

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/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/ 7/2010 TIME 9:29

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 CHICAGO LAKESHORE 14-4005
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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	325,338	39,991	556,839	
100	TOTAL	0	325,338	39,991	556,839	

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 STATISTICAL DATA

PROVIDER NO: 14-4005 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/7/2010
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 XVII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		113				8,098	9,527
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		113				8,098	9,527
12 TOTAL		113				8,098	9,527
13 RPCH VISITS							
25 TOTAL		113					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			29,381				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			29,381				
12 TOTAL			29,381				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					685	690	3,062
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		340.62			685	690	3,062
13 RPCH VISITS							
25 TOTAL		340.62					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-4005
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/7/2010
WORKSHEET A

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				1,253,749	1,253,749
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				301,506	301,506
5	0500 EMPLOYEE BENEFITS	97,603	431,475	529,078	-76	529,002
6	0600 ADMINISTRATIVE & GENERAL	3,326,736	4,140,678	7,467,414	-1,848,738	5,618,676
8	0800 OPERATION OF PLANT	133,221	416,873	550,094	-17,998	532,096
9	0900 LAUNDRY & LINEN SERVICE				92,241	92,241
10	1000 HOUSEKEEPING	204,086	185,599	389,685	-92,241	297,444
11	1100 DIETARY	375,543	585,929	961,472	-346,617	614,855
12	1200 CAFETERIA				346,098	346,098
14	1400 NURSING ADMINISTRATION	736,499	77,836	814,335	-600	813,735
17	1700 MEDICAL RECORDS & LIBRARY	141,747	87,682	229,429		229,429
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	4,149,475	2,142,498	6,291,973	2,457	6,294,430
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		165,131	165,131		165,131
53	5300 ELECTROCARDIOLOGY				25,421	25,421
56	5600 DRUGS CHARGED TO PATIENTS		707,048	707,048		707,048
	OUTPAT SERVICE COST CNTRS					
63	4950 PARTIAL HOSPITAL	486,069	106,350	592,419	-4,875	587,544
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE					
90	9000 OTHER CAPITAL RELATED COSTS		194,848	194,848	-194,848	
95	SUBTOTALS	9,650,979	9,241,947	18,892,926	-484,521	18,408,405
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 PATIENT SCHOOL	36,023	3,228	39,251	-29,439	9,812
100.01	7951 GUEST & PHYSICIAN MEALS					
100.02	7952 BUSINESS DEVELOPMENT				513,960	513,960
101	TOTAL	9,687,002	9,245,175	18,932,177	-0-	18,932,177

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-4005
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/7/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	87,399	1,341,148
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		301,506
5	0500 EMPLOYEE BENEFITS	-23	528,979
6	0600 ADMINISTRATIVE & GENERAL	-346,931	5,271,745
8	0800 OPERATION OF PLANT		532,096
9	0900 LAUNDRY & LINEN SERVICE		92,241
10	1000 HOUSEKEEPING		297,444
11	1100 DIETARY	-3,492	611,363
12	1200 CAFETERIA		346,098
14	1400 NURSING ADMINISTRATION		813,735
17	1700 MEDICAL RECORDS & LIBRARY	-3,825	225,604
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-354,588	5,939,842
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		
44	4400 LABORATORY		165,131
53	5300 ELECTROCARDIOLOGY		25,421
56	5600 DRUGS CHARGED TO PATIENTS		707,048
	OUTPAT SERVICE COST CNTRS		
63	4950 PARTIAL HOSPITAL	-22,969	564,575
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-644,429	17,763,976
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 PATIENT SCHOOL		9,812
100.01	7951 GUEST & PHYSICIAN MEALS		
100.02	7952 BUSINESS DEVELOPMENT		513,960
101	TOTAL	-644,429	18,287,748

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 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	0000	
	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	0000	

