------|-------------|---------------|-----------------------------|---------------------|-------------------------|-------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | 6 | |
| HEALTH CARE FACILITIES | | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 0 | 0 | 0 | 0 | 0 | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 0 | 0 | 0 | 0 | 0 | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 0 | 0 | 0 | 0 | 0 | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 0 | 0 | 0 | 0 | 0 | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 0 | 0 | 0 | 0 | 0 | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 0 | 0 | 0 | 0 | 0 | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 0 | 0 | 0 | 0 | 0 | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 0 | 0 | 0 | 0 | 0 | 18.00 |
| OTHER COMPONENTS | | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 33,837 | 0 | 0 | 33,837 | 589,626 | 623,463 | 19.00 |
| 20.00 | VPRS | | 2,321 | 0 | 0 | 2,321 | 40,441 | 42,762 | 20.00 |
| 21.00 | HBA THERAPY | | 18,000 | 0 | 0 | 18,000 | 0 | 18,000 | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 0 | 0 | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 54,158 | 0 | 0 | 54,158 | 630,067 | 684,225 | 28.00 |
| REGIONAL OFFICES | | | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 0 | 0 | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 0 | 0 | 33.00 |
| GRAND TOTAL | | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 54,158 | 0 | 0 | 54,158 | 630,067 | 684,225 | 34.00 |

| | | |
|-------------------------------|------------------|----------------------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: 4/21/2022 9:51 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: 287-05 |
| | To: 12/31/2021 | Version: 1.120.174.0 |



SUMMARY OF ALLOCATED COSTS - FUNCTIONAL

Schedule Other Functional

| | | Medicare No. | Old Capital | New Capital | Subtotal of Capital Related | Non-Capital Related | Total Functional Allocation | | |
|-------------------------------|--|--------------|-------------|-------------|-----------------------------|---------------------|-----------------------------|--|-------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | | |
| HEALTH CARE FACILITIES | | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 0 | 0 | 0 | 0 | 0 | | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 0 | 0 | 0 | 0 | 0 | | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 0 | 0 | 0 | 0 | 0 | | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 0 | 0 | 0 | 0 | 0 | | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 0 | 0 | 0 | 0 | 0 | | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 0 | 0 | 0 | 0 | 0 | | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 0 | 0 | 0 | 0 | 0 | | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 0 | 0 | 0 | 0 | 0 | | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 0 | | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 0 | | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 0 | | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 0 | | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 0 | 0 | 0 | 0 | 0 | | 18.00 |
| OTHER COMPONENTS | | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 0 | 0 | 0 | 0 | 0 | | 19.00 |
| 20.00 | VPRS | | 0 | 0 | 0 | 0 | 0 | | 20.00 |
| 21.00 | HBA THERAPY | | 0 | 0 | 0 | 0 | 0 | | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 0 | | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 0 | | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 0 | | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 0 | | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 0 | | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 0 | 0 | 0 | 0 | 0 | | 28.00 |
| REGIONAL OFFICES | | | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 0 | | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 0 | | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 0 | | 33.00 |
| GRAND TOTAL | | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 0 | 0 | 0 | 0 | 0 | | 34.00 |

| | | | |
|-------------------------------|------------------|----------------|-------------------|
| MILLENNIUM HEALTH SYSTEMS LLC | Period: | Run Date Time: | 4/21/2022 9:50 am |
| Provider CCN: HB-2318 | From: 01/01/2021 | MCRIF32: | 287-05 |
| | To: 12/31/2021 | Version: | 1.120.174.0 |



