



Provider Relief Fund Phase 4 General Distribution Supporting Documentation

Wednesday, October 13, 2021

Vision: Healthy Communities, Healthy People





Welcome

Thank you for joining. Please allow a few minutes for attendees to join the webcast.

Webcast Recording

A recording will be made available on HRSA's website in the days following today's session.

Questions

Please submit all questions through the webcast chat feature. We will compile all inquiries and review them after the webcast to address via the program's FAQs.



Today's Speakers



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Health Resources & Services Administration (HRSA)
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Agenda

- Supporting Documentation: Operating Revenues and Expenses from Patient Care
- Supporting Documentation: Total Annual Revenues and Annual Net Patient Care Revenues
 - Financial Scenarios







Preparation for Today's Webinar

- Overview and Portal Demo view the webcast
- Phase 4 and ARP Rural application instructions: hrsa.gov/provider-relief/future-payments/phase-4-arp-rural
- Fact Sheet Complex Organizational Structures
- Annual Revenues from Patient Care Worksheet
- Annual Revenues Adjustment Worksheet

The Importance of Supporting Documentation





Phase 4 Payment Methodology

Step 1: TIN Validation

Step 2: Calculation of Initial

Loss Ratio and Provider-Type

Loss Ratio

Step 3: Identifying Flags

Step 4: In-Depth Review (i.e. Supporting Documentation review)

Step 5: Payment Adjustments, Caps, and No Payment

Payment Adjustments Based on Review in Step 4

Anomalous Financial information	Resolved (documentation fully supports reported figures)	Not Resolved - Reasonable (some inaccuracies in supporting documentation)	Not Resolved - Insufficient (missing or inaccurate information)
Loss ratio greater than N th for their provider type	Paid based on submitted figures	Adjusts Quarterly Losses to N th percentile based on provider type	No Payment
Single quarter revenues or expenses greater than X% of the applicant's total annual revenues	Paid based on submitted figures	Caps Quarterly Losses at mean Provider-Type Loss Ratio	No Payment
High potential payment	Paid based on submitted figures	Caps Quarterly Losses at mean Provider-Type Loss Ratio	No Payment

More information is available at www.hrsa.gov/provider-relief/future-payments/phase-4-arp-rural/payment-methodology.

Supporting Documentation: Operating Revenues and Expenses from Patient Care





Supporting Documentation: Operating Revenues and Expenses from Patient Care

	Pre-pandemic	Quarters for Calculating Phase 4 Base Payment
	2019 Q3	2020 Q3
Comparison quarters	2019 Q4	2020 Q4
	2019 Q1	2021 Q1

SUPPORTING DOCUMENTATION: Operating Revenues and Expenses from Patient Care

(19) Upload 2020 Q3 and Q4 and 2021 Q1 operating revenues and expenses from patient care documentation:



(20) Upload 2019 Q1,Q3,Q4 operating revenues and expenses from patient care documentation:



	n à Ferien l'évinnes ar	Reference (D.
HRSA Provider Rel	et Fund - Phas	e 4 and American Rescue Plan (ARP)
Rural Distribution R		
Tax ID Number	111116890	
Name as shown on your ansame tex return	Welmast Provide Relie	Frank Group
Federal Tax Classification		
Bosiness Name (It different)	Value Walter	
Steel 1	1.Chery Hit Road	
	New York	State: My ZIp ZZZZZ
Registration Type		
NPI	1234567850	
(2) Contact Parson Name		
(2) Contact Person Title		
(3) Dontact Person Phone Number		
(4) Contact Person Email		
		Haspini, Acedemic Medical Center
and alternative ships		fore been cleationally contract
(9) UMS Conflication Number	9	
(CONS), d'applicable	-	
REVENUES		
		(10) Revenues: \$
		(11) Fiscal Year of Revenues:
(12.1) Selective in	dera Tax rom you will	upload to support Pationi Care Revenue:
(13.7) 7819 Q1 (Jen 1 + Mer 3 (13.3) 2819 Q4 (Ont 1 + Dec 3		(13 7) 2019 Q3 (July 1 – Sept 30) (13 4) 2020 Q3 (July 1 – Sept 30)
(13.3) 2019 Q4 (Oct 1 – Dec 1 (13.5) 2021 Q4 (Oct 1 – Dec 1	in _	(13.4) 2020 (3.4 (sky 1 – Sept 30) (13.4) 2020 (3.4 (sky 1 – Sept 30) (13.6) 2021 (21 (Jan 1 – Mar 31)
(13/3) 2019 Q4 (Oct.) - Dec.	an L	(13.4) 2520 Q3 (July 1 – Sept 30) £13.6) 2021 Q1 (Jan 1 – Mar 31)
(13.3) 2019 Q4 (Qxt.) - Dec ((13.5) 2020 Q4 (Qxt.) - Dec (S FROM PATIENT CA	(13.4) 2520 Q3 (July 1 – Sept 30) £13.6) 2021 Q1 (Jan 1 – Mar 31)
(13.3) 2019 Q4 (Dat.) - Dec. (13.5) 2020 Q4 (Dat.) - Dec. 14. OPERATING EXPENSE	S FROM PATIENT CA	(13.4) 2020 03 (July 1 – Sept 30) (13.6) 2021 01 (Jan 1 – Mar 31)
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(133) 2019 Q4 (Out 1 – Dec 1 (115) 2022 Q4 (Out 1 – Dec 1 14. OPERATING EXPENSE (141) 2019 Q1 (Jen 1 – Me 3 (143) 2019 Q1 (Jen 1 – Dec 1 (143) 2019 Q1 (Out 1 – Dec 1 SUPPORTING DOCUM Patient Care	S FROM PATIENT CA	(13.4) 2520 G3 (Asy 1 – Supi 35) (13.6) 2021 G1 (Jan 1 – Mar 31) RRE (44.7) 2519 G3 (Asy 1 – Supi 36) (44.6) 2031 G3 (Lisy 1 – Supi 36) (44.6) 2031 G3 (Lisy 1 – Supi 36) (46.6) 2031 G3 (Lisy 1 – Supi 36) (46.6) 2031 G3 (Lisy 1 – Supi 36)
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Supporting Documentation: Operating Revenues and Expenses from Patient Care

Required: All applicants to substantiate operating revenues and expenses (Fields 13.1 - 13.6 and 14.1 - 14.6)

Applicant may submit internally-generated financial statements or a classified trial balance groupings report reconciled to the claimed amounts in the application

Patient Care Operating Revenues:

- Net patient service revenues (gross charges minus contractual adjustments)
- Exclude "other operating revenue" and non-operating revenue, such as investment income, joint venture income, etc.

