

APPENDIX F

Exhibit 1

P-B Health Hospice Training and Support Guide

Patient Care Volunteers- are required to train in all aspects for Hospice Volunteer Training as well as completing basic requirements and orientation. Volunteer trainings will be offered in different formats and locations within the P-B Health Hospice service areas. Specific skill sets may require additional interview, selection and program training. Trainings pertaining to Patient Care Volunteers Skill Sets include the following:

Adult Patient Care:

- * Completion of all basic volunteer requirements and orientation
- * 16-20 Hour Initial Full Volunteer Training, including competencies
- * Post Interview following training, prior to first patient assignment

Bereavement Visits Volunteer:

- * Completion of all basic volunteer requirements and orientation
- * 16-20 Hour Initial Full Volunteer Training, including competencies
- * Orientation to Bereavement Department

Night watcher Visit Volunteer:

- * Completion of all basic volunteer requirements and orientation
- * 16-20 Hour Initial Full Volunteer Training, including competencies
- * Completion of approximately 6 months of active Adult Patient Care service
- * Orientation to Night watcher Visit Volunteer protocols and procedures
- * Additional self-study module and Night watcher Visit Volunteer Competency Test

* **Indirect Care Volunteers-**are required to complete the basic requirements and orientation, training specific to task undertaking, and are encouraged to attend full hospice volunteer training. Training specific to Indirect Care Skills includes the following:

Administrative Support Volunteer:

- * Completion of all basic volunteer requirements and orientation
- * Orientation to specific task and equipment
- * Optional: 16-20 Hour Initial Full Volunteer Training
- * Includes activities such as administrative documentation, data entry,

general office duties, Bereavement support calls, and program liaison support

Special Projects Volunteer:

- * Completion of all basic volunteer requirements and orientation
- * Orientation to specific task and equipment
- * Optional: 16-20 Hour Initial Full Volunteer Training
- * Includes activities such as crafts, event speeches: performances, assistance at expos, fairs and events

Exhibit 2

P-B Health's Hospice Volunteer Policy and Procedures

Volunteers will be sufficiently trained to meet the needs of patients and families in the hospice program through P-B Health Hospice Clinical staff. The volunteers will be used to promote the availability of care, meet the broadest range of patient and family needs and affect the financial economy in the operation of the hospice. P-B Health Hospice will use volunteers that must comply with our personnel policy and procedures for hiring practices, in specific defined roles, under the supervision of a designated hospice employee. Volunteers will be qualified to participate at 18 years of age in the hospice program after a completion of a criminal background check and the 16 hour orientation/training.

Patient care volunteers will:

1. Be interviewed to determine placement, purpose, and suitability as a hospice volunteer.
2. Exhibit a caring and compassionate manner
3. Be qualified and skilled to provide the approved prescribed services; Volunteers functioning in a professional capacity shall meet the standards in accordance to his or her profession.
4. Give services in agreement with the written plan of care which may include but is not limited to, providing support and companionship to the patient and family. Supporting in caregiver relief, light chores, visiting and bereavement services, and running errands and
5. Be educated on the patient's condition and treatment as indicated on the plan of care documentation.
6. Document their care on the appropriate form.

P-B Health Hospice shall:

1. Provide appropriate orientation, criminal background check and on-going training that is consistent with acceptable standards of hospice practice; all successful completion of these procedures will be documented. The training will consist of the following:
 - a. Hospice History
 - b. Confidentiality
 - c. Communication & Listening
 - d. Personal Death Awareness
 - e. Role of the Interdisciplinary Team
 - f. Role of the Volunteer within the Interdisciplinary Team
 - g. Disease Processes

- h. Pain Management
 - i. Signs and Symptoms of Death
 - j. Spiritual & Cultural Diversity
 - k. Grief and Bereavement
 - l. Taking care of Self
 - m. Infection Control, HIPPA, Safety
 - n. Setting Boundaries
 - o. Resources
2. Documentation on file includes but is not limited to the following:
- a. Volunteer Demographics including legal name, address, phone number, social security number, education and employment background relating to the volunteer position.
 - b. Permission to perform Criminal Background Check
 - c. Interview documentation
 - d. Current copies of valid driver license and auto insurance that meets the state minimum.
 - e. Clear annual Motor Vehicle Report (MVR)
 - f. Two personal References
 - g. Negative 2 step TB skin test or chest x-ray excluding TB disease within the last 6 months Exposure, history of positive TB Test, latent TB infection or TB disease may result in additional screening procedures.
 - h. Signed copy Volunteer Confidentiality Agreement
 - i. Signed copy of Standards of Conduct Agreement
 - j. Signed copy HIPPA & Security Training Volunteer Certification Statement
 - k. Acceptance or Waiver of Hepatitis B Vaccine
 - l. Signed copy of Volunteer Policy Agreement
 - m. Signed copy of Anti-Harassment/Anti-Discrimination Policy & Sexual Abuse Policy
 - n. Certificate or documentation of at least sixteen hours of Volunteer Training by an approved agency.
 - o. Documentation of annual competencies and/or certificate of participation in additional educational programs provided by P-B Health Hospice
 - p. Annual Evaluation of Volunteers
3. Use our volunteer staff also in roles such as direct patient care volunteers or administrative volunteers.
4. Communicate with the volunteer of the patient's condition and treatment only to the extent necessary to carry out his/her function.

***Additional and continuous In-services and Trainings shall continue as P-B Health Hospice monitors and receives feedback from patients/caregivers/family members and the community

Hospice Charity Care and Sliding Fee Scale

Purpose: P-B Health Home Care/ Hospice are committed to continuous quality health care while servicing a multicultural community living within our service area. Our Charity Care is the following:

Determination of Eligibility for Charity Care:

1. Eligibility – P-B Health Hospice understands financial hardships and each patient will be measured by the family's income compared to the Federal and State Poverty Income Guidelines.
2. Timely Communication – P-B Health Hospice will make every effort within two business days after the patient has requested charity care services and/or an application for medical assistance has been established we will communicate to the patient/caregiver/family member and/ or responsible party verbally and in written form the determination of eligibility.
3. Payment Plans – P-B Health Hospice will provide requirements for time payment plans for individuals who do not meet the criteria for charity care, but are unable to bear the full cost of services.
4. Nondiscrimination- P-B Health Hospice charity will be based only on the merits of need base. We will not take into consideration diagnosis, gender, race, age, sexual orientation, social or immigrant status, or religious association.

