


**MEDICARE HOME OFFICE COST REPORT**  
**MILLENNIUM HEALTH SYSTEMS, LLC**  
**PERIOD ENDED DECEMBER 31, 2022**

MILLENNIUM HEALTH SYSTEMS LLC Provider CCN: HB-2318	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32 Version: 1.123.175.2	
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"/> Desk Reviewed <input type="checkbox"/> Audited	Date Received:  Intermediary No.:	<b>Schedule A</b>
----------------------------	--	---	-------------------

**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. SUITE 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: 01/01/2022 To: 12/31/2022
7. Was Audited Financial Data used on Schedule B? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Type Of Chain Organization (check applicable item)	
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  
 Controller  
 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 01/01/2022 and ending 12/31/2022. 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, 2022, 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  
March 8, 2023

MILLENNIUM HEALTH SYSTEMS LLC  Provider CCN: HB-2318	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
--	---	---	---

**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 Participat	Compon	Medicare Intermediaries	Medicaid Intermediaries	
			ion	ent Cost Reimburs ed							
	1	2	From:	To:	5	6	Yes/No	Yes/No	9	10	
1.00	BROWARD NURSING & REHAB, LLC	105083	01/01/2022	12/31/2022			Y	N	WPS	STATE OF FLORIDA	1.00
2.00	CLARK NURSING & REHAB	315341	01/01/2022	07/01/2022		07/01/2022	Y	N	NOVITAS SOLUTIONS	STATE OF NEW JERSEY	2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	105038	01/01/2022	05/31/2022		05/31/2022	Y	N	WPS	STATE OF FLORIDA	3.00
4.00	PINECREST CONVALESCENT CENTER	105153	01/01/2022	12/31/2022			Y	N	WPS	STATE OF FLORIDA	4.00
5.00	PLANTATION NURSING & REHAB, LLC	105175	01/01/2022	12/31/2022			Y	N	WPS	STATE OF FLORIDA	5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	105686	01/01/2022	12/31/2022			Y	N	WPS	STATE OF FLORIDA	6.00
7.00	TAMARAC NURSING & REHAB, LLC	105360	01/01/2022	12/31/2022			Y	N	WPS	STATE OF FLORIDA	7.00
8.00	VOORHEES PEDIATRIC FACILITY	315289	01/01/2022	12/31/2022			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	01/01/2022	12/31/2022			19.00
20.00	VPRS	01/01/2022	12/31/2022			20.00
21.00	HBA THERAPY	01/01/2022	12/31/2022			21.00
22.00	P MDC	10/01/2022	12/31/2022	10/01/2022		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	Separate Cost Statement Filed		Designated Region/Division Intermediary	
	Name	City	State	Amount	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.


MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time: 3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32: 287-05
	To: 12/31/2022	Version: 1.123.175.2



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	229,493	0	229,493	0	229,493	53,462	0	176,031	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)	229,493	0	229,493	0	229,493	53,462	0	176,031	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
<b>OTHER CAPITAL RELATED COSTS</b>										
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
<b>NON-CAPITAL RELATED COSTS</b>										
11.00	SALARIES OF OFFICERS	507,781	0	507,781	0	507,781	85,141	0	422,640	11.00
12.00	SALARIES & WAGES OF OTHERS	2,635,607	0	2,635,607	0	2,635,607	441,922	0	2,193,685	12.00
13.00	PAYROLL TAXES	191,192	0	191,192	0	191,192	32,058	0	159,134	13.00
14.00	EMPLOYEE BENEFITS-PAYROLL RELATED	327,155	0	327,155	308,462	635,617	106,576	0	529,041	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	9,248	0	9,248	0	9,248	1,551	0	7,697	17.00
18.00	AUDITING & ACCOUNTING FEES	56,120	0	56,120	0	56,120	9,411	0	46,709	18.00
19.00	UTILITIES	11,459	0	11,459	0	11,459	1,921	0	9,538	19.00
20.00	COMMUNICATONS	57,056	0	57,056	0	57,056	9,566	0	47,490	20.00
21.00	TRAVEL & ENTERTAINMENT	71,503	0	71,503	0	71,503	11,989	0	59,514	21.00
22.00	TRANSPORTATION	0	0	0	0	0	0	0	0	22.00
23.00	CLEANING OFFICE & ADMIN SUPPLIES	38,109	0	38,109	-743	37,366	6,265	0	31,101	23.00
24.00	MINOR EQUIPMENT EXPENSED	0	0	0	0	0	0	0	0	24.00
25.00	REPAIRS & MAINTENANCE	4,662	0	4,662	0	4,662	781	0	3,881	25.00
26.00	DUES & SUBSCRIPTIONS	12,303	0	12,303	0	12,303	2,062	0	10,241	26.00
27.00	CONTRIBUTIONS	44,250	0	44,250	-44,250	0	0	0	0	27.00
28.00	INSURANCE PREMS-NON-CAP REL	35,493	0	35,493	0	35,493	5,951	0	29,542	28.00
29.00	TAXES/LICENSES-NON-CAP REL	7,641	0	7,641	0	7,641	1,281	0	6,360	29.00
30.00	INTEREST EXPENSE	0	0	0	0	0	0	0	0	30.00
31.00	CONTRACT AND PROFESSIONAL FEES	208,890	0	208,890	-16,200	192,690	32,309	0	160,381	31.00
32.00	BANK CHARGES AND MISC EXPENSE	58,878	0	58,878	0	58,878	9,872	0	49,006	32.00
33.00	SHIPPING AND POSTAGE	13,115	0	13,115	0	13,115	2,199	0	10,916	33.00
34.00	OTHER ADMIN	0	0	0	0	0	0	0	0	34.00
36.00	SUB-TOTAL (SUM OF LINES 11-35)	4,290,462	0	4,290,462	247,269	4,537,731	760,855	0	3,776,876	36.00
100.00	TOTAL EXPENSES (SUM OF LINES 3, 6, 10, 36)	4,519,955	0	4,519,955	247,269	4,767,224	814,317	0	3,952,907	100.00