SUMMARY OF ALLOCATED COSTS - POOLED

Schedule Other Pooled

| | | Medicare No. | Old Capital | New Capital | Subtotal of Capital Related | Non-Capital Related | Total Pooled Allocation | | |
|-------------------------------|--|--------------|-------------|-------------|-----------------------------|---------------------|-------------------------|--|-------|
| | | 0 | 1 | 2 | 3 | 4 | 5 | | |
| HEALTH CARE FACILITIES | | | | | | | | | |
| 1.00 | BROWARD NURSING & REHAB, LLC | 105083 | 33,755 | 0 | 33,755 | 588,205 | 621,960 | | 1.00 |
| 2.00 | CLARK NURSING & REHAB | 315341 | 23,998 | 0 | 23,998 | 418,172 | 442,170 | | 2.00 |
| 3.00 | OCEAN VIEW NURSING & REHAB, LLC | 105038 | 29,472 | 0 | 29,472 | 513,551 | 543,023 | | 3.00 |
| 4.00 | PINECREST CONVALESCENT CENTER | 105153 | 22,600 | 0 | 22,600 | 393,816 | 416,416 | | 4.00 |
| 5.00 | PLANTATION NURSING & REHAB, LLC | 105175 | 25,905 | 0 | 25,905 | 451,392 | 477,297 | | 5.00 |
| 6.00 | SPRINGTREE REHAB & HEALTH, LLC | 105686 | 24,240 | 0 | 24,240 | 422,379 | 446,619 | | 6.00 |
| 7.00 | TAMARAC NURSING & REHAB, LLC | 105360 | 21,399 | 0 | 21,399 | 372,878 | 394,277 | | 7.00 |
| 8.00 | VOORHEES PEDIATRIC FACILITY | 315289 | 30,219 | 0 | 30,219 | 526,577 | 556,796 | | 8.00 |
| 9.00 | | | 0 | 0 | 0 | 0 | 0 | | 9.00 |
| 10.00 | | | 0 | 0 | 0 | 0 | 0 | | 10.00 |
| 11.00 | | | 0 | 0 | 0 | 0 | 0 | | 11.00 |
| 12.00 | | | 0 | 0 | 0 | 0 | 0 | | 12.00 |
| 13.00 | | | 0 | 0 | 0 | 0 | 0 | | 13.00 |
| 14.00 | | | 0 | 0 | 0 | 0 | 0 | | 14.00 |
| 15.00 | | | 0 | 0 | 0 | 0 | 0 | | 15.00 |
| 16.00 | | | 0 | 0 | 0 | 0 | 0 | | 16.00 |
| 17.00 | | | 0 | 0 | 0 | 0 | 0 | | 17.00 |
| 18.00 | Total (sum of lines 1-17) | | 211,588 | 0 | 211,588 | 3,686,970 | 3,898,558 | | 18.00 |
| OTHER COMPONENTS | | | | | | | | | |
| 19.00 | WEISMAN PEDIATRIC REHAB HOSPITAL | | 0 | 0 | 0 | 0 | 0 | | 19.00 |
| 20.00 | VPRS | | 0 | 0 | 0 | 0 | 0 | | 20.00 |
| 21.00 | HBA THERAPY | | 0 | 0 | 0 | 0 | 0 | | 21.00 |
| 22.00 | | | 0 | 0 | 0 | 0 | 0 | | 22.00 |
| 23.00 | | | 0 | 0 | 0 | 0 | 0 | | 23.00 |
| 24.00 | | | 0 | 0 | 0 | 0 | 0 | | 24.00 |
| 25.00 | | | 0 | 0 | 0 | 0 | 0 | | 25.00 |
| 26.00 | | | 0 | 0 | 0 | 0 | 0 | | 26.00 |
| 27.00 | OTHER MANAGED FACILITY | | 0 | 0 | 0 | 0 | 0 | | 27.00 |
| 28.00 | Total (sum of lines 19-27) | | 0 | 0 | 0 | 0 | 0 | | 28.00 |
| REGIONAL OFFICES | | | | | | | | | |
| 29.00 | | | 0 | 0 | 0 | 0 | 0 | | 29.00 |
| 30.00 | | | 0 | 0 | 0 | 0 | 0 | | 30.00 |
| 31.00 | | | 0 | 0 | 0 | 0 | 0 | | 31.00 |
| 32.00 | | | 0 | 0 | 0 | 0 | 0 | | 32.00 |
| 33.00 | Total (sum of lines 29-32) | | 0 | 0 | 0 | 0 | 0 | | 33.00 |
| GRAND TOTAL | | | | | | | | | |
| 34.00 | Grand Total (sum of lines 18, 28 and 33) | | 211,588 | 0 | 211,588 | 3,686,970 | 3,898,558 | | 34.00 |

