

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		14-4005		FROM 1/ 1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						OO - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/18/2009 TIME 9:56

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 AURORA CHI CAGO LAKESHORE 14-4005
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2	3	4		
1 HOSPITAL	0	-207,880	-4,400	0		
100 TOTAL	0	-207,880	-4,400	0		

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 4840 N MARINE DRIVE P. O. BOX:
 1.01 CITY: CHICAGO STATE: IL ZIP CODE: 60640-7860 COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:				DATE	PAYMENT SYSTEM			
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	CERTIFIED	(P, T, O OR N)	V	XVII	XIX
0	1	2	2.01	3	4	5	6	
02.00	HOSPITAL	AURORA CHI CAGO LAKESHORE	14-4005	7/ 1/1966	N	P	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2008 TO: 12/31/2008 1 2
 18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER
 19 HOSPITAL 4
 20 SUBPROVIDER

OTHER INFORMATION
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /
 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR I ME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX INPATIENTS OCCUPYING TITLE XVIIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y 239000
 40.01 NAME: SIGNATURE HEALTHCARE SVCS FI/CONTRACTOR NAME WPS FI/CONTRACTOR #
 40.02 STREET: 29433 SOUTHFIELD ROAD P.O. BOX:
 40.03 CITY: SOUTHFIELD STATE: MI ZIP CODE: 48076-
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMD DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 140,205
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-4005
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/18/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	113	41,358				9,662	7,944
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	113	41,358				9,662	7,944
12 TOTAL	113	41,358				9,662	7,944
13 RPCH VISITS							
25 TOTAL	113						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01	O/P VISITS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES -- TOTAL 7	RES. FTES -- LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			28,936				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			28,936				
12 TOTAL			28,936				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					807	604	3,027
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
12 TOTAL		168.74			807	604	3,027
13 RPCH VISITS							
25 TOTAL		168.74					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				1,078,035	1,078,035
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				304,452	304,452
5	0500 EMPLOYEE BENEFITS	99,546	72,143	171,689	-346	171,343
6	0600 ADMINISTRATIVE & GENERAL	2,967,593	3,868,272	6,835,865	-1,584,336	5,251,529
8	0800 OPERATION OF PLANT	131,284	463,223	594,507	-28,365	566,142
9	0900 LAUNDRY & LINEN SERVICE				70,913	70,913
10	1000 HOUSEKEEPING	207,558	158,717	366,275	-70,913	295,362
11	1100 DIETARY	347,799	495,622	843,421	-394,484	448,937
12	1200 CAFETERIA				391,140	391,140
14	1400 NURSING ADMINISTRATION	698,200	69,127	767,327	-1,494	765,833
17	1700 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS	139,185	84,683	223,868		223,868
25	2500 ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	3,766,205	1,703,534	5,469,739	-5,179	5,464,560
41	4100 RADIOLOGY-DIAGNOSTIC				4,629	4,629
44	4400 LABORATORY		173,841	173,841		173,841
53	5300 ELECTROCARDIOLOGY		31,110	31,110	34,712	65,822
56	5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS		741,424	741,424		741,424
63	4950 PARTIAL HOSPITAL SPEC PURPOSE COST CENTERS	489,712	98,854	588,566	-711	587,855
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS		262,232	262,232	-262,232	
95	SUBTOTALS	8,847,082	8,222,782	17,069,864	-464,179	16,605,685
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PATIENT SCHOOL	43,705	2,245	45,950	-34,462	11,488
100.01	7951 GUEST & PHYSICIAN MEALS					
100.02	7952 BUSINESS DEVELOPMENT				498,641	498,641
101	TOTAL	8,890,787	8,225,027	17,115,814	-0-	17,115,814