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time: 3/20/2023 1:01 pm	
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32: 287-05	
	To: 12/31/2022	Version: 1.123.175.2	

RECLASSIFICATION OF HOME OFFICE EXPENSES

Schedule B-1

	Increase			Decrease			
	Cost Center	Line No.	Amount (2)	Cost Center	Line No.	Amount (2)	
100.00	2	3	4	5	6	7	100.00
	<b>GRAND TOTALS</b>		<b>0</b>			<b>0</b>	

- (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.

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



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	15,456	0	15,456	0	40,846	0	4.00
5.00	Fixed Equipment	585,323	64,378	0	64,378	0	649,701	0	5.00
6.00	Movable Equipment	0	0	0	0	0	0	0	6.00
7.00	SUBTOTAL	610,713	79,834	0	79,834	0	690,547	0	7.00
8.00	Reconciling Items	0	0	0	0	0	0	0	8.00
9.00	TOTAL (Line 7 minus line 8)	610,713	79,834	0	79,834	0	690,547	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:	Run Date Time:	3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2




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, sec. 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			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. 2150.2c) 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	-16,200	31.00	CONTRACT AND PROFESSIONAL FEES	21.00
22.00	PMA:MISCELLANEOUS INCOME	B	-743	23.00	CLEANING OFFICE & ADMIN SUPPLIES	22.00
23.00	ADM:CONTRIBUTIONS POLITICAL	A	-44,250	27.00	CONTRIBUTIONS	23.00
24.00	TO ADJUST HEALTH INSURANCE TO ALLOWA	A	308,462	14.00	EMPLOYEE BENEFITS-PAYROLL RELATED	24.00
25.00	OTHER (SPECIFY)		0	0.00		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)		247,269			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: 01/01/2022	Run Date Time: 3/20/2023 1:08 pm	
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32: 287-05	
	To: 12/31/2022	Version: 1.123.175.2	

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	1.00
2.00	0.00	0	0	0	2.00
3.00	0.00	0	0	0	3.00
4.00	0.00	0	0	0	4.00
5.00	0.00	0	0	0	5.00
6.00	0.00	0	0	0	6.00
7.00	0.00	0	0	0	7.00
8.00	0.00	0	0	0	8.00
9.00	0.00	0	0	0	9.00
10.00	0.00	0	0	0	10.00
11.00	0.00	0	0	0	11.00
12.00	0.00	0	0	0	12.00
13.00	0.00	0	0	0	13.00
14.00	0.00	0	0	0	14.00
100.00	TOTALS (Sum of lines 1-99)	0	0	0	100.00

\* 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					1.00
2.00					2.00
3.00					3.00
4.00					4.00
5.00					5.00
6.00					6.00
7.00					7.00
8.00					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
100.00					100.00


MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



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		
<b>HEALTH CARE FACILITIES</b>					
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
<b>OTHER COMPONENTS</b>					
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL		32,412	32,412	19.00
20.00	VPRS		1,962	1,962	20.00
21.00	HBA THERAPY		18,000	18,000	21.00
22.00	P MDC		1,088	1,088	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)		53,462	53,462	28.00
<b>REGIONAL OFFICES</b>					
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
<b>GRAND TOTAL</b>					
34.00	Grand Total (sum of lines 18, 28 and 33)		53,462	53,462	34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
Provider CCN: HB-2318			