RECLASSIFICATIONS

PROVIDER NO:
144005

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/ 7/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE		INCREASE		SALARY	OTHER
	(1)	COST CENTER	LINE NO			
	1	2	3		4	5
1 RENT/LEASE	A	NEW CAP REL COSTS-BLDG & FIXT	3			923,058
2		NEW CAP REL COSTS-MVBLE EQUIP	4			99,676
3		DIETARY	11			6
4 INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			1,338
5 MEDICAL PROFESSIONAL FEES	C	ADMINISTRATIVE & GENERAL	6			5,836
6						
7 TELEPHONE COSTS	D	ADMINISTRATIVE & GENERAL	6			1,759
8		OPERATION OF PLANT	8			42
9						
10						
11 CONTRACT LAUNDRY	E	LAUNDRY & LINEN SERVICE	9			92,241
12 DEPRECIATION EXPENSE	F	NEW CAP REL COSTS-BLDG & FIXT	3			165,272
13		NEW CAP REL COSTS-MVBLE EQUIP	4			171,063
14 PATIENT SCHOOL	G	ADULTS & PEDIATRICS	25		27,018	2,421
15 CAFETERIA COSTS	H	CAFETERIA	12		135,183	210,915
16 BUSINESS DEVELOPMENT COSTS	I	BUSINESS DEVELOPMENT	100.02		383,171	130,789
17 EKG COSTS	J	ELECTROCARDIOLOGY	53			25,421
36 TOTAL RECLASSIFICATIONS					545,372	1,829,837

(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/ 1/2009
TO 12/31/2009

PREPARED 5/ 7/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			6	7			
	1		NO		8	9	10
1 RENT/LEASE	A	ADMINISTRATIVE & GENERAL	6			1,004,700	10
2		OPERATION OF PLANT	8			18,040	10
3							
4 INTEREST EXPENSE	B	ADMINISTRATIVE & GENERAL	6			1,338	11
5 MEDICAL PROFESSIONAL FEES	C	ADULTS & PEDIATRICS	25			961	
6		PARTIAL HOSPITAL	63			4,875	
7 TELEPHONE COSTS	D	EMPLOYEE BENEFITS	5			76	
8		DIETARY	11			525	
9		NURSING ADMINISTRATION	14			600	
10		ADULTS & PEDIATRICS	25			600	
11 CONTRACT LAUNDRY	E	HOUSEKEEPING	10			92,241	
12 DEPRECIATION EXPENSE	F	ADMINISTRATIVE & GENERAL	6			336,335	9
13							9
14 PATIENT SCHOOL	G	PATIENT SCHOOL	100		27,018	2,421	
15 CAFETERIA COSTS	H	DIETARY	11		135,183	210,915	
16 BUSINESS DEVELOPMENT COSTS	I	ADMINISTRATIVE & GENERAL	6		383,171	130,789	
17 EKG COSTS	J	ADULTS & PEDIATRICS	25			25,421	
36 TOTAL RECLASSIFICATIONS					545,372	1,829,837	

(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/ 1/2009
TO 12/31/2009

PREPARED 5/ 7/2010
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	923,058	ADMINISTRATIVE & GENERAL	6	1,004,700	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	99,676	OPERATION OF PLANT	8	18,040	
3.00	DIETARY	11	6			0	
TOTAL RECLASSIFICATIONS FOR CODE A			1,022,740				1,022,740

RECLASS CODE: B
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,338	ADMINISTRATIVE & GENERAL	6	1,338	
TOTAL RECLASSIFICATIONS FOR CODE B			1,338				1,338

RECLASS CODE: C
EXPLANATION : MEDICAL PROFESSIONAL FEES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	5,836	ADULTS & PEDIATRICS	25	961	
2.00			0	PARTIAL HOSPITAL	63	4,875	
TOTAL RECLASSIFICATIONS FOR CODE C			5,836				5,836

RECLASS CODE: D
EXPLANATION : TELEPHONE COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	1,759	EMPLOYEE BENEFITS	5	76	
2.00	OPERATION OF PLANT	8	42	DIETARY	11	525	
3.00			0	NURSING ADMINISTRATION	14	600	
4.00			0	ADULTS & PEDIATRICS	25	600	
TOTAL RECLASSIFICATIONS FOR CODE D			1,801				1,801

RECLASS CODE: E
EXPLANATION : CONTRACT LAUNDRY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	92,241	HOUSEKEEPING	10	92,241	
TOTAL RECLASSIFICATIONS FOR CODE E			92,241				92,241

RECLASS CODE: F
EXPLANATION : DEPRECIATION EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	165,272	ADMINISTRATIVE & GENERAL	6	336,335	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	171,063			0	
TOTAL RECLASSIFICATIONS FOR CODE F			336,335				336,335

