

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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

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

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

X Other

GOVERNMENTAL

State

County

Other

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2020 to 12/31/2020 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)

(Type or Print Name)

(Title)

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone)

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

Name: Steven N. Lavenda

Telephone Number: (847) - 282- 6300

Email Address:

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

HFS 3745C (N-4-05)

IL478-2471

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	34,404	1
2	10	Double Unit Apartment	10	3,660	2
3		Other			3
4	104	TOTALS	104	38,064	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	19,058	12,705		31,763	5
6	Double Unit	2,027	1,352		3,379	6
7	Other					7
8	TOTALS	21,085	14,057		35,142	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.32%

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

452 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 160 (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: 12/31/20 Fiscal Year: 12/31/20

* 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:

1/1/2020

Ending: 12/31/2020

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	340,442	249,709	2,538	592,689	(537)	592,152	1
2	Housekeeping, Laundry and Maintenance	140,822	28,654	92,638	262,114	6,828	268,942	2
3	Heat and Other Utilities			91,956	91,956	(982)	90,974	3
4	Other (specify):							4
5	TOTAL General Services	481,264	278,363	187,132	946,759	5,309	952,068	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	684,990	29,269	84,366	798,625	14,139	812,764	6
7	Activities and Social Services	56,753	3,408	11,548	71,709	1,309	73,018	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	741,743	32,677	95,914	870,334	15,448	885,782	9
	C. General Administration							
10	Administrative and Clerical	243,392	9,236	842,252	1,094,880	(236,316)	858,564	10
11	Marketing Materials, Promotions and Advertising	70,177	5,082	70,912	146,171	14,044	160,215	11
12	Employee Benefits and Payroll Taxes			253,068	253,068		253,068	12
13	Insurance-Property, Liability and Malpractice			93,729	93,729	4,009	97,738	13
14	Other (specify):					25,195	25,195	14
15	TOTAL General Administration	313,569	14,318	1,259,961	1,587,848	(193,067)	1,394,781	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,536,576	325,358	1,543,007	3,404,941	(172,311)	3,232,630	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			646,086	646,086	(239,949)	406,137	17
18	Interest			299,640	299,640	(387)	299,253	18
19	Real Estate Taxes			83,385	83,385		83,385	19
20	Rent -- Facility and Grounds			348	348	12,605	12,953	20
21	Rent -- Equipment			5,644	5,644	(64)	5,580	21
22	Other (specify):			75,134	75,134		75,134	22
23	TOTAL Ownership			1,110,237	1,110,237	(227,794)	882,443	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,536,576	325,358	2,653,244	4,515,178	(400,105)	4,115,073	24

STATE OF ILLINOIS		Page 3A
Oak Hill SLF		
Report Period Beginning:	1/1/2020	
Ending:	12/31/2020	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	\$ (249,294)	17 1
2 Equipment Rental Late Fees	(96)	21 2
3 Additional R&M	5,504	02 3
4 Guest Meals	(537)	01 4
5 Maintenance Fees	(3,156)	02 5
6 Pet Fee	(1,000)	07 6
7 NSF Fees	(755)	10 7
8 Late Fees	20	10 8
9 Other Income	(15,574)	10 9
10 Bank Service Charges	(3,019)	10 10
11 Charitable Contributions	(3,000)	10 11
12 Resident Gifts	(291)	10 12
13 Bad Debt Expense	(48,000)	10 13
14 Meals & Entertainment	(91)	10 14
15 Cable TV	(1,125)	03 15
16 Management Fees	(78,233)	10 16
17 Service Provider Fee	(219,000)	10 17
18 Asset Management Fee	(12,668)	10 18
19 Partnership Mgmt Fee	(12,668)	10 19
20 Interest Income	(36)	18 20
21 Replacement Reserve Interest	(351)	18 21
22		22
23		23
24 Pathway Management Allocation		24
25 Maintenance	4,480	2 25
26 Utilities	142	3 26
27 Health Care / Personal Care	14,139	6 27
28 Community Life	2,309	7 28
29 Administrative	156,963	10 29
30 Marketing	14,044	11 30
31 Insurance	4,009	13 31
32 Employee Benefits	25,195	14 32
33 Depreciation	9,245	17 33
34 Rent - Building	12,605	20 34
35 Rent - Equipment	32	21 35
36		36
37		37
38		38
39		39
40		40
41		41
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90		90
91		91
92		92
93		93
94		94
95		95
96		96
97		97
98		98
99		99
100		100
101 Total	(400,105)	101

Facility Name: Oak Hill SLF

Report Period Beginning 1/1/2020 Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.23	\$ 30.54	1
2	Licensed Practical Nurses	3.03	25.88	2
3	Certified Nurse Assistants	13.53	13.51	3
4	Activity Director & Assistants	1.40	19.44	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	11.70	13.99	7
8	Dishwashers			8
9	Maintenance Workers	2.01	18.82	9
10	Housekeepers	2.57	11.58	10
11	Laundry			11
12	Managers			12
13	Other Administrative	5.17	22.65	13
14	Clerical			14
15	Marketing	1.30	25.92	15
16	Other			16
17	Total (lines 1 thru 16)	42.95	\$ 17.20	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

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).

