

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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.		
		☒	Other		

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 1/1/2019 to 12/31/2019 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) (Date)

*Subject to the attached Accountants' Consulting Report

(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

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	17,306	11,537		28,843	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,306	11,537		28,843	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.07%

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

217 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/19 Fiscal Year: 12/31/19

* 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 principal? 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 principal? 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 principal? N/A
If no, explain. N/A

STATE OF ILLINOIS

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Facility Name: Oak Hill Slf

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	327,591	215,818	3,946	547,355	(4,754)	542,601	1
2	Housekeeping, Laundry and Maintenance	129,948	27,068	115,181	272,197	7,417	279,614	2
3	Heat and Other Utilities			96,918	96,918	200	97,118	3
4	Other (specify):							4
5	TOTAL General Services	457,539	242,886	216,045	916,470	2,863	919,333	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	544,235	3,956	51,784	599,975	7,317	607,292	6
7	Activities and Social Services	53,594	3,546	13,750	70,890	(574)	70,316	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	597,829	7,502	65,534	670,865	6,743	677,608	9
	C. General Administration							
10	Administrative and Clerical	213,664	12,453	1,073,113	1,299,230	(670,427)	628,803	10
11	Marketing Materials, Promotions and Advertising	76,859	2,421	108,859	188,139	18,263	206,402	11
12	Employee Benefits and Payroll Taxes			223,825	223,825		223,825	12
13	Insurance-Property, Liability and Malpractice			79,737	79,737	1,431	81,168	13
14	Other (specify):					22,793	22,793	14
15	TOTAL General Administration	290,523	14,874	1,485,534	1,790,931	(627,939)	1,162,992	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,345,891	265,262	1,767,113	3,378,266	(618,333)	2,759,933	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			640,923	640,923	(238,399)	402,524	17
18	Interest			303,390	303,390	(2,189)	301,201	18
19	Real Estate Taxes			140,004	140,004		140,004	19
20	Rent -- Facility and Grounds			296	296	11,519	11,815	20
21	Rent -- Equipment			5,436	5,436	39	5,475	21
22	Other (specify):			91,306	91,306		91,306	22
23	TOTAL Ownership			1,181,355	1,181,355	(229,030)	952,325	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,345,891	265,262	2,948,468	4,559,621	(847,363)	3,712,258	24

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Oak Hill SHF

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1	Non-Straight Line Depreciation	\$ (247,826)	17 1
2	Guest Meals	(4,627)	01 2
3	Employee Meals	(327)	01 3
4	Maintenance Fees	(140)	02 4
5	Damage Recovery	(1,323)	10 5
6	Pet Fee	(1,250)	07 6
7	NSF Fees	(377)	10 7
8	Late Fees	(40)	10 8
9	Termination Fees	(110)	10 9
10	Other Income	(5,499)	10 10
11	Meals & Entertainment	(1,049)	11 11
12	Bank Service Charges	(3,790)	10 12
13	Late Fees/Finance Charges	(8)	10 13
14	Charitable Contributions	(1,000)	10 14
15	Resident Gifts	(142)	10 15
16	Resident Reimbursables	(45)	10 16
17	Bad Debt - Tenant	(63,650)	10 17
18	Bad Debt - Medicaid	(26,000)	10 18
19	Cable TV	(1,038)	02 19
20	Management Fees	(44,028)	10 20
21	Service Provider Fee	(197,557)	10 21
22	Asset Management Fee	(12,499)	10 22
23	Partnership Mgmt Fee	(12,399)	10 23
24	Incentive Management Fee	(430,567)	10 24
25	Interest Income-Escrows	(746)	18 25
26	Interest Income	(1,444)	18 26
27	Additional R&M	4,587	02 27
28			28
29	Pathway Management Allocation		29
30	Maintenance	4,008	2 30
31	Utilities	200	3 31
32	Health Care / Personal Care	7,317	6 32
33	Community Life	676	7 33
34	Administrative	128,308	10 34
35	Marketing	19,312	11 35
36	Insurance	1,431	13 36
37	Employee Benefits	22,793	14 37
38	Depreciation	9,428	17 38
39	Rent - Building	11,519	20 39
40	Rent - Equipment	39	21 40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
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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	(847,363)	101

