

		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.

<p>I. Facility ID Number: 1000066</p> <p>Facility Name: Brookstone of Aledo</p> <p>Address: 405 SE 13th Avenue Aledo 61231</p> <p>County: Mercer</p> <p>Telephone Number: (309) 582-1132 Fax # (309) 582-1134</p> <p>Federal Employer ID Number: 46-3007241</p> <p>Date Current Owners were Certified: 09/01/2009</p> <p>Type of Ownership:</p> <table><tr><td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td><td><input 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 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 checked="" type="checkbox"/> "Sub-S" Corp.</td><td></td></tr><tr><td></td><td><input checked="" 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:</p> <p>Name: William R. List Telephone Number: (410) 363-3200</p> <p>Email Address:</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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 type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> "Sub-S" Corp.			<input checked="" 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 01/01/2021 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) _____</td><td></td></tr><tr><td rowspan="5">Paid Preparer</td><td>(Title) _____</td><td></td></tr><tr><td>(Signed) _____</td><td>7/8/22</td></tr><tr><td></td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) William R. List - Director</td><td></td></tr><tr><td>(Firm Name & Address) BDO 800 Red Brook Blvd., Ste 300 Owings Mills, MD 21117</td><td></td></tr><tr><td></td><td>(Telephone) (410) 363-3200 Fax # ()</td><td></td></tr></table> <p>MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		Paid Preparer	(Title) _____		(Signed) _____	7/8/22		(Date) _____	(Print Name and Title) William R. List - Director		(Firm Name & Address) BDO 800 Red Brook Blvd., Ste 300 Owings Mills, MD 21117			(Telephone) (410) 363-3200 Fax # ()	
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																										
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Facility Name **Brookstone of Aledo****Report Period Beginning: 01/01/2021 Ending: 12/31/2021**

III. STATISTICAL DATA

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

Date of change in certified units

11

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	42	Single Unit Apartment	42	15,330	1		
2	24	Double Unit Apartment	24	17,520	2		
3		Other			3		
4	66	TOTALS	66	32,850	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	8,215	16,321		24,536	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,215	16,321		24,536	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **74.69%**

74.69%

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

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

ACCUAL	<input checked="" type="checkbox"/>	MODIFIED		
CASH*	<input type="checkbox"/>	CASH*	<input type="checkbox"/>	

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

Tax Year: 12/31 **Fiscal Year:** 12/31

*** All facilities other than governmental must report on the accrual basis.**

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?	No	If yes, did the facility make all of the
--	----	--

required payments of interest and principal?

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

Page 3

Facility Name: Brookstone of Aledo

Report Period Beginning:

01/01/2021

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	212,547	113,969	1,063	327,579		327,579	1
2	Housekeeping, Laundry and Maintenance	67,409	14,068	35,172	116,649	(300)	116,349	2
3	Heat and Other Utilities			95,111	95,111	(11,318)	83,793	3
4	Other (specify): Security			2,196	2,196		2,196	4
5	TOTAL General Services	279,956	128,037	133,542	541,535	(11,618)	529,917	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	290,856	1,681	20,679	313,216		313,216	6
7	Activities and Social Services	35,520	5,862	230	41,612		41,612	7
8	Other (specify): COVID Costs		21,499		21,499		21,499	8
9	TOTAL Health Care and Programs	326,376	29,042	20,909	376,327		376,327	9
	C. General Administration							
10	Administrative and Clerical	237,302	3,316	265,174	505,792	(771)	505,021	10
11	Marketing Materials, Promotions and Advertising			19,790	19,790	(19,790)		11
12	Employee Benefits and Payroll Taxes			112,824	112,824		112,824	12
13	Insurance-Property, Liability and Malpractice			68,186	68,186		68,186	13
14	Other (specify): Bad Debts			53,742	53,742	(53,742)		14
15	TOTAL General Administration	237,302	3,316	519,716	760,334	(74,303)	686,031	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	843,634	160,395	674,167	1,678,196	(85,921)	1,592,275	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			40,079	40,079		40,079	17
18	Interest							18
19	Real Estate Taxes			130,960	130,960		130,960	19
20	Rent -- Facility and Grounds			760,522	760,522		760,522	20
21	Rent -- Equipment			4,249	4,249		4,249	21
22	Other (specify): Debt Forgiveness			(146,963)	(146,963)		(146,963)	22
23	TOTAL Ownership			788,847	788,847		788,847	23
24	GRAND TOTAL (Sum of lines 16 and 23)	843,634	160,395	1,463,014	2,467,043	(85,921)	2,381,122	24