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	
<b>HEALTH CARE FACILITIES</b>									
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
<b>OTHER COMPONENTS</b>									
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL		77,819	403,914	29,301	97,410	1,417	8,601	19.00
20.00	VPRS		4,711	24,455	1,774	5,898	86	521	20.00
21.00	HBA THERAPY		0	0	0	0	0	0	21.00
22.00	P MDC		2,611	13,553	983	3,268	48	289	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)		85,141	441,922	32,058	106,576	1,551	9,411	28.00
<b>REGIONAL OFFICES</b>									
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
<b>GRAND TOTAL</b>									
34.00	Grand Total (sum of lines 18, 28 and 33)		85,141	441,922	32,058	106,576	1,551	9,411	34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
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	
<b>HEALTH CARE FACILITIES</b>									
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
<b>OTHER COMPONENTS</b>									
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL	1,756	8,744	10,958	5,726	714	1,885	5,439	19.00
20.00	VPRS	106	529	663	347	43	114	329	20.00
21.00	HBA THERAPY	0	0	0	0	0	0	0	21.00
22.00	P MDC	59	293	368	192	24	63	183	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)	1,921	9,566	11,989	6,265	781	2,062	5,951	28.00
<b>REGIONAL OFFICES</b>									
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
<b>GRAND TOTAL</b>									
34.00	Grand Total (sum of lines 18, 28 and 33)	1,921	9,566	11,989	6,265	781	2,062	5,951	34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time: 3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32: 287-05
	To: 12/31/2022	Version: 1.123.175.2



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		
<b>HEALTH CARE FACILITIES</b>								
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
<b>OTHER COMPONENTS</b>								
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL	1,171	29,530	9,023	2,010	695,418		19.00
20.00	VPRS	71	1,788	546	122	42,103		20.00
21.00	HBA THERAPY	0	0	0	0	0		21.00
22.00	P MDC	39	991	303	67	23,334		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)	1,281	32,309	9,872	2,199	760,855		28.00
<b>REGIONAL OFFICES</b>								
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
<b>GRAND TOTAL</b>								
34.00	Grand Total (sum of lines 18, 28 and 33)	1,281	32,309	9,872	2,199	760,855		34.00


MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:08 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



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
<b>OTHER CAPITAL RELATED COSTS</b>				
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
<b>NON-CAPITAL RELATED COSTS</b>				
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: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
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**

			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		249,786	1.000000	176,031	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		249,786	1.000000	176,031	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	48,798	0.195359	34,389	0	0	0	1.00
2.00	CLARK NURSING & REHAB	315341	13,759	0.055083	9,696	0	0	0	2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	105038	15,851	0.063458	11,171	0	0	0	3.00
4.00	PINECREST CONVALESCENT CENTER	105153	29,975	0.120003	21,124	0	0	0	4.00
5.00	PLANTATION NURSING & REHAB, LLC	105175	36,593	0.146497	25,788	0	0	0	5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	105686	34,473	0.138010	24,294	0	0	0	6.00
7.00	TAMARAC NURSING & REHAB, LLC	105360	31,615	0.126568	22,280	0	0	0	7.00
8.00	VOORHEES PEDIATRIC FACILITY	315289	38,722	0.155021	27,289	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)		249,786	1.000000	176,031	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	P MDC		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)		249,786	1.000000	176,031	0	0	0	34.00
-------	--	--	---------	----------	---------	---	---	---	-------

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



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	3,776,876	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	3,776,876	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	737,850	0		1.00
2.00	CLARK NURSING & REHAB	0	0	0	0	208,042	0		2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	0	0	0	0	239,673	0		3.00
4.00	PINECREST CONVALESCENT CENTER	0	0	0	0	453,236	0		4.00
5.00	PLANTATION NURSING & REHAB, LLC	0	0	0	0	553,301	0		5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	0	0	0	0	521,247	0		6.00
7.00	TAMARAC NURSING & REHAB, LLC	0	0	0	0	478,032	0		7.00
8.00	VOORHEES PEDIATRIC FACILITY	0	0	0	0	585,495	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	3,776,876	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	P MDC	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	3,776,876	0		34.00
-------	--	---	---	---	---	-----------	---	--	-------



MILLENNIUM HEALTH SYSTEMS LLC	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
Provider CCN: HB-2318			

