

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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><b>I. Facility ID Number:</b> <u>1000086</u></p> <p><b>Facility Name:</b> <u>Dorchester Senior Center</u></p> <p><b>Address:</b> <u>1515 East 154th St</u> <u>Dolton</u> <u>60419</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> <u>(708) 201-3381</u> Fax # _____</p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>9/28/2007</u></p> <p><b>Type of Ownership:</b></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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 282 - 6300</u>  <b>Email Address:</b> _____</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	<b>IRS Exemption Code</b> _____	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>5/1/2014</u> to <u>4/30/2015</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%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> <u>Partner</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u></td> <td></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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> <u>Partner</u>			(Firm Name & Address) <u>Marcum LLP</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>			(Telephone) <u>(847) 282-6300</u> Fax <u>(847) 282-6301</u>	
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Facility Name Dorchester Senior Center

Report Period Beginning: 5/1/2014 Ending: 4/30/2015

**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	7,572	7,601		15,173	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,572	7,601		15,173	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 32.99%

**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: 4/30/2015 Fiscal Year: 4/30/2015

\* 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:

5/1/2014

Ending:

4/30/2015

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	32,834		284,246	317,080		317,080	1
2	Housekeeping, Laundry and Maintenance	26,320	37,104	178,733	242,157		242,157	2
3	Heat and Other Utilities			87,215	87,215	(19,039)	68,176	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>59,154</b>	<b>37,104</b>	<b>550,194</b>	<b>646,452</b>	<b>(19,039)</b>	<b>627,413</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	75,298		319,739	395,037		395,037	6
7	Activities and Social Services	19,076		81,002	100,078		100,078	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>94,374</b>		<b>400,741</b>	<b>495,115</b>		<b>495,115</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	96,732	29,090	479,096	604,918	(3,848)	601,070	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			41,125	41,125		41,125	12
13	Insurance-Property, Liability and Malpractice			86,644	86,644		86,644	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>96,732</b>	<b>29,090</b>	<b>606,865</b>	<b>732,687</b>	<b>(3,848)</b>	<b>728,839</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>250,260</b>	<b>66,194</b>	<b>1,557,800</b>	<b>1,874,254</b>	<b>(22,887)</b>	<b>1,851,367</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					562,601	562,601	17
18	Interest					815,578	815,578	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			5,309	5,309		5,309	22
23	<b>TOTAL Ownership</b>			<b>5,309</b>	<b>5,309</b>	<b>1,378,179</b>	<b>1,383,488</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>250,260</b>	<b>66,194</b>	<b>1,563,109</b>	<b>1,879,563</b>	<b>1,355,292</b>	<b>3,234,855</b>	<b>24</b>

Dorchester Senior Center

Report Period Beginning: 5/1/2014  
 Ending: 4/30/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 562,601	17	1
2	Bank Fees	(1,832)	10	2
3	Interest Income	(59)	18	3
4	Miscellaneous Income	(386)	10	4
5	Advertising	(1,630)	10	5
6	Cable	(19,039)	03	6
7	Interest Expense	815,637	18	7
8				8
9				9
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<b>97</b>				<b>97</b>
<b>98</b>				<b>98</b>
<b>99</b>				<b>99</b>
<b>100</b>				<b>100</b>
<b>101</b>	<b>Total</b>		1,355,292	<b>101</b>

Facility Name: **Dorchester Senior Center**

Report Period Beginning **5/1/2014**

Ending:

**4/30/2015**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	12.40	\$ 15.32	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.82	17.08	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.79	10.64	7
8	Dishwashers			8
9	Maintenance Workers	6.21	10.70	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.71	25.27	13
14	Clerical	6.42	23.43	14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>39.35</b>	<b>\$ 16.05</b>	<b>17</b>

**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	
				<b>Total</b>	<b>\$</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee		
1	\$	1	
2		2	
<b>Total</b>		<b>\$</b>	<b>3</b>

**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: N/A 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:

5/1/2014

Ending:

4/30/2015

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
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				10,604,092			530,206	530,206	3,648,750	6
7	Various		1988		669,396		20			669,396	7
8	Various		1994		204,953		20			204,953	8
9	Various		1995		36,576		20			36,576	9
10	Various		1996		54,697		20	2,735	2,735	54,697	10
11	Various		1997		7,186		20	359	359	6,826	11
12	Various		1998		95,840		20	4,792	4,792	86,256	12
13	Various		1999		161,107		20	8,055	8,055	136,940	13
14	Various		2000		77,566		20	3,878	3,878	62,052	14
15	Various		2001		50,554		20	2,528	2,528	37,917	15
16	Various		2002		2,964		20	148	148	2,074	16
17	TOTAL (lines 1 thru 16)				\$ 11,964,931	\$		\$ 552,702	\$ 552,702	\$ 4,946,438	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	\$	\$ 2,859	2,859	10	\$ 457,788	18
19	Vehicles	82,492		7,040	7,040	5	75,450	19
20	TOTAL (lines 18 and 19)	\$ 558,690	\$	\$ 9,899	9,899		\$ 533,238	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

