

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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> <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>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></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: Name: <u>SANFORD BOKOR</u> Telephone Number: (<u>847</u>) <u>675-3585</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>01/01/2017</u> to <u>12/31/2017</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) <u>BAKARI COWAN</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>EXECUTIVE DIRECTOR</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DR., MORTON GROVE, IL 60053</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</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) <u>BAKARI COWAN</u>			(Title) <u>EXECUTIVE DIRECTOR</u>		Paid Preparer	(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)	(Date) _____		(Print Name and Title) <u>SANFORD BOKOR</u> <u>PRESIDENT</u>			(Firm Name & Address) <u>KBKB, LTD.</u> <u>8140 RIVER DR., MORTON GROVE, IL 60053</u>			(Telephone) (<u>847</u>) <u>675-3585</u> Fax (<u>847</u>) <u>675-5777</u>	
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Facility Name DORCHESTER SENIOR CENTER

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	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	8,364			8,364	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,364			8,364	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 18.19%

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

 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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)

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

* 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? _____

If no, explain. _____

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? _____

If no, explain. _____

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? _____

If no, explain. _____

Facility Name: DORCHESTER SENIOR CENTER

Report Period Beginning:

01/01/2017

Ending: 12/31/2017

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	86,615	91,554		178,169		178,169	1
2	Housekeeping, Laundry and Maintenance	77,846	51,141	780	129,767		129,767	2
3	Heat and Other Utilities			66,006	66,006	(13,839)	52,167	3
4	Other (specify):			10,505	10,505		10,505	4
5	TOTAL General Services	164,461	142,695	77,291	384,447	(13,839)	370,608	5
B. Health Care and Programs								
6	Health Care/ Personal Care	284,299	1,118		285,417		285,417	6
7	Activities and Social Services	41,586			41,586		41,586	7
8	Other (specify): BUS & AUTO			2,161	2,161		2,161	8
9	TOTAL Health Care and Programs	325,885	1,118	2,161	329,164		329,164	9
C. General Administration								
10	Administrative and Clerical	104,408	2,207	132,359	238,974	(2,260)	236,714	10
11	Marketing Materials, Promotions and Advertising			941	941		941	11
12	Employee Benefits and Payroll Taxes			83,702	83,702		83,702	12
13	Insurance-Property, Liability and Malpractice			1,548	1,548		1,548	13
14	Other (specify):							14
15	TOTAL General Administration	104,408	2,207	218,550	325,165	(2,260)	322,905	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	594,754	146,020	298,002	1,038,776	(16,099)	1,022,677	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership							23
24	GRAND TOTAL (Sum of lines 16 and 23)	594,754	146,020	298,002	1,038,776	(16,099)	1,022,677	24

Facility Name: DORCHESTER SENIOR CENTER

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	5.57	24.65	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	0.89	23.09	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.19	19.05	7
8	Dishwashers			8
9	Maintenance Workers	1.04	19.09	9
10	Housekeepers	0.80	21.82	10
11	Laundry			11
12	Managers	1.00	26.44	12
13	Other Administrative			13
14	Clerical	1.11	21.00	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	12.60	\$	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	MARC SIEBZENER	\$ 54,000 1
2		
Total		\$ 54,000 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

OTHER RELATED BUSINESS ENTITIES					
Name	3	City	4	Type of Business	5

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:

01/01/2017

Ending:

12/31/2017

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	VARIOUS		1988		669,396		20			669,396	6
7	VARIOUS		1994		204,953		20			204,953	7
8	VARIOUS		1995		36,576		20			36,576	8
9	VARIOUS		1996		54,697		20			54,697	9
10	VARIOUS		1997		7,186		20			7,186	10
11	VARIOUS		1998		95,840		20	1,997	1,997	95,840	11
12	VARIOUS		1999		161,107		20	4,699	4,699	154,393	12
13	VARIOUS		2000		77,566		20	2,262	2,262	70,454	13
14	VARIOUS		2001		50,554		20	1,475	1,475	43,395	14
15			2002		2,964		20	86	86	2,394	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,360,839	\$		\$ 10,519	\$ 10,519	\$ 1,339,284	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	\$	\$ 1,668	1,668		\$ 463,983	18
19	Vehicles	82,492					82,492	19
20	TOTAL (lines 18 and 19)	\$ 558,690	\$	\$ 1,668	1,668		\$ 546,475	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: DORCHESTER SENIOR CENTER

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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.

