

		FOR BHF USE			

LL2

Supportive Living Facility

**2018
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)**

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 Bloomingdle</u></p> <hr/> <p>Address: <u>285 E Army Trail Rd</u> <u>Bloomingtondale</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%"> <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>	<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>1/1/2018</u> to <u>12/31/2018</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>	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>) _____
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<p>In the event there are further questions about this report, please contact:</p> <p>Name: <u>Steven Kroll</u> Telephone Number: (<u>773</u>) <u>286-3883</u></p> <p>Email Address: _____</p>		<p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001</p> <p align="right">Phone # (217) 782-1630</p>																																												

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning:

1/1/2018

Ending: 12/31/2018

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	408,732	253,408	864	663,004	(23,104)	639,900	1
2	Housekeeping, Laundry and Maintenance	169,963	25,676	110,912	306,551	13,800	320,351	2
3	Heat and Other Utilities			143,096	143,096	(158)	142,938	3
4	Other (specify): Security			2,557	2,557		2,557	4
5	TOTAL General Services	578,695	279,084	257,429	1,115,208	(9,462)	1,105,746	5
B. Health Care and Programs								
6	Health Care/ Personal Care	603,694	2,560	1,152	607,406	341	607,747	6
7	Activities and Social Services	61,815	3,606	3,960	69,381		69,381	7
8	Other (specify): See Pg3A		2,305		2,305		2,305	8
9	TOTAL Health Care and Programs	665,509	8,471	5,112	679,092	341	679,433	9
C. General Administration								
10	Administrative and Clerical	226,344	11,434	185,870	423,648	(37,387)	386,261	10
11	Marketing Materials, Promotions and Advertising	84,204		8,103	92,307	(8)	92,299	11
12	Employee Benefits and Payroll Taxes			277,271	277,271	22,681	299,952	12
13	Insurance-Property, Liability and Malpractice			21,342	21,342		21,342	13
14	Other (specify): See Pg3A			216,781	216,781	(1,142)	215,639	14
15	TOTAL General Administration	310,548	11,434	709,367	1,031,349	(15,856)	1,015,493	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,554,752	298,989	971,908	2,825,649	(24,977)	2,800,672	16
Capital Expenses								
D. Ownership								
17	Depreciation			626,078	626,078	(10,183)	615,895	17
18	Interest			418,383	418,383	(13,487)	404,896	18
19	Real Estate Taxes			(15,284)	(15,284)		(15,284)	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment				9,496		9,496	21
22	Other (specify):							22
23	TOTAL Ownership			1,029,177	1,038,673	(23,670)	1,015,003	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,554,752	298,989	2,001,085	3,864,322	(48,647)	3,815,675	24

Alden Gardens of Bloomingdale Limited Partnership
 Report Period Beginning
 Report Period Ending 1/1/2018
 12/31/2018

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4	Security			2,557	
Line 4					
Line 8	Radiology (X-Rays) Therapy			-	
Line 8	Drugs (FECII) PA Denials		265		
Line 8	FECII-Wound Care Products		15		
Line 8	Non-Formulary Drugs		2,025		
Line 8	TOTAL		<u>2,305</u>	<u>-</u>	
Line 14	EE background checks			903	
Line 14	Accounting fees			11,800	
Line 14	Legal Fees: Non-Collections			7,202	
Line 14	Professional fees			25,342	
Line 14	Professional fees-Resident Background checks			363	
Line 14	Surety bond fees			-	
Line 14	Dues & Subscriptions			5,296	
Line 14	Help-wanted ads			45	
Line 14	Seminars/Conventions			431	
Line 14	Auto & Travel			104	
Line 14	Gasoline expense			3,296	
Line 14	Vehicle Licenses/Fee			284	
Line 14	Donations - Non-political			-	
Line 14	PAC dues			1,008	(1,008)
Line 14	Legal Fees-Collections			134	(134)
Line 14	Consulting fees			160,573	
Line 14					
Line 14	TOTAL			<u>216,781</u>	<u>(1,142)</u>

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2018
Ending: 12/31/2018

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$ 0	1	1
2	Bad debts (gl 7109)	(37,261)	10	2
3	Bank charges (gl 6814)	(72)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(8,455)	2	4
5	Fines & Penalties (gl 6968)	(267)	18	5
6	Contributions (gl 6953 & 6955)	(1,008)	14	6
7	Entertainment (gl 6958)	(8)	11	7
8	Special Legal Fees-Collections (gl 6966)	(134)	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(158)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(13,220)	18	10
11	Late fees on telephone (gl 6843)	(54)	10	11
12				12
13	Loss on FMV of Derivative	0	22	13
14				14
15	Add back fixed assets purchased for < \$2,500	2,095	2	15
16	Back out depreciation on fixed assets purchased for < \$2,500	(136)	17	16
17	Add back fixed assets (equip) purchased for < \$2,500	20,078	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(10,046)	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	(48,647)		49