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-52,383	1,025,652
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		304,452
5	0500 EMPLOYEE BENEFITS		171,343
6	0600 ADMINISTRATIVE & GENERAL	-1,236,747	4,014,782
8	0800 OPERATION OF PLANT		566,142
9	0900 LAUNDRY & LINEN SERVICE		70,913
10	1000 HOUSEKEEPING		295,362
11	1100 DIETARY	-4,747	444,190
12	1200 CAFETERIA		391,140
14	1400 NURSING ADMINISTRATION		765,833
17	1700 MEDICAL RECORDS & LIBRARY	-7,658	216,210
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-238,439	5,226,121
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		4,629
44	4400 LABORATORY		173,841
53	5300 ELECTROCARDIOLOGY		65,822
56	5600 DRUGS CHARGED TO PATIENTS	-1,803	739,621
	OUTPAT SERVICE COST CNTRS		
63	4950 PARTIAL HOSPITAL	-28,654	559,201
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-1,570,431	15,035,254
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 PATIENT SCHOOL		11,488
100.01	7951 GUEST & PHYSICIAN MEALS		
100.02	7952 BUSINESS DEVELOPMENT		498,641
101	TOTAL	-1,570,431	15,545,383

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/18/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
63	PARTIAL HOSPITAL	4950	OTHER OUTPATIENT SERVICE COST CENTER
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	PATIENT SCHOOL	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	GUEST & PHYSICIAN MEALS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	BUSINESS DEVELOPMENT	7952	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
144005

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/18/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1) COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 RENT/LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3		876,404
2		NEW CAP REL COSTS-MVBLE EQUIP	4		70,211
3					
4 TELEPHONE COSTS	D	ADMINISTRATIVE & GENERAL	6		6,056
5					
6					
7					
8					
9					
10 CONTRACT LAUNDRY	E	LAUNDRY & LINEN SERVICE	9		70,913
11 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		173,640
12 PATIENT SCHOOL	G	ADULTS & PEDIATRICS	25	32,779	1,683
13 CAFETERIA COSTS	H	CAFETERIA	12	161,293	229,847
14 BUSINESS DEVELOPMENT COSTS	I	BUSINESS DEVELOPMENT	100.02	362,659	135,982
15 ANCILLARY COSTS	J	ELECTROCARDIOLOGY	53		34,712
16		RADIOLOGY-DIAGNOSTIC	41		4,629
36 TOTAL RECLASSIFICATIONS				556,731	1,604,077

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO: 144005	PERIOD: FROM 1/1/2008 TO 12/31/2008	PREPARED 5/18/2009 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1) COST CENTER	DECREASE			A-7 REF 10
		NO 7	SALARY 8	OTHER 9	
1 RENT/LEASE	A ADMINISTRATIVE & GENERAL	6		918,111	10
2	OPERATION OF PLANT	8		25,460	10
3	DIETARY	11		3,044	
4 TELEPHONE COSTS	D EMPLOYEE BENEFITS	5		346	
5	OPERATION OF PLANT	8		2,905	
6	DIETARY	11		300	
7	NURSING ADMINISTRATION	14		1,494	
8	ADULTS & PEDIATRICS	25		300	
9	PARTIAL HOSPITAL	63		711	
10 CONTRACT LAUNDRY	E HOUSEKEEPING	10		70,913	
11 DEPRECIATION	F ADMINISTRATIVE & GENERAL	6		173,640	9
12 PATIENT SCHOOL	G PATIENT SCHOOL	100	32,779	1,683	
13 CAFETERIA COSTS	H DIETARY	11	161,293	229,847	
14 BUSINESS DEVELOPMENT COSTS	I ADMINISTRATIVE & GENERAL	6	362,659	135,982	
15 ANCILLARY COSTS	J ADULTS & PEDIATRICS	25		39,341	
16					
36 TOTAL RECLASSIFICATIONS			556,731	1,604,077	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
144005

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/18/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RENT/LEASE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	876,404	ADMINISTRATIVE & GENERAL	6	918,111	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	70,211	OPERATION OF PLANT	8	25,460	
3.00			0	DIETARY	11	3,044	
TOTAL RECLASSIFICATIONS FOR CODE A			946,615	946,615			

