

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>1000122</u></p> <p>Facility Name: <u>Alden Gardens of Bloomingdale Limited Partnership</u></p> <p>Address: <u>285 East Army Trail Road</u> <u>Bloomingdale</u> <u>60108</u> <small>Number City Zip Code</small></p> <p>County: <u>DuPage</u></p> <p>Telephone Number: (<u>630</u>) <u>307-7273</u> Fax # (<u>630</u>) <u>994-4401</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>1/29/2010</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input 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 checked="" 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 type="checkbox"/> Other _____</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>Steven M Kroll</u> Telephone Number: (<u>773</u>) <u>286-3883</u> Email Address: _____</p>	<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 _____		<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>1/1/2011</u> to <u>12/31/2011</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) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Randi Schullo</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Vice-President</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (<u> </u>) _____</td> <td>Fax # (<u> </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) _____	(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>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2011 Ending: 12/31/2011

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	30,660	1
2	2	Double Unit Apartment	2	730	2
3		Other		3,650	3
4	86	TOTALS	86	35,040	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	14,911	3,146		18,057	5
6	Double Unit	1,914	2,141		4,055	6
7	Other	7,766	627		8,393	7
8	TOTALS	24,591	5,914		30,505	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.06%

D. Indicate the number of paid bed-hold days the SLF had during this year 940 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: 12/31/2011 Fiscal Year: 12/31/2011

* 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 Limited Partnership

Report Period Beginning:

1/1/2011

Ending: 12/31/2011

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	346,844	269,045		615,889	(26,158)	589,731	1
2	Housekeeping, Laundry and Maintenance	117,534	31,104	80,092	228,730	3,072	231,802	2
3	Heat and Other Utilities			136,600	136,600	(312)	136,288	3
4	Other (specify):							4
5	TOTAL General Services	464,378	300,149	216,692	981,219	(23,398)	957,821	5
B. Health Care and Programs								
6	Health Care/ Personal Care	457,199	1,069	1,190	459,458	1,791	461,249	6
7	Activities and Social Services	19,858	2,268	5,316	27,442		27,442	7
8	Other (specify): See Pg3A		7,121		7,121		7,121	8
9	TOTAL Health Care and Programs	477,057	10,458	6,506	494,021	1,791	495,812	9
C. General Administration								
10	Administrative and Clerical	175,103	14,480	116,685	306,268	(7,694)	298,574	10
11	Marketing Materials, Promotions and Advertising	59,399	254	28,517	88,170	(820)	87,350	11
12	Employee Benefits and Payroll Taxes			198,212	198,212	20,121	218,333	12
13	Insurance-Property, Liability and Malpractice			27,663	27,663		27,663	13
14	Other (specify): See Pg3A			232,747	232,747	(1,469)	231,278	14
15	TOTAL General Administration	234,502	14,734	603,824	853,060	10,138	863,198	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,175,937	325,341	827,022	2,328,300	(11,469)	2,316,831	16
Capital Expenses								
D. Ownership								
17	Depreciation			671,473	671,473	(1,297)	670,176	17
18	Interest			477,617	477,617	(65)	477,552	18
19	Real Estate Taxes			203,900	203,900		203,900	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			4,269	4,269		4,269	21
22	Other (specify): Loss on FMV of derivative			1,224,173	1,224,173	(1,224,173)		22
23	TOTAL Ownership			2,581,432	2,581,432	(1,225,535)	1,355,897	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,175,937	325,341	3,408,454	4,909,732	(1,237,004)	3,672,728	24

