

		FOR BHF USE			

LL2

Supportive Living Facility

**2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)**

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: 1000122</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 style="width:100%"> <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>773 286-3883</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>1/1/2013</u> to <u>12/31/2013</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 type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) (<u> </u>) _____	Fax # (<u> </u>) _____																																												

Facility Name Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2013 Ending: 12/31/2013

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 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	23,294	5,353		28,647	5
6	Double Unit		730		730	6
7	Other	605	811		1,416	7
8	TOTALS	23,899	6,894		30,793	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.85%

D. Indicate the number of paid bed-hold days the SLF had during this year
1,088 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. 60108

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2013 Fiscal Year: 12/31/2013

* 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:

1/1/2013

Ending: 12/31/2013

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	375,034	263,059		638,093	(20,672)	617,421	1
2	Housekeeping, Laundry and Maintenance	123,793	30,143	108,777	262,713	1,541	264,254	2
3	Heat and Other Utilities			141,461	141,461	(968)	140,493	3
4	Other (specify):							4
5	TOTAL General Services	498,827	293,202	250,238	1,042,267	(20,099)	1,022,168	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	482,031	2,764	1,152	485,947	2,129	488,076	6
7	Activities and Social Services	27,870	2,416	3,208	33,494		33,494	7
8	Other (specify): See Pg3A		4,246		4,246		4,246	8
9	TOTAL Health Care and Programs	509,901	9,426	4,360	523,687	2,129	525,816	9
	C. General Administration							
10	Administrative and Clerical	186,802	12,503	156,685	355,990	(12,472)	343,518	10
11	Marketing Materials, Promotions and Advertising	72,185		15,695	87,880	(1,450)	86,430	11
12	Employee Benefits and Payroll Taxes			201,897	201,897	18,034	219,931	12
13	Insurance-Property, Liability and Malpractice			26,931	26,931		26,931	13
14	Other (specify): See Pg3A			219,956	219,956	(1,383)	218,573	14
15	TOTAL General Administration	258,987	12,503	621,164	892,654	2,729	895,383	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,267,715	315,131	875,762	2,458,608	(15,241)	2,443,367	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			678,832	678,832	(5,521)	673,311	17
18	Interest			463,477	463,477	(11,728)	451,749	18
19	Real Estate Taxes			92,554	92,554		92,554	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,271	6,271		6,271	21
22	Other (specify):							22
23	TOTAL Ownership			1,241,134	1,241,134	(17,249)	1,223,885	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,267,715	315,131	2,116,896	3,699,742	(32,490)	3,667,252	24

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4					
Line 4					
Line 8					
Line 8					
Line 8	Non-Formulary Drugs		4,246.00		
Line 8	TOTAL		<u>4,246.00</u>	-	
					60108
Line 14	EE background checks			390.00	
Line 14	Accounting fees			8,600.00	
Line 14	Legal Fees: Non-Collections			128.00	
Line 14	Professional fees			28,654.00	
Line 14	Surety bond fees			100.00	
Line 14	Dues & Subscriptions			4,062.00	
Line 14	Help-wanted ads			694.00	
Line 14	Seminars/Conventions			2,684.00	
Line 14	Auto & Travel			95.00	
Line 14	Gasoline expense			5,192.00	
Line 14	Donations - Non-political			500.00	(500.00)
Line 14	PAC dues			420.00	(420.00)
Line 14	Legal Fees-Collections			463.00	(463.00)
Line 14	Consulting fees			167,974.00	
Line 14					
Line 14	TOTAL			<u>219,956.00</u>	<u>(1,383.00)</u>

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning:
Ending:

1/1/2013
12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$	1	1
2	Bad debts (gl 7109)	(12,000)	10	2
3	Bank charges (gl 6814)	(472)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(5,141)	2	4
5	Fines & Penalties (gl 6968)		18	5
6	Contributions (gl 6953 & 6955)	(920)	14	6
7	Entertainment (gl 6958)	(1,450)	11	7
8	Special Legal Fees-Collections (gl 6966)	(463)	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(968)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(11,728)	18	10
11				11
12				12
13	Loss on FMV of SWAP		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	6,173	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(5,436)	17	18
19	Back out depreciation on fixed assets due to rounding	(1)	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	(32,490)		49

