

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 | | 14-1336 | | FROM 7/ 1/2009 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 6/30/2010 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | OO - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2010 TIME 8:49

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:
 ST. JOSEPH'S HOSPITAL 14-1336

FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2009 AND ENDING 6/30/2010 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.

 ECR ENCRYPTION INFORMATION
 DATE: 11/24/2010 TIME 8:49

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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 PXP7LOiJaMyFL9yW4UX9W: X.hYdewR
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 TITLE

 PI ENCRYPTION INFORMATION
 DATE: 11/24/2010 TIME 8:49

 DATE

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 YzuRcOw8v1JL2:mBg5wMz3T0spM474
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PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-----|--------------------|---|----------------|---------|--------------|---|
| | 1 | 2 | 3 | 4 | | |
| 1 | HOSPITAL | 0 | -35,695 | 290,596 | 0 | 0 |
| 3 | SWING BED - SNF | 0 | 740 | 0 | 0 | 0 |
| 5 | HOSPITAL-BASED SNF | 0 | 0 | 0 | 0 | 0 |
| 100 | TOTAL | 0 | -34,955 | 290,596 | 0 | 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 STATISTICAL DATA

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET S-3
PART I

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH HOURS 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 | 21 | 7,665 | 54,677.57 | | | 1,479 | 27 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | 1,795 | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 21 | 7,665 | 54,677.57 | | | 3,274 | 27 |
| 6 INTENSIVE CARE UNIT | 4 | 1,460 | | | | 63 | |
| 12 TOTAL | 25 | 9,125 | 54,677.57 | | | 3,337 | 27 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | 20 | 7,300 | | | | | |
| 17 OTHER LONG TERM CARE | 10 | 3,650 | | | | | |
| 25 TOTAL | 55 | | | | | | |
| 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 | OBSERVATION NOT ADMITTED 5.02 | BEDS ALL PATS 6 | O/P VISITS TOTAL 6.01 | TRIPS TOTAL 6.02 | INTERNS & RES. TOTAL 7 | FTES LESS I&R REPL NON-PHYS ANES 8 |
|----------------------------------|-------------------------------|-------------------------------------|-----------------------|-----------------------------|------------------------|------------------------------|---|
| 1 ADULTS & PEDIATRICS | | | | 2,187 | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | 1,795 | | | |
| 4 ADULTS & PED-SB NF | | | | 289 | | | |
| 5 TOTAL ADULTS AND PEDS | | | | 4,271 | | | |
| 6 INTENSIVE CARE UNIT | | | | 103 | | | |
| 12 TOTAL | | | | 4,374 | | | |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 25 TOTAL | | | | | | | |
| 26 OBSERVATION BED DAYS | | | | 237 | | 237 | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | 12 | | | |
| 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 XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|----------------------------------|------------------------|--|-----------------------------------|------------------|------------------------------------|--------------------|-----------------------------|
| 1 ADULTS & PEDIATRICS | | | | | 471 | 12 | 691 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 6 INTENSIVE CARE UNIT | | | | | | | |
| 12 TOTAL | | 195.29 | | | 471 | 12 | 691 |
| 13 RPCH VISITS | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 25 TOTAL | | 195.29 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | |

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-1336 | FROM 7/ 1/2009 | 11/24/2010 |
| | TO 6/30/2010 | WORKSHEET S-10 |

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?

- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .424893
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 124,794

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2010 |
| 14-1336 | FROM 7/ 1/2009 | WORKSHEET S-10 |
| | TO 6/30/2010 | |

DESCRIPTION

| | | |
|----|--|-----------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 53,024 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 1,051,604 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 446,819 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 53,024 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO:
14-1336

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES | OTHER | TOTAL | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE |
|-------------|---|-----------|------------|------------|-------------------|----------------------------|
| | | 1 | 2 | 3 | 4 | 5 |
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 332,360 | 332,360 | 104,642 | 437,002 |
| 3.01 | 0301 NEW CRC - MAB BUILDING | | | | 55,699 | 55,699 |
| 3.02 | 0302 NEW CRC - PRIORITY CARE BUILDING | | | | 76,037 | 76,037 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 1,032,053 | 1,032,053 | 58,618 | 1,090,671 |
| 4.01 | 0401 NEW CRC - MAB EQUIP | | | | 17,059 | 17,059 |
| 5 | 0500 EMPLOYEE BENEFITS | 149,964 | 3,573,034 | 3,722,998 | | 3,722,998 |
| 6.01 | 0610 COMMUNICATIONS | 10,171 | 76,566 | 86,737 | 4,150 | 90,887 |
| 6.02 | 0620 DATA PROCESSING | 159,183 | 91,786 | 250,969 | -17 | 250,952 |
| 6.03 | 0630 PURCHASING, RECEIVING AND STORES | 105,188 | 47,349 | 152,537 | -22,030 | 130,507 |
| 6.04 | 0640 ADMITTING | 123,263 | 11,535 | 134,798 | | 134,798 |
| 6.05 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | 220,006 | 62,492 | 282,498 | -4,769 | 277,729 |
| 6.06 | 0660 OTHER ADMINISTRATIVE AND GENERAL | 708,362 | 3,326,044 | 4,034,406 | 11,763 | 4,046,169 |
| 7 | 0700 MAINTENANCE & REPAIRS | 194,160 | 71,483 | 265,643 | -6,202 | 259,441 |
| 8 | 0800 OPERATION OF PLANT | 167,813 | 448,798 | 616,611 | -33,061 | 583,550 |
| 8.01 | 0801 OPERATION OF PLANT - MAB | | | | 32,925 | 32,925 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 66,199 | 66,199 | | 66,199 |
| 10 | 1000 HOUSEKEEPING | 317,198 | 20,644 | 337,842 | | 337,842 |
| 11 | 1100 DIETARY | 292,182 | 117,139 | 409,321 | -222,317 | 187,004 |
| 12 | 1200 CAFETERIA | 30,951 | 44,968 | 75,919 | 222,302 | 298,221 |
| 14 | 1400 NURSING ADMINISTRATION | 565,966 | 7,973 | 573,939 | -6 | 573,933 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 296,622 | 33,907 | 330,529 | -3,611 | 326,918 |
| 18 | 1800 SOCIAL SERVICE | 49,317 | 1,979 | 51,296 | | 51,296 |
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 1,185,426 | 82,332 | 1,267,758 | -7,368 | 1,260,390 |
| 26 | 2600 INTENSIVE CARE UNIT | 35,771 | 1,343 | 37,114 | | 37,114 |
| 34 | 3400 SKILLED NURSING FACILITY | | 5,281 | 5,281 | | 5,281 |
| 36 | 3600 OTHER LONG TERM CARE | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 488,827 | 599,210 | 1,088,037 | -535,654 | 552,383 |
| 40 | 4000 ANESTHESIOLOGY | | 405,313 | 405,313 | -5,201 | 400,112 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 581,541 | 744,805 | 1,326,346 | -126,219 | 1,200,127 |
| 44 | 4400 LABORATORY | 502,685 | 987,809 | 1,490,494 | -11,193 | 1,479,301 |
| 49 | 4900 RESPIRATORY THERAPY | 157,959 | 115,916 | 273,875 | -23,096 | 250,779 |
| 49.01 | 4901 CARDIAC REHAB | 111,857 | 3,220 | 115,077 | -135 | 114,942 |
| 50 | 5000 PHYSICAL THERAPY | 428,854 | 12,096 | 440,950 | -5,606 | 435,344 |
| 51 | 5100 OCCUPATIONAL THERAPY | 71,685 | 889 | 72,574 | | 72,574 |
| 52 | 5200 SPEECH PATHOLOGY | 63,001 | 1,136 | 64,137 | -638 | 63,499 |
| 52.01 | 5201 AUDIOLOGY | 69,644 | 104,741 | 174,385 | -170 | 174,215 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | 64,370 | 73,576 | 137,946 | 348,428 | 486,374 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | | | 351,576 | 351,576 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | 285,168 | 338,967 | 624,135 | 49,809 | 673,944 |
| 58 | 5800 ASC (NON-DISTINCT PART) | | | | | |
| 58.01 | 5801 OUTPATIENT PSYCH | | 232,469 | 232,469 | -5 | 232,464 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 CLINIC | | | | | |
| 61 | 6100 EMERGENCY | 529,595 | 1,529,036 | 2,058,631 | -30,433 | 2,028,198 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 137,082 | 137,082 | -137,082 | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 95 | SUBTOTALS | 7,966,729 | 14,741,530 | 22,708,259 | 158,195 | 22,866,454 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 9,085 | 9,085 | | 9,085 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | 601,062 | 1,082,811 | 1,683,873 | -157,449 | 1,526,424 |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 7950 TRANSPORTATION | 23,004 | 6,651 | 29,655 | -746 | 28,909 |
| 101 | TOTAL | 8,590,795 | 15,840,077 | 24,430,872 | -0- | 24,430,872 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | -3,692 | 433,310 |
| 3.01 | 0301 NEW CRC - MAB BUILDING | | 55,699 |
| 3.02 | 0302 NEW CRC - PRIORITY CARE BUILDING | -15,068 | 60,969 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | -568 | 1,090,103 |
| 4.01 | 0401 NEW CRC - MAB EQUIP | | 17,059 |
| 5 | 0500 EMPLOYEE BENEFITS | -519,519 | 3,203,479 |
| 6.01 | 0610 COMMUNICATIONS | | 90,887 |
| 6.02 | 0620 DATA PROCESSING | 555,534 | 806,486 |
| 6.03 | 0630 PURCHASING, RECEIVING AND STORES | -634 | 129,873 |
| 6.04 | 0640 ADMITTING | | 134,798 |
| 6.05 | 0650 CASHIERING/ACCOUNTS RECEIVABLE | -726 | 277,003 |
| 6.06 | 0660 OTHER ADMINISTRATIVE AND GENERAL | -1,839,553 | 2,206,616 |
| 7 | 0700 MAINTENANCE & REPAIRS | | 259,441 |
| 8 | 0800 OPERATION OF PLANT | | 583,550 |
| 8.01 | 0801 OPERATION OF PLANT - MAB | | 32,925 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | -2,968 | 63,231 |
| 10 | 1000 HOUSEKEEPING | -26 | 337,816 |
| 11 | 1100 DIETARY | -61,128 | 125,876 |
| 12 | 1200 CAFETERIA | -51,524 | 246,697 |
| 14 | 1400 NURSING ADMINISTRATION | | 573,933 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -5,084 | 321,834 |
| 18 | 1800 SOCIAL SERVICE | | 51,296 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | | 1,260,390 |
| 26 | 2600 INTENSIVE CARE UNIT | | 37,114 |
| 34 | 3400 SKILLED NURSING FACILITY | | 5,281 |
| 36 | 3600 OTHER LONG TERM CARE | | |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | | 552,383 |
| 40 | 4000 ANESTHESIOLOGY | -373,127 | 26,985 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -1,424 | 1,198,703 |
| 44 | 4400 LABORATORY | -8,707 | 1,470,594 |
| 49 | 4900 RESPIRATORY THERAPY | -23,541 | 227,238 |
| 49.01 | 4901 CARDIAC REHAB | | 114,942 |
| 50 | 5000 PHYSICAL THERAPY | -33,796 | 401,548 |
| 51 | 5100 OCCUPATIONAL THERAPY | | 72,574 |
| 52 | 5200 SPEECH PATHOLOGY | -50,745 | 12,754 |
| 52.01 | 5201 AUDIOLOGY | -125 | 174,090 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 486,374 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | 351,576 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | -29 | 673,915 |
| 58 | 5800 ASC (NON-DISTINCT PART) | | |
| 58.01 | 5801 OUTPATIENT PSYCH | | 232,464 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | | |
| 61 | 6100 EMERGENCY | -1,043,736 | 984,462 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| | SPEC PURPOSE COST CENTERS | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 95 | SUBTOTALS | -3,480,186 | 19,386,268 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 9,085 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 1,526,424 |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 7950 TRANSPORTATION | | 28,909 |
| 101 | TOTAL | -3,480,186 | 20,950,686 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 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 | |
| 3.01 | NEW CRC - MAB BUILDING | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 3.02 | NEW CRC - PRIORITY CARE BUILDING | 0302 | NEW CAP REL COSTS-BLDG & FIXT |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 4.01 | NEW CRC - MAB EQUIP | 0401 | NEW CAP REL COSTS-MVBLE EQUIP |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6.01 | COMMUNICATIONS | 0610 | NONPATIENT TELEPHONES |
| 6.02 | DATA PROCESSING | 0620 | DATA PROCESSING |
| 6.03 | PURCHASING, RECEIVING AND STORES | 0630 | PURCHASING, RECEIVING AND STORES |
| 6.04 | ADMITTING | 0640 | ADMITTING |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 0650 | CASHIERING/ACCOUNTS RECEIVABLE |
| 6.06 | OTHER ADMINISTRATIVE AND GENERAL | 0660 | OTHER ADMINISTRATIVE AND GENERAL |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 8.01 | OPERATION OF PLANT - MAB | 0801 | OPERATION OF PLANT |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 49.01 | CARDIAC REHAB | 4901 | RESPIRATORY THERAPY |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 52.01 | AUDIOLOGY | 5201 | SPEECH PATHOLOGY |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 5530 | IMPL. DEV. CHARGED TO PATIENT |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 58 | ASC (NON-DISTINCT PART) | 5800 | |
| 58.01 | OUTPATIENT PSYCH | 5801 | ASC (NON-DISTINCT PART) |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| | SPEC PURPOSE COST CE | | |
| 88 | INTEREST EXPENSE | 8800 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | TRANSPORTATION | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

PROVIDER NO:
141336

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | INCREASE | | | | |
|--|----------|--------------------------------------|-----------|----------|-----------|
| | CODE (1) | COST CENTER 2 | LINE NO 3 | SALARY 4 | OTHER 5 |
| 1 TO RECLASS CAFETERIA EXPENSE | A | CAFETERIA | 12 | 158,684 | 63,618 |
| 2 TO RECLASS RENTAL EXPENSE | B | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 51,694 |
| 3 | | NEW CRC - MAB EQUIP | 4.01 | | 8,944 |
| 4 | | NEW CRC - PRIORITY CARE BUILDING | 3.02 | | 76,037 |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 TO RECLASS TELEPHONE EXPENSE | C | COMMUNICATIONS | 6.01 | | 5,588 |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 TO RECLASS POSTAGE EXPENSE | D | OTHER ADMINISTRATIVE AND GENERAL | 6.06 | | 24,526 |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |
| 35 | | | | | |
| 1 TO RECLASS POSTAGE EXPENSE | D | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 TO RECLASS INTEREST EXPENSE | E | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 137,082 |
| 10 TO RECLASS MEDICAL SUPPLIES EXPENSE | F | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 348,435 |
| 11 | | IMPL. DEV. CHARGED TO PATIENT | 55.30 | | 351,576 |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 TO RECLASS PHARMACY EXPENSE | G | DRUGS CHARGED TO PATIENTS | 56 | | 49,929 |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 TO RECLASS MAB EXPENSE | H | NEW CRC - MAB BUILDING | 3.01 | | 55,275 |
| 23 | | NEW CRC - MAB EQUIP | 4.01 | | 8,012 |
| 24 | | OPERATION OF PLANT - MAB | 8.01 | | 32,925 |
| 25 TO RECLASS PROPERTY INSURANCE | I | OTHER CAPITAL RELATED COSTS | 90 | | 38,298 |
| 26 TO RECLASS A&G OTHER EXPENSES | J | OTHER ADMINISTRATIVE AND GENERAL | 6.06 | | 31,155 |
| 36 TOTAL RECLASSIFICATIONS | | | | 158,684 | 1,283,094 |