Patient Care Operating Expenses:

- Salaries and benefits
- Supplies
- Professional services
- Administrative
- Depreciation
- Interest



Operating Revenues

Patient service fees Management fees Rental income Interest & dividends Miscellaneous income Total revenues

Patient service fees Management fees Rental income Interest & dividends Miscellaneous income Total revenues

	2019 Q1	
Patient	Non-Patient	Total
100,100	-	100,100
-	10,100	10,100
-	25,100	25,100
-	1,100	1,100
100	2,100	2,200
100,200	38,400	138,600
	2020 Q3	
Patient	2020 Q3 Non-Patient	Total
Patient 150,300	Non-Patient	Total 150,300
	Non-Patient	
	Non-Patient	150,300
	Non-Patient - 15,300	150,300 15,300
	Non-Patient - 15,300 40,300 1,300	150,300 15,300 40,300

		2019 Q3	
	Patient	Non-Patient	Total
	100,300	-	100,300
	-	10,300	10,300
	-	25,300	25,300
	-	1,300	1,300
	300	2,300	2,600
	100,600	39,200	139,800
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		2020 Q4	
	Patient	2020 Q4 Non-Patient	Total
	Patient 150,400	_	Total 150,400
		_	
		Non-Patient	150,400
		Non-Patient - 15,400	150,400 15,400
		Non-Patient - 15,400 40,400	150,400 15,400 40,400
	150,400 - -	Non-Patient - 15,400 40,400 1,400	150,400 15,400 40,400 1,400

	2019 Q4	
Patient	Non-Patient	Total
100,400	-	100,400
-	10,400	10,400
-	25,400	25,400
-	1,400	1,400
400	2,400	2,800
100,800	39,600	140,400
	7	
	2021 Q1	l
Patient	2021 Q1 Non-Patient	Total
Patient 150,100		Total 150,100
	Non-Patient	150,100
	Non-Patient - 15,100	150,100 15,100
	Non-Patient - 15,100 40,100	150,100 15,100 40,100
150,100 - - -	Non-Patient - 15,100 40,100 1,100	150,100 15,100 40,100 1,100

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13. OPERATING REVENUES FROM PATIENT CARE

(13.1) 2019 Q1 (Jan 1 – Mar 31): 100,200 (13.2) 2019 Q3 (July 1 – Sept 30): 100,600 (13.3) 2019 Q4 (Oct 1 – Dec 31): 100,800 (13.4) 2020 Q3 (July 1 – Sept 30): 151,600 (13.5) 2020 Q4 (Oct 1 – Dec 31): 150,800 (13.6) 2021 Q1 (Jan 1 – Mar 31): 150,200
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Expenses from Patient Care

Salaries & wages
Payroll taxes
Employee Benefits
Purchased services
Medical supplies
Office expenses
Rent
Interest
Depreciation
Total Expenses

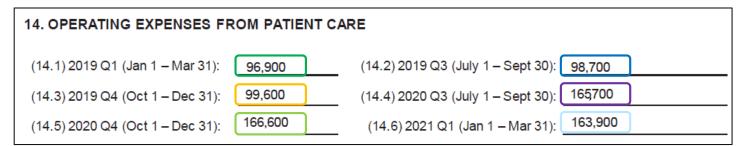
Salaries & wages
Payroll taxes
Employee Benefits
Purchased services
Medical supplies
Office expenses
Rent
Interest
Depreciation
Total Expenses

	2019 Q1	
Patient	Non-Patient	Total
50,100	20,100	70,200
5,100	2,100	7,200
8,100	3,100	11,200
3,100	2,100	5,200
15,100	-	15,100
2,100	1,100	3,200
5,100	5,100	10,200
1,100	-	1,100
7,100	2,100	9,200
96,900	35,700	132,600
1		- 1
	2020 Q3	
Patient	2020 Q3 Non-Patient	Total
Patient 60,300		Total 75,600
	Non-Patient	
60,300	Non-Patient 15,300	75,600
60,300 7,300	Non-Patient 15,300 3,300	75,600 10,600
60,300 7,300 10,300	Non-Patient 15,300 3,300 5,300	75,600 10,600 15,600
60,300 7,300 10,300 5,300	Non-Patient 15,300 3,300 5,300	75,600 10,600 15,600 8,600
60,300 7,300 10,300 5,300 50,300	15,300 3,300 5,300 3,300	75,600 10,600 15,600 8,600 50,300
60,300 7,300 10,300 5,300 50,300 4,300	Non-Patient 15,300 3,300 5,300 3,300 - 2,300	75,600 10,600 15,600 8,600 50,300 6,600
60,300 7,300 10,300 5,300 50,300 4,300 10,300	Non-Patient 15,300 3,300 5,300 3,300 - 2,300	75,600 10,600 15,600 8,600 50,300 6,600 20,600

I	2019 Q3	
Patient	Non-Patient	Total
50,300	20,300	70,600
5,300	2,300	7,600
8,300	3,300	11,600
3,300	2,300	5,600
15,300	-	15,300
2,300	1,300	3,600
5,300	5,300	10,600
1,300	-	1,300
7,300	2,300	9,600
98,700	37,100	135,800
	2020 Q4	
Patient	2020 Q4 Non-Patient	Total
Patient 60,400	-	Total 75,800
	Non-Patient	
60,400	Non-Patient 15,400	75,800
60,400 7,400	Non-Patient 15,400 3,400	75,800 10,800
60,400 7,400 10,400	Non-Patient 15,400 3,400 5,400	75,800 10,800 15,800
60,400 7,400 10,400 5,400	Non-Patient 15,400 3,400 5,400	75,800 10,800 15,800 8,800
60,400 7,400 10,400 5,400 50,400	Non-Patient 15,400 3,400 5,400 3,400	75,800 10,800 15,800 8,800 50,400
60,400 7,400 10,400 5,400 50,400 4,400	Non-Patient 15,400 3,400 5,400 3,400 - 2,400	75,800 10,800 15,800 8,800 50,400 6,800
60,400 7,400 10,400 5,400 50,400 4,400 10,400	Non-Patient 15,400 3,400 5,400 3,400 - 2,400 10,400	75,800 10,800 15,800 8,800 50,400 6,800 20,800

	2013 Q4	
Patient	Non-Patient	Total
50,400	20,400	70,800
5,400	2,400	7,800
8,400	3,400	11,800
3,400	2,400	5,800
15,400	-	15,400
2,400	1,400	3,800
5,400	5,400	10,800
1,400	-	1,400
7,400	2,400	9,800
99.600	37,800	137,400
99,600	2021 Q1	,
Patient		Total
Patient	2021 Q1 Non-Patient	Total
	2021 Q1 Non-Patient	
Patient 60,100	2021 Q1 Non-Patient) 15,100) 3,100	Total 75,200
Patient 60,100 7,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100	Total 75,200 10,200
Patient 60,100 7,100 10,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100 0 3,100	Total 75,200 10,200 15,200
Patient 60,100 7,100 10,100 5,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100 0 3,100 0 -	Total 75,200 10,200 15,200 8,200 50,100 6,200
Patient 60,100 7,100 10,100 5,100 50,100 4,100 10,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100 0 3,100 	Total 75,200 10,200 15,200 8,200 50,100 6,200 20,200
Patient 60,100 7,100 10,100 5,100 4,100 10,100 2,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100 0 3,100 0 - 0 2,100 0 10,100	Total 75,200 10,200 15,200 8,200 50,100 6,200 20,200 2,100
Patient 60,100 7,100 10,100 5,100 50,100 4,100 10,100	2021 Q1 Non-Patient 0 15,100 0 3,100 0 5,100 0 3,100 0 - 0 2,100 0 10,100 0 - 4,100	Total 75,200 10,200 15,200 8,200 50,100 6,200 20,200

2019 Q4





Key Take Aways

- All applicants must submit supporting documentation in Fields 19 and 20
- Documentation must match operating revenues and expenses reported in Fields 13.1 – 13.6 and 14.1 – 14.6
- Exclude "other operating revenue" and non-operating revenue, such as investment income, joint venture income, etc.
- If documentation is broken down by months within a quarter, ensure the total is equal to the respective quarterly amount.