60108

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.82	1
2	Licensed Practical Nurses	2	21.17	2
3	Certified Nurse Assistants	13	11.21	3
4	Activity Director & Assistants	1	11.24	4
5	Social Service Workers			5
6	Head Cook	4	15.04	6
7	Cook Helpers/Assistants	12	9.87	7
8	Dishwashers			8
9	Maintenance Workers	1	22.56	9
10	Housekeepers	4	9.41	10
11	Laundry			11
12	Managers	1	40.16	12
13	Other Administrative	3	18.00	13
14	Clerical			14
15	Marketing	1	34.63	15
16	Other: Resident Care Coordinator	1	16.97	16
17	Total (lines 1 thru 16)	44	\$	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	\$ 167,974 1
2		
Total		\$ 167,974 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: 1/1/2013 Ending: 12/31/2013

VII. RELATED ORGANIZATIONS (continued)

		City
Alden Foundation	100% owner of:	
	Alden Gardens of Bloomingdale, Inc	Chicago
	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	Aurora
	Drexel Horizon Limited Partnership	Cicero
	Oak Forest Horizon Limited Partnership	Oak Forest
	Fox River Horizon Limited Partnership	Elgin
	Fox River Horizon II Limited Partnership	Elgin
	Barrington Horizon Limited Partnership	Barrington
	Bloomingdale Horizon I Limited Partnership	Bloomingdale
	Shorewood Horizon Limited Partnership	Shorewood
	Mount Prospect Horizon Limited Partnership	Mount Prospect
	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	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
	Rental housing for elderly low & moderate income tenants	Mount Prospect

60108

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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	\$	\$ 2,254,856	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		Land Improvements		2010	350,000	23,333	15	23,333		91,388	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	488 ##	10	488		1,708	7
8		Carpentry(Metal studs/drywall)-Flat iron install		2011	2,981	298	10	298		770	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,193	1,919	10	1,919		4,958	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,209,028	\$ 601,746		\$ 601,746	\$	\$ 2,353,680	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	\$ 379,317	\$ 71,565	\$ 71,565	\$	various	\$ 273,812	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 379,317	\$ 71,565	\$ 71,565	\$		\$ 273,812	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: 1/1/2013

Ending: 2/31/2013

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 \$ 6,271

10. If the facility rents any vehicles which are used for 60108

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	\$ 8,905,000	9/1/43	floats	\$ 403,395
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,745,500	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	\$ 12,950,500			\$ 463,477
B. Non-Facility Related										
8	Interest on Reserves				/ /			/ /		-1,179
9	Int on late Medicaid pymnts				/ /			/ /		-10,549
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 12,950,500			\$ 451,749

* 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: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 727,698	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 15,797)	393,519		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,390		6
7	Other Prepaid Expenses	21,929		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,154,536	\$	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	418,820		16
17	Accumulated Depreciation (book methods)	(2,640,642)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(82,271)		20
21	Restricted Funds	1,015,240		21
22	Other Long-Term Assets (specify): Repl Res	106,081		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,723,324	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,877,860	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 146,905	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	16,019		28
29	Short-Term Notes Payable	166,200		29
30	Accrued Salaries Payable	127,537		30
31	Accrued Taxes Payable	161,097		31
32	Accrued Interest Payable	214,564		32
33	Deferred Compensation			33
34	Federal and State Income †	60108		34
	Other Current Liabilities(specify):			
35	Acc'd ins/Mgmt/Sale/Utilities	23,867		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 856,189	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,044,300		38
39	Mortgage Payable			39
40	Bonds Payable	8,740,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer Fee Payable	880,000		42
43	FMV of Derivative	1,517,503		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 15,181,803	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,037,992	\$	45
46	TOTAL EQUITY	\$ 2,839,868	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,877,860	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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	\$ 3,257,901	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,257,901	3
B. Other Operating Revenue			
4	Special Services	22,126	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,000	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 26,126	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	11,728	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 11,728	14
D. Other Revenue (specify):			
15	Gain on FMV of Derivative	1,191,078	15
16	See Pg8A	75,703	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,266,781	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,562,536	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	1,042,267	19
20	Health Care/ Personal Care	523,687	20
21	General Administration	892,654	21
B. Capital Expense			
22	Ownership	1,241,134	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)	\$ 3,699,742	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 862,794	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 862,794	31

Facility Name
Period Beginning
Period End

Alden Gardens of Bloomingdale Limited Partnership Page 8A
1/1/2013
12/31/2013

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	770.00
Food stamp income - (g/l 465000-100-000)	74,686.03
Record copies - (g/l 497700-100-001)	
Food rebate (g/l 497700-100-005)	230.28
Donations - (g/l 4977-100-023)	
Jury duty (g/l 497700-100-002)	17.00
Total of Page 8, Line 15	<u>75,703.31</u>

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