

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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.

I. Facility ID Number: 1000122

Facility Name: Alden Gardens of Bloomingdle

Address: 285 E Army Trail Rd Bloomingdale 60108

County: DuPage

Telephone Number: (630) 307-7273 Fax # (630) 994-4401

Federal Employer ID Number:

Date Current Owners were Certified: 1/29/2010

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

X Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Mark Novotny Telephone Number: (773) 286-3883

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2019 to 12/31/2019 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)

(Type or Print Name) Randi Schullo

(Title) Vice-President

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

HFS 3745C (N-4-05)

IL478-2471

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	84	Single Unit Apartment	84	30,660	1
2	2	Double Unit Apartment	2	730	2
3		Other		3,650	3
4	86	TOTALS	86	35,040	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,428	6,239		28,667	5
6	Double Unit	328	338		666	6
7	Other	205	730		935	7
8	TOTALS	22,961	7,307		30,268	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.38%

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

1,811 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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 12/31/2019 Fiscal Year: 12/31/2019

* 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 principal? 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 principal? 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 principal? If no, explain.

STATE OF ILLINOIS

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Facility Name: Alden Gardens of Bloomingdle

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

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	431,413	260,053	1,356	692,822	(21,273)	671,549	1
2	Housekeeping, Laundry and Maintenance	177,449	27,984	124,913	330,346	11,784	342,130	2
3	Heat and Other Utilities			137,105	137,105	(74)	137,031	3
4	Other (specify): See Pg3A			300	300	1,003	1,303	4
5	TOTAL General Services	608,862	288,037	263,674	1,160,573	(8,560)	1,152,013	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	639,173	2,827	1,152	643,152		643,152	6
7	Activities and Social Services	66,760	2,085	5,672	74,517		74,517	7
8	Other (specify): See Pg3A		1,215		1,215		1,215	8
9	TOTAL Health Care and Programs	705,933	6,127	6,824	718,884		718,884	9
	C. General Administration							
10	Administrative and Clerical	253,784	11,208	180,703	445,695	(26,971)	418,724	10
11	Marketing Materials, Promotions and Advertising	74,662		5,978	80,640		80,640	11
12	Employee Benefits and Payroll Taxes			299,893	299,893	20,031	319,924	12
13	Insurance-Property, Liability and Malpractice			34,275	34,275		34,275	13
14	Other (specify): See Pg3A			230,733	230,733	(1,208)	229,525	14
15	TOTAL General Administration	328,446	11,208	751,582	1,091,236	(8,148)	1,083,088	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,643,241	305,372	1,022,080	2,970,693	(16,708)	2,953,985	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			631,376	631,376	(12,150)	619,226	17
18	Interest			409,209	409,209	(2,634)	406,575	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			9,312	9,312		9,312	21
22	Other (specify): Loss on FMV of SWAP			256,460	256,460	(256,460)		22
23	TOTAL Ownership			1,306,357	1,306,357	(271,244)	1,035,113	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,643,241	305,372	2,328,437	4,277,050	(287,952)	3,989,098	24

Alden Gardens of Bloomingdale Limited Partnership
Report Period Beginning 1/1/2019
Report Period Ending 12/31/2019

Schedule IV		Col 1	Col 2	Col 3	Col 5
Line 4	Security			300	
Line 4					
Line 8	Radiology (X-Rays) Therapy			-	
Line 8	Drugs (FECII) PA Denials		5		
Line 8	Non-Formulary Drugs		571		
Line 8	Pyr-Purchase of Supplies		640		
Line 8	TOTAL		1,215	-	
Line 14	EE background checks			825	
Line 14	Accounting fees			12,500	
Line 14	Legal Fees: Non-Collections			1,572	
Line 14	Professional fees			28,903	
Line 14	Professional fees-Resident Background checks			200	
Line 14	Surety bond fees			-	
Line 14	Dues & Subscriptions			5,258	
Line 14	Help-wanted ads			-	
Line 14	Seminars/Conventions			1,100	
Line 14	Auto & Travel			-	
Line 14	Gasoline expense			3,176	
Line 14	Vehicle Licenses/Fee			-	
Line 14	Donations - Non-political			200	(200)
Line 14	PAC dues			1,008	(1,008)
Line 14	Legal Fees-Collections			-	-
Line 14	Consulting fees			175,989	
Line 14					

Report Period Beginning: 1/1/2019
Ending: 12/31/2019

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$ 0	1	1
2	Bad debts (gl 7109)	(27,500)	10	2
3	Bank charges (gl 6814)	572	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(8,345)	2	4
5	Fines & Penalties (gl 6968)	0	18	5
6	Contributions (gl 6953 & 6955)	(1,208)	14	6
7	Entertainment (gl 6958)	0	11	7
8	Special Legal Fees-Collections (gl 6966)	0	14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(74)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(2,634)	18	10
11	Late fees on telephone (gl 6843)	(26)	10	11
12	Miscellaneous income -Jury duty (g/l 497700-100-002)	(17)	10	12
13	Loss on FMV of Derivative	(256,460)	22	13
14				14
15	Add back fixed assets purchased for < \$2,500	973	2	15
16	Back out depreciation on fixed assets purchased for < \$2,500	(310)	17	16
17	Add back fixed assets (equip) purchased for < \$2,500	18,917	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(11,840)	17	18
19	Back out depreciation on fixed assets due to rounding		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	(287,952)		49

