

		FOR BHF USE			

LL2

Supportive Living Facility

**2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)**

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.

I. Facility ID Number: 1000122

Facility Name: Alden Gardens of Bloomingdale

Address: 285 East Army Trail Road Bloomingdale 60108
Number City Zip Code

County: DuPage

Telephone Number: (630) 307-7273 Fax # (630) 994-4401

Federal Employer ID Number: _____

Date Current Owners were Certified: 1/29/2010

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other _____	

In the event there are further questions about this report, please contact:

Name: Steven M Kroll **Telephone Number:** (773) 286-3883
Email Address: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/29/2010 to 12/31/2010 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed) _____	(Date) _____
	(Type or Print Name) <u>Randi Schullo</u>	
	(Title) <u>Vice-President</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

**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**

Facility Name Alden Gardens of Bloomingdale

Report Period Beginning: 1/29/2010 Ending: 12/31/2010

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	84	Single Unit Apartment	84	28,308	1
2	2	Double Unit Apartment	2	674	2
3		Other		3,370	3
4	86	TOTALS	86	32,352	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	16,636	5,187		21,823	5
6	Double Unit	130	222		352	6
7	Other	394	358		752	7
8	TOTALS	17,160	5,767		22,927	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 70.87%

D. Indicate the number of paid bed-hold days the SLF had during this year 551 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 136 (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: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

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: Alden Gardens of Bloomingdale

Report Period Beginning:

1/29/2010

Ending: 12/31/2010

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	289,310	222,709		512,019	(24,777)	487,242	1
2	Housekeeping, Laundry and Maintenance	93,537	39,483	55,156	188,176	20,310	208,486	2
3	Heat and Other Utilities			121,655	121,655	(146)	121,509	3
4	Other (specify):							4
5	TOTAL General Services	382,847	262,192	176,811	821,850	(4,613)	817,237	5
B. Health Care and Programs								
6	Health Care/ Personal Care	363,484	1,940	858	366,282	1,835	368,117	6
7	Activities and Social Services	12,866	5,053	525	18,444		18,444	7
8	Other (specify): See Pg3A		1,432		1,432		1,432	8
9	TOTAL Health Care and Programs	376,350	8,425	1,383	386,158	1,835	387,993	9
C. General Administration								
10	Administrative and Clerical	153,631	15,837	127,987	297,455	(15,070)	282,385	10
11	Marketing Materials, Promotions and Advertising	53,054	41	47,790	100,885	(860)	100,025	11
12	Employee Benefits and Payroll Taxes			145,444	145,444	14,721	160,165	12
13	Insurance-Property, Liability and Malpractice			34,320	34,320		34,320	13
14	Other (specify): See Pg3A			159,704	159,704	(480)	159,224	14
15	TOTAL General Administration	206,685	15,878	515,245	737,808	(1,689)	736,119	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	965,882	286,495	693,439	1,945,816	(4,467)	1,941,349	16
Capital Expenses								
D. Ownership								
17	Depreciation			614,519	614,519	(2,878)	611,641	17
18	Interest			453,411	453,411	(2)	453,409	18
19	Real Estate Taxes			156,299	156,299		156,299	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,531	3,531		3,531	21
22	Other (specify): Loss on FMV of SWAP			100,539	100,539	(100,539)		22
23	TOTAL Ownership			1,328,299	1,328,299	(103,419)	1,224,880	23
24	GRAND TOTAL (Sum of lines 16 and 23)	965,882	286,495	2,021,738	3,274,115	(107,886)	3,166,229	24

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4					
Line 4					
Line 8	Non-Formulary Drugs		1,432.00		
Line 8					
Line 8	TOTAL		<u>1,432.00</u>		
Line 14	EE background checks			710.00	
Line 14	Accounting Fees			22,509.00	
Line 14	Professional fees			21,501.00	
Line 14	Surety bond fees			100.00	
Line 14	Dues & Subscriptions			752.00	
Line 14	Help-wanted ads			(566.00)	
Line 14	Auto & Travel			325.00	
Line 14	Gasoline expense			1,714.00	
Line 14	Donations			213.00	(213.00)
Line 14	Legal Fees-Collections			267.00	(267.00)
Line 14	Consulting fees			112,179.00	
Line 14	TOTAL			<u>159,704.00</u>	<u>(480.00)</u>

Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning:

1/29/2010

Ending:

12/31/2010

Sch. IV Line

NON-ALLOWABLE EXPENSES		Amount	Reference	
1	Non-patient meals (gl 4641)	\$ (7,782)	1	1
2	Bad debts (gl 7109)	(14,558)	10	2
3	Bank charges (gl 6814)	(512)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(1,130)	2	4
5	Fines & Penalties (gl 6968)	(2)	18	5
6	Contributions (gl 6953 & 6955)	(213)	14	6
7	Entertainment (gl 6958)	(860)	11	7
8	Special Legal Fees-Collections (gl 6966)	(267)	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(146)	3	9
10				10
11				11
12				12
13	Loss on FMV of SWAP	(100,539)	22	13
14				14
15	Add back fixed assets purchased for < \$2,500	2,313	2	15
16	Back out depreciation on fixed assets purchased for < \$2,500	(77)	17	16
17	Add back fixed assets (equip) purchased for < \$2,500	18,688	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(1,577)	17	18
19	To adj depreciation to equal pg 5's	(1,224)	17	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	Total	(107,886)		49

