

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).

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-4034	I	FROM 7/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2010	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/15/2010 TIME 12:12

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:
 STREAMWOOD 14-4034

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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1 HOSPITAL	0		0		-10,208,688
100 TOTAL	0		0		-10,208,688

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET S-2
 I I TO 6/30/2010 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 1400 EAST IRVING PARK P.O. BOX:
 1.01 CITY: STREAMWOOD STATE: IL ZIP CODE: 60107- COUNTY: COOK

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00	HOSPITAL	14-4034	2.01	5/ 1/1991	N	P	0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2009 TO: 6/30/2010

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 16974
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO.
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
I 14-4034 I FROM 7/1/2009 I WORKSHEET S-2
I I TO 6/30/2010 I

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(C)(3) OR 42 CFR 412.105(F)(1)(IV)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(C)(4) OR 42 CFR 412.105(F)(1)(IV)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /
28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
0 0.0000 0.0000
28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR) % Y/N
28.03 STAFFING 0.00%
28.04 RECRUITMENT 0.00%
28.05 RETENTION 0.00%
28.06 TRAINING 0.00%
29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606FF) N
30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(C). N
MISCELLANEOUS COST REPORT INFORMATION
32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N
34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (F)(1)(I) TEFFRA? N
35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(I)? N
35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(I)? N
35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(I)?
35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(I)?
35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(F)(1)(I)?

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
I 14-4034 I FROM 7/ 1/2009 I WORKSHEET S-2
I I TO 6/30/2010 I

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) 1 2 3
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 49000
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

	DATE	Y OR N	LIMIT	Y OR N	FEE
	0	1	2	3	4
		N	0.00	N	0
			0.00		0
			0.00		0

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET S-2
 I I TO 6/30/2010 I

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). N N 0

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). / /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
I 14-4034 I FROM 7/ 1/2009 I WORKSHEET S-3
I I TO 6/30/2010 I PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS /		O/P VISITS /		TRIPS
				TITLE V	TITLE XVIII	NOT LTCH N/A	TOTAL TITLE XIX	
1 ADULTS & PEDIATRICS	172	62,780	2.01	3	4	4.01	5	31,845
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	172	62,780						31,845
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	172	62,780						31,845
13 RPCH VISITS								
14 SUBPROVIDER	15	5,475						
16 NURSING FACILITY								
25 TOTAL	187							
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								
29 LABOR & DELIVERY DAYS								

COMPONENT	I/P DAYS /		O/P VISITS TOTAL ALL PATS	TRIPS		INTERNS & RES. FTES --	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL OBSERVATION BEDS ADMITTED	NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	42,771	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			42,771				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			42,771				
13 RPCH VISITS							
14 SUBPROVIDER			5,251				
16 NURSING FACILITY							
25 TOTAL							
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET	FULL TIME EQUIV		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO						
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS						2,139
6 INTENSIVE CARE UNIT						
7 CORONARY CARE UNIT						
8 BURN INTENSIVE CARE UNIT						
9 SURGICAL INTENSIVE CARE UNIT						
11 NURSERY						
12 TOTAL		292.26				2,492
13 RPCH VISITS						
14 SUBPROVIDER		27.05				7
16 NURSING FACILITY						
25 TOTAL		319.31				
26 OBSERVATION BED DAYS						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						
29 LABOR & DELIVERY DAYS						