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	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	FROM PAGE 5				1,360,839			10,519	10,519	1,339,284	6
7	VARIOUS			2004	8,320		20	243	243	5,899	7
8	CARPET INSTALLATION			2005	910		20	27	27	603	8
9	CARPET INSTALLATION			2005	455		20	13	13	300	9
10	ROOFING			2006	94,405		20	2,753	2,753	57,428	10
11	DVR/ CAMERAS			2008	8,400		20	245	245	4,270	11
12	SURVEILANCE			2009	8,800		20	257	257	4,034	12
13	BUILDING RENOVATION			2009	9,967,885		20	290,730	290,730	4,568,613	13
14	DORCHESTER ROOF REPAIR			2011	91,100		20	2,657	2,657	28,089	14
15	DORCHESTER DECK			2011	10,000		20	292	292	3,084	15
16	PARKING LOT			2011	8,900		20	260	260	2,745	16
17	TOTAL (lines 1 thru 16)				\$ 11,560,014	\$		\$ 307,996	\$ 307,996	\$ 6,014,349	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: DORCHESTER SENIOR CENTER

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	FROM PAGE 5(A)				11,560,014			307,996	307,996	6,014,349	6
7	DORCHESTER AVE PAVE			2011	196,558		20	5,742	5,742	60,699	7
8	FIRE HYDRANTPROJECT			2011	1,824		20	53	53	561	8
9	DORCHESTER PARKING LOT			2011	4,000		20	117	117	1,234	9
10	FIRE HYDRANTPROJECT			2011	33,209		20	968	968	10,237	10
11	DORCHESTER PARKING LOT			2011	6,000		20	175	175	1,850	11
12	A/C INSTALL			2011	6,090		20	178	178	1,880	12
13	VIL HALL ROOF REPAIR			2011	36,266		20	1,058	1,058	11,182	13
14	DORCHESTER PARKING LOT			2012	5,000		20	146	146	1,542	14
15	DORCHESTER DECK			2012	57,000		20	1,663	1,663	17,576	15
16	A/C INSTALL			2012	5,380		20	157	157	1,659	16
17	TOTAL (lines 1 thru 16)				\$ 11,911,341	\$		\$ 318,253	\$ 318,253	\$ 6,122,769	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: DORCHESTER SENIOR CENTER

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	TOTALS FROM P5(B)				11,911,341			318,253	318,253	6,122,769	6
7	A/C INSTALL			2012	6,310		20	316	316	2,079	7
8	LAMPS / FIXTURES			2012	21,073		20	1,054	1,054	6,938	8
9	LAMPS / FIXTURES			2012	7,578		20	379	379	2,495	9
10	FIRE HYDRANT PROJECT			2012	2,429		20	121	121	798	10
11	LUBE - KIT SYSTEM (COMPRESSOR)			2014	8,900		20	445	445	1,595	11
12	DORCHESTER PARKING LOT			2014	7,000		20	350	350	1,254	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,964,631	\$		\$ 320,918	\$ 320,918	\$ 6,137,928	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: DORCHESTER SENIOR CENTER

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: **DORCHESTER SENIOR CENTER**

Report Period Beginning: **01/01/2017**

Ending: **2/31/2017**

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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**	YES			NO	Purpose of Loan					Date of Note
							Original	Balance					
		A. Directly Facility Related											
		Long-Term											
1		VILLAGE OF DOLTON		X	BOND ISSUE	06/28 /05	\$	\$	/ /25		\$	199,273	1
2						/ /			/ /				2
3						/ /			/ /				3
		Working Capital											
4						/ /			/ /				4
5						/ /			/ /				5
6						/ /			/ /				6
7		TOTAL Facility Related					\$	\$			\$	199,273	7
		B. Non-Facility Related											
8						/ /			/ /				8
9						/ /			/ /				9
10		TOTALS (lines 7, 8 and 9)					\$	\$			\$	199,273	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: **01/01/2017**

Ending:

12/31/2017**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 973	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	186,930		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):	1,119		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 189,022	\$	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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 189,022	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 147,722	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	23,455		30
31	Accrued Taxes Payable	2,745		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)	\$ 173,922	\$	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)	\$ 173,922	\$	45
46	TOTAL EQUITY	\$ 15,100	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 189,022	\$	47

*(See instructions.)

Facility Name: DORCHESTER SENIOR CENTER

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 964,755	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 964,755	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	131,586	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 131,586	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,096,341	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	384,447	19
20	Health Care/ Personal Care	329,164	20
21	General Administration	325,165	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)	\$ 1,038,776	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 57,565	29
30	Income Taxes	\$ 1,200	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 56,365	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 964,755	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 964,755	37

DORCHESTER SENIOR CENTER
REPORT PERIOD BEGINNING : 1/01/17
ENDING : 12/31/17

	NON-ALLOWABLE EXPENSES	AMOUNT	SCH. V LINE REFERENCE	
1	CABLE TV	(13,839.00)	3-3	1
2	BANK CHARGES	(2,260.00)	10-3	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				34
35				35
36				36
37				37
38				38
39				39
40				40