STATISTICS

Schedule G

	0	[21] 1	[22] 2	[23] 3	[24] 4	[25] 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.	1	2	3	4	5		
1.00	BROWARD NURSING & REHAB, LLC	105083	0	48,798	0	0	0	1.00
2.00	CLARK NURSING & REHAB	315341	0	13,759	0	0	0	2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	105038	0	15,851	0	0	0	3.00
4.00	PINECREST CONVALESCENT CENTER	105153	0	29,975	0	0	0	4.00
5.00	PLANTATION NURSING & REHAB, LLC	105175	0	36,593	0	0	0	5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	105686	0	34,473	0	0	0	6.00
7.00	TAMARAC NURSING & REHAB, LLC	105360	0	31,615	0	0	0	7.00
8.00	VOORHEES PEDIATRIC FACILITY	315289	0	38,722	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	249,786	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	P MDC		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	249,786	0	0	0	34.00
-------	--	--	---	---------	---	---	---	-------

MILLENNIUM HEALTH SYSTEMS LLC	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
Provider CCN: HB-2318			

## STATEMENT OF REVENUE AND EXPENSES

## Schedule I


		1	2	
1.00	Total Operating Revenue		5,688,581	1.00
2.00	Less: Operating expenses (Schedule B, column 1, line 100)		4,519,955	2.00
3.00	Operating profit (loss)		<b>1,168,626</b>	3.00
4.00	Other Income:			4.00
4.01	A. Contributions, Donations	0		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	743		4.08
5.00	Total other income (sum of item 4 above)		<b>743</b>	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)		<b>0</b>	7.00
8.00	Net income (loss) for the period (line 3 plus line 5 minus line 7)		<b>1,169,369</b>	8.00

MILLENNIUM HEALTH SYSTEMS LLC	Period: From: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
Provider CCN: HB-2318			

BALANCE SHEET FOR HOME OFFICE

Schedule J

Assets (Omit Cents)		Balance Sheet Per Books	
		1	
<b>Current Assets</b>			
1.00	Cash - On Hand & In Bank	2,524,581	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)	3,007,837	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	62,162	8.00
9.00	OTHER CURRENT ASSETS (SPECIFY)	0	9.00
10.00	Total Current Assets (Sum of lines 1-9)	5,594,580	10.00
<b>Fixed Assets</b>			
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	40,845	16.00
17.00	Less: Accumulated Depreciation	0	17.00
18.00	Fixed Equipment	649,701	18.00
19.00	Less: Accumulated Depreciation	-568,262	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	RIGHT OF USE ASSET	646,407	27.00
28.00	OTHER FIXED ASSETS (SPECIFY)	0	28.00
29.00	Total Fixed Assets (Sum of lines 11-28)	768,691	29.00
<b>Other Assets</b>			
30.00	Investments	0	30.00
31.00	Deposits on Leases	551	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)	563,274	38.00
39.00	Total Assets (Sum of lines 10, 29, and 38)	6,926,545	39.00
<b>Liabilities</b>			
40.00	Accounts Payable	236,376	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	247,363	43.00
44.00	Payroll Taxes Payable	9,151	44.00
45.00	Other Accrued Expenses Payable	1,878,344	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)	2,371,234	49.00
50.00	Mortgage Payable (Long-term Portion)	0	50.00
51.00	Notes Payable - (Long-term Portion)	159,101	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: 01/01/2022 To: 12/31/2022	Run Date Time: 3/20/2023 1:01 pm MCRIF32: 287-05 Version: 1.123.175.2	
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)	159,101	55.00
56.00	Total Liabilities (Sum of lines 49 and 55)	2,530,335	56.00
<b>Capital</b>			
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	4,396,210	60.00
61.00	OTHER (SPECIFY)	0	61.00
62.00	Total Capital (Sum of lines 57-61)	4,396,210	62.00
63.00	Total Liabilities and Total Capital (Sum of lines 56 and 62)	6,926,545	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)	4,396,210	66.00

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:01 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