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET S-3
 I I TO 6/30/2010 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1	TOTAL SALARY		17,911,832			
2	NON-PHYSICIAN ANESTHETIST PART A					
3	NON-PHYSICIAN ANESTHETIST PART B					
4	PHYSICIAN - PART A					
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
5	PHYSICIAN - PART B					
5.01	NON-PHYSICIAN - PART B					
6	INTERNS & RESIDENTS (APPRVD)					
6.01	CONTRACT SERVICES, I&R					
7	HOME OFFICE PERSONNEL					
8	SNF					
8.01	EXCLUDED AREA SALARIES	1,690,815	48,152	1,738,967		
OTHER WAGES & RELATED COSTS						
9	CONTRACT LABOR:					
9.01	PHARMACY SERVICES UNDER CONTRACT					
9.02	LABORATORY SERVICES UNDER CONTRACT					
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT					
10	CONTRACT LABOR: PHYS PART A					
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)					
11	HOME OFFICE SALARIES & WAGE RELATED COSTS					
12	HOME OFFICE: PHYS PART A					
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)					
WAGE RELATED COSTS						
13	WAGE-RELATED COSTS (CORE)					CMS 339
14	WAGE-RELATED COSTS (OTHER)					CMS 339
15	EXCLUDED AREAS					CMS 339
16	NON-PHYS ANESTHETIST PART A					CMS 339
17	NON-PHYS ANESTHETIST PART B					CMS 339
18	PHYSICIAN PART A					CMS 339
18.01	PART A TEACHING PHYSICIANS					CMS 339
19	PHYSICIAN PART B					CMS 339
19.01	WAGE-RELATED COSTS (RHC/FQHC)					CMS 339
20	INTERNS & RESIDENTS (APPRVD)					CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21	EMPLOYEE BENEFITS	323,344		323,344		
22	ADMINISTRATIVE & GENERAL	2,658,798	-241,069	2,417,729		
22.01	A & G UNDER CONTRACT					
23	MAINTENANCE & REPAIRS	-36		-36		
24	OPERATION OF PLANT					
25	LAUNDRY & LINEN SERVICE					
26	HOUSEKEEPING					
26.01	HOUSEKEEPING UNDER CONTRACT					
27	DIETARY	275,352		275,352		
27.01	DIETARY UNDER CONTRACT					
28	CAFETERIA					
29	MAINTENANCE OF PERSONNEL					
30	NURSING ADMINISTRATION	1,147,104		1,147,104		
31	CENTRAL SERVICE AND SUPPLY					
32	PHARMACY					
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	205,087		205,087		
34	SOCIAL SERVICE	958,685	-958,684	1		
35	OTHER GENERAL SERVICE					
PART III - HOSPITAL WAGE INDEX SUMMARY						
1	NET SALARIES			17,911,832		
2	EXCLUDED AREA SALARIES	1,690,815	48,152	1,738,967		
3	SUBTOTAL SALARIES	16,221,017	-48,152	16,172,865		
4	SUBTOTAL OTHER WAGES & RELATED COSTS					
5	SUBTOTAL WAGE-RELATED COSTS					
6	TOTAL	16,221,017	-48,152	16,172,865		
7	NET SALARIES					
8	EXCLUDED AREA SALARIES					
9	SUBTOTAL SALARIES					
10	SUBTOTAL OTHER WAGES & RELATED COSTS					
11	SUBTOTAL WAGE-RELATED COSTS					
12	TOTAL					
13	TOTAL OVERHEAD COSTS	5,568,334	-1,199,753	4,368,581		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET A
 I I TO 6/30/2010 I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		1,413,176	1,413,176	172,200	1,585,376
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		279,393	279,393	99,641	379,034
5	0500 EMPLOYEE BENEFITS	323,344	1,491,539	1,814,883	-18,566	1,796,317
6	0600 ADMINISTRATIVE & GENERAL	2,658,798	3,201,286	5,860,084	-475,235	5,384,849
7	0700 MAINTENANCE & REPAIRS	-36	961,514	961,478	-1,601	959,877
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE		156,711	156,711		156,711
10	1000 HOUSEKEEPING		383,704	383,704		383,704
11	1100 DIETARY	275,352	414,254	689,606		689,606
12	1200 CAFETERIA					
14	1400 NURSING ADMINISTRATION	1,147,104	148,221	1,295,325	-4,252	1,291,073
17	1700 MEDICAL RECORDS & LIBRARY	205,087	335,307	540,394	-7,441	532,953
18	1800 SOCIAL SERVICE	958,685	104,187	1,062,872	-1,062,872	
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	9,224,316	1,195,143	10,419,459	1,275,520	11,694,979
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER	941,885	141,260	1,083,145	29,481	1,112,626
33	3300 NURSERY					
35	3500 NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
41	4100 RADIOLOGY-DIAGNOSTIC					
44	4400 LABORATORY		96,054	96,054		96,054
53	5300 ELECTROCARDIOLOGY	152,961	302,826	455,787		455,787
56	5600 DRUGS CHARGED TO PATIENTS		897,156	897,156		897,156
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	1,275,406	159,913	1,435,319	-3,817	1,431,502
	SPEC PURPOSE COST CENTERS					
90	9000 OTHER CAPITAL RELATED COSTS					
95	9500 SUBTOTALS	17,162,902	11,681,644	28,844,546	3,058	28,847,604
	NONREIMBURS COST CENTERS					
98	9800 PHYSICIANS' PRIVATE OFFICES				-2,721	-2,721
100	7950 NORTHWEST ACADEMY					
100.01	7951 INPATIENT SCHOOL	442,544	50,077	492,621		492,621
100.02	7952 COMMUNITY RELATIONS	306,386	119,252	425,638	-337	425,301
100.03	7953 CLINICAL TRIALS					
101	TOTAL	17,911,832	11,850,973	29,762,805	-0-	29,762,805

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:

I 14-4034

I

I PERIOD:

I FROM 7/ 1/2009

I TO

6/30/2010

I

I PREPARED 11/15/2010

I WORKSHEET A

I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-145,900	1,439,476
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	157,524	536,558
5	0500 EMPLOYEE BENEFITS	-332,439	1,463,878
6	0600 ADMINISTRATIVE & GENERAL	-759,204	4,625,645
7	0700 MAINTENANCE & REPAIRS	-4,346	955,531
8	0800 OPERATION OF PLANT		
9	0900 LAUNDRY & LINEN SERVICE		156,711
10	1000 HOUSEKEEPING		383,704
11	1100 DIETARY	-10,078	679,528
12	1200 CAFETERIA		
14	1400 NURSING ADMINISTRATION		1,291,073
17	1700 MEDICAL RECORDS & LIBRARY	-12,994	519,959
18	1800 SOCIAL SERVICE		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-1,906,043	9,788,936
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		1,112,626
33	3300 NURSERY		
35	3500 NURSING FACILITY		
	ANCILLARY SRVC COST CNTRS		
41	4100 RADIOLOGY-DIAGNOSTIC		96,054
44	4400 LABORATORY		300,457
53	5300 ELECTROCARDIOLOGY	-155,330	897,156
56	5600 DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-449,165	982,337
	SPEC PURPOSE COST CENTERS		
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-3,617,975	25,229,629
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 NORTHWEST ACADEMY		-2,721
100.01	7951 INPATIENT SCHOOL		492,621
100.02	7952 COMMUNITY RELATIONS	-40,541	384,760
100.03	7953 CLINICAL TRIALS		
101	TOTAL	-3,658,516	26,104,289

COST CENTERS USED IN COST REPORT

IN LIEU OF FORM CMS-2552-96(7/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
35	NURSING FACILITY	3500	
	ANCILLARY SRVC COST		
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
53	ELECTROCARDIOLOGY	5300	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	NORTHWEST ACADEMY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	INPATIENT SCHOOL	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	COMMUNITY RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CLINICAL TRIALS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 144034	PERIOD: FROM 7/ 1/2009 TO 6/30/2010	PREPARED 11/15/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 OUTREACH THERAPY	A	ADULTS & PEDIATRICS	25		73,447	30,478
2 LEASE RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3			172,200
3		NEW CAP REL COSTS-MVBLE EQUIP	4			99,641
4						
5						
6						
7						
8						
9						
10						
11						
12 OCCUPATIONAL THERAPY	C	ADULTS & PEDIATRICS	25		216,636	27,994
13		SUBPROVIDER	31		24,433	3,157
14						
15 TRANSPORTATION	H	SUBPROVIDER	31			2,785
16		CLINIC	60			424
17 THERAPY	J	SUBPROVIDER	31		97,166	9,735
18		ADULTS & PEDIATRICS	25		861,518	86,317
36 TOTAL RECLASSIFICATIONS					1,273,200	432,731