RECLASS CODE: D
EXPLANATION : TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	6,056	EMPLOYEE BENEFITS	5	346	
2.00			0	OPERATION OF PLANT	8	2,905	
3.00			0	DIETARY	11	300	
4.00			0	NURSING ADMINISTRATION	14	1,494	
5.00			0	ADULTS & PEDIATRICS	25	300	
6.00			0	PARTIAL HOSPITAL	63	711	
TOTAL RECLASSIFICATIONS FOR CODE D			6,056	6,056			

RECLASS CODE: E
EXPLANATION : CONTRACT LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	70,913	HOUSEKEEPING	10	70,913	
TOTAL RECLASSIFICATIONS FOR CODE E			70,913	70,913			

RECLASS CODE: F
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	173,640	ADMINISTRATIVE & GENERAL	6	173,640	
TOTAL RECLASSIFICATIONS FOR CODE F			173,640	173,640			

RECLASS CODE: G
EXPLANATION : PATIENT SCHOOL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	34,462	PATIENT SCHOOL	100	34,462	
TOTAL RECLASSIFICATIONS FOR CODE G			34,462	34,462			

RECLASS CODE: H
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	391,140	DIETARY	11	391,140	
TOTAL RECLASSIFICATIONS FOR CODE H			391,140	391,140			

RECLASS CODE: I
EXPLANATION : BUSINESS DEVELOPMENT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS DEVELOPMENT	100.02	498,641	ADMINISTRATIVE & GENERAL	6	498,641	
TOTAL RECLASSIFICATIONS FOR CODE I			498,641	498,641			

RECLASS CODE: J
EXPLANATION : ANCILLARY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROCARDIOLOGY	53	34,712	ADULTS & PEDIATRICS	25	39,341	
2.00	RADIOLOGY-DIAGNOSTIC	41	4,629			0	
TOTAL RECLASSIFICATIONS FOR CODE J			39,341	39,341			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENT								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT								
7	SUBTOTAL								
8	RECONCILING ITEMS								
9	TOTAL								

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMENT	550,535	289,223			289,223		839,758	
5	FIXED EQUIPMENT	215,247	28,231			28,231		243,478	
6	MOVABLE EQUIPMENT	87,530	238,044			238,044		325,574	
7	SUBTOTAL	853,312	555,498			555,498		1,408,810	
8	RECONCILING ITEMS								
9	TOTAL	853,312	555,498			555,498		1,408,810	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
14-4005

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/18/2009
WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-11,172	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-2,482	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	B	-1,803	DRUGS CHARGED TO PATIENTS	56	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS	B	-306	ADMINISTRATIVE & GENERAL	6	
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-315,023			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	54,688			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-4,747	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-7,658	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-8,114	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		**COST CENTER DELETED**	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 OTHER OPERATING REVENUE	B	-39,818	ADMINISTRATIVE & GENERAL	6	
37.01 PROVIDER TAX REIMBURSEMENT	B	-957,033	ADMINISTRATIVE & GENERAL	6	
38 PHYSICIAN COSTS	A	-230,672	ADMINISTRATIVE & GENERAL	6	
39 CONTRIBUTIONS	A	-100	ADMINISTRATIVE & GENERAL	6	
40 LOBBYING COSTS	A	-1,072	ADMINISTRATIVE & GENERAL	6	
41 PATIENT TRANSPORTATION	A	-38,535	ADMINISTRATIVE & GENERAL	6	
41.01 PATIENT TRANSPORTATION	A	-4,184	ADULTS & PEDIATRICS	25	
41.02 PATIENT TRANSPORTATION	A	-2,400	PARTIAL HOSPITAL	63	
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-1,570,431			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	HOME OFFICE COSTS	978,779	840,000	138,779	
2	3	NEW CAP REL COSTS-BLDG &	OWNERSHIP COSTS	787,617	840,000	-52,383	10
3	6	ADMINISTRATIVE & GENERAL	RELATED PARTY COSTS	142,561	174,269	-31,708	
4							
5		TOTALS		1,908,957	1,854,269	54,688	

* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:
 THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	SIGNATURE HEALTHCARE SVCS	100.00	HOSPITAL MGMT
2	E	0.00		0.00	REIT
3	D	0.00		0.00	DATA PROCESSING
4		0.00		0.00	
5		0.00		0.00	

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-4005

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/18/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 AGGREGATE	144,529	73	144,456	154,100	1,215	90,015	4,501
2	25 AGGREGATE	280,485	191,622	88,863	154,100	624	46,230	2,312
3	63 AGGREGATE	71,002		71,002	154,100	604	44,748	2,237
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	496,016	191,695	304,321		2,443	180,993	9,050

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
14-4005

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/18/2009
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	AGGREGATE				90,015	54,441	54,514
2	25	AGGREGATE				46,230	42,633	234,255
3	63	AGGREGATE				44,748	26,254	26,254
4								
5								
6								
7								
8								
9								
10								
11								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					180,993	123,328	315,023

COST ALLOCATION STATISTICS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/18/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTE'S	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE OPERATIONS & GENERAL	OPERATION OF PLANT
	0	3	4	5	5a.00	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG & OSTS-MVBLE	1,025,652	1,025,652					
005 EMPLOYEE BENEFITS	171,343		304,452				
006 ADMINISTRATIVE & GENERAL OPERATION OF PLANT	4,014,782	111,457		176,772	4,211,704	4,211,704	
009 LAUNDRY & LINEN SERVICE	566,142	68,982	20,477		658,241	244,609	902,850
010 HOUSEKEEPING	70,913				70,913	26,352	
011 DIETARY	295,362	5,824	1,729	4,174	307,089	114,117	6,253
012 CAFETERIA	444,190	30,446	9,037	3,750	487,423	181,131	32,684
014 NURSING ADMINISTRATION	391,140	24,356	7,230	3,243	425,969	158,294	26,147
017 MEDICAL RECORDS & LIBRARY	765,833	13,833	4,106	14,039	797,811	296,475	14,850
017 INPAT ROUTINE SRVC CNTRS	216,210	6,354	1,886	2,799	227,249	84,448	6,821
025 ADULTS & PEDIATRICS	5,226,121	669,440	198,714	76,388	6,170,663	2,293,076	718,648
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC	4,629				4,629	1,720	
053 LABORATORY	173,841				173,841	64,601	
056 ELECTROCARDIOLOGY	65,822				65,822	24,460	
063 DRUGS CHARGED TO PATIENTS	739,621	5,295	1,572		746,488	277,402	5,684
063 OUTPAT SERVICE COST CNTRS							
063 PARTIAL HOSPITAL	559,201	72,226	21,439	9,847	662,713	246,271	77,535
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	15,035,254	1,012,399	300,518	169,260	15,010,555	4,012,956	888,622
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE		5,642	1,675		7,317	2,719	6,057
100 PATIENT SCHOOL	11,488	7,611	2,259	220	21,578	8,019	8,171
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT	498,641			7,292	505,933	188,010	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	15,545,383	1,025,652	304,452	176,772	15,545,383	4,211,704	902,850

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	9	10		11	12	14	17	25
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE	97,265							
011 HOUSEKEEPING		427,459						
012 DIETARY		15,582		716,820				
014 CAFETERIA		12,466		62,525	685,401			
017 NURSING ADMINISTRATION		7,080			44,853	1,161,069		
025 MEDICAL RECORDS & LIBRARY		3,252			21,294	41,666	384,730	
041 INPAT ROUTINE SRVC CNTRS	97,265	342,620		384,303	486,281	951,556	330,034	11,774,446
044 ADULTS & PEDIATRICS							165	6,514
053 ANCILLARY SRVC COST CNTRS							7,902	246,344
056 RADIOLOGY-DIAGNOSTIC							842	91,124
063 LABORATORY								
095 DRUGS CHARGED TO PATIENTS		2,710			17,367	33,981	19,621	1,103,253
098 OUTPAT SERVICE COST CNTRS								
100 PARTIAL HOSPITAL		36,965			68,412	133,866	26,166	1,251,928
101 SPEC PURPOSE COST CENTERS								
102 SUBTOTALS	97,265	420,675		446,828	638,207	1,161,069	384,730	14,473,609
103 NONREIMBURS COST CENTERS								
098 PHYSICIANS' PRIVATE OFFIC		2,888						18,981
100 PATIENT SCHOOL		3,896			1,888			43,552
100 01 GUEST & PHYSICIAN MEALS				269,992				269,992
100 02 BUSINESS DEVELOPMENT					45,306			739,249
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	97,265	427,459		716,820	685,401	1,161,069	384,730	15,545,383

