

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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 Bloomingdale Limited Partnership

Address: 285 East Army Trail Road 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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2021 to 12/31/2021 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 of Alden Gardens of Bloomingdale, Inc., General Manager

Paid Preparer

(Signed)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

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

Name: Mark Novotny

Telephone Number: (773) 286-3883

Email Address:

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

Report Period Beginning: 1/1/2021 Ending: 12/31/2021

Date of change in certified units

1 / 1

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.

1,600 Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

Page 3

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning:

1/1/2021

Ending: 12/31/2021

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	532,220	271,442		803,662	(22,364)	781,298	1
2	Housekeeping, Laundry and Maintenance	243,376	43,326	160,005	446,706	9,182	455,889	2
3	Heat and Other Utilities			135,724	135,724	(1,127)	134,596	3
4	Other (specify): See Pg3A			300	300		300	4
5	TOTAL General Services	775,596	314,768	296,029	1,386,392	(14,309)	1,372,083	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	682,464	8,711	1,152	692,328	849	693,177	6
7	Activities and Social Services	85,490	2,723	2,473	90,686		90,686	7
8	Other (specify): See Pg3A		1,602		1,602		1,602	8
9	TOTAL Health Care and Programs	767,955	13,036	3,625	784,616	849	785,465	9
	C. General Administration							
10	Administrative and Clerical	247,030	12,869	218,108	478,006	(46,359)	431,647	10
11	Marketing Materials, Promotions and Advertising	87,669		16,813	104,481	(94)	104,387	11
12	Employee Benefits and Payroll Taxes			357,447	357,447	21,313	378,760	12
13	Insurance-Property, Liability and Malpractice			64,260	64,260		64,260	13
14	Other (specify): See Pg3A			340,389	340,389	(1,208)	339,181	14
15	TOTAL General Administration	334,698	12,869	997,016	1,344,583	(26,348)	1,318,235	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,878,249	340,673	1,296,670	3,515,592	(39,809)	3,475,783	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			644,386	644,386	(17,000)	627,386	17
18	Interest			384,127	384,127	(1,862)	382,266	18
19	Real Estate Taxes			49,653	49,653		49,653	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,832	6,832		6,832	21
22	Other (specify): Gain/Loss on FMV of SWAP			(559,635)	(559,635)	559,635		22
23	TOTAL Ownership			525,364	525,364	540,773	1,066,138	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,878,249	340,673	1,822,034	4,040,956	500,965	4,541,921	24

Alden Gardens of Bloomingdale Limited Partnership
Report Period Beginning 1/1/2021
Report Period Ending 12/31/2021

Schedule IV			Col 1	Col 2	Col 3	Col 5
Line 4		Security			300	
Line 4	TOTAL				300	
Line 8		Radiology (X-Rays) Therapy				
Line 8		Drugs (FECII) PA Denials		-		
Line 8		Non-Formulary Drugs		(1,780)		
Line 8		Wound Care(product only)		2,892		
Line 8		Pyr-Purchase of Supplies		491		
Line 8	TOTAL			1,602		
Line 14		EE background checks			330	
Line 14		Accounting fees			17,496	
Line 14		Legal Fees: Non-Collections			1,704	
Line 14		Professional fees			29,393	
Line 14		Professional fees-Resident Background checks			310	
Line 14		Surety bond fees				
Line 14		Dues & Subscriptions			7,424	
Line 14		Help-wanted ads			5,703	
Line 14		Seminars/Conventions			299	
Line 14		Auto & Travel				
Line 14		Gasoline expense			3,098	
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			273,424	
Line 14						
Line 14	TOTAL				340,389	(1,208)

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2021
Ending: 12/31/2021

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$	1	1
2	Bad debts (gl 7109)	(42,503)	10	2
3	Bank charges (gl 6814)	(3,857)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(8,867)	2	4
5	Fines & Penalties (gl 6968)		18	5
6	Contributions (gl 6953 & 6955)	(1,208)	14	6
7	Entertainment (gl 6958)	(94)	11	7
8	Special Legal Fees-Collections (gl 6966)		14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(1,127)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(1,862)	18	10
11	Late fees on telephone (gl 6843)		10	11
12	Miscellaneous income -Jury duty (g/l 497700-100-002)		10	12
13	Gain/Loss on FMV of Derivative	559,635	22	13
14	Miscellaneous income -Payroll Tax Refund (g/l 497700-100-000)	0	12	14
15	Add back fixed assets purchased for < \$2,500		2	15
16	Back out depreciation on fixed assets purchased for < \$2,500	(488)	17	16
17	Add back fixed assets (equip) purchased for < \$2,500	17,846	2	17
18	Back out depreciation-fixed assets (equip) purchased for < \$2,500	(16,512)	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	500,965		49

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 40.29	1
2	Licensed Practical Nurses	2	28.43	2
3	Certified Nurse Assistants	14	17.90	3
4	Activity Director & Assistants	2	17.70	4
5	Social Service Workers			5
6	Head Cook	1	26.73	6
7	Cook Helpers/Assistants	14	16.06	7
8	Dishwashers			8
9	Maintenance Workers	1	26.52	9
10	Housekeepers	5	16.87	10
11	Laundry			11
12	Managers	1	48.23	12
13	Other Administrative	3	22.68	13
14	Clerical			14
15	Marketing	1	42.15	15
16	Other			16
17	Total (lines 1 thru 16)	45	\$	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.	\$ 273,424	1
2			2
Total		\$ 273,424	3