Facility Name: Oak Hill SLF

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	104		2012		\$ 13,516,738	\$ 646,086	35	\$ 386,193	\$ (259,893)	\$ 3,089,543	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				106,047		20	5,303	5,303	16,900	6
7											7
8											8
9											9
10	Allocated from Pathway Management					9,345			(9,345)		10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,622,785	\$ 655,431		\$ 391,496	\$ (263,935)	\$ 3,106,443	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	\$ 146,416	\$	\$ 14,641	14,641		\$ 68,884	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 146,416	\$	\$ 14,641	14,641		\$ 68,884	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	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 Civil Engineering	2013	6,694		20	335	335	2,678	1
2 Smoking Shelter	2014	3,996		20	200	200	1,399	2
3 Parking Lot Seal Coating	2016	5,745		20	287	287	1,436	3
4 Kick Plates For Doors	2016	2,873		20	144	144	719	4
5 Lamp & Light Fixture Upgrade To Led	2018	40,642		20	2,032	2,032	6,096	5
6 Dining Room Carpet Replacement	2018	11,667		20	583	583	1,750	6
7 Phone System Repairs	2018	3,655		20	183	183	549	7
8 Flag Pole Replacement	2018	2,607		20	130	130	391	8
9 Hot Patch 2 Areas In Parking Lot	2019	2,650		20	133	133	266	9
10 Seal Coat & Restrip Parking Lot	2019	6,795		20	340	340	680	10
11 New Rear Double Doors & Dock Door Replacement	2020	4,571		20	229	229	229	11
12 Elevator Button Panel Replacement	2020	3,898		20	195	195	195	12
13 Install/Replace Walk In Cooler	2020	10,254		20	513	513	513	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)		\$ 106,047	\$		\$ 5,303	\$ 5,303	\$ 16,900	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
13									13
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21									21
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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
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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: 1/1/2020

Ending: 2/31/2020

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	9. Rental amount for movable equipment \$ 5,580
4	Additions			/ /				4	
5	Storage Unit			/ /	348			5	
6	Allocated from Pathway Management			/ /	12,605			6	
7	TOTAL				\$ 12,954			7	

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 5,580

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	\$ 6,560,938	12/1/52	4.3500	\$ 287,596	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Interest Expense - Debt Issuance Cost				/ /			/ /		12,044	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,200,000	\$ 6,560,938			\$ 299,640	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-36	8
9	Replacement Reserve Interest Income				/ /			/ /		-351	9
10	TOTALS (lines 7, 8 and 9)					\$ 7,200,000	\$ 6,560,938			\$ 299,253	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: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,057,060	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,736,259		3
4	Supply Inventory (priced at)	12,173		4
5	Short-Term Investments			5
6	Prepaid Insurance	106,615		6
7	Other Prepaid Expenses	27,152		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	578,422		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 3,517,681	\$	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	2,161,185		15
16	Equipment, at Historical Cost	2,497,438		16
17	Accumulated Depreciation (book methods)	(7,917,720)		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	600,424		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,473,065	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,990,746	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 41,930	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	86,915		30
31	Accrued Taxes Payable	117,360		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	178,432		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 449,385	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,560,938		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	37,278		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,598,216	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,047,601	\$	45
46	TOTAL EQUITY	\$ 7,943,145	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,990,746	\$	47

*(See instructions.)

Facility Name: Oak Hill SLF

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 4,391,311	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,391,311	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	537	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 537	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	387	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 387	14
	D. Other Revenue (specify):		
15	See Attached	497,470	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 497,470	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,889,705	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	946,759	19
20	Health Care/ Personal Care	870,334	20
21	General Administration	1,587,848	21
	B. Capital Expense		
22	Ownership	1,110,237	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)	\$ 4,515,178	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 374,527	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 374,527	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,386,565	32
33	Private Pay - Net Inpatient Revenue	1,004,746	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,391,311	37