

		FOR BHF USE			

LL2

Supportive Living Facility

**2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)**

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>100X086</u></p> <p>Facility Name: <u>Dorchester Senior Center</u></p> <hr/> <p>Address: <u>1515 East 154th St</u> <u>Dolton</u> <u>60419</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>708</u>) <u>201-3381</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>9/28/2007</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></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steve Lavenda</u> Telephone Number: (<u>847</u>) <u>282 - 6300</u></p> <p>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>5/1/2015</u> to <u>4/30/2016</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%;">Officer or Administrator of Provider</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>Paid Preparer</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 & 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>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(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: 5/1/2015 Ending: 4/30/2016

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	46,116	1
2		Double Unit Apartment			2
3		Other			3
4	126	TOTALS	126	46,116	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	10,498	3,186		13,684	5
6	Double Unit					6
7	Other					7
8	TOTALS	10,498	3,186		13,684	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 29.67%

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: 4/30/2016 Fiscal Year: 4/30/2016

* 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:

5/1/2015

Ending:

4/30/2016

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	59,510	63,983	168,734	292,227		292,227	1
2	Housekeeping, Laundry and Maintenance	45,208	54,687	123,475	223,370		223,370	2
3	Heat and Other Utilities			86,673	86,673	(18,099)	68,574	3
4	Other (specify):							4
5	TOTAL General Services	104,718	118,670	378,882	602,270	(18,099)	584,171	5
B. Health Care and Programs								
6	Health Care/ Personal Care	174,785	829	201,951	377,565		377,565	6
7	Activities and Social Services	38,348		51,162	89,510		89,510	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	213,133	829	253,113	467,075		467,075	9
C. General Administration								
10	Administrative and Clerical	49,143	7,690	374,674	431,507	(4,374)	427,133	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			61,236	61,236		61,236	12
13	Insurance-Property, Liability and Malpractice			12,339	12,339		12,339	13
14	Other (specify):							14
15	TOTAL General Administration	49,143	7,690	448,249	505,082	(4,374)	500,708	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	366,994	127,189	1,080,244	1,574,427	(22,474)	1,551,953	16
Capital Expenses								
D. Ownership								
17	Depreciation					559,865	559,865	17
18	Interest					341,611	341,611	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,085	1,085		1,085	21
22	Other (specify):	5,727		290	6,017	(6,017)		22
23	TOTAL Ownership	5,727		1,375	7,102	895,459	902,561	23
24	GRAND TOTAL (Sum of lines 16 and 23)	372,721	127,189	1,081,619	1,581,529	872,985	2,454,514	24

Dorchester Senior Center

Report Period Beginning: 5/1/2015
 Ending: 4/30/2016

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
			Reference
1	Non-Straight Line Depreciation	\$ 559,865	17
2	Bank Fees	(254)	10
3	Advertising	(2,800)	10
4	Cable	(18,099)	03
5	Political Contributions	(1,320)	10
6	Store Salary	(5,727)	22
7	Operating Expense	(290)	22
8	Interest Expense	341,611	18
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
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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	872,985	101

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2015

Ending:

4/30/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	9.43	\$ 15.32	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	0.74	17.08	4
5	Social Service Workers	1.22	15.69	5
6	Head Cook			6
7	Cook Helpers/Assistants	4.62	10.64	7
8	Dishwashers			8
9	Maintenance Workers	1.89	10.70	9
10	Housekeepers	1.71	10.02	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.14	25.27	13
14	Clerical	0.50	23.43	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	21.25	\$ 14.27	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: 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:

5/1/2015

Ending:

4/30/2016

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				10,604,092			530,206	530,206	4,178,956	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			54,697	10
11	Various		1997		7,186		20	359	359	7,185	11
12	Various		1998		95,840		20	4,792	4,792	91,048	12
13	Various		1999		161,107		20	8,055	8,055	144,995	13
14	Various		2000		77,566		20	3,878	3,878	65,930	14
15	Various		2001		50,554		20	2,528	2,528	40,445	15
16	Various		2002		2,964		20	148	148	2,222	16
17	TOTAL (lines 1 thru 16)				\$ 11,964,931	\$		\$ 549,966	\$ 549,966	\$ 5,496,403	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	\$ 460,647	18
19	Vehicles	82,492		7,040	7,040	5	82,490	19
20	TOTAL (lines 18 and 19)	\$ 558,690	\$	\$ 9,899	9,899		\$ 543,137	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:

5/1/2015

Ending:

4/30/2016

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	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	Various	2004	8,320		20	417	417	5,413	2
3	Carpet Installation	2005	910		20	46	46	549	3
4	Carpet Installation	2005	455		20	23	23	274	4
5	Roofing	2006	94,405		20	4,720	4,720	51,922	5
6	Dvr/Cameras	2008	8,400		20	420	420	3,780	6
7	Surveillance	2009	8,800		20	440	440	3,520	7
8	Building Renovation	2009	9,967,885		20	498,394	498,394	3,987,153	8
9	Dorchester Roof Repair	2011	91,100		20	4,555	4,555	22,775	9
10	Dorchester Deck	2011	10,000		20	500	500	2,500	10
11	Parking Lot	2011	8,900		20	445	445	2,225	11
12	Dorch Ave Pave	2011	196,858		20	9,843	9,843	49,215	12
13	Fire Hydrant Project	2011	1,824		20	91	91	455	13
14	Dorch Pking Lot	2011	4,000		20	200	200	1,000	14
15	Fire Hydrant Project	2011	33,209		20	1,660	1,660	8,301	15
16	Dorch Pking Lot	2011	6,000		20	300	300	1,500	16
17	A/C And Install	2011	6,090		20	305	305	1,524	17
18	Vil Hall Roof Rpr	2012	36,266		20	1,813	1,813	9,066	18
19	Dorch Pking Lot	2012	5,000		20	250	250	1,250	19
20	Dorch Deck	2012	57,000		20	2,850	2,850	14,250	20
21	A/C And Install	2012	5,380		20	269	269	1,345	21
22	A/C And Install	2012	6,310		20	316	316	1,579	22
23	Lamps/Fixtures	2012	21,073		20	1,054	1,054	5,269	23
24	Lamps/Fixtures	2012	7,578		20	379	379	1,895	24
25	Fire Hydrant Project	2012	2,429		20	121	121	606	25
26	Lube-Kit System (Compressor)	2014	8,900		20	445	445	890	26
27	Dorchester Parking Lot	2014	7,000		20	350	350	700	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 10,604,092	\$		\$ 530,206	\$ 530,206	\$ 4,178,956	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:

5/1/2015

Ending:

4/30/2016

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
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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:

5/1/2014

Ending:

4/30/2015

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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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: 5/1/2015

Ending: 4/30/2016

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 \$ \$1,085

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**	YES			NO	Purpose of Loan				
			YES	NO			Original	Balance				
		A. Directly Facility Related										
		Long-Term										
1		Village of Dolton, IL		X	Bond Issue - 2006	6/28/05	\$	\$	2025		\$ 341,611	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$	\$			\$ 341,611	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$ 341,611	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: **5/1/2015**

Ending:

4/30/2016**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **4/30/2016**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 11,853	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	198,421		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	1,000		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 211,274	\$	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			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): See Attached	42,217		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 42,217	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 253,491	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 45,939	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	17,229		30
31	Accrued Taxes Payable	1,852		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Members' Loan Payable	66,724		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 131,744	\$	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)	\$ 131,744	\$	45
46	TOTAL EQUITY	\$ 121,747	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 253,491	\$	47

*(See instructions.)

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2015

Ending:

4/30/2016

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	\$ 1,219,611	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,219,611	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	Rental Income	66,435	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 66,435	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,286,046	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	602,270	19
20	Health Care/ Personal Care	467,075	20
21	General Administration	505,082	21
B. Capital Expense			
22	Ownership	7,102	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)	\$ 1,581,529	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (295,483)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (295,483)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 963,861	32
33	Private Pay - Net Inpatient Revenue	255,750	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,219,611	37