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2021 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
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	2	12.76	3
4	Activity Director & Assistants	1	15.96	4
5	Social Service Workers	1	31.37	5
6	Head Cook	1	20.21	6
7	Cook Helpers/Assistants	2	12.28	7
8	Dishwashers	4	11.15	8
9	Maintenance Workers	1	18.79	9
10	Housekeepers	2	13.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2	16.68	13
14	Clerical			14
15	Marketing	1	40.37	15
16	Other	5	13.09	16
17	Total (lines 1 thru 16)	23	\$ 17.47	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

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	Meridian Senior Living, LLC	\$ 134,355	1
2			2
Total		\$ 134,355	3

Facility Name: Brookstone of Aledo

Report Period Beginning:

01/01/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS**A. Purchase price of land** _____ **Year land was acquired** _____**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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	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	\$ 178,504	\$ 27,179	\$ 27,179	\$	5	\$ 109,709	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 178,504	\$ 27,179	\$ 27,179	\$		\$ 109,709	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	Leasehold Improvements	\$ 164,413	\$ \$ 12,900	\$ \$ 48,273	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 164,413	\$ 12,900	\$ 48,273	24

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2021 Ending: 2/31/2021

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

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		66	01/01/2011	\$ 756,392	10		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		66		\$ 756,392			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$

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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Brookstone of Aledo

Report Period Beginning: 01/01/2021

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	\$ 455,972	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	476,145		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	36,151		6
7	Other Prepaid Expenses	17,888		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Escrows / Deposit</u>	391,822		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,377,978	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	164,413		15
16	Equipment, at Historical Cost	178,504		16
17	Accumulated Depreciation (book methods)	(157,982)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 184,935	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,562,913	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 14,209	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	35,133		30
31	Accrued Taxes Payable	126,884		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accrued Expenses</u>	2,652		35
36	<u>Prepaid Revenue / Other</u>	13,134		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 192,012	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 192,012	\$	45
46	TOTAL EQUITY	\$ 1,370,901	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,562,913	\$	47

*(See instructions.)

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2021

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	\$ 2,704,194	1
2	Discounts and Allowances	(20,129)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,684,065	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	35	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)	\$ 35	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	473	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 473	14
	D. Other Revenue (specify):		
15	Cable / Pet Fee	12,118	15
16	Miscellaneous	299	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,417	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,696,990	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services		19
20	Health Care/ Personal Care		20
21	General Administration		21
	B. Capital Expense		
22	Ownership		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)	\$	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,696,990	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,696,990	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 777,179	32
33	Private Pay - Net Inpatient Revenue	1,906,886	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,684,065	37