(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:	PERIOD:	PREPARED 11/15/2010
144034	FROM 7/ 1/2009	WORKSHEET A-6
	TO 6/30/2010	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 OUTREACH THERAPY	A	SUBPROVIDER	31		73,447	30,478	
2 LEASE RECLASS	B	EMPLOYEE BENEFITS	5			18,566	10
3		ADMINISTRATIVE & GENERAL	6			201,407	10
4		MEDICAL RECORDS & LIBRARY	17			7,441	10
5		SOCIAL SERVICE	18			8,136	10
6		ADULTS & PEDIATRICS	25			20,870	10
7		SUBPROVIDER	31			3,870	10
8		CLINIC	60			4,241	10
9		NORTHWEST ACACEMY	100			2,721	10
10		COMMUNITY RELATIONS	100.02			337	
11		NURSING ADMINISTRATION	14			4,252	
12 OCCUPATIONAL THERAPY	C	ADMINISTRATIVE & GENERAL	6		241,069	31,151	
13							
14							
15 TRANSPORTATION	H	ADMINISTRATIVE & GENERAL	6			1,608	
16		MAINTENANCE & REPAIRS	7			1,601	10
17 THERAPY	J	SOCIAL SERVICE	18		958,684	96,052	
18							
36 TOTAL RECLASSIFICATIONS					1,273,200	432,731	

(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:	PERIOD:	PREPARED
144034	FROM 7/ 1/2009	11/15/2010
	TO 6/30/2010	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : OUTREACH THERAPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	103,925
TOTAL RECLASSIFICATIONS FOR CODE A			103,925

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	103,925	
		103,925	

RECLASS CODE: B
EXPLANATION : LEASE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	172,200
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	99,641
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			271,841

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	18,566	
ADMINISTRATIVE & GENERAL	6	201,407	
MEDICAL RECORDS & LIBRARY	17	7,441	
SOCIAL SERVICE	18	8,136	
ADULTS & PEDIATRICS	25	20,870	
SUBPROVIDER	31	3,870	
CLINIC	60	4,241	
NORTHWEST ACACEMY	100	2,721	
COMMUNITY RELATIONS	100.02	337	
NURSING ADMINISTRATION	14	4,252	
		271,841	

RECLASS CODE: C
EXPLANATION : OCCUPATIONAL THERAPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00	ADULTS & PEDIATRICS	25	244,630
3.00	SUBPROVIDER	31	27,590
TOTAL RECLASSIFICATIONS FOR CODE C			272,220

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	272,220	
		0	
		0	
		272,220	

RECLASS CODE: H
EXPLANATION : TRANSPORTATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	2,785
2.00	CLINIC	60	424
TOTAL RECLASSIFICATIONS FOR CODE H			3,209

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,608	
MAINTENANCE & REPAIRS	7	1,601	
		3,209	

RECLASS CODE: J
EXPLANATION : THERAPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	SUBPROVIDER	31	106,901
2.00	ADULTS & PEDIATRICS	25	947,835
TOTAL RECLASSIFICATIONS FOR CODE J			1,054,736

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
SOCIAL SERVICE	18	1,054,736	
		0	
		1,054,736	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND	3,922,816						3,922,816	
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE	6,491,270						6,491,270	
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	1,534,860						1,534,860	
7 SUBTOTAL	11,948,946						11,948,946	
8 RECONCILING ITEMS								
9 TOTAL	11,948,946						11,948,946	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			DONATION 3					
1 LAND								
2 LAND IMPROVEMENTS								
3 BUILDINGS & FIXTURE								
4 BUILDING IMPROVEMEN								
5 FIXED EQUIPMENT								
6 MOVABLE EQUIPMENT	1,415,158						1,415,158	
7 SUBTOTAL	1,415,158						1,415,158	
8 RECONCILING ITEMS								
9 TOTAL	1,415,158						1,415,158	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITLIZED ASSETS LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,267,276	172,200					1,439,476
4	NEW CAP REL COSTS-MV	439,604	99,641		-2,687			536,558
5	TOTAL	1,706,880	271,841		-2,687			1,976,034

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
3	NEW CAP REL COSTS-BL	1,413,176						1,413,176
4	NEW CAP REL COSTS-MV	279,393						279,393
5	TOTAL	1,692,569						1,692,569

* All lines numbers except line 5 are to be consistent with workshcet 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).

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET A-8
 I I TO 6/30/2010 I

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
1				**COST CENTER DELETED**	1	
2				**COST CENTER DELETED**	2	
3				NEW CAP REL COSTS-BLDG &	3	
4				NEW CAP REL COSTS-MVBLE E	4	
5						
6						
7						
8						
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37						
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38.01						
38.02						
38.03						
38.04						
39						
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41						
42						
43						
44						
44.01						
44.02						
45						
46						
46.01						
46.02						
47						
48						
49						
50						

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	938,744	1,192,523	-253,779	
2		MANAGEMENT FEES				
3						
4						
5		TOTALS	938,744	1,192,523	-253,779	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	ARDENT HEALTH S	100.00	HEALTHCARE
2	B	0.00	SED LAB	100.00	REFERENCE LAB
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

IN LIEU OF FORM CMS-2552-96(9/1996)
 I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET A-8-2
 I I TO 6/30/2010 I 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
2 25	AGGREGATE	2,216,836	1,555,837	660,999	154,100	5,537	410,217	20,511
4 53	AGGREGATE	155,330	155,330					
5 60	AGGREGATE	432,029	404,756	27,273	154,100	220	16,299	815
7								
8								
9								
10								
11								
12								
13								
14								
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22								
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27								
28								
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30								
101	TOTAL	2,804,195	2,115,923	688,272		5,757	426,516	21,326

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
2 25	AGGREGATE					410,217	250,782	1,806,619
4 53	AGGREGATE							155,330
5 60	AGGREGATE					16,299	10,974	415,730
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					426,516	261,756	2,377,679