Notice of Charity Care Services:

1. P-B Health Hospice shall inform the patient, caregiver/families regarding Charity care financial assistance options when reviewing the liability for payment section of the admissions consent packet that is agreed upon and signed by the patient and or his or her representative.
2. P-B Health Hospice shall inform the community through an annual public notice posted in the classified section of the newspaper in a format that is understandable to the service population, as indicated:
 - a. P-B Health Hospice offers affordable amount of care at no charge or at reduced rates to eligible persons presently that do not have insurance, Medicare, or Medical Assistance. Qualifying patients may be able to participate in an extended payment plan without interest. Eligibility for free care, reduced rates, and extended payment plans will be determined on a case by case basis for those who cannot afford to pay for treatment. If you feel you may be eligible for

uncompensated care, please contact our administrative office at the following number 410-235-1060 for further information.

3. The hospice will also maintain a copy of this policy displayed in the business office.

Sliding Scale and Time-Payment Plan:

- a.) Patients with low income who may not qualify for full charity care but are still unable to bear the full cost of services can be offered a sliding scale fee or time-payment plan option.
- b.) Patients with income between 200-400% of the Federal Poverty Guidelines as established by the Department of Health and Human Services may apply for partial financial assistance.
- c.) P-B Health shall provide current sliding scale rates through our financial department.

Commitments to Charity Care and Payment Options:

1. P-B Health shall continue to explore and maintain relationships with community health partners to collaborate and identify patients and populations with impending and underserved care needs.
2. P-B Health shall continue to take into consideration the needs of low income families as we do the following: a) add to our Outreach team staff to broaden the communities awareness of hospice programs and the needs of the community; b) add a general hospice program in Baltimore City, Maryland were an unmet need has been established.

Quality Intervention Improvement Plan

Policy

Quality Intervention Improvement Plan

Procedure

Program Objectives

1. To provide high quality home health/hospice services which meet Medicare Conditions of Participation, State licensure and JCACO home care standards.
2. To improve internal and external communication systems among the staff of the agency, with clients, and with referral sources.
3. To establish and maintain a program of monitoring, implementation, and evaluation in anticipation of continual improvement.
4. To monitor the provision of patient care and patient outcomes, provided by Registered Nurses, Licensed Practical Nurses, Home and Hospice Health Aides, Physical, Occupational and Speech Therapist, and Medical Social Workers to ensure that high quality, efficient services are provided, with minimal risk to the client.
5. To identify deficiency/problem areas in the delivery of patient care services, and to develop appropriate strategies to improve or resolve them.
6. To monitor client satisfaction with services to ensure that needs are being met.
7. To monitor continuity of care between disciplines (i.e. full-time, part-time, and contract staff) and to monitor continuity of care among care providers, so that there are no gaps or delays in care provision.
8. To monitor personnel hired by P-B Health and to evaluate their performance in the provision of patient care.

Program Goals

1. To ensure compliance with regulatory and accreditation agencies with minimal areas of deficiency in service delivery.
2. To improve communication systems among staff, through the quality intervention process and specific action taken.
3. To ensure continual improvement in all aspects of care delivery.
4. To foster the provision of high quality, efficient home/hospice care services by all disciplines, with few deficient areas.

5. To provide opportunities that will take specific action to improve area's of deficiency in the delivery of high quality services to clients.
6. To show high patient satisfaction with services provided and to identify areas where improvement is needed.
7. To keep unusual occurrences, incidents, and events at a minimum.
8. To make recommendations and take action related to improved safety; educational programs for staff and or clients, and improve delivery of client services. This is a result of quality intervention and improvement activities.
9. To make recommendation and take actions which result in improved continuity of care among all disciplines and providers.
10. To improve monitoring of personnel and provide opportunities to identify area's that need improvement in terms of performance of job responsibilities.

Responsibility and Authority

The participation of the management staff (Agency Administrator), the clinical staff (Clinical Managers of Clinical Service), and support staff is essential to the successful implementation of an effective quality improvement system. Each level of staff is included in some aspect of comprehensive (QA/PI) Quality Assurance and Performance Improvement program. Clinical and management staff participates in the identification of Important Aspects of Care, Indicator Development and Monitoring, Internal Clinical Record Reviews, and Issue Improvement Plans. The Quality Assurance and Performance Improvement Staff Nurse, is responsible for assessing, planning, implementing, and evaluating the Quality Intervention/Performance Improvement program. The Quality Assurance and Performance Improvement Staff Nurse is also responsible for arranging QA/PI Committee Meetings, preparing QA/PI Reports, and ensuring that appropriate actions are taken, based on recommendations and findings of the QA/PI program activities. Additionally, the Quality Assurance and Performance Improvement Manager is responsible for educating all staff members about the QA/PI program, and their roles and responsibilities related to QA/PI. Non-clinical staff is responsible to participate in data collection, issue improvement plans, preparation of Quality Assurance Committee minute, reports, projects and tools.

The Board of Directors has the final authority and responsibility for the ongoing, comprehensive and integrated Quality Intervention Program. Quality Assurance and Performance Improvement Reports will be presented to the Board annually. All Quality Interventions and Improvement activities are summarized in this report, as well as results of all monitoring activities. The Board delegates authority of the implementation of the QA/PI Program through the Quality Assurance and Performance Improvement Manager,

who ultimately is responsible to the Administrator.

The Quality Assurance and Performance Improvement Committee meets at least quarterly to review all QA/PI findings and to make recommendations regarding all quality interventions and improvement activities.

Follow-up reports and recommendations from the QA/PI Committee are made available to all staff members, through memos and monthly staff meetings. Specific recommendations regarding deficient service areas will go directly to the Clinical Managers.

Quality Assurance and Performance Improvement Committee Quality Assurance and performance Improvement Committee

The Quality Assurance and performance improvement Committee has been established for the purpose of reviewing all of the QA/PI activities of the agency, and participating in monitoring activities, as previously outlined.