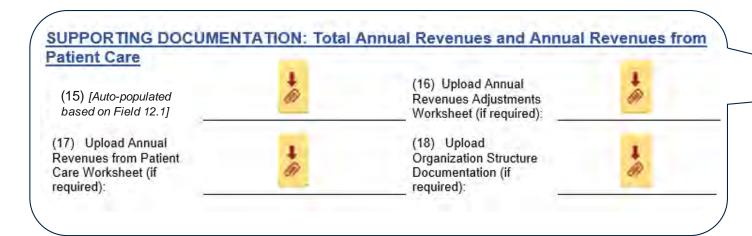
Supporting Documentation: Total Annual Revenues and Annual Net Patient Care Revenues





Fields for Supporting Documentation

- Field 15 Annual Revenues
- Field 16 Annual Revenues Adjustments Worksheet and documentation
- Field 17 Annual Revenues from Patient Care Worksheet
- Field 18 Organization Structure



Helifune	Reference ID.
	et Fund – Phase 4 and American Rescue Plan (ARP) evenue Application
Tax (5 Number	111276850
Name as stream or your	Welcast Provide Relief Fund Group
	individual sale proprieser or single-member LLC
Business Name (it different)	
Steel 1	1 Charty Hit Road
	New York State MY ZIp 22222
Registration Type	(d.
NPI	1234567890
(*) Contlect Person Rame	
(2) Contact Person Title	
(3) Dontact Person Phone Number	
(4) Contact Person Email	
(5) Applicant/Provider Type	Facilities - Acute Care Haspitel, Academic Medical Center
and Charles Committees a Pro-	Presch 5 - 11 fever been criteralisasely-corrovers
(9) CMS Conflication Number (CCNs), if applicable	-
REVENUES	
	(10) Revenues: \$
	/11) Fiscal Year of Revenues: (12) Revenue from Patient Care;
(12.1) Selective Fe	dera Tax From you will uplead to support Pationi Care Revenue:
(13.7) 7819 O1 (Jen 1 - Mar 3 (13.3) 7819 O4 (Oct 1 - Dec 3 (13.5) 2823 O4 (Oct 1 - Dec 3	(13.4) 2528 G3 (July 1 – Sept 30)
	(13.4) 2020 Q3 (July 1 – Sept 30) (13.6) 2021 Q1 (Jun 1 – Mar 31)
(13.3) 2019 Q4 (Ozt.) – Dec 3 (13.5) 2021 Q4 (Ozt.) – Dec 3	(13.4) 2028 0.3 (May 1 – SApt 50) (13.6) 2021 Ot (Jan 1 – Mar 31)
(13.3) 2019 Q4 (Qtf.) - Dac 3 (13.5) 2020 Q4 (Qtf.) - Dac 3 14. OPERATING EXPENSE	(1) (13.4) 2000 (23.144) 1 - Supt 30) (1) (12.6) 2021 (3) (Jan 1 - Mar 31) (1) (13.7) 2010 (3.144) 1 - Supt 30) (1) (14.7) 2010 (3.144) 1 - Supt 30)
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(13.3) 2019 04 (Dut 1 - Dac 3 (11.5) 2021 04 (Dut 1 - Dac 3 14. OPERATING EXPENSE (14.1) 2019 01 (Jun 1 - Me 3 (14.3) 2019 04 (Dut 1 - Dac 3 (14.5) 2020 04 (Dut 1 - Dac 3	(13.4) 2520 03 (July 1 – Supi 35) (12.6) 2021 OI (Jun 1 – Mar 31) (13.6) 2021 OI (Jun 1 – Mar 31) (14.7) 2529 03 (July 1 – Supi 35) (14.6) 2529 03 (July 1 – Supi 35) (14.6) 2529 03 (July 1 – Supi 35) (14.6) 2629 OI (Jun 1 – Mar 31) (14.6) 2629 OI (Jun 1 – Mar 31) (14.6) 2629 OI (Jun 1 – Mar 31)
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(13.3) 2019 O4 (dat 1 – Dac 1 (11.5) 2023 O4 (dat 1 – Dac 1 14. OPERATING EXPENSE (14.1) 2019 O1 (ins. 1 – Min. 3 (4.3) 2019 O4 (dat 1 – Dac 1 (4.3) 2019 O4 (dat 1 – Dac 1 (4.5) 2029 O4 (dat 1 – Dac 1 (4.5) 1640-consisted booset for Field 27 (f) (7.7) 1964ad Annie Revenues from Pallert Carre (19) 1964ad 2029 O3 and O4 and 2021 O1 operating over patient care distributions.	(12 6) 2021 Ol (Jan 1 – Mar 31) (12 6) 2021 Ol (Jan 1 – Mar 31) (13 6) 2021 Ol (Jan 1 – Mar 31) (14 6) 2020 Ol (Jany 1 – Sept 35) (14 6) 2020 Ol (Jany 1 – Sept 35) (14 6) 2020 Ol (Jany 1 – Sept 35) (14 7) 2016 Ol (Jany 1 – Sept 35) (14 8) 2020 Ol (Jany 1 – Sept 35) (14 8) 2020 Ol (Jany 1 – Sept 35) (15) (Short Armual Revenues From Patient (Jany 1 – Jany 1 – Jan
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(13.3) 2019 O4 (Ozt 1 – Dec 1 (11.5) 2023 O4 (Ozt 1 – Dec 1 14. OPERATING EXPENSE (14.1) 2019 O1 (Jen 1 – Me 3 (14.3) 2019 O4 (Jen 1 – Me 3 (14.3) 2019 O4 (Jen 1 – Dec 1 (14.5) 2020 O4 (Ozt 1 – Dec 1 (15.5) 1020 O4 ((12.4) 2238 (23.1 May 1 – Supt 35) (13.6) 2021 Ol dan 1 – Mar 31) (13.6) 2021 Ol dan 1 – Mar 31) (14.6) 2021 Ol dan 1 – Mar 31) (14.6) 2021 Ol day 1 – Supt 35) (15.6) 2021 Ol day 1 – Supt 35) (16.6) 2021 Ol day 1 – Supt 35) (17.6) 2021 Ol day 1 – Supt 35) (18.6) 2021 Ol day 1 – Supt 35) (2021 Ol day 1 – Sup



Field 15 - Annual Revenues Documentation

Required: All Applicants

Supports figures reported in Field 10 - Total Annual Revenues and Field 12 - Annual Net Patient Care Revenues

Requirements:

- Document submitted in its entirety
- Use documentation from most recently filed or completed fiscal year



Field 15 - Annual Revenues Documentation

If the applicant for tax purposes is a	The applicant must submit:
Sole proprietor or disregarded entity owned by an individual	IRS Form 1040 including Schedule C
Trust or estate	IRS Form 1041 including Schedule C
Partnership	IRS Form 1065
C corporation	IRS Form 1120
S corporation	IRS Form 1120-S
Tax-exempt organization	IRS Form 990
Not required to file federal income taxes (e.g. Government entities)	Most recent audited financial statements (or management-prepared financial statements) and a statement explaining why the entity is not required to file a federal income tax form.