RECLASS CODE: G
EXPLANATION : PATIENT SCHOOL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	29,439	PATIENT SCHOOL	100	29,439	
TOTAL RECLASSIFICATIONS FOR CODE G			29,439				29,439

RECLASS CODE: H
EXPLANATION : CAFETERIA COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	346,098	DIETARY	11	346,098	
TOTAL RECLASSIFICATIONS FOR CODE H			346,098				346,098

RECLASS CODE: I
EXPLANATION : BUSINESS DEVELOPMENT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BUSINESS DEVELOPMENT	100.02	513,960	ADMINISTRATIVE & GENERAL	6	513,960	
TOTAL RECLASSIFICATIONS FOR CODE I			513,960				513,960

RECLASSIFICATIONS

PROVIDER NO:
144005

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/ 7/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: J
EXPLANATION : EKG COSTS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	ELECTROCARDIOLOGY	25,421	ADULTS & PEDIATRICS	25	25,421
TOTAL RECLASSIFICATIONS FOR CODE J		25,421			25,421

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN							
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 DONATION 3	TOTAL 4	DI SPOSALS AND RETI REMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN	839,758	886,001		886,001		1,725,759	
5 FIXED EQUIPMENT	243,478	5,485		5,485		248,963	
6 MOVABLE EQUIPMENT	325,574	44,706		44,706		370,280	
7 SUBTOTAL	1,408,810	936,192		936,192		2,345,002	
8 RECONCILING ITEMS							
9 TOTAL	1,408,810	936,192		936,192		2,345,002	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
*								8	
3	NEW CAP REL COSTS-BL	1,974,722		1,974,722	.842098	27,167	136,914	164,081	
4	NEW CAP REL COSTS-MV	370,280		370,280	.157902	5,094	25,673	30,767	
5	TOTAL	2,345,002		2,345,002	1.000000	32,261	162,587	194,848	

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL	165,272	1,010,457	1,338	27,167	136,914		1,341,148
4	NEW CAP REL COSTS-MV	171,063	99,676		5,094	25,673		301,506
5	TOTAL	336,335	1,110,133	1,338	32,261	162,587		1,642,654

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
*								
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

* All lines numbers except line 5 are to be consistent with Workshseet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCR IPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 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	-16,201	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-3,515	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-371,725			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	245,038			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-3,492	DIETARY	11	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-3,825	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-12,388	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	-313,334	ADMINISTRATIVE & GENERAL	6	
38 NON ALLOWABLE PHYSICIAN COSTS	A	-54,578	ADMINISTRATIVE & GENERAL	6	
39 CONTRIBUTIONS	A	-2,953	ADMINISTRATIVE & GENERAL	6	
40 LOBBYING COSTS	A	-3,752	ADMINISTRATIVE & GENERAL	6	
41 PATIENT TRANSPORTATION	A	-23	EMPLOYEE BENEFITS	5	
41.01 PATIENT TRANSPORTATION	A	-16,511	ADMINISTRATIVE & GENERAL	6	
41.02 PATIENT TRANSPORTATION	A	-53,438	ADULTS & PEDIATRICS	25	
41.03 PATIENT TRANSPORTATION	A	-4,200	PARTIAL HOSPITAL	63	
42 PENALTIES	A	-28,831	ADMINISTRATIVE & GENERAL	6	
43 COMPLIANCE COSTS	A	-701	ADMINISTRATIVE & GENERAL	6	
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)		-644,429			

(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	1,059,153	840,000	219,153	
2	6	ADMINISTRATIVE & GENERAL	RELATED PARTY COSTS	146,585	208,099	-61,514	
3	3	NEW CAP REL COSTS-BLDG &	OWNERSHIP COSTS	927,399	840,000	87,399	10
4							
5		TOTALS		2,133,137	1,888,099	245,038	

* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	SIGNATURE HEALTHCARE	100.00	HOSPITAL MGMT
2	F	0.00	KEBOK	0.00	DATA PROCESSING
3	F	0.00	ILLINOIS MENTAL HEALTH	0.00	REIT
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 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 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
6	AGGREGATE	323,704		323,704	154,100	3,670	271,898	13,595
25	AGGREGATE	487,329	184,427	302,902	154,100	2,513	186,179	9,309
63	AGGREGATE	49,589		49,589	154,100	416	30,820	1,541
101	TOTAL	860,622	184,427	676,195		6,599	488,897	24,445