The Committee consists of representatives from the management and clinical staff, with input from all disciplines, and departments as appropriate.

The Quality Assurance Nurse is chairperson for this committee, and is designated by the Agency Administrator (AA). Meetings are held at least quarterly, where results of QA/PI activities are reported. Minutes for these meetings are kept on file in the office.

Committee Members

CEO or her designee

QA/PI Nurses

Clinical Managers

Agency Administrator

Other Agency Representatives as needed

Board of Directors and Responsibilities of Board Members

Policy

Board of Directors

Description

The responsibilities of the governing body are outlined as dictated in the organizational bylaws. All Board members participate in an orientation and submit an annually disclosure as indicated in policy.

Purpose

- To acquaint the members of the Board with all aspects of the Agency's operations and to be fully aware of Board responsibilities.
- To provide disclosure of any conflict of interest on an annual basis.

Scope

The following guidelines are to be adhered to by all managers, supervisors and employees.

Procedure

All members shall be given a copy of the bylaws, organizational chart, mission statement organizational philosophy, and objectives.

All Board members will receive information on services and programs offered and the current status of the agency's licensure and accreditation

All Board members shall sign an annual disclosure statement.

All members shall receive a review of their responsibilities as defined by the Agency
New members shall be given an opportunity to spend a day making home visits with one of the provider staff with prior patient consent

Accountability for the safety, quality of care, treatment, and services.

Responsibilities of Board Members

- Determine the Organization's Mission and Purposes
- Select the Chief Executive
- Support the Chief Executive and Assess His or Her Performance
- Ensure Effective Organizational Management and Planning
- Approves organization's written scope of services
- Ensure Adequate Resources needed to maintain safe, quality care, treatment and services
- Manage Resources Effectively
- Plans an overall plan and budget that includes an overall operating budget and capital expenditure plan, prepared under direction of governing body by a committee of representatives of governing body, administrative staff, and medical staff of the home health and hospice agency
- Governance approves an annual operating budget, and long term capital expenditure plan
- Determine, Monitor, and Strengthen the Organization's Programs and Services
- Enhance Legal and Ethical Integrity and Maintain Accountability
- Recruit and Orient New Board Members and Assess Board Performance

Exhibit 6

Utilization Review Committee

Policy

Utilization Review Committee

Description

A group of professional personnel will make up the agency's Utilization Review Committee as part of the overall program evaluation.

Purpose

1. To assess and evaluate if the agency program is appropriate, adequate, coordinated, effective, and efficient.
2. To ensure that policies are correctly followed when rendering services.

Scope

The following guidelines are to be adhered to by all managers, supervisors and employees.

Procedure

The Utilization Review Committee will conduct record review:

1. Each quarter
2. By a committee representative of disciplines that provides services to the agency.
3. Assess 10% sample of active and discharged clinical record or 40 records per year, whichever is less.
4. Reviews are documented on the UR review form.
5. Findings and recommendations are forwarded to the QA Committee, CEO, and PAC.
6. Follow-up and resolution of identified issues are completed by the CEO and QA Committee.
7. This information is forwarded to the Board of Directors.

Exhibit 7

P-B Health Hospice Time Payment Plan

Policy

**P-B Health will offer a Time Payment Plan of a 30 day net.
Payments are due within 30 days after invoice has been rendered.
Payment-Time Period may be adjusted according to patient need.**

Chief Executive Officer
Jackie D. Bailey, R.N.

P-B HEALTH
P-B Health Home Care Agency, Inc.
2535 Saint Paul Street
Baltimore, Maryland 21218
410 235-1060 Fax 410 235-1309
TTY 800 735-2258 Website WWW.P-BHEALTH.COM

Chief Financial Officer
Matthew H. Bailey, Esq.

To: *Macedonia Baptist Church*
718 W. Lafayette Ave
Baltimore, MD 21217

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

We, at P-B Health Home Health Care Agency, Inc. need your support. You may not have heard of us until now but **P-B HEALTH** as we call ourselves has been working in the Baltimore Metropolitan and surrounding counties communities for well over 25 years providing home health care services to many of Maryland's poor, chronically ill, elderly and/or handicapped. We have not advertised since word of our quality care is passed by word of mouth. We are presently responsible for supporting and monitoring the care of well over 300 clients, 70% which are African Americans, and we are trying to expand our services. We have created employment opportunities for over 100 Baltimoreans who work as care providers. Our goals are:

1. Provide the highest quality of health care possible.
2. Train and provide volunteers/ employment for as many people who are willing to work.
3. Assist in Marylanders supporting the family as the population ages.

P-B Health Home Care Agency, Inc. is seeking a license to expand their Home Health services to a Home Health and Hospice Agency in Baltimore City, Maryland. We intent to expand our services to the community by providing community programs aimed to educate about the positive benefits of receiving hospice care in the home versus languishing in the hospital at the end of life

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Baltimore, Maryland 21218
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TTY 800 735-2258 Website WWW.P-BHEALTH.COM

Chief Financial Officer
Matthew H. Bailey, Esq.

To: *The Empowerment Temple*
4217-4221 Primrose Avenue
Baltimore, MD 21215

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

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2535 Saint Paul Street
Baltimore, Maryland 21218
410 235-1060 Fax 410 235-1309
TTY 800 735-2258 Website WWW.P-BHEALTH.COM

Chief Financial Officer
Matthew H. Bailey, Esq.

To: *New Psalmist Baptist Church*
6020 Marian Drive
Baltimore, MD 21215

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

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410 235-1060 Fax 410 235-1309

Chief Financial Officer
Matthew H. Bailey, Esq.

TTY 800 735-2258 Website WWW.P-BHEALTH.COM

To: *Agape Christian Center*
4201 York Road
Baltimore, MD 21212

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

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2535 Saint Paul Street
Baltimore, Maryland 21218
410 235-1060 Fax 410 235-1309

Chief Financial Officer
Matthew H. Bailey, Esq.

TTY 800 735-2258 Website WWW.P-BHEALTH.COM

To: *Wayland Baptist Church*
3200 Garrison Blvd
Baltimore, MD 21216

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

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Baltimore, Maryland 21218
410 235-1060 Fax 410 235-1309

Chief Financial Officer
Matthew H. Bailey, Esq.