Facility Name: Alden Gardens of Bloomingdle

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 37.78	1
2	Licensed Practical Nurses	2	26.16	2
3	Certified Nurse Assistants	14	15.10	3
4	Activity Director & Assistants	2	16.50	4
5	Social Service Workers			5
6	Head Cook	3	19.01	6
7	Cook Helpers/Assistants	11	13.74	7
8	Dishwashers			8
9	Maintenance Workers	1	25.68	9
10	Housekeepers	4	13.49	10
11	Laundry			11
12	Managers	1	44.94	12
13	Other Administrative	4	21.59	13
14	Clerical			14
15	Marketing	1	38.93	15
16	Other			16
17	Total (lines 1 thru 16)	44	\$	17

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).

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.	\$ 175,989	1
2			2
Total		\$ 175,989	3

VII. RELATED ORGANIZATIONS (continued)

			City
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	
	Bloomington Horizon, Inc	General Partner of Bloomington 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
	Bloomington Horizon I Limited Partnership	Rental housing for elderly low & moderate income tenants	Bloomington
	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 Bloomingdle

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTSA. 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	\$	\$ 5,709,104	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements			2010	350,000	23,333	15	23,333		231,386	6
7	Wiring outlets & freezer/cooler to emerg panels			2010	4,880	488	10	488		4,636	7
8	Carpentry (Metal studs/drywall)-Flat iron install			2011	2,981	298	10	298		2,558	8
9	HVAC elec wall painting/protect flooring-Flat iron install			2011	19,139	1,919	10	1,919		16,472	9
10	Parking lot sealcoat/stripe/fill			2014	3,800	475	8	475		2,573	10
11	Sidewalks, concrete			2018	4,134	276	15	276		414	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,216,908	\$ 602,497		\$ 602,497	\$	\$ 5,967,143	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	\$ 504,961	\$ 16,729	\$ 16,729	\$	various	\$ 410,663	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 504,961	\$ 16,729	\$ 16,729	\$		\$ 410,663	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

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*		8. Is movable equipment rental included in building rental? ☐ YES ☒ NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 11,864
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 \$ 11,864

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	IHDA Tax-exempt Bonds		X	Finance construction of facility	10/15/08	\$ 10,070,000	\$	9/1/43	floats	\$ 353,275	1
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000		9/1/38	none		2
3	DuPage County - HOME		X	Finance construction of facility	9/9/08	1,300,000		9/9/38	3.0000	39,000	3
	Working Capital										
4	Amortization-Financing		X	Finance construction of facility	/ /			/ /		16,934	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,120,000	\$			\$ 409,209	7
	B. Non-Facility Related										
8	Interest on Reserves		X		/ /			/ /		-2,634	8
9	Int on late Medicaid pymnts				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$			\$ 406,575	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Alden Gardens of Bloomingdle

Report Period Beginning: 1/1/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,205,430	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 24,000)	434,140		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,896		6
7	Other Prepaid Expenses	12,817		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,671,283	\$	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	388,056		15
16	Equipment, at Historical Cost	622,178		16
17	Accumulated Depreciation (book methods)	(6,444,654)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(178,470)		20
21	Restricted Funds	959,499		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Replacement Reserve</u>	231,273		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 14,106,924	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,778,207	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 104,461	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	215,485		28
29	Short-Term Notes Payable	221,200		29
30	Accrued Salaries Payable	209,323		30
31	Accrued Taxes Payable	52,613		31
32	Accrued Interest Payable	444,244		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accr Ins/Mgmt/Sales/Utilities/401K</u>	44,016		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,291,342	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,037,100		38
39	Mortgage Payable			39
40	Bonds Payable	7,570,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	<u>FMV of Derivative</u>	1,730,298		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,337,398	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 14,628,740	\$	45
46	TOTAL EQUITY	\$ 1,149,467	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,778,207	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale

Report Period Beginning: 1/1/2019

Ending:

12/31/2019

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	\$ 3,752,233	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,752,233	3
	B. Other Operating Revenue		
4	Special Services	21,366	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)	\$ 21,366	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,634	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,634	14
	D. Other Revenue (specify):		
15	See Pg8A	106,683	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 106,683	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,882,916	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,160,573	19
20	Health Care/ Personal Care	718,884	20
21	General Administration	1,091,236	21
	B. Capital Expense		
22	Ownership	1,306,357	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)	\$ 4,277,050	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (394,134)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (394,134)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,704,660	32
33	Private Pay - Net Inpatient Revenue	1,047,573	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,752,233	37

Facility Name	Alden Gardens of Bloomingdale Limited Partnership	Page 8A
Period Beginning	1/1/2019	
Period End	12/31/2019	

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	1,320.00
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Food stamp income - (g/l 465000-100-000)	105,346.00
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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)	17.00
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Total of Page 8, Line 15	<u>106,683.00</u>
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