Facility Name: Alden Gardens of Bloomingdale Limited Partnership Report Period Beginning: 1/1/2021 Ending: 12/31/2021

VII. RELATED ORGANIZATIONS (continued)

Owners	Ownership %	City
National Equity Fund	99.99% Limited Partner	
Gardens of Bloomingdale, Inc.	0.01% General Partner	

OTHER RELATED BUSINESS ENTITIES

	Type of Business	City
Alden Foundation	Owner of General Partner	Chicago
Alden Gardens of Bloomingdale, Inc	General Partner of Alden Gardens of Bloomingdale Limited Partnership	Chicago
Waterford Horizon, Inc	General Partner of Alden Horizon Limited Partnership.	Chicago
Drexel Horizon, Inc	General Partner of Drexel Horizon Limited Partnership	Chicago
Oak Forest Horizon, Inc	General Partner of Oak Forest Horizon Limited Partnership	Chicago
Fox River Horizon, Inc	General Partner of Fox River Horizon Limited Partnership	Chicago
Fox River Horizon II, Inc	General Partner of Fox River Horizon II Limited Partnership	Chicago
Barrington Horizon, Inc	General Partner of Barrington Horizon Limited Partnership	Chicago
Bloomington Horizon, Inc	General Partner of Bloomington Horizon I Limited Partnership	Chicago
Shorewood Horizon, Inc	General Partner of Shorewood Horizon Limited Partnership	Chicago
Mount Prospect Horizon, Inc	General Partner of Mount Prospect Horizon Limited Partnership	Chicago
Woodridge Horizon, Inc	General Partner of Woodridge Horizon Limited Partnership	Chicago
Huntley Horizon, Inc	General Partner of Huntley Horizon Limited Partnership	Chicago
New Lenox Horizon, Inc	General Partner of New Lenox Horizon Limited Partnership	Chicago
Warrenville Horizon, Inc	General Partner of Warrenville Horizon Limited Partnership	Chicago
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
Warrenville Horizon Limited Partnership	Rental housing for elderly low & moderate income tenants	Warrenville

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	\$	\$ 6,860,520	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements			2010	350,000	23,333	15	23,333		278,052	6
7	Wiring outlets & freezer/cooler to emerg panels			2010	4,880		10			4,880	7
8	Carpentry (Metal studs/drywall)-Flat iron install			2011	2,981	125	10	125		2,981	8
9	HVAC elec wall painting/protect flooring-Flat iron install			2011	19,139	748	10	748		19,139	9
10	Parking lot sealcoat/stripe/fill			2014	3,800	475	8	475		3,523	10
11	Sidewalks, concrete			2018	4,134	276	15	276		966	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,216,908	\$ 600,665		\$ 600,665	\$	\$ 7,170,061	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	\$ 609,873	\$ 26,721	\$ 26,721	\$	various	\$ 458,922	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 609,873	\$ 26,721	\$ 26,721	\$		\$ 458,922	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3	Original Building			/ /	\$			3	9. Rental amount for movable equipment \$ 8,217
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 \$ 8,217

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	\$ 7,340,000	9/1/43	floats	\$ 332,850	1
2	IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,736,000	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	/ /			/ /		12,277	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,120,000	\$ 11,376,000			\$ 384,127	7
	B. Non-Facility Related										
8	Interest on Reserves				/ /			/ /		-1,862	8
9	Int on late Medicaid pymnts				/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 11,376,000			\$ 382,266	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 Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,168,001	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (80,300))	244,758		3
4	Supply Inventory (priced at)	41,464		4
5	Short-Term Investments			5
6	Prepaid Insurance	29,520		6
7	Other Prepaid Expenses	16,843		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	1,569		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,502,153	\$	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	392,347		15
16	Equipment, at Historical Cost	774,874		16
17	Accumulated Depreciation (book methods)	(7,726,789)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(202,967)		20
21	Restricted Funds	1,005,313		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Replacement Reserve	271,282		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,043,103	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,545,257	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 140,723	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	132,834		28
29	Short-Term Notes Payable	241,200		29
30	Accrued Salaries Payable	210,389		30
31	Accrued Taxes Payable	112,525		31
32	Accrued Interest Payable	522,417		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accr Ins/Mgmt/Sales/Utilities/401K	61,114		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,421,201	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,034,800		38
39	Mortgage Payable			39
40	Bonds Payable	7,100,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	1,419,502		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 12,554,302	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 13,975,503	\$	45
46	TOTAL EQUITY	\$ 1,569,754	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,545,257	\$	47

*(See instructions.)

Facility Name: Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 4,020,753	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,020,753	3
	B. Other Operating Revenue		
4	Special Services	21,661	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)	\$ 21,661	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,862	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,862	14
	D. Other Revenue (specify):		
15	See PG 8A	128,858	15
16	Provider Relief	463,678	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 592,536	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,636,811	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,386,392	19
20	Health Care/ Personal Care	784,616	20
21	General Administration	1,344,583	21
	B. Capital Expense		
22	Ownership	525,364	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)	\$ 4,040,956	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 595,855	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 595,855	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,193,245	32
33	Private Pay - Net Inpatient Revenue	827,508	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,020,753	37

Facility Name	Alden Gardens of Bloomingdale Limited Partnership	Page 8A
Period Beginning	1/1/2021	
Period End	12/31/2021	

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	1,740.00
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Food stamp income - (g/l 465000-100-000)	127,117.99
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Payroll 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)

Write Off Old A/P (g/l 498300-100-000)

Total of Page 8, Line 15	<u>128,857.99</u>
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