

FOR BHF USE					

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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</u></p> <p>Address: <u>285 E Army Trail Rd</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 border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input 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 Kroll</u> Telephone Number: (<u>773</u>) <u>286-3883</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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>1/1/2014</u> to <u>12/31/2014</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 border="1"> <tr> <td rowspan="2" style="width: 20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <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 rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td>(Telephone) (<u> </u>) _____ Fax # (<u> </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>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 type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																								
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Facility Name Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2014 Ending: 12/31/2014

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		3,660	3
4	86	TOTALS	86	35,050	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	23,399	5,094		28,493	5
6	Double Unit	61	669		730	6
7	Other	161	960		1,121	7
8	TOTALS	23,621	6,723		30,344	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.57%

D. Indicate the number of paid bed-hold days the SLF had during this year 1,787 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: 12/31/2014 Fiscal Year: 12/31/2014

* 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:

1/1/2014

Ending: 12/31/2014

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	374,246	259,785	1,807	635,838	(21,665)	614,173	1
2	Housekeeping, Laundry and Maintenance	131,795	25,964	128,684	286,443	2,915	289,358	2
3	Heat and Other Utilities			154,770	154,770		154,770	3
4	Other (specify):							4
5	TOTAL General Services	506,041	285,749	285,261	1,077,051	(18,750)	1,058,301	5
B. Health Care and Programs								
6	Health Care/ Personal Care	519,032	782	1,152	520,966	1,373	522,339	6
7	Activities and Social Services	37,277	3,454	3,508	44,239		44,239	7
8	Other (specify): See Pg3A		3,520		3,520		3,520	8
9	TOTAL Health Care and Programs	556,309	7,756	4,660	568,725	1,373	570,098	9
C. General Administration								
10	Administrative and Clerical	199,819	12,617	139,686	352,122	2,584	354,706	10
11	Marketing Materials, Promotions and Advertising	69,514		12,867	82,381	(102)	82,279	11
12	Employee Benefits and Payroll Taxes			233,780	233,780	19,964	253,744	12
13	Insurance-Property, Liability and Malpractice			28,955	28,955		28,955	13
14	Other (specify): See Pg3A			215,875	215,875	(1,008)	214,867	14
15	TOTAL General Administration	269,333	12,617	631,163	913,113	21,438	934,551	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,331,683	306,122	921,084	2,558,889	4,061	2,562,950	16
Capital Expenses								
D. Ownership								
17	Depreciation			680,681	680,681	(6,604)	674,077	17
18	Interest			456,631	456,631	(1,509)	455,122	18
19	Real Estate Taxes			58,670	58,670		58,670	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment				6,257		6,257	21
22	Other (specify): Loss on FMV of Derivative			715,819	715,819	(715,819)		22
23	TOTAL Ownership			1,911,801	1,918,058	(723,932)	1,194,126	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,331,683	306,122	2,832,885	4,476,947	(719,871)	3,757,076	24

Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning

Report Period Ending

1/1/2014

12/31/2014

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4					
Line 4					
Line 8					
Line 8					
Line 8	Non-Formulary Drugs		3,520		
Line 8	TOTAL		<u>3,520</u>		
Line 14	EE background checks			710	
Line 14	Accounting fees			9,062	
Line 14	Legal Fees: Non-Collections			-	
Line 14	Professional fees			22,354	
Line 14	Surety bond fees			249	
Line 14	Dues & Subscriptions			3,948	
Line 14	Help-wanted ads			276	
Line 14	Seminars/Conventions			449	
Line 14	Auto & Travel			-	
Line 14	Gasoline expense			4,628	
Line 14	Donations - Non-political			-	
Line 14	PAC dues			1,008	(1,008)
Line 14	Legal Fees-Collections			-	
Line 14	Consulting fees			173,191	
Line 14					

Line 14 TOTAL

215,875 (1,008)

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2014
Ending: 12/31/2014

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$	1	1
2	Bad debts (gl 7109)	2,797	10	2
3	Bank charges (gl 6814)	(213)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(5,626)	2	4
5	Fines & Penalties (gl 6968)	(300)	18	5
6	Contributions (gl 6953 & 6955)	(1,008)	14	6
7	Entertainment (gl 6958)	(102)	11	7
8	Special Legal Fees-Collections (gl 6966)		14	8
9	Late fees on utilities (gl 6322, 6325,6328)		3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(1,209)	18	10
11				11
12				12
13	Loss on FMV of Derivative	(715,819)	22	13
14				14
15	Add back fixed assets purchased for < \$2,500	2,302	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	5,911	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(6,518)	17	18
19	Back out depreciation on fixed assets due to rounding	(2)	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		(719,871)	49

