

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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.

<p>I. Facility ID Number: <u>1000086</u></p> <p>Facility Name: <u>Dorchester Senior Center</u></p> <p>Address: <u>1515 East 154th St</u> <u>Dolton</u> <u>60419</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(708) 201-3381</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>09/28/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input checked="" type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input checked="" type="checkbox"/> Other <u>Village</u></td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td><input type="checkbox"/> Limited Liability Co.</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input checked="" type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Other <u>Village</u>		<input type="checkbox"/> "Sub-S" Corp.	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>5/1/2012</u> to <u>4/30/2013</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) _____ (Title) _____ </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u> </td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input checked="" type="checkbox"/> GOVERNMENTAL																					
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State																					
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County																					
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Other <u>Village</u>																					
	<input type="checkbox"/> "Sub-S" Corp.	<input type="checkbox"/> Limited Liability Co.																					
	<input type="checkbox"/> Trust	<input type="checkbox"/> Other _____																					
Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____																						
Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg & Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>																						

Facility Name Dorchester Senior Center

Report Period Beginning: 5/1/2012 Ending: 4/30/2013

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	45,990	1
2		Double Unit Apartment			2
3		Other			3
4	126	TOTALS	126	45,990	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	9,033	11,625		20,658	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,033	11,625		20,658	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 44.92%

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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 4/30/13 Fiscal Year: 4/30/13

* 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: Dorchester Senior Center

Report Period Beginning:

5/1/2012

Ending:

4/30/2013

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	122,337		143,441	265,777		265,777	1
2	Housekeeping, Laundry and Maintenance	98,065	44,727	95,763	238,555		238,555	2
3	Heat and Other Utilities			56,587	56,587	(26,300)	30,287	3
4	Other (specify):							4
5	TOTAL General Services	220,402	44,727	295,790	560,920	(26,300)	534,620	5
B. Health Care and Programs								
6	Health Care/ Personal Care	280,551			280,551		280,551	6
7	Activities and Social Services	71,074			71,074		71,074	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	351,624			351,624		351,624	9
C. General Administration								
10	Administrative and Clerical	360,406	40,556	1,100,382	1,501,344	(984,163)	517,181	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			256,862	256,862		256,862	12
13	Insurance-Property, Liability and Malpractice			81,846	81,846		81,846	13
14	Other (specify):							14
15	TOTAL General Administration	360,406	40,556	1,439,091	1,840,053	(984,163)	855,890	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	932,432	85,283	1,734,881	2,752,597	(1,010,463)	1,742,134	16
Capital Expenses								
D. Ownership								
17	Depreciation					574,168	574,168	17
18	Interest					806,244	806,244	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Banquet & Business Rental Expense	35,769	4,906	40,526	81,200	(81,200)	0	22
23	TOTAL Ownership	35,769	4,906	40,526	81,200	1,299,212	1,380,412	23
24	GRAND TOTAL (Sum of lines 16 and 23)	968,201	90,189	1,775,407	2,833,797	288,749	3,122,546	24

Dorchester Senior Center

Report Period Beginning:

5/1/2012

Ending:

4/30/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 574,168	17	1
2	Bank Fees	(1,672)	10	2
3	Misc. Income	(2,194)	10	3
4	Advertising	(10,268)	10	4
5	Cable TV	(26,300)	03	5
6	Interest Expense	806,246	18	6
7	Banquet and Business Rental Expenses	(81,200)	22	7
8	Interest Income	(2)	18	8
9	Prior Period Adjustment	(970,029)	10	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				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53
54				54
55				55
56				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
78				78
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		288,749	101

Facility Name: **Dorchester Senior Center**

Report Period Beginning **5/1/2012**

Ending:

4/30/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	9.24	\$ 14.59	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.10	16.25	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.81	10.13	7
8	Dishwashers			8
9	Maintenance Workers	4.63	10.19	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.77	24.05	13
14	Clerical	4.78	22.30	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	29.33	\$ 16.25	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	\$	1
2		2
Total		\$ 3

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
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
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: _____ If yes, what is the value of those services? \$ _____
 (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:

5/1/2012

Ending:

4/30/2013

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				10,588,192			529,410	529,410	2,589,133	6
7	Various		1988		669,396		20			669,396	7
8	Various		1994		204,953		20	10,248	10,248	204,954	8
9	Various		1995		36,576		20	1,829	1,829	34,748	9
10	Various		1996		54,697		20	2,735	2,735	49,227	10
11	Various		1997		7,186		20	359	359	6,108	11
12	Various		1998		95,840		20	4,792	4,792	76,672	12
13	Various		1999		161,107		20	8,055	8,055	120,830	13
14	Various		2000		77,566		20	3,878	3,878	54,296	14
15	Various		2001		50,554		20	2,528	2,528	32,861	15
16	Various		2002		2,964		20	148	148	1,778	16
17	TOTAL (lines 1 thru 16)				\$ 11,949,031	\$		\$ 563,982	\$ 563,982	\$ 3,840,003	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	\$ 476,198	\$	\$ 3,146	3,146	10	\$ 451,781	18
19	Vehicles	82,493		7,041	7,041	5	61,371	19
20	TOTAL (lines 18 and 19)	\$ 558,691	\$	\$ 10,187	10,187		\$ 513,152	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
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years
1	Various	2004	8,320		20
2	Carpet Installation	2005	910		20
3	Carpet Installation	2005	455		20
4	Roofing	2006	94,405		20
5	Dvr/Cameras	2008	8,400		20
6	Surveillance	2009	8,800		20
7	Building Renovation	2009	9,967,885		20
8	Dorchester Roof Repair	2011	91,100		20
9	Dorchester Deck	2011	10,000		20
10	Parking Lot	2011	8,900		20
11	Dorch Ave Pave	2011	196,858		20
12	Fire Hydrant Project	2011	1,824		20
13	Dorch Pking Lot	2011	4,000		20
14	Fire Hydrant Project	2011	33,209		20
15	Dorch Pking Lot	2011	6,000		20
16	A/C And Install	2011	6,090		20
17	Vil Hall Roof Rpr	2012	36,266		20
18	Dorch Pking Lot	2012	5,000		20
19	Dorch Deck	2012	57,000		20
20	A/C And Install	2012	5,380		20
21	A/C And Install	2012	6,310		20
22	Lamps/Fixtures	2012	21,073		20
23	Lamps/Fixtures	2012	7,578		20
24	Fire Hydrant Project	2012	2,429		20
25					
26					
27					

28					
29					
30					
31					
32					
33					
34	TOTAL (lines 1 thru 33)		\$ 10,588,192	\$	\$

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

ig: 5/1/2012 Ending: 4/30/2013

7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
416	416	4,162	1
46	46	411	2
23	23	205	3
4,720	4,720	37,762	4
420	420	2,520	5
440	440	2,200	6
498,394	498,394	2,491,971	7
4,555	4,555	9,110	8
500	500	1,000	9
445	445	890	10
9,843	9,843	19,686	11
91	91	182	12
200	200	400	13
1,660	1,660	3,321	14
300	300	600	15
305	305	609	16
1,813	1,813	3,627	17
250	250	500	18
2,850	2,850	5,700	19
269	269	538	20
316	316	631	21
1,054	1,054	2,107	22
379	379	758	23
121	121	243	24
			25
			26
			27

			28
			29
			30
			31
			32
			33
529,410	\$ 529,410	\$ 2,589,133	34

Facility Name & ID Number

Dorchester Senior Center

Report Period Beginnir

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					

28					
29					
30					
31					
32					
33					
34	TOTAL (lines 1 thru 33)		\$	\$	\$

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

ig: 5/1/2012 Ending: 4/30/2013

7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23
			24
			25
			26
			27

			28
			29
			30
			31
			32
			33
	\$	\$	34

Facility Name & ID Number

Dorchester Senior Center

Report Period Beginnir

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				

28					
29					
30					
31					
32					
33					
34	TOTAL (lines 1 thru 33)		\$	\$	\$

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

ig: 5/1/2012 Ending: 4/30/2013

7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
			23
			24
			25
			26
			27

			28
			29
			30
			31
			32
			33
	\$	\$	34

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2012

Ending: 4/30/2013

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			/ /	\$			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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Village of Dolton, IL		X	Bond Issue - 2006	6/28/05	\$	\$	2025		\$ 806,246	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	\$			\$ 806,246	7
		B. Non-Facility Related										
8		Interest Income		X		/ /			/ /		(2)	8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$ 806,244	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: **Dorchester Senior Center**Report Period Beginning: **5/1/2012**

Ending:

4/30/2013**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **4/30/2013**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 76,513	\$	1
2	Cash-Patient Deposits	825		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	352,935		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	283,081		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 713,354	\$	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	11,515,956		15
16	Equipment, at Historical Cost	527,424		16
17	Accumulated Depreciation (book methods)	(1,701,696)		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)	\$ 10,341,684	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,055,038	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	44,006		30
31	Accrued Taxes Payable	1,358		31
32	Accrued Interest Payable	31,945		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Others	15,091,778		35
36	See Attached	17,839		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 15,186,927	\$	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)	\$ 15,186,927	\$	45
46	TOTAL EQUITY	\$ (4,131,890)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,055,037	\$	47

*(See instructions.)

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2012

Ending:

4/30/2013

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	\$ 1,256,057	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,256,057	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	2	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2	14
D. Other Revenue (specify):			
15	See Attached	156,524	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 156,524	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,412,583	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	560,920	19
20	Health Care/ Personal Care	351,624	20
21	General Administration	1,840,053	21
B. Capital Expense			
22	Ownership	81,200	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)	\$ 2,833,797	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,421,214)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,421,214)	31