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 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					271,898	51,806	51,806
2 25	AGGREGATE					186,179	116,723	301,150
3 63	AGGREGATE					30,820	18,769	18,769
4								
5								
6								
7								
8								
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24								
25								
26								
27								
28								
29								
30								
101	TOTAL					488,897	187,298	371,725

COST ALLOCATION STATISTICS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-3	ACCUM.	COST	ENTERED
8	OPERATION OF PLANT	4	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	5	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	6	SQUARE	FEET	ENTERED
11	DIETARY	7	MEALS	SERVED	ENTERED
12	CAFETERIA	8	FTE'S	SERVED	ENTERED
14	NURSING ADMINISTRATION	9	DIRECT	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 & 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	1,341,148	1,341,148					
005 EMPLOYEE BENEFITS	528,979			535,684			
006 ADMINISTRATIVE & GENERAL	5,271,745	145,742	32,765	164,433	5,614,685	5,614,685	
008 OPERATION OF PLANT	532,096	90,202	20,278	7,442	650,018	288,563	938,581
009 LAUNDRY & LINEN SERVICE	92,241				92,241	40,949	
010 HOUSEKEEPING	297,444	7,616	1,712	11,401	318,173	141,247	6,500
011 DIETARY	611,363	39,811	8,950	13,427	673,551	299,010	33,977
012 CAFETERIA	346,098	31,849	7,160	7,552	392,659	174,314	27,182
014 NURSING ADMINISTRATION	813,735	18,088	4,066	41,142	877,031	389,341	15,437
017 MEDICAL RECORDS & LIBRARY	225,604	8,308	1,868	7,918	243,698	108,185	7,091
025 INPAT ROUTINE SRVC CNTRS							
ADULTS & PEDIATRICS	5,939,842	875,361	196,791	233,308	7,245,302	3,216,417	747,091
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
053 LABORATORY	165,131				165,131	73,307	
056 ELECTROCARDIOLOGY	25,421				25,421		
DRUGS CHARGED TO PATIENTS	707,048	6,924	1,557		715,529	317,646	5,909
063 OUTPAT SERVICE COST CNTRS							
PARTIAL HOSPITAL	564,575	94,442	21,232	27,153	707,402	314,038	80,603
095 SPEC PURPOSE COST CENTERS							
SUBTOTALS	17,763,976	1,323,817	297,610	513,776	17,720,841	5,363,017	923,790
NONREIMBURS COST CENTERS							
098 PHYSICIANS' PRIVATE OFFICE		7,378	1,659		9,037	4,012	6,297
100 PATIENT SCHOOL	9,812	9,953	2,237	503	22,505	9,991	8,494
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT	513,960			21,405	535,365	237,665	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	18,287,748	1,341,148	301,506	535,684	18,287,748	5,614,685	938,581

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET B
 PART I

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	133,190						
011 HOUSEKEEPING		465,920					
012 DIETARY		16,984	1,023,522				
014 CAFETERIA		13,587	83,423	691,165			
017 NURSING ADMINISTRATION		7,717		58,502	1,348,028		
025 MEDICAL RECORDS & LIBRARY		3,545		18,901	43,440	424,860	
041 INPAT ROUTINE SRVC CNTRS							
044 ADULTS & PEDIATRICS	133,190	373,448	655,088	516,804	1,187,726	357,080	14,432,146
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						8,142	246,580
063 LABORATORY						252	25,673
095 ELECTROCARDIOLOGY						17,275	1,059,313
098 DRUGS CHARGED TO PATIENTS		2,954					
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		40,291		50,850	116,862	42,111	1,352,157
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	133,190	458,526	738,511	645,057	1,348,028	424,860	17,115,869
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE		3,148					22,494
101 PATIENT SCHOOL		4,246		1,635			46,871
100 01 GUEST & PHYSICIAN MEALS			285,011				285,011
100 02 BUSINESS DEVELOPMENT				44,473			817,503
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	133,190	465,920	1,023,522	691,165	1,348,028	424,860	18,287,748

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/ 1/2009 TO 12/31/2009
 PREPARED 5/ 7/2010
 WORKSHEET B
 PART I