## STATE OF ILLINOIS

Facility Name & ID Number Dorchester Senior Center

Report Period Beginning:

5/1/2014 Ending:

## 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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2	Various	2004	8,320	20	417	417	
3	Carpet Installation	2005	910	20	46	46	
4	Carpet Installation	2005	455	20	23	23	
5	Roofing	2006	94,405	20	4,720	4,720	
6	Dvr/Cameras	2008	8,400	20	420	420	
7	Surveillance	2009	8,800	20	440	440	
8	Building Renovation	2009	9,967,885	20	498,394	498,394	
9	Dorchester Roof Repair	2011	91,100	20	4,555	4,555	
10	Dorchester Deck	2011	10,000	20	500	500	
11	Parking Lot	2011	8,900	20	445	445	
12	Dorch Ave Pave	2011	196,858	20	9,843	9,843	
13	Fire Hydrant Project	2011	1,824	20	91	91	
14	Dorch Pking Lot	2011	4,000	20	200	200	
15	Fire Hydrant Project	2011	33,209	20	1,660	1,660	
16	Dorch Pking Lot	2011	6,000	20	300	300	
17	A/C And Install	2011	6,090	20	305	305	
18	Vil Hall Roof Rpr	2012	36,266	20	1,813	1,813	
19	Dorch Pking Lot	2012	5,000	20	250	250	
20	Dorch Deck	2012	57,000	20	2,850	2,850	
21	A/C And Install	2012	5,380	20	269	269	
22	A/C And Install	2012	6,310	20	316	316	
23	Lamps/Fixtures	2012	21,073	20	1,054	1,054	
24	Lamps/Fixtures	2012	7,578	20	379	379	
25	Fire Hydrant Project	2012	2,429	20	121	121	
26	Lube-Kit System (Compressor)	2014	8,900	20	445	445	
27	Dorchester Parking Lot	2014	7,000	20	350	350	
28							
29							
30							
31							
32							
33							
34	TOTAL (lines 1 thru 33)		\$ 10,604,092	\$	\$ 530,206	\$ 530,206	\$

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

<b>9</b>	
<b>Accumulated</b>	
<b>depreciation</b>	
	<b>1</b>
<b>4,996</b>	<b>2</b>
<b>503</b>	<b>3</b>
<b>251</b>	<b>4</b>
<b>47,202</b>	<b>5</b>
<b>3,360</b>	<b>6</b>
<b>3,080</b>	<b>7</b>
<b>3,488,759</b>	<b>8</b>
<b>18,220</b>	<b>9</b>
<b>2,000</b>	<b>10</b>
<b>1,780</b>	<b>11</b>
<b>39,372</b>	<b>12</b>
<b>364</b>	<b>13</b>
<b>800</b>	<b>14</b>
<b>6,641</b>	<b>15</b>
<b>1,200</b>	<b>16</b>
<b>1,219</b>	<b>17</b>
<b>7,253</b>	<b>18</b>
<b>1,000</b>	<b>19</b>
<b>11,400</b>	<b>20</b>
<b>1,076</b>	<b>21</b>
<b>1,263</b>	<b>22</b>
<b>4,215</b>	<b>23</b>
<b>1,516</b>	<b>24</b>
<b>485</b>	<b>25</b>
<b>445</b>	<b>26</b>
<b>350</b>	<b>27</b>
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	<b>32</b>
	<b>33</b>
<b>3,648,750</b>	<b>34</b>

STATE OF ILLINOIS

Facility Name & ID Number Dorchester Senior Center

Report Period Beginning:

5/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
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33							
34	TOTAL (lines 1 thru 33)		\$	\$	\$	\$	\$

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

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
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STATE OF ILLINOIS

Facility Name & ID Number Dorchester Senior Center

Report Period Beginning:

5/1/2014 Ending:

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	Ac
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	De
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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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.