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEE	T CAPITAL	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE FEE	T CAPITAL	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	ENTERED
7	MAINTENANCE & REPAIRS	3	SQUARE FEE	T CAPITAL	ENTERED
8	OPERATION OF PLANT	3	SQUARE FEE	T CAPITAL	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	SQUARE FEE	T CAPITAL	ENTERED
11	DIETARY	10	MEALS SERV	ED	ENTERED
12	CAFETERIA	11	FTE'S		ENTERED
14	NURSING ADMINISTRATION	13	HOURS SUPE	RVISED	ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	3	4	5	5a.00	6	7
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	1,439,476	1,439,476					
005 NEW CAP REL COSTS-MVBLE E	536,558		536,558				
006 EMPLOYEE BENEFITS	1,463,878			1,463,878			
007 ADMINISTRATIVE & GENERAL	4,625,645	299,326	111,572	201,225	5,237,768	5,237,768	
008 MAINTENANCE & REPAIRS	955,531	96,917	36,126		1,088,574	273,210	1,361,784
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE	156,711	19,953	7,437		184,101	46,206	26,046
011 HOUSEKEEPING	383,704	9,528	3,552		396,784	99,585	12,438
012 DIETARY	679,528	79,205	29,523	22,917	811,173	203,588	103,391
014 CAFETERIA							
017 NURSING ADMINISTRATION	1,291,073	11,553	4,306	95,472	1,402,404	351,975	15,080
018 MEDICAL RECORDS & LIBRARY	519,959	11,090	4,134	17,069	552,252	138,604	14,476
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS	9,788,936	786,199	293,052	863,581	11,731,768	2,944,445	1,026,264
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U	1,112,626	51,473	19,186	82,400	1,265,685	317,662	67,191
035 SUBPROVIDER							
041 NURSERY							
044 NURSING FACILITY							
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC	96,054				96,054	24,108	
060 LABORATORY	300,457	3,817	1,423	12,731	318,428	79,919	4,983
095 ELECTROCARDIOLOGY	897,156	8,589	3,201		908,946	228,127	11,211
098 DRUGS CHARGED TO PATIENTS							
100 OUTPAT SERVICE COST CNTRS	982,337	53,122	19,801	106,151	1,161,411	291,491	69,342
101 CLINIC							
102 SPEC PURPOSE COST CENTERS							
103 SUBTOTALS	25,229,629	1,430,772	533,313	1,401,546	25,155,348	4,998,920	1,350,422
108 NONREIMBURS COST CENTERS							
109 PHYSICIANS' PRIVATE OFFIC							
110 NORTHWEST ACACEMY	-2,721				-2,721		
111 INPATIENT SCHOOL	492,621	7,938	2,959	36,832	540,350	135,617	10,362
112 COMMUNITY RELATIONS	384,760	766	286	25,500	411,312	103,231	1,000
113 CLINICAL TRIALS							
114 CROSS FOOT ADJUSTMENT							
115 NEGATIVE COST CENTER							
116 TOTAL	26,104,289	1,439,476	536,558	1,463,878	26,104,289	5,237,768	1,361,784

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
		8	9	10	11	12	14	17
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE		256,353					
011	HOUSEKEEPING		39,597	548,404				
012	DIETARY		39,597	42,847	1,200,596			
014	CAFETERIA				93,621	93,621		
017	NURSING ADMINISTRATION			6,250		5,100	1,780,809	
018	MEDICAL RECORDS & LIBRARY			5,999		1,620		712,951
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS		79,524	425,306	984,936	67,817	1,514,645	619,732
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
035	SUBPROVIDER		97,635	27,845	122,039	9,695	224,992	29,728
041	NURSERY							
044	NURSING FACILITY							
053	ANCILLARY SRVC COST CNTRS							
056	RADIOLOGY-DIAGNOSTIC							1,808
060	LABORATORY							10,767
095	ELECTROCARDIOLOGY			2,065		1,449		20,481
100	DRUGS CHARGED TO PATIENTS			4,646		1,216		
101	OUTPAT SERVICE COST CNTRS							
102	CLINIC							
103	SPEC PURPOSE COST CENTERS							
103	SUBTOTALS		256,353	543,695	1,200,596	88,732	1,780,809	712,951
108	NONREIMBURS COST CENTERS							
109	PHYSICIANS' PRIVATE OFFIC							
110	NORTHWEST ACADAMY							
111	01 INPATIENT SCHOOL			4,294		3,106		
112	02 COMMUNITY RELATIONS			415		1,783		
113	03 CLINICAL TRIALS							
114	CROSS FOOT ADJUSTMENT							
115	NEGATIVE COST CENTER							
116	TOTAL		256,353	548,404	1,200,596	93,621	1,780,809	712,951

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART I

COST CENTER DESCRIPTION	SOCIAL SERVIC E	18	25	I&R COST POST STEP-DOWN ADJ	26	TOTAL	27
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
014 CAFETERIA							
017 NURSING ADMINISTRATION							
018 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			19,394,437			19,394,437	
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER			2,162,472			2,162,472	
035 NURSERY							
035 NURSING FACILITY							
041 ANCILLARY SRVC COST CNTRS							
044 RADIOLOGY-DIAGNOSTIC							
044 LABORATORY			121,970			121,970	
053 ELECTROCARDIOLOGY			417,611			417,611	
056 DRUGS CHARGED TO PATIENTS			1,174,627			1,174,627	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			1,624,423			1,624,423	
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS			24,895,540			24,895,540	
098 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 NORTHWEST ACACEMY			-2,721			-2,721	
100 01 INPATIENT SCHOOL			693,729			693,729	
100 02 COMMUNITY RELATIONS			517,741			517,741	
100 03 CLINICAL TRIALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL			26,104,289			26,104,289	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

	COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
		0	3	4	4a	5	6	7
003	GENERAL SERVICE COST CNTR							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS						470,362	
007	ADMINISTRATIVE & GENERAL	59,464	299,326	111,572	470,362		470,362	
008	MAINTENANCE & REPAIRS		96,917	36,126	133,043		24,535	157,578
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE		19,953	7,437	27,390		4,149	3,014
011	HOUSEKEEPING		9,528	3,552	13,080		8,943	1,439
012	DIETARY		79,205	29,523	108,728		18,283	11,964
014	CAFETERIA							
017	NURSING ADMINISTRATION		11,553	4,306	15,859		31,609	1,745
018	MEDICAL RECORDS & LIBRARY		11,090	4,134	15,224		12,447	1,675
025	SOCIAL SERVICE							
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS		786,199	293,052	1,079,251		264,413	118,753
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
035	SUBPROVIDER		51,473	19,186	70,659		28,527	7,775
041	NURSERY							
044	NURSING FACILITY							
053	ANCILLARY SRVC COST CNTRS							
056	RADIOLOGY-DIAGNOSTIC						2,165	
060	LABORATORY						7,177	577
095	ELECTROCARDIOLOGY		3,817	1,423	5,240		20,487	1,297
100	DRUGS CHARGED TO PATIENTS		8,589	3,201	11,790			
101	OUTPAT SERVICE COST CNTRS							
102	CLINIC		53,122	19,801	72,923		26,177	8,024
103	SPEC PURPOSE COST CENTERS							
104	SUBTOTALS	59,464	1,430,772	533,313	2,023,549		448,912	156,263
105	NONREIMBURS COST CENTERS							
106	PHYSICIANS' PRIVATE OFFIC							
107	NORTHWEST ACADAMY							
108	01 INPATIENT SCHOOL		7,938	2,959	10,897		12,179	1,199
109	02 COMMUNITY RELATIONS		766	286	1,052		9,271	116
110	03 CLINICAL TRIALS							
111	CROSS FOOT ADJUSTMENTS							
112	NEGATIVE COST CENTER							
113	TOTAL	59,464	1,439,476	536,558	2,035,498		470,362	157,578

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
	8	9	10	11	12	14	17
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE		34,553					
011 HOUSEKEEPING		5,337	28,799				
012 DIETARY		5,337	2,250	146,562			
014 CAFETERIA				11,429	11,429		
017 NURSING ADMINISTRATION			328		623	50,164	
018 MEDICAL RECORDS & LIBRARY			315		198		29,859
025 SOCIAL SERVICE							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		10,719	22,335	120,235	8,278	42,666	25,952
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER		13,160	1,462	14,898	1,184	6,338	1,246
041 NURSERY							
044 NURSING FACILITY							
053 ANCILLARY SRVC COST CNTRS							
056 RADIOLOGY-DIAGNOSTIC							76
060 LABORATORY							451
095 ELECTROCARDIOLOGY			108		177		858
100 DRUGS CHARGED TO PATIENTS			244		148		
101 OUTPAT SERVICE COST CNTRS							
102 CLINIC			1,509		224	1,160	1,276
103 SPEC PURPOSE COST CENTERS							
098 SUBTOTALS		34,553	28,551	146,562	10,832	50,164	29,859
100 NONREIMBURS COST CENTERS							
100 PHYSICIANS' PRIVATE OFFIC							
100 NORTHWEST ACADEMY							
100 01 INPATIENT SCHOOL			226		379		
100 02 COMMUNITY RELATIONS			22		218		
100 03 CLINICAL TRIALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		34,553	28,799	146,562	11,429	50,164	29,859

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B
 I I TO 6/30/2010 I PART III

	COST CENTER DESCRIPTION	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		18	25	26	27
003	GENERAL SERVICE COST CNTR				
004	NEW CAP REL COSTS-BLDG &				
005	NEW CAP REL COSTS-MVBLE E				
006	EMPLOYEE BENEFITS				
007	ADMINISTRATIVE & GENERAL				
008	MAINTENANCE & REPAIRS				
009	OPERATION OF PLANT				
010	LAUNDRY & LINEN SERVICE				
011	HOUSEKEEPING				
012	DIETARY				
014	CAFETERIA				
017	NURSING ADMINISTRATION				
018	MEDICAL RECORDS & LIBRARY				
025	SOCIAL SERVICE				
026	INPAT ROUTINE SRVC CNTRS		1,692,602		1,692,602
027	ADULTS & PEDIATRICS				
028	INTENSIVE CARE UNIT				
029	CORONARY CARE UNIT				
031	BURN INTENSIVE CARE UNIT				
033	SURGICAL INTENSIVE CARE U		145,249		145,249
035	SUBPROVIDER				
041	NURSERY				
044	NURSING FACILITY				
053	ANCILLARY SRVC COST CNTRS				
056	RADIOLOGY-DIAGNOSTIC		2,241		2,241
060	LABORATORY		13,730		13,730
095	ELECTROCARDIOLOGY		34,824		34,824
100	DRUGS CHARGED TO PATIENTS				
101	OUTPAT SERVICE COST CNTRS		111,293		111,293
102	CLINIC				
103	SPEC PURPOSE COST CENTERS				
104	SUBTOTALS		1,999,939		1,999,939
105	NONREIMBURS COST CENTERS				
106	PHYSICIANS' PRIVATE OFFIC				
107	NORTHWEST ACACEMY				
108	01 INPATIENT SCHOOL		24,880		24,880
109	02 COMMUNITY RELATIONS		10,679		10,679
110	03 CLINICAL TRIALS				
111	CROSS FOOT ADJUSTMENTS				
112	NEGATIVE COST CENTER				
113	TOTAL		2,035,498		2,035,498