Facility Name: Oak Hill Slf

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.01	\$ 28.46	1
2	Licensed Practical Nurses	1.68	26.47	2
3	Certified Nurse Assistants	11.44	13.98	3
4	Activity Director & Assistants	1.37	18.86	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.17	14.09	7
8	Dishwashers			8
9	Maintenance Workers	1.90	18.59	9
10	Housekeepers	2.34	11.61	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.87	26.58	13
14	Clerical			14
15	Marketing	1.58	23.35	15
16	Other			16
17	Total (lines 1 thru 16)	37.36	\$ 17.32	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	

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 ☒ 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).

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		\$	1
2			2
Total		\$	3

Facility Name: Oak Hill Slf

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	\$ 640,923	35	\$ 386,193	\$ (254,730)	\$ 2,703,350	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Total From Supplemental Page 5's				87,323		20	4,366	4,366	11,595	6
7											7
8											8
9											9
10	Allocated from Pathway Management					9,428			(9,428)		10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,604,061	\$ 650,351		\$ 390,559	\$ (259,792)	\$ 2,714,944	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	\$ 119,661	\$	\$ 11,966	11,966		\$ 54,243	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 119,661	\$	\$ 11,966	11,966		\$ 54,243	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Civil Engineering	2013	6,694		20	335	335	2,343	1
2	Smoking Shelter	2014	3,996		20	200	200	1,199	2
3	Parking Lot Seal Coating	2016	5,745		20	287	287	1,149	3
4	Kick Plates For Doors	2016	2,873		20	144	144	575	4
5	Lamp & Light Fixture Upgrade To Led	2018	40,642		20	2,032	2,032	4,064	5
6	Dining Room Carpet Replacement	2018	11,667		20	583	583	1,167	6
7	Phone System Repairs	2018	3,655		20	183	183	366	7
8	Flag Pole Replacement	2018	2,607		20	130	130	261	8
9	Hot Patch 2 Areas In Parking Lot	2019	2,650		20	133	133	133	9
10	Seal Coat & Restrip Parking Lot	2019	6,795		20	340	340	340	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)		\$ 87,323	\$		\$ 4,366	\$ 4,366	\$ 11,595	34

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

XI. OWNERSHIP COSTS (continued)
B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 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
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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
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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: 1/1/2019 Ending: 2/31/2019

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5	Storage Unit			/ /	296			5	
6	Allocated from Pathway Management			/ /	11,519			6	
7	TOTAL				\$ 11,815			7	

9. Rental amount for movable equipment \$ 5,475

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	\$ 6,653,474	12/1/52	4.3500	\$ 303,390	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,653,474			\$ 303,390	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		-746	8
9	Interest Income		X		/ /			/ /		-1,444	9
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,653,474			\$ 301,201	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.

Facility Name: Oak Hill Slf

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,121,631	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	960,335		3
4	Supply Inventory (priced at)	8,394		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,468		6
7	Other Prepaid Expenses	13,170		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	495,910		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,605,908	\$	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	2,156,614		15
16	Equipment, at Historical Cost	2,451,028		16
17	Accumulated Depreciation (book methods)	(7,271,634)		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	655,321		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,123,067	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,728,975	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 63,402	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	71,608		30
31	Accrued Taxes Payable	147,918		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	115,137		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 422,813	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,653,474		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)	\$ 6,653,474	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,076,287	\$	45
46	TOTAL EQUITY	\$ 7,652,688	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,728,975	\$	47

*(See instructions.)

Facility Name: Oak Hill Slf

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 4,122,048	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,122,048	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	840	8
9	Non-Resident Meals	4,754	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,594	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,190	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,190	14
	D. Other Revenue (specify):		
15		8,362	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,362	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,138,194	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	916,470	19
20	Health Care/ Personal Care	670,865	20
21	General Administration	1,790,931	21
	B. Capital Expense		
22	Ownership	1,181,355	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)	\$ 4,559,621	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (421,427)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (421,427)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,621,244	32
33	Private Pay - Net Inpatient Revenue	1,500,804	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,122,048	37