Scott Key Center

201 West Preston Street, 4th Floor Baltimore, Maryland 21201

Name of Provider:

#### FY 2014 COST REPORT DATA FORM

Signature of Preparer (if other than above)

Provider Number:	Scott Key Center 804
Address:	1050 Rocky Springs Road
	Frederick, MD 21702
Contact Person:	Stacey Humelsine
Telephone Number:	301-600-6824
E-mail Address:	shumelsine@frederickcountymd.gov
A.0000 COM - 150 COM	
Alt. Contact Person:	Sean Lore
Telephone Number:	301-600-1600
E-mail Address:	slore@frederickcountymd.gov
I hereby declare, under	BY OFFICER OR ADMINISTRATOR OF PROVIDER  r penalty or perjury, that I have read the above statements and that I have examined the eport and supporting schedules prepared by:
Preparer's Name	Stacey Humelsine
for Provider Name and Number	
Beginning Date (MM/DD/YYYY) Ending Date (MM/DD/YYYY)	Scott Key Cetner 804  7/1/2013  6/30/2014
Beginning Date (MM/DD/YYYY) Ending Date (MM/DD/YYYY)  and that to the best of financial statements ar	7/1/2013 6/30/2014  my knowledge and belief, it is a true, correct, and complete statement prepared from the not records of the provider in accordance with applicable instructions, except as noted

Cost Report Data Form

Schedule B: Day Services

Sec. #

Provider Name Scott Key Center Provider Number Scott Key Center 804

Fiscal Year

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Salaries and Wages					
General Employees		223,438			223,438
Direct Support Employees	645,129				645,129
Professional Employees	46,969				46,969
Contractors					
Contracted Staffing - General					
Contracted Staffing - Direct Support					900000000000000000000000000000000000000
Contracted Staffing - Professional					
Client Wages					
Fringe Benefits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
	<i>/////////////////////////////////////</i>				
General Employees			<i>/////////////////////////////////////</i>		
Social Security Contributions		16,245			16,24
Retirement/Pension - Note 1		34,939			34,93
Health Insurance		44,893			44,89
Workers Compensation		527			52
Unemployment Insurance		393			39
Other General Emp. Benefits - Use Schedule E	MENONE PROPERTY.	499			49
Direct Support Employees			X/////////////////////////////////////		
Social Security Contributions	47,004				47,00
Retirement/Pension - Note 1	104,496				104,49
Health Insurance	142,672				142,67
Workers Compensation	8,481				8,48
Unemployment Insurance	1,750				1,75
	1,730		877-7A - 1707-174-17-17-18-18-18-18-18-18-18-18-18-18-18-18-18-		1,73
Other Direct Support Emp. Benefits - Use Schedule E	1,348	William in	VIIIIIIIIIIII		1,34
Professional Employees					
Social Security Contributions	2,862				2,86
Retirement/Pension - Note 1	8,216				8,21
Health Insurance	13,921				13,92
Workers Compensation	205				20
Unemployment Insurance	145				14
Other Prof. Emp. Benefits - Use Schedule E	97				9
Client Wages					
Social Security Contributions					
Retirement/Pension - Note 1					
Health Insurance					
Workers Compensation					MINING CONTRACTOR
Unemployment Insurance	-				
	TOTAL CONTROL OF SAME	UBUSUUS GUMAADEE	Rooman		
Other Client Benefits - Use Schedule E	0.700	mudifama e Midlig Xe.	MANUAL CONTROL OF		0.70
Contract Services	3,738	***************************************			3,73
Utilities		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
Food		<i>\////////////////////////////////////</i>			
Communications					
Staff Development/Training	-	59			5
Licensing and Certification Fees	-	-			
Travel - Staff			7		
Other expenses - Use Schedule E	10,979	makedayo ediləri		SAND DANG SECTION	10,97
Rent/Lease	2,409,147				2,409,14
Medical Supplies/Equipment	2,400,147		<u> </u>		2,100,111
Facility/Grounds Maintenance	-	-			
Facility/Grounds Maintenance Equipment/Supplies (non-capital)		4 400	<del></del>		440
		4,195	-		4,19
Insurance (excluding vehicles)					digen years excelled
Depreciation	,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Building					
Furniture/Equipment					
Transportation - Consumers					
Public Transportation					
Private Driver Services (i.e. taxi, Uber, contracted)					
Natural Supports (transportation from family, friends, etc.)					
Non-Traditional Transportation					
Vehicles					
Vehicle Maintenance	90.040				80,04
	80,040				00,04
Vehicle Depreciation					
Vehicle Insurance					and Vertex division
Fuel	46,212				46,212
Other transportation expenses - Use Schedule E				NAME OF THE PARTY OF THE PARTY.	