Brookstone of Aledo

CODING TRIAL BALANCE
YEAR ENDED 12/31/2021

LINE	ACCT #	TITLE	BALANCE
7 01	1000-0020	Operating Account	451,348.89
7 01	1000-0035	Petty Cash Colateral	3,889.83
7 00	1100-0010	Capital Expenditure Expense	11,783.93
7 00	1100-0015	Property Insurance Expense	7,894.85
7 00	1100-0020	Property Tax Expense	84,871.69
7 00	1100-0020	Security Deposit	96,250.00
7 03	1200-0010	Bad Debt Allowance	17,234.19
7 03	1200-0015	Accrued Interest - Long - PMS	5,325.00
7 03	1200-0035	APR Assisted Living - MCO	499,697.19
7 00	1400-0015	Prepaid Auto Insurance	75,187.00
7 00	1400-0040	Prepaid GLPI Insurance	35,544.67
7 07	1400-0020	Prepaid Supplies & Utilities	11,451.93
7 07	1400-0070	Prepaid Compensation	2,636.79
7 08	1400-0010	Prepaid Other Insurance	3,386.22
7 07	1400-0080	Prepaid Profit/Consulting Fee	679.13
7 00	1400-0080	Prepaid Property Insurance	3,309.79
7 17	1600-0020	ACCDISP - Computer	1,689.84
7 17	1600-0020	ACCDISP - Furniture &	1,684.76
7 17	1600-0020	ACCDISP - Other Equipment	48,908.49
7 17	1600-0040	ACCAADOTT - Leasehold	48,717.79
7 16	1700-0020	FA - Computer Equipment	7,639.49
7 16	1700-0030	FA - Other Equipment	18,611.16
7 16	1700-0030	FA - Furniture & Fixtures	14,623.89
7 15	1700-0030	FA - Leasehold	94,411.37
7 30	2000-0080	AP - Salaries & Wages	174,447.00
7 31	2000-0080	AP - Employee Benefits	191,440.00
7 30	2000-0070	AP - Accounts Payables	11,851.76
7 30	2000-0090	AP - Management Fee	159,873.00
7 30	2200-0010	Accrual Interest WH	1,247.36
7 30	2200-0011	Accrued Payables	15,352.21
7 30	2200-0020	Accrued Payroll	1,037.63
7 30	2200-0041	APFA Withholding Incl. Roth	61,575.00
7 30	2200-0046	APFA Loan Withholding	6,195.00
7 30	2200-0046	Accrued Salaries & Wages	11,548.45
7 30	2200-0050	Accrued Expenses	12,346.16
7 31	2200-0090	Accrued Real Estate Tax	112,120.89
7 36	2200-0090	Prepaid Insurance	281,149.00
7 46	2800-0020	Internal Adjustment	490,474.00
7 46	2800-0215	Members Draw - White Port	70,000.00
7 46	2800-0215	Members Draw - White Port	177,275.00
7 46	2700-0015	Refunded Savings Prior	1,124,134.31
8 01	4001-0100	AL - Paid Salary - PMS	1,834,495.00
8 15	4001-0108	AL - Late Fee Income - PMS	150.00
8 01	4001-0110	AL - Move In Fee - PMS	122,200.00
8 02	4001-0111	AL - Move In Fee Discount -	1,776.66
8 01	4001-0112	AL - Room & Board - PMS	11,246.96
8 02	4001-0114	AL - Room & Board Discount-	8,346.96
8 01	4001-0213	AL - Room & Board - MCO	777,179.39
8 15	4101-0101	Interest Income	471,511.00
8 15	4101-0104	Cash	40,997.70
8 15	4101-0108	Pen Fee	150.00
8 05	4101-0113	Arbitrage Charges	11,680.00
8 15	4101-0114	Phone/Internet Service	4,451.79
8 16	4301-0011	Boardroom Expenses	178,930.00
10 11	5000-0102	Regist - Admin	89,961.02
10 11	5000-0102	SDR & MC Tax FICA - Admin	1,861.30
10 12	5000-0202	Fuel Unemp/ Tax FUTA -	16,452.00
10 12	5000-0202	SD Unemp/ Tax SDFA -	891.26
10 12	5000-0202	Health Insurance - Admin	23,999.49
10 11	5000-0208	Unemp - Admin - PMS	1,424.31
