

		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: 1000017

Facility Name: Robbins SL

Address: 13820 Utica Avenue Robbins 60472

Number City Zip Code

County: Cook

Telephone Number: (708) 389-7140 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 9/30/2002

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		

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)

(Print Name and Title) Steven N. Lavenda, CPA Partner

(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	103	Single Unit Apartment	103	37,595	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	128	TOTALS	128	46,720	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	43,332	61		43,393	5
6	Double Unit					6
7	Other					7
8	TOTALS	43,332	61		43,393	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.88%

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

None Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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 X

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

YES NO X

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

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/2019 Fiscal Year: 12/31/2019

* 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.

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.

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.

STATE OF ILLINOIS

Page 3

Facility Name: Robbins SL

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	195,473	259,741	3,368	458,582	(15)	458,567	1
2	Housekeeping, Laundry and Maintenance	176,892	53,601	156,644	387,137	831	387,968	2
3	Heat and Other Utilities			173,867	173,867	923	174,790	3
4	Other (specify):							4
5	TOTAL General Services	372,365	313,342	333,879	1,019,586	1,739	1,021,325	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	423,216	8,730		431,946	7,280	439,226	6
7	Activities and Social Services	34,244	1,009	5,402	40,655		40,655	7
8	Other (specify):					629	629	8
9	TOTAL Health Care and Programs	457,460	9,739	5,402	472,601	7,909	480,510	9
	C. General Administration							
10	Administrative and Clerical	280,105	8,566	355,202	643,873	(170,376)	473,497	10
11	Marketing Materials, Promotions and Advertising	48,483	232	5,252	53,967	2,478	56,445	11
12	Employee Benefits and Payroll Taxes			149,986	149,986		149,986	12
13	Insurance-Property, Liability and Malpractice			71,822	71,822	152,294	224,116	13
14	Other (specify):					7,542	7,542	14
15	TOTAL General Administration	328,588	8,798	582,262	919,648	(8,062)	911,586	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,158,413	331,879	921,543	2,411,835	1,586	2,413,421	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			26,050	26,050	327,303	353,353	17
18	Interest					701,445	701,445	18
19	Real Estate Taxes			211,810	211,810		211,810	19
20	Rent -- Facility and Grounds			1,311,664	1,311,664	(1,303,332)	8,332	20
21	Rent -- Equipment			11,400	11,400		11,400	21
22	Other (specify):							22
23	TOTAL Ownership			1,560,924	1,560,924	(274,584)	1,286,340	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,158,413	331,879	2,482,467	3,972,759	(272,998)	3,699,761	24

STATE OF ILLINOIS		Page 3A
Robbins SL		
Report Period Beginning:	1/1/2019	
Ending:	12/31/2019	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (459,322)	17 1
2 Interest Income	(6,401)	18 2
3 Cable TV	(9,608)	02 3
4 Bank Charges	(1,948)	10 4
5 Loss/Damage	(135)	10 5
6 Use Tax	(6)	10 6
7 Food Service - Liquor	(15)	01 7
8 Meals & Entertainment	(1,016)	10 8
9 Bad Debts	(41,823)	10 9
10 Penalties	(91)	10 10
11 Miscellaneous Income	(6,363)	10 11
12 Capitalized R & M	(36,889)	02 12
13		13
14 MANAGEMENT OFFICE ALLOCATION		14
15 Housekeeping/Maint/Laundry	2,104	02 15
16 Utilities	923	03 16
17 Health Care/Personal Care	7,280	06 17
18 Health Care Emp. Ben/Payroll Taxes	629	08 18
19 Administrative and General	136,883	10 19
20 Advertising and Marketing	2,478	11 20
21 Insurance	5,014	13 21
22 Admin Emp Benefits & Payroll Taxes	7,542	14 22
23 Building Rental	8,332	20 23
24 Management Office Allocation	(255,877)	10 24
25		25
26 BUILDING COMPANY		26
27 Interest Income	(257)	18 27
28 Interest Expense	708,103	18 28
29 Depreciation	786,625	17 29
30 Rent	(1,311,664)	20 30
31 Asset Management Fee	45,224	02 31
32 Insurance	147,280	13 32
33		33
34		34
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96		96
97		97
98		98
99		99
100		100
101 Total	(272,008)	101