If the applicant is required to file a federal income tax return

Filed federal income tax return for 2018, 2019, or 2020



If the applicant is exempt from filing a federal income tax return

Audited financial statements



If the applicant does not have tax filings or audited financial statements

Internally-generated **financial statements** (e.g., four quarters of SF-425 forms; annual report submitted to Unified Financial Management System)



Scenarios Requiring Annual Revenue Documentation

Additional documentation is needed in the following scenarios:

- 1. Provider is **not required to file** federal income taxes
- 2. Amounts reported in Fields 10 and/or 12 are more than 5% greater or 50% less than the amounts in the document uploaded in Field 15
- 3. Parent entity is applying on behalf of multiple subsidiaries
- 4. Applicant's TIN does not match TIN in the document uploaded in Field 15
- 5. Annual revenues are not entirely related to patient care



Scenario 1: Not required to file federal income taxes

Required: Tribal entities, and state and local governments that are not required to file taxes

Field 15:

- Most recent audited financial statements or internally prepared management statements
- Statement explaining why the entity is not required to file a federal income tax form





This Form is Provided for Information Only

Reference ID

HRSA Provider Relief Fund - Phase 4 and American Rescue Plan (ARP) Rural Distribution Revenue Application

Tax ID Number:	11-1111111
Name as shown on your income tax return:	EXAMPLE COUNTY HOSPITAL
Federal Tax Classification:	GOVERNMENT
Business Name (if different):	
Street 1:	
Street 2:	
City:	State: Zip:
NPI:	
(1) Contact Person Name:	
(2) Contact Person Title:	
(3) Contact Person Phone Number:	
(4) Contact Person Email:	
	Fields 6 - 8 have been intentionally removed
(9) CMS Certification Number (CCNs), if applicable	z =

REVENUES

(10) Revenues: \$ 4,364,054,000

(11) Fiscal Year of Revenues: 2020

(12) Revenue from Patient Care: \$ 3,915,931,000

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: Audited financial statements

EXAMPLE COUNTY HOSPITAL

4567 Edgefield Road, Rhinebeck, MD 02134-0000

October 12, 2021

To whom it may concern;

Per the instructions, I am attaching this statement affirming that Example County Hospital is a county-owned hospital and, as such, is not required to file a federal income tax form.

Instead, I have attached the audited financial statements for Example County Hospital for fiscal year 2020 in Field 15. Please see page 20 for total annual revenues and annual net patient care revenues.

Thank you,

J Doe President

P (555) 555.0123 F (555) 555.0124 E info@governmententitycommunityhospital.com



Scenario 2: Reported revenues 5% greater or 50% less

Required: Applicants with Fields 10 and/or 12 that are more than 5% greater or 50% less than the amounts in the document uploaded in Field 15

Field 16 - Annual Revenues Adjustments Worksheet

- Report on acquisitions or dispositions from the date of sale through the Phase 4 application deadline
- Include supporting documentation for any adjustments reflected on the worksheet (e.g., internally-generated financial statements, valuation reports that would reflect revenue, and budget-to-actual revenues comparisons)



PARENT COMPANY, LP

4567 Edgefield Road, Rhinebeck, MD 02134-0000

October 12, 2021

On January 31, 2020, Parent Company, LP (EIN: 11-1111111) acquired 100% of the stock in Acquired Company, Inc. (EIN: 22-2222222). All of Acquired Company, Inc.'s revenues for 2020 are being included in this application. See the attached Form 1120 filed for Acquired Company, Inc. and for Parent Company, LP for 2020 as support.

Thank you,

J Doe

President



	11	20	2		S. Cor				n I	nc	on						uri	n					OMB No. 1545-0123
Dep	artment o	of the Treasury	For cal	endar year 2020 Go to ww			7	_	or in	stru	ctio		202 and				info	rma	tion		20		2020
1 (Check if	:		Name																В	Emp	loyer id	dentification number
	consolida attach Fo	ated return	TYPE	ACQUIRED CO	MPANY,	INC.														ш		22	-2222222
b L	ife/nonlif lated retu	e consoli-	OR PRINT	Number, street,	and room or	suite	no.	lf a F	0. b	ox, s	ee ir	stru	ctio	ns.						C	Date	incorpo	orated
(i	attach So	ch. PH)	FRIINT	City or town, sta	te or provin	ce, co	ountr	y, an	d ZIP	or fo	reigi	n po	stal	code	В					D	Total	(see instructions)	
		M-3 attached	E Check	k if: (1) Initia	l return	- 1	(2)	F	inal r	eturn	E.		(3)		Na	ame	chan	ige '		(4)		Addres	change
	1a	Gross receip	ots or sale	s			-					0.				1a			1	,00	0,000		
	b	Returns and	allowanc	es											I	1b					(
	C	Balance. St	btract line	e 1b from line 1a	1						4							- 4				1c	1,000,000
	2	Cost of good	ds sold (at	ttach Form 1125	i-A)																	2	
	3	Gross profit	Subtract	t line 2 from line	10		4				a				2							3	
ne	4	Dividends a	nd inclusion	ons (Schedule C	, line 23)							0.			6							4	
ncome	5	Interest .						٠.	6 3	. ,	4											5	
=	6	Gross rents		0 0 1 1 2								1				å.						6	
	7	Gross royalt	ies				4				- 4	9.		-	a.	i.						7	
	8	Capital gain	net incom	ne (attach Sched	lule D (For	m 11	20)								3							8	-
	9	Net gain or	loss) from	Form 4797, Par	rt II, line 17	(att	ach	Forn	n 479	97)	+	ů.			4	i.		. ,				9	
	10	Other incom	e (see ins	tructions-attac	h stateme	nt) .		4														10	
	11	Total incom	e. Add li	nes 3 through 10)		-		Ţ.,		4	4		3	è			-	12		•	11	1,000,000
· i	12	Compensati	on of offic	ers (see instruct	tions-atta	ich F	orm	112	5-E)			0			4						-	12	
č	13	Salaries and	wages (le	ess employment	credits)																	13	
Ö	14	Repairs and	maintena	nce						. 1												14	
deductions.)	15	Bad debts .	4.5					12														15	50,000
oud	16	Rents	1 1 1				4				a				4					4		16	
0	17	Taxes and li	censes .									5										17	

orm 1065 epartment of the Treasury		U.S. Return of Partnership Income endar year 2020, or tax year beginning, 2020, ending, 20 Go to www.irs.gov/Form1065 for instructions and the latest information.	OMB No. 1545-0123
Principal business activity		Name of partnership	D Employer identification number
EALTHCARE		PARENT COMPANY, LP	11-1111111
Principal product or service	Type	Number, street, and room or suite no. If a P.O. box, see instructions.	E Date business started
Business code number	Print	City or town, state or province, country, and ZIP or foreign postal code	F Total assets (see instructions)
Check applicable be Check accounting m	nethod:	(1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►	e (5) Amended return
Check if Schedules Check if partnership: aution: Include only	(1)	1-3 are attached	69 passive activity purposes
1a Gross re b Returns	ceipts o	r sales	0
		ct line 1b from line 1a	1c 900,000
		old (attach Form 1125-A)	3
3 Gross pr 4 Ordinary		btract line 2 from line 1c	4
5 Net farm		loss) (attach Schedule F (Form 1040))	5
		rom Form 4797, Part II, line 17 (attach Form 4797)	6
o , tot gain		oss) (attach statement)	7 100,000
		oss). Combine lines 3 through 7	8 1,000,000
9 Salaries		ges (other than to partners) (less employment credits)	9
10 Guarante	eed pay	ments to partners	10
11 Repairs		intenance	11
10 Guarante 11 Repairs 12 Bad deb 13 Rent . 14 Taxes ar	ts		12 50,000
13 Rent .			13
14 Taxes ar	nd licens	ses	14
15 Interest	see ins	tructions)	15