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		14,432,146
ANCILLARY SRVC COST CNTRS		
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		246,580
053 ELECTROCARDIOLOGY		25,673
056 DRUGS CHARGED TO PATIENTS		1,059,313
063 OUTPAT SERVICE COST CNTRS		
PARTIAL HOSPITAL		1,352,157
095 SPEC PURPOSE COST CENTERS		
SUBTOTALS		17,115,869
098 NONREIMBURS COST CENTERS		
PHYSICIANS' PRIVATE OFFIC		22,494
100 PATIENT SCHOOL		46,871
100 01 GUEST & PHYSICIAN MEALS		285,011
100 02 BUSINESS DEVELOPMENT		817,503
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 TOTAL		18,287,748

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET B
 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		5,474	1,231	6,705	6,705		
008 ADMINISTRATIVE & GENERAL	12,950	145,742	32,765	191,457	2,058	193,515	
009 OPERATION OF PLANT		90,202	20,278	110,480	93	9,945	120,518
010 LAUNDRY & LINEN SERVICE						1,411	
011 HOUSEKEEPING		7,616	1,712	9,328	143	4,868	835
012 DIETARY		39,811	8,950	48,761	168	10,305	4,363
014 CAFETERIA		31,849	7,160	39,009	94	6,008	3,490
017 NURSING ADMINISTRATION		18,088	4,066	22,154	515	13,419	1,982
025 MEDICAL RECORDS & LIBRARY		8,308	1,868	10,176	99	3,729	911
041 INPAT ROUTINE SRVC CNTRS							
044 ADULTS & PEDIATRICS		875,361	196,791	1,072,152	2,921	110,859	95,928
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						2,527	
063 LABORATORY							
095 ELECTROCARDIOLOGY							
098 DRUGS CHARGED TO PATIENTS		6,924	1,557	8,481		10,948	759
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		94,442	21,232	115,674	340	10,823	10,350
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	12,950	1,323,817	297,610	1,634,377	6,431	184,842	118,618
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE		7,378	1,659	9,037		138	809
101 PATIENT SCHOOL		9,953	2,237	12,190	6	344	1,091
100 01 GUEST & PHYSICIAN MEALS							
100 02 BUSINESS DEVELOPMENT					268	8,191	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,950	1,341,148	301,506	1,655,604	6,705	193,515	120,518

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET B
 PART III

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	1,411						
011 HOUSEKEEPING		15,174					
012 DIETARY		553	64,150				
014 CAFETERIA		443	5,229	54,273			
017 NURSING ADMINISTRATION		251		4,594	42,915		
025 MEDICAL RECORDS & LIBRARY		115		1,484	1,383	17,897	
041 INPAT ROUTINE SRVC CNTRS							
044 ADULTS & PEDIATRICS	1,411	12,163	41,058	40,582	37,812	15,044	1,429,930
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC						343	2,870
063 LABORATORY						11	11
095 ELECTROCARDIOLOGY						727	21,011
098 DRUGS CHARGED TO PATIENTS		96					
100 OUTPAT SERVICE COST CNTRS							
101 PARTIAL HOSPITAL		1,312		3,993	3,720	1,772	147,984
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	1,411	14,933	46,287	50,653	42,915	17,897	1,601,806
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFICE		103					10,087
101 PATIENT SCHOOL		138		128			13,897
100 01 GUEST & PHYSICIAN MEALS			17,863				17,863
100 02 BUSINESS DEVELOPMENT				3,492			11,951
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,411	15,174	64,150	54,273	42,915	17,897	1,655,604

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 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		
INPAT ROUTINE SRVC CNTRS		
ADULTS & PEDIATRICS		1,429,930
ANCILLARY SRVC COST CNTRS		
041 RADIOLOGY-DIAGNOSTIC		
044 LABORATORY		2,870
053 ELECTROCARDIOLOGY		11
056 DRUGS CHARGED TO PATIENTS		21,011
OUTPAT SERVICE COST CNTRS		
063 PARTIAL HOSPITAL		147,984
SPEC PURPOSE COST CENTERS		
095 SUBTOTALS		1,601,806
NONREIMBURS COST CENTERS		
098 PHYSICIANS' PRIVATE OFFICE		10,087
100 PATIENT SCHOOL		13,897
100 01 GUEST & PHYSICIAN MEALS		17,863
100 02 BUSINESS DEVELOPMENT		11,951
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 TOTAL		1,655,604

