

		FOR BHF USE			

LL2

Supportive Living Facility

2020
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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>Bloomington</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> <p>In the event there are further questions about this report, please contact: Name: <u>Mark Novotny</u> Telephone Number: (<u>773</u>) <u>286-3883</u> Email Address: _____</p>	<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>1/1/2020</u> to <u>12/31/2020</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%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>Vice-President of Alden Gardens of Bloomingdale, Inc., General</u></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (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) _____ (Type or Print Name) <u>Randi Schullo</u> (Title) <u>Vice-President of Alden Gardens of Bloomingdale, Inc., General</u>	Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Paid Preparer	(Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____																												

Facility Name Alden Gardens Bloomingdale

Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	30,744	1
2	2	Double Unit Apartment	2	732	2
3		Other		3,660	3
4	86	TOTALS	86	35,136	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	24,012	4,809		28,821	5
6	Double Unit	306	426		732	6
7	Other	306	1,101		1,407	7
8	TOTALS	24,624	6,336		30,960	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.11%

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

1,165 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. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/2020 Fiscal Year: 12/31/2020

* 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. _____

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning:

1/1/2020

Ending: 12/31/2020

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	501,928	272,117	459	774,504	(21,684)	752,820	1
2	Housekeeping, Laundry and Maintenance	203,855	33,696	112,594	350,145	9,152	359,297	2
3	Heat and Other Utilities			132,225	132,225	(218)	132,008	3
4	Other (specify): See Pg3A			300	300		300	4
5	TOTAL General Services	705,784	305,812	245,578	1,257,174	(12,750)	1,244,424	5
B. Health Care and Programs								
6	Health Care/ Personal Care	660,268	9,108	1,152	670,528	1,227	671,755	6
7	Activities and Social Services	70,380	2,121	1,695	74,195		74,195	7
8	Other (specify): See Pg3A		788		788		788	8
9	TOTAL Health Care and Programs	730,647	12,017	2,847	745,511	1,227	746,738	9
C. General Administration								
10	Administrative and Clerical	257,238	12,621	135,622	405,481	6,272	411,754	10
11	Marketing Materials, Promotions and Advertising	85,538		5,498	91,036	(60)	90,976	11
12	Employee Benefits and Payroll Taxes			306,547	306,547	19,810	326,356	12
13	Insurance-Property, Liability and Malpractice			52,059	52,059		52,059	13
14	Other (specify): See Pg3A			237,549	237,549	(1,008)	236,541	14
15	TOTAL General Administration	342,776	12,621	737,275	1,092,672	25,014	1,117,686	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,779,207	330,450	985,699	3,095,356	13,491	3,108,847	16
Capital Expenses								
D. Ownership								
17	Depreciation			637,749	637,749	(13,957)	623,791	17
18	Interest			396,683	396,683	(6,178)	390,505	18
19	Real Estate Taxes			36,951	36,951		36,951	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,124	5,124		5,124	21
22	Other (specify): Loss on FMV of SWAP			248,839	248,839	(248,839)		22
23	TOTAL Ownership			1,325,346	1,325,346	(268,974)	1,056,372	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,779,207	330,450	2,311,045	4,420,702	(255,483)	4,165,219	24

Alden Gardens of Bloomingdale Limited Partnership
 Report Period Beginning 1/1/2020
 Report Period Ending 12/31/2020

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		115		
Line 8	Non-Formulary Drugs		507		
Line 8	Pyr-Purchase of Supplies		165		
Line 8	TOTAL		<u>788</u>	<u>-</u>	
Line 14	EE background checks			625	
Line 14	Accounting fees			13,120	
Line 14	Legal Fees: Non-Collections			3,971	
Line 14	Professional fees			18,772	
Line 14	Professional fees-Resident Background checks			203	
Line 14	Surety bond fees				
Line 14	Dues & Subscriptions			6,503	
Line 14	Help-wanted ads			3,055	
Line 14	Seminars/Conventions			50	
Line 14	Auto & Travel				
Line 14	Gasoline expense			1,936	
Line 14	Vehicle Licenses/Fee				
Line 14	Donations - Non-political				
Line 14	PAC dues			1,008	(1,008)
Line 14	Legal Fees-Collections				
Line 14	Consulting fees			188,307	
Line 14					
Line 14	TOTAL			<u>237,549</u>	<u>(1,008)</u>

STATE OF ILLINOIS
Alden Gardens of Bloomingdale Limited Partnership

Report Period Beginning: 1/1/2020
Ending: 12/31/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-patient meals (gl 4641)	\$	1	1
2	Bad debts (gl 7109)	11,880	10	2
3	Bank charges (gl 6814)	(5,607)	10	3
4	Cable & satellite service for resident rooms (gl 6330)	(8,987)	2	4
5	Fines & Penalties (gl 6968)		18	5
6	Contributions (gl 6953 & 6955)	(1,008)	14	6
7	Entertainment (gl 6958)	(60)	11	7
8	Special Legal Fees-Collections (gl 6966)		14	8
9	Late fees on utilities (gl 6322, 6325,6328)	(218)	3	9
10	Interest & Other Investment Income (gl 4963,4975&4972)	(6,178)	18	10
11	Late fees on telephone (gl 6843)		10	11
12	Miscellaneous income -Jury duty (g/l 497700-100-002)		10	12
13	Loss on FMV of Derivative	(248,839)	22	13
14	Miscellaneous income -Payroll Tax Refund (g/l 497700-100-000)	(355)	12	14
15	Add back fixed assets purchased for < \$2,500	0	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	(13,469)	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	(255,483)		49