**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a
NuVISION MANAGEMENT
TRIAL BALANCE
Twelve Months ended December 31, 2021**

| G/L# | DESCRIPTION | WTB | PAYROLL | W/S | LINE | Subtotal |
|-------------|---------------------------------|------------|----------------|------------|-------------|-----------------|
| 1110000 | Petty Cash | - | | J | 1 | |
| 1121000 | CASH -SELF INSURANCE FUND | 949,838 | | J | 1 | |
| 1123000 | CASH-PPP | - | | J | 1 | |
| 1120000 | Cash-Operating | 1,499,250 | | J | 1 | 2,449,088 |
| 1215000 | A/R Other | - | | J | 4 | - |
| 1300001 | BDW Corporation | - | | J | 5 | |
| 1300002 | BDW Pinecrest, Inc. | - | | J | 5 | |
| 1300003 | BDW Sunrise, Inc. | - | | J | 5 | |
| 1300005 | Broward Nursing & Rehab, LLC | 582,892 | | J | 5 | |
| 1300006 | Burnt Tavern Associates | - | | J | 5 | |
| 1300008 | Clark Nsg & Conval Ctr Assoc | - | | J | 5 | |
| 1300009 | Comprehensive Pharmacy, LTD | - | | J | 5 | |
| 1300010 | HBA Corporation | - | | J | 5 | |
| 1300012 | HBA Management, Inc. | 203,631 | | J | 5 | |
| 1300013 | HBA Therapy Services, Inc. | - | | J | 5 | |
| 1300014 | Holiday Medical Center, Inc. | - | | J | 5 | |
| 1300016 | Holiday Medical Center | (245,387) | | J | 5 | |
| 1300017 | Ocean View Nsg & Rehab, LLC | 561,816 | | J | 5 | |
| 1300018 | Other Affiliated Entities | - | | J | 5 | |
| 1300019 | Pinecrest Convalescent Ctr, LLC | 811,236 | | J | 5 | |
| 1300020 | Pinecrest Limited Partnership | - | | J | 5 | |
| 1300021 | Plantation Nsg & Rehab, LLC | 28,384 | | J | 5 | |
| 1300022 | Springtree Rehab & Hlth, LLC | 6,212 | | J | 5 | |
| 1300023 | Springtree Walk Associates | - | | J | 5 | |
| 1300025 | Tamarac Associates | - | | J | 5 | |
| 1300026 | Tamarac Rehab & Hlth Ctr, Inc. | 450,486 | | J | 5 | |
| 1300027 | Three B Financial Services Inc | - | | J | 5 | |
| 1300028 | Voorhees Pediatric Ctr Assoc | - | | J | 5 | |
| 1300031 | WEISMAN CHILDREN'S REHAB HO | 26,500 | | J | 5 | |
| 1300032 | Voorhees Ped Rehab Services | (180) | | J | 5 | |
| 1300034 | Weisman Family Holdings, Inc. | - | | J | 5 | |
| 1300035 | Weisman Family Holdings, LTD | - | | J | 5 | |
| 1300036 | WEISMAN CHILDREN'S MDCC @AC | - | | J | 5 | |
| 1300037 | FIRST CHOICE PHARMACY | - | | J | 5 | |
| 1300039 | CLARK NSG AND REHAB LLC | 147,609 | | J | 5 | |
| 1300040 | FORKIDCARE, LLC (VPF) | 28,371 | | J | 5 | |
| 1300041 | BURNT TAVERN REHAB LLC | - | | J | 5 | |
| 1300042 | ANDREWS AVENUE FACILITY, LLC | - | | J | 5 | |
| 1300043 | ATLANTIC AVENUE FACILITY, LLC | - | | J | 5 | |
| 1300044 | FIFTH STREET FACILITY, LLC | - | | J | 5 | |
| 1300045 | WEISMAN ASSOCIATES, LLC | 1,000 | | J | 5 | |
| 1300047 | B & A Health Services, LLC | - | | J | 5 | |
| 1300046 | Centennium Health Systems, LLC | 245,387 | | J | 5 | 2,847,959 |
| 1400005 | Prepaid Insurance | 21,428 | | J | 8 | |
| 1400035 | Other Prepays | 9,646 | | J | 8 | 31,074 |
| 1500025 | Leasehold Improvements | 25,390 | | J | 16 | 25,390 |
| 1500040 | Moveable Equipment | 585,323 | | J | 18 | 585,323 |
| 1500050 | Accumulated Depreciation | (517,806) | | J | 19 | (517,806) |
| 1700010 | Deposits | 3,525 | | J | 31 | 3,525 |
| 1700005 | Cash Surrender Value Life Ins | 562,723 | | J | 37 | |
| 1800005 | Deferred Financing Costs | - | | J | 37 | 562,723 |
| 2200005 | Account Payable | (13,789) | | J | 40 | |
| 2400005 | Accrued Accounting Fees | (18,880) | | J | 40 | |
| 2400010 | Accrued Insurance | (24,106) | | J | 40 | |