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-MVBLE E (SQUARE FEET)	EMPLOYEE BENEFITS (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	9,589,399			
008 ADMINISTRATIVE & GENE	6,736	6,736	2,943,565	-5,614,685	12,647,642	
009 OPERATION OF PLANT	4,169	4,169	133,221		650,018	50,828
010 LAUNDRY & LINEN SERVI					92,241	
011 HOUSEKEEPING	352	352	204,086		318,173	352
012 DIETARY	1,840	1,840	240,360		673,551	1,840
014 CAFETERIA	1,472	1,472	135,183		392,659	1,472
017 NURSING ADMINISTRATIO	836	836	736,499		877,031	836
025 MEDICAL RECORDS & LIB	384	384	141,747		243,698	384
041 INPAT ROUTINE SRVC CN						
044 ADULTS & PEDIATRICS	40,458	40,458	4,176,493		7,245,302	40,458
053 ANCILLARY SRVC COST C						
056 RADIOLOGY-DIAGNOSTIC					165,131	
063 LABORATORY				-25,421		
095 ELECTROCARDIOLOGY	320	320			715,529	320
098 DRUGS CHARGED TO PATI						
100 OUTPAT SERVICE COST C	4,365	4,365	486,069		707,402	4,365
101 PARTIAL HOSPITAL						
102 SPEC PURPOSE COST CEN						
103 SUBTOTALS	61,185	61,185	9,197,223	-5,640,106	12,080,735	50,027
104 NONREIMBURS COST CENT						
105 PHYSICIANS' PRIVATE O	341	341			9,037	341
106 PATIENT SCHOOL	460	460	9,005		22,505	460
107 GUEST & PHYSICIAN MEA						
108 BUSINESS DEVELOPMENT			383,171		535,365	
109 CROSS FOOT ADJUSTMENT						
110 NEGATIVE COST CENTER						
111 COST TO BE ALLOCATED	1,341,148	301,506	535,684		5,614,685	938,581
112 (WRKSHT B, PART I)						
113 UNIT COST MULTIPLIER	21.636305		.055862		.443931	
114 (WRKSHT B, PT I)		4.864098				18.465826
115 COST TO BE ALLOCATED						
116 (WRKSHT B, PART II)						
117 UNIT COST MULTIPLIER						
118 (WRKSHT B, PT II)						
119 COST TO BE ALLOCATED			6,705		193,515	120,518
120 (WRKSHT B, PART III)						
121 UNIT COST MULTIPLIER			.000699		.015300	
122 (WRKSHT B, PT III)						2.371095

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S SERVED)	(DIRECT NRSING HRS)	(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	119,357					
010 HOUSEKEEPING		50,476				
011 DIETARY		1,840	159,448			
012 CAFETERIA		1,472	12,996	21,136		
014 NURSING ADMINISTRATION		836		1,789	374,525	
017 MEDICAL RECORDS & LIBRARY		384		578	12,069	46,548,075
025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS	119,357	40,458	102,052	15,804	329,988	39,121,791
041 ANCILLARY SRVC COST C						
044 RADIOLOGY-DIAGNOSTIC LABORATORY						892,092
053 ELECTROCARDIOLOGY						27,560
056 DRUGS CHARGED TO PATIENT		320				1,892,712
063 OUTPAT SERVICE COST CENTER		4,365		1,555	32,468	4,613,920
095 PARTIAL HOSPITAL SPEC PURPOSE COST CENTER	119,357	49,675	115,048	19,726	374,525	46,548,075
098 SUBTOTALS						
NONREIMBURS COST CENTER						
098 PHYSICIANS' PRIVATE OFFICE		341				
100 PATIENT SCHOOL		460		50		
100 01 GUEST & PHYSICIAN MEALS			44,400			
100 02 BUSINESS DEVELOPMENT				1,360		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	133,190	465,920	1,023,522	691,165	1,348,028	424,860
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.115896	9.230525	6.419159	32.700842	3.599300	.009127
105 COST TO BE ALLOCATED (PER WRKSHT B, PART I)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT I)						
107 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	1,411	15,174	64,150	54,273	42,915	17,897
108 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.011822	.300618	.402326	2.567799	.114585	.000384