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 38.42	1
2	Licensed Practical Nurses	2	27.53	2
3	Certified Nurse Assistants	13	16.88	3
4	Activity Director & Assistants	2	17.46	4
5	Social Service Workers			5
6	Head Cook	2	22.84	6
7	Cook Helpers/Assistants	13	15.31	7
8	Dishwashers			8
9	Maintenance Workers	1	26.81	9
10	Housekeepers	5	15.46	10
11	Laundry			11
12	Managers	1	44.55	12
13	Other Administrative	4	21.60	13
14	Clerical			14
15	Marketing	1	38.81	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.	\$ 188,307	1
2			2
		Total	3
		\$	188,307

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: 1/1/2020 Ending: 12/31/2020

VII. RELATED ORGANIZATIONS (continued)

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

1/1/2020

Ending:

12/31/2020

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	\$	\$ 6,284,812	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2010	350,000	23,333	15	23,333		254,719	6
7		Wiring outlets & freezer/cooler to emerg panels		2010	4,880	244	10	244		4,880	7
8		Carpentry (Metal studs/drywall)-Flat iron install		2011	2,981	298	10	298		2,856	8
9		HVAC elec wall painting/protect flooring-Flat iron install		2011	19,139	1,919	10	1,919		18,391	9
10		Parking lot sealcoat/stripe/fill		2014	3,800	475	8	475		3,048	10
11		Sidewalks, concrete		2018	4,134	276	15	276		690	11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 16,216,908	\$ 602,253		\$ 602,253	\$	\$ 6,569,396	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	\$ 579,223	\$ 21,538	\$ 21,538	\$	various	\$ 432,201	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 579,223	\$ 21,538	\$ 21,538	\$		\$ 432,201	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: 1/1/2020

Ending: 2/31/2020

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 \$ 7,354

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			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	\$ 7,570,000	9/1/43	floats	\$ 345,463	1
2		IHDA - HOME		X	Finance construction of facility	9/1/08	2,750,000	2,737,200	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	/ /			/ /		12,220	4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 14,120,000	\$ 11,607,200			\$ 396,683	7
B. Non-Facility Related												
8		Interest on Reserves				/ /			/ /		-6,178	8
9		Int on late Medicaid pymnts				/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 14,120,000	\$ 11,607,200			\$ 390,505	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: 1/1/2020

Ending:

12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,167,579	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (45,000))	279,606		3
4	Supply Inventory (priced at)	41,464		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,461		6
7	Other Prepaid Expenses	12,817		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from 3rd party	1,380		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,526,306	\$	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	714,286		16
17	Accumulated Depreciation (book methods)	(7,082,403)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	594,755		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(190,690)		20
21	Restricted Funds	986,356		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Replacement Reserve	241,379		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,586,026	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,112,332	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 205,329	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	78,107		28
29	Short-Term Notes Payable	231,200		29
30	Accrued Salaries Payable	186,992		30
31	Accrued Taxes Payable	58,989		31
32	Accrued Interest Payable	485,180		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accr Ins/Mgmt/Sales/Utilities/401K	32,852		35
36	Prov Rel	419,663		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,698,312	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,036,000		38
39	Mortgage Payable			39
40	Bonds Payable	7,340,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	1,979,137		42
43	Fica-Deferred	84,985		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,440,122	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 15,138,434	\$	45
46	TOTAL EQUITY	\$ 973,898	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,112,332	\$	47

*(See instructions.)

Facility Name: Alden Gardens Bloomingdale

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 3,996,541	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,996,541	3
B. Other Operating Revenue			
4	Special Services	21,993	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)	\$ 21,993	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	6,178	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,178	14
D. Other Revenue (specify):			
15	See PG 8A	109,966	15
16	Provider Relief	110,455	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 220,421	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,245,133	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	1,257,174	19
20	Health Care/ Personal Care	745,511	20
21	General Administration	1,092,672	21
B. Capital Expense			
22	Ownership	1,325,346	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)	\$ 4,420,702	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (175,569)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (175,569)	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 3,141,676	32
33	Private Pay - Net Inpatient Revenue	854,865	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,996,541	37

Facility Name Alden Gardens of Bloomingdale Limited Partnership Page 8A
Period Beginning 1/1/2020
Period End 12/31/2020

Other Revenue - Line 15

Call Pendant - (g/l 463200-100-000)	1,080.00
Food stamp income - (g/l 465000-100-000)	107,004.96
Payroll Tax Refunds - (g/l 497700-100-000)	354.67
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)	1,526.00
Total of Page 8, Line 15	<u>109,965.63</u>