10 11	5000-0210	Unemp - Admin	14,072.47
10 12	5000-0211	Other Unemp Benefits -	1,452.51
10 12	5000-0402	Legal & Accounting	14,650.00
10 12	5000-0402	Employee Benefit Check -	24,000.00
10 12	5000-0810	Employment Advertising	4,754.25
10 13	5000-0811	Permit & License Fee	6,246.41
10 12	5000-0812	Marketing/Training - Admin	2,712.14
10 12	5000-0813	Boardroom Expenses	6,171.00
10 12	5000-0814	Inc. - Petty Cash Expense	328.01
10 12	5000-0815	Postage - Admin	799.00
10 12	5000-0815	Postage - Admin	2,643.57
10 12	5000-0820	Postal/Letter Administrative	1,066.32
2 0 1	5000-0827	Rent Facility Eq. - Admin	1,282.44
10 11	5000-0830	Rent/Letter Office	4,130.21
10 11	5000-0702	Business Meals - Admin	626.72
10 11	5000-0704	Conference Room - Admin	1,768.46
10 11	5000-0706	Health/Training - Admin	1,808.00
10 11	5000-0708	Massage Handicommment -	1,820.47
10 11	5000-0708	Other Mail Expense - Admin	35,177.46
10 12	5000-0801	Office Supplies - Admin	1,824.82
10 11	5000-0801	Monthly Management Fee	18,104.14
11 13	5101-0001	Advertising & Marketing	9,770.12
11 13	5101-0002	Cable (CCTV Program)	2,404.10
10 12	5102-0018	Legal Accounting	7,461.81
10 12	5102-0018	Payroll Processing Services	15,453.89
10 12	5102-0018	Software License & Support	8,462.49
10 12	5102-0020	IT Managed Svc & Support	16,995.30
10 11	5200-0101	OverTime/OnCall Time -	1,664.40
2 0 1	5200-0102	Regist - Delay	20,951.40
10 12	5200-0201	SDR & MC Tax FICA -	16,465.75
10 12	5200-0202	Fuel Unemp/ Tax FUTA -	6,577.28
10 12	5200-0202	SD Unemp/ Tax SDFA -	2,601.11
10 12	5200-0208	Unemp Tax-CH - Delay	6,846.96
10 12	5200-0425	Contract Services - Delay	1,061.00
10 12	5200-0425	Delay Supplies	6,796.97
10 12	5200-1005	Fuel	977,200.49
10 01	5300-0101	OverTime/OnCall Time -	111.71
10 01	5300-0102	Regist - Health	62,141.79
10 01	5300-0201	SDR & MC Tax FICA - Health	7,817.97
10 01	5300-0202	Fuel Unemp/ Tax FUTA -	191.46
10 01	5300-0208	SD Unemp/ Tax SDFA -	831.49
10 01	5300-0310	Unemp - Health	4,916.00
10 01	5300-0310	Unemp - Health	1,000.00
10 01	5300-0810	Legislative Draft	96.99
10 01	5300-0814	Administrative Medical Supplies	1,609.08
10 01	5300-0815	COVID-19 Costs	21,469.19
10 01	5300-0820	Agency Nursing	1,660.13
10 01	5300-0820	Contract Services - Outside-	4,417.46
10 01	5300-0820	Contract Services - Outside-	874.16
10 01	5400-0101	OverTime/OnCall Time -	222.79
10 01	5400-0101	Regist - Vaccination	2,056.17
10 12	5400-0201	SDR & MC Tax FICA -	1,699.13
10 12	5400-0202	Fuel Unemp/ Tax FUTA -	615.96
10 12	5400-0203	Unemp/ Tax SDFA -	319.18
10 12	5400-0208	Fuel Time-CH -	771.90
10 12	5400-0310	Unemp - Housekeeping	500.00
10 12	5400-0310	Unemp - Housekeeping	1,422.00
10 12	5400-0301	OverTime/OnCall Time -	4,241.26
10 12	5400-0101	OverTime/OnCall Time -	151.94
10 12	5400-0101	Regist - Maintenance	9,675.79
10 12	5400-0201	SDR & MC Tax FICA - Maint	2,756.13
10 12	5400-0202	Fuel Unemp/ Tax FUTA -	674.46
10 12	5400-0208	Fuel Time-CH - Maintenance	2,362.26
10 12	5400-0310	Unemp - Maintenance	720.00
