

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000139

Facility Name: Oak Hill Slf

Address: 76 East Rollins Road Round Lake Beach 60073

Number City Zip Code

County: Lake

Telephone Number: (847) 201-1100 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/30/2012

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☒	Other		Limited Partnership

In the event there are further questions about this report, please contact:

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 to 12/31/2017 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)		(Date)	
	(Type or Print Name)			
	(Title)			
Paid Preparer	(Signed)			
	* Subject to the attached Accountants' Consulting Report	(Date)		
	(Print Name and Title)			
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015		
	(Telephone)	(847) 282-6300 Fax (847) 282-6301		
	MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630			

Facility Name Oak Hill Slf Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	94	Single Unit Apartment	94	34,310	1
2		Double Unit Apartment			2
3		Other			3
4	94	TOTALS	94	34,310	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	18,290	12,194		30,484	5
6	Double Unit					6
7	Other					7
8	TOTALS	18,290	12,194		30,484	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.85%

D. Indicate the number of paid bed-hold days the SLF had during this year

401 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 79 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/17 Fiscal Year: 12/31/17

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the

required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility

make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Oak Hill Slf

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	290,903	219,690	6,057	516,650	(6,493)	510,157	1
2	Housekeeping, Laundry and Maintenance	114,351	30,298	103,193	247,842	12,169	260,011	2
3	Heat and Other Utilities			116,841	116,841	254	117,095	3
4	Other (specify):							4
5	TOTAL General Services	405,254	249,988	226,091	881,333	5,930	887,263	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	484,492	4,286	17,120	505,898	392	506,290	6
7	Activities and Social Services	55,514	4,442	16,923	76,879	5,079	81,958	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	540,006	8,728	34,043	582,777	5,471	588,248	9
	C. General Administration							
10	Administrative and Clerical	213,559	16,243	566,289	796,091	(134,503)	661,588	10
11	Marketing Materials, Promotions and Advertising	90,106	3,536	59,364	153,006	387	153,393	11
12	Employee Benefits and Payroll Taxes			217,829	217,829		217,829	12
13	Insurance-Property, Liability and Malpractice			41,414	41,414	1,707	43,121	13
14	Other (specify):					28,850	28,850	14
15	TOTAL General Administration	303,665	19,779	884,896	1,208,340	(103,559)	1,104,781	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,248,925	278,495	1,145,030	2,672,450	(92,158)	2,580,292	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			748,217	748,217	(352,551)	395,666	17
18	Interest			298,603	298,603	(748)	297,855	18
19	Real Estate Taxes			127,929	127,929		127,929	19
20	Rent -- Facility and Grounds			63	63	9,324	9,387	20
21	Rent -- Equipment			5,704	5,704	80	5,784	21
22	Other (specify):MIP/Amortization			103,751	103,751		103,751	22
23	TOTAL Ownership			1,284,267	1,284,267	(343,894)	940,373	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,248,925	278,495	2,429,297	3,956,717	(436,052)	3,520,665	24

STATE OF ILLINOIS		Page 3A	
Oak Hill SH			
Report Period Beginning:		1/1/2017	
Ending:		12/31/2017	
NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (354,771)	17 1
2	Guest Meals	(3,570)	01 2
3	Employee Meals	(1,392)	01 3
4	Maintenance Fees	(280)	02 4
5	Damage Recovery	(1,180)	10 5
6	Pet Fee	(1,000)	07 6
7	NSF Fee	(125)	10 7
8	Termination Fee	(1,231)	10 8
9	Other Income	(6,844)	10 9
10	Misc Concession	(41)	10 10
11	Meals & Entertainment	(260)	11 11
12	Bank Service Charges	(2,849)	10 12
13	Charitable Contributions	(1,000)	10 13
14	Resident Gifts	(275)	10 14
15	Resident Reimbursables	(14)	10 15
16	Bad Debt - Tenant	(14,050)	10 16
17	Bad Debt - Medicaid	(17,000)	10 17
18	Incentive Management Fee	(51,216)	10 18
19	Cable TV	(1,065)	02 19
20	Management Fees	(45,883)	10 20
21	Service Provider Fee	(187,957)	10 21
22	Asset Management Fee	(11,593)	10 22
23	Partnership Mgmt Fee	(11,593)	10 23
24	Interest Income-Escrows	(275)	18 24
25	Interest Income	(472)	18 25
26	Additional R&M	8,410	02 26
27			27
28			28
29	PATHWAY MANAGEMENT LLC:		29
30	Maintenance	4,201	02 30
31	Utilities	254	03 31
32	Health Care / Personal Care	10,010	06 32
33	Community Life	509	07 33
34	Administrative	126,907	10 34
35	Marketing	12,464	11 35
36	Insurance	524	13 36
37	Employee Benefits	17,162	14 37
38	Depreciation	2,220	17 38
39	Rent - Building	8,303	20 39
40	Rent - Equipment	19	21 40
41			41
42	PATHWAY SENIOR LIVING LLC:		42
43	Dietary	579	01 43
44	Maintenance	903	02 44
45	Health Care / Personal Care	6,038	06 45
46	Community Life	5,570	07 46
47	Administrative	90,642	10 47
48	Marketing	18,034	11 48
49	Insurance	1,183	13 49
50	Employee Benefits	11,688	14 50
51	Rent - Building	1,021	20 51
52	Rent - Equipment	61	21 52
53			53
54	Shared Services	(2,101)	01 54
55	Shared Services	(15,656)	06 55
56	Shared Services	(29,843)	11 56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
68			68
69			69
70			70
71			71
72			72
73			73
74			74
75			75
76			76
77			77
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79			79
80			80
81			81
82			82
83			83
84			84
85			85
86			86
87			87
88			88
89			89
90			90
91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(436,052)	101