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 37.86	1
2	Licensed Practical Nurses	2	25.75	2
3	Certified Nurse Assistants	15	13.60	3
4	Activity Director & Assistants	2	15.24	4
5	Social Service Workers			5
6	Head Cook	1	25.01	6
7	Cook Helpers/Assistants	13	12.57	7
8	Dishwashers			8
9	Maintenance Workers	1	24.98	9
10	Housekeepers	5	12.14	10
11	Laundry			11
12	Managers	1	46.38	12
13	Other Administrative	4	19.02	13
14	Clerical			14
15	Marketing	1	39.66	15
16	Other			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.	\$ 160,574	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: 1/1/2018 Ending: 12/31/2018

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 of Bloomingdale

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	\$	\$ 5,133,396	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	23,333	15	23,333		208,053	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	488	10	488		4,148	7
8		Carpentry (Metal studs/drywall)-Flat iron install		2011	2,981	298	10	298		2,260	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,139	1,919	10	1,919		14,553	9
10		Parking lot sealcoat/stripe/fill		2014	3,800	475	8	475		2,098	10
11		Sidewalks, concrete		2018	4,134	138	15	138		138	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,216,908	\$ 602,359		\$ 602,359	\$	\$ 5,364,646	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	\$ 458,659	\$ 13,536	\$ 13,536	\$		\$ 393,935	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 458,659	\$ 13,536	\$ 13,536	\$		\$ 393,935	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 Bloomingdle

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

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 \$ 11,812

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	\$ 8,000,000	9/1/43	floats	\$ 362,716
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,739,500	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	/ /			/ /		16,400
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 14,120,000	\$ 12,039,500			\$ 418,116
	B. Non-Facility Related									
8	Interest on Reserves		X		/ /			/ /		-1,277
9	Int on late Medicaid pymnts				/ /			/ /		-11,943
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 12,039,500			\$ 404,896

* 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: 1/1/2018

Ending:

12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,093,391	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>10,000</u>)	339,918		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,701		6
7	Other Prepaid Expenses	17,550		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,458,560	\$	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	387,083		15
16	Equipment, at Historical Cost	556,959		16
17	Accumulated Depreciation (book methods)	(5,813,279)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(161,536)		20
21	Restricted Funds	959,182		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Replacement Reserve</u>	231,263		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,688,714	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,147,274	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 108,864	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	315,583		28
29	Short-Term Notes Payable	211,200		29
30	Accrued Salaries Payable	184,823		30
31	Accrued Taxes Payable	52,122		31
32	Accrued Interest Payable	405,097		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Acc'd ins/Mgmt/Sale/Utilities</u>	23,845		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,301,534	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,038,300		38
39	Mortgage Payable			39
40	Bonds Payable	7,790,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>FMV of Derivative</u>	1,473,839		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,302,139	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,603,673	\$	45
46	TOTAL EQUITY	\$ 1,543,601	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,147,274	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 3,533,003	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,533,003	3
B. Other Operating Revenue			
4	Special Services	19,787	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 19,787	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	13,220	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,220	14
D. Other Revenue (specify):			
15	See Pg8A	14,564	15
16	Gain on FMV of Derivative	283,434	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 297,998	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,864,008	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,115,208	19
20	Health Care/ Personal Care	679,092	20
21	General Administration	1,031,349	21
B. Capital Expense			
22	Ownership	1,038,673	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)	\$ 3,864,322	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (314)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (314)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,368,543	32
33	Private Pay - Net Inpatient Revenue	1,164,460	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,533,003	37

Facility Name Alden Gardens of Bloomingdale Limited Partnership Page 8A
Period Beginning 1/1/2018
Period End 12/31/2018

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	1,800.00
Food stamp income - (g/l 465000-100-000)	12,764.00
Real Estate Tax Refunds - (g/l 497700-100-000)	-
Record copies - (g/l 497700-100-001)	
Food rebate (g/l 497700-100-005)	-
Donations - (g/l 4977-100-023)	-
Jury duty (g/l 497700-100-002)	-
Total of Page 8, Line 15	<u>14,564.00</u>