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	14,432,146		14,432,146	116,723	14,548,869
41	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	246,580		246,580		246,580
53	ELECTROCARDIOLOGY	25,673		25,673		25,673
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,059,313		1,059,313		1,059,313
63	PARTIAL HOSPITAL OTHER REIMBURS COST CNTRS	1,352,157		1,352,157	18,769	1,370,926
101	SUBTOTAL	17,115,869		17,115,869	135,492	17,251,361
102	LESS OBSERVATION BEDS					
103	TOTAL	17,115,869		17,115,869	135,492	17,251,361

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS ANCILLARY SRVC COST CNTRS	39,121,791		39,121,791			
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	765,858	126,234	892,092	.276406	.276406	.276406
53	ELECTROCARDIOLOGY	27,560		27,560	.931531	.931531	.931531
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	1,892,018	694	1,892,712	.559680	.559680	.559680
63	PARTIAL HOSPITAL OTHER REIMBURS COST CNTRS		4,613,920	4,613,920	.293060	.293060	.297128
101	SUBTOTAL	41,807,227	4,740,848	46,548,075			
102	LESS OBSERVATION BEDS						
103	TOTAL	41,807,227	4,740,848	46,548,075			

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						
44	LABORATORY	246,580	2,870	243,710			246,580
53	ELECTROCARDIOLOGY	25,673	11	25,662			25,673
56	DRUGS CHARGED TO PATIENTS	1,059,313	21,011	1,038,302			1,059,313
	OUTPAT SERVICE COST CNTRS						
	PARTIAL HOSPITAL						
63	OTHER REIMBURS COST CNTRS	1,352,157	147,984	1,204,173			1,352,157
101	SUBTOTAL	2,683,723	171,876	2,511,847			2,683,723
102	LESS OBSERVATION BEDS						
103	TOTAL	2,683,723	171,876	2,511,847			2,683,723

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
44	RADIOLOGY-DIAGNOSTIC			
53	LABORATORY	892,092	.276406	.276406
56	ELECTROCARDIOLOGY	27,560	.931531	.931531
	DRUGS CHARGED TO PATIENTS	1,892,712	.559680	.559680
63	OUTPAT SERVICE COST CNTRS			
	PARTIAL HOSPITAL	4,613,920	.293060	.293060
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	7,426,284		
102	LESS OBSERVATION BEDS			
103	TOTAL	7,426,284		

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						
44	LABORATORY	246,580	2,870	243,710	287	14,135	232,158
53	ELECTROCARDIOLOGY	25,673	11	25,662	1	1,488	24,184
56	DRUGS CHARGED TO PATIENTS	1,059,313	21,011	1,038,302	2,101	60,222	996,990
	OUTPAT SERVICE COST CNTRS						
63	PARTIAL HOSPITAL	1,352,157	147,984	1,204,173	14,798	69,842	1,267,517
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	2,683,723	171,876	2,511,847	17,187	145,687	2,520,849
102	LESS OBSERVATION BEDS						
103	TOTAL	2,683,723	171,876	2,511,847	17,187	145,687	2,520,849

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
41	ANCILLARY SRVC COST CNTRS			
	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	892,092	.260240	.276085
53	ELECTROCARDIOLOGY	27,560	.877504	.931495
56	DRUGS CHARGED TO PATIENTS	1,892,712	.526752	.558570
	OUTPAT SERVICE COST CNTRS			
63	PARTIAL HOSPITAL	4,613,920	.274716	.289853
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	7,426,284		
102	LESS OBSERVATION BEDS			
103	TOTAL	7,426,284		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-4005 PERIOD: FROM 1/1/2009 TO 12/31/2009 PREPARED 5/7/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				1,429,930		1,429,930
101	TOTAL				1,429,930		1,429,930

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS
 TITLE XVIII, PART A

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET D
 PART I

PPS

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	29,381	8,098			48.67	394,130
101	TOTAL	29,381	8,098				394,130

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-4005
 COMPONENT NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY		2,870	892,092	201,299		
53	ELECTROCARDIOLOGY		11	27,560	2,680		
56	DRUGS CHARGED TO PATIENTS		21,011	1,892,712	677,165		
	OUTPAT SERVICE COST CNTRS						
63	PARTIAL HOSPITAL		147,984	4,613,920			
	OTHER REIMBURS COST CNTRS						
101	TOTAL		171,876	7,426,284	881,144		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED 5/7/2010
14-4005	FROM 1/1/2009	WORKSHEET D
COMPONENT NO:	TO 12/31/2009	PART II
14-4005		