**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a
 NuVISION MANAGEMENT
 TRIAL BALANCE
 Twelve Months ended December 31, 2021**

| G/L# | DESCRIPTION | WTB | PAYROLL | W/S | LINE | Subtotal |
|-------------|------------------------------------|--------------|----------------|------------|-------------|-----------------|
| 2400015 | Accrued Interest | - | | J | 40 | |
| 2400020 | Accrued Legal Fees | - | | J | 40 | |
| 2400025 | Accrued Other Expenses | (1,000) | | J | 40 | |
| 2400030 | Accrued Personal Property Tax | - | | J | 40 | (57,775) |
| 2300005 | Accrued Payroll | (215,024) | | J | 43 | |
| 2700005 | Deferred Compensation | (375,664) | | J | 43 | (590,688) |
| 2300020 | Fed Inc Tax WH, FICA, MCI | (6,184) | | J | 44 | (6,184) |
| 2300030 | Federal Unemployment | (342) | | J | 44 | (342) |
| 2300035 | State Unemployment | (57) | | J | 44 | (57) |
| 2200007 | EXCHANGE - ACCIDENT INSURANC | (54) | | J | 45 | |
| 2200015 | Exchange-Annuity | - | | J | 45 | |
| 2200023 | EXCHANGE-CASHED CHECKS | - | | J | 45 | |
| 2200025 | EXCHANGE-CASHED CHECKS | - | | J | 45 | |
| 2200033 | EXCHANGE - CRITICAL ILLNESS | (55) | | J | 45 | |
| 2200035 | Exchange-Dental Insurance | - | | J | 45 | |
| 2200041 | Exchange-Disability(S Term) | - | | J | 45 | |
| 2200043 | Accrued Expenses - Self Insurance | (1,318,688) | | J | 45 | |
| 2200044 | EXCHANGE FLEX SPEND 2018 | - | | J | 45 | |
| 2400050 | Accrued Expenses - Self Insurance | - | | J | 45 | |
| 2200045 | Exchange-401K | - | | J | 45 | |
| 2200056 | Exchange-Hospitalization(PPO) | - | | J | 45 | |
| 2200060 | Exchange-Life Insurance | - | | J | 45 | |
| 2200065 | Exchange-Miscellaneous | 24,402 | | J | 45 | |
| 2200067 | EXCHANGE-OTHER INSURANCE | 114,833 | | J | 45 | |
| 2200075 | Exchange-Prepaid Legal | - | | J | 45 | (1,179,562) |
| 2600015 | Notes Payable | (173,991) | | J | 51 | (173,991) |
| 2100010 | Bank Line of Credit | - | | J | 54 | |
| 2600005 | Loan - PPP | - | | J | 54 | |
| 2600000 | Long Term Debt | - | | J | 54 | - |
| 2900030 | Distributions | 16,914,224 | | J | 60 | |
| 2900035 | Retained Earnings | (19,290,707) | | J | 60 | |
| 2900040 | Current Year Net Profit(Loss) | - | | J | 60 | (2,376,483) |
| 3800705 | PMA:Management Income | (5,987,930) | | I | 1 | (5,987,930) |
| 3357700 | Cancellation of PPP Debt Income | (511,468) | | I | 4.1 | (511,468) |
| 3300700 | PMA:Interest Income | - | | I | 4.3 | - |
| 3355700 | PMA:Miscellaneous Income | (13,810) | | I | 4.8 | |
| 8633700 | ADM: (Gain)/Loss Disposal of Asset | - | | I | 4.8 | (13,810) |
| 7553700 | PO:Personal Property Taxes | 2,263 | | B | 1 | |
| 7565700 | PO:Rent | 166,362 | | B | 1 | |
| 7567700 | PO:RENT-STORAGE | 19,874 | | B | 1 | |
| 8510700 | ADM:PROPERTY INSURANCE | 13,882 | | B | 1 | |
| 8207700 | ADM:Auto | (26,380) | | B | 1 | |
| 8650700 | ADM:Other Interest & Financing | 15,050 | | B | 1 | |
| 8620700 | ADM:Depreciation | 74,695 | | B | 1 | 265,746 |
| 8013700 | ADM: SALARIES MANAGEMENT | 659,740 | S | B | 11 | 659,740 |
| 8227700 | ADM:DIRECTOR FEES | 338,500 | S | B | 12 | 338,500 |
| 8015700 | ADM:OTHER SALARIES | 2,290,132 | S | B | 12 | 2,628,632 |
| 8135700 | ADM:Payroll Tax Expense | 188,592 | F | B | 13 | |
| 8145700 | ADM:Unemployment Taxes | 1,624 | U | B | 13 | (148,284) |
| 8110700 | ADM:Continuing Education | 2,925 | B | B | 14 | |
| 8115700 | ADM:401K Expense | 24,021 | R | B | 14 | |
| 8120700 | ADM:Group Health & Life Insur | 31,379 | H | B | 14 | |
| 8137700 | SELF INSURANCE CALIMS 2019 | - | H | B | 14 | |
| 8138700 | SELF INSURANCE EXPENSE 2019 | 296,725 | H | B | 14 | |

