

		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: 1000124

Facility Name: Oakwood Estates

Address: 200 South Logan St Stronghurst 61480

County: Henderson

Telephone Number: ( 309 ) 924-1910 Fax # 309 924-1277

Federal Employer ID Number:

Date Current Owners were Certified: 07/09/10

Type of Ownership:

X

VOLUNTARY, NON-PROFIT

X

Charitable Corp.

Trust

IRS Exemption Code 501 c 3

PROPRIETARY

Individual

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: James G. Hull, CPA

Telephone Number: ( 217- 228-1950

Email Address: jamie@wdmquincy.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

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.

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)

(Title)

Paid Preparer

(Signed)

(Print Name and Title) James G. Hull, CPA Owner

(Firm Name & Address) WDM Computer Services, Inc 1900 Harrison, Quincy, IL 62301

(Telephone) 217 228-1950 Fax 217-222-6053

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

<b>Facility Name</b>	<b>Oakwood Estates</b>
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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 12/29/2019

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	19	Single Unit Apartment	19	6,935	1		
2	8	Double Unit Apartment	8	2,920	2		
3		Other			3		
4	27	TOTALS	27	9,855	4		

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	2,711	2,469		5,180	5
6	Double Unit	911	1,070		1,981	6
7	Other					7
8	TOTALS	3,622	3,539		7,161	8

**C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)** **72.66%**

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

**289** Also, indicate the number of unpaid bed-hold days the SLF  
had during this year. **24 (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)**

N/A

## H. ACCOUNTING BASIS

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

**Tax Year:** 12/31/21 **Fiscal Year:** 12/31/21

\* 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?** Yes      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 t

**make all of the required payments of interest and principal?**

**If no, explain.**

## STATE OF ILLINOIS

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Facility Name: Oakwood Estates

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	59,101	58,946	1,729	119,776	(48)	119,728	1
2	Housekeeping, Laundry and Maintenance		3,417	34,035	37,452		37,452	2
3	Heat and Other Utilities			30,180	30,180		30,180	3
4	Other (specify):			14,045	14,045	(11,904)	2,141	4
5	<b>TOTAL General Services</b>	59,101	62,363	79,989	201,453	(11,952)	189,501	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	219,802	16,554		236,356		236,356	6
7	Activities and Social Services	5,516	4,207		9,723		9,723	7
8	Other (specify):		134	3,551	3,685		3,685	8
9	<b>TOTAL Health Care and Programs</b>	225,318	20,895	3,551	249,764		249,764	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	53,406	5,947	16,741	76,094		76,094	10
11	Marketing Materials, Promotions and Advertising		313	2,057	2,370		2,370	11
12	Employee Benefits and Payroll Taxes			68,252	68,252		68,252	12
13	Insurance-Property, Liability and Malpractice			22,705	22,705		22,705	13
14	Other (specify):		1,113	21,411	22,524		22,524	14
15	<b>TOTAL General Administration</b>	53,406	7,373	131,166	191,945		191,945	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	337,825	90,631	214,706	643,162	(11,952)	631,210	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			107,866	107,866	(9)	107,857	17
18	Interest			60,953	60,953	(1,230)	59,723	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,850	3,850		3,850	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			172,669	172,669	(1,239)	171,430	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	337,825	90,631	387,375	815,831	(13,191)	802,640	24

Facility Name: Oakwood Estates

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	\$ 26.80	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5	15.94	3
4	Activity Director & Assistants	0	18.49	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2	14.11	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0		10
11	Laundry			11
12	Managers	1	24.96	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9	\$	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
Henderson County Retirement Center	Stronghurst