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/29/2010

Ending:

12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.27	1
2	Licensed Practical Nurses	1	20.82	2
3	Certified Nurse Assistants	10	10.51	3
4	Activity Director & Assistants	1	11.31	4
5	Social Service Workers			5
6	Head Cook	3	15.53	6
7	Cook Helpers/Assistants	9	9.42	7
8	Dishwashers			8
9	Maintenance Workers	1	21.63	9
10	Housekeepers	3	8.59	10
11	Laundry			11
12	Managers	1	35.60	12
13	Other Administrative	3	14.71	13
14	Clerical			14
15	Marketing	1	27.51	15
16	Other: Resident Care Coordinator	1	15.38	16
17	Total (lines 1 thru 16)	35	\$	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	Alden Realty Services, Inc	\$ 112,179	1
2			2
Total		\$ 112,179	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
_____		_____	
_____		_____	
_____		_____	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Pg4A		See Pg4A		See Pg4A	
_____		_____		_____	
_____		_____		_____	

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: Alden Gardens of Bloomingdale

Report Period Beginning:

1/29/2010

Ending:

12/31/2010

VIII. OWNERSHIP COSTSA. Purchase price of land 2,100,000 Year land was acquired 2008

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	86			2010	\$ 15,831,974	\$ 528,956	28	\$ 527,732	\$ (1,224)	\$ 527,732	1
2				2010							2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	21,389	15	21,389		21,839	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	244	10	244		244	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)				\$ 16,186,854	\$ 550,589		\$ 549,365	\$ (1,224)	\$ 549,815	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	\$ 353,455	\$ 62,276	\$ 62,276	\$	Various	\$ 62,276	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 353,455	\$ 62,276	\$ 62,276	\$		\$ 62,276	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: Alden Gardens of Bloomingdale

Report Period Beginning: 1/29/2010

Ending: 2/31/2010

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**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		IHDA Tax-exempt bonds		X	Finance construction of facility	10/15/08	\$ 10,070,000	\$ 9,350,000	9/1/43	floats	\$ 398,634	1
2		IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,749,100	9/1/38	none		2
3		DuPage County HOME		X	Finance construction of facility	9/9/08	1,300,000	1,300,000	9/9/38	3.0000	35,750	3
Working Capital												
4		Amortization-Financing		X	Finance construction of facility	/ /			/ /		19,025	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 14,120,000	\$ 13,399,100			\$ 453,409	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 13,399,100			\$ 453,409	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: Alden Gardens of Bloomingdale

Report Period Beginning: 1/29/2010

Ending:

12/31/2010

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2010

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 652,364	\$ 652,364	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,700)	228,330	228,330	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,624	14,624	6
7	Other Prepaid Expenses	8,110	8,110	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 903,428	\$ 903,428	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,100,000	2,100,000	13
14	Buildings, at Historical Cost	15,834,287	15,834,287	14
15	Leasehold Improvements, at Historical Cost	354,880	354,880	15
16	Equipment, at Historical Cost	372,143	372,143	16
17	Accumulated Depreciation (book methods)	(614,519)	(614,519)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755	594,755	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(19,025)	(19,025)	20
21	Restricted Funds	828,008	828,008	21
22	Other Long-Term Assets (specify): Repl Res	37,332	37,332	22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,487,861	\$ 19,487,861	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,391,289	\$ 20,391,289	25

*(See instructions.)

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 82,608	\$ 46,046	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	49,807	49,807	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	210,497	210,497	30
31	Accrued Taxes Payable	168,657	168,657	31
32	Accrued Interest Payable	101,554	101,554	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Acc'd ins/mgmt/sale/util	138	138	35
36			1,055	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 613,261	\$ 577,754	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,047,900	4,047,900	38
39	Mortgage Payable			39
40	Bonds Payable	9,210,000	9,210,000	40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer fee payable	1,786,342	1,821,849	42
43	FMV of derivative	1,373,034	1,373,034	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,417,276	\$ 16,452,783	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,030,537	\$ 17,030,537	45
46	TOTAL EQUITY	\$ 3,360,752	\$ 3,360,752	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,391,289	\$ 20,391,289	47

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/29/2010

Ending:

12/31/2010

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	\$ 2,353,730	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 2,353,730	3
B. Other Operating Revenue			
4	Special Services	19,297	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,639	8
9	Non-Resident Meals	7,782	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 30,718	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	4,470	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 4,470	14
D. Other Revenue (specify):			
15	See Pg8A	35,982	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 35,982	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 2,424,900	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	821,850	19
20	Health Care/ Personal Care	386,158	20
21	General Administration	737,808	21
B. Capital Expense			
22	Ownership	1,328,299	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,274,115	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (849,215)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (849,215)	31

Facility Name Alden Gardens of Bloomingdale Limited Partnership Page 8A
Period Beginning 1/29/2010
Period End 12/31/2010

Other Revenue - Line 15

Call Pendant - (g/1 4632-100-000)	1,450.00
Food stamp income - (g/1 4650-100-000)	30,751.31
Reservation deposits - (g/1 4977-100-000)	3,200.91
Food rebate (g/1 4977-100-005)	148.50
Wage service fee (g/1 4977-100-006)	45.75
Donations (g/1 4977-100-023)	386.00
Total of Page 8, Line 15	<u>35,982.47</u>