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R COST POST STEP-DOWN ADJ 26	TOTAL
		27
003 GENERAL SERVICE COST CNTR		
004 NEW CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-MVBLE E		
006 EMPLOYEE BENEFITS		
008 ADMINISTRATIVE & GENERAL		
009 OPERATION OF PLANT		
010 LAUNDRY & LINEN SERVICE		
011 HOUSEKEEPING		
012 DIETARY		
014 CAFETERIA		
017 NURSING ADMINISTRATION		
025 MEDICAL RECORDS & LIBRARY		
ADULTS & PEDIATRICS		11,774,446
041 ANCILLARY SRVC COST CNTRS		
044 RADIOLOGY-DIAGNOSTIC		6,514
053 LABORATORY		246,344
056 ELECTROCARDIOLOGY		91,124
DRUGS CHARGED TO PATIENTS		1,103,253
063 OUTPAT SERVICE COST CNTRS		
PARTIAL HOSPITAL		1,251,928
095 SPEC PURPOSE COST CENTERS		
SUBTOTALS		14,473,609
098 NONREIMBURS COST CENTERS		
PHYSICIANS' PRIVATE OFFIC		18,981
100 PATIENT SCHOOL		43,552
100 01 GUEST & PHYSICIAN MEALS		269,992
100 02 BUSINESS DEVELOPMENT		739,249
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		15,545,383

ALLOCATION OF NEW CAPITAL RELATED COSTS

14-4005

FROM 1/ 1/2008

WORKSHEET B

TO 12/31/2008

PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT
	0	3	4	4a	5	6	8
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS		4,186	1,243	5,429	5,429		
008 ADMINISTRATIVE & GENERAL		111,457	33,085	144,542	1,610	146,152	
009 OPERATION OF PLANT		68,982	20,477	89,459	81	8,488	98,028
010 LAUNDRY & LINEN SERVICE						914	
011 HOUSEKEEPING		5,824	1,729	7,553	128	3,960	679
012 DIETARY		30,446	9,037	39,483	115	6,285	3,549
014 CAFETERIA		24,356	7,230	31,586	100	5,493	2,839
017 NURSING ADMINISTRATION		13,833	4,106	17,939	431	10,288	1,612
025 MEDICAL RECORDS & LIBRARY		6,354	1,886	8,240	86	2,930	741
041 INPAT ROUTINE SRVC CNTRS							
044 ADULTS & PEDIATRICS		669,440	198,714	868,154	2,344	79,575	78,028
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						60	
063 LABORATORY						2,242	
095 ELECTROCARDIOLOGY						849	
098 DRUGS CHARGED TO PATIENTS		5,295	1,572	6,867		9,626	617
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		72,226	21,439	93,665	303	8,546	8,418
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS		1,012,399	300,518	1,312,917	5,198	139,256	96,483
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC		5,642	1,675	7,317		94	658
101 PATIENT SCHOOL		7,611	2,259	9,870	7	278	887
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT					224	6,524	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,025,652	304,452	1,330,104	5,429	146,152	98,028