	Schedule IV	Col 1	Col 2	Col 3	Col 5
Line 4					
Line 4					
Line 8	Drugs (FECII) PA Denials		495.00		
Line 8	Pyramid/FECII Wound Care Kits		123.00		
Line 8	Non-Formulary Drugs		<u>6,503.00</u>		
Line 8	TOTAL		<u>7,121.00</u>		
Line 14	EE background checks			590.00	
Line 14	Accounting fees			7,500.00	
Line 14	Professional fees			18,440.00	
Line 14	Surety bond fees			100.00	
Line 14	Deming training fee			3,000.00	
Line 14	Dues & Subscriptions			5,073.00	
Line 14	Help-wanted ads			100.00	
Line 14	Seminars/Conventions			327.00	
Line 14	Auto & Travel			168.00	
Line 14	Gasoline expense			4,741.00	
Line 14	Donations - Non-political			192.00	(192.00)
Line 14	PAC dues			480.00	(480.00)
Line 14	Legal Fees-Collections			797.00	(797.00)
Line 14	Consulting fees			162,723.00	
Line 14	TOTAL			<u>204,231.00</u>	<u>(1,469.00)</u>

Report Period Beginning: 1/1/2011
Ending: 12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$ (3,819)	1	1
2	Bad debts (gl 7109)	(6,985)	10	2
3	Bank charges (gl 6814)	(709)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(964)	2	4
5	Fines & Penalties (gl 6968)	(65)	18	5
6	Contributions (gl 6953 & 6955)	(672)	14	6
7	Entertainment (gl 6958)	(820)	11	7
8	Special Legal Fees-Collections (gl 6966)	(797)	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(312)	3	9
10				10
11				11
12				12
13	Loss on FMV of SWAP	(1,224,173)	22	13
14				14
15	Add back fixed assets purchased for < \$2,500		2	15
16	Back out depreciation on fixed assets purchased for < \$2,500	(84)	17	16
17	Add back fixed assets (equip) purchased for < \$2,500	3,609	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(2,436)	17	18
19	Back out depreciation (equip) taken in error in 2010	(450)	17	19
20	To adj depreciation to actual	1,673	17	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	(1,237,004)		49

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.51	1
2	Licensed Practical Nurses	1	20.28	2
3	Certified Nurse Assistants	13	10.82	3
4	Activity Director & Assistants	1	10.46	4
5	Social Service Workers			5
6	Head Cook	3	16.30	6
7	Cook Helpers/Assistants	11	9.52	7
8	Dishwashers			8
9	Maintenance Workers	1	22.64	9
10	Housekeepers	4	8.70	10
11	Laundry			11
12	Managers	1	36.36	12
13	Other Administrative	3	16.12	13
14	Clerical			14
15	Marketing	1	28.46	15
16	Other: Resident Care Coordinator	1	15.98	16
17	Total (lines 1 thru 16)	41	\$	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	\$ 162,723	1
2			2
Total		\$ 162,723	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 Limited Partnership

Report Period Beginning:

1/1/2011

Ending: 12/31/2011

VII. RELATED ORGANIZATIONS (continued)

		<u>City</u>
Alden Foundation	100% owner of: Alden Gardens of Bloomingdale, Inc Waterford Horizon, Inc Drexel Horizon, Inc Oak Forest Horizon, Inc Fox River Horizon, Inc Fox River Horizon II, Inc Barrington Horizon, Inc Bloomingdale Horizon, Inc Shorewood Horizon, Inc The Lakes at Waterford, LLC	Chicago
	Not-for-profit corporation	
	General Partner of Alden Horizon Limited Partnership.	
	General Partner of Drexel Horizon Limited Partnership	
	General Partner of Oak Forest Horizon Limited Partnership	
	General Partner of Fox River Horizon Limited Partnership	
	General Partner of Fox River Horizon II Limited Partnership	
	General Partner of Barrington Horizon Limited Partnership	
	General Partner of Bloomingdale Horizon I Limited Partnership	
	General Partner of Shorewood Horizon Limited Partnership	
	Independent housing for elderly residents	Aurora
	Rental housing for elderly low & moderate income tenants	Aurora
	Rental housing for elderly low & moderate income tenants	Cicero
	Rental housing for elderly low & moderate income tenants	Oak Forest
	Rental housing for elderly low & moderate income tenants	Elgin
	Rental housing for elderly low & moderate income tenants	Elgin
	Rental housing for elderly low & moderate income tenants	Barrington
	Rental housing for elderly low & moderate income tenants	Bloomingdale
	Rental housing for elderly low & moderate income tenants	Shorewood
	Alden Horizon Limited Partnership	
	Drexel Horizon Limited Partnership	
	Oak Forest Horizon Limited Partnership	
	Fox River Horizon Limited Partnership	
	Fox River Horizon II Limited Partnership	
	Barrington Horizon Limited Partnership	
	Bloomingdale Horizon I Limited Partnership	
	Shorewood Horizon Limited Partnership	