Acquired:

\$1,000,000 (total income)

- \$50,000 (bad debts)

\$950,000 Annual Net Patient Care

Parent:

\$1,000,000 (total income)



- \$150,000 (non-patient care and bad debts)



\$850,000 Annual Net Patient Care



Annual Revenues Adjustment Worksheet (Updated 10-12-2021)

(1) Applicant Name:

PARENT COMPANY, LP

(2) Applicant's Taxpayer identification number (TIN):

111111111

(3) Gross Revenues:

\$1,000,000

(4) Total Annual Revenues (i.e., Gross Revenues (Cell A7) + the sum of Total Gross Revenues (Cells G17 and below)):

\$2,000,000

(5) Annual Net Patient Care Revenues:

\$850,000

(6) Adjusted Annual Revenues from Patient Care (i.e., Annual Net Patient Care Revenues (Cell A11) + the sum of Net Patient Care Revenues (Cells I17 and below)):



(7) Acquisition and Disposition Information

	(b) Acquisition (A) or Disposition (D)	(c) Name) Total gross revenues	(e) Net patient care revenues
123456789	Α	Sample City Hospital, LLC	\$ 50,000,000	\$ 50,000,000
22222222	Α	ACQUIRED COMPANY, INC.	\$1,000,000	\$950,000.0





This Form is Provided for Information Only

Reference ID

HRSA Provider Relief Fund – Phase 4 and American Rescue Plan (ARP) Rural Distribution Revenue Application

Tax ID Number:	11-1111111			
Name as shown on your income tax return:	PARENT COMPANY, LP			
Federal Tax Classification:	PARTNERSHIP			
Business Name (if different):				
Street 1:				
Street 2:				
City:		State:	Zip:	
Registration Type:				
NPI:				
(1) Contact Person Name:	-			
(2) Contact Person Title:				
(3) Contact Person Phone Number:				
(4) Contact Person Email:				
(5) Applicant/Provider Type:				
	Fields 6 - 8 have be	en intentionally removed		
(9) CMS Certification Number (CCNs), if applicable				

REVENUES

(10) Revenues: \$ 2,000,000

(11) Fiscal Year of Revenues: 2020

(12) Revenue from Patient Care: \$ 1,800,000

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: FORM 1065



Scenario 3: Parent entity is applying on behalf of multiple subsidiaries

Required: Parent entity is applying on behalf of multiple subsidiaries

Field 17- Annual Revenues from Patient Care Worksheet

- Identifying the proportion of revenues from non-patient and patient care by billing TIN.
- Separating the patient care revenues from other revenues (e.g., tuition, prescription sales)
- Accurately reporting non-patient care revenues and expenses for subsidiaries that are pharmacies or durable medical equipment (DME) suppliers



4.14.	20-S					
	of the Treasury		orm unless the corporation 2553 to elect to be an S co 120S for instructions and the	orporation.	n.	2020
or caler	ndar year 2020 or tax	year beginning	, 2020), ending		, 20
S electio	n effective date	Name			D Employe	er identification number
		PARENT COMPANY, INC			1 6 7.56	11-1111111
	s activity code (see instructions)	Number, street, and room or	suite no. If a P.O. box, see instruc	ctions.	E Date inco	
		City or town, state or province	e, country, and ZIP or foreign pos	stal code	F Total ass	sets (see instructions)
112/113/11	Sch. M-3 attached				\$	
Check Enter Check	cif: (1) Final return the number of sharehood cif corporation: (1)	be an S corporation beginning (2) ☐ Name change (3) ☐ olders who were shareholders Aggregated activities for section	Address change (4) Ar during any part of the tax y 465 at-risk purposes (2)	mended return (5) year	S election to S	termination or revocation
ıtion:	Include only trade or bu	isiness income and expenses o	lines 1a through 21. See the	instructions for mo	re information.	
1a	Gross receipts or sa				,000,000	
b	Returns and allowar	nces		1b	0	
C	Balance. Subtract lir	ne 1b from line 1a			1c	
2	Cost of goods sold	(attach Form 1125-A)			2	
3	Gross profit. Subtract	ct line 2 from line 1c			3	
4	Net gain (loss) from	Form 4797, line 17 (attach Fo	rm 4797)		4	
5	Other income (loss)	(see instructions-attach stat	ement)		. 5	
6	Total income (loss)	. Add lines 3 through 5			. ▶ 6	1,000,0
7	Compensation of of	ficers (see instructions-attac	h Form 1125-E)		7	
8	Salaries and wages	(less employment credits) .			8	
9	Repairs and mainter	nance			9	
10	Bad debts				10	
11	Rents				11	
12	Taxes and licenses				12	
13	Interest (see instruct	tions)			13	
14	Depreciation not cla	imed on Form 1125-A or else	where on return (attach Form	m 4562)	14	
15		educt oil and gas depletion.			15	
16	Advertising				16	
17	Pension, profit-shari	ing, etc., plans			17	
18	the state of the s	rograms			. 18	
19	Other deductions (at	Control of the Contro			19	1
20	And the second s	Add lines 7 through 19			. > 20	
21		income (loss). Subtract line 2			21	
22a		income or LIFO recapture tax		22a		
b	The same of the sa	D (Form 1120-S)	St. Committee of the co	22b		
c		2b (see instructions for addition			22c	
23a		payments and 2019 overpayn		23a	LEC	
b		Form 7004		23b		
C		x paid on fuels (attach Form 4		23c		
C			770 ft co. 1			
l d						
d e	10111101111111111111111111111111111111	use		23d	23e	



Annual Net Patient Care Revenues Worksheet

(1) Applicant Name:

PARENT COMPANY, INC.