TTDY 800 735-2258 Website WWW.P-BHEALTH.COM

To: *Ellis Memorial Christian Community*
406 Park Heights Ave.
Baltimore, MD 21215

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

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Baltimore, Maryland 21218
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TTDY 800.735-2258 Website WWW.P-BHEALTH.COM

Chief Financial Officer
Matthew H. Bailey, Esq.

To: Sharon Seventh-Day Adventist
5812 Harford Road
Baltimore, MD 21214

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

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Baltimore, Maryland 21218
410 235-1060 Fax 410 235-1309
TTY 800 735-2258 Website WWW.P-BHEALTH.COM

Chief Financial Officer
Matthew H. Bailey, Esq.

To: *New Beginnings SDA Church*
1721 Seaton Street
Baltimore, MD 21230

From: P-B Health Home Health Care Agency
2535 Saint Paul Street
Baltimore, Maryland 21218
410-235-1060

Subject: Letter of Introduction and Request for Support

Date: November 16, 2016

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The
**JOSEPH
RICHEY
HOSPICE
INC.**



Attachment:

TO: P-B Health Services, Incorporated
30 East 25th Street
Baltimore, Maryland 21218
301-235-1035

FROM: Kathleen A. Roche, RN, MA
Joseph Richey Hospice, Inc.
820 N. Eutaw Street
Baltimore, Maryland 21201
301-523-2150

SUBJECT: Letter Support for Licensing P-B Health as a Home
Agency

DATE: January 25, 1991

I support P-B Health Services Inc., in its efforts to get licensure as a Home Health Agency. I support them as a present health services agency that is providing much needed home health care services to many of Baltimore's poor, chronically ill, elderly and/or handicapped. I support a quality care business operation in which the costs are contained and making health care more available for the poorest of Baltimore's poor. I support a community organization whose goals are:

1. providing the highest quality of health care,
2. training and providing community employment, and
3. creating more family unity with an interfamily support system.

P-B Health Services is seeking a license as a Home Health Agency in Baltimore City. I support those efforts.

Sincerely Yours,

Kathleen A. Roche
CAH

Kathleen A. Roche, R.N., M.A.
Executive Director



Health • Education • Resource • Organization

Dec 4, 1990

To Whom it may concern:

I am writing in support of P-B health Services Inc,
30 East 25th Street
Baltimore
MD 21218.

We at HERO supports their efforts to get licensure as a Home Health Agency. We support them as a health services agency that is presently providing much needed home health care services to many of Baltimore's poor, chronically ill, elderly and handicapped populations.

Many of our AIDS patients already need and will be needing level 3 and level 4 nursing care and home aide care. We support P-B Health service in their efforts to obtain licensure to service this population.

Sincerely,

Indira Kotval, MPH LCSW
Administrator Client Services, HERO.

PBHEA2544 03/10/2015 9:59 PM

U.S. Corporation Income Tax Return		OMB No. 1545-0123	
<div style="display: flex; justify-content: space-between;"> <div> Form 1120 Form Department of the Treasury Internal Revenue Service </div> <div> For calendar year 2014 or tax year beginning _____, ending _____ 2014 </div> </div>			
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120 .			
Name P-B HEALTH HOME CARE AGENCY, INC		E Employer identification number 52-1682544	
Number, street, and room or suite no. If a P.O. box, see instructions. 2535 SAINT PAUL STREET		C Date incorporated 04/24/1989	
City or town, state, or province, country and ZIP or foreign postal code BALTIMORE MD 21218		D Total assets (see instructions) \$ 1,813,629	
<div style="display: flex; justify-content: space-between;"> <div> TYPE OR PRINT </div> <div> E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change </div> </div>			
1a Gross receipts or sales 6,930,033 1b Returns and allowances 1,648,676		1c 5,281,357	
2 Cost of goods sold (attach Form 1125-A)		2 5,281,357	
3 Gross profit. Subtract line 2 from line 1c		3	
4 Dividends (Schedule C, line 19)		4	
5 Interest		5	
6 Gross rents		6	
7 Gross royalties		7	
8 Capital gain net income (attach Schedule D (Form 1120))		8	
9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9	
10 Other income (see instructions—attach statement)		10	
11 Total income. Add lines 3 through 10		11 5,281,357	
12 Compensation of officers (see instructions—attach Form 1125-E)		12	
13 Salaries and wages (less employment credits)		13 3,688,283	
14 Repairs and maintenance		14 42,144	
15 Bad debts		15	
16 Rents		16 216,070	
17 Taxes and licenses		17 190,177	
18 Interest		18 51,013	
19 Charitable contributions SEE STMT 1		19 0	
20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20 4,459	
21 Depletion		21	
22 Advertising		22 30,856	
23 Pension, profit-sharing, etc., plans		23 3,772	
24 Employee benefit programs		24 112,832	
25 Domestic production activities deduction (attach Form 8903)		25	
26 Other deductions (attach statement) SEE STMT 2		26 1,044,913	
27 Total deductions. Add lines 12 through 26		27 5,384,519	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28 -103,162	
29a Net operating loss deduction (see instructions)		29a	
b Special deductions (Schedule C, line 20)		29b	
c Add lines 29a and 29b		29c	
30 Taxable income. Subtract line 29c from line 28 (see instructions)		30 -103,162	
31 Total tax (Schedule J, Part I, line 11)		31 0	
32 Total payments and refundable credits (Schedule J, Part II, line 21)		32	
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached		33	
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed		34	
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid		35	
36 Enter amount from line 35 you want: Credited to 2015 estimated tax		36	
Sign Here		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of officer MATTHEW BAILEY		CHIEF FIN OFFICER	
Print/Type preparer's name MOSES ALADE		Date 09/10/15	
Preparer's signature MOSES ALADE		Check if self-employed <input type="checkbox"/>	
Firm's name MOSES ALADE, CPA		PTIN P00215683	
Firm's address 312 MARSHALL AVE STE 1010		Firm's EIN 20-0339245	
LAUREL, MD 20707		Phone no. 301-497-9973	