(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:
141336

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 6 | DECREASE | | | A-7 REF 10 |
|--|-------------|--------------------------------------|-----------------|-------------|------------|------------------|
| | | | LINE NO 7 | SALARY 8 | OTHER 9 | |
| 1 TO RECLASS CAFETERIA EXPENSE | A | DIETARY | 11 | 158,684 | 63,618 | |
| 2 TO RECLASS RENTAL EXPENSE | B | COMMUNICATIONS | 6.01 | | 1,438 | 10 |
| 3 | | PURCHASING, RECEIVING AND STORES | 6.03 | | 3,509 | 10 |
| 4 | | CASHIERING/ACCOUNTS RECEIVABLE | 6.05 | | 1,344 | 10 |
| 5 | | OTHER ADMINISTRATIVE AND GENERAL | 6.06 | | 5,340 | |
| 6 | | MAINTENANCE & REPAIRS | 7 | | 6,191 | |
| 7 | | MEDICAL RECORDS & LIBRARY | 17 | | 2,842 | |
| 8 | | ADULTS & PEDIATRICS | 25 | | 7,323 | |
| 9 | | OPERATING ROOM | 37 | | 2,369 | |
| 10 | | ANESTHESIOLOGY | 40 | | 907 | |
| 11 | | RADIOLOGY-DIAGNOSTIC | 41 | | 94 | |
| 12 | | LABORATORY | 44 | | 10,848 | |
| 13 | | RESPIRATORY THERAPY | 49 | | 977 | |
| 14 | | CARDIAC REHAB | 49.01 | | 112 | |
| 15 | | PHYSICAL THERAPY | 50 | | 2,814 | |
| 16 | | DRUGS CHARGED TO PATIENTS | 56 | | 120 | |
| 17 | | EMERGENCY | 61 | | 5,466 | |
| 18 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 84,981 | |
| 19 TO RECLASS TELEPHONE EXPENSE | C | OTHER ADMINISTRATIVE AND GENERAL | 6.06 | | 280 | |
| 20 | | OPERATION OF PLANT | 8 | | 82 | |
| 21 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 4,480 | |
| 22 | | TRANSPORTATION | 100 | | 746 | |
| 23 TO RECLASS POSTAGE EXPENSE | D | DATA PROCESSING | 6.02 | | 17 | |
| 24 | | PURCHASING, RECEIVING AND STORES | 6.03 | | 18,521 | |
| 25 | | CASHIERING/ACCOUNTS RECEIVABLE | 6.05 | | 3,425 | |
| 26 | | MAINTENANCE & REPAIRS | 7 | | 11 | |
| 27 | | OPERATION OF PLANT | 8 | | 54 | |
| 28 | | DIETARY | 11 | | 15 | |
| 29 | | NURSING ADMINISTRATION | 14 | | 6 | |
| 30 | | MEDICAL RECORDS & LIBRARY | 17 | | 769 | |
| 31 | | ADULTS & PEDIATRICS | 25 | | 45 | |
| 32 | | OPERATING ROOM | 37 | | 638 | |
| 33 | | ANESTHESIOLOGY | 40 | | 22 | |
| 34 | | RADIOLOGY-DIAGNOSTIC | 41 | | 275 | |
| 35 | | LABORATORY | 44 | | 345 | |
| 1 TO RECLASS POSTAGE EXPENSE | D | RESPIRATORY THERAPY | 49 | | 7 | |
| 2 | | CARDIAC REHAB | 49.01 | | 23 | |
| 3 | | SPEECH PATHOLOGY | 52 | | 18 | |
| 4 | | AUDIOLOGY | 52.01 | | 170 | |
| 5 | | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 7 | |
| 6 | | EMERGENCY | 61 | | 12 | |
| 7 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 141 | |
| 8 | | OUTPATIENT PSYCH | 58.01 | | 5 | |
| 9 TO RECLASS INTEREST EXPENSE | E | INTEREST EXPENSE | 88 | | 137,082 | 11 |
| 10 TO RECLASS MEDICAL SUPPLIES EXPENSE | F | OPERATING ROOM | 37 | | 531,286 | |
| 11 | | ANESTHESIOLOGY | 40 | | 3,959 | |
| 12 | | RADIOLOGY-DIAGNOSTIC | 41 | | 114,304 | |
| 13 | | RESPIRATORY THERAPY | 49 | | 22,112 | |
| 14 | | PHYSICAL THERAPY | 50 | | 2,775 | |
| 15 | | SPEECH PATHOLOGY | 52 | | 620 | |
| 16 | | EMERGENCY | 61 | | 24,955 | |
| 17 TO RECLASS PHARMACY EXPENSE | G | OPERATING ROOM | 37 | | 1,361 | |
| 18 | | ANESTHESIOLOGY | 40 | | 313 | |
| 19 | | RADIOLOGY-DIAGNOSTIC | 41 | | 11,546 | |
| 20 | | PHYSICAL THERAPY | 50 | | 17 | |
| 21 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 36,692 | |
| 22 TO RECLASS MAB EXPENSE | H | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 55,275 | 9 |
| 23 | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 8,012 | 9 |
| 24 | | OPERATION OF PLANT | 8 | | 32,925 | 9 |
| 25 TO RECLASS PROPERTY INSURANCE | I | OTHER ADMINISTRATIVE AND GENERAL | 6.06 | | 38,298 | |
| 26 TO RECLASS A&G OTHER EXPENSES | J | PHYSICIANS' PRIVATE OFFICES | 98 | | 31,155 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 158,684 | 1,283,094 | |

(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:
141336

PERIOD:
FROM 7/ 1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS CAFETERIA EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | CAFETERIA | 12 | 222,302 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 222,302 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| DIETARY | 11 | 222,302 | |
| | | 222,302 | |

RECLASS CODE: B
EXPLANATION : TO RECLASS RENTAL EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 51,694 |
| 2.00 | NEW CRC - MAB EQUIP | 4.01 | 8,944 |
| 3.00 | NEW CRC - PRIORITY CARE BUI LDI | 3.02 | 76,037 |
| 4.00 | | | 0 |
| 5.00 | | | 0 |
| 6.00 | | | 0 |
| 7.00 | | | 0 |
| 8.00 | | | 0 |
| 9.00 | | | 0 |
| 10.00 | | | 0 |
| 11.00 | | | 0 |
| 12.00 | | | 0 |
| 13.00 | | | 0 |
| 14.00 | | | 0 |
| 15.00 | | | 0 |
| 16.00 | | | 0 |
| 17.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 136,675 |

| ----- DECREASE ----- | | | |
|--------------------------------|-------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| COMMUNICATIONS | 6.01 | 1,438 | |
| PURCHASING, RECEIVING AND STOR | 6.03 | 3,509 | |
| CASHIERING/ACCOUNTS RECEIVABLE | 6.05 | 1,344 | |
| OTHER ADMINISTRATIVE AND GENER | 6.06 | 5,340 | |
| MAINTENANCE & REPAIRS | 7 | 6,191 | |
| MEDICAL RECORDS & LIBRARY | 17 | 2,842 | |
| ADULTS & PEDIATRICS | 25 | 7,323 | |
| OPERATING ROOM | 37 | 2,369 | |
| ANESTHESIOLOGY | 40 | 907 | |
| RADIOLOGY-DIAGNOSTIC | 41 | 94 | |
| LABORATORY | 44 | 10,848 | |
| RESPIRATORY THERAPY | 49 | 977 | |
| CARDIAC REHAB | 49.01 | 112 | |
| PHYSICAL THERAPY | 50 | 2,814 | |
| DRUGS CHARGED TO PATIENTS | 56 | 120 | |
| EMERGENCY | 61 | 5,466 | |
| PHYSICIANS' PRIVATE OFFICES | 98 | 84,981 | |
| | | 136,675 | |

RECLASS CODE: C
EXPLANATION : TO RECLASS TELEPHONE EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|----------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | COMMUNICATIONS | 6.01 | 5,588 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| 4.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 5,588 |

| ----- DECREASE ----- | | | |
|--------------------------------|------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| OTHER ADMINISTRATIVE AND GENER | 6.06 | 280 | |
| OPERATION OF PLANT | 8 | 82 | |
| PHYSICIANS' PRIVATE OFFICES | 98 | 4,480 | |
| TRANSPORTATION | 100 | 746 | |
| | | 5,588 | |

RECLASS CODE: D
EXPLANATION : TO RECLASS POSTAGE EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|--------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 24,526 |
| 2.00 | | | 0 |
| 3.00 | | | 0 |
| 4.00 | | | 0 |
| 5.00 | | | 0 |
| 6.00 | | | 0 |
| 7.00 | | | 0 |
| 8.00 | | | 0 |
| 9.00 | | | 0 |
| 10.00 | | | 0 |
| 11.00 | | | 0 |
| 12.00 | | | 0 |
| 13.00 | | | 0 |
| 14.00 | | | 0 |
| 15.00 | | | 0 |
| 16.00 | | | 0 |
| 17.00 | | | 0 |
| 18.00 | | | 0 |
| 19.00 | | | 0 |
| 20.00 | | | 0 |
| 21.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 24,526 |

| ----- DECREASE ----- | | | |
|--------------------------------|-------|--------|--|
| COST CENTER | LINE | AMOUNT | |
| DATA PROCESSING | 6.02 | 17 | |
| PURCHASING, RECEIVING AND STOR | 6.03 | 18,521 | |
| CASHIERING/ACCOUNTS RECEIVABLE | 6.05 | 3,425 | |
| MAINTENANCE & REPAIRS | 7 | 11 | |
| OPERATION OF PLANT | 8 | 54 | |
| DIETARY | 11 | 15 | |
| NURSING ADMINISTRATION | 14 | 6 | |
| MEDICAL RECORDS & LIBRARY | 17 | 769 | |
| ADULTS & PEDIATRICS | 25 | 45 | |
| OPERATING ROOM | 37 | 638 | |
| ANESTHESIOLOGY | 40 | 22 | |
| RADIOLOGY-DIAGNOSTIC | 41 | 275 | |
| LABORATORY | 44 | 345 | |
| RESPIRATORY THERAPY | 49 | 7 | |
| CARDIAC REHAB | 49.01 | 23 | |
| SPEECH PATHOLOGY | 52 | 18 | |
| AUDIOLOGY | 52.01 | 170 | |
| MEDICAL SUPPLIES CHARGED TO PA | 55 | 7 | |
| EMERGENCY | 61 | 12 | |
| PHYSICIANS' PRIVATE OFFICES | 98 | 141 | |
| OUTPATIENT PSYCH | 58.01 | 5 | |
| | | 24,526 | |

RECLASS CODE: E
EXPLANATION : TO RECLASS INTEREST EXPENSE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 137,082 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 137,082 |

| ----- DECREASE ----- | | | |
|----------------------|------|---------|--|
| COST CENTER | LINE | AMOUNT | |
| INTEREST EXPENSE | 88 | 137,082 | |
| | | 137,082 | |

RECLASSIFICATIONS

PROVIDER NO:
141336

PERIOD:
FROM 7/1/2009
TO 6/30/2010

PREPARED 11/24/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : TO RECLASS MEDICAL SUPPLIES EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|-------|---------|----------------------|------|---------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 348,435 | OPERATING ROOM | 37 | 531,286 | |
| 2.00 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 351,576 | ANESTHESIOLOGY | 40 | 3,959 | |
| 3.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 114,304 | |
| 4.00 | | | 0 | RESPIRATORY THERAPY | 49 | 22,112 | |
| 5.00 | | | 0 | PHYSICAL THERAPY | 50 | 2,775 | |
| 6.00 | | | 0 | SPEECH PATHOLOGY | 52 | 620 | |
| 7.00 | | | 0 | EMERGENCY | 61 | 24,955 | |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 700,011 | 700,011 | | | |

RECLASS CODE: G
EXPLANATION : TO RECLASS PHARMACY EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------------|------|--------|-----------------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 49,929 | OPERATING ROOM | 37 | 1,361 | |
| 2.00 | | | 0 | ANESTHESIOLOGY | 40 | 313 | |
| 3.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 11,546 | |
| 4.00 | | | 0 | PHYSICAL THERAPY | 50 | 17 | |
| 5.00 | | | 0 | PHYSICIANS' PRIVATE OFFICES | 98 | 36,692 | |
| TOTAL RECLASSIFICATIONS FOR CODE G | | | 49,929 | 49,929 | | | |

RECLASS CODE: H
EXPLANATION : TO RECLASS MAB EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------|------|--------|-------------------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CRC - MAB BUILDING | 3.01 | 55,275 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 55,275 | |
| 2.00 | NEW CRC - MAB EQUIP | 4.01 | 8,012 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 8,012 | |
| 3.00 | OPERATION OF PLANT - MAB | 8.01 | 32,925 | OPERATION OF PLANT | 8 | 32,925 | |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 96,212 | 96,212 | | | |

RECLASS CODE: I
EXPLANATION : TO RECLASS PROPERTY INSURANCE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-----------------------------|------|--------|--------------------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | OTHER CAPITAL RELATED COSTS | 90 | 38,298 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 38,298 | |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 38,298 | 38,298 | | | |