**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a
NuVISION MANAGEMENT
TRIAL BALANCE
Twelve Months ended December 31, 2021**

| G/L# | DESCRIPTION | WTB | PAYROLL | W/S | LINE | Subtotal |
|-------------|-----------------------------|-------------|----------------|------------|-------------|-----------------|
| 8125700 | ADM:Other EE Benefits | 3,845 | B | B | 14 | |
| 8130700 | ADM:LIFE INSURANCE OFFICERS | - | L | B | 14 | |
| 8515700 | ADM:Worker's Comp Insurance | 989 | W | B | 14 | 359,884 |
| 8230700 | ADM:Legal Fees | 3,288 | | B | 17 | 3,288 |
| 8205700 | ADM:Audit Fees | 27,468 | | B | 18 | 27,468 |
| 7580700 | PO:UTILITIES-CABLE/MUZAK | 1,882 | | B | 19 | |
| 7585700 | PO:Utilities-Electric | 8,806 | | B | 19 | 10,689 |
| 8435700 | ADM:Telephone/Communication | 55,291 | | B | 20 | 55,291 |
| 8640700 | ADM:MEALS/ENTERTAINMENT | 35,152 | | B | 21 | |
| 8670700 | ADM:Travel | 24,928 | | B | 21 | 60,080 |
| 8415700 | ADM:Office Supplies | 33,310 | | B | 23 | |
| 8425700 | ADM:Printing | 3,955 | | B | 23 | 37,265 |
| 8305700 | ADM:Equipment Purchases | - | | B | 24 | - |
| 7545700 | PO:MAINTENANCE/REPAIRS | - | | B | 25 | |
| 8310700 | ADM:Equipment Rental | 12,059 | | B | 25 | |
| 8315100 | ADM:Maintenance | - | | B | 25 | |
| 8315700 | ADM:Maintenance | 582 | | B | 25 | 12,641 |
| 8625700 | ADM:Dues/Subscriptions | 5,102 | | B | 26 | 5,102 |
| 8615700 | ADM:Contributions | 5,000 | | B | 27 | |
| 8616700 | ADM:CONTRIBUTIONS POLITICAL | 26,570 | | B | 27 | 31,570 |
| 8505700 | ADM:Insurance Expense | 29,780 | | B | 28 | 29,780 |
| 8635700 | ADM:Licenses | 548 | | B | 29 | |
| 8665700 | ADM:State & Local Taxes | 2,825 | | B | 29 | 3,373 |
| 8210700 | ADM:CONSULTING SERVICES | - | | B | 31 | |
| 8215700 | ADM:Contract Labor | - | | B | 31 | |
| 8220700 | ADM:CONTRACT SERVICES | - | | B | 31 | |
| 8225700 | ADM:Data Processing Expense | 176,220 | | B | 31 | |
| 8245700 | ADM:Professional Fees | 17,717 | | B | 31 | 193,937 |
| 8105700 | ADM:BACKGROUND CHECKS | - | | B | 32 | |
| 8140700 | ADM:Recruitment Expenses | 35,556 | | B | 32 | |
| 8430700 | ADM:Public Relations | 8,000 | | B | 32 | |
| 8405700 | ADM:Advertising | - | | B | 32 | |
| 8410700 | ADM:Bank Service Chgs | 16,870 | | B | 32 | 60,426 |
| 8420700 | ADM:Postage | 15,252 | | B | 33 | 15,252 |
| 8630700 | ADM:Forgiveness of Debt | 260,635 | | B | 34 | |
| 8610700 | ADM:Bad Debts | - | | B | 34 | 260,635 |
| | | 0 | | | | |
| | TOTAL ASSETS | 5,987,275 | | | | 5,987,275 |
| | TOTAL LIABILITIES | (2,008,599) | | | | (2,008,599) |
| | TOTAL EQUITY | (2,376,483) | | | | (2,376,483) |
| | TOTAL REVENUE | (6,513,208) | | | | (6,513,208) |
| | TOTAL EXPENSES | 4,911,015 | | | | 4,911,015 |
| | NET INCOME | (1,602,193) | | | | (1,602,193) |
| | | - | | | | - |