Cost Report Data Form

Schedule B: Day Services

Provider Name Scott Key Center Provider Number Scott Key Center 804

2014 Fiscal Year

Sec. #

2 Attendance

PCIS2 Payable Days	1st Q	2nd Q	3rd Q	4th Q	Total
P - Present	3,829	3,498	3,222	3,848	14,397
V - Vacation, sickness	371	281	258	207	1,117
A - Requested absence	-	-	28	- 30	28
I - In service training day		-		- B	
W - Weather day	-	-	-	- 40	
O - Non-reimbursable day	42	34	27	68	171
R- Reimbursable day					Sili Seesiline Sili A
X - Not an operating day				0.00	
Total Payable Days (P)	3,829	3,498	3,222	3,848	14,397
Total Nonpayable Days (V,A,I,W,O,R,X)	413	315	313	275	1,316
Total PCIS2 Attendance Days	4,242	3,813	3,535	4,123	15,713
Provider Attendance Record *					
FPS Payable Days	3,828	3,498	3,222	3,847	14,395
FPS Non-Payable Days	414	315	313	276	1,318
Non-DDA Attendance					
Total Provider Attendance Days	4,242	3,813	3,535	4,123	15,713
Difference in PCIS2 and Provider Payable Days**					
Difference	(1)			(1)	(2)

<sup>\*</sup> This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.