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
41	ANCILLARY SRVC COST CNTRS		
	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY	.003217	648
53	ELECTROCARDIOLOGY	.000399	1
56	DRUGS CHARGED TO PATIENTS	.011101	7,517
	OUTPAT SERVICE COST CNTRS		
63	PARTIAL HOSPITAL	.032073	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		8,166

PPS

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

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 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					29,381	
101	TOTAL					29,381	

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

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET D
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	8,098	
101	TOTAL	8,098	

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							
	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY			892,092			201,299	
53	ELECTROCARDIOLOGY			27,560			2,680	
56	DRUGS CHARGED TO PATIENTS			1,892,712			677,165	
	OUTPAT SERVICE COST CNTRS							
63	PARTIAL HOSPITAL			4,613,920				
	OTHER REIMBURS COST CNTRS							
101	TOTAL			7,426,284			881,144	

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						
56	ELECTROCARDIOLOGY						
63	DRUGS CHARGED TO PATIENTS						
	OUTPUT SERVICE COST CNTRS						
	PARTIAL HOSPITAL						
	OTHER REIMBURS COST CNTRS	1,156,500					
101	TOTAL	1,156,500					

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	14-4005	PERIOD:	FROM 1/ 1/2009	TO 12/31/2009	PREPARED 5/ 7/2010
COMPONENT NO:	14-4005				WORKSHEET E
					PART B

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).	338,924
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	304,687
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)	304,687

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	65,746
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	238,941
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	238,941
24	PRIMARY PAYER PAYMENTS	955
25	SUBTOTAL	237,986

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	57,128
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	39,990
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	277,976
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	277,976
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	237,985
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	39,991
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
14-4005	FROM 1/ 1/2009	5/ 7/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
14-4005		PART I

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,487,648
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	5,162,310
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	325,338
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		320,958	
2	MEDICAL AND OTHER SERVICES		235,881	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		556,839	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		556,839	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		12,609,713	
11	ANCILLARY SERVICE CHARGES		1,512,658	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		14,122,371	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	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)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		14,122,371	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		13,565,532	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		556,839	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		556,839	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		556,839	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		556,839	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		556,839	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		556,839	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		556,839	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		556,839	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE XIX

HOSPITAL

TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	804,887			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,217,321			
5 OTHER RECEIVABLES	878,080			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	120,427			
8 PREPAID EXPENSES	282,097			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	283,319			
11 TOTAL CURRENT ASSETS	7,586,131			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,428,397			
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				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	1,428,397			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS				
27 TOTAL ASSETS	9,014,528			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	669,406			
29 SALARIES, WAGES & FEES PAYABLE	818,387			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	222,568			
35 OTHER CURRENT LIABILITIES	7,974			
36 TOTAL CURRENT LIABILITIES	1,718,335			
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				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES				
43 TOTAL LIABILITIES	1,718,335			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	7,296,193			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
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	7,296,193			
52 TOTAL LIABILITIES AND FUND BALANCES	9,014,528			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		4,516,415		
2	NET INCOME (LOSS)		2,779,778		
3	TOTAL		7,296,193		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		7,296,193		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		7,296,193		

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

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
4 00 HOSPITAL	39,121,791		39,121,791
5 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	39,121,791		39,121,791
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	39,121,791		39,121,791
17 00 ANCILLARY SERVICES	2,685,436	126,928	2,812,364
18 00 OUTPATIENT SERVICES		4,613,920	4,613,920
24 00			
25 00 TOTAL PATIENT REVENUES	41,807,227	4,740,848	46,548,075

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	18,932,177		
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		18,932,177	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-4005
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/7/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	46,548,075
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	27,525,901
3	NET PATIENT REVENUES	19,022,174
4	LESS: TOTAL OPERATING EXPENSES	18,932,177
5	NET INCOME FROM SERVICE TO PATIENTS	89,997
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	16,201
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	2,673,580
25	TOTAL OTHER INCOME	2,689,781
26	TOTAL	2,779,778
27	OTHER EXPENSES	
28	OTHER EXPENSES (SPECIFY)	
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	2,779,778