RECLASS CODE: J
EXPLANATION : TO RECLASS A&G OTHER EXPENSES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|------|--------|-----------------------------|------|--------|--|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | OTHER ADMINISTRATIVE AND GENER | 6.06 | 31,155 | PHYSICIANS' PRIVATE OFFICES | 98 | 31,155 | |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 31,155 | 31,155 | | | |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 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 DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 310,152 | | | | | 310,152 | |
| 2 LAND IMPROVEMENTS | 187,231 | 14,516 | | 14,516 | | 201,747 | |
| 3 BUILDINGS & FIXTURE | 14,806,678 | 722,646 | | 722,646 | | 15,529,324 | |
| 4 BUILDING IMPROVEMENT | | | | | | | |
| 5 FIXED EQUIPMENT | | | | | | | |
| 6 MOVABLE EQUIPMENT | 9,874,420 | 315,151 | | 315,151 | 18,655 | 10,170,916 | |
| 7 SUBTOTAL | 25,178,481 | 1,052,313 | | 1,052,313 | 18,655 | 26,212,139 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 25,178,481 | 1,052,313 | | 1,052,313 | 18,655 | 26,212,139 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | DESCRIPTION | GROSS ASSETS 1 | COMPUTATION OF RATIOS | | RATIO 4 | ALLOCATION OF OTHER CAPITAL | | | TOTAL 8 |
|------|----------------------|-------------------|-----------------------|-----------------------------|------------|-----------------------------|------------|----------------------------------|------------|
| | | | LEASES 2 | GROSS ASSETS FOR RATIO 3 | | INSURANCE 5 | TAXES 6 | OTHER CAPITAL RELATED COSTS 7 | |
| * | | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 15,444,474 | | 15,444,474 | .596266 | 22,835 | | | 22,835 |
| 3 01 | NEW CRC - MAB BUILDI | 286,597 | | 286,597 | .011065 | 424 | | | 424 |
| 3 02 | NEW CRC - PRIORITY C | | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | 10,101,522 | | 10,101,522 | .389990 | 14,936 | | | 14,936 |
| 4 01 | NEW CRC - MAB EQUIP | 69,393 | | 69,393 | .002679 | 103 | | | 103 |
| 5 | TOTAL | 25,901,986 | | 25,901,986 | 1.000000 | 38,298 | | | 38,298 |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | TOTAL (1) |
|------|----------------------|-------------------|-------------|----------------|-----------------|-------------|----------------------------------|-----------|
| | | | | | | | | 15 |
| * | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 277,085 | | 133,390 | 22,835 | | | 433,310 |
| 3 01 | NEW CRC - MAB BUILDI | 55,275 | | | 424 | | | 55,699 |
| 3 02 | NEW CRC - PRIORITY C | | 60,969 | | | | | 60,969 |
| 4 | NEW CAP REL COSTS-MV | 1,023,473 | | 51,694 | 14,936 | | | 1,090,103 |
| 4 01 | NEW CRC - MAB EQUIP | 8,012 | 8,944 | | 103 | | | 17,059 |
| 5 | TOTAL | 1,363,845 | 121,607 | 133,390 | 38,298 | | | 1,657,140 |

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

SUMMARY OF OLD AND NEW CAPITAL

| | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | TOTAL (1) |
|------|----------------------|-------------------|-------------|----------------|-----------------|-------------|----------------------------------|-----------|
| | | | | | | | | 15 |
| * | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 332,360 | | | | | | 332,360 |
| 3 01 | NEW CRC - MAB BUILDI | | | | | | | |
| 3 02 | NEW CRC - PRIORITY C | | | | | | | |
| 4 | NEW CAP REL COSTS-MV | 1,032,053 | | | | | | 1,032,053 |
| 4 01 | NEW CRC - MAB EQUIP | | | | | | | |
| 5 | TOTAL | 1,364,413 | | | | | | 1,364,413 |

* All lines numbers except line 5 are to be consistent with Worksheet 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

| 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 | 5 |
| 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 | B | -3,692 | NEW CAP REL COSTS-BLDG & | 3 | 11 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | B | -2,055 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | B | -5,610 | LABORATORY | 44 | |
| 9 TELEPHONE SERVICES | A | -8,485 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -1,440,404 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | -107,680 | | | |
| 15 LAUNDRY AND LINEN SERVICE | B | -2,968 | LAUNDRY & LINEN SERVICE | 9 | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -49,558 | CAFETERIA | 12 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS | B | -4,800 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | B | -5,084 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | B | -1,966 | CAFETERIA | 12 | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | PHYSICAL THERAPY | 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 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 X RAY FILM REVENUE | B | -1,424 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 38 MISC PT REVENUE | B | -8,541 | PHYSICAL THERAPY | 50 | |
| 39 MISC ST REVENUE | B | -50,745 | SPEECH PATHOLOGY | 52 | |
| 40 EDUCATIONAL CLASSES | B | -2,802 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 41 SANITARY MACHINES | B | -26 | HOUSEKEEPING | 10 | |
| 42 SALE OF MEDICAL RECORDS | B | -726 | CASHIERING/ACCOUNTS RECEI | 6.05 | |
| 43 MEALS ON WHEELS | B | -61,128 | DIETARY | 11 | |
| 44 MESSAGE REVENUE | B | -23,753 | PHYSICAL THERAPY | 50 | |
| 45 EMPLOYEE FITNESS | B | -1,502 | PHYSICAL THERAPY | 50 | |
| 46 MISC A&G REVENUE | B | -6,771 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 47 MISC PURCHASING REVENUE | B | -534 | PURCHASING, RECEIVING AND | 6.03 | |
| 48 PHYSICIAN RECRUITMENT | A | -412,141 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49 HEALTH FAIR EXPENSE | A | -52,781 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.01 PUBLIC RELATIONS EXPENSE | A | -752 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.02 COMMUNITY RELATIONS SALARY EXPENSE | A | -93,079 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.03 COMMUNITY RELATIONS BENEFIT EXPENSE | A | -34,250 | EMPLOYEE BENEFITS | 5 | |
| 49.04 COMMUNITY RELATIONS OTHER EXPENSE | A | -206,179 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.05 DEPRECIATION LAPSING | A | -568 | NEW CAP REL COSTS-MVBLE E | 4 | 9 |
| 49.06 LOBBYING DUES | A | -10,271 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.07 NON-REIMBURSABLE EXPENSE | A | -1,876 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.08 PHYSICIAN RECRUITMENT | A | -3,413 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.09 MISCELLANEOUS LABORATORY REVENUE | A | -696 | LABORATORY | 44 | |
| 49.10 MISCELLANEOUS INCOME | B | -14,002 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.11 VENDOR REBATES | B | -29 | DRUGS CHARGED TO PATIENTS | 56 | |
| 49.12 VENDOR REBATES | B | -100 | PURCHASING, RECEIVING AND | 6.03 | |
| 49.13 EQUIP & SERVICE LEASE | A | -2,201 | LABORATORY | 44 | |
| 49.14 OTHER REV PAPER RECYCLING | B | -631 | EMPLOYEE BENEFITS | 5 | |
| 49.15 SID-LAB | B | -200 | LABORATORY | 44 | |
| 49.16 ESTIMATED LEGAL SETTLEMENT | A | -121,950 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.17 MEDICAID TAX ASSESSMENT | A | -236,287 | OTHER ADMINISTRATIVE AND | 6.06 | |
| 49.18 SELF INSURANCE EXPENSE OFFSET | A | -483,333 | EMPLOYEE BENEFITS | 5 | |
| 49.19 MISC REV DISPOSAL HEARING AIDE | B | -125 | AUDIOLOGY | 52.01 | |
| 49.20 SUBLEASE RENTAL INCOME | B | -15,068 | NEW CRC - PRIORITY CARE B | 3.02 | 10 |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -3,480,186 | | | |

(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 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 | 5 | EMPLOYEE BENEFITS | HEALTH & DENTAL PREMIUM | 2,331,983 | 2,333,288 | -1,305 | |
| 2 | 6 2 | DATA PROCESSING | COMPUTER FEES | 555,534 | | 555,534 | |
| 3 | 6 6 | OTHER ADMINISTRATIVE AND | MANAGEMENT FEES | 488,087 | 1,149,996 | -661,909 | |
| 4 | | | | | | | |
| 5 | | TOTALS | | 3,375,604 | 3,483,284 | -107,680 | |

* 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 | HS | | 100.00 | CORPORATE OFFICE |
| 2 | | | | 0.00 | |
| 3 | | | | 0.00 | |
| 4 | | | | 0.00 | |
| 5 | | | | 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: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 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 |
| 1 40 | ANESTHESIOLOGY/AGGREGATE | 373,127 | 373,127 | | | | | |
| 2 44 | LABORATORY/AGGREGATE | 74,491 | | 74,491 | | | | |
| 3 49 | RESPIRATORY THERAPY/AGGRE | 23,541 | 23,541 | | | | | |
| 4 61 | EMERGENCY/AGGREGATE | 1,277,360 | 842,419 | 434,941 | | | | |
| 5 61 | EMERGENCY/AGGREGATE | 201,317 | 201,317 | | | | | |
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| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 1,949,836 | 1,440,404 | 509,432 | | | | |