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. 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	\$ 575,708	28	\$ 575,708	\$	\$ 1,103,440	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	23,333	15	23,333	(450)	44,722	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	488	10	488		732	7
8		Carpentry(Metal studs/drywall)-Flat iron install		2011	2,981	174	10	174		174	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,193	1,119	10	1,119		1,119	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,209,028	\$ 600,822		\$ 600,822	\$ (450)	\$ 1,150,187	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	\$ 372,621	\$ 69,354	\$ 69,354	\$	Various	\$ 131,629	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 372,621	\$ 69,354	\$ 69,354	\$		\$ 131,629	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 Limited Partnership

Report Period Beginning: 1/1/2011

Ending: 2/31/2011

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	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 \$ 4,269

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	2	3	4	6	7	8	9			
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		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	\$ 9,210,000	9/1/43	floats	\$ 417,470	1
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,748,000	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	39,000	3
	Working Capital										
4	Amortization-Financing		X	Finance construction of facility	/ /			/ /		21,082	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,120,000	\$ 13,258,000			\$ 477,552	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 13,258,000			\$ 477,552	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 Limited Partnership

Report Period Beginning: 1/1/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 622,497	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 4,000)	415,473		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,181		6
7	Other Prepaid Expenses	31,850		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,079,001	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,100,000		13
14	Buildings, at Historical Cost	15,834,287		14
15	Leasehold Improvements, at Historical Cost	377,054		15
16	Equipment, at Historical Cost	394,291		16
17	Accumulated Depreciation (book methods)	(1,285,933)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(40,107)		20
21	Restricted Funds	972,227		21
22	Other Long-Term Assets (specify): Repl Res	59,601		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,006,175	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,085,176	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 127,735	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	34,187		28
29	Short-Term Notes Payable	151,200		29
30	Accrued Salaries Payable	85,730		30
31	Accrued Taxes Payable	206,881		31
32	Accrued Interest Payable	140,080		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Acc'd ins/mgmt/sale/util	12,913		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 758,726	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,046,800		38
39	Mortgage Payable			39
40	Bonds Payable	9,060,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer fee payable	1,100,080		42
43	FMV of derivative	2,597,208		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 16,804,088	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 17,562,814	\$	45
46	TOTAL EQUITY	\$ 2,522,362	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 20,085,176	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2011

Ending:

12/31/2011

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	\$ 3,144,005	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,144,005	3
B. Other Operating Revenue			
4	Special Services	24,459	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,159	8
9	Non-Resident Meals	3,819	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 32,437	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	3,251	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,251	14
D. Other Revenue (specify):			
15	See Pg8A	78,945	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 78,945	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,258,638	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	981,219	19
20	Health Care/ Personal Care	494,021	20
21	General Administration	853,060	21
B. Capital Expense			
22	Ownership	2,581,432	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)	\$ 4,909,732	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,651,094)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,651,094)	31

Facility Name Alden Gardens of Bloomingdale Limited Partnership Page 8A
Period Beginning 1/1/2011
Period End 12/31/2011

Other Revenue - Line 15

Call Pendant - (g/l 4632-100-000)	2,250.00
Food stamp income - (g/l 4650-100-000)	75,759.32
Reservation deposits - (g/l 4977-100-000)	100.00
Food rebate (g/l 4977-100-005)	742.32
Wage service fee (g/l 4977-100-006)	53.00
Gain on sale of assets (related to prior yr) (g/l 4985-100-000)	40.64
Total of Page 8, Line 15	<u>78,945.28</u>