<sup>\*\*</sup>If there is a difference, then Schedule G must be completed

3	Sites	Number of Sites	Consumers Served
	Total	1	69

Schedule C: Supported Employment Services

Provider Name Provider Number Scott Key Center 804 Fiscal Year 2014

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#	C	е	0
##	G	u	O

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Salaries and Wages					
General Employees		214,761			214,76
Direct Support Employees	573,317	111111111111111111111111111111111111111			573,31
Professional Employees	7,398				7,39
Contractors					VIIIIIIIIII
Contracted Staffing - General					
		VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			
Contracted Staffing - Direct Support	-				
Contracted Staffing - Professional					
Client Wages	-		*****	*********	
Fringe Benefits		X/////////////////////////////////////			<i>/////////////////////////////////////</i>
General Employees		X/////////////////////////////////////	X/////////////////////////////////////		<i>X////////////////////////////////////</i>
Social Security Contributions		15,583			15,58
Retirement/Pension - Note 1		34,578			34,57
Health Insurance		44,892			44,89
Workers Compensation		514			51
Unemployment Insurance	<i>/////////////////////////////////////</i>	301			30
	<i>/////////////////////////////////////</i>	495			49
Other General Emp. Benefits - Use Schedule E	///////////////////////////////////////	495		minimum.	49
Direct Support Employees		X/////////////////////////////////////			
Social Security Contributions	41,822				41,82
Retirement/Pension - Note 1	95,112				95,11
Health Insurance	126,551				126,55
Workers Compensation	5,894				5,89
Unemployment Insurance	1,239				1,23
Other Direct Support Emp. Benefits - Use Schedule E	1,239	<i>9////////////////////////////////////</i>			1,23
Professional Employees	777777777777777777777777777777777777777	X <i>44444444</i>	viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	mmmm	1,20
		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	<i>(////////////////////////////////////</i>		
Social Security Contributions	437				43
Retirement/Pension - Note 1	1,450	I.			1,45
Health Insurance	2,457				2,45
Workers Compensation	19				
Unemployment Insurance	15				1
Other Prof. Emp. Benefits - Use Schedule E	17				1
Client Wages	mmmin	MIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	111111111111111111111111111111111111111	mmmmm	
Social Security Contributions					
Retirement/Pension - Note 1	ě-				
Health Insurance	2				75 7 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10
Workers Compensation					
Unemployment Insurance					THE REPORT OF
Other Client Benefits - Use Schedule E				*	
Contract Services	1,056				1,05
Jtilities					ALLES DE LE LA COMPANION DE LA
Food		777777777777777777777777777777777777777			100,000,000,000,000
Communications					
Staff Development/Training					deposit to the second
icensing and Certification Fees					
ravel - Staff	-	237			23
Other Expenses - Use Schedule E		482	ASME THE A		48
Rent/Lease	1,540,274				1,540,27
Medical Supplies/Equipment					
Equipment/Supplies (non-capital)					
Facility/Ground/Home Maintenance					
nsurance (excluding vehicles)					
					one exercisor con
Depreciation					ARTHUR BURNES
Building					STEEDING TO SELECT
Furniture/Equipment					DESCRIPTION OF THE PROPERTY.
ransportation - Consumers		X/////////////////////////////////////			
Public Transportation					
Private Driver Services (i.e. taxi, Uber, contracted)	514				51
Natural Supports (transportation from family, friends, etc.)	J14				01
					The second second
Non-Traditional transportation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			annana an a	On the second death.
Vehicles					
Vehicle Maintenance	27,630				27,63
Vehicle Depreciation					suzu@alitectrockedii
Vehicle Insurance					STEELS IN CONTRACTOR
Fuel	22,566				22,56
Other Transportation Expenses - Use Schedule E	22,000			VALUE AND SECTION OF S	22,00

Note 1 - This does not include supplemental retirement matches.

Schedule C: Supported Employment Services

Fiscal Year

Provider Name Scott Key Center Provider Number Scott Key Center 804

2014

Sec#

2 Attendance

PCIS2 Payable Days	1st Q	2nd Q	3rd Q	4th Q	Total
P - Present	2,478	2,231	2,137	2,517	9,363
V - Vacation, sickness	220	191	128	124	663
A - Requested absence	9	-	-	- 10	9
O - Non-reimbursable day	243	501	1,041	615	2,400
R - Reimbursable day					
Total Payable Days (P)	2,478	2,231	2,137	2,517	9,363
Total Nonpayable Days (V,A,O,R)	472	692	1,169	739	3,072
Total PCIS2 Attendance Days	2,950	2,923	3,306	3,256	12,435
Provider Attendance Record *					
FPS Payable Days	2,468	2,229	2,137	2,516	9,350
FPS Non-Payable Days	482	694	1,169	740	3,085
Non-DDA Attendance					TENT TO
Total Provider Attendance Days	2,950	2,923	3,306	3,256	12,435
Difference in PCIS2 and Provider Payable Days**					
Difference	(10)	(2)	THE STATE OF THE STATE OF	(1)	(13)

<sup>\*</sup> This attendance should reconcile with the attestation. See instructions regarding the necessary certification by a CPA.
\*\*If there is a difference, then Schedule G must be completed

Sites	Consumers
Total	Served
Total	45

Schedule E: Detail of Other Expenses

Provider Name

Scott Key Center Provider Number Scott Key Center 804

Residential Services Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Other					
					Danismi persen
					Extract Seminorary
Other expenses - Use Schedule E Fringe Benefits		X/////////////////////////////////////			
General Employee Fringe Benefits					
Other General Emp. Benefits - Use Schedule E					
Direct Support Fringe Benefits					
Other Direct Support Emp. Benefits - Use Schedule E.	-	<u> </u>			
Professional Employee Fringe Benefits					
Other Prof. Emp. Benefits - Uso Schodule E			-		
Client Fringe Benefits					
Other Glient Benefits - Use Schedule F					
Transportation					
					lary one emporte

