

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2015  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2015)**

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><b>I. Facility ID Number:</b> <u>1000124</u></p> <p><b>Facility Name:</b> <u>Oakwood Estates</u></p> <p><b>Address:</b> <u>200 South Logan St</u> <u>Stronghurst</u> <u>61480</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Henderson</u></p> <p><b>Telephone Number:</b> ( <u>309</u> ) <u>924-1910</u> Fax # <u>309 924-1277</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>07/09/10</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" 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><b>IRS Exemption Code</b> <u>501c3</u></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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>James G. Hull, C.P.A.</u> <b>Telephone Number:</b> ( <u>217</u> ) <u>228-1950</u>  <b>Email Address:</b> _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	<b>IRS Exemption Code</b> <u>501c3</u>	<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><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</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;"> <b>Officer or Administrator of Provider</b> </td> <td>                 (Signed) _____                  (Type or Print Name) _____                  (Title) _____             </td> </tr> <tr> <td style="vertical-align: top;"> <b>Paid Preparer</b> </td> <td>                 (Signed) _____                  (Date) _____                  (Print Name and Title) <u>James G. Hull, C.P.A.</u>  <u>Owner/Vice President</u>                  (Firm Name &amp; Address) <u>WDM Computer Services, Inc</u>  <u>1900 Harrison</u>                  (Telephone) <u>217 228-1950</u> Fax <u>217-222-6053</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>	<b>Officer or Administrator of Provider</b>	(Signed) _____ (Type or Print Name) _____ (Title) _____	<b>Paid Preparer</b>	(Signed) _____ (Date) _____ (Print Name and Title) <u>James G. Hull, C.P.A.</u> <u>Owner/Vice President</u> (Firm Name & Address) <u>WDM Computer Services, Inc</u> <u>1900 Harrison</u> (Telephone) <u>217 228-1950</u> Fax <u>217-222-6053</u>
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Facility Name: Oakwood Estates

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

## 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	45,418	43,533	1,747	90,698	(2,523)	88,175	1
2	Housekeeping, Laundry and Maintenance	10,005	5,804	11,515	27,324		27,324	2
3	Heat and Other Utilities			20,015	20,015		20,015	3
4	Other (specify):			3,809	3,809	(2,792)	1,017	4
5	<b>TOTAL General Services</b>	55,423	49,337	37,086	141,846	(5,315)	136,531	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	140,228	1,037		141,265		141,265	6
7	Activities and Social Services		2,021		2,021		2,021	7
8	Other (specify):		140		140		140	8
9	<b>TOTAL Health Care and Programs</b>	140,228	3,198		143,426		143,426	9
<b>C. General Administration</b>								
10	Administrative and Clerical	37,916	2,682	6,416	47,014		47,014	10
11	Marketing Materials, Promotions and Advertising			4,462	4,462		4,462	11
12	Employee Benefits and Payroll Taxes			41,407	41,407		41,407	12
13	Insurance-Property, Liability and Malpractice			8,823	8,823		8,823	13
14	Other (specify):			15,249	15,249	(25)	15,224	14
15	<b>TOTAL General Administration</b>	37,916	2,682	76,357	116,955	(25)	116,930	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	233,567	55,217	113,443	402,227	(5,340)	396,887	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			54,029	54,029	(13)	54,016	17
18	Interest			65,015	65,015	(325)	64,690	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			213	213		213	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			119,257	119,257	(338)	118,919	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	233,567	55,217	232,700	521,484	(5,678)	515,806	24

Facility Name: Oakwood Estates

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 17.14	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5	11.22	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	11.35	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	18.18	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>9</b>	<b>\$</b>	<b>17</b>

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	
				<b>Total</b>	<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	\$	1	
2		2	
<b>Total</b>		<b>\$</b>	<b>3</b>

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: Henderson County Retirement Center 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: Oakwood Estates

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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)	\$ 257,906	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Land Improvements		2009	24,610	1,641	15	1,641		10,117	6
7		Building Repairs		2009	5,764	288	20	288		1,777	7
8		SLF Flooring		2014	15,324	1,027	15	1,022	(5)	1,284	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,676,778	\$ 44,779		\$ 44,773	\$ (6)	\$ 271,084	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	\$ 88,326	\$ 9,251	\$ 9,244	(7)	8	\$ 54,143	18
19	Vehicles	3,675				5	3,675	19
20	TOTAL (lines 18 and 19)	\$ 92,001	\$ 9,251	\$ 9,244	(7)		\$ 57,818	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: Oakwood Estates

Report Period Beginning: 01/01/2015

Ending: 2/31/2015

**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	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?  YES  NO

9. Rental amount for movable equipment \$ 213

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**	YES			NO	Purpose of Loan				
							Original	Balance				
		<b>A. Directly Facility Related</b>										
		<b>Long-Term</b>										
1		USDA		X	Mortgage	10/22/08	\$ 673,400	\$ 603,496	10/22/38	4.5000	\$ 27,503	1
2		Security Savings		X	Mortgage	10/22/08	849,849	627,920	8/1/39	5.8750	37,512	2
3						/ /			/ /			3
		<b>Working Capital</b>										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		<b>TOTAL Facility Related</b>					\$ 1,523,249	\$ 1,231,416			\$ 65,015	7
		<b>B. Non-Facility Related</b>										
8						/ /			/ /			8
9						/ /			/ /			9
10		<b>TOTALS (lines 7, 8 and 9)</b>					\$ 1,523,249	\$ 1,231,416			\$ 65,015	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: Oakwood Estates