Form 1120 (2014) **P-B HEALTH HOME CARE AGENCY, INC****52-1682544**Page **2****Schedule D Dividends and Special Deductions (see instructions)**

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Form **1120** (2014)

Form 1120 (2014) **P-B HEALTH HOME CARE AGENCY, INC**
Tax Computation and Payment (see instructions)

52-1682544

Page 3

Part I—Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule G (Form 1120))	<input type="checkbox"/>	2	0
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	3	
3	Alternative minimum tax (attach Form 4626)		4	0
4	Add lines 2 and 3			
5a	Foreign tax credit (attach Form 1118)	5a		
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method—Income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Other (see instructions—attach statement)	9f		
10	Total. Add lines 9a through 9f		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II—Payments and Refundable Credits

12	2013 overpayment credited to 2014	12	
13	2014 estimated tax payments	13	
14	2014 refund applied for on Form 4465	14	
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement—see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule M Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 621610		
b	Business activity ▶ HEALTH CARE		
c	Product or service ▶ HOME HEALTH CARE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)	X	

Form 1120 (2014)

Form 1120 (2014) **P-B HEALTH HOME CARE AGENCY, INC** 52-1682544Page **4****Schedule K Other information continued (see instructions)**

Yes	No
	<input checked="" type="checkbox"/>

5 At the end of the tax year, did the corporation:

- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions.

If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions.

If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)

If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.

If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter:

(i) Percentage owned and (ii) Owner's country

(c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached

- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount. If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

- 9** Enter the amount of tax-exempt interest received or accrued during the tax year \$ **0**

- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) **1**

- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐
If the corporation is filing a consolidated return, the statement required by Regulations section 1.1602-21(b)(3) must be attached or the election will not be valid.

- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 29a.) \$ **195,551**

- 13** Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?

If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$

- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)?
If "Yes," complete and attach Schedule UTP.

- 15a** Did the corporation make any payments in 2014 that would require it to file Form(s) 1099?

If "Yes," did or will the corporation file required Forms 1099?

- 16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock?

- 17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?

- 18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?

Form **1120** (2014)

Form 1120 (2014) **P-B HEALTH HOME CARE AGENCY, INC**

Balance Sheets per Books		Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)	
Assets		211,631		239,383	
1 Cash	1,228,669		1,189,903		
2a Trade notes and accounts receivable	16,219	1,212,450	16,257	1,173,646	
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities (see instructions)					
6 Other current assets (att. stmt.)					
7 Loans to shareholders					
8 Mortgage and real estate loans					
9 Other investments (attach stmt.)	383,785		383,785		
10a Buildings and other depreciable assets	226,861	156,924	250,494	133,291	
b Less accumulated depreciation					
11a Depreciable assets					
b Less accumulated depletion					
12 Land (net of any amortization)					
13a Intangible assets (amortizable only)					
b Less accumulated amortization		268,039		267,309	
14 Other assets (attach stmt.) STMT 3		1,849,044		1,813,629	
15 Total assets					20,781
Liabilities and Shareholders' Equity		22,005			
16 Accounts payable					1,370,535
17 Mortgages, notes, bonds payable in less than 1 year		991,521		502,225	
18 Other current liabilities (att. stmt.) STMT 4		502,225		200,863	
19 Loans from shareholders		284,441			
20 Mortgages, notes, bonds payable in 1 year or more					
21 Other liabilities (attach statement)					
22 Capital stock: a Preferred stock	100	100	100	100	
b Common stock		400,803		400,803	
23 Additional paid-in capital					
24 Retained earnings—Appropriated (att. stmt.)		201,373		-128,254	
26 Retained earnings—Unappropriated		-553,424		-553,424	
26 Adjustments to SH equity (att. stmt.) STMT 5					
27 Less cost of treasury stock		1,849,044		1,813,629	
28 Total liabilities and shareholders' equity					

Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-329,627	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$	
3 Excess of capital losses over capital gains		STMT 8	
4 Income subject to tax not recorded on books this year (itemize):	38,805	8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$	
a Depreciation \$	19,175	b Charitable contributions \$	
b Charitable contributions \$	4,403	STMT 9	22,206
c Travel and entertainment \$	186,288	9 Add lines 7 and 8	22,206
STMT 7		10 Income (page 1, line 28)—line 6 less line 9	-103,162
6 Add lines 1 through 5	-80,956		

Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)	
1 Balance at beginning of year	201,373
2 Net income (loss) per books	-329,627
3 Other increases (itemize):	
4 Add lines 1, 2, and 3	-128,254

5 Distributions:	a Cash	
	b Stock	
	c Property	
6 Other decreases (itemize):		
7 Add lines 5 and 6		
8 Balance at end of year (line 4 less line 7)		-128,254

**SCHEDULE G
(Form 1120)**(Rev. December 2011)
Department of the Treasury
Internal Revenue Service**Information on Certain Persons Owning the
Corporation's Voting Stock**

▶ Attach to Form 1120.

▶ See instructions on page 2.

OMB No. 1545-0123

Name

Employer identification number (EIN)

52-1682544**P-B HEALTH HOME CARE AGENCY, INC****Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock

**Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock
JACKIE BAILEY	587-62-0647	USA	100.000

For Paperwork Reduction Act Notice,
see the instructions for Form 1120.

Schedule G (Form 1120) (Rev. 12-2011)

Form **4562**Department of the Treasury
Internal Revenue Service

(UW)

Depreciation and Amortization
(including information on Listed Property)
▶ Attach to your tax return.▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2014Attachment
Sequence No. **179**

Name(s) shown on return

Identifying number

52-1682544**P-B HEALTH HOME CARE AGENCY, INC**

Business or activity to which this form relates

REGULAR DEPRECIATION**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	4,459
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,459
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

OAA

Form 4562 (2014)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes		No		24b If "Yes," is the evidence written?		Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Basis section 179 cost					
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)													25
26 Property used more than 50% in a qualified business use:													
		%											
		%											
27 Property used 50% or less in a qualified business use:													
		%				S/L-							
		%				S/L-							
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1													29

29 Add amounts in column (i), line 28. Enter here and on line 7, page 1

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?						
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2014 tax year (see instructions):					
				43	17,188
43 Amortization of costs that began before your 2014 tax year					
				44	17,188
44 Total. Add amounts in column (f). See the instructions for where to report					