(2) Applicant's Taxpayer Identification Number (TIN):

11-1111111

(3) Applicant's Total Annual Revenues:

\$1,000,000

(4) Applicant's Annual Net Patient Care Revenues:

\$450,000

(5) Gross Revenues:

\$1,000,000

(6) Annual Revenues Information

(a) Subsidiary/ Billing TIN	(b) Subsidiary/Billing TIN Name	c) Net patient are revenues) Non-patient are revenues	(e	e) Total revenues
		\$ 450,000.00		\$ 550,000.00	\$	1,000,000.00
		\$				`
111111111	PARENT COMPANY, INC.	\$ -	•	\$ 100,000	\$	100,000.00
222222222	SUBSIDIARY 1, INC.	\$ 50,000	•	\$ 50,000	\$	100,000.00
333333333	SUBSIDIARY 2, INC.	\$ 50,000	•	\$ 50,000	\$	100,000.00
44444444	SUBSIDIARY 3, INC.	\$ 50,000	•	\$ 50,000	\$	100,000.00
55555555	SUBSIDIARY 4, INC.	\$ 50,000	•	\$ 50,000	\$	100,000.00
66666666	SUBSIDIARY 5, INC.	\$ 50,000	•	\$ 50,000	\$	100,000.00
77777777	SUBSIDIARY 6, LLC	\$ 50,000	•	\$ 50,000	\$	100,000.00
88888888	SUBSIDIARY 7, LLC	\$ 50,000	•	\$ 50,000	\$	100,000.00
999999999	SUBSIDIARY 8, LLC	\$ 50,000	•	\$ 50,000	\$	100,000.00
000000000	SUBSIDIARY 9, LLC	\$ 50,000	•	\$ 50,000	\$	100,000.00
				_	-	_



	This Form is Provided for Information Only	
RSA Provider Rel	ief Fund – Phase 4 and American F	Rescue Plan (ARP)
ural Distribution R	levenue Application	
Tax ID Number.	11-1111111	
Name as shown on your	PARENT COMPANY, INC.	
Federal Tax Classification:	S CORPORATION	
usiness Name (if different):		
City:	State:	Zip:
Registration Type:		
NPI:		
(1) Contact Person Name:		
(2) Contact Person Title:		
(3) Contact Person Phone		
(4) Contact Person Email:		
	Fields 6 - 8 have been intentionally removed	
) CMS Certification Numbe (CCNs), if applicable	ns e:	
VENUES		
	(10) F	Revenues: \$ 1,000,000
	(11) Fiscal Year of F	Revenues: 2020
		ient Care: \$ 450,000
(12.1) Select the Fe	ederal Tax From you will upload to support Patient Care	Revenue: FORM 1120-S



Scenario 4: Applicant TIN does not match TIN in supporting documentation

Required: Applicants with TINs that do not match the TIN in the IRS tax form submitted in Field 15

Field 17- Annual Revenues from Patient Care Worksheet

- Identifying patient care and non-patient care revenues that are part of the application
- Clarifying the portion of total revenues in the document in Field 15 that are attributable to the applicant

Field 18 - Organizational Structure Documentation

- Documentation of the legal relationship between the applicant and the federal income tax return, audited financial statements, or internally-generated financial statements uploaded in Field 15
- CMS change of ownership tie-in notification
- Purchase or disposition documents



SUBSIDIARY, LLC

4567 Edgefield Road, Rhinebeck, MD 02134-0000

October 12, 2021

To whom it may concern:

The tax form attached in Field 15 is filed under our parent company, Parent Company, Inc (TIN 11-111111) and our income is part of the total income on the IRS Form 1120-S.

In order to correctly identify the revenues for Subsidiary, LLC (TIN 22-222222), we have completed the Annual Patient Care Revenues Worksheet (uploaded in Field 16), which identifies the income earned specifically by Subsidiary, LLC.

In addition, we attached in Field 18 documentation that substantiates this relationship.

Thank you,

J Doe

President



		20-S		J.S. Income Ta	ax Ret	urn f	or a	n S	Cor	por	atio	n		OMB No. 1545-0123
		of the Treasury enue Service		➤ Do not file thi is attaching Fo Go to www.irs.gov/For	rm 2553 t	o elect t	o be a	n S co	rpora	tion.		on.		2020
or ca	alend	dar year 2020 o	r tax yea	r beginning				, 2020), end	ng				, 20
Sele	ection	effective date		Name								0	Employer	identification number
			TVDE	PARENT COMPANY, I	NC.								1	1-1111111
		activity code see instructions)	OR PRINT	Number, street, and room	or suite no.	If a P.O. I	box, see	e instru	ctions.			E	Date incor	porated
			2.02.0	City or town, state or prov	ince, count	ry, and ZIF	or fore	ign pos	stal cod	e		F	Total asset	ts (see instructions)
Chec	k if So	ch. M-3 attached										s		
autio														ssive activity purposes
	on: In	Gross receipts	or busine or sales	ss income and expenses		a throug	h 21. S		1a		for m			ssive activity purposes
	n: In 1a b	nclude only trade Gross receipts Returns and all	or busine or sales lowances	ss income and expenses	on lines 1	a throug	h 21. S		instru		for m	ore info	ormation.	sive activity purposes
	1a b c	Gross receipts Returns and all Balance. Subtr	or busine or sales lowances act line 1	ss income and expenses	on lines 1	a throug	h 21. S		1a		for m	ore info	ormation.	sive activity purposes
	1a b c 2	Gross receipts Returns and all Balance. Subtr Cost of goods	or busine or sales lowances act line 1! sold (atta	ss income and expenses	on lines 1	a throug	h 21. S		1a		for m	ore info	ormation.	sive activity purposes
	1a b c	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. Su	or busine or sales lowances act line 11 sold (atta ubtract lin	ss income and expenses b from line 1a ch Form 1125-A) ne 2 from line 1c	on lines 1	a throug	h 21. S		1a		for m	ore info	ormation.	sive activity purposes
	n: In fa b c 2	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss)	or busine or sales lowances act line 1l sold (atta ubtract lin from Forn	b from line 1a	s on lines 1	a throug	h 21. S		1a		for m	ore info	0 1c 2 3	sive activity purposes
	on: In b c 2 3	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (or busine or sales lowances act line 1l sold (atta ubtract lin from Forn loss) (see	b from line 1a	s on lines 1	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4	ssive activity purposes
910001	1a b c 2 3 4 5	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (or busine or sales lowances act line 1l sold (atta ubtract lin from Form loss) (see (loss). Ad	b from line 1a	Form 479	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4 5	
income	n: In 1a b c 2 3 4 5 6	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (Total income (or busine or sales lowances act line 11 sold (atta ubtract lin from Form loss) (see (loss). Ad of officer	b from line 1a	Form 479	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4 5 6	
Income	n: In 1a b c 2 3 4 5 6 7	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (Total income (Compensation Salaries and wa	or busine or sales lowances act line 1 l sold (attaubtract lin from Form loss) (see (loss). Ad of officer ages (less	b from line 1a	Form 479	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4 5 6 7	
Income	n: In 1a b c 2 3 4 5 6 7	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (Total income (Compensation Salaries and wa	or busine or sales lowances act line 1 l sold (attaubtract lin from Form loss) (see (loss). Ad of officer ages (less	b from line 1a	Form 479	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4 5 6 7 8	
r limitations) Income	on: In 1a b c 2 3 4 5 6 7 8	Gross receipts Returns and all Balance. Subtr Cost of goods Gross profit. So Net gain (loss) Other income (Total income (Compensation Salaries and wa	or busine or sales lowances act line 1l sold (atta ubtract lin from Form loss) (see (loss). Ad of officer ages (less aintenance	b from line 1a	Form 479	a throug	h 21. S	See the	1a		for m	ore info	0 1c 2 3 4 5 6 7 8 9	