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 84,585	\$ 352,737	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	48,575	404,675	3
4	Supply Inventory (priced : <u>FIFO</u> )	5,231	25,589	4
5	Short-Term Investments		519,194	5
6	Prepaid Insurance	15,116	29,537	6
7	Other Prepaid Expenses	2,638	11,323	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>	\$ 156,145	\$ 1,343,055	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	1,675,932	4,508,484	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	92,846	1,279,533	16
17	Accumulated Depreciation (book methods)	(328,902)	(3,089,694)	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 ( CIP		30,668	22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 1,439,876	\$ 2,751,491	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 1,596,021	\$ 4,094,546	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,124	\$ 87,595	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	18,179	113,379	30
31	Accrued Taxes Payable	4,607	5,659	31
32	Accrued Interest Payable	3,601	6,426	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>PAYROLL WITHHOLDINGS</b>		2,958	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 27,511	\$ 216,017	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	1,231,416	1,836,645	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>	\$ 1,231,416	\$ 1,836,645	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 1,258,927	\$ 2,052,662	45
46	<b>TOTAL EQUITY</b>	\$ 337,094	\$ 2,041,884	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 1,596,021	\$ 4,094,546	47

\*(See instructions.)

Facility Name: Oakwood Estates

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 621,259	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 621,259</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services	599	4
5	Other Health Care Services	6,870	5
6	Special Grants		6
7	Gift and Coffee Shop	59	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,523	9
10	Laundry	2,765	10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 12,816</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions	1,306	12
13	Interest and Other Investment Income	325	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,631</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	2,434	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 2,433</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 638,139</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	141,846	19
20	Health Care/ Personal Care	143,426	20
21	General Administration	116,955	21
<b>B. Capital Expense</b>			
22	Ownership	119,257	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>	<b>\$ 521,484</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 116,655</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ 116,655</b>	<b>31</b>

Oakwood Estates and Retirement Village

01/01/15 to 12/31/15

	Single PA	Double PA	Single PVT	Double PVT	Bedholds Paid	Bedholds Unpaid	
January	93	0	325	43	46	0	507
February	93	0	296	56	32	0	477
March	153	0	322	51	27	0	553
April	150	0	330	60	0	0	540
May	155	0	341	61	1	0	558
June	150	0	253	60	22	0	485
July	178	0	283	62	27	0	550
August	186	0	310	62	0	0	558
September	210	0	270	60	0	0	540
October	217	0	251	62	8	0	538
November	210	0	225	60	0	0	495
December	223	0	246	60	4	0	533
	2018	0	3452	697	167	0	6334

Oakwood Estates and Retirement Village

01/01/15 to 12/31/15

Schedule VII. B

Oakwood Receives clerical services from Henderson County Retirement Center in the amount of \$2,499.96  
Averages 3.36 hrs per week at \$14.3263 per hour.

Oakwood receives maintenance services from Henderson County Retirement Center in the amount of \$9,999.96  
Averages around 12 hrs per week at \$16 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	Food	\$0.00	\$0.00

Schedule XII, Line 15

Nursing Services	\$0.00
Applications Income	\$300.00
Income From Vehicle use	\$1,184.10
Equipment Rental Income	\$700.00
Miscellaneous Income	\$232.28
Rebates	\$17.00
Gain on sale of asset	\$0.00
Rounding	\$0.00
	<u>\$2,433.38</u>

Schedule IV, Line 3, Column 3

Gas	\$1,703.90
Electric	\$16,693.61
Water	\$1,617.94
	<u>\$20,015.45</u>

Schedule IV, Line 2, Column 3

Laundry Services	\$720.00
Maintenance Services-Oaklane	\$0.00
Outside Services-Maint	\$3,753.14
Repairs-Buildings	\$4,030.47
Repairs-Equipment	\$1,167.02
Repairs-Grounds	\$1,844.55
	<u>\$11,515.18</u>

Schedule IV, Line 14, Column 3

Dues and Subscription	\$1,632.26
License Fee	\$70.00
Vehicular Exp	\$1,543.94
Transportation	\$217.31
Bus Driver	\$0.00
Legal Exp.	\$0.00
Professional Fees	\$1,633.33
Seminar Exp.	\$1,137.02
Training	\$1,693.81
Software Support	\$3,396.12
Data Processing	\$3,900.00
Contributions	\$25.00
Misc Exp.	\$0.00
	<u>\$15,248.79</u>

Oakwood Estates and Retirement Village

01/01/15 to 12/31/15

Schedule IV, Column 5

Line 14 Contributions \$25.00

Line 1 Employee and Guest Meals \$2,523.00

Line 18 Interest on unrestricted funds \$324.77

Line 17 Non-Straight Line Deprec \$13.00

Line 4 Resident Room Cable \$2,791.70

Schedule VII, Part A.

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