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET B-1
 I I TO 6/30/2010 I

	COST CENTER DESCRIPTION	NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
		OSTS-BLDG & T CAPITAL	OSTS-MVBLE T CAPITAL	E FITS		(ACCUM. COST)	(SQUARE FEE) T CAPITAL)
		3	4	5	6a.00	6	7
003	GENERAL SERVICE COST						
004	NEW CAP REL COSTS-BLD	99,557					
005	NEW CAP REL COSTS-MVB		99,557				
006	EMPLOYEE BENEFITS			17,588,524			
007	ADMINISTRATIVE & GENE	20,702	20,702	2,417,729	-5,237,768	20,869,242	
008	MAINTENANCE & REPAIRS	6,703	6,703			1,088,574	72,152
009	OPERATION OF PLANT						
010	LAUNDRY & LINEN SERVI	1,380	1,380			184,101	1,380
011	HOUSEKEEPING	659	659			396,784	659
012	DIETARY	5,478	5,478	275,352		811,173	5,478
014	CAFETERIA						
017	NURSING ADMINISTRATIO	799	799	1,147,104		1,402,404	799
018	MEDICAL RECORDS & LIB	767	767	205,087		552,252	767
025	SOCIAL SERVICE			1			
026	INPAT ROUTINE SRVC CN						
027	ADULTS & PEDIATRICS	54,375	54,375	10,375,917		11,731,768	54,375
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
031	BURN INTENSIVE CARE U						
033	SURGICAL INTENSIVE CA						
035	SUBPROVIDER	3,560	3,560	990,037		1,265,685	3,560
041	NURSERY						
044	NURSING FACILITY						
053	ANCILLARY SRVC COST C						
056	RADIOLOGY-DIAGNOSTIC					96,054	
060	LABORATORY					318,428	264
060	ELECTROCARDIOLOGY	264	264	152,961		908,946	594
095	DRUGS CHARGED TO PATI	594	594				
100	OUTPAT SERVICE COST C						
100	CLINIC	3,674	3,674	1,275,406		1,161,411	3,674
100	SPEC PURPOSE COST CEN						
100	SUBTOTALS	98,955	98,955	16,839,594	-5,237,768	19,917,580	71,550
100	NONREIMBURS COST CENT						
100	PHYSICIANS' PRIVATE O						
100	NORTHWEST ACADEMY				2,721		
100	01 INPATIENT SCHOOL	549	549	442,544		540,350	549
100	02 COMMUNITY RELATIONS	53	53	306,386		411,312	53
100	03 CLINICAL TRIALS						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED	1,439,476	536,558	1,463,878		5,237,768	1,361,784
104	(WRKSHT B, PART I)						
104	UNIT COST MULTIPLIER	14.458813		.083229		.250980	18.873822
105	(WRKSHT B, PT I)		5.389455				
106	COST TO BE ALLOCATED						
106	(WRKSHT B, PART II)						
107	UNIT COST MULTIPLIER					470,362	157,578
107	(WRKSHT B, PT II)						
108	COST TO BE ALLOCATED						
108	(WRKSHT B, PART III)					.022539	2.183973
108	UNIT COST MULTIPLIER						
108	(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY
		(SQUARE FEET CAPITAL)	(POUNDS OF LAUNDRY)	(SQUARE FEET CAPITAL)	(MEALS SERVED)	(FTE'S)	(HOURS REVISED)	(GROSS CHARGES)
		8	9	10	11	12	14	17
	GENERAL SERVICE COST							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT	72,152						
009	LAUNDRY & LINEN SERVICE	1,380	20,199					
010	HOUSEKEEPING	659	3,120	70,113				
011	DIETARY	5,478	3,120	5,478	156,569			
012	CAFETERIA				12,209	25,261		
014	NURSING ADMINISTRATION	799		799		1,376	445,328	
017	MEDICAL RECORDS & LIBRARY	767		767		437		64,402,109
018	SOCIAL SERVICE							
	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS	54,375	6,266	54,375	128,445	18,299	378,768	55,981,198
026	INTENSIVE CARE UNIT							
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE							
031	SUBPROVIDER	3,560	7,693	3,560	15,915	2,616	56,264	2,685,485
033	NURSERY							
035	NURSING FACILITY							
	ANCILLARY SRVC COST C							
041	RADIOLOGY-DIAGNOSTIC							163,356
044	LABORATORY							972,600
053	ELECTROCARDIOLOGY	264		264		391		1,850,154
056	DRUGS CHARGED TO PATIENT	594		594		328		
	OUTPAT SERVICE COST C							
060	CLINIC	3,674		3,674		495	10,296	2,749,316
	SPEC PURPOSE COST CENTER							
095	SUBTOTALS	71,550	20,199	69,511	156,569	23,942	445,328	64,402,109
	NONREIMBURS COST CENTER							
098	PHYSICIANS' PRIVATE OFFICE							
100	NORTHWEST ACADEMY							
100	01 INPATIENT SCHOOL	549		549		838		
100	02 COMMUNITY RELATIONS	53		53		481		
100	03 CLINICAL TRIALS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED		256,353	548,404	1,200,596	93,621	1,780,809	712,951
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		12.691371	7.821716	7.668159	3.706148	3.998870	.011070
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED							
	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER							
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED		34,553	28,799	146,562	11,429	50,164	29,859
	(WRKSHT B, PART III)							
108	UNIT COST MULTIPLIER		1.710629	.410751	.936086	.452437	.112645	.000464
	(WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	SOCIAL SERVICE
	(GROSS CHARGES)
	18
003 GENERAL SERVICE COST	
004 NEW CAP REL COSTS-BLD	
005 NEW CAP REL COSTS-MVB	
006 EMPLOYEE BENEFITS	
007 ADMINISTRATIVE & GENE	
008 MAINTENANCE & REPAIRS	
009 OPERATION OF PLANT	
010 LAUNDRY & LINEN SERVI	
011 HOUSEKEEPING	
012 DIETARY	
014 CAFETERIA	
017 NURSING ADMINISTRATIO	
018 MEDICAL RECORDS & LIB	64,402,109
025 SOCIAL SERVICE	
026 INPAT ROUTINE SRVC CN	
027 ADULTS & PEDIATRICS	55,981,198
028 INTENSIVE CARE UNIT	
029 CORONARY CARE UNIT	
031 BURN INTENSIVE CARE U	
033 SURGICAL INTENSIVE CA	
035 SUBPROVIDER	2,685,485
041 NURSERY	
044 NURSING FACILITY	
053 ANCILLARY SRVC COST C	
056 RADIOLOGY-DIAGNOSTIC	
060 LABORATORY	163,356
095 ELECTROCARDIOLOGY	972,600
098 DRUGS CHARGED TO PATI	1,850,154
100 OUTPAT SERVICE COST C	
101 CLINIC	2,749,316
102 SPEC PURPOSE COST CEN	
103 SUBTOTALS	64,402,109
108 NONREIMBURS COST CENT	
109 PHYSICIANS' PRIVATE O	
110 NORTHWEST ACADAMY	
111 01 INPATIENT SCHOOL	
112 02 COMMUNITY RELATIONS	
113 03 CLINICAL TRIALS	
114 CROSS FOOT ADJUSTMENT	
115 NEGATIVE COST CENTER	
116 COST TO BE ALLOCATED	
117 (PER WRKSHT B, PART	
118 UNIT COST MULTIPLIER	
119 (WRKSHT B, PT I)	
120 COST TO BE ALLOCATED	
121 (PER WRKSHT B, PART	
122 UNIT COST MULTIPLIER	
123 (WRKSHT B, PT II)	
124 COST TO BE ALLOCATED	
125 (PER WRKSHT B, PART	
126 UNIT COST MULTIPLIER	
127 (WRKSHT B, PT III)	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET C
 I I TO 6/30/2010 I 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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,394,437		19,394,437	250,782	19,645,219
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2,162,472		2,162,472		2,162,472
33	NURSERY					
35	NURSING FACILITY					
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	121,970		121,970		121,970
53	ELECTROCARDIOLOGY	417,611		417,611		417,611
56	DRUGS CHARGED TO PATIENTS	1,174,627		1,174,627		1,174,627
60	OUTPAT SERVICE COST CNTRS CLINIC	1,624,423		1,624,423	10,974	1,635,397
101	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,895,540		24,895,540	261,756	25,157,296
102	LESS OBSERVATION BEDS					
103	TOTAL	24,895,540		24,895,540	261,756	25,157,296