SUMMARY OF ALLOCATED COSTS - TOTAL

Schedule **Other**  
**Total**

		Medicare No.	Direct Allocation	Functional Allocation	Pooled Allocation	Total Cost Allocation	
		0	1	2	3	4	
<b>HEALTH CARE FACILITIES</b>							
1.00	BROWARD NURSING & REHAB, LLC	105083	0	0	772,239	772,239	1.00
2.00	CLARK NURSING & REHAB	315341	0	0	217,738	217,738	2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	105038	0	0	250,844	250,844	3.00
4.00	PINECREST CONVALESCENT CENTER	105153	0	0	474,360	474,360	4.00
5.00	PLANTATION NURSING & REHAB, LLC	105175	0	0	579,089	579,089	5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	105686	0	0	545,541	545,541	6.00
7.00	TAMARAC NURSING & REHAB, LLC	105360	0	0	500,312	500,312	7.00
8.00	VOORHEES PEDIATRIC FACILITY	315289	0	0	612,784	612,784	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	3,952,907	3,952,907	18.00
<b>OTHER COMPONENTS</b>							
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL		727,830	0	0	727,830	19.00
20.00	VPRS		44,065	0	0	44,065	20.00
21.00	HBA THERAPY		18,000	0	0	18,000	21.00
22.00	P MDC		24,422	0	0	24,422	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)		814,317	0	0	814,317	28.00
<b>REGIONAL OFFICES</b>							
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
<b>GRAND TOTAL</b>							
34.00	Grand Total (sum of lines 18, 28 and 33)		814,317	0	3,952,907	4,767,224	34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period: 01/01/2022	Run Date Time: 3/20/2023 1:01 pm
Provider CCN: HB-2318	To: 12/31/2022	MCRIF32: 287-05
		Version: 1.123.175.2



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	
<b>HEALTH CARE FACILITIES</b>									
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
<b>OTHER COMPONENTS</b>									
19.00	WEISMAN PEDIATRIC REHAB HOSPITAL		32,412	0	0	32,412	695,418	727,830	19.00
20.00	VPRS		1,962	0	0	1,962	42,103	44,065	20.00
21.00	HBA THERAPY		18,000	0	0	18,000	0	18,000	21.00
22.00	P MDC		1,088	0	0	1,088	23,334	24,422	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)		53,462	0	0	53,462	760,855	814,317	28.00
<b>REGIONAL OFFICES</b>									
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
<b>GRAND TOTAL</b>									
34.00	Grand Total (sum of lines 18, 28 and 33)		53,462	0	0	53,462	760,855	814,317	34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period:	Run Date Time:	3/20/2023 1:08 pm
Provider CCN: HB-2318	From: 01/01/2022	MCRIF32:	287-05
	To: 12/31/2022	Version:	1.123.175.2



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		
<b>HEALTH CARE FACILITIES</b>									
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
<b>OTHER COMPONENTS</b>									
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	P MDC		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
<b>REGIONAL OFFICES</b>									
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
<b>GRAND TOTAL</b>									
34.00	Grand Total (sum of lines 18, 28 and 33)		0	0	0	0	0		34.00

MILLENNIUM HEALTH SYSTEMS LLC	Period: 01/01/2022	Run Date Time: 3/20/2023 1:01 pm
Provider CCN: HB-2318	To: 12/31/2022	MCRIF32: 287-05
		Version: 1.123.175.2



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		
<b>HEALTH CARE FACILITIES</b>									
1.00	BROWARD NURSING & REHAB, LLC	105083	34,389	0	34,389	737,850	772,239		1.00
2.00	CLARK NURSING & REHAB	315341	9,696	0	9,696	208,042	217,738		2.00
3.00	OCEAN VIEW NURSING & REHAB, LLC	105038	11,171	0	11,171	239,673	250,844		3.00
4.00	PINECREST CONVALESCENT CENTER	105153	21,124	0	21,124	453,236	474,360		4.00
5.00	PLANTATION NURSING & REHAB, LLC	105175	25,788	0	25,788	553,301	579,089		5.00
6.00	SPRINGTREE REHAB & HEALTH, LLC	105686	24,294	0	24,294	521,247	545,541		6.00
7.00	TAMARAC NURSING & REHAB, LLC	105360	22,280	0	22,280	478,032	500,312		7.00
8.00	VOORHEES PEDIATRIC FACILITY	315289	27,289	0	27,289	585,495	612,784		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)		176,031	0	176,031	3,776,876	3,952,907		18.00
<b>OTHER COMPONENTS</b>									
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	P MDC		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
<b>REGIONAL OFFICES</b>									
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
<b>GRAND TOTAL</b>									
34.00	Grand Total (sum of lines 18, 28 and 33)		176,031	0	176,031	3,776,876	3,952,907		34.00



**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a  
NuVISION MANAGEMENT  
TRIAL BALANCE  
Twelve Months ended December 31, 2022**