<b>9</b> <b>Accumulated</b> <b>Depreciation</b>	
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12
	13
	14
	15
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Facility Name: **Dorchester Senior Center**Report Period Beginning: **5/1/2014**

Ending:

**4/30/2015****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **4/30/2015**

(last day of reporting year)

		<b>1</b>	<b>2</b>	
		<b>Operating</b>	<b>After</b>	
			<b>Consolidation*</b>	
	<b>A. Current Assets</b>			
<b>1</b>	Cash on Hand and in Banks	\$ <b>86,341</b>	\$	<b>1</b>
<b>2</b>	Cash-Patient Deposits			<b>2</b>
<b>3</b>	Accounts & Short-Term Notes Receivable- Patients (less allowance )			<b>3</b>
<b>4</b>	Supply Inventory (priced at )			<b>4</b>
<b>5</b>	Short-Term Investments			<b>5</b>
<b>6</b>	Prepaid Insurance			<b>6</b>
<b>7</b>	Other Prepaid Expenses			<b>7</b>
<b>8</b>	Accounts Receivable (owners or related parties)			<b>8</b>
<b>9</b>	Other(specify):	<b>362,668</b>		<b>9</b>
<b>10</b>	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ <b>449,009</b>	\$	<b>10</b>
	<b>B. Long-Term Assets</b>			
<b>11</b>	Long-Term Notes Receivable	<b>(1,074,897)</b>		<b>11</b>
<b>12</b>	Long-Term Investments			<b>12</b>
<b>13</b>	Land			<b>13</b>
<b>14</b>	Buildings, at Historical Cost			<b>14</b>
<b>15</b>	Leasehold Improvements, at Historical Cost	<b>12,545,074</b>		<b>15</b>
<b>16</b>	Equipment, at Historical Cost	<b>546,480</b>		<b>16</b>
<b>17</b>	Accumulated Depreciation (book methods)	<b>(2,948,303)</b>		<b>17</b>
<b>18</b>	Deferred Charges			<b>18</b>
<b>19</b>	Organization & Pre-Operating Costs			<b>19</b>
<b>20</b>	Accumulated Amortization - Organization & Pre-Operating Costs			<b>20</b>
<b>21</b>	Restricted Funds			<b>21</b>
<b>22</b>	Other Long-Term Assets (specify):			<b>22</b>
<b>23</b>	Other(specify):			<b>23</b>
<b>24</b>	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ <b>9,068,354</b>	\$	<b>24</b>
<b>25</b>	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ <b>9,517,363</b>	\$	<b>25</b>

		<b>1</b>	<b>2</b>	
		<b>Operating</b>	<b>After</b>	
			<b>Consolidation*</b>	
	<b>C. Current Liabilities</b>			
<b>26</b>	Accounts Payable	\$ <b>45,506</b>	\$	<b>26</b>
<b>27</b>	Officer's Accounts Payable	<b>41,096</b>		<b>27</b>
<b>28</b>	Accounts Payable-Patient Deposits			<b>28</b>
<b>29</b>	Short-Term Notes Payable			<b>29</b>
<b>30</b>	Accrued Salaries Payable	<b>56,174</b>		<b>30</b>
<b>31</b>	Accrued Taxes Payable			<b>31</b>
<b>32</b>	Accrued Interest Payable			<b>32</b>
<b>33</b>	Deferred Compensation			<b>33</b>
<b>34</b>	Federal and State Income Taxes			<b>34</b>
	<b>Other Current Liabilities(specify):</b>			
<b>35</b>	<b>Due to Others</b>	<b>15,333,090</b>		<b>35</b>
<b>36</b>	<b>See Attached</b>	<b>119,868</b>		<b>36</b>
<b>37</b>	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ <b>15,595,734</b>	\$	<b>37</b>
	<b>D. Long-Term Liabilities</b>			
<b>38</b>	Long-Term Notes Payable			<b>38</b>
<b>39</b>	Mortgage Payable			<b>39</b>
<b>40</b>	Bonds Payable			<b>40</b>
<b>41</b>	Deferred Compensation			<b>41</b>
	<b>Other Long-Term Liabilities(specify):</b>			
<b>42</b>				<b>42</b>
<b>43</b>				<b>43</b>
<b>44</b>	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$	\$	<b>44</b>
<b>45</b>	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ <b>15,595,734</b>	\$	<b>45</b>
<b>46</b>	<b>TOTAL EQUITY</b>	\$ <b>(6,078,371)</b>	\$	<b>46</b>
<b>47</b>	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ <b>9,517,363</b>	\$	<b>47</b>

\*(See instructions.)

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2014

Ending:

4/30/2015

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 823,487	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 823,487</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	59	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 59</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	76,686	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 76,686</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 900,232</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	646,452	19
20	Health Care/ Personal Care	495,115	20
21	General Administration	732,687	21
<b>B. Capital Expense</b>			
22	Ownership	5,309	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	<b>\$ 1,879,563</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (979,331)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (979,331)</b>	<b>31</b>