

		FOR BHF USE			

LL2

Supportive Living Facility

**2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)**

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 Bloomingdale</u></p> <hr/> <p>Address: <u>285 E Army Trail Rd</u> <u>Bloomingdale</u> <u>60108</u></p> <p align="center">Number City Zip Code</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%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td style="width:33%; border: none;"><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td style="width:33%; border: none;"><input type="checkbox"/> GOVERNMENTAL State</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"><input checked="" type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> County</td> </tr> <tr> <td style="border: none;">IRS Exemption Code _____</td> <td style="border: none;"><input type="checkbox"/> Corporation</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> "Sub-S" Corp.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Limited Liability Co.</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Trust</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></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 Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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>1/1/2017</u> to <u>12/31/2017</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 align="center">Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;">Officer or Administrator of Provider</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Type or Print Name) <u>Randi Schlossberg-Schullo</u></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Title) <u>Vice-President</u></td> </tr> <tr> <td style="border: none; vertical-align: top;">Paid Preparer</td> <td style="border: none;">(Signed) _____ (Date) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Print Name and Title) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Firm Name & Address) _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">(Telephone) (<u> </u>) _____ 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 Schlossberg-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 Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																		
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	(Firm Name & Address) _____																																			
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____																																			

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning:

1/1/2017

Ending: 12/31/2017

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	395,457	248,341	1,787	645,585	(20,425)	625,160	1
2	Housekeeping, Laundry and Maintenance	146,482	24,510	133,541	304,533	4,517	309,050	2
3	Heat and Other Utilities			147,098	147,098	(2,878)	144,220	3
4	Other (specify): Security			283	283		283	4
5	TOTAL General Services	541,939	272,851	282,709	1,097,499	(18,786)	1,078,713	5
B. Health Care and Programs								
6	Health Care/ Personal Care	539,077	2,389	1,152	542,618	1,927	544,545	6
7	Activities and Social Services	58,825	6,048	2,250	67,123		67,123	7
8	Other (specify): See Pg3A		2,316	145	2,461		2,461	8
9	TOTAL Health Care and Programs	597,902	10,753	3,547	612,202	1,927	614,129	9
C. General Administration								
10	Administrative and Clerical	227,039	12,261	144,798	384,098	3,509	387,607	10
11	Marketing Materials, Promotions and Advertising	73,560		8,503	82,063	(59)	82,004	11
12	Employee Benefits and Payroll Taxes			256,014	256,014	18,038	274,052	12
13	Insurance-Property, Liability and Malpractice			25,604	25,604		25,604	13
14	Other (specify): See Pg3A			222,295	222,295	(1,488)	220,807	14
15	TOTAL General Administration	300,599	12,261	657,214	970,074	20,000	990,074	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,440,440	295,865	943,470	2,679,775	3,141	2,682,916	16
Capital Expenses								
D. Ownership								
17	Depreciation			622,926	622,926	(8,949)	613,977	17
18	Interest			426,193	426,193	(2,469)	423,724	18
19	Real Estate Taxes			101,754	101,754		101,754	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,576	9,576		9,576	21
22	Other (specify):							22
23	TOTAL Ownership			1,160,449	1,160,449	(11,418)	1,149,031	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,440,440	295,865	2,103,919	3,840,224	(8,277)	3,831,947	24

Alden Gardens of Bloomingdale Limited Partnership
 Report Period Beginning
 Report Period Ending 1/1/2017
 12/31/2017

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4	Security			283	
Line 4					
Line 8	Radiology (X-Rays) Therapy			145	
Line 8	Drugs (FECII) PA Denials				
Line 8	FECII-Wound Care Products		23		
Line 8	Non-Formulary Drugs		2,293		
Line 8	TOTAL		<u>2,316</u>	<u>145</u>	
Line 14	EE background checks			689	
Line 14	Accounting fees			9,700	
Line 14	Legal Fees: Non-Collections			5,230	
Line 14	Professional fees			22,182	
Line 14	Professional fees-Resident Background checks			130	
Line 14	Surety bond fees			150	
Line 14	Dues & Subscriptions			5,114	
Line 14	Help-wanted ads			314	
Line 14	Seminars/Conventions			1,465	
Line 14	Auto & Travel			100	
Line 14	Gasoline expense			2,632	
Line 14	Donations - Non-political			-	
Line 14	PAC dues			1,488	(1,488)
Line 14	Legal Fees-Collections			-	-
Line 14	Consulting fees			173,101	
Line 14					
Line 14	TOTAL			<u>222,295</u>	<u>(1,488)</u>