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	SUBTOTAL
	9	10	11	12	14	17	25
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	914						
011 HOUSEKEEPING		12,320					
012 DIETARY		449	49,881				
014 CAFETERIA		359	4,351	44,728			
017 NURSING ADMINISTRATION		204		2,927	33,401		
025 MEDICAL RECORDS & LIBRARY		94		1,390	1,199	14,680	
041 INPAT ROUTINE SRVC CNTRS							
044 ADULTS & PEDIATRICS	914	9,876	26,742	31,734	27,373	12,595	1,137,335
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						6	66
063 LABORATORY						301	2,543
095 ELECTROCARDIOLOGY						32	881
098 DRUGS CHARGED TO PATIENTS		78		1,133	978	748	20,047
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		1,065		4,464	3,851	998	121,310
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	914	12,125	31,093	41,648	33,401	14,680	1,282,182
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE		83					8,152
101 PATIENT SCHOOL		112		123			11,277
100 01 GUEST & PHYSICIAN MEALS			18,788				18,788
100 02 BUSINESS DEVELOPMENT				2,957			9,705
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	914	12,320	49,881	44,728	33,401	14,680	1,330,104

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (SQUARE FEET)	NEW CAP REL C OSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENE FITS (GROSS SALARIES)	RECONCILIATION	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)
	3	4	5	6a.00	6	8
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	61,986					
005 NEW CAP REL COSTS-MVB		61,986				
006 EMPLOYEE BENEFITS	253	253	8,791,241			
008 ADMINISTRATIVE & GENE	6,736	6,736	2,604,934	-4,211,704	11,333,679	
009 OPERATION OF PLANT	4,169	4,169	131,284		658,241	50,828
010 LAUNDRY & LINEN SERVI					70,913	
011 HOUSEKEEPING	352	352	207,558		307,089	352
012 DIETARY	1,840	1,840	186,506		487,423	1,840
014 CAFETERIA	1,472	1,472	161,293		425,969	1,472
017 NURSING ADMINISTRATION	836	836	698,200		797,811	836
025 MEDICAL RECORDS & LIB	384	384	139,185		227,249	384
041 INPAT ROUTINE SRVC CN						
044 ADULTS & PEDIATRICS	40,458	40,458	3,798,984		6,170,663	40,458
053 ANCILLARY SRVC COST C					4,629	
056 RADIOLOGY-DIAGNOSTIC					173,841	
063 LABORATORY					65,822	
095 DRUGS CHARGED TO PATI	320	320			746,488	320
098 OUTPAT SERVICE COST C						
100 PARTIAL HOSPITAL	4,365	4,365	489,712		662,713	4,365
101 SPEC PURPOSE COST CEN						
102 SUBTOTALS	61,185	61,185	8,417,656	-4,211,704	10,798,851	50,027
103 NONREIMBURS COST CENT						
104 PHYSICIANS' PRIVATE O	341	341			7,317	341
105 PATIENT SCHOOL	460	460	10,926		21,578	460
106 01 GUEST & PHYSICIAN MEA						
107 02 BUSINESS DEVELOPMENT			362,659		505,933	
108 CROSS FOOT ADJUSTMENT						
109 NEGATIVE COST CENTER						
110 COST TO BE ALLOCATED	1,025,652	304,452	176,772		4,211,704	902,850
111 (WRKSHT B, PART I)						
112 UNIT COST MULTIPLIER	16.546511		.020108		.371610	17.762847
113 (WRKSHT B, PT I)		4.911625				
114 COST TO BE ALLOCATED						
115 (WRKSHT B, PART II)						
116 UNIT COST MULTIPLIER						
117 (WRKSHT B, PT II)						
118 COST TO BE ALLOCATED			5,429		146,152	98,028
119 (WRKSHT B, PART III)						
120 UNIT COST MULTIPLIER			.000618		.012895	1.928622
121 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	S(FTE'S) SERVED	S(DIRECT)SING HRS	NR() GROSS CHARGES
GENERAL SERVICE COST	9	10	11	12	14	17
003 NEW CAP REL COSTS-BLD						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS						
006 ADMINISTRATIVE & GENERAL						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE	116,853					
010 HOUSEKEEPING		50,476				
011 DIETARY		1,840	149,039			
012 CAFETERIA		1,472	13,000	9,077		
014 NURSING ADMINISTRATION		836		594	164,074	
017 MEDICAL RECORDS & LIBRARY		384		282	5,888	45,133,119
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	116,853	40,458	79,903	6,440	134,467	38,716,452
041 ANCILLARY SRVC COST C						
044 RADIOLOGY-DIAGNOSTIC LABORATORY						19,344
053 ELECTROCARDIOLOGY						927,004
056 DRUGS CHARGED TO PATIENT		320		230	4,802	2,301,902
063 OUTPAT SERVICE COST CENTER						
PARTIAL HOSPITAL		4,365		906	18,917	3,069,627
095 SPEC PURPOSE COST CENTER SUBTOTALS	116,853	49,675	92,903	8,452	164,074	45,133,119
098 NONREIMBURS COST CENTER						
100 PHYSICIANS' PRIVATE OFFICE		341				
100 PATIENT SCHOOL		460		25		
100 GUEST & PHYSICIAN MEALS			56,136			
100 BUSINESS DEVELOPMENT				600		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	97,265	427,459	716,820	685,401	1,161,069	384,730
(PER WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	.832371	8.468559	4.809614	75.509640	7.076496	.008524
(WRKSHT B, PT I)						
105 COST TO BE ALLOCATED						
(PER WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED	914	12,320	49,881	44,728	33,401	14,680
(PER WRKSHT B, PART I)						
108 UNIT COST MULTIPLIER	.007822	.244076	.334684	4.927619	.203573	.000325
(WRKSHT B, PT III)						