Facility Name: Robbins SL

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	2.63	\$ 31.81	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.44	11.46	3
4	Activity Director & Assistants	1.28	12.90	4
5	Social Service Workers			5
6	Head Cook	1.29	15.02	6
7	Cook Helpers/Assistants	7.41	10.07	7
8	Dishwashers			8
9	Maintenance Workers	1.82	14.06	9
10	Housekeepers	5.31	11.21	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.52	28.27	13
14	Clerical	6.77	13.53	14
15	Marketing	1.25	18.58	15
16	Other			16
17	Total (lines 1 thru 16)	39.72	\$ 14.02	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
Rockford SLF	Rockford, IL
Coles SLF	Chicago, IL
Jackson Park SLF	Chicago, IL
Grand Regency of Peoria	Peoria, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Robbins SLF Realty	Robbins, IL	Building Co
Grand Lifestyles	Skokie, IL	Management Co
Grand at Twin Lakes	Palatine, IL	Ind. Living

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	N/A	\$	1
2			2
Total		\$	3

Facility Name: Robbins SL Report Period Beginning: 1/1/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 567,500 Year land was acquired 2016

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	128		2016	2002	\$ 4,548,527	\$ 812,675	35	\$ 129,958	\$ (682,717)	\$ 519,832	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				247,344		20	12,226	12,226	23,077	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)				\$ 4,795,871	\$ 812,675		\$ 142,184	\$ (670,491)	\$ 542,909	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	\$ 2,115,768	\$	\$ 211,169	211,169		\$ 740,059	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 2,115,768	\$	\$ 211,169	211,169		\$ 740,059	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	Repaired Roof	2017	4,750		20	238	238	713	1
2	Installed New Hoses	2017	2,500		20	125	125	375	2
3	Installed Scald Protectors	2017	3,096		20	155	155	464	3
4	Installed New Furnace	2017	5,771		20	289	289	866	4
5	Installed New Surveillance System	2017	5,172		20	259	259	776	5
6	Installed A/C System	2017	3,500		20	175	175	525	6
7	1St-4Th Floor-Office/Corridor Tiling/Paint/Lighting	2018	164,441		20	8,222	8,222	16,444	7
8	Roof Repair	2018	3,000		20	150	150	300	8
9	Repaired Pavement And Sewer	2019	26,050		20	1,303	1,303	1,303	9
10	Ptac Heat Pump	2019	2,703		20	135	135	135	10
11	Repairs Of Roof	2019	7,100		20	355	355	355	11
12	Installed Fire Alarm	2019	9,639		20	341	341	341	12
13	Repaired Sewer In Basement	2019	3,412		20	171	171	171	13
14	Installed Security Cameras	2019	3,385		20	169	169	169	14
15	Repaired Elevator	2019	2,826		20	141	141	141	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)		\$ 247,344	\$		\$ 12,226	\$ 12,226	\$ 23,077	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		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
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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
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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.

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*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6	Allocated from Grand Lifestyles			/ /	8,332			6
7	TOTAL				\$ 8,332			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 11,400

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	MB Financial		X	Mortgage	/ /	\$	17,900,066	/ /		\$ 707,846	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB Financial		X	Line of Credit	/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	17,900,066			\$ 707,846	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-6,401	8
9	Building Co. - Interest Income		X		/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	17,900,066			\$ 701,445	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: Robbins SL

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	\$ 402,104	\$ 635,417	1
2	Cash-Patient Deposits	1,877	1,877	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	709,467	705,341	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	125,619	171,419	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		1,046,458	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,239,067	\$ 2,560,512	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		567,500	13
14	Buildings, at Historical Cost		5,056,057	14
15	Leasehold Improvements, at Historical Cost	26,050	26,050	15
16	Equipment, at Historical Cost	400,030	2,094,003	16
17	Accumulated Depreciation (book methods)	(426,080)	(2,513,268)	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):	177,660	7,724,512	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 177,660	\$ 12,954,854	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,416,727	\$ 15,515,366	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 29,894	\$ 100,988	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	74,113	74,113	30
31	Accrued Taxes Payable	200,091	451,484	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	128,773	377,997	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 432,871	\$ 1,004,582	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		17,900,066	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	416,679	416,679	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 416,679	\$ 18,316,745	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 849,550	\$ 19,321,327	45
46	TOTAL EQUITY	\$ 567,177	\$ (3,805,961)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,416,727	\$ 15,515,366	47

*(See instructions.)

Facility Name: Robbins SL

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	\$ 5,116,359	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,116,359	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		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,401	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,401	14
	D. Other Revenue (specify):		
15		6,363	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 6,363	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,129,123	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,019,586	19
20	Health Care/ Personal Care	472,601	20
21	General Administration	919,648	21
	B. Capital Expense		
22	Ownership	1,560,924	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)	\$ 3,972,759	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,156,364	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,156,364	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,990,226	32
33	Private Pay - Net Inpatient Revenue	1,126,133	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 5,116,359	37