<b>G/L#</b>	<b>DESCRIPTION</b>	<b>WTB</b>	<b>PAYROLL</b>	<b>W/S</b>	<b>LINE</b>	<b>Subtotal</b>
1110000	Petty Cash	-		J	1	
1120000	Cash-Operating	1,034,100		J	1	
1121000	CASH -SELF INSURANCE FUND	1,485,481		J	1	
1123000	CASH-PPP	-		J	1	
1126000	CASH-SELF INSURANCE 2023	5,000		J	1	2,524,581
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	585,249		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	(325,000)		J	5	
1300012	HBA Management, Inc.	-		J	5	
1300013	HBA Therapy Services, Inc.	(368,850)		J	5	
1300014	Holiday Medical Center, Inc.	-		J	5	
1300016	Holiday Medical Center	(173,296)		J	5	
1300017	Ocean View Nsg & Rehab, LLC	(9,187)		J	5	
1300018	Other Affiliated Entities	-		J	5	
1300019	Pinecrest Convalescent Ctr, LLC	1,137,839		J	5	
1300020	Pinecrest Limited Partnership	-		J	5	
1300021	Plantation Nsg & Rehab, LLC	131,077		J	5	
1300022	Springtree Rehab & Hlth, LLC	3,324		J	5	
1300023	Springtree Walk Associates	814		J	5	
1300025	Tamarac Associates	-		J	5	
1300026	Tamarac Rehab & Hlth Ctr, Inc.	552,423		J	5	
1300027	Three B Financial Services Inc	-		J	5	
1300028	Voorhees Pediatric Ctr Assoc	-		J	5	
1300031	WEISMAN CHILDREN'S REHAB HOS	153,384		J	5	
1300032	Voorhees Ped Rehab Services	(271)		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	161,835		J	5	
1300040	FORKIDCARE, LLC (VPF)	7,761		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	-		J	5	
1300046	Centennium Health Systems, LLC	173,296		J	5	
1300047	B & A Health Services, LLC	-		J	5	
1300048	Pediatric Medica Daycare of Hollywoo	460,935		J	5	
1300049	Pediatric Medical Daycare of Ft Laude	466,504		J	5	
1300050	PEDIATRIC MEDICAL OF HOLLYWOC	25,000		J	5	
1300051	PEDIATRIC MEDICAL OF FT LAUDE	25,000		J	5	3,007,837
1400005	Prepaid Insurance	24,416		J	8	
1400035	Other Prepays	37,746		J	8	62,162
1500025	Leasehold Improvements	40,845		J	16	40,845
1500040	Moveable Equipment	649,701		J	18	649,701
1500050	Accumulated Depreciation	(568,262)		J	19	(568,262)
1500055	Right of Use Asset	771,417		J	27	
1500060	ROU Accumulated Depreciation	(125,010)		J	27	646,407
1700010	Deposits	551		J	31	551
1700005	Cash Surrender Value Life Ins	562,723		J	37	
1800005	Deferred Financing Costs	-		J	37	562,723

**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a  
NuVISION MANAGEMENT  
TRIAL BALANCE  
Twelve Months ended December 31, 2022**

<b>G/L#</b>	<b>DESCRIPTION</b>	<b>WTB</b>	<b>PAYROLL</b>	<b>W/S</b>	<b>LINE</b>	<b>Subtotal</b>
2200005	Account Payable	(35,012)		J	40	
2400005	Accrued Accounting Fees	(41,900)		J	40	
2400010	Accrued Insurance	(156,889)		J	40	
2400015	Accrued Interest	-		J	40	
2400020	Accrued Legal Fees	(2,275)		J	40	
2400025	Accrued Other Expenses	(300)		J	40	
2400030	Accrued Personal Property Tax	-		J	40	(236,376)
2300005	Accrued Payroll	(247,363)		J	43	
2700005	Deferred Compensation	-		J	43	(247,363)
2300020	Fed Inc Tax WH, FICA, MCI	(7,591)		J	44	
2300030	Federal Unemployment	(426)		J	44	
2200047	Exchange-Franklin Templeton	-		J	44	
2300035	State Unemployment	(1,134)		J	44	(9,151)
2200007	EXCHANGE - ACCIDENT INSURANC	-		J	45	
2200015	Exchange-Annuity	-		J	45	
2200023	EXCHANGE-CASHED CHECKS	-		J	45	
2200025	EXCHANGE-CASHED CHECKS	-		J	45	
2200033	EXCHANGE - CRITICAL ILLNESS	-		J	45	
2200035	Exchange-Dental Insurance	-		J	45	
2200041	Exchange-Disability(S Term)	-		J	45	
2200043	Exchange-Disability(S Term)	-		J	45	
2200044	EXCHANGE FLEX SPEND 2018	-		J	45	
2400050	Accrued Expenses - Self Insurance	(1,433,860)		J	45	
2200045	Exchange-401K	-		J	45	
2200056	Exchange-Hospitalization(PPO)	-		J	45	
2200060	Exchange-Life Insurance	-		J	45	
2200065	Exchange-Miscellaneous	13,522		J	45	
2200067	EXCHANGE-OTHER INSURANCE	207,711		J	45	
2400045	Accrued Rent Expense	(19,310)		J	45	(1,231,937)
2600030	Lease Liability	(646,407)		J	45	(646,407)
2200075	Exchange-Prepaid Legal	-		J	45	(1,878,344)
2600015	Notes Payable	(159,101)		J	51	1,719,242
2100010	Bank Line of Credit	-		J	54	
2600005	Loan - PPP	-		J	54	
2600000	Long Term Debt	-		J	54	-
2900030	Distributions	17,666,060		J	60	
2900035	Retained Earnings	(20,892,900)		J	60	
2900040	Current Year Net Profit(Loss)	-		J	60	(3,226,840)
3800705	PMA:Management Income	(5,688,581)		I	1	(5,688,581)
3357700	Cancellation of PPP Debt Income	-		I	4.1	-
3300700	PMA:Interest Income	-		I	4.3	-
3355700	PMA:Miscellaneous Income	(743)		I	4.8	
8633700	ADM: (Gain)/Loss Disposal of Asset	-		I	4.8	(743)
7553700	PO:Personal Property Taxes	1,795		B	1	
7565700	PO:Rent	27,035		B	1	
7567700	PO:RENT-STORAGE	29,434		B	1	
7566700	PO:Lease Expense Property	118,833		B	1	
8510700	ADM:PROPERTY INSURANCE	18,897		B	1	
8311700	ADM:Lease Expense Equipment	14,340		B	1	
8207700	ADM:Auto	(39,840)		B	1	
8650700	ADM:Other Interest & Financing	8,543		B	1	
8620700	ADM:Depreciation	50,456		B	1	229,493
8013700	ADM: SALARIES MANAGEMENT	507,781	S	B	11	507,781
8227700	ADM:DIRECTOR FEES	49,500	S	B	12	49,500
8015700	ADM:OTHER SALARIES	2,586,107	S	B	12	2,635,607
8135700	ADM:Payroll Tax Expense	188,578	F	B	13	
8145700	ADM:Unemployment Taxes	2,614	U	B	13	141,692
8110700	ADM:Continuing Education	3,774	B	B	14	