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	6,514	66	6,448			6,514
44	LABORATORY	246,344	2,543	243,801			246,344
53	ELECTROCARDIOLOGY	91,124	881	90,243			91,124
56	DRUGS CHARGED TO PATIENTS	1,103,253	20,047	1,083,206			1,103,253
63	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL	1,251,928	121,310	1,130,618			1,251,928
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,699,163	144,847	2,554,316			2,699,163
102	LESS OBSERVATION BEDS						
103	TOTAL	2,699,163	144,847	2,554,316			2,699,163

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC	6,514	66	6,448	7	374	6,133
44	LABORATORY	246,344	2,543	243,801	254	14,140	231,950
53	ELECTROCARDIOLOGY	91,124	881	90,243	88	5,234	85,802
56	DRUGS CHARGED TO PATIENTS	1,103,253	20,047	1,083,206	2,005	62,826	1,038,422
63	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL	1,251,928	121,310	1,130,618	12,131	65,576	1,174,221
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,699,163	144,847	2,554,316	14,485	148,150	2,536,528
102	LESS OBSERVATION BEDS						
103	TOTAL	2,699,163	144,847	2,554,316	14,485	148,150	2,536,528

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	7	8	9	OUTPUT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
41	ANCILLARY SRVC COST CNTRS	19,344				.317049	.336383
44	RADIOLOGY-DIAGNOSTIC	927,004				.250215	.265468
53	LABORATORY	98,790				.868529	.921510
56	ELECTROCARDIOLOGY	2,301,902				.451115	.478408
63	DRUGS CHARGED TO PATIENTS	3,069,627				.382529	.403892
	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL						
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	6,416,667					
102	LESS OBSERVATION BEDS						
103	TOTAL	6,416,667					

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, I I) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, I I I) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,137,335		1,137,335
101	TOTAL				1,137,335		1,137,335

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	28,936	9,662			39.31	379,813
101	TOTAL	28,936	9,662				379,813

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
14-4005	FROM 1/ 1/2008	5/18/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
14-4005		PART II

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC	.003412	15
44	LABORATORY	.002743	802
53	ELECTROCARDIOLOGY	.008918	365
56	DRUGS CHARGED TO PATIENTS	.008709	9,467
63	OUTPAT SERVICE COST CNTRS		
	PARTIAL HOSPITAL	.039519	
101	OTHER REIMBURS COST CNTRS		
	TOTAL		10,649

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XVIII, PART A

WORKSHEET D
 PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
.25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					28,936	
101	TOTAL					28,936	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: PERIOD: PREPARED 5/18/2009
14-4005 FROM 1/ 1/2008 WORKSHEET D
TO 12/31/2008 PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
25	ADULTS & PEDIATRICS	7	8
101	TOTAL	9,662	9,662