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	55,981,198		55,981,198			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,685,485		2,685,485			
33	NURSERY						
35	NURSING FACILITY						
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	163,120	236	163,356	.746651	.746651	.746651
56	ELECTROCARDIOLOGY	966,640	5,960	972,600	.429376	.429376	.429376
60	DRUGS CHARGED TO PATIENTS	1,850,154		1,850,154	.634881	.634881	.634881
101	OUTPUT SERVICE COST CNTRS						
102	CLINIC		2,749,316	2,749,316	.590846	.590846	.594838
103	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	61,646,597	2,755,512	64,402,109			
102	LESS OBSERVATION BEDS						
103	TOTAL	61,646,597	2,755,512	64,402,109			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,394,437		19,394,437	250,782	19,645,219
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	2,162,472		2,162,472		2,162,472
33	NURSERY					
35	NURSING FACILITY					
41	ANCILLARY SRVC COST CNTRS					
44	RADIOLOGY-DIAGNOSTIC					
44	LABORATORY	121,970		121,970		121,970
53	ELECTROCARDIOLOGY	417,611		417,611		417,611
56	DRUGS CHARGED TO PATIENTS	1,174,627		1,174,627		1,174,627
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,624,423		1,624,423	10,974	1,635,397
101	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	24,895,540		24,895,540	261,756	25,157,296
102	LESS OBSERVATION BEDS					
103	TOTAL	24,895,540		24,895,540	261,756	25,157,296

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	55,981,198		55,981,198			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	2,685,485		2,685,485			
33	NURSERY						
35	NURSING FACILITY						
41	ANCILLARY SRVC COST CNTRS						
44	RADIOLOGY-DIAGNOSTIC						
53	LABORATORY	163,120	236	163,356	.746651	.746651	.746651
56	ELECTROCARDIOLOGY	966,640	5,960	972,600	.429376	.429376	.429376
60	DRUGS CHARGED TO PATIENTS	1,850,154		1,850,154	.634881	.634881	.634881
	OUTPAT SERVICE COST CNTRS						
101	CLINIC		2,749,316	2,749,316	.590846	.590846	.594838
102	OTHER REIMBURS COST CNTRS						
103	SUBTOTAL	61,646,597	2,755,512	64,402,109			
	LESS OBSERVATION BEDS						
	TOTAL	61,646,597	2,755,512	64,402,109			

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
	ANCILLARY SRVC COST CNTRS						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	121,970	2,241	119,729			121,970
53	ELECTROCARDIOLOGY	417,611	13,730	403,881			417,611
56	DRUGS CHARGED TO PATIENTS	1,174,627	34,824	1,139,803			1,174,627
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,624,423	111,293	1,513,130			1,624,423
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,338,631	162,088	3,176,543			3,338,631
102	LESS OBSERVATION BEDS						
103	TOTAL	3,338,631	162,088	3,176,543			3,338,631

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	163,356	.746651	.746651
53	ELECTROCARDIOLOGY	972,600	.429376	.429376
56	DRUGS CHARGED TO PATIENTS	1,850,154	.634881	.634881
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,749,316	.590846	.590846
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	5,735,426		
102	LESS OBSERVATION BEDS			
103	TOTAL	5,735,426		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
41	ANCILLARY SRVC COST CNTRS						
	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY	121,970	2,241	119,729	224	6,944	114,802
53	ELECTROCARDIOLOGY	417,611	13,730	403,881	1,373	23,425	392,813
56	DRUGS CHARGED TO PATIENTS	1,174,627	34,824	1,139,803	3,482	66,109	1,105,036
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,624,423	111,293	1,513,130	11,129	87,762	1,525,532
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	3,338,631	162,088	3,176,543	16,208	184,240	3,138,183
102	LESS OBSERVATION BEDS						
103	TOTAL	3,338,631	162,088	3,176,543	16,208	184,240	3,138,183

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			
41	RADIOLOGY-DIAGNOSTIC			
44	LABORATORY	163,356	.702772	.745280
53	ELECTROCARDIOLOGY	972,600	.403879	.427964
56	DRUGS CHARGED TO PATIENTS	1,850,154	.597267	.632999
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2,749,316	.554877	.586798
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	5,735,426		
102	LESS OBSERVATION BEDS			
103	TOTAL	5,735,426		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 14-4034 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic	All other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY	.702772				
53 ELECTROCARDIOLOGY	.403879				
56 DRUGS CHARGED TO PATIENTS	.597267				
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.554877				
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 14-4034 I I