Form 4562 (2014)

1120
Form
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return

For calendar year 2015 or tax year beginning , ending
Information about Form 1120 and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

2015

- A Check if:
- 1a Consolidated return (attach Form 951) ☐
 - b Life/nonlife consolidated return ☐
 - 2 Personal holding co. (attach Sch. PH) ☐
 - 3 Personal service corp. (see instructions) ☐
 - 4 Schedule M-3 attached ☐

TYPE
OR
PRINT

Name
P-B HEALTH HOME CARE AGENCY, INC

Number, street, and room or suite no. if a P.O. box, see instructions.
2535 SAINT PAUL STREET

City or town, state, or province, country, and ZIP or foreign postal code
BALTIMORE MD 21218

B Employer identification number
52-1682544

C Date incorporated
04/24/1989

D Total assets (see instructions)
\$ **1,777,179**

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a Gross receipts or sales	1a	8,210,743	1c	
	b Returns and allowances	1b	1,854,071		
	c Balance. Subtract line 1b from line 1a				6,356,672
	2 Cost of goods sold (attach Form 1125-A)				
	3 Gross profit. Subtract line 2 from line 1c				6,356,672
	4 Dividends (Schedule C, line 19)				55
	5 Interest				
	6 Gross rents				
	7 Gross royalties				
	8 Capital gain net income (attach Schedule D (Form 1120))				
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)				1,159
10 Other income (see instructions—attach statement)		SEE STMT 1	6,357,886		
11 Total income. Add lines 3 through 10			242,430		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)			4,020,591	
	13 Salaries and wages (less employment credits)			39,894	
	14 Repairs and maintenance				
	15 Bad debts			207,723	
	16 Rents			394,174	
	17 Taxes and licenses			51,104	
	18 Interest			0	
	19 Charitable contributions		SEE STMT 2	2,676	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)				
	21 Depletion			25,947	
	22 Advertising				
	23 Pension, profit-sharing, etc., plans			115,097	
	24 Employee benefit programs				
	25 Domestic production activities deduction (attach Form 8903)			1,122,738	
	26 Other deductions (attach statement)		SEE STMT 3	6,222,374	
	27 Total deductions. Add lines 12 through 26			135,512	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11				
	Tax, Refundable Credits, and Payments	29a Net operating loss deduction (see instructions)	29a	135,512	29c
b Special deductions (Schedule C, line 20)		29b			
c Add lines 29a and 29b				0	
30 Taxable income. Subtract line 29c from line 28 (see instructions)				0	
31 Total tax (Schedule J, Part I, line 11)					
32 Total payments and refundable credits (Schedule J, Part II, line 21)					
33 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>					
34 Amount owed. If line 32 is smaller than the total of lines 31 and 33, enter amount owed					
35 Overpayment. If line 32 is larger than the total of lines 31 and 33, enter amount overpaid					
36 Enter amount from line 35 you want: Credited to 2016 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Sign Here

Signature of officer

MATTHEW BAILEY

Date

9-9-16

Title

CHIEF FIN OFFICER

Paid

Preparer Use Only

Print/Type preparer's name

MOSES ALADE

Preparer's signature

MOSES ALADE

Date

09/08/16

Check ☐ if self-employed

PTIN

P00215683

Firm's EIN

20-0339245

Phone no.

301-497-9973

Firm's name

MOSES ALADE, CPA

Firm's address

**312 MARSHALL AVE STE 1010
LAUREL, MD 20707**

Form 1120 (2015) **P-B HEALTH HOME CARE AGENCY, INC**
Schedule C Dividends and Special Deductions (see instructions)

52-1682544

Page 2

	(a) Dividends received	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)			
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4			
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Form 1120 (2015)

Form 1120 (2015) **P-B HEALTH HOME CARE AGENCY, INC**
Schedule K Tax Computation and Payment (see instructions)

52-1682544

Page 3

Part I—Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	2	0
2	Income tax. Check if a qualified personal service corporation (see instructions)	3	
3	Alternative minimum tax (attach Form 4626)	4	0
4	Add lines 2 and 3		
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8897)	9c	
d	Interest due under the look-back method—Income forecast method (attach Form 8888)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions—attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II—Payments and Refundable Credits

12	2014 overpayment credited to 2015	12	
13	2015 estimated tax payments	13	
14	2015 refund applied for on Form 4466	14	
15	Combine lines 12, 13, and 14	15	
16	Tax deposited with Form 7004	16	
17	Withholding (see instructions)	17	
18	Total payments. Add lines 15, 16, and 17	18	
19	Refundable credits from:		
a	Form 2439	19a	
b	Form 4136	19b	
c	Form 8827, line 8c	19c	
d	Other (attach statement—see instructions)	19d	
20	Total credits. Add lines 19a through 19d	20	
21	Total payments and credits. Add lines 18 and 20. Enter here and on page 1, line 32	21	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ 621610		
b	Business activity ▶ HEALTH CARE		
c	Product or service ▶ HOME HEALTH CARE		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation ▶		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X

Form 1120 (2015)

Form 1120 (2015) **P-B HEALTH HOME CARE AGENCY, INC****52-1682544**Page **4****Schedule M Other Information continued (see instructions)**

- 5** At the end of the tax year, did the corporation:
- a** Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions. ☒ Yes ☐ No
- If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

- b** Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. ☒ Yes ☐ No
- If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

- 6** During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.) ☒ Yes ☐ No
- If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.
- If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.
- 7** At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of the corporation's stock entitled to vote or (b) the total value of all classes of the corporation's stock? ☒ Yes ☐ No
- For rules of attribution, see section 318. If "Yes," enter:
- (i) Percentage owned and (ii) Owner's country
- (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached
- 8** Check this box if the corporation issued publicly offered debt instruments with original issue discount. ☐
- If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.
- 9** Enter the amount of tax-exempt interest received or accrued during the tax year \$
- 10** Enter the number of shareholders at the end of the tax year (if 100 or fewer) **1**
- 11** If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here ☐
- If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.
- 12** Enter the available NOL carryover from prior tax years (do not reduce it by any deduction on line 28a.) \$ **298,713**
- 13** Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? ☒ Yes ☐ No
- If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year \$
- 14** Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement (see instructions)? ☒ Yes ☐ No
- If "Yes," complete and attach Schedule UTP.
- 16a** Did the corporation make any payments in 2015 that would require it to file Form(s) 1099? ☒ Yes ☐ No
- b** If "Yes," did or will the corporation file required Forms 1099? ☒ Yes ☐ No
- 16** During this tax year, did the corporation have an 80% or more change in ownership, including a change due to redemption of its own stock? ☒ Yes ☐ No
- 17** During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction? ☒ Yes ☐ No
- 18** Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million? ☒ Yes ☐ No