Schedule E: Detail of Other Expenses

Provider Name Scott Key Center Provider Number Scott Key Center 804

Fiscal Year

Sec.	#

Day Services Operating Expenses	Direct Support	Administrative	Add On	Supplemental Services	Totals
Other	Cost Center	Cost Center	Components	XIIIIIIIIIIIII	
Total Control of the	475				175
Travel/Training - Van Rental waiting for call from jen Phone and Wireless	175 10,804				10,804
Thone and vyholoss	10,001				My Veligibalos
					ilkonone kong = at-
Other expanses - Use Schedule E.	10,979			line and the property and	10,979
Fringe Benefits		VIIIIIIIIIIII		X/////////////////////////////////////	
General Employee Fringe Benefits					
Life Insurance-General-Day Program		499			499
Other General Emp. Benefits - Use Schedule E		499			499
Direct Support Fringe Benefits		///////////////////////////////////////			
Life Insurance-Direct Support-Day Program	1,348				1,348
	-				
Other Direct Support Emp. Benefits - Use Schedule E.	1,348	-			1,348
Professional Employee Fringe Benefits		111111111111111111111111111111111111111		X/////////////////////////////////////	
Life Insurance-Professional-Day Program	97				97
					4
Other Prof. Emp. Benefits - Use Schedule E.	97		ESSESSION CONTROL	The Assessment Control	97
Client Fringe Benefits		XIIIIIIIIIIII		XIIIIIIIIIIII	
Other Client Benefits - Use Schedule E		MICHOLD HORIZON, L	ALTONOMORPHICA .		
Transportation					
art.					
Other Transportation Expenses - Use Schedula E	Temperatura de la companya de la co			REPORT CONTRACTOR	

Schedule E: Detail of Other Expenses

Provider Name Scott Key Center Provider Number Scott Key Center 804

Fiscal Year

Supported Employment Operating Expenses	Direct Support	Administrative	Add On	Supplemental	Totals
Other	Cost Center	Cost Center	Components	Services	VIIIIIIIIIIIIII
Telephone		482			482
					19715 57701
					-
					portenio del la la come
					established by
					124 14 14 14 14 14 14 14 14 14 14 14 14 14
					-
					COST WATER
Other expenses - Use Schedule E		482	-	-	482
Fringe Benefits		X/////////////////////////////////////	X/////////////////////////////////////		
General Employee Fringe Benefits	(44444444444444444444444444444444444444	<i>/////////////////////////////////////</i>			495
Life Insurance-General-Supported Employment	<del>/////////////////////////////////////</del>	495			495
Other General Emp. Benefits - Use Schedule E		495	manas la		495
Direct Support Fringe Benefits			VIIIIIIIIII		
Life Insurance-Direct-Supported Employment	1,239				1,239
2000 200 3					
Other Direct Support Emp. Banefits - Use Schedule E.	1,239	_	-		1,239
Professional Employee Fringe Benefits					
Life Insurance-Professional-Supported Employmen	17				17
				<u> </u>	
Other Prof. Emp. Benefits - Use Schedute E.	17		Complete Com		17
Client Fringe Benefits	VIIIIIIIIIIII	X/////////////////////////////////////	X/////////////////////////////////////		///////////////////////////////////////
Gliefit i filige Beliefite	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
					AT LAC DOLLA
Other Client Bondits - Use Schedule E	-	-	-		
Transportation					
					an english of the least
Other Transportation Expanses - Use Schedula E					