COST ALLOCATION STATISTICS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 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 |
| 3.01 | NEW CRC - MAB BUILDING | 30 | SQUARE | FEET | ENTERED |
| 3.02 | NEW CRC - PRIORITY CARE BUILDING | 33 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR | VALUE | ENTERED |
| 4.01 | NEW CRC - MAB EQUIP | 40 | DOLLAR | VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 5 | GROSS | SALARIES | ENTERED |
| 6.01 | COMMUNICATIONS | 61 | # OF | PHONES | ENTERED |
| 6.02 | DATA PROCESSING | 62 | TIME | SPENT | ENTERED |
| 6.03 | PURCHASING, RECEIVING AND STORES | 63 | SUPPLY | COST | ENTERED |
| 6.04 | ADMINISTRATIVE | 64 | INPATIENT | REVENUE | ENTERED |
| 6.05 | CASHIERING/ACCOUNTS RECEIVABLE | 65 | TOTAL | REVENUE | ENTERED |
| 6.06 | OTHER ADMINISTRATIVE AND GENERAL | # | ACCUM. | COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 16 | TIME | SPENT | ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 8.01 | OPERATION OF PLANT - MAB | 30 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 9 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 7 | TIME | SPENT | ENTERED |
| 11 | DIETARY | 11 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 12 | FTE'S | | ENTERED |
| 14 | NURSING ADMINISTRATION | 14 | DIRECT | NURSING HRS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 17 | TIME | SPENT | ENTERED |
| 18 | SOCIAL SERVICE | 18 | TIME | SPENT | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CRC - MAB BUILDING | NEW CRC - PRIORITY CARE B | NEW CAP REL C OSTS-MVBLE E | NEW CRC - MAB EQUIP | EMPLOYEE BENE FITS |
|----------------------------------|----------------------------------|---------------------------|------------------------|---------------------------|----------------------------|---------------------|--------------------|
| | 0 | 3 | 3.01 | 3.02 | 4 | 4.01 | 5 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | 433,310 | 433,310 | | | | | |
| 003 02 NEW CRC - MAB BUILDING | 55,699 | | 55,699 | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | 1,090,103 | | | | | | |
| 004 02 NEW CRC - PRIORITY CARE B | 60,969 | | | 60,969 | | | |
| 004 01 NEW CRC - MAB EQUIP | 17,059 | | | | 1,090,103 | 17,059 | |
| 005 EMPLOYEE BENEFITS | 3,203,479 | 2,826 | | | | | 3,206,305 |
| 006 01 COMMUNICATIONS | 90,887 | 405 | | | 49,527 | | 3,907 |
| 006 02 DATA PROCESSING | 806,486 | 11,437 | | | 101,938 | | 61,141 |
| 006 03 PURCHASING, RECEIVING AND | 129,873 | 13,057 | | | 4,161 | | 40,402 |
| 006 04 ADMINITTING | 134,798 | 1,825 | | | 1,852 | | 47,344 |
| 006 05 CASHIERING/ACCOUNTS RECEI | 277,003 | 6,189 | | | 3,827 | | 84,503 |
| 006 06 OTHER ADMINISTRATIVE AND | 2,206,616 | 26,105 | | | 11,579 | | 236,325 |
| 007 MAINTENANCE & REPAIRS | 259,441 | 21,098 | | | 11,802 | | 74,575 |
| 008 OPERATION OF PLANT | 583,550 | 33,127 | | | 75,951 | | 64,456 |
| 008 01 OPERATION OF PLANT - MAB | 32,925 | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 63,231 | 11,209 | | | | | |
| 010 HOUSEKEEPING | 337,816 | 8,861 | | | 1,735 | | 121,833 |
| 011 DIETARY | 125,876 | 15,619 | | | 9,642 | | 51,276 |
| 012 CAFETERIA | 246,697 | 14,090 | | | 2,589 | | 72,837 |
| 014 NURSING ADMINISTRATION | 573,933 | 3,377 | | | 167 | | 217,383 |
| 017 MEDICAL RECORDS & LIBRARY | 321,834 | 11,387 | | | 9,406 | | 113,930 |
| 018 SOCIAL SERVICE | 51,296 | 1,402 | | | | | 18,942 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 1,260,390 | 47,098 | | | 37,181 | | 455,313 |
| 034 INTENSIVE CARE UNIT | 37,114 | 11,714 | | | 2,162 | | 13,739 |
| 036 SKILLED NURSING FACILITY | 5,281 | | | | 529 | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 552,383 | 56,067 | | | 121,982 | | 187,755 |
| 041 ANESTHESIOLOGY | 26,985 | | | | 13,831 | | |
| 044 RADIOLOGY-DIAGNOSTIC | 1,198,703 | 20,302 | 1,431 | | 413,668 | | 223,365 |
| 049 LABORATORY | 1,470,594 | 17,990 | | | 72,983 | | 193,077 |
| 049 01 RESPIRATORY THERAPY | 227,238 | 10,422 | | | 9,228 | | 60,671 |
| 049 01 CARDIAC REHAB | 114,942 | | 2,293 | | 5,233 | | 42,963 |
| 050 PHYSICAL THERAPY | 401,548 | 8,870 | 14,041 | | 6,598 | | 164,719 |
| 051 OCCUPATIONAL THERAPY | 72,574 | 2,967 | 1,140 | | | | 27,534 |
| 052 SPEECH PATHOLOGY | 12,754 | | 1,377 | | 345 | | 24,198 |
| 052 01 AUDIOLOGY | 174,090 | | 1,381 | | 4,019 | | 26,750 |
| 055 MEDICAL SUPPLIES CHARGED | 486,374 | 9,894 | | | 10,929 | | 24,724 |
| 055 30 IMPL. DEV. CHARGED TO PAT | 351,576 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 673,915 | 5,725 | | | 39,871 | | 109,531 |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 058 01 OUTPATIENT PSYCH | 232,464 | 20,461 | | | 1,655 | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 062 EMERGENCY | 984,462 | 20,266 | | | 22,271 | | 203,413 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 19,386,268 | 413,790 | 21,663 | | 1,046,661 | | 2,966,606 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 9,085 | 933 | | | 316 | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 1,526,424 | 4,961 | 34,036 | 60,969 | 43,126 | 17,059 | 230,863 |
| 099 NONPAID WORKERS | | 12,406 | | | | | |
| 100 TRANSPORTATION | 28,909 | 1,220 | | | | | 8,836 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 20,950,686 | 433,310 | 55,699 | 60,969 | 1,090,103 | 17,059 | 3,206,305 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | COMMUNICATIONS | DATA PROCESSING | PURCHASING, RECEIVING AND | R ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEI | SUBTOTAL | OTHER ADMINISTRATIVE AND |
|----------------------------------|----------------|-----------------|---------------------------|------------------|---------------------------|------------|--------------------------|
| | 6.01 | 6.02 | 6.03 | 6.04 | 6.05 | 6a.05 | 6.06 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 COMMUNICATIONS | 144,726 | | | | | | |
| 006 02 DATA PROCESSING | 6,208 | 987,210 | | | | | |
| 006 03 PURCHASING, RECEIVING AND | 3,104 | | 190,597 | | | | |
| 006 04 ADMINISTRATIVE | 2,328 | 44,369 | 653 | 233,169 | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | 6,596 | 77,646 | 354 | | 456,118 | | |
| 006 06 OTHER ADMINISTRATIVE AND | 13,192 | 244,034 | 1,175 | | | 2,739,026 | 2,739,026 |
| 007 MAINTENANCE & REPAIRS | 5,432 | 11,092 | 574 | | | 384,014 | 57,756 |
| 008 OPERATION OF PLANT | | | 1,092 | | | 758,176 | 114,030 |
| 008 01 OPERATION OF PLANT - MAB | | | | | | 32,925 | 4,952 |
| 009 LAUNDRY & LINEN SERVICE | 388 | | 170 | | | 74,998 | 11,280 |
| 010 HOUSEKEEPING | 2,328 | 11,092 | 1,104 | | | 484,769 | 72,909 |
| 011 DIETARY | 1,552 | 11,092 | 10,330 | | | 225,387 | 33,898 |
| 012 CAFETERIA | 388 | 11,092 | 4,379 | | | 352,072 | 52,952 |
| 014 NURSING ADMINISTRATION | 3,104 | 11,092 | 256 | | | 809,312 | 121,721 |
| 017 MEDICAL RECORDS & LIBRARY | 7,760 | 33,277 | 167 | | | 497,761 | 74,863 |
| 018 SOCIAL SERVICE | 388 | 11,092 | 4 | | | 83,124 | 12,502 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 15,520 | 55,461 | 6,761 | 42,927 | 22,569 | 1,943,220 | 292,260 |
| 034 INTENSIVE CARE UNIT | 3,880 | 11,092 | 134 | 3,257 | 1,548 | 84,640 | 12,730 |
| 036 SKILLED NURSING FACILITY | | | 91 | | | 5,901 | 888 |
| 037 OTHER LONG TERM CARE | | | | | | | |
| 040 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 041 OPERATING ROOM | 12,804 | 22,184 | 54,436 | 14,258 | 30,968 | 1,052,837 | 158,347 |
| 044 ANESTHESIOLOGY | | 11,092 | 395 | 4,229 | 5,670 | 62,202 | 9,355 |
| 049 RADIOLOGY-DIAGNOSTIC | 7,372 | 88,738 | 11,978 | 22,657 | 141,612 | 2,129,826 | 320,318 |
| 050 LABORATORY | 6,596 | 55,461 | 65,214 | 41,065 | 122,316 | 2,045,296 | 307,613 |
| 051 RESPIRATORY THERAPY | 3,104 | 11,092 | 2,820 | 7,539 | 12,661 | 344,775 | 51,854 |
| 052 01 CARDIAC REHAB | 776 | 11,092 | 245 | | 1,851 | 179,395 | 26,981 |
| 055 PHYSICAL THERAPY | 8,924 | 11,092 | 541 | 9,918 | 15,516 | 641,767 | 96,522 |
| 058 OCCUPATIONAL THERAPY | 388 | | 77 | 3,331 | 2,510 | 110,521 | 16,622 |
| 061 SPEECH PATHOLOGY | 388 | | 1 | 717 | 701 | 40,481 | 6,088 |
| 062 01 AUDIOLOGY | 776 | 11,092 | 10,418 | 3 | 2,528 | 231,057 | 34,751 |
| 066 MEDICAL SUPPLIES CHARGED | 1,552 | 11,092 | 6,793 | 26,770 | 19,119 | 597,247 | 89,826 |
| 095 30 IMPL. DEV. CHARGED TO PAT | | | | 6,023 | 3,460 | 361,059 | 54,303 |
| 098 DRUGS CHARGED TO PATIENTS | 1,940 | 22,184 | 803 | 48,339 | 36,828 | 939,136 | 141,246 |
| 099 ASC (NON-DISTINCT PART) | | | | | | | |
| 100 01 OUTPATIENT PSYCH | 1,552 | 22,184 | 1,068 | | 1,989 | 281,373 | 42,318 |
| 101 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 102 CLINIC | | | | | | | |
| 103 EMERGENCY | 5,820 | 55,461 | 3,071 | 2,136 | 34,272 | 1,331,172 | 200,208 |
| 104 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 105 SPEC PURPOSE COST CENTERS | | | | | | | |
| 106 SUBTOTALS | 124,160 | 865,195 | 185,104 | 233,169 | 456,118 | 18,823,469 | 2,419,093 |
| 107 NONREIMBURS COST CENTERS | | | | | | | |
| 108 GIFT, FLOWER, COFFEE SHOP | 1,940 | | 814 | | | 13,088 | 1,968 |
| 109 PHYSICIANS' PRIVATE OFFIC | 18,238 | 122,015 | 4,665 | | | 2,062,356 | 310,178 |
| 110 NONPAID WORKERS | | | | | | 12,406 | 1,866 |
| 111 TRANSPORTATION | 388 | | 14 | | | 39,367 | 5,921 |
| 112 CROSS FOOT ADJUSTMENT | | | | | | | |
| 113 NEGATIVE COST CENTER | | | | | | | |
| 114 TOTAL | 144,726 | 987,210 | 190,597 | 233,169 | 456,118 | 20,950,686 | 2,739,026 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | MAINTENANCE & OPERATIONS OF REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT - MAB | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|-------------------------------------|--------------------|--------------------------|-------------------------|--------------|---------|-----------|
| | 7 | 8 | 8.01 | 9 | 10 | 11 | 12 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 COMMUNICATIONS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 06 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | 441,770 | | | | | | |
| 008 OPERATION OF PLANT | | 872,206 | | | | | |
| 008 01 OPERATION OF PLANT - MAB | | | 37,877 | | | | |
| 009 LAUNDRY & LINEN SERVICE | 3,339 | 30,818 | | 120,435 | | | |
| 010 HOUSEKEEPING | 9,795 | 24,361 | | 13,466 | 605,300 | | |
| 011 DIETARY | 25,823 | 42,942 | | 3,380 | 43 | 331,473 | |
| 012 CAFETERIA | 16,696 | 38,738 | | 553 | 35,481 | | 496,492 |
| 014 NURSING ADMINISTRATION | 13,023 | 9,284 | | | 1,213 | | 28,883 |
| 017 MEDICAL RECORDS & LIBRARY | 5,788 | 31,306 | | | 5,329 | | 36,476 |
| 018 SOCIAL SERVICE | 15,360 | 3,854 | | | 5,242 | | 3,953 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 53,983 | 129,490 | | 46,496 | 191,270 | 280,858 | 102,811 |
| 034 INTENSIVE CARE UNIT | 3,784 | 32,207 | | 844 | 8,058 | 13,157 | 2,231 |
| 036 SKILLED NURSING FACILITY | | | | | | | |
| 037 OTHER LONG TERM CARE | | | | | | | |
| 040 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 041 OPERATING ROOM | 30,052 | 154,153 | | 15,215 | 56,536 | 12,741 | 34,636 |
| 044 ANESTHESIOLOGY | 111 | | | | 303 | | |
| 049 RADIOLOGY-DIAGNOSTIC | 33,837 | 55,817 | 973 | 8,772 | 44,752 | | 41,211 |
| 049 LABORATORY | 25,489 | 49,461 | | 150 | 25,863 | | 48,452 |
| 049 RESPIRATORY THERAPY | 2,894 | 28,653 | | 377 | 17,199 | | 16,046 |
| 049 01 CARDIAC REHAB | 7,346 | | 1,560 | | 4,809 | | 6,497 |
| 050 PHYSICAL THERAPY | 26,045 | 24,386 | 9,548 | 14,386 | 30,672 | | 31,584 |
| 051 OCCUPATIONAL THERAPY | | 8,158 | 775 | | 173 | | 3,835 |
| 052 SPEECH PATHOLOGY | | | 937 | | 43 | | 3,327 |
| 052 01 AUDIOLOGY | 1,224 | | 939 | | 3,552 | | 4,618 |
| 055 MEDICAL SUPPLIES CHARGED | 2,226 | 27,202 | | 483 | 7,971 | | 7,906 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 1,002 | 15,740 | | | 10,094 | | 15,029 |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 058 01 OUTPATIENT PSYCH | 117,539 | 56,255 | | 25 | 10,137 | 16,682 | 10,450 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 062 EMERGENCY | 22,595 | 55,717 | | 15,401 | 54,153 | 8,035 | 39,841 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 417,951 | 818,542 | 14,732 | 119,548 | 512,893 | 331,473 | 437,786 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 2,565 | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | 23,819 | 13,638 | 23,145 | 887 | 92,407 | | 54,557 |
| 099 NONPAID WORKERS | | 34,108 | | | | | |
| 100 TRANSPORTATION | | 3,353 | | | | | 4,149 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 441,770 | 872,206 | 37,877 | 120,435 | 605,300 | 331,473 | 496,492 |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NURSING ADMINISTRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|----------------------------------|------------------------|---------------------------|----------------|------------|-----------------------------|------------|
| | 14 | 17 | 18 | 25 | 26 | 27 |
| 003 GENERAL SERVICE COST CNTR | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 004 02 NEW CRC - MAB EQUIP | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 01 COMMUNICATIONS | | | | | | |
| 006 02 DATA PROCESSING | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | |
| 006 04 ADMITTING | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | |
| 006 06 OTHER ADMINISTRATIVE AND | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 008 OPERATION OF PLANT | | | | | | |
| 008 01 OPERATION OF PLANT - MAB | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | |
| 010 HOUSEKEEPING | | | | | | |
| 011 DIETARY | | | | | | |
| 012 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | 983,436 | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | 651,523 | | | | |
| 018 SOCIAL SERVICE | | 18,730 | 142,765 | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | 527,545 | 161,228 | 140,044 | 3,869,205 | | 3,869,205 |
| 026 INTENSIVE CARE UNIT | 21,809 | 21,301 | 2,561 | 203,322 | | 203,322 |
| 034 SKILLED NURSING FACILITY | | | | 6,789 | | 6,789 |
| 036 OTHER LONG TERM CARE | | | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 OPERATING ROOM | 196,980 | 47,744 | | 1,759,241 | | 1,759,241 |
| 040 ANESTHESIOLOGY | | | | 71,971 | | 71,971 |
| 041 RADIOLOGY-DIAGNOSTIC | | 149,108 | | 2,784,614 | | 2,784,614 |
| 044 LABORATORY | | 58,027 | | 2,560,351 | | 2,560,351 |
| 049 RESPIRATORY THERAPY | | | | 461,798 | | 461,798 |
| 049 01 CARDIAC REHAB | 60,296 | | | 286,884 | | 286,884 |
| 050 PHYSICAL THERAPY | | 16,527 | | 891,437 | | 891,437 |
| 051 OCCUPATIONAL THERAPY | | 1,102 | | 141,186 | | 141,186 |
| 052 SPEECH PATHOLOGY | | 735 | | 51,611 | | 51,611 |
| 052 01 AUDIOLOGY | | 6,243 | | 282,384 | | 282,384 |
| 055 MEDICAL SUPPLIES CHARGED | | | | 732,861 | | 732,861 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | 415,362 | | 415,362 |
| 056 DRUGS CHARGED TO PATIENTS | | | | 1,122,247 | | 1,122,247 |
| 058 ASC (NON-DISTINCT PART) | | | | | | |
| 058 01 OUTPATIENT PSYCH | | | | 534,779 | | 534,779 |
| OUTPAT SERVICE COST CNTRS | | | | | | |
| 060 CLINIC | | | | | | |
| 061 EMERGENCY | 167,951 | 170,778 | 160 | 2,066,011 | | 2,066,011 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | |
| SPEC PURPOSE COST CENTERS | | | | | | |
| 095 SUBTOTALS | 974,581 | 651,523 | 142,765 | 18,242,053 | | 18,242,053 |
| NONREIMBURS COST CENTERS | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 17,621 | | 17,621 |
| 098 PHYSICIANS' PRIVATE OFFIC | 8,855 | | | 2,589,842 | | 2,589,842 |
| 099 NONPAID WORKERS | | | | 48,380 | | 48,380 |
| 100 TRANSPORTATION | | | | 52,790 | | 52,790 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | 983,436 | 651,523 | 142,765 | 20,950,686 | | 20,950,686 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OST-S-BLDG & | NEW CRC - MAB BUI LDING | NEW CRC - PRI ORITY CARE B | NEW CAP REL C OST-S-MVBLE E | NEW CRC - MAB EQUIP | SUBTOTAL |
|----------------------------------|----------------------------------|----------------------------|-------------------------|----------------------------|-----------------------------|---------------------|-----------|
| | 0 | 3 | 3.01 | 3.02 | 4 | 4.01 | 4a |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC - MAB BUI LDING | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 004 02 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | | 2,826 | | | | | 2,826 |