**MILLENIUM HEALTH SYSTEMS D/B/A NUVISION &
HBA CORPORATION & MANAGEMENT
OWNER'S COMPENSATION
12/31/2021**

TO RECLASS OWNERS COMPENSATION

| | BARTON WEISMAN | KEITH KROEGER | ANDREW WEISMAN | Total Owners Comp |
|------------------------------|---------------------------|--------------------------|---------------------------|------------------------------|
| From 12/31/21 MCD CR WP File | 154,177 | | 505,563 | 659,740 |
| 8013700 | | | Per WTB | 659,740 |
| | | | Reclass | <u>-</u> Line 11 |

*No WP reference for amounts in MCD Home Office File

MILLENIUUM HEALTH SYSTEMS D/B/A NUVISION
 INCOME/EXPENSE OFFSETS
 12/31/2021

TO REMOVE NON-ALLOWABLE EXPENSE

| ACCT # | DESCRIPTION | AMOUNT | COST CENTER |
|---------|-----------------------------|------------------|-------------|
| 3355700 | PMA:Miscellaneous Income | (13,810) | 23 |
| 8245700 | ADM:Professional Fees | (14,217) | 31 |
| 8430700 | ADM:Public Relations | (8,000) | 32 |
| 8630700 | ADM:Forgiveness of Debt | (260,635) | 34 |
| 8610700 | ADM:Bad Debts | - | 34 |
| 8615700 | ADM:Contributions | (5,000) | 27 |
| 8616700 | ADM:CONTRIBUTIONS POLITICAL | (26,570) | 27 |
| | | <u>(328,233)</u> | |

MILLENNIUM HEALTH SYSTEMS, LLC
 ADM: PROFESSIONAL FEES
 Account #8245-700
 December 31, 2021

PBC

| SOURCE | DATE | VENDOR | AMOUNT | DESCRIPTION |
|--------------|--------|----------------------------|-------------------------|-------------------|
| AP-IN | Jan-21 | 658-MUNIZ,JOSE | 500.00 | NURSE FOR VACCINE |
| AP-IN | Feb-21 | 659-BELTRAN,THELMA | 500.00 | NURSE FOR VACCINE |
| AP-IN | Mar-21 | 660-CARREIRA,ROSAIDALIZ | 500.00 | NURSE FOR VACCINE |
| AP-IN | Apr-21 | 661-PALMER,KARENDA | 500.00 | NURSE FOR VACCINE |
| AP-IN | May-21 | 662-SCHWARTZ,JENNIFER | 500.00 | NURSE FOR VACCINE |
| AP-IN | Jun-21 | 663-CORRAL,BARBARA | 500.00 | NURSE FOR VACCINE |
| AP-IN | Jul-21 | 664-GARCIA,SOPHIA | 500.00 | NURSE FOR VACCINE |
| AP-IN | Jan-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Feb-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Mar-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Apr-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | May-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Jun-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Jul-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Aug-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Aug-21 | 620-CONVERGE GOVERNMENT AF | 1,017.15 | TRAVEL EXPENSES |
| AP-IN | Sep-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Oct-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Nov-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| AP-IN | Dec-21 | 620-CONVERGE GOVERNMENT AF | 1,100.00 | LOBBYIST |
| TOTAL | | | <u><u>17,717.15</u></u> | |