Schedule E: Detail of Other Expenses

Transportation

Provider Name Provider Number Scott Key Center 804 Fiscal Year 2014

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Tota
Other				X/////////////////////////////////////	
	4				0.0000000000000000000000000000000000000
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					SHINLEAR
					\$90EX20103
					100 DN 100 D
					NULLE VOICE
					See the design
Other expenses - Usa Schedule E				-	
Fringe Benefits		X/////////////////////////////////////	X/////////////////////////////////////	X/////////////////////////////////////	
General Employee Fringe Benefits	\{}}}}		<i>(((((((((((((((((((((((((((((((((((((</i>		
		1			
Other General Emp. Benefits - Use Schedule E	-	EUROLAIO RULO E	diterates estimates 4	Colonates Colona	
Direct Support Fringe Benefits					/////////
en de la compression della com					
					Daniel St.
					TELEVISION COO
Other Direct Support Emp. Benefits - Use Schoole	-	· · · · · · · · · · · · · · · · · · ·			mmm
Professional Employee Fringe Benefits		<i>/////////////////////////////////////</i>		X/////////////////////////////////////	<i>(((((((((((((((((((((((((((((((((((((</i>
	=======================================				
Other Prof. Emp. Benefits - Use Schedule E.	io anticalità				
Client Fringe Benefits		X/////////////////////////////////////	X/////////////////////////////////////	V/////////////////////////////////////	V////////

Cost Report Data Form

Provider Name Scott Key Center

Schedule F: Net Operating Income

Provider Number Scott Key Center 804 Fiscal Year 2014

Sec. #

1

Operating Revenue	FPS/CSLA Payments	Non-DDA Revenue	Client Fees (Contribution to Care + R&B)**	Local Share Funding	Totals
Residential					
Day	906,001			705,108	1,611,109
SE	408,030				408,030
CSLA					
Subtotal	1,314,031		•	705,108	2,019,140
All Other DDA Program Revenue***			X/////////////////////////////////////		
All Non-DDA Program Revenue****			X/////////////////////////////////////	///////////////////////////////////////	929,564
Total Revenue	1,314,031	No. Company	vojstello.	705,108	2,948,704

This total should reconcile with the audited financial statements. See instructions regarding the necessary certification by a CPA. \*\*This amount should reconcile with the attestation. If client fees (CTC + R&B) do not reconcile with expected contributions, please

<sup>\*\*\*\*</sup>Used for Non-DDA Programs

Operating Expenses	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Schedule A Totals: Residential				2	
Schedule B Totals: Day	3,573,409	325,187			3,898,596
Schedule C Totals: SE	2,449,007	311,842	- 12 C C C C C C C C C C C C C C C C C C		2,760,849
Schedule D Totals: CSLA	antalestic in the			n de la compa	
Subtotal	6,022,416	637,029		FEED VILLE SEEDING	6,659,445
All DDA Program Operating Expenses**  All DDA Programs Non-Operating Expenses***					
All Non-DDA Program Expenses****					
Total Expenses	6,022,416	637,029	CACCO MICHIEF		6,659,445

<sup>\*</sup> This total should reconcile with the audited financial statements. See instructions regarding the necessary certification by a CPA.

<sup>\*\*\*\*</sup>Used for Non-DDA Programs

Net Operating Income/(Loss) for DDA 3 Services	Residential	Day	Supported Employment	CSLA	All Other DDA Programs	Totals
Revenue	AND BUILDING	1,611,109	408,030	-		2,019,140
Expenditures		3,898,596	2,760,849			6,659,445
Net Operating Income		(2,287,487)	(2,352,818)			(4,640,305)

#### Explanation of Total Revenues/Expenses on

Audited Financial Statements

Use the box below to describe any discrepancies between the totals on the cost report and the totals on the audited financial statements

Rent is not included on CAFR as expense. Rent is calculated/generated based on the building improvements for the year. OPEB is included in the CAFR but excluded

<sup>\*\*\*</sup>All other program revenue, such as FSS, ISS, IFC, etc. should be included in this line.

<sup>\*\*</sup>All other program expenses, such as FSS, ISS, IFC, etc. should be included in this line.