Facility Name: Oak Hill Slf

Report Period Beginning 1/1/2017 Ending: 12/31/2017

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.88	\$ 27.91	1
2	Licensed Practical Nurses	1.80	24.31	2
3	Certified Nurse Assistants	10.43	13.10	3
4	Activity Director & Assistants	1.37	19.45	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	10.78	12.98	7
8	Dishwashers			8
9	Maintenance Workers	1.71	18.49	9
10	Housekeepers	2.16	10.85	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.82	21.32	13
14	Clerical			14
15	Marketing	1.00	43.32	15
16	Other			16
17	Total (lines 1 thru 16)	35.94	\$ 16.71	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name 1	City 2
See Attached	

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee		
1	N/A	\$ 1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
See Attached		

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES X NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Oak Hill Slf Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 615,000 Year land was acquired 2012

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	94		2012		\$ 13,516,738	\$ 750,437	35	\$ 386,193	\$ (364,244)	\$ 1,930,964	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				19,308			965	965	3,335	6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,536,046	\$ 750,437		\$ 387,158	\$ (363,279)	\$ 1,934,298	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 85,084	\$	\$ 8,508	8,508		\$ 32,649	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 85,084	\$	\$ 8,508	8,508		\$ 32,649	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2	Civil Engineering	2013	6,694		20	335	335	1,674	2
3	Smoking Shelter	2014	3,996		20	200	200	799	3
4	Parking Lot Seal Coating	2016	5,745		20	287	287	575	4
5	Kick Plates For Doors	2016	2,873		20	144	144	287	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 19,308	\$		\$ 965	\$ 965	\$ 3,335	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Oak Hill Slf Report Period Beginning: 1/1/2017 Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

		1	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5	Storage Unit			/ /	63			5	
6	Allocated from Pathway			/ /	9,324			6	
7	TOTAL				\$ 9,387			7	

9. Rental amount for movable equipment \$ 5,784

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Centennial Mortgage		X	Mortgage	1/1/13	\$ 7,200,000	\$ 6,826,915	12/1/52	4.3500	\$ 298,603	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,826,915			\$ 298,603	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(275)	8
9	Interest Income		X		/ /			/ /		(472)	9
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,826,915			\$ 297,856	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

STATE OF ILLINOIS

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Facility Name: Oak Hill Slf

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 895,414	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	596,775		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	65,242		6
7	Other Prepaid Expenses	9,037		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,144,838		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,711,306	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	615,000		13
14	Buildings, at Historical Cost	13,516,738		14
15	Leasehold Improvements, at Historical Cost	2,093,115		15
16	Equipment, at Historical Cost	2,397,488		16
17	Accumulated Depreciation (book methods)	(5,995,623)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	785,725		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,412,443	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,123,749	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 55,696	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	85,728		30
31	Accrued Taxes Payable	146,707		31
32	Accrued Interest Payable	24,748		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	70,008		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 382,887	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,826,915		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,826,915	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,209,802	\$	45
46	TOTAL EQUITY	\$ 8,913,947	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,123,749	\$	47

*(See instructions.)

Facility Name: Oak Hill Slf

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,934,470	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,934,470	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	2,366	8
9	Non-Resident Meals	4,971	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,337	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	747	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 747	14
	D. Other Revenue (specify):		
15		10,660	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,660	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,953,214	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	881,333	19
20	Health Care/ Personal Care	582,777	20
21	General Administration	1,208,340	21
	B. Capital Expense		
22	Ownership	1,284,267	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,956,717	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (3,503)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (3,503)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,530,507	32
33	Private Pay - Net Inpatient Revenue	1,278,334	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	1,125,629	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,934,470	37