| 006 01 COMMUNICATIONS | | 405 | | | 49,527 | | 49,932 |
| 006 02 DATA PROCESSING | 165,364 | 11,437 | | | 101,938 | | 278,739 |
| 006 03 PURCHASING, RECEIVING AND | | 13,057 | | | 4,161 | | 17,218 |
| 006 04 ADMITTING | | 1,825 | | | 1,852 | | 3,677 |
| 006 05 CASHIERING/ACCOUNTS RECEI | | 6,189 | | | 3,827 | | 10,016 |
| 006 06 OTHER ADMINISTRATIVE AND | 7,221 | 26,105 | | | 11,579 | | 44,905 |
| 007 MAINTENANCE & REPAIRS | | 21,098 | | | 11,802 | | 32,900 |
| 008 OPERATION OF PLANT | | 33,127 | | | 75,951 | | 109,078 |
| 008 01 OPERATION OF PLANT - MAB | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | 11,209 | | | | | 11,209 |
| 010 HOUSEKEEPING | | 8,861 | | | 1,735 | | 10,596 |
| 011 DIETARY | | 15,619 | | | 9,642 | | 25,261 |
| 012 CAFETERIA | | 14,090 | | | 2,589 | | 16,679 |
| 014 NURSING ADMINISTRATION | | 3,377 | | | 167 | | 3,544 |
| 017 MEDICAL RECORDS & LIBRARY | | 11,387 | | | 9,406 | | 20,793 |
| 018 SOCIAL SERVICE | | 1,402 | | | | | 1,402 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 47,098 | | | 37,181 | | 84,279 |
| 026 INTENSIVE CARE UNIT | | 11,714 | | | 2,162 | | 13,876 |
| 034 SKILLED NURSING FACILITY | | | | | 529 | | 529 |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | | 56,067 | | | 121,982 | | 178,049 |
| 040 ANESTHESIOLOGY | | | | | 13,831 | | 13,831 |
| 041 RADIOLOGY-DIAGNOSTIC | | 20,302 | 1,431 | | 413,668 | | 435,401 |
| 044 LABORATORY | | 17,990 | | | 72,983 | | 90,973 |
| 049 RESPIRATORY THERAPY | | 10,422 | | | 9,228 | | 19,650 |
| 049 01 CARDIAC REHAB | | | 2,293 | | 5,233 | | 7,526 |
| 050 PHYSICAL THERAPY | | 8,870 | 14,041 | | 6,598 | | 29,509 |
| 051 OCCUPATIONAL THERAPY | | 2,967 | 1,140 | | | | 4,107 |
| 052 SPEECH PATHOLOGY | | | 1,377 | | 345 | | 1,722 |
| 052 01 AUDIOLOGY | | | 1,381 | | 4,019 | | 5,400 |
| 055 MEDICAL SUPPLIES CHARGED | | 9,894 | | | 10,929 | | 20,823 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | 5,725 | | | 39,871 | | 45,596 |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 058 01 OUTPATIENT PSYCH | | 20,461 | | | 1,655 | | 22,116 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | | 20,266 | | | 22,271 | | 42,537 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 172,585 | 413,790 | 21,663 | | 1,046,661 | | 1,654,699 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 933 | | | 316 | | 1,249 |
| 098 PHYSICIANS' PRIVATE OFFIC | | 4,961 | 34,036 | 60,969 | 43,126 | 17,059 | 160,151 |
| 099 NONPAID WORKERS | | 12,406 | | | | | 12,406 |
| 100 TRANSPORTATION | | 1,220 | | | | | 1,220 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 172,585 | 433,310 | 55,699 | 60,969 | 1,090,103 | 17,059 | 1,829,725 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | EMPLOYEE BENEFITS | COMMUNICATIONS | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMITTING | CASHIERING/ACCOUNTS RECEIVABLE | OTHER ADMINISTRATIVE |
|----------------------------------|-------------------|----------------|-----------------|---------------------------|-----------|--------------------------------|----------------------|
| | 5 | 6.01 | 6.02 | 6.03 | 6.04 | 6.05 | 6.06 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | 2,826 | | | | | | |
| 006 01 COMMUNICATIONS | 3 | 49,935 | | | | | |
| 006 02 DATA PROCESSING | 54 | 2,142 | 280,935 | | | | |
| 006 03 PURCHASING, RECEIVING AND | 36 | 1,071 | | 18,325 | | | |
| 006 04 ADMITTING | 42 | 803 | 12,626 | 63 | 17,211 | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | 75 | 2,276 | 22,096 | 34 | | 34,497 | |
| 006 06 OTHER ADMINISTRATIVE AND | 209 | 4,552 | 69,439 | 113 | | | 119,218 |
| 007 MAINTENANCE & REPAIRS | 66 | 1,874 | 3,157 | 55 | | | 2,514 |
| 008 OPERATION OF PLANT | 57 | | | 105 | | | 4,963 |
| 008 01 OPERATION OF PLANT - MAB | | | | | | | 216 |
| 009 LAUNDRY & LINEN SERVICE | | 134 | | 16 | | | 491 |
| 010 HOUSEKEEPING | 108 | 803 | 3,157 | 106 | | | 3,173 |
| 011 DIETARY | 45 | 535 | 3,157 | 993 | | | 1,475 |
| 012 CAFETERIA | 64 | 134 | 3,157 | 421 | | | 2,305 |
| 014 NURSING ADMINISTRATION | 192 | 1,071 | 3,157 | 25 | | | 5,298 |
| 017 MEDICAL RECORDS & LIBRARY | 101 | 2,677 | 9,470 | 16 | | | 3,258 |
| 018 SOCIAL SERVICE | 17 | 134 | 3,157 | | | | 544 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 395 | 5,355 | 15,783 | 650 | 3,168 | 1,708 | 12,720 |
| 026 INTENSIVE CARE UNIT | 12 | 1,339 | 3,157 | 13 | 240 | 117 | 554 |
| 034 SKILLED NURSING FACILITY | | | | 9 | | | 39 |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 166 | 4,418 | 6,313 | 5,234 | 1,052 | 2,344 | 6,892 |
| 040 ANESTHESIOLOGY | | | 3,157 | 38 | 312 | 429 | 407 |
| 041 RADIOLOGY-DIAGNOSTIC | 197 | 2,544 | 25,253 | 1,152 | 1,672 | 10,695 | 13,946 |
| 044 LABORATORY | 170 | 2,276 | 15,783 | 6,271 | 3,031 | 9,257 | 13,389 |
| 049 RESPIRATORY THERAPY | 54 | 1,071 | 3,157 | 271 | 556 | 958 | 2,257 |
| 049 01 CARDIAC REHAB | 38 | 268 | 3,157 | 24 | | 140 | 1,174 |
| 050 PHYSICAL THERAPY | 145 | 3,079 | 3,157 | 52 | 732 | 1,174 | 4,201 |
| 051 OCCUPATIONAL THERAPY | 24 | 134 | | 7 | 246 | 190 | 723 |
| 052 SPEECH PATHOLOGY | 21 | 134 | | | 53 | 53 | 265 |
| 052 01 AUDIOLOGY | 24 | 268 | 3,157 | 1,002 | | 191 | 1,512 |
| 055 MEDICAL SUPPLIES CHARGED | 22 | 535 | 3,157 | 653 | 1,976 | 1,447 | 3,910 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | 445 | 262 | 2,363 |
| 056 DRUGS CHARGED TO PATIENTS | 97 | 669 | 6,313 | 77 | 3,570 | 2,787 | 6,148 |
| 058 ASC (NON-DIAGNOSTIC PART) | | | | | | | |
| 058 01 OUTPATIENT PSYCH | | 535 | 6,313 | 103 | | 151 | 1,842 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 180 | 2,008 | 15,783 | 295 | 158 | 2,594 | 8,714 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 062 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 2,614 | 42,839 | 246,213 | 17,798 | 17,211 | 34,497 | 105,293 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 669 | | 78 | | | 86 |
| 098 PHYSICIANS' PRIVATE OFFIC | 204 | 6,293 | 34,722 | 448 | | | 13,500 |
| 099 NONPAID WORKERS | | | | | | | 81 |
| 100 TRANSPORTATION | 8 | 134 | | 1 | | | 258 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 2,826 | 49,935 | 280,935 | 18,325 | 17,211 | 34,497 | 119,218 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | MAINTENANCE & OPERATIONS OF REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT - MAB | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|-------------------------------------|--------------------|--------------------------|-------------------------|--------------|---------|-----------|
| | 7 | 8 | 8.01 | 9 | 10 | 11 | 12 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | | |
| 004 01 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 COMMUNICATIONS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | | |
| 006 04 ADMITTING | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | | |
| 006 06 OTHER ADMINISTRATIVE AND | | | | | | | |
| 007 MAINTENANCE & REPAIRS | 40,566 | | | | | | |
| 008 01 OPERATION OF PLANT - MAB | | 114,203 | 216 | | | | |
| 009 LAUNDRY & LINEN SERVICE | 307 | 4,035 | | 16,192 | | | |
| 010 HOUSEKEEPING | 899 | 3,190 | | 1,810 | 23,842 | | |
| 011 DIETARY | 2,371 | 5,623 | | 454 | 2 | 39,916 | |
| 012 CAFETERIA | 1,533 | 5,072 | | 74 | 1,398 | | 30,837 |
| 014 NURSING ADMINISTRATION | 1,196 | 1,216 | | | 48 | | 1,794 |
| 017 MEDICAL RECORDS & LIBRARY | 531 | 4,099 | | | 210 | | 2,265 |
| 018 SOCIAL SERVICE | 1,410 | 505 | | | 206 | | 246 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 4,957 | 16,955 | | 6,253 | 7,533 | 33,821 | 6,383 |
| 034 INTENSIVE CARE UNIT | 348 | 4,217 | | 113 | 317 | 1,584 | 139 |
| 036 SKILLED NURSING FACILITY | | | | | | | |
| 037 OTHER LONG TERM CARE | | | | | | | |
| 040 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 041 OPERATING ROOM | 2,760 | 20,183 | | 2,046 | 2,227 | 1,534 | 2,151 |
| 044 ANESTHESIOLOGY | 10 | | | | 12 | | |
| 049 RADIOLOGY-DIAGNOSTIC | 3,107 | 7,308 | 6 | 1,179 | 1,763 | | 2,560 |
| 050 LABORATORY | 2,341 | 6,476 | | 20 | 1,019 | | 3,009 |
| 051 RESPIRATORY THERAPY | 266 | 3,752 | | 51 | 677 | | 997 |
| 052 01 CARDIAC REHAB | 675 | | 9 | | 189 | | 404 |
| 055 PHYSICAL THERAPY | 2,392 | 3,193 | 54 | 1,934 | 1,208 | | 1,962 |
| 058 OCCUPATIONAL THERAPY | | 1,068 | 4 | | 7 | | 238 |
| 060 SPEECH PATHOLOGY | | | 5 | | 2 | | 207 |
| 062 01 AUDIOLOGY | 112 | | 5 | | 140 | | 287 |
| 065 MEDICAL SUPPLIES CHARGED | 204 | 3,562 | | 65 | 314 | | 491 |
| 068 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 070 DRUGS CHARGED TO PATIENTS | 92 | 2,061 | | | 398 | | 933 |
| 075 ASC (NON-DISTINCT PART) | | | | | | | |
| 080 01 OUTPATIENT PSYCH | 10,793 | 7,366 | | 3 | 399 | 2,009 | 649 |
| 085 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 090 CLINIC | | | | | | | |
| 095 EMERGENCY | 2,075 | 7,295 | | 2,071 | 2,133 | 968 | 2,475 |
| 100 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 105 SPEC PURPOSE COST CENTERS | | | | | | | |
| 110 SUBTOTALS | 38,379 | 107,176 | 83 | 16,073 | 20,202 | 39,916 | 27,190 |
| 115 NONREIMBURS COST CENTERS | | | | | | | |
| 120 GIFT, FLOWER, COFFEE SHOP | | 336 | | | | | |
| 125 PHYSICIANS' PRIVATE OFFIC | 2,187 | 1,786 | 133 | 119 | 3,640 | | 3,389 |
| 130 NONPAID WORKERS | | 4,466 | | | | | |
| 135 TRANSPORTATION | | 439 | | | | | 258 |
| 140 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 145 NEGATIVE COST CENTER | | | | | | | |
| 150 TOTAL | 40,566 | 114,203 | 216 | 16,192 | 23,842 | 39,916 | 30,837 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | NURSING ADMINISTRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|----------------------------------|------------------------|---------------------------|----------------|-----------|--------------------------|-----------|
| | 14 | 17 | 18 | 25 | 26 | 27 |
| 003 GENERAL SERVICE COST CNTR | | | | | | |
| 003 01 NEW CAP REL COSTS-BLDG & | | | | | | |
| 003 02 NEW CRC - MAB BUILDING | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 01 COMMUNICATIONS | | | | | | |
| 006 02 DATA PROCESSING | | | | | | |
| 006 03 PURCHASING, RECEIVING AND | | | | | | |
| 006 04 ADMITTING | | | | | | |
| 006 05 CASHIERING/ACCOUNTS RECEI | | | | | | |
| 006 06 OTHER ADMINISTRATIVE AND | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | |
| 008 OPERATION OF PLANT | | | | | | |
| 008 01 OPERATION OF PLANT - MAB | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | |
| 010 HOUSEKEEPING | | | | | | |
| 011 DIETARY | | | | | | |
| 012 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATION | 17,541 | | | | | |
| 017 MEDICAL RECORDS & LIBRARY | | 43,420 | | | | |
| 018 SOCIAL SERVICE | | 1,248 | 8,869 | | | |
| INPAT ROUTINE SRVC CNTRS | | | | | | |
| 025 ADULTS & PEDIATRICS | 9,410 | 10,745 | 8,700 | 228,815 | | 228,815 |
| 026 INTENSIVE CARE UNIT | 389 | 1,420 | 159 | 27,994 | | 27,994 |
| 034 SKILLED NURSING FACILITY | | | | 577 | | 577 |
| 036 OTHER LONG TERM CARE | | | | | | |
| ANCILLARY SRVC COST CNTRS | | | | | | |
| 037 OPERATING ROOM | 3,513 | 3,182 | | 242,064 | | 242,064 |
| 040 ANESTHESIOLOGY | | | | 18,196 | | 18,196 |
| 041 RADIOLOGY-DIAGNOSTIC | | 9,937 | | 516,720 | | 516,720 |
| 044 LABORATORY | | 3,867 | | 157,882 | | 157,882 |
| 049 RESPIRATORY THERAPY | | | | 33,717 | | 33,717 |
| 049 01 CARDIAC REHAB | 1,075 | | | 14,679 | | 14,679 |
| 050 PHYSICAL THERAPY | | 1,101 | | 53,893 | | 53,893 |
| 051 OCCUPATIONAL THERAPY | | 73 | | 6,821 | | 6,821 |
| 052 SPEECH PATHOLOGY | | 49 | | 2,511 | | 2,511 |
| 052 01 AUDIOLOGY | | 416 | | 12,514 | | 12,514 |
| 055 MEDICAL SUPPLIES CHARGED | | | | 37,159 | | 37,159 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | 3,070 | | 3,070 |
| 056 DRUGS CHARGED TO PATIENTS | | | | 68,741 | | 68,741 |
| 058 ASC (NON-DISTINCT PART) | | | | | | |
| 058 01 OUTPATIENT PSYCH | | | | 52,279 | | 52,279 |
| OUTPAT SERVICE COST CNTRS | | | | | | |
| 060 CLINIC | | | | | | |
| 061 EMERGENCY | 2,996 | 11,382 | 10 | 103,674 | | 103,674 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | |
| SPEC PURPOSE COST CENTERS | | | | | | |
| 095 SUBTOTALS | 17,383 | 43,420 | 8,869 | 1,581,306 | | 1,581,306 |
| NONREIMBURS COST CENTERS | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 2,418 | | 2,418 |
| 098 PHYSICIANS' PRIVATE OFFIC | 158 | | | 226,730 | | 226,730 |
| 099 NONPAID WORKERS | | | | 16,953 | | 16,953 |
| 100 TRANSPORTATION | | | | 2,318 | | 2,318 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 TOTAL | 17,541 | 43,420 | 8,869 | 1,829,725 | | 1,829,725 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CRC - MAB BUILDING (SQUARE FEET) | NEW CRC - PRIORITY CARE B (SQUARE FEET) | NEW CAP REL COSTS-MVBLE E (DOLLAR VALUE) | NEW CRC - MAB EQUIP (DOLLAR VALUE) | EMPLOYEE BENEFITS (GROSS SALARIES) |
|--|--|--------------------------------------|---|--|------------------------------------|------------------------------------|
| GENERAL SERVICE COST | 3 | 3.01 | 3.02 | 4 | 4.01 | 5 |
| 003 NEW CAP REL COSTS-BLD | 95,212 | | | | | |
| 003 01 NEW CRC - MAB BUILDING | | 15,689 | | | | |
| 003 02 NEW CRC - PRIORITY CARE B | | | 2,555 | | | |
| 004 NEW CAP REL COSTS-MVB | | | | 1,083,747 | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | 92,993 | |
| 005 EMPLOYEE BENEFITS | 621 | | | | | 8,347,752 |
| 006 01 COMMUNICATIONS | 89 | | | 49,238 | | 10,171 |
| 006 02 DATA PROCESSING | 2,513 | | | 101,344 | | 159,183 |
| 006 03 PURCHASING, RECEIVING | 2,869 | | | 4,137 | | 105,188 |
| 006 04 ADMINISTRATION | 401 | | | 1,841 | | 123,263 |
| 006 05 CASHIERING/ACCOUNTS R | 1,360 | | | 3,805 | | 220,006 |
| 006 06 OTHER ADMINISTRATIVE | 5,736 | | | 11,511 | | 615,283 |
| 007 MAINTENANCE & REPAIRS | 4,636 | | | 11,733 | | 194,160 |
| 008 OPERATION OF PLANT | 7,279 | | | 75,508 | | 167,813 |
| 008 01 OPERATION OF PLANT - LAUNDRY & LINEN SERVICE | 2,463 | | | | | |
| 010 HOUSEKEEPING | 1,947 | | | 1,725 | | 317,198 |
| 011 DIETARY | 3,432 | | | 9,586 | | 133,498 |
| 012 CAFETERIA | 3,096 | | | 2,574 | | 189,635 |
| 014 NURSING ADMINISTRATION | 742 | | | 166 | | 565,966 |
| 017 MEDICAL RECORDS & LIB | 2,502 | | | 9,351 | | 296,622 |
| 018 SOCIAL SERVICE | 308 | | | | | 49,317 |
| 025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS | 10,349 | | | 36,964 | | 1,185,426 |
| 026 INTENSIVE CARE UNIT | 2,574 | | | 2,149 | | 35,771 |
| 034 SKILLED NURSING FACILITY | | | | 526 | | |
| 036 OTHER LONG TERM CARE ANCILLARY SRVC COST CENTER | | | | | | |
| 037 OPERATING ROOM | 12,320 | | | 121,271 | | 488,827 |
| 040 ANESTHESIOLOGY | | | | 13,750 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 4,461 | 403 | | 411,257 | | 581,541 |
| 044 LABORATORY | 3,953 | | | 72,557 | | 502,685 |
| 049 RESPIRATORY THERAPY | 2,290 | | | 9,174 | | 157,959 |
| 049 01 CARDIAC REHAB | | 646 | | 5,202 | | 111,857 |
| 050 PHYSICAL THERAPY | 1,949 | 3,955 | | 6,560 | | 428,854 |
| 051 OCCUPATIONAL THERAPY | 652 | 321 | | | | 71,685 |
| 052 SPEECH PATHOLOGY | | 388 | | 343 | | 63,001 |
| 052 01 AUDIOLOGY | | 389 | | 3,996 | | 69,644 |
| 055 MEDICAL SUPPLIES CHARGE | 2,174 | | | 10,865 | | 64,370 |
| 055 30 IMPL. DEV. CHARGED TO DRUGS CHARGED TO PATIENTS | 1,258 | | | 39,639 | | 285,168 |
| 058 ASC (NON-DISTINCT PAR) | | | | | | |
| 058 01 OUTPATIENT PSYCH | 4,496 | | | 1,645 | | |
| 060 OUTPAT SERVICE COST CENTER CLINIC | | | | | | |
| 061 EMERGENCY | 4,453 | | | 22,141 | | 529,595 |
| 062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER) | | | | | | |
| 095 SUBTOTALS | 90,923 | 6,102 | | 1,040,558 | | 7,723,686 |
| 096 NONREIMBURS COST CENTER GIFT, FLOWER, COFFEE | 205 | | | 314 | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 1,090 | 9,587 | 2,555 | 42,875 | 92,993 | 601,062 |
| 099 NONPAID WORKERS | 2,726 | | | | | |
| 100 TRANSPORTATION | 268 | | | | | 23,004 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 433,310 | 55,699 | 60,969 | 1,090,103 | 17,059 | 3,206,305 |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 4.551002 | | 23.862622 | | .183444 | |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II) | | 3.550194 | | 1.005865 | | .384092 |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | | | | | | 2,826 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | | | | .000339 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:

PERIOD:

PREPARED 11/24/2010

14-1336

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

| COST CENTER DESCRIPTION | COMMUNICATIONS | DATA PROCESSING | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEIVABLE | OTHER ADMINISTRATIVE |
|-------------------------------|----------------|-----------------|---------------------------|----------------|--------------------------------|----------------------|
| (# OF ONES) | PH(TIME)PENT | S(SUPPLY)COST | (INPATIENT)REVENUE | (TOTAL)REVENUE | R RECONCILIATION | (ACCUM. COST) |
| 6.01 | 6.02 | 6.03 | 6.04 | 6.05 | 6a.06 | 6.06 |
| GENERAL SERVICE COST | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | |
| 003 01 NEW CRC - MAB BUI LDIN | | | | | | |
| 003 02 NEW CRC - PRIORITY CA | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | |
| 006 01 COMMUNICATIONS | 373 | | | | | |
| 006 02 DATA PROCESSING | 16 | 89 | | | | |
| 006 03 PURCHASING, RECEIVING | 8 | | 1,912,265 | | | |
| 006 04 ADMINISTRATION | 6 | 4 | 6,551 | 10,428,691 | | |
| 006 05 CASHIERING/ACCOUNTS R | 17 | 7 | 3,553 | | 42,933,275 | |
| 006 06 OTHER ADMINISTRATIVE | 34 | 22 | 11,784 | | | -2,739,026 |
| 007 MAINTENANCE & REPAIRS | 14 | 1 | 5,763 | | | 18,211,660 |
| 008 OPERATION OF PLANT | | | 10,955 | | | 384,014 |
| 008 01 OPERATION OF PLANT - | | | | | | 758,176 |
| 009 LAUNDRY & LINEN SERVI | 1 | | 1,701 | | | 32,925 |
| 010 HOUSEKEEPING | 6 | 1 | 11,081 | | | 74,998 |
| 011 DIETARY | 4 | 1 | 103,642 | | | 484,769 |
| 012 CAFETERIA | 1 | 1 | 43,935 | | | 225,387 |
| 014 NURSING ADMINISTRATIO | 8 | 1 | 2,568 | | | 352,072 |
| 017 MEDICAL RECORDS & LIB | 20 | 3 | 1,672 | | | 809,312 |
| 018 SOCIAL SERVICE | 1 | 1 | 39 | | | 497,761 |
| 025 INPAT ROUTINE SRVC CN | | | | | | 83,124 |
| 025 ADULTS & PEDIATRICS | 40 | 5 | 67,833 | 1,919,971 | 2,124,360 | 1,943,220 |
| 026 INTENSIVE CARE UNIT | 10 | 1 | 1,343 | 145,690 | 145,690 | 84,640 |
| 034 SKILLED NURSING FACIL | | | 909 | | | 5,901 |
| 036 OTHER LONG TERM CARE | | | | | | |
| 036 ANCILLARY SRVC COST C | | | | | | |
| 037 OPERATING ROOM | 33 | 2 | 546,160 | 637,716 | 2,914,884 | 1,052,837 |
| 040 ANESTHESIOLOGY | | 1 | 3,959 | 189,128 | 533,712 | 62,202 |
| 041 RADIOLOGY-DIAGNOSTIC | 19 | 8 | 120,173 | 1,013,392 | 13,329,833 | 2,129,826 |
| 044 LABORATORY | 17 | 5 | 654,324 | 1,836,682 | 11,513,189 | 2,045,296 |
| 049 RESPIRATORY THERAPY | 8 | 1 | 28,295 | 337,176 | 1,191,747 | 344,775 |
| 049 01 CARDIAC REHAB | 2 | 1 | 2,454 | | 174,231 | 179,395 |
| 050 PHYSICAL THERAPY | 23 | 1 | 5,426 | 443,594 | 1,460,454 | 641,767 |
| 051 OCCUPATIONAL THERAPY | 1 | | 770 | 148,973 | 236,285 | 110,521 |
| 052 SPEECH PATHOLOGY | 1 | | 7 | 32,052 | 66,028 | 40,481 |
| 052 01 AUDIOLOGY | 2 | 1 | 104,519 | 145 | 237,949 | 231,057 |
| 055 MEDICAL SUPPLIES CHAR | 4 | 1 | 68,155 | 1,197,346 | 1,799,607 | 597,247 |
| 055 30 IMPL. DEV. CHARGED TO | | | | 269,403 | 325,667 | 361,059 |
| 056 DRUGS CHARGED TO PATI | 5 | 2 | 8,059 | 2,161,891 | 3,466,534 | 939,136 |
| 058 ASC (NON-DISTINCT PAR | | | | | | |
| 058 01 OUTPATIENT PSYCH | 4 | 2 | 10,715 | | 187,225 | 281,373 |
| 060 OUTPAT SERVICE COST C | | | | | | |
| 061 CLINIC | | | | | | |
| 061 EMERGENCY | 15 | 5 | 30,812 | 95,532 | 3,225,880 | 1,331,172 |
| 062 OBSERVATION BEDS (NON | | | | | | |
| 062 SPEC PURPOSE COST CEN | | | | | | |
| 095 SUBTOTALS | 320 | 78 | 1,857,157 | 10,428,691 | 42,933,275 | -2,739,026 |
| 096 NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | 5 | | 8,171 | | | 13,088 |
| 098 PHYSICIANS' PRIVATE O | 47 | 11 | 46,800 | | | 2,062,356 |
| 099 NONPAID WORKERS | | | | | | 12,406 |
| 100 TRANSPORTATION | 1 | | 137 | | | 39,367 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 144,726 | 987,210 | 190,597 | 233,169 | 456,118 | 2,739,026 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | 11,092.247191 | | .022358 | | |
| (WRKSHT B, PT I) | | | | | | |
| 105 COST TO BE ALLOCATED | 388.005362 | | .099671 | | .010624 | .150400 |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | 49,935 | 280,935 | 18,325 | 17,211 | 34,497 | 119,218 |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | 3,156.573034 | | .001650 | | |
| (WRKSHT B, PT III) | 133.873995 | | .009583 | | .000804 | .006546 |

COST ALLOCATION - STATISTICAL BASIS

14-1336

FROM 7/ 1/2009

WORKSHEET B-1

TO 6/30/2010

| COST CENTER DESCRIPTION | MAINTENANCE & OPERATION OF REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT - MAB | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|--------------------------------|------------------------------------|--------------------|--------------------------|-------------------------|----------------|--------------------|-----------|
| | (TIME PERCENT) | (SQUARE FEET) | (SQUARE FEET) | (POUNDS OF LAUNDRY) | (TIME PERCENT) | SPEN(MEALS SERVED) | S(FTE'S) |
| | 7 | 8 | 8.01 | 9 | 10 | 11 | 12 |
| GENERAL SERVICE COST | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CRC - MAB BUILDING | | | | | | | |
| 003 02 NEW CRC - PRIORITY CARE | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 004 01 NEW CRC - MAB EQUIP | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 01 COMMUNICATIONS | | | | | | | |
| 006 02 DATA PROCESSING | | | | | | | |
| 006 03 PURCHASING, RECEIVING | | | | | | | |
| 006 04 ADMINISTRATION | | | | | | | |
| 006 05 CASHIERING/ACCOUNTS R | | | | | | | |
| 006 06 OTHER ADMINISTRATIVE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | 3,969 | | | | | | |
| 008 OPERATION OF PLANT | | 69,708 | | | | | |
| 008 01 OPERATION OF PLANT - | | | 15,689 | | | | |
| 009 LAUNDRY & LINEN SERVICE | 30 | 2,463 | | 118,450 | | | |
| 010 HOUSEKEEPING | 88 | 1,947 | | 13,244 | 13,972 | | |
| 011 DIETARY | 232 | 3,432 | | 3,324 | 1 | 15,141 | |
| 012 CAFETERIA | 150 | 3,096 | | 544 | 819 | | 12,686 |
| 014 NURSING ADMINISTRATION | 117 | 742 | | | 28 | | 738 |
| 017 MEDICAL RECORDS & LIB | 52 | 2,502 | | | 123 | | 932 |
| 018 SOCIAL SERVICE | 138 | 308 | | | 121 | | 101 |
| 025 INPAT ROUTINE SRVC CN | | | | | | | |
| 025 ADULTS & PEDIATRICS | 485 | 10,349 | | 45,730 | 4,415 | 12,829 | 2,627 |
| 026 INTENSIVE CARE UNIT | 34 | 2,574 | | 830 | 186 | 601 | 57 |
| 034 SKILLED NURSING FACIL | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| ANCILLARY SRVC COST C | | | | | | | |
| 037 OPERATING ROOM | 270 | 12,320 | | 14,964 | 1,305 | 582 | 885 |
| 040 ANESTHESIOLOGY | 1 | | | | 7 | | |
| 041 RADIOLOGY-DIAGNOSTIC | 304 | 4,461 | 403 | 8,627 | 1,033 | | 1,053 |
| 044 LABORATORY | 229 | 3,953 | | 148 | 597 | | 1,238 |
| 049 RESPIRATORY THERAPY | 26 | 2,290 | | 371 | 397 | | 410 |
| 049 01 CARDIAC REHAB | 66 | | 646 | | 111 | | 166 |
| 050 PHYSICAL THERAPY | 234 | 1,949 | 3,955 | 14,149 | 708 | | 807 |
| 051 OCCUPATIONAL THERAPY | | 652 | 321 | | 4 | | 98 |
| 052 SPEECH PATHOLOGY | | | 388 | | 1 | | 85 |
| 052 01 AUDIOLOGY | 11 | | 389 | | 82 | | 118 |
| 055 MEDICAL SUPPLIES CHAR | 20 | 2,174 | | 475 | 184 | | 202 |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | | |
| 056 DRUGS CHARGED TO PATI | 9 | 1,258 | | | 233 | | 384 |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 058 01 OUTPATIENT PSYCH | 1,056 | 4,496 | | 25 | 234 | 762 | 267 |
| OUTPAT SERVICE COST C | | | | | | | |
| 060 CLINIC | | | | | | | |
| 061 EMERGENCY | 203 | 4,453 | | 15,147 | 1,250 | 367 | 1,018 |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| SPEC PURPOSE COST CEN | | | | | | | |
| 095 SUBTOTALS | 3,755 | 65,419 | 6,102 | 117,578 | 11,839 | 15,141 | 11,186 |
| NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | 205 | | | | | |
| 098 PHYSICIANS' PRIVATE O | 214 | 1,090 | 9,587 | 872 | 2,133 | | 1,394 |
| 099 NONPAID WORKERS | | 2,726 | | | | | |
| 100 TRANSPORTATION | | 268 | | | | | 106 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | 441,770 | 872,206 | 37,877 | 120,435 | 605,300 | 331,473 | 496,492 |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | 12.512280 | | 1.016758 | | 21.892411 | |
| (WRKSHT B, PT I) | 111.305115 | | 2.414239 | | 43.322359 | | 39.137001 |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED | 40,566 | 114,203 | 216 | 16,192 | 23,842 | 39,916 | 30,837 |
| (WRKSHT B, PART III) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | 1.638306 | | .136699 | | 2.636286 | |
| (WRKSHT B, PT III) | 10.220711 | | .013768 | | 1.706413 | | 2.430790 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET B-1