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning 1/1/2014

Ending: 12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 34.05	1
2	Licensed Practical Nurses	2	21.56	2
3	Certified Nurse Assistants	14	11.29	3
4	Activity Director & Assistants	2	10.37	4
5	Social Service Workers			5
6	Head Cook	5	13.95	6
7	Cook Helpers/Assistants	11	11.19	7
8	Dishwashers			8
9	Maintenance Workers	1	23.32	9
10	Housekeepers	4	9.63	10
11	Laundry			11
12	Managers	1	41.37	12
13	Other Administrative	3	18.86	13
14	Clerical			14
15	Marketing	1	33.34	15
16	Other: Resident Care Coordinator	1	17.65	16
17	Total (lines 1 thru 16)	46	\$	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	\$ 173,191 1
2		
Total		\$ 173,191 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

VII. RELATED ORGANIZATIONS (continued)

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 Mount Prospect Horizon, Inc The Lakes at Waterford, LLC 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 Mount Prospect Horizon Limited Partnership	Not-for-profit corporation General Partner of Alden Gardens of Bloomingdale Limited Partnership 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 General Partner of Mount Prospect Horizon Limited Partnership Independent housing for elderly residents Rental housing for elderly low & moderate income tenants Rental housing for elderly low & moderate income tenants
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Report Period Beginning: 1/1/2014 Ending: 12/31/2014

City

Chicago

Aurora

Aurora

Cicero

Oak Forest

Elgin

Elgin

Barrington

Bloomington

Shorewood

Mount Prospect

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning:

1/1/2014

Ending:

12/31/2014

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	\$	\$ 2,830,564	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	23,333	15	23,333		114,721	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	488	10	488		2,196	7
8		Carpentry (Metal studs/drywall)-Flat iron install		2011	2,981	298	10	298		1,068	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,139	1,919	10	1,919		6,877	9
10		Parking lot sealcoat/stripe/fill		2014	3,800	198	8	198		198	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,212,774	\$ 601,944		\$ 601,944	\$	\$ 2,955,624	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	\$ 383,385	\$ 72,133	\$ 72,133	\$	various	\$ 345,946	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 383,385	\$ 72,133	\$ 72,133	\$		\$ 345,946	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: 1/1/2014

Ending: 2/31/2014

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 \$ 6,257

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	\$ 8,740,000	9/1/43	floats	\$ 396,249
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,744,300	9/1/38	none	
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
	Working Capital									
4	Amortization-Financing		X	Finance construction of facility	/ /			/ /		21,082
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 14,120,000	\$ 12,784,300			\$ 456,331
	B. Non-Facility Related									
8	Interest on Reserves				/ /			/ /		-1,206
9	Int on late Medicaid pymnts				/ /			/ /		-3
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 12,784,300			\$ 455,122

* 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: 1/1/2014

Ending:

12/31/2014

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2014

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 678,859	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 13,000)	486,097		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,365		6
7	Other Prepaid Expenses	18,375		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,195,696	\$	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	380,854		15
16	Equipment, at Historical Cost	428,800		16
17	Accumulated Depreciation (book methods)	(3,321,322)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(103,353)		20
21	Restricted Funds	1,001,093		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Replacement Reserve	130,397		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,045,511	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,241,207	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 110,926	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,068		28
29	Short-Term Notes Payable	171,200		29
30	Accrued Salaries Payable	132,758		30
31	Accrued Taxes Payable	114,406		31
32	Accrued Interest Payable	254,077		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Acc'd ins/Mgmt/Sale/Utilities	34,939		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 846,374	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,043,100		38
39	Mortgage Payable			39
40	Bonds Payable	8,570,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer Fee Payable	720,000		42
43	FMV of Derivative	2,233,322		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 15,566,422	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,412,796	\$	45
46	TOTAL EQUITY	\$ 1,828,411	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,241,207	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2014

Ending:

12/31/2014

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	\$ 3,356,637	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,356,637	3
B. Other Operating Revenue			
4	Special Services	21,363	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	3,989	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 25,352	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,209	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,209	14
D. Other Revenue (specify):			
15	See Pg8A	82,292	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 82,292	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,465,490	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,077,051	19
20	Health Care/ Personal Care	568,725	20
21	General Administration	913,113	21
B. Capital Expense			
22	Ownership	1,918,058	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)	\$ 4,476,947	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,011,457)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,011,457)	31

Facility Name Alden Gardens of Bloomingdale Limited Partnership Page 8A
Period Beginning 1/1/2014
Period End 12/31/2014

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	1,200.00
Food stamp income - (g/l 465000-100-000)	80,640.00
Record copies - (g/l 497700-100-001)	
Food rebate (g/l 497700-100-005)	275.00
Donations - (g/l 4977-100-023)	160.00
Jury duty (g/l 497700-100-002)	17.00
Total of Page 8, Line 15	<u>82,292.00</u>