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

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		\$	1
2			2
Total		\$	3

Facility Name: Oakwood Estates

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	20		2009	2009	\$ 1,631,080	\$ 41,823	39	\$ 41,822	\$ (1)	\$ 508,841	1
2	16		2018	2018	772,796	19,815	39	19,815		61,097	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	LAND IMPROVEMENTS			2009	24,610	1,641	15	1,641		19,961	6
7	BUILDING EQUIPMENT			2009	5,764	288	20	288		3,506	7
8	SLF FLOORING			2014	15,324	1,027	15	1,022	(5)	7,448	8
9	GENERATOR UPGRADE			2017	41,282	2,064	20	2,064		8,773	9
10	OFFICE FLOORING			2017	2,911	194	15	194		793	10
11	NEW ADD-HVAC			2018	75,689	1,941	39	1,941		5,984	11
12	NEW ADD-ELECTRIC			2018	150,386	3,856	39	3,856		11,890	12
13	NEW ADD-PLUMBING			2018	115,614	2,964	39	2,964		9,140	13
14	NEW ADD-SEPTIC			2018	10,300	264	39	264		814	14
15	NEW ADD-LANDSCAPING			2018	2,489	166	15	166		512	15
16	NEW ADD-SIDEWALK			2018	6,480	432	15	432		1,332	16
17	TOTAL (lines 1 thru 16)				\$ 2,854,725	\$ 76,475		\$ 76,469	\$ (6)	\$ 640,091	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	\$ 250,807	\$ 19,253	\$ 19,250	(3)	9	\$ 129,492	18
19	Vehicles	12,675	1,800	1,800		5	6,375	19
20	TOTAL (lines 18 and 19)	\$ 263,482	\$ 21,053	\$ 21,050	(3)		\$ 135,867	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

XI. OWNERSHIP COSTS (continued)
 

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 2,854,725	\$ 76,475		\$ 76,469	\$ (6)	\$ 640,091	1
2	Fencing	2019	12,032	802	15	802	(0)	2,114	2
3	Landscaping	2019	10,218	681	15	681		1,646	3
4	AL Kitchen Flooring	2019	3,445	230	15	230		479	4
5	New Addition-Flooring	2019	69,859	4,657	15	4,657		13,972	5
6	New addidtion-Fire Alarm	2019	2,999	200	15	200		600	6
7	New Addition-Plumbing	2019	3,000	77	39	77		231	7
8	New Addition-Bldg Material/Labor	2019	87,709	2,249	39	2,249		6,747	8
9	Trees	2019	1,880	126	15	125	(1)	326	9
10	Kitchen Flooring	2020	4,161	208	20	208		243	10
11	Kitchen electrical Improvements	2020	2,608	130	20	130		217	11
12	Fire Supression Systems	2020	5,936	297	20	297		495	12
13	Kitchen Remodel	2020	8,989	449	20	449		749	13
14	Kitchen Countertops	2021	10,791	231	39	231		231	14
15									15
16									16
17									17
18									18
19									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	TOTAL (lines 1 thru 33)		\$ 3,078,352	\$ 86,812		\$ 86,805	\$ (7)	\$ 668,141	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Oakwood Estates

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			/ /	\$			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 \$

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	USDA		X	MORTGAGE	10/22/08	\$ 673,400	\$ 499,077	10/22/38	4.5000	\$ 22,918	1
2	SECURITY SAVINGS		X	MORTGAGE	10/22/08	849,849	181,805	8/1/39	4.2500	7,803	2
3	SECURITY SAVINGS		X	NEW ADDITION	6/1/19	800,000	664,461	7/1/49	4.2500	30,232	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 2,323,249	\$ 1,345,343			\$ 60,953	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 2,323,249	\$ 1,345,343			\$ 60,953	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.

## STATE OF ILLINOIS

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Facility Name: Oakwood Estates

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 315,668	\$ 1,197,532	1
2	Cash-Patient Deposits	(30,270)	(30,870)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	54,457	323,635	3
4	Supply Inventory (priced at )	16,570	54,175	4
5	Short-Term Investments		869,544	5
6	Prepaid Insurance	20,457	49,643	6
7	Other Prepaid Expenses		7,315	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 376,882	\$ 2,470,974	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		22,500	13
14	Buildings, at Historical Cost	3,027,753	6,585,349	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	314,081	1,795,811	16
17	Accumulated Depreciation (book methods)	(804,005)	(4,435,315)	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): CIP		6,600	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,537,829	\$ 3,974,945	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,914,711	\$ 6,445,919	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$	\$ 100,298	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	11,337	115,629	30
31	Accrued Taxes Payable		38,150	31
32	Accrued Interest Payable		4,276	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	Wage Garn		299	35
36	Uniforms		(648)	36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 11,337	\$ 258,004	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	1,345,343	1,520,577	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 1,345,343	\$ 1,520,577	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,356,680	\$ 1,778,581	45
46	<b>TOTAL EQUITY</b>	\$ 1,558,031	\$ 4,697,338	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 2,914,711	\$ 6,475,919	47

\*(See instructions.)