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
53 ELECTROCARDIOLOGY					
56 DRUGS CHARGED TO PATIENTS					
OUTPUT SERVICE COST CNTRS					
60 CLINIC					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2010 I PART V
 I 14-4034 I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
(A) 41 ANCILLARY SRVC COST CNTRS	8	9	9.01	9.02	9.03
44 RADIOLOGY-DIAGNOSTIC					
53 LABORATORY					
56 ELECTROCARDIOLOGY					
60 DRUGS CHARGED TO PATIENTS					
101 OUTPAT SERVICE COST CNTRS					
102 CLINIC					
103 SUBTOTAL					
104 CRNA CHARGES					
NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART I
 I 14-4034 I I

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	42,771
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	42,771
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	42,771
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	31,845
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	19,394,437
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	19,394,437

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	55,981,198
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	55,981,198
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.346446
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,308.86
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	19,394,437

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART II
 I 14-4034 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 453.45
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,440,115
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 14,440,115

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42 NURSERY (TITLE V & XIX ONLY)
 INTENSIVE CARE TYPE INPATIENT
 HOSPITAL UNITS
 43 INTENSIVE CARE UNIT
 44 CORONARY CARE UNIT
 45 BURN INTENSIVE CARE UNIT
 46 SURGICAL INTENSIVE CARE UNIT
 47 OTHER SPECIAL CARE 1
 48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1,293,081
 49 TOTAL PROGRAM INPATIENT COSTS 15,733,196

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2010 I PART III
 I 14-4034 I I

TITLE XIX - I/P

HOSPITAL

OTHER

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

1

- 66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST
- 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
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 453.45
- 85 OBSERVATION BED COST

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

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2010 I
 I 14-4034 I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST	INPATIENT	INPATIENT
			TO CHARGES	CHARGES	COST
			1	2	3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			34,687,394	
27	INTENSIVE CARE UNIT				
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
31	SURGICAL INTENSIVE CARE UNIT				
	SUBPROVIDER				
41	ANCILLARY SRVC COST CNTRS				
44	RADIOLOGY-DIAGNOSTIC		.746651	121,823	90,959
53	LABORATORY		.429376	711,624	305,554
56	ELECTROCARDIOLOGY		.634881	1,412,182	896,568
	DRUGS CHARGED TO PATIENTS				
60	OUTPAT SERVICE COST CNTRS		.590846		
	CLINIC				
	OTHER REIMBURS COST CNTRS				
101	TOTAL			2,245,629	1,293,081
102	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
103	NET CHARGES			2,245,629	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/15/2010
I	14-4034	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	-	I		I	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1			15,733,196	
2				
3				
4				
5				
6			15,733,196	
7				
8				
9			15,733,196	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			34,687,394	
11			2,245,629	
12				
13				
14				
15				
16			36,933,023	
	CUSTOMARY CHARGES			
17				
18				
19				
20			36,933,023	
21			21,199,827	
22				
23			15,733,196	
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30			15,733,196	
31				
32			15,733,196	
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35			15,733,196	
36				
37				
38				
38.01				
38.02				
38.03				
39				
40			15,733,196	
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52			15,733,196	
53				
54				
55			15,733,196	
56				
57			25,941,884	
57.01				
58			-10,208,688	
59				

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

	IN LIEU OF FORM CMS-2552-96-E-3 (5/2008)				
I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/15/2010
I	14-4034	I	FROM 7/ 1/2009	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2010	I	PART III
I	-	I		I	

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I
 I I TO 6/30/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	3,185			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	5,464,638			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY				
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	305,732			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	5,773,555			
FIXED ASSETS				
12 LAND	4,200,931			
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	16,880,032			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	2,546,474			
18.01 LESS ACCUMULATED DEPRECIATION	-2,368,085			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	21,259,352			
OTHER ASSETS				
22 INVESTMENTS				
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	11,653			
26 TOTAL OTHER ASSETS	11,653			
27 TOTAL ASSETS	27,044,560			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I
 I I TO 6/30/2010 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,050,069			
29 SALARIES, WAGES & FEES PAYABLE	1,230,754			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	737,804			
36 TOTAL CURRENT LIABILITIES	3,018,627			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	-25,608,457			
42 TOTAL LONG-TERM LIABILITIES	-25,608,457			
43 TOTAL LIABILITIES	-22,589,830			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	49,634,390			
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	49,634,390			
52 TOTAL LIABILITIES AND FUND BALANCES	27,044,560			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		41,243,531		
2 NET INCOME (LOSS)		8,390,857		
3 TOTAL		49,634,388		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 ADDITIONS (CREDIT ADJUSTM				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		49,634,388		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 DEDUCTIONS (DEBIT ADJUSTM				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		49,634,388		

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET G-2
 I I TO 6/30/2010 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	55,981,198		55,981,198
2 00 SUBPROVIDER	2,685,485		2,685,485
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
7 00 NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS	58,666,683		58,666,683
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	58,666,683		58,666,683
17 00 ANCILLARY SERVICES	7,171,565	6,196	7,177,761
18 00 OUTPATIENT SERVICES		2,749,316	2,749,316
24 00 EDUCATION REVENUE	892,360		892,360
25 00 TOTAL PATIENT REVENUES	66,730,608	2,755,512	69,486,120

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		29,762,805	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	79,388		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		79,388	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		29,842,193	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-4034 I FROM 7/ 1/2009 I WORKSHEET G-3
 I I TO 6/30/2010 I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	69,486,120
2	LESS: ALLOWANCES AND DISCOUNTS ON	31,288,074
3	NET PATIENT REVENUES	38,198,046
4	LESS: TOTAL OPERATING EXPENSES	29,842,193
5	NET INCOME FROM SERVICE TO PATIENT	8,355,853
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	10,078
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	12,994
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	4,346
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	7,586
24.01		
24.02		
25	TOTAL OTHER INCOME	35,004
26	TOTAL	8,390,857
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	8,390,857