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY						
56	ELECTROCARDIOLOGY						
63	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL						
101	OTHER REIMBURS COST CNTRS						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
41	ANCILLARY SRVC COST CNTRS			19,344			4,496	
44	RADIOLOGY-DIAGNOSTIC			927,004			292,492	
53	LABORATORY			98,790			40,885	
56	ELECTROCARDIOLOGY			2,301,902			1,087,029	
63	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
	PARTIAL HOSPITAL			3,069,627				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			6,416,667			1,424,902	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5. 03 8. 01	OUTPAT PROG D, V COL 5. 04 8. 02	OUTPAT PROG PASS THRU COST 9	COL 8. 01 * COL 5 9. 01	COL 8. 02 * COL 5 9. 02
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY		100				
56	ELECTROCARDIOLOGY						
63	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL		515, 052				
101	OTHER REIMBURS COST CNTRS						
	TOTAL		515, 152				

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS		12,783,309	
41	RADIOLOGY-DIAGNOSTIC	.336745	4,496	1,514
44	LABORATORY	.265742	292,492	77,727
53	ELECTROCARDIOLOGY	.922401	40,885	37,712
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	.479279	1,087,029	520,990
63	PARTIAL HOSPITAL OTHER REIMBURS COST CNTRS	.416397		
101	TOTAL		1,424,902	637,943
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,424,902	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	210,088
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	175,077
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	175,077

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	38,026
19	SUBTOTAL (SEE INSTRUCTIONS)	137,051
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	137,051
24	PRIMARY PAYER PAYMENTS	1,616
25	SUBTOTAL	135,435

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	135,435
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	135,435
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	139,835
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-4,400
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		6,494,163
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		79.060109
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF $.5150 - 1$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		6,494,163
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		6,494,163
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF $.9012 - 1$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		6,494,163
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		6,494,163
7	DEDUCTIBLES		415,145
8	SUBTOTAL		6,079,018
9	COINSURANCE		67,368
10	SUBTOTAL		6,011,650
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERVS)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		6,011,650
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	6,011,650
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,219,530
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-207,880
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	437,864			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	7,583,745			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	98,473			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	209,087			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	8,329,169			
FIXED ASSETS					
12	LAND				
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	1,408,811			
18.01	LESS ACCUMULATED DEPRECIATION	-580,271			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	828,540			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS	405,997			
25	OTHER ASSETS	215,495			
26	TOTAL OTHER ASSETS	621,492			
27	TOTAL ASSETS	9,779,201			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,223,724			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	70,000			
36 TOTAL CURRENT LIABILITIES	1,293,724			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66	265,391			
41 OTHER LONG TERM LIABILITIES	120,101			
42 TOTAL LONG-TERM LIABILITIES	385,492			
43 TOTAL LIABILITIES	1,679,216			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	8,099,985			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	8,099,985			
52 TOTAL LIABILITIES AND FUND BALANCES	9,779,201			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		5,667,361		
2 OF PERIOD				
3 NET INCOME (LOSS)		3,339,283		
4 TOTAL		9,006,644		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		9,006,644		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTION OF EARNINGS	906,658			
14 ROUNDING	1			
15				
16				
17				
18 TOTAL DEDUCTIONS		906,659		
19 FUND BALANCE AT END OF		8,099,985		
PERIOD PER BALANCE SHEET				

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
3 NET INCOME (LOSS)				
4 TOTAL				
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
6 ADDITIONS (CREDIT ADJUSTM				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DISTRIBUTION OF EARNINGS				
14 ROUNDING				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF				
PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/18/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	45,133,118
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	26,447,674
3	NET PATIENT REVENUES	18,685,444
4	LESS: TOTAL OPERATING EXPENSES	17,115,814
5	NET INCOME FROM SERVICE TO PATIENTS	1,569,630
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER OPERATING REVENUE	1,299,557
24.01	OTHER INCOME	470,096
25	TOTAL OTHER INCOME	1,769,653
26	TOTAL	3,339,283
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	3,339,283