Annual Revenues from Patient Care Worksheet (Updated 10-12-2021)

(1) Applicant Name:

Subsidiary, LLC

(2) Applicant's Taxpayer Identification Number (TIN):

22222222

(3) Applicant's Total Annual Revenues (i.e., sum of Total Revenues (Cell E14)):

\$250,000

(4) Applicant's Annual Net Patient Care Revenues (i.e., sum of Net Patient Care Revenues (Cell C14)):

\$100,000

(5) Gross Revenues (i.e., sum of Total Applicant Revenues (Cell E14) and Total Revenues that are not part of the application (Cell F14)):

\$121,000,000

(6) Annual Revenues Information

(a) S	Subsidiary/ Billing TIN	(b) Subsidiary/Billing TIN Name	(c) f	Net Patient Care Revenues	(d)	Non-Patient Care Revenues	(e)	Total Applicant Revenues	(f) Total Revenues that are not part of the application, if applicable
			\$	100,000	\$	150,000	\$	250,000	\$120,750,000
	123456789	Sample City Hospital, LLC	\$	50,000,000	\$	50,000,000		100,000,000	
	22222222	Subsidiary, LLC	\$	100,000	\$	150,000		\$250,000	
								\$n	





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	_	-	 nce	10
-			100	

HRSA Provider Relief Fund – Phase 4 and American Rescue Plan (ARP) Rural Distribution Revenue Application

Tax ID Number:	22-2222222
Name as shown on your income tax return:	SUBSIDIARY, LLC
Federal Tax Classification:	SINGLE-MEMBER LLC
Business Name (if different):	
Street 1:	
Street 2:	
City:	State: Zip:
Registration Type:	
NPI:	
(1) Contact Person Name:	
(2) Contact Person Title:	<u> </u>
(3) Contact Person Phone Number:	
(4) Contact Person Email:	
(5) Applicant/Provider Type:	
	Fields 6 - 8 have been intentionally removed
(9) CMS Certification Number (CCNs), if applicable	

REVENUES

(10) Revenues: \$ 250,000

(11) Fiscal Year of Revenues: 2020

(12) Revenue from Patient Care: \$ 100,000

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: FORM 1120-S



Scenario 5: Annual revenues are not entirely related to patient care

Required: Based on supporting documentation, revenues are not entirely related to patient care

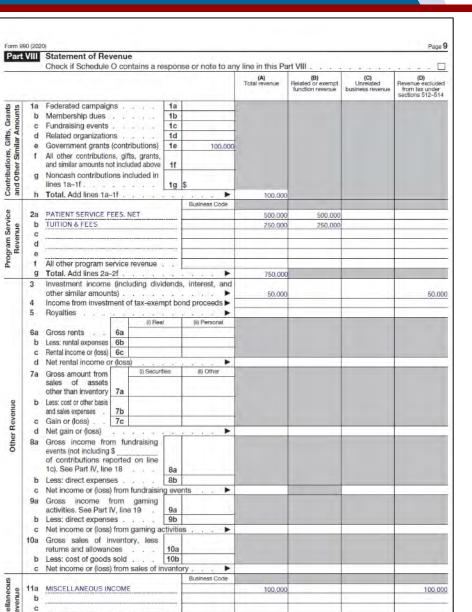
Field 17 - Annual Revenues from Patient Care Worksheet

- Identifying patient care and non-patient care revenues that are part of the application
- Identifies the proportion of revenues from non-patient and patient care by billing TIN
- Separates out the patient care revenues from other revenues (e.g., tuition, prescription sales)



150,000 Form **990** (2020)