<sup>\*\*\*</sup>All non-operating expenses, such as interest expense, pension changes, or swap adjustments, for all DDA programs.

Schedule G: Attendance Reconciliation

Provider Name Scott Key Center Provider Number Scott Key Center 804 Fiscal Year 2014

11 2 - 15 Note: For any day in which PCIS2 attendance differs from provider-recorded attendance, please provide an explanation for the variance. Total # of Differences 4th Q 3rd Q 2nd Q Difference in Payable Days per Service Quarter
Residential
Day
Supported Employment
CSLA
Total # of Differences

Explanation	Attendance not properly recorded in PCIS2	Attendance recorded in PCIS2 as absent, but room attendance sheet is "P"	Attendance not properly recorded in PCIS2	Attendance not properly recorded in PCIS2																																				
1 Sept 1	Attendan	Attendan	Attendan																																					
Actual Attendance	^	>	>	>	^	۸	>	>	۸	Λ	^	Λ	>	>	Ь	>	>							V																
PCIS2 Attendance	Ь	Д	<u>م</u>	<u>a</u>	Д.	Д.	Д.	Д.	Ь	Ь	Ь	Ь	<u>a</u>	Д	>	۵.	<u>а</u>											.1												
Site	SKC	SKC	SKC											7																										
Fiscal Quarter		04				340000	۵.	100000	Q1			۵1	01	888888888888888888888888888888888888888	8.2	1838 (IN)				CONTRACTOR CONTRACTOR					CALCOLD STATE STATE		A SECTION IN COLUMN	Salesting South		Management of the Control				Harris San	Cardinosa dependentos				WHICH IS NOT THE THE	SECOND RECOGNICA
Date of Service	5/12/2014	5/16/2014	11/25/2013	11/26/2013	7/15/2013	7/16/2013	7/17/2013	7/18/2013	7/19/2013	7/22/2013	7/24/2013	7/29/2013	7/30/2013	7/31/2013	7/25/2013	7/12/2013	7/18/2013			301		360					.101			90						20	0			
Service																																								
PCIS2 ID	212047375 SE	213646249 Day	212047375 SE	212727688   Day	216159849 Day	216159849 Day																							0											
Ref#	_	2	က	4	2	မ		œ	တ	9	7	12	73	14	15	16	17	8	9	8	21	22	23	24	25	26	27	28	59	30	34	32	33	34	35	36	37	38	39	40

Developmental Disabilities Administration (DDA)

Department of Health and Mental Hygiene
Cost Report Data Form
Provider Name Scott Key Center
Provider Number Scott Key Center 804
Schedule G. Attendance Reconciliation
Fiscal Year
2014

Schedule G: Attendance Reconciliation

Residential         -         -           Day         (1)         -           Supported Employment         (10)         (2)	4th Q	Total # of Difference
(1) (10) (10) (10)	では 日本の できる	
(10)	A TOTAL TOTAL CONTROL OF THE PROPERTY OF THE P	(1)
		(1)

Note: For any day in which PCIS2 attendance differs from provider-recorded attendance, please provide an explanation for the variance.

on																													12											
Explanation																																								
Actual Attendance																																								
PCIS2 Attendance																																								
Site												ii.																												
Fiscal Quarter		SECTION STATES OF SECTION STATES				endate states and a										mediane are sufficient to the second	po hace depice has							000000000000000000000000000000000000000	share standard in made		SALGO CONTROL ON SAMPLE	Contraction (Statement of	Secretarion Sign	Secretory (Striftenson)	Trability of Bully Security					commitme applicabilities	general control of the control of the state of			
Date of Service																																								
Service																																								
PCIS2 ID																																								
Ref #	8	82	83	84	82	98	87	88	88	06	91	92	63	94	92	96	97	86	66	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120