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2017
Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$ 0	1	1
2	Bad debts (gl 7109)	3,701	10	2
3	Bank charges (gl 6814)	(192)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(7,923)	2	4
5	Fines & Penalties (gl 6968)	(119)	18	5
6	Contributions (gl 6953 & 6955)	(1,488)	14	6
7	Entertainment (gl 6958)	(59)	11	7
8	Special Legal Fees-Collections (gl 6966)	0	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(2,878)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(2,350)	18	10
11				11
12				12
13	Loss on FMV of Derivative	0	22	13
14				14
15	Add back fixed assets purchased for < \$2,500	0	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	11,980	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(8,865)	17	18
19	Back out depreciation on fixed assets due to rounding	0	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	(8,277)		49

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning: 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 32.44	1
2	Licensed Practical Nurses	1	22.90	2
3	Certified Nurse Assistants	15	12.32	3
4	Activity Director & Assistants	2	14.56	4
5	Social Service Workers			5
6	Head Cook	1	24.93	6
7	Cook Helpers/Assistants	15	11.03	7
8	Dishwashers			8
9	Maintenance Workers	1	24.48	9
10	Housekeepers	4	10.56	10
11	Laundry			11
12	Managers	1	44.90	12
13	Other Administrative	3	18.23	13
14	Clerical			14
15	Marketing	1	35.25	15
16	Other			16
17	Total (lines 1 thru 16)	45	\$	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.	\$ 173,101	1
2			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
_____		_____	
_____		_____	
_____		_____	
_____		_____	

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: 1/1/2017 Ending: 12/31/2017

VII. RELATED ORGANIZATIONS (continued)

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

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

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	\$	\$ 4,557,688	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	23,333	15	23,333		184,720	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	488	10	488		3,660	7
8		Carpentry (Metal studs/drywall)-Flat iron install		2011	2,981	298	10	298		1,962	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,139	1,919	10	1,919		12,634	9
10		Parking lot sealcoat/stripe/fill		2014	3,800	475	8	475		1,623	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,212,774	\$ 602,221		\$ 602,221	\$	\$ 4,762,287	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	\$ 446,905	\$ 11,756	\$ 11,756	\$		\$ 380,399	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 446,905	\$ 11,756	\$ 11,756	\$		\$ 380,399	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 Bloomingdale

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

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 \$ 11,682

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	\$ 8,200,000	9/1/43	floats	\$ 371,207	1
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,740,700	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	/ /			/ /		15,867	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,120,000	\$ 12,240,700			\$ 426,074	7
	B. Non-Facility Related										
8	Interest on Reserves				/ /			/ /		-1,268	8
9	Int on late Medicaid pymnts				/ /			/ /		-1,082	9
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 12,240,700			\$ 423,724	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 Bloomingdale

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,046,185	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 23,000)	105,407		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,440		6
7	Other Prepaid Expenses	19,438		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,181,470	\$	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	525,126		16
17	Accumulated Depreciation (book methods)	(5,187,200)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(145,136)		20
21	Restricted Funds	959,854		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Replacement Reserve	207,940		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,270,480	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,451,950	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,873	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	83,091		28
29	Short-Term Notes Payable	201,200		29
30	Accrued Salaries Payable	171,680		30
31	Accrued Taxes Payable	109,083		31
32	Accrued Interest Payable	368,926		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Acc'd ins/Mgmt/Sale/Utilities	37,409		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,026,262	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,039,500		38
39	Mortgage Payable			39
40	Bonds Payable	8,000,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Developer Fee Payable	85,000		42
43	FMV of Derivative	1,757,273		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,881,773	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,908,035	\$	45
46	TOTAL EQUITY	\$ 1,543,915	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,451,950	\$	47

*(See instructions.)

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning: 1/1/2017

Ending:

12/31/2017

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
I. Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,458,837	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,458,837	3
B. Other Operating Revenue			
4	Special Services	17,371	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	(643)	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 16,728	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,350	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,350	14
D. Other Revenue (specify):			
15	See Pg8A	16,327	15
16	Gain on FMV of Derivative	152,088	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 168,415	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,646,330	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,097,499	19
20	Health Care/ Personal Care	612,202	20
21	General Administration	970,074	21
B. Capital Expense			
22	Ownership	1,160,449	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)	\$ 3,840,224	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (193,894)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (193,894)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,427,320	32
33	Private Pay - Net Inpatient Revenue	1,033,136	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Sales Allowance</u>	(1,619)	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,458,837	37

Facility Name	Alden Gardens of Bloomingdale Limited Partnership	Page 8A
Period Beginning		1/1/2017
Period End		12/31/2017

Other Revenue - Line 15

Call Pendant - (g/1 463200-100-000)	1,020.00
Food stamp income - (g/1 465000-100-000)	14,044.00
Real Estate Tax Refunds - (g/1 497700-100-000)	1,263.00
Record copies - (g/1 497700-100-001)	
Food rebate (g/1 497700-100-005)	-
Donations - (g/1 4977-100-023)	-
Jury duty (g/1 497700-100-002)	-
Total of Page 8, Line 15	<u>16,327.00</u>