Facility Name: Oakwood Estates

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,001,569	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 1,001,569	3
	<b>B. Other Operating Revenue</b>		
4	Special Services	5,860	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	4,185	8
9	Non-Resident Meals	48	9
10	Laundry	2,363	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 12,456	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	4,147	12
13	Interest and Other Investment Income	1,230	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 5,377	14
	<b>D. Other Revenue (specify):</b>		
15	See list	2,789	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 2,789	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 1,022,191	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	201,453	19
20	Health Care/ Personal Care	249,764	20
21	General Administration	191,945	21
	<b>B. Capital Expense</b>		
22	Ownership	172,669	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 815,831	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 206,360	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 206,360	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 496,362	32
33	Private Pay - Net Inpatient Revenue	505,207	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 1,001,569	37

Oakwood Estates and Retirement Village  
01/01/21 to 12/31/21

	Single PA	Double PA	Single PVT	Double PVT	Bedholds Paid	Bedholds Unpaid	
January	228	62	217	93	0	0	600
February	196	56	222	84	0	0	558
March	214	62	265	93	14	0	648
April	240	60	169	90	50	0	609
May	242	62	224	92	58	0	678
June	240	60	212	90	28	0	630
July	245	62	217	100	33	0	657
August	264	62	204	124	8	0	662
September	221	60	180	120	19	16	616
October	198	121	206	62	10	7	604
November	206	120	175	60	41	1	603
December	217	124	178	62	28	0	609
	2711	911	2469	1070	289	24	7474

Oakwood Estates and Retirement Village  
01/01/21 to 12/31/21

Schedule VII. B

Oakwood Receives clerical services from Henderson County Retirement Center in the amount of \$8,320.00  
Averages 8.00 hrs per week at \$20.00 per hour.

Oakwood receives maintenance services from Henderson County Retirement Center in the amount of \$14,617.00  
Averages around 14 hrs per week at \$20.00 per hour

Oakwood receives Laundry services from Henderson County Retirement Center in the amount of \$720.00

Schedule VII. C.

Related Org	Nature of Purchase	Book Value	Actual Cost
Henderson County Retirement Cen	Food	\$0.00	\$0.00

Schedule XII, Line 15

Nursing Services	\$0.00
Applications Income	\$250.00
Income From Vehicle use	\$1,550.00
Equipment Rental Income	\$0.00
Miscellaneous Income	\$488.04
Rebates	\$0.00
Gain on sale of asset	\$0.00
Medicare Flu	\$500.50
Rounding	\$0.00
	<u>\$2,788.54</u>

Schedule IV, Line 3, Column 3

Gas	\$3,218.93
Electric	\$24,061.04
Water	\$2,899.86
	<u>\$30,179.83</u>

Schedule IV, Line 2, Column 3

Laundry Services	\$720.00
Maintenance Services-Oaklane	\$14,617.20
Outside Services-Maint	\$6,403.75
Repairs-Buildings	\$6,475.57
Repairs-Equipment	\$1,066.60
Repairs-Grounds	\$4,752.10
	<u>\$34,035.22</u>

Schedule IV, Line 14, Column 3

Personal Purchases	
Dues and Subscription	\$1,614.16
License Fee	\$3,476.78
Vehicular Exp	\$45.00
Transportation	\$853.55
Bus Driver	\$878.09
Legal Exp.	\$0.00
Professional Fees	\$0.00
Sales Tax	\$60.92
Seminar Exp.	\$30.00
Training	\$1,618.70
Software Support	\$5,545.32
Data Processing	\$6,944.23
Contributions	\$0.00
Misc Exp.	\$344.41
	<u>\$21,411.16</u>

Oakwood Estates and Retirement Village  
01/01/21 to 12/31/21

Schedule IV, Column 5

Line 14 Contributions \$0  
Line 1 Employee and Guest Meals \$48.00  
Line 18 Interest on unrestricted funds \$1,230.45  
Line 17 Non-Straight Line Deprec \$9.00  
Line 4 Resident Room Cable \$11,903.51

Schedule VII, Part A.

Oakwood Estates and Retirement Village is a wholly owned division of  
Henderson County Retirement Center, Inc.