

FOR BHF USE					

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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 Street</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>Steven N. 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>5/1/2010</u> to <u>4/30/2011</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) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td>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. 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. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> Fax # <u>(847)-236-1155</u>
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Facility Name Dorchester Senior Center

Report Period Beginning: 5/1/2010 Ending: 4/30/2011

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	11,557	15,849		27,406	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,557	15,849		27,406	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 59.59%

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: 4/30/2011 Fiscal Year: 4/30/2011

* 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:

5/1/2010

Ending:

4/30/2011

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	157,642		149,313	306,955		306,955	1
2	Housekeeping, Laundry and Maintenance	126,366	24,527	99,311	250,204		250,204	2
3	Heat and Other Utilities			83,441	83,441	(36,391)	47,050	3
4	Other (specify):							4
5	TOTAL General Services	284,008	24,527	332,065	640,600	(36,391)	604,209	5
B. Health Care and Programs								
6	Health Care/ Personal Care	361,514			361,514		361,514	6
7	Activities and Social Services	91,585			91,585		91,585	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	453,099			453,099		453,099	9
C. General Administration								
10	Administrative and Clerical	464,415	52,866	176,574	693,854	(12,320)	681,534	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			204,330	204,330		204,330	12
13	Insurance-Property, Liability and Malpractice			215,732	215,732		215,732	13
14	Other (specify):							14
15	TOTAL General Administration	464,415	52,866	596,635	1,113,916	(12,320)	1,101,596	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,201,521	77,392	928,701	2,207,614	(48,711)	2,158,903	16
Capital Expenses								
D. Ownership								
17	Depreciation					540,549	540,549	17
18	Interest					786,631	786,631	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Banquet and Business Rental Expense	81,303	1,548	79,555	162,406	(162,406)		22
23	TOTAL Ownership	81,303	1,548	79,555	162,406	1,164,774	1,327,180	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,282,824	78,940	1,008,256	2,370,019	1,116,063	3,486,083	24

Facility Name: **Dorchester Senior Center**

Report Period Beginning **5/1/2010**

Ending:

4/30/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	12.51	\$ 13.89	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	2.85	15.47	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.86	9.64	7
8	Dishwashers			8
9	Maintenance Workers	6.26	9.70	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.75	22.89	13
14	Clerical	6.47	21.23	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	39.70	\$ 14.55	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period		
1	N/A			\$	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
		Total
		\$
		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:

5/1/2010

Ending:

4/30/2011

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				10,092,139			504,607	504,607	1,531,792	6
7	Various		1988		669,396		20			669,396	7
8	Various		1994		204,953		20	10,248	10,248	184,458	8
9	Various		1995		36,576		20	1,829	1,829	31,090	9
10	Various		1996		54,697		20	2,735	2,735	43,757	10
11	Various		1997		7,186		20	359	359	5,390	11
12	Various		1998		95,840		20	4,792	4,792	67,088	12
13	Various		1999		161,107		20	8,055	8,055	104,720	13
14	Various		2000		77,566		20	3,878	3,878	46,540	14
15	Various		2001		50,554		20	2,528	2,528	27,805	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 11,450,014	\$		\$ 539,031	\$ 539,031	\$ 2,712,034	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	\$ 451,273	\$	\$ 1,518	1,518	10	\$ 445,489	18
19	Vehicles	47,290				5	47,290	19
20	TOTAL (lines 18 and 19)	\$ 498,563	\$	\$ 1,518	1,518		\$ 492,779	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: 5/1/2010

Ending: 4/30/2011

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building	N/A		/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

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

9. Rental amount for movable equipment \$ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Village of Dolton, Illinois		X	Bond Issue-2006	2006	\$	\$	2025		\$ 819,845	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 819,845	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(33,214)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 786,631	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: **5/1/2010**

Ending:

4/30/2011**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **4/30/2011**

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,557	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	791,278		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	Mgmt Payroll/Due from Fitness Center	233,676		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,027,511	\$	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	11,424,857		15
16	Equipment, at Historical Cost	525,221		16
17	Accumulated Depreciation (book methods)	(1,271,932)		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)	\$ 10,678,146	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,705,657	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 618,920	\$	26
27	Officer's Accounts Payable	30,259		27
28	Accounts Payable-Patient Deposits	87,799		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,645		30
31	Accrued Taxes Payable	4,874		31
32	Accrued Interest Payable	17,406		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Due to Others	13,070,115		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 13,899,018	\$	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)	\$ 13,899,018	\$	45
46	TOTAL EQUITY	\$ (2,193,360)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 11,705,657	\$	47

*(See instructions.)

Facility Name: Dorchester Senior Center

Report Period Beginning: 5/1/2010

Ending:

4/30/2011

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	\$ 1,472,647	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,472,647	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	33,214	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 33,214	14
D. Other Revenue (specify):			
15	Miscellaneous Income	9,948	15
16	Hall & Space Rentals	156,597	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 166,545	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,672,405	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	640,600	19
20	Health Care/ Personal Care	453,099	20
21	General Administration	1,113,916	21
B. Capital Expense			
22	Ownership	162,406	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)	\$ 2,370,019	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (697,614)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (697,614)	31