| COST CENTER DESCRIPTION | NURSING ADMINISTRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|-------------------------------|------------------------|---------------------------|----------------|
| | (DIRECT SING HRS) | (TIME)SPENT | (TIME)PENT S |
| GENERAL SERVICE COST | 14 | 17 | 18 |
| 003 NEW CAP REL COSTS-BLD | | | |
| 003 01 NEW CRC - MAB BUI LDIN | | | |
| 003 02 NEW CRC - PRIORITY CA | | | |
| 004 NEW CAP REL COSTS-MVB | | | |
| 004 01 NEW CRC - MAB EQUIP | | | |
| 005 EMPLOYEE BENEFITS | | | |
| 006 01 COMMUNICATIONS | | | |
| 006 02 DATA PROCESSING | | | |
| 006 03 PURCHASING, RECEIVING | | | |
| 006 04 ADMIN TTING | | | |
| 006 05 CASHIERING/ACCOUNTS R | | | |
| 006 06 OTHER ADMINISTRATIVE | | | |
| 007 MAINTENANCE & REPAIRS | | | |
| 008 OPERATION OF PLANT | | | |
| 008 01 OPERATION OF PLANT - | | | |
| 009 LAUNDRY & LINEN SERVI | | | |
| 010 HOUSEKEEPING | | | |
| 011 DIETARY | | | |
| 012 CAFETERIA | | | |
| 014 NURSING ADMINISTRATION | 52,307 | | |
| 017 MEDICAL RECORDS & LIB | | 1,774 | |
| 018 SOCIAL SERVICE | | 51 | 892 |
| INPAT ROUTINE SRVC CN | | | |
| 025 ADULTS & PEDIATRICS | 28,059 | 439 | 875 |
| 026 INTENSIVE CARE UNIT | 1,160 | 58 | 16 |
| 034 SKILLED NURSING FACIL | | | |
| 036 OTHER LONG TERM CARE | | | |
| ANCILLARY SRVC COST C | | | |
| 037 OPERATING ROOM | 10,477 | 130 | |
| 040 ANESTHESIOLOGY | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 406 | |
| 044 LABORATORY | | 158 | |
| 049 RESPIRATORY THERAPY | | | |
| 049 01 CARDIAC REHAB | 3,207 | | |
| 050 PHYSICAL THERAPY | | 45 | |
| 051 OCCUPATIONAL THERAPY | | 3 | |
| 052 SPEECH PATHOLOGY | | 2 | |
| 052 01 AUDIOLOGY | | 17 | |
| 055 MEDICAL SUPPLIES CHAR | | | |
| 055 30 IMPL. DEV. CHARGED TO | | | |
| 056 DRUGS CHARGED TO PATI | | | |
| 058 ASC (NON-DISTINCT PAR | | | |
| 058 01 OUTPATIENT PSYCH | | | |
| OUTPAT SERVICE COST C | | | |
| 060 CLINIC | | | |
| 061 EMERGENCY | 8,933 | 465 | 1 |
| 062 OBSERVATION BEDS (NON | | | |
| SPEC PURPOSE COST CEN | | | |
| 095 SUBTOTALS | 51,836 | 1,774 | 892 |
| NONREIMBURS COST CENT | | | |
| 096 GIFT, FLOWER, COFFEE | | | |
| 098 PHYSICIANS' PRIVATE O | 471 | | |
| 099 NONPAID WORKERS | | | |
| 100 TRANSPORTATION | | | |
| 101 CROSS FOOT ADJUSTMENT | | | |
| 102 NEGATIVE COST CENTER | | | |
| 103 COST TO BE ALLOCATED | 983,436 | 651,523 | 142,765 |
| (PER WRKSHT B, PART | | | |
| UNIT COST MULTIPLIER | | 367.262120 | |
| (WRKSHT B, PT I) | 18.801231 | | 160.050448 |
| 105 COST TO BE ALLOCATED | | | |
| (PER WRKSHT B, PART | | | |
| UNIT COST MULTIPLIER | | | |
| (WRKSHT B, PT II) | | | |
| 107 COST TO BE ALLOCATED | 17,541 | 43,420 | 8,869 |
| (PER WRKSHT B, PART | | | |
| UNIT COST MULTIPLIER | | 24.475761 | |
| (WRKSHT B, PT III) | .335347 | | 9.942825 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET C
 PART I

| 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 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 3,869,205 | | 3,869,205 | | 3,869,205 |
| 26 | INTENSIVE CARE UNIT | 203,322 | | 203,322 | | 203,322 |
| 34 | SKILLED NURSING FACILITY | 6,789 | | 6,789 | | 6,789 |
| 36 | OTHER LONG TERM CARE | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 1,759,241 | | 1,759,241 | | 1,759,241 |
| 40 | ANESTHESIOLOGY | 71,971 | | 71,971 | | 71,971 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,784,614 | | 2,784,614 | | 2,784,614 |
| 44 | LABORATORY | 2,560,351 | | 2,560,351 | | 2,560,351 |
| 49 | RESPIRATORY THERAPY | 461,798 | | 461,798 | | 461,798 |
| 49 | 01 CARDIAC REHAB | 286,884 | | 286,884 | | 286,884 |
| 50 | PHYSICAL THERAPY | 891,437 | | 891,437 | | 891,437 |
| 51 | OCCUPATIONAL THERAPY | 141,186 | | 141,186 | | 141,186 |
| 52 | SPEECH PATHOLOGY | 51,611 | | 51,611 | | 51,611 |
| 52 | 01 AUDIOLOGY | 282,384 | | 282,384 | | 282,384 |
| 55 | MEDICAL SUPPLIES CHARGED | 732,861 | | 732,861 | | 732,861 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 415,362 | | 415,362 | | 415,362 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,122,247 | | 1,122,247 | | 1,122,247 |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 58 | 01 OUTPATIENT PSYCH | 534,779 | | 534,779 | | 534,779 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | | | | | |
| 61 | EMERGENCY | 2,066,011 | | 2,066,011 | | 2,066,011 |
| 62 | OBSERVATION BEDS (NON-DIS | 215,461 | | 215,461 | | 215,461 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 18,457,514 | | 18,457,514 | | 18,457,514 |
| 102 | LESS OBSERVATION BEDS | 215,461 | | 215,461 | | 215,461 |
| 103 | TOTAL | 18,242,053 | | 18,242,053 | | 18,242,053 |

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 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 1,911,949 | | 1,911,949 | | | |
| 26 | INTENSIVE CARE UNIT | 145,690 | | 145,690 | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 637,716 | 2,277,168 | 2,914,884 | .603537 | .603537 | .603537 |
| 40 | ANESTHESIOLOGY | 189,128 | 344,584 | 533,712 | .134850 | .134850 | .134850 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,013,392 | 12,316,441 | 13,329,833 | .208901 | .208901 | .208901 |
| 44 | LABORATORY | 1,836,682 | 9,676,507 | 11,513,189 | .222384 | .222384 | .222384 |
| 49 | RESPIRATORY THERAPY | 337,176 | 854,571 | 1,191,747 | .387497 | .387497 | .387497 |
| 49 | 01 CARDIAC REHAB | | 174,231 | 174,231 | 1.646573 | 1.646573 | 1.646573 |
| 50 | PHYSICAL THERAPY | 443,594 | 1,016,860 | 1,460,454 | .610383 | .610383 | .610383 |
| 51 | OCCUPATIONAL THERAPY | 148,973 | 87,312 | 236,285 | .597524 | .597524 | .597524 |
| 52 | SPEECH PATHOLOGY | 32,052 | 33,976 | 66,028 | .781653 | .781653 | .781653 |
| 52 | 01 AUDIOLOGY | 145 | 237,804 | 237,949 | 1.186742 | 1.186742 | 1.186742 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,197,346 | 602,261 | 1,799,607 | .407234 | .407234 | .407234 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 269,403 | 56,264 | 325,667 | 1.275419 | 1.275419 | 1.275419 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,161,891 | 1,304,643 | 3,466,534 | .323737 | .323737 | .323737 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 58 | 01 OUTPATIENT PSYCH | | 187,225 | 187,225 | 2.856344 | 2.856344 | 2.856344 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 95,532 | 3,130,348 | 3,225,880 | .640449 | .640449 | .640449 |
| 62 | OBSERVATION BEDS (NON-DIS | 8,022 | 204,389 | 212,411 | 1.014359 | 1.014359 | 1.014359 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 10,428,691 | 32,504,584 | 42,933,275 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 10,428,691 | 32,504,584 | 42,933,275 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-1336
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/24/2010
WORKSHEET C PART I

| 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 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 1,911,949 | | 1,911,949 | | | |
| 26 | INTENSIVE CARE UNIT | 145,690 | | 145,690 | | | |
| 34 | SKILLED NURSING FACILITY | | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 637,716 | 2,277,168 | 2,914,884 | .603537 | .603537 | .603537 |
| 40 | ANESTHESIOLOGY | 189,128 | 344,584 | 533,712 | .134850 | .134850 | .134850 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,013,392 | 12,316,441 | 13,329,833 | .208901 | .208901 | .208901 |
| 44 | LABORATORY | 1,836,682 | 9,676,507 | 11,513,189 | .222384 | .222384 | .222384 |
| 49 | RESPIRATORY THERAPY | 337,176 | 854,571 | 1,191,747 | .387497 | .387497 | .387497 |
| 49 | 01 CARDIAC REHAB | | 174,231 | 174,231 | 1.646573 | 1.646573 | 1.646573 |
| 50 | PHYSICAL THERAPY | 443,594 | 1,016,860 | 1,460,454 | .610383 | .610383 | .610383 |
| 51 | OCCUPATIONAL THERAPY | 148,973 | 87,312 | 236,285 | .597524 | .597524 | .597524 |
| 52 | SPEECH PATHOLOGY | 32,052 | 33,976 | 66,028 | .781653 | .781653 | .781653 |
| 52 | 01 AUDIOLOGY | 145 | 237,804 | 237,949 | 1.186742 | 1.186742 | 1.186742 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,197,346 | 602,261 | 1,799,607 | .407234 | .407234 | .407234 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 269,403 | 56,264 | 325,667 | 1.275419 | 1.275419 | 1.275419 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,161,891 | 1,304,643 | 3,466,534 | .323737 | .323737 | .323737 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 58 | 01 OUTPATIENT PSYCH | | 187,225 | 187,225 | 2.856344 | 2.856344 | 2.856344 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 95,532 | 3,130,348 | 3,225,880 | .640449 | .640449 | .640449 |
| 62 | OBSERVATION BEDS (NON-DIS | 8,022 | 204,389 | 212,411 | 1.014359 | 1.014359 | 1.014359 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 10,428,691 | 32,504,584 | 42,933,275 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 10,428,691 | 32,504,584 | 42,933,275 | | | |

| 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 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 1,759,241 | 242,064 | 1,517,177 | | | 1,759,241 |
| 40 | ANESTHESIOLOGY | 71,971 | 18,196 | 53,775 | | | 71,971 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,784,614 | 516,720 | 2,267,894 | | | 2,784,614 |
| 44 | LABORATORY | 2,560,351 | 157,882 | 2,402,469 | | | 2,560,351 |
| 49 | RESPIRATORY THERAPY | 461,798 | 33,717 | 428,081 | | | 461,798 |
| 49 | 01 CARDIAC REHAB | 286,884 | 14,679 | 272,205 | | | 286,884 |
| 50 | PHYSICAL THERAPY | 891,437 | 53,893 | 837,544 | | | 891,437 |
| 51 | OCCUPATIONAL THERAPY | 141,186 | 6,821 | 134,365 | | | 141,186 |
| 52 | SPEECH PATHOLOGY | 51,611 | 2,511 | 49,100 | | | 51,611 |
| 52 | 01 AUDIOLOGY | 282,384 | 12,514 | 269,870 | | | 282,384 |
| 55 | MEDICAL SUPPLIES CHARGED | 732,861 | 37,159 | 695,702 | | | 732,861 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 415,362 | 3,070 | 412,292 | | | 415,362 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,122,247 | 68,741 | 1,053,506 | | | 1,122,247 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 58 | 01 OUTPATIENT PSYCH | 534,779 | 52,279 | 482,500 | | | 534,779 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 2,066,011 | 103,674 | 1,962,337 | | | 2,066,011 |
| 62 | OBSERVATION BEDS (NON-DIS | 215,461 | | 215,461 | | | 215,461 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 14,378,198 | 1,323,920 | 13,054,278 | | | 14,378,198 |
| 102 | LESS OBSERVATION BEDS | 215,461 | | 215,461 | | | 215,461 |
| 103 | TOTAL | 14,162,737 | 1,323,920 | 12,838,817 | | | 14,162,737 |

| 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 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 2,914,884 | .603537 | .603537 |
| 40 | ANESTHESIOLOGY | 533,712 | .134850 | .134850 |
| 41 | RADIOLOGY-DIAGNOSTIC | 13,329,833 | .208901 | .208901 |
| 44 | LABORATORY | 11,513,189 | .222384 | .222384 |
| 49 | RESPIRATORY THERAPY | 1,191,747 | .387497 | .387497 |
| 49 01 | CARDIAC REHAB | 174,231 | 1.646573 | 1.646573 |
| 50 | PHYSICAL THERAPY | 1,460,454 | .610383 | .610383 |
| 51 | OCCUPATIONAL THERAPY | 236,285 | .597524 | .597524 |
| 52 | SPEECH PATHOLOGY | 66,028 | .781653 | .781653 |
| 52 01 | AUDIOLOGY | 237,949 | 1.186742 | 1.186742 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,799,607 | .407234 | .407234 |
| 55 30 | IMPL. DEV. CHARGED TO PAT | 325,667 | 1.275419 | 1.275419 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,466,534 | .323737 | .323737 |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 58 01 | OUTPATIENT PSYCH | 187,225 | 2.856344 | 2.856344 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 3,225,880 | .640449 | .640449 |
| 62 | OBSERVATION BEDS (NON-DIS | 212,411 | 1.014359 | 1.014359 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 40,875,636 | | |
| 102 | LESS OBSERVATION BEDS | 212,411 | | |
| 103 | TOTAL | 40,663,225 | | |