Form **1120** (2015)

Form 1120 (2015) **P-B HEALTH HOME CARE AGENCY, INC****52-1682544**Page **5****Schedule L Balance Sheets per Books**

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		239,383		291,965
2a Trade notes and accounts receivable	1,189,903		1,122,827	
b Less allowance for bad debts	16,257	1,173,646	16,219	1,106,608
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach stmt.)				
10a Buildings and other depreciable assets	383,785		383,785	
b Less accumulated depreciation	250,494	133,291	273,884	109,901
11a Depletable assets				
b Less accumulated depletion				
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization				
14 Other assets (attach stmt.) STMT 4		267,309		268,705
15 Total assets		1,813,629		1,777,179
Liabilities and Shareholders' Equity				
16 Accounts payable		20,781		38,725
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 5		1,370,535		1,371,661
19 Loans from shareholders		502,225		502,225
20 Mortgages, notes, bonds payable in 1 year or more		200,863		158,908
21 Other liabilities (attach statement)				
22 Capital stock: a Preferred stock			100	100
b Common stock	100	400,803		400,803
23 Additional paid-in capital				
24 Retained earnings—Appropriated (att. stmt.)		-128,254		-141,819
25 Retained earnings—Unappropriated		-553,424		-553,424
26 Adjustments to SH equity (att. stmt.) STMT 6				
27 Less cost of treasury stock				
28 Total liabilities and shareholders' equity		1,813,629		1,777,179

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3 (see instructions).

1 Net income (loss) per books	-13,565	7 Income recorded on books this year not included on this return (itemize):	
2 Federal income tax per books		Tax-exempt interest \$	
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): STMT 7	67,075	8 Deductions on this return not charged against book income this year (itemize):	
5 Expenses recorded on books this year not deducted on this return (itemize):		a Depreciation \$	
a Depreciation \$	20,714	b Charitable contributions \$	
b Charitable contributions \$		STMT 9	16,209
c Travel and entertainment \$			16,209
STMT 8	77,497	9 Add lines 7 and 8	16,209
6 Add lines 1 through 5	151,721	10 Income (page 1, line 28)—line 6 less line 9	135,512

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	-128,254	5 Distributions: a Cash	
2 Net income (loss) per books	-13,565	b Stock	
3 Other increases (itemize):		c Property	
		6 Other decreases (itemize):	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-141,819	8 Balance at end of year (line 4 less line 7)	-141,819

Form **1120** (2015)

52-1682544

MD Asset Report

FYE: 12/31/2015

Form 1120, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
Prior MACRS:								
1	Computers	4/11/95	7,465	7,465	7,465	0	0	0
2	Computers	7/01/00	748	748	748	0	0	0
3	Computers	7/10/00	682	682	682	0	0	0
4	Computers	7/10/00	682	682	682	0	0	0
5	Computers	7/10/00	682	682	682	0	0	0
6	Computers	7/10/00	682	682	682	0	0	0
7	Computers	7/10/00	682	682	682	0	0	0
8	Hand Held Computer	7/31/04	608	608	608	0	0	0
9	Hand Held Computer	7/31/04	608	608	608	0	0	0
10	Hand Held Computer	7/31/04	608	608	608	0	0	0
11	Hand Held Computer	7/31/04	608	608	608	0	0	0
12	Hand Held Computer	7/31/04	608	608	608	0	0	0
13	Hand Held Computer	7/31/04	608	608	608	0	0	0
14	Hand Held Computer	7/31/04	608	608	608	0	0	0
15	Hand Held Computer	7/31/04	608	608	608	0	0	0
16	Hand Held Computer	7/31/04	608	608	608	0	0	0
17	Hand Held Computer	7/31/04	608	608	608	0	0	0
18	Hand Held Computer	7/31/04	608	608	608	0	0	0
19	Hand Held Computer	7/31/04	608	608	608	0	0	0
20	Security Camera	10/11/07	831	831	831	0	0	0
21	Monitor	10/16/07	577	577	577	0	0	0
22	Computer	10/16/07	756	756	756	0	0	0
23	Computer	1/10/08	2,285	2,285	2,285	0	0	0
24	Computer	3/14/08	845	845	845	0	0	0
25	Computer	3/17/08	1,690	1,690	1,690	0	0	0
26	Computer	3/31/08	1,568	1,568	1,568	0	0	0
27	Computer	4/03/08	1,086	1,086	1,086	0	0	0
28	Telephone System	8/14/00	12,332	12,332	12,332	0	0	0
29	Telephone System	8/15/00	14,303	14,303	14,303	0	0	0
30	Furniture	8/15/00	27,804	27,804	27,804	0	0	-141
61	Computer	1/11/13	1,798	1,798	1,097	281	140	-115
62	Monitor	4/10/13	1,278	1,278	703	230	115	-93
63	Laptop	5/10/13	1,043	1,043	574	187	94	-379
64	Server	9/10/13	3,716	3,716	1,821	758	379	-105
65	Outlet	9/10/13	1,033	1,033	506	211	106	-1,503
66	Server	10/11/13	13,182	13,182	5,668	3,006	1,503	-210
67	Printer	10/11/13	1,842	1,842	792	420	210	-131
68	Server	11/10/13	1,138	1,138	489	260	129	-2,677
			108,026	108,026	94,646	5,353	2,676	-2,677