Schedule I: Wage Expenditure Percentage

Provider Name

Scott Key Center Provider Number Scott Key Center 804

Fiscal Year

2014

% Direct Support

1,796,053 6,659,445 Exp/Total Opex Direct Support Expenses Total Operating Expenses

Classification of Expenditures	Direct Support Cost Center	Administrative Cost Center	Add On Components	Supplemental Services	Totals
Salaries and Wages		<i>X////////////////////////////////////</i>			
General Employees		438,199		•	438,
Direct Support Employees	1,218,447				1,218,
Professional Employees	54,367				54,
Contractors		X/////////////////////////////////////		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
Contracted Staffing - General		-	•		
Contracted Staffing - Direct Support					Military passage
Contracted Staffing - Professional				*******	na sa singka
Client Wages					
Fringe Benefits		X/////////////////////////////////////	///////////////////////////////////////	X/////////////////////////////////////	///////////////////////////////////////
General Employees					
Social Security Contributions		31,827	-	-	31
Retirement/Pension - Note 1		69,516			69
Health Insurance		89,785			89
Workers Compensation		1,041			1
Unemployment Insurance	<i>/////////////////////////////////////</i>	694			
	<i>444444</i>		•		
Other General Emp. Benefits - Use Schedule E		994	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Direct Support Employees		X <i>////////////////////////////////////</i>			
Social Security Contributions	88,826				88
Retirement/Pension - Note 1	199,607			necessia de la final de	199
Health Insurance	269,223				269
Workers Compensation	14,374				14,
Unemployment Insurance	2,989		-		2
Other Direct Support Emp. Benefits - Use Schedule E	2,587				2
Professional Employees		<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	///////////////////////////////////////		///////////////////////////////////////
Social Security Contributions	3,299	<i>\////////////////////////////////////</i>	-	-	3,
Retirement/Pension - Note 1	9,666				9
Health Insurance	16,378				16,
Workers Compensation	223				10,
Unemployment Insurance	160		-		
Other Prof. Emp. Benefits - Use Schedule E	114	-	-	_	
Client Wages		X/////////////////////////////////////			
Social Security Contributions	And the second of the second		escal strong from •		
Retirement/Pension - Note 1			•		
Health Insurance					y one below
Workers Compensation					
Unemployment Insurance					
Other Client Benefits - Use Schedule E				nixinixidham aixe	STEEL ST
Contract Services	4,794				4,
Utilities					
Food		111111111111111111111111111111111111111			
Communications			//////////////////////////////////////		
Staff Development/Training		59		with a constant to the	
Licensing and Certification Fees			•	* ·	
Travel - Staff		237			The second second
Other expenses - Use Schedule E	10,979	482			11,
Rent/Lease	3,949,422	•			3,949,
Medical Supplies/Equipment					hiespelligentes
Equipment/Supplies (non-capital)	(A) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	4,195			4,
Insurance (excluding vehicles)		Me no evening			
Depreciation					
					One service
Building	Terror I district the		mmmmm	minimin in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Building Furniture/Equipment					
Building Furniture/Equipment Transportation - Consumers					
Building Furniture/Equipment Transportation - Consumers Public Transportation			-	-	
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted)	- ////////////////////////////////////		-	-	
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.)	- ////////////////////////////////////		-		
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted)	514		- - - -		
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.)	514		- - - - -	-	
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.) Non-Traditional transportation			- - - - -		
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.) Non-Traditional transportation Vehicles Vehicle Maintenance	514 107,670			¥	
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.) Non-Traditional transportation Vehicles Vehicle Maintenance Vehicle Depreciation				+	
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.) Non-Traditional transportation Vehicles Vehicle Maintenance Vehicle Depreciation Vehicle Insurance	107,670		-	±	107,
Building Furniture/Equipment Transportation - Consumers Public Transportation Private Driver Services (i.e. taxi, Uber, contracted) Natural Supports (transportation from family, friends, etc.) Non-Traditional transportation Vehicles Vehicle Maintenance Vehicle Depreciation				+	107,