The second second	90	Under section 501(c),	of Organization I	nternal Revenue Code (except priva	ate found	lations)	2020
	of the Treasury enue Service		ter social security number ww.irs.gov/Form990 for in					Open to Public Inspection
For th	e 2020 calen	dar year, or tax year be	eginning	, 2020, and en	ding			, 20
Check	if applicable:	C Name of organization					Employe	er identification number
Addres	s change	Doing business as EXA	AMPLE NONPROFIT					11-1111111
Name o	change	Number and street (or F	P.O. box if mail is not delivered	to street address)	Room/suite	E	Telephor	ne number
Initial re	eturn							- " - " - "
Final ref	turn/terminated	City or town, state or pr	rovince, country, and ZIP or for	reign postal code				
Amend	led return						Gross re	
Applica	ation pending	F Name and address of pr	rincipal officer:					ubordinates? Yes included? Yes
Tax-ex	empt status:	501(c)(3) 50	01(c) () ◀ (insert no.)	4947(a)(1) or 52				See instructions
Websit	te: ►				H(c)	Group exe	mption nu	mber ►
Form of	forganization:	Corporation Trust	Association ☐ Other ►	L Year of fo	ormation:	ı	M State of	legal domicile:
Part I	Summa	ry						
1	Briefly des	cribe the organization	n's mission or most sign	ificant activities: HEA	LTHCARE A	AND EDU	JCATION	1
2			nization discontinued its			than 2	T T	s net assets.
2 3 4 5 6 7a			the governing body (Part			11	3	
4		and the second s	members of the governing		1b)		4	
5			ployed in calendar year 2			•	6	
6 7a			imate if necessary)		1986		7a	
b			income from Form 990-				7b	
U	IVEL UITTEIA	ted business taxable	income nomi omi 330-	i, raiti, into ii .	Pı	rior Year	10	Current Year
8	Contribution	ons and grants (Part \	VIII, line 1h)			ioi roui	- 1	100,
9		ervice revenue (Part \						750,0
10			olumn (A), lines 3, 4, and					50,0
11			n (A), lines 5, 6d, 8c, 9c,					100.0
12	Total rever	ue-add lines 8 throu	igh 11 (must equal Part V	III, column (A), line 12)			1,000,0
13			d (Part IX, column (A), lir					
	Benefits p		s (Part IX, column (A), line				i) (i	
14			nployee benefits (Part IX,	column (A), lines 5-10	1)		1337	
15								
15 16a	Profession	al fundraising fees (P	art IX, column (A), line 1					
15 16a b	Profession Total fund	al fundraising fees (P raising expenses (Par	Part IX, column (A), line 1 rt IX, column (D), line 25)	•				
15 16a b 17	Profession Total fund Other expe	al fundraising fees (P raising expenses (Par enses (Part IX, column	Part IX, column (A), line 1 rt IX, column (D), line 25) n (A), lines 11a-11d, 11f-	►				
15 16a b 17 18	Profession Total fund Other expe Total expe	al fundraising fees (P raising expenses (Par enses (Part IX, column nses. Add lines 13-1	Part IX, column (A), line 1 rt IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co	►				
15 16a b 17 18	Profession Total fund Other expe Total expe	al fundraising fees (P raising expenses (Par enses (Part IX, column nses. Add lines 13-1	Part IX, column (A), line 1 rt IX, column (D), line 25) n (A), lines 11a-11d, 11f-	►		of Curren	ut Vaar	End of Veer
15 16a b 17 18	Profession Total fund Other expo Total expe Revenue le	al fundraising fees (P raising expenses (Par enses (Part IX, columi nses. Add lines 13–1 ess expenses. Subtra	Part IX, column (A), line 1 rt IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co	►		of Curren	nt Year	End of Year
15 16a b 17 18 19	Profession Total fund Other expo Total expe Revenue le	al fundraising fees (P raising expenses (Par enses (Part IX, column nses. Add lines 13–1 ess expenses. Subtra ts (Part X, line 16)	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co cot line 18 from line 12	►		g of Curren	it Year	End of Year
15 16a b 17 18 19	Profession Total fund Other expended Total expended Revenue le Total asse Total liabil	al fundraising fees (P raising expenses (Par enses (Part IX, column nses. Add lines 13–1 ess expenses. Subtra ts (Part X, line 16) ities (Part X, line 26)	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f. 7 (must equal Part IX, co loct line 18 from line 12	-24e)		g of Curren	it Year	End of Year
15 16a b 17 18 19 20 21 22	Profession Total fund Other expo Total expe Revenue le Total asse Total liabil Net assets	al fundraising fees (P raising expenses (Par enses (Part IX, column nses. Add lines 13–1 ess expenses. Subtra ts (Part X, line 16) ities (Part X, line 26)	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co cot line 18 from line 12	-24e)		g of Curren	it Year	End of Year
15 16a b 17 18 19 20 21 22 art II	Profession Total fund Other experience leading Total experience leading Total asset Total liabil Net assets Signatualties of perjury	al fundraising fees (Praising expenses (Part IX, columnses. Add lines 13–1 ass expenses. Subtrats (Part X, line 16) titles (Part X, line 26) or fund balances. Sure Block	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co tot line 18 from line 12 ubtract line 21 from line 2	-24e) -24e) -24e) -24e) -24e) -25) -20 -20	Beginning	nd to the b	est of my	
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15 16a b 17 18 19 20 21 22 21 22	Profession Total fund Other expr Total expe Revenue le Total asse Total liabil Net assets Signatu attles of perjuryet, and complet	al fundraising fees (Praising expenses (Part Rx, columniness, Calt Rx, columniness, Add lines 13–11 less expenses. Subtrative (Part X, line 16) if ties (Part X, line 26) if t	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co tot line 18 from line 12 ubtract line 21 from line 2	-24e) -24e) -24e) -24e) -24e) -25) -20 -20	Beginning	nd to the b	est of my	
15 16a b 17 18 19 20 21 22 21 22 21 art II nder pen ue, correc	Profession Total fund Other experience leaves leavenue leaves Total asses Total liabil Net assets Signat Signat Signat Type of	al fundraising fees (P raising expenses (Par enses (Part IX, column inses. Add lines 13–1; ass expenses. Subtra ts (Part X, line 16) tities (Part X, line 26) to or fund balances. Su tre Block 1 declare that I have exam e. Declaration of preparer (e. ure of officer	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co tot line 18 from line 12 ubtract line 21 from line 2	20	Beginning	nd to the b knowledge Date	est of my	knowledge and belief,
15 16a b 17 18 19 20 21 22 art II nder pen ue, corre	Profession Total fund Other expr Total expe Revenue le Total asset Total lasset Net assets Signatu attlies of perjuny t, and complet Print/Type (al fundraising fees (Praising expenses (Part Rx, columniness, Calt Rx, columniness, Add lines 13–11 less expenses. Subtrative (Part X, line 16) if ties (Part X, line 26) if t	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co cot line 18 from line 12 ubtract line 21 from line 2 unined this return, including according to the	20	Beginning statements, any	nd to the b knowledge Date	est of my	knowledge and belief,
15 16a b 17 18 19 20 21 22 art II nder pen ue, corre	Profession Total fund Other exp. Total expe. Revenue le Total asse Total liabil Net assets Signatu- India total Signatu- Print/Type Print/Type Er	al fundraising fees (P raising expenses (Par enses (Part IX, column nses, Add lines 13–1: less expenses. Subtra ts (Part X, line 16) tities (Part X, line 26) or fund balances. Suire Block , I declare that I have exame. Declaration of preparer (our ure of officer or print name and title preparer's name	Part IX, column (A), line 1 t IX, column (D), line 25) n (A), lines 11a-11d, 11f- 7 (must equal Part IX, co cot line 18 from line 12 ubtract line 21 from line 2 unined this return, including according to the	20	Beginning statements, any	nd to the b knowledge Date	check	knowledge and belief,





Annual Revenues from Patient Care Worksheet (Updated 10-12-2021)

(1) Applicant Name:

EXAMPLE NONPROFIT

(2) Applicant's Taxpayer Identification Number (TIN):

111111111

(3) Applicant's Total Annual Revenues (i.e., sum of Total Revenues (Cell E14)):

\$1,000,000

(4) Applicant's Annual Net Patient Care Revenues (i.e., sum of Net Patient Care Revenues (Cell C14)):

\$500,000

(5) Gross Revenues (i.e., sum of Total Applicant Revenues (Cell E14) and Total Revenues that are not part of the application (Cell F14)):

\$1,000,000

(6) Annual Revenues Information

(a) Subsidiary/ Billing TIN	(b) Subsidiary/Billing TIN Name	(c)	(c) Net Patient Care Revenues		(d) Non-Patient Care Revenues) Total Applicant Revenues	(f) Total Revenues that are not part of the application, if applicable	
		\$	500,000	\$	500,000	\$	1,000,000	\$0	
123456789									
111111111	EXAMPLE NONPROFIT	\$	500,000	\$	500,000		\$1,000,000		



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Tax ID Number: 11-1111111

This Form is Provided for Information Only

Reference ID

HRSA Provider Relief Fund – Phase 4 and American Rescue Plan (ARP) Rural Distribution Revenue Application

Name as shown on your income tax return:	EXAMPLE NONPROFIT			
Federal Tax Classification:	TAX-EXEMPT			
Business Name (if different):	-			
City:		State:	Zip:	
Registration Type:				
NPI:				
(1) Contact Person Name:				
(2) Contact Person Title:	4			
(3) Contact Person Phone Number:				
(4) Contact Person Email:	<u> </u>			
(5) Applicant/Provider Type:				
		been intentionally removed		
(9) CMS Certification Number (CCNs), if applicable				
ed.ada.ada				

REVENUES

(10) Revenues: \$ 1,000,000

(11) Fiscal Year of Revenues: 2020

(12) Revenue from Patient Care: \$ 500,000

(12.1) Select the Federal Tax From you will upload to support Patient Care Revenue: FORM 990



Helpful Links

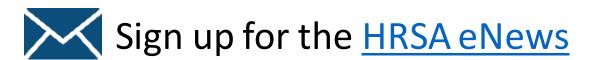
- Overview and Portal Demo webinar Tuesday, October 5 view the webcast
- Fact Sheet Complex Organizational Structures
- Phase 4 and ARP Rural application instructions: hrsa.gov/provider-relief/future-payments/phase-4-arp-rural
- Annual Revenues from Patient Care Worksheet
- Annual Revenues Adjustment Worksheet
- Application and Attestation Portal: <u>cares.linkhealth.com/#/</u>

Provider support line: **(866) 569-3522**; for TTY dial 711.

Connect with HRSA

Learn more about our agency at:

www.HRSA.gov



FOLLOW US:















Thank You