Amortization:								
31	Leasehold Improvement	12/19/00	10,545	10,545	10,545	0	0	0
32	Leasehold Improvement	3/06/01	10,675	10,675	10,570	105	105	0
33	Leasehold Improvement	6/22/01	7,815	7,815	7,815	0	0	0
34	Leasehold Improvement	6/25/01	5,200	5,200	5,200	0	0	0
35	Leasehold Improvement	6/14/02	9,638	9,638	8,995	643	643	0
36	Leasehold Improvement	10/18/02	88,301	88,301	52,169	5,887	5,887	0
37	Leasehold Improvement	1/25/08	5,526	5,526	2,210	369	369	0
38	Leasehold Improvement	2/15/08	4,333	4,333	1,733	289	289	0
39	Leasehold Improvement	2/22/08	5,526	5,526	2,210	369	369	0
40	Leasehold Improvement	3/14/08	5,526	5,526	2,210	369	369	0
41	Leasehold Improvement	3/18/08	2,000	2,000	800	133	133	0
42	Leasehold Improvement	4/11/08	2,333	2,333	933	156	156	0
43	Leasehold Improvement	4/11/08	5,526	5,526	2,210	369	369	0
44	Leasehold Improvement	5/06/08	1,404	1,404	562	93	93	0
45	Leasehold Improvement	6/05/08	2,500	2,500	1,000	167	167	0
46	Leasehold Improvement	2/15/08	4,333	4,333	1,733	289	289	0
47	Leasehold Improvement	1/13/11	8,316	8,316	2,218	554	554	0
48	Leasehold Improvement	3/17/11	1,517	1,517	388	101	101	0
49	Leasehold Improvement	4/11/11	1,517	1,517	379	101	101	0
50	Leasehold Improvement	4/11/11	1,517	1,517	379	101	101	0
51	Leasehold Improvement	5/27/11	3,000	3,000	733	200	200	0
52	Leasehold Improvement	3/14/11	1,875	1,875	479	125	125	0
53	Leasehold Improvement	4/07/11	1,200	1,200	300	80	80	0
54	Leasehold Improvement	9/23/11	2,880	2,880	640	192	192	0
55	Leasehold Improvement	9/23/11	2,723	2,723	605	182	182	0
56	Leasehold Improvement	12/20/11	3,177	3,177	653	212	212	0
57	Leasehold Improvement							

MD Asset Report**Form 1120, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	MD Prior	MD Current	Federal Current	Difference Fed - MD
58	Leasehold Improvement	12/20/11	2,000	2,000	411	133	133	0
59	Lease hold Improvement	1/07/10	67,226	67,226	17,927	4,482	4,482	0
60	Lease hold Improvement	6/30/12	7,620	7,620	1,312	508	508	0
			<u>275,749</u>	<u>275,749</u>	<u>137,319</u>	<u>16,209</u>	<u>16,209</u>	<u>0</u>
Grand Totals			383,775	383,775	231,965	21,562	18,885	-2,677
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>383,775</u>	<u>383,775</u>	<u>231,965</u>	<u>21,562</u>	<u>18,885</u>	<u>-2,677</u>

Asset	Description	Date In Service	Cost	MD
Prior MACRS:				
1	Computers	4/11/95	7,465	0
2	Computers	7/01/00	748	0
3	Computers	7/10/00	682	0
4	Computers	7/10/00	682	0
5	Computers	7/10/00	682	0
6	Computers	7/10/00	682	0
7	Computers	7/10/00	682	0
8	Hand Held Computer	7/31/04	608	0
9	Hand Held Computer	7/31/04	608	0
10	Hand Held Computer	7/31/04	608	0
11	Hand Held Computer	7/31/04	608	0
12	Hand Held Computer	7/31/04	608	0
13	Hand Held Computer	7/31/04	608	0
14	Hand Held Computer	7/31/04	608	0
15	Hand Held Computer	7/31/04	608	0
16	Hand Held Computer	7/31/04	608	0
17	Hand Held Computer	7/31/04	608	0
18	Hand Held Computer	7/31/04	608	0
19	Hand Held Computer	7/31/04	608	0
20	Security Camera	10/11/07	831	0
21	Monitor	10/16/07	577	0
22	Computer	10/16/07	756	0
23	Computer	1/10/08	2,285	0
24	Computer	3/14/08	845	0
25	Computer	3/17/08	1,690	0
26	Computer	3/31/08	1,568	0
27	Computer	4/03/08	1,086	0
28	Telephone System	8/14/00	12,332	0
29	Telephone System	8/15/00	14,303	0
30	Furniture	8/15/00	27,804	0
61	Computer	1/11/13	1,798	198
62	Monitor	4/10/13	1,278	145
63	Laptop	5/10/13	1,043	119
64	Server	9/10/13	3,716	455
65	Outlet	9/10/13	1,033	126
66	Server	10/11/13	13,182	1,803
67	Printer	10/11/13	1,842	252
68	Server	11/10/13	1,138	155
			<u>108,026</u>	<u>3,253</u>

Amortization:

31	Leasehold Improvement	12/19/00	10,545	0
32	Leasehold Improvement	3/06/01	10,675	0
33	Leasehold Improvement	6/22/01	7,815	0
34	Leasehold Improvement	6/25/01	5,200	0
35	Leasehold Improvement	6/14/02	9,638	0
36	Leasehold Improvement	10/18/02	88,301	5,887
37	Leasehold Improvement	1/25/08	5,526	368
38	Leasehold Improvement	2/15/08	4,333	289
40	Leasehold Improvement	2/22/08	5,526	368
41	Leasehold Improvement	3/14/08	5,526	368
42	Leasehold Improvement	3/18/08	2,000	134
43	Leasehold Improvement	4/11/08	2,333	155
44	Leasehold Improvement	4/11/08	5,526	368
45	Leasehold Improvement	5/06/08	1,404	94
46	Leasehold Improvement	6/05/08	2,500	166
47	Leasehold Improvement	2/15/08	4,333	289
48	Leasehold Improvement	1/13/11	8,316	535
49	Leasehold Improvement	3/17/11	1,517	101
50	Leasehold Improvement	4/11/11	1,517	101
51	Leasehold Improvement	4/11/11	1,517	101
52	Leasehold Improvement	5/27/11	3,000	200
53	Leasehold Improvement	3/14/11	1,875	125
54	Leasehold Improvement	4/07/11	1,200	80