**MILLENNIUM HEALTH SYSTEMS, LLC d/b/a  
NuVISION MANAGEMENT  
TRIAL BALANCE  
Twelve Months ended December 31, 2022**

<b>G/L#</b>	<b>DESCRIPTION</b>	<b>WTB</b>	<b>PAYROLL</b>	<b>W/S</b>	<b>LINE</b>	<b>Subtotal</b>
8115700	ADM:401K Expense	28,076	R	B	14	
8120700	ADM:Group Health & Life Insur	20,820	H	B	14	
8137700	SELF INSURANCE CALIMS 2019	-	H	B	14	
8138700	SELF INSURANCE EXPENSE 2019	266,123	H	B	14	
8125700	ADM:Other EE Benefits	4,340	B	B	14	
8130700	ADM:LIFE INSURANCE OFFICERS	-	L	B	14	
8515700	ADM:Worker's Comp Insurance	4,022	W	B	14	327,155
8230700	ADM:Legal Fees	9,248		B	17	9,248
8205700	ADM:Audit Fees	56,120		B	18	56,120
7580700	PO:UTILITIES-CABLE/MUZAK	1,869		B	19	
7585700	PO:Utilities-Electric	9,590		B	19	11,459
8435700	ADM:Telephone/Communication	57,056		B	20	57,056
8640700	ADM:MEALS/ENTERTAINMENT	33,710		B	21	
8670700	ADM:Travel	37,792		B	21	71,503
8415700	ADM:Office Supplies	38,109		B	23	
8425700	ADM:Printing	-		B	23	38,109
8305700	ADM:Equipment Purchases	-		B	24	-
7545700	PO:MAINTENANCE/REPAIRS	3,050		B	25	
8310700	ADM:Equipment Rental	1,366		B	25	
8315100	ADM:Maintenance	-		B	25	
8315700	ADM:Maintenance	246		B	25	4,662
8625700	ADM:Dues/Subscriptions	12,303		B	26	12,303
8615700	ADM:Contributions	-		B	27	
8616700	ADM:CONTRIBUTIONS POLITICAL	44,250		B	27	44,250
8505700	ADM:Insurance Expense	35,493		B	28	35,493
8635700	ADM:Licenses	3,282		B	29	
8665700	ADM:State & Local Taxes	4,359		B	29	7,641
8210700	ADM:CONSULTING SERVICES	-		B	31	
8215700	ADM:Contract Labor	-		B	31	
8220700	ADM:CONTRACT SERVICES	-		B	31	
8225700	ADM:Data Processing Expense	192,440		B	31	
8245700	ADM:Professional Fees	16,450		B	31	208,890
8105700	ADM:BACKGROUND CHECKS	-		B	32	
8140700	ADM:Recruitment Expenses	48,100		B	32	
8430700	ADM:Public Relations	-		B	32	
8405700	ADM:Advertising	-		B	32	
8410700	ADM:Bank Service Chgs	10,778		B	32	58,878
8420700	ADM:Postage	13,115		B	33	13,115
8630700	ADM:Forgiveness of Debt	-		B	34	
8610700	ADM:Bad Debts	-		B	34	-
		0				
	TOTAL ASSETS	6,926,545				6,926,545
	TOTAL LIABILITIES	(2,530,335)				(2,530,335)
	TOTAL EQUITY	(3,226,840)				(3,226,840)
	TOTAL REVENUE	(5,689,324)				(5,689,324)
	TOTAL EXPENSES	4,519,954				4,519,954
	NET INCOME	(1,169,370)				(1,169,370)
		-				-