| 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 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | 1,759,241 | 242,064 | 1,517,177 | | | 1,759,241 |
| 40 | ANESTHESIOLOGY | 71,971 | 18,196 | 53,775 | | | 71,971 |
| 41 | RADIOLOGY-DIAGNOSTIC | 2,784,614 | 516,720 | 2,267,894 | | | 2,784,614 |
| 44 | LABORATORY | 2,560,351 | 157,882 | 2,402,469 | | | 2,560,351 |
| 49 | RESPIRATORY THERAPY | 461,798 | 33,717 | 428,081 | | | 461,798 |
| 49 | 01 CARDIAC REHAB | 286,884 | 14,679 | 272,205 | | | 286,884 |
| 50 | PHYSICAL THERAPY | 891,437 | 53,893 | 837,544 | | | 891,437 |
| 51 | OCCUPATIONAL THERAPY | 141,186 | 6,821 | 134,365 | | | 141,186 |
| 52 | SPEECH PATHOLOGY | 51,611 | 2,511 | 49,100 | | | 51,611 |
| 52 | 01 AUDIOLOGY | 282,384 | 12,514 | 269,870 | | | 282,384 |
| 55 | MEDICAL SUPPLIES CHARGED | 732,861 | 37,159 | 695,702 | | | 732,861 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 415,362 | 3,070 | 412,292 | | | 415,362 |
| 56 | DRUGS CHARGED TO PATIENTS | 1,122,247 | 68,741 | 1,053,506 | | | 1,122,247 |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 58 | 01 OUTPATIENT PSYCH | 534,779 | 52,279 | 482,500 | | | 534,779 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | 2,066,011 | 103,674 | 1,962,337 | | | 2,066,011 |
| 62 | OBSERVATION BEDS (NON-DIS | 215,461 | | 215,461 | | | 215,461 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 14,378,198 | 1,323,920 | 13,054,278 | | | 14,378,198 |
| 102 | LESS OBSERVATION BEDS | 215,461 | | 215,461 | | | 215,461 |
| 103 | TOTAL | 14,162,737 | 1,323,920 | 12,838,817 | | | 14,162,737 |

| 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 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 2,914,884 | .603537 | .603537 |
| 40 | ANESTHESIOLOGY | 533,712 | .134850 | .134850 |
| 41 | RADIOLOGY-DIAGNOSTIC | 13,329,833 | .208901 | .208901 |
| 44 | LABORATORY | 11,513,189 | .222384 | .222384 |
| 49 | RESPIRATORY THERAPY | 1,191,747 | .387497 | .387497 |
| 49 | 01 CARDIAC REHAB | 174,231 | 1.646573 | 1.646573 |
| 50 | PHYSICAL THERAPY | 1,460,454 | .610383 | .610383 |
| 51 | OCCUPATIONAL THERAPY | 236,285 | .597524 | .597524 |
| 52 | SPEECH PATHOLOGY | 66,028 | .781653 | .781653 |
| 52 | 01 AUDIOLOGY | 237,949 | 1.186742 | 1.186742 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,799,607 | .407234 | .407234 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 325,667 | 1.275419 | 1.275419 |
| 56 | DRUGS CHARGED TO PATIENTS | 3,466,534 | .323737 | .323737 |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 58 | 01 OUTPATIENT PSYCH | 187,225 | 2.856344 | 2.856344 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | 3,225,880 | .640449 | .640449 |
| 62 | OBSERVATION BEDS (NON-DIS | 212,411 | 1.014359 | 1.014359 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 40,875,636 | | |
| 102 | LESS OBSERVATION BEDS | 212,411 | | |
| 103 | TOTAL | 40,663,225 | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2010 |
| 14-1336 | FROM 7/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART III |
| 14-1336 | | |

TITLE XVIII PART A HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

| | | |
|----|---|---|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 1 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | |
| 68 | PROGRAM ROUTINE SERVICE COST | |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | |
| 72 | PER DIEM CAPITAL-RELATED COSTS | |
| 73 | PROGRAM CAPITAL-RELATED COSTS | |
| 74 | INPATIENT ROUTINE SERVICE COST | |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|---------|
| 83 | TOTAL OBSERVATION BED DAYS | 237 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 909.12 |
| 85 | OBSERVATION BED COST | 215,461 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------|----------------------------|-----------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | | | | |
| 87 | NEW CAPITAL-RELATED COST | | | | |
| 88 | NON PHYSICIAN ANESTHETIST | | | | |
| 89 | MEDICAL EDUCATION | | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2010 |
| 14-1336 | FROM 7/ 1/2009 | WORKSHEET D-4 |
| COMPONENT NO: | TO 6/30/2010 | |
| 14-1336 | | |

TITLE XVIII, PART A

HOSPITAL

OTHER

| 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 | | 931,770 | |
| 26 | INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS | | 90,090 | |
| 37 | OPERATING ROOM | .603537 | 362,133 | 218,561 |
| 40 | ANESTHESIOLOGY | .134850 | 103,162 | 13,911 |
| 41 | RADIOLOGY-DIAGNOSTIC | .208901 | 490,565 | 102,480 |
| 44 | LABORATORY | .222384 | 982,814 | 218,562 |
| 49 | RESPIRATORY THERAPY | .387497 | 159,502 | 61,807 |
| 49 | 01 CARDIAC REHAB | 1.646573 | | |
| 50 | PHYSICAL THERAPY | .610383 | 87,795 | 53,589 |
| 51 | OCCUPATIONAL THERAPY | .597524 | 17,938 | 10,718 |
| 52 | SPEECH PATHOLOGY | .781653 | 8,322 | 6,505 |
| 52 | 01 AUDIOLOGY | 1.186742 | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .407234 | 618,508 | 251,877 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | 1.275419 | 167,004 | 213,000 |
| 56 | DRUGS CHARGED TO PATIENTS | .323737 | 856,469 | 277,271 |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 58 | 01 OUTPATIENT PSYCH | 2.856344 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .640449 | 1,787 | 1,144 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.014359 | 1,112 | 1,128 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 3,857,111 | 1,430,553 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 3,857,111 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-1336
 COMPONENT NO: 14-Z336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET D-4

TITLE XVIII, PART A

SWING BED SNF

OTHER

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | |
| 25 | ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .603537 | | |
| 40 | ANESTHESIOLOGY | .134850 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .208901 | 106,168 | 22,179 |
| 44 | LABORATORY | .222384 | 349,584 | 77,742 |
| 49 | RESPIRATORY THERAPY | .387497 | 94,644 | 36,674 |
| 49 01 | CARDIAC REHAB | 1.646573 | | |
| 50 | PHYSICAL THERAPY | .610383 | 280,502 | 171,214 |
| 51 | OCCUPATIONAL THERAPY | .597524 | 101,320 | 60,541 |
| 52 | SPEECH PATHOLOGY | .781653 | 19,460 | 15,211 |
| 52 01 | AUDIOLOGY | 1.186742 | 145 | 172 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .407234 | 268,729 | 109,436 |
| 55 30 | IMPL. DEV. CHARGED TO PATIENT | 1.275419 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .323737 | 686,655 | 222,296 |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 58 01 | OUTPATIENT PSYCH | 2.856344 | | |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | | | |
| 61 | EMERGENCY | .640449 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.014359 | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | TOTAL | | 1,907,207 | 715,465 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 1,907,207 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|------|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 4,414,279 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | |
| 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) | 4,414,279 |

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) | 4,458,422 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|---|-----------|
| 18 | CAH DEDUCTIBLES | 18,136 |
| 18.01 | CAH ACTUAL BILLED COINSURANCE | 1,618,006 |
| | LINE 17.01 (SEE INSTRUCTIONS) | |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 2,822,280 |
| 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 | 2,822,280 |
| 24 | PRIMARY PAYER PAYMENTS | 168 |
| 25 | SUBTOTAL | 2,822,112 |

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

| | | |
|-------|---|-----------|
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 183,702 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 183,702 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 129,703 |
| 28 | SUBTOTAL | 3,005,814 |
| 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 | 3,005,814 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 2,715,218 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 290,596 |
| 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) | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336
 COMPONENT NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-----------|------------|-----------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 2,192,877 | | 2,243,257 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | 1/15/2010 | 79,200 | 1/15/2010 | 138,619 |
| ADJUSTMENTS TO PROVIDER .02 | 6/14/2010 | 341,208 | 6/14/2010 | 333,342 |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | 420,408 | | 471,961 |
| 4 TOTAL INTERIM PAYMENTS | | 2,613,285 | | 2,715,218 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL .99 | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 35,695 | | 290,596 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 2,577,590 | | 3,005,814 |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-1336
 COMPONENT NO: 14-Z336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET E-1

TITLE XVII SWING BED SNF

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|-----------|------------|--------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 2,074,674 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | 1/15/2010 | 15,624 | | |
| ADJUSTMENTS TO PROVIDER .02 | 6/14/2010 | 252,223 | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | 267,847 | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 2,342,521 | | |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL .99 | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 740 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 2,343,261 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2010 |
| 14-1336 | FROM 7/ 1/2009 | |
| COMPONENT NO: | TO 6/30/2010 | WORKSHEET E-2 |
| 14-Z336 | | |

TITLE XVIII SWING BED SNF

| COMPUTATION OF NET COST OF COVERED SERVICES | | PART A | PART B |
|---|--|-----------|--------|
| | | 1 | 2 |
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) | 1,648,207 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 722,620 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 1,795 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 2,370,827 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 2,370,827 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 2,370,827 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS) (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 27,566 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 2,343,261 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 2,343,261 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 2,342,521 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | 740 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/24/2010 |
| 14-1336 | FROM 7/ 1/2009 | WORKSHEET E-3 |
| COMPONENT NO: | TO 6/30/2010 | PART II |
| 14-1336 | | |

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

| | | |
|------|--|-----------|
| 1 | INPATIENT SERVICES | 2,899,518 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 2,899,518 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 2,928,513 |

COMPUTATION OF LESSER OF COST OR CHARGES

| | | |
|----|--|--|
| 7 | REASONABLE CHARGES | |
| 7 | ROUTINE SERVICE CHARGES | |
| 8 | ANCI LLARY SERVICE CHARGES | |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | |
| 10 | TEACHING PHYSICIANS | |
| 11 | TOTAL REASONABLE CHARGES | |
| 12 | CUSTOMARY CHARGES | |
| 12 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIA BLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 13 | 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) | |
| 14 | RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) | |
| 15 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 16 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 17 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|--|-----------|
| 18 | DI RECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 2,928,513 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 361,630 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 2,566,883 |
| 23 | COI NSURANCE | |
| 24 | SUBTOTAL | 2,566,883 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESS IONAL SERVICES (SEE INSTRUCTIONS) | 10,707 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 10,707 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 10,707 |
| 26 | SUBTOTAL | 2,577,590 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVID ER TERMINATION OR A DECREASE IN PROGRAM UTI LIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DI SPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 2,577,590 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 2,613,285 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | -35,695 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | 616,388 | | | |
| 2 TEMPORARY INVESTMENTS | 1,180,000 | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 3,454,527 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | 364,192 | | | |
| 8 PREPAID EXPENSES | 215,853 | | | |
| 9 OTHER CURRENT ASSETS | 731,561 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 6,562,521 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 310,152 | | | |
| 12.01 LAND IMPROVEMENTS | 201,747 | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | -180,907 | | | |
| 14 BUILDINGS | 15,529,324 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -9,801,814 | | | |
| 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 | 10,170,915 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | -7,805,852 | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 8,423,565 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | 6,467,835 | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | 117,340 | | | |
| 26 TOTAL OTHER ASSETS | 6,585,175 | | | |
| 27 TOTAL ASSETS | 21,571,261 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 1,300,017 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 1,166,955 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 1,180,000 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | 56,439 | | | |
| 35 OTHER CURRENT LIABILITIES | | | | |
| 36 TOTAL CURRENT LIABILITIES | 3,703,411 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 7,324,407 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 8,375,820 | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 15,700,227 | | | |
| 43 TOTAL LIABILITIES | 19,403,638 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 2,167,623 | | | |
| 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 | 2,167,623 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 21,571,261 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|-----------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 5,759,477 | | |
| 2 | NET INCOME (LOSS) | | -834,582 | | |
| 3 | TOTAL | | 4,924,895 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| | CHANGE IN TEMP RESTRICTED | 194,538 | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | 194,538 | | |
| 11 | SUBTOTAL | | 5,119,433 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| | TRANSFER TO AFFILIATES | 136,000 | | | |
| 13 | CHANGE IN UNREST PENS REL | 2,815,810 | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 2,951,810 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 2,167,623 | | |

| | | 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) | | | | |
| | CHANGE IN TEMP RESTRICTED | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| | TRANSFER TO AFFILIATES | | | | |
| 13 | CHANGE IN UNREST PENS REL | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-1336
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/24/2010
 WORKSHEET G-3

DESCRIPTION

| | | |
|-------|---|------------|
| 1 | TOTAL PATIENT REVENUES | 48,653,527 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 24,925,458 |
| 3 | NET PATIENT REVENUES | 23,728,069 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 25,482,476 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -1,754,407 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 4,403 |
| 7 | INCOME FROM INVESTMENTS | 218,863 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | 2,184 |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | 2,968 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 51,524 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | 4,800 |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | 808 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | 5,984 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | 15,966 |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | 102,280 |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | MISC INCOME | 126,395 |
| 24.01 | HEALTH FAIR | 78,477 |
| 24.02 | EDUCATION CLASS | 2,802 |
| 24.03 | VAN SERVICE | 2,559 |
| 24.04 | MEALS ON WHEELS | 61,128 |
| 24.05 | MASSAGE REVENUE | 23,753 |
| 24.06 | EMPLOYEE FITNESS | 1,502 |
| 24.07 | BENEFIT INTEREST | 75,526 |
| 24.08 | GAIN ON SALE | 72,018 |
| 24.09 | GRANT REVENUE | 65,885 |
| 24.10 | | |
| 25 | TOTAL OTHER INCOME | 919,825 |
| 26 | TOTAL | -834,582 |
| | OTHER EXPENSES | |
| 27 | OTHER EXPENSES (SPECIFY) | |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -834,582 |