10 12	5400-0704	Conference Room -	722.96
10 01	5600-0101	Regist - MC Services	8,966.16
10 01	5600-0101	OverTime/OnCall Time - MC	1,709.94
10 12	5600-0201	Fuel Unemp/ Tax FUTA - MC	13,134.18
10 12	5600-0202	Fuel Unemp/ Tax FUTA - MC	524.05
10 12	5600-0203	Unemp/ Tax SDFA - MC	2,089.81
10 01	5600-0308	Fuel Time-CH - MC Services	7,987.16
10 01	5600-0310	Unemp - MC Services	2,669.00
10 01	5700-0101	OverTime/OnCall Time - AL	603.13
10 01	5700-0102	Regist - PCD Admin	8,691.91
10 12	5700-0201	SDR & MC Tax FICA - AL	2,402.40
10 12	5700-0202	Fuel Unemp/ Tax FUTA - AL	6,141.00
10 12	5700-0310	Unemp/ Tax SDFA - AL	231.38
10 01	5700-0310	Unemp - AL Services	1,690.00
10 12	5800-0101	OverTime/OnCall Time -	541.04
10 12	5800-0102	SDR & MC Tax FICA -	13,584.13
10 12	5800-0202	Fuel Unemp/ Tax FUTA -	2,391.00
10 12	5800-0202	Fuel Unemp/ Tax FUTA -	42.00
10 12	5800-0202	SD Unemp/ Tax SDFA - Acti-	1.00
10 12	5800-0208	Fuel Time-CH - Activities	640.90
10 12	5800-0210	Unemp - Activities	250.00
10 12	5800-0907	Dues & Subscriptions	2,514.35
10 12	5800-0910	Entertainment - Activities	290.00
10 12	5800-0904	Recreational Activities	1,543.01
10 02	5901-0017	RAM - Fuel Control	2,066.44
10 02	5901-0017	RAM - Fuel Control	5,121.16
10 02	5901-1702	RAM - Buildings & Grounds	4,657.05
10 02	5901-1703	RAM - Equipment	5,000.47
10 02	5901-1704	Shed & Ice Removal	2,432.87
10 02	5901-1705	Re-Building Exterior -	112.00
10 02	5901-1707	RAM -	42.94
10 02	5901-1708	Generator & HVAC repair	1,611.71
10 02	5901-1711	Roofing	1,491.26
10 02	5901-1711	Flooring and Carpet	2,068.19
10 02	5901-1712	Roofing Expense	2,196.86
10 02	5901-1713	RAM - Other	1,514.93
10 01	5902-0801	Cable - Telephones & Internet	43,191.83
10 01	5902-0802	Electricity	48,421.40
10 01	5902-0803	Nature Gas	6,230.39
10 01	5902-0808	Water	7,560.10
10 01	5902-0808	Sanitary & Trash Removal	1,919.11
10 13	5903-0102	Property Insurance	1,462.82
10 13	5903-1003	Auto Liability Insurance	7,760.00
10 13	5903-1005	Other Insurance	5,507.21
10 13	5903-1008	Workers Compensation -	21,242.14
10 13	5903-1410	Real Estate Trans	13,900.44
1 0 4	5900-0001	RealEstate - AL - PMS	15,781.82
1 17	7000-1202	Depreciation - Buildings & P	2,209.79
1 17	7000-1203	Depreciation - Facility Equi	2,146.96
1 17	7000-1203	Depreciation - Furniture & Fixt	4,261.36
1 17	7000-1206	Depreciation - Other	1,501.44
1 2 2	7000-1100	Self-Insurance	166,366.00
3 0 2	7000-1002	Rent/Lesse Land &	756,391.50

Brookstone of Aledo

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Reference	Description		Amount	Page 3 Line #
4101-0101	Interest Income	B	(473)	10
4101-0104	Cable	B	(6,700)	3
4101-0106	Pet Fee	B	(300)	2
4101-0114	Phone/Internet Service	B	(4,618)	3
4301-0311	Miscellaneous Revenue	B	(299)	10
5101-0501	Advertising & Marketing	A	(9,780)	11
5101-0503	Gifts (WOW Program)	A	(2,524)	11
5101-0507	Digital Advertising	A	(7,486)	11
5909-1901	Bad Debt: Assisted Living - PRI	A	(53,742)	14
			(85,921)	