MILLENIUUM HEALTH SYSTEMS D/B/A NUVISION  
 INCOME/EXPENSE OFFSETS  
 12/31/2022

**TO REMOVE NON-ALLOWABLE EXPENSE**

ACCT #	DESCRIPTION	AMOUNT	COST CENTER
3355700	PMA:Miscellaneous Income	(743)	23
8245700	ADM:Professional Fees	(16,200)	31
8430700	ADM:Public Relations	-	32
8630700	ADM:Forgiveness of Debt	-	34
8610700	ADM:Bad Debts	-	34
8615700	ADM:Contributions	-	27
8616700	ADM:CONTRIBUTIONS POLITICAL	(44,250)	27
		<u>(61,193)</u>	

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

PBC

SOURCE	DATE	VENDOR	AMOUNT	DESCRIPTION
AP-IN	Jan-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Feb-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Mar-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Apr-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	May-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Jun-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Jul-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Aug-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Sep-22	620-CONVERGE GOVERNMENT AF	1,100.00	LOBBYIST
AP-IN	Oct-22	620-CONVERGE GOVERNMENT AF	2,100.00	LOBBYIST
AP-IN	Nov-22	620-CONVERGE GOVERNMENT AF	2,100.00	LOBBYIST
AP-IN	Dec-22	620-CONVERGE GOVERNMENT AF	2,100.00	LOBBYIST
AP-IN	Dec-22	80-696-PIERCE COLLINS	250.00	PHOTO
<b>TOTAL</b>			<u><u>16,450.00</u></u>	

**MILLENIUM HEALTH SYSTEMS D/B/A NUVISION**  
**Health Insurance Adjustment**  
**12/31/2022**

**TO ADJUST HEALTH INSURANCE TO ALLOWABLE**

PBC

SELF INSURANCE  
 2022 CLAIMS PAID BY 3/15/23

	2022 CLAIMS PAID	2022 CLAIMS PD BY 031423	TOTAL	
001	NUVISION MGMT	490,480.26	84,784.71	575,264.97
002	HBA THERAPY	250,119.27	22,696.05	272,815.32
003	OCEANVIEW	82,591.42	-	82,591.42
004	BROWARD	292,306.91	17,841.90	310,148.81
005	SPRINGTREE	95,272.08	13,466.34	108,738.42
006	TAMARAC	105,311.24	57,936.22	163,247.46
007	PINECREST	42,551.36	48,769.17	91,320.53
008	PLANTATION	99,873.61	63,672.96	163,546.57
009	VPF	1,164,019.16	311,222.87	1,475,242.03
010	WCRH	650,016.33	103,514.82	753,531.15
011	CLARK	17,887.60	-	17,887.60
012	KIDSKORNER	33,806.37	7,012.62	40,818.99
9002	HBA THERAPY - COBRA	-	-	-
9003	OCEANVIEW - COBRA	-	-	-
9009	VPF - COBRA	13,358.97	489.59	13,848.56
9010	WCRH - COBRA	1,187.52	-	1,187.52
	REFUND CREDIT	(479.54)	-	(479.54)
	FEES	22,357.25	1,455.27	23,812.52
	UID	(2,187.86)	-	(2,187.86)
	REISSUE (NO DIVISION)	-	-	-
	STOP LOSS CREDIT			
	PREMIUM REFUND			
<b>TOTAL</b>		<b>3,358,471.95</b>	<b>732,862.52</b>	<b>4,091,334.47</b>

Per 300 WTB		
H	Health Insurance	286,942.33
Per Schedule Above		
	Health Insurance	595,404.40
Adjustment		308,462.07
CR adjustment to adjust Health Insurance to allowable amount		
730440	Admin Health Insurance	308,462.07
		Line 14