

Facility Name Dorchester Senior CenterReport Period Beginning: 09/28/2007 Ending: 04/30/2008

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	126	Single Unit Apartment	126	27,216	1
2		Double Unit Apartment			2
3		Other			3
4	126	TOTALS	126	27,216	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	46	9,455		9,501	5
6	Double Unit					6
7	Other					7
8	TOTALS	46	9,455		9,501	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 34.91%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

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 NOTax Year: 4/30/2008 Fiscal Year: 4/30/2008

* 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 therequired payments of interest and principle? N/AIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of therequired payments of interest and principle? N/AIf no, explain. N/AL. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

Facility Name: Dorchester Senior Center

Report Period Beginning:

09/28/2007

Ending:

04/30/2008

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	61,532		81,514	143,046		143,046	1
2	Housekeeping, Laundry and Maintenance	49,324	19,565	22,365	91,254		91,254	2
3	Heat and Other Utilities			59,697	59,697	(1,760)	57,937	3
4	Other (specify):							4
5	TOTAL General Services	110,856	19,565	163,576	293,997	(1,760)	292,237	5
B. Health Care and Programs								
6	Health Care/ Personal Care	141,109			141,109		141,109	6
7	Activities and Social Services	35,748			35,748		35,748	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	176,857			176,857		176,857	9
C. General Administration								
10	Administrative and Clerical	181,274	19,147	34,863	235,284	(41,905)	193,379	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			95,234	95,234		95,234	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	TOTAL General Administration	181,274	19,147	130,097	330,518	(41,905)	288,613	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	468,987	38,712	293,673	801,372	(43,665)	757,707	16
Capital Expenses								
D. Ownership								
17	Depreciation					112,303	112,303	17
18	Interest					272,254	272,254	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership					384,557	384,557	23
24	GRAND TOTAL (Sum of lines 16 and 23)	468,987	38,712	293,673	801,372	340,892	1,142,264	24

Facility Name: Dorchester Senior Center

Report Period Beginning: 09/28/2007 Ending: 04/30/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	5.13	\$ 13.22	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1.17	14.72	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.22	9.18	7
8	Dishwashers			8
9	Maintenance Workers	2.57	9.23	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.54	21.79	13
14	Clerical	2.66	20.21	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	16.28	\$ 13.85	17

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	\$
2		
Total		\$

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 <u>1</u>	City <u>2</u>
N/A	

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
N/A		

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: Dorchester Senior Center

Report Period Beginning: 09/28/2007

Ending: 04/30/2008

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ _____ Year land was acquired _____

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				50,554			2,528	2,528	20,222	6
7	Various		1996		54,697		20	2,735	2,735	35,553	7
8	Various		1997		951,945		20	47,597	47,597	571,167	8
9	Various		1998		62,006		20	3,100	3,100	34,103	9
10	Various		1999		162,472		20	8,124	8,124	81,236	10
11	Various		2000		74,883		20	3,744	3,744	33,697	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,356,556	\$		\$ 67,828	\$ 67,828	\$ 775,978	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	\$ 444,750	\$	\$ 44,475	44,475	10	\$ 441,973	18
19	Vehicles	47,290				5	47,290	19
20	TOTAL (lines 18 and 19)	\$ 492,040	\$	\$ 44,475	44,475		\$ 489,263	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

Facility Name & ID Number Dorchester Senior Center

Report Period Beginning: 09/28/2007 Ending: 04/30/2008

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	<u>2001</u>	<u>1,045</u>		<u>20</u>	<u>52</u>	<u>52</u>	<u>418</u>	2
3	<u>2001</u>	<u>1,620</u>		<u>20</u>	<u>81</u>	<u>81</u>	<u>648</u>	3
4	<u>2001</u>	<u>1,100</u>		<u>20</u>	<u>55</u>	<u>55</u>	<u>440</u>	4
5	<u>2001</u>	<u>18,500</u>		<u>20</u>	<u>925</u>	<u>925</u>	<u>7,400</u>	5
6	<u>2001</u>	<u>25,980</u>		<u>20</u>	<u>1,299</u>	<u>1,299</u>	<u>10,392</u>	6
7	<u>2001</u>	<u>2,310</u>		<u>20</u>	<u>115</u>	<u>115</u>	<u>924</u>	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	<u>Total Book Depreciation</u>							33
34	<u>TOTAL (lines 1 thru 33)</u>		\$ <u>50,554</u>	\$	\$ <u>2,528</u>	\$ <u>2,528</u>	\$ <u>20,222</u>	34

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

Facility Name & ID Number Dorchester Senior Center

Report Period Beginning: 09/28/2007 Ending: 04/30/2008

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 & ID Number Dorchester Senior Center

Report Period Beginning: 09/28/2007 Ending: 04/30/2008

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: Dorchester Senior Center

Report Period Beginning: 09/28/2007

Ending: 4/30/2008

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	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building	N/A		/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ -

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	Village of Dolton, IL		X	Bond Issue-2006 Series	2006	\$	\$	2025		\$ 272,254
2					/ /			/ /		
3					/ /			/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$	\$			\$ 272,254
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 272,254

* 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: **Dorchester Senior Center**Report Period Beginning: **09/28/2007**

Ending:

04/30/2008**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,383	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	2,243		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 8,626	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	(10,833)		16
17	Accumulated Depreciation (book methods)			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ (10,833)	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ (2,207)	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 392,843	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 392,843	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 392,843	\$	45
46	TOTAL EQUITY	\$ (395,050)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ (2,207)	\$	47

*(See instructions.)

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 235,041	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 235,041	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15	See Attached	171,281	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 171,281	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 406,322	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	293,997	19
20	Health Care/ Personal Care	176,857	20
21	General Administration	330,518	21
B. Capital Expense			
22	Ownership		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)	\$ 801,372	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (395,050)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (395,050)	31