

		FOR BHF USE			

LL2

Supportive Living Facility

**2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)**

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>1000124</u></p> <p>Facility Name: <u>Oakwood Estates and Retirement Village</u></p> <p>Address: <u>200 South Logan</u> <u>Stronghurst</u> <u>IL</u> <small>Number City Zip Code</small></p> <p>County: <u>Henderson</u></p> <p>Telephone Number: (<u>309</u>) <u>924-1910</u> Fax # <u>309 924-1277</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/09/10</u></p> <p>Type of Ownership:</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>IRS Exemption Code <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>In the event there are further questions about this report, please contact: Name: <u>James G. Hull, C.P.A.</u> Telephone Number: (<u>217</u>) <u>228-1950</u> Email Address: _____</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	IRS Exemption Code <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>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>01/01/2011</u> to <u>12/31/11</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) _____</td> <td></td> </tr> <tr> <td></td> <td>(Title) _____</td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>James G. Hull, C.P.A.</u> <u>Vice President</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison, Quincy, IL 62301</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>217 228-1950</u> Fax <u>217-222-6053</u></td> <td></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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>James G. Hull, C.P.A.</u> <u>Vice President</u>			(Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison, Quincy, IL 62301</u>			(Telephone) <u>217 228-1950</u> Fax <u>217-222-6053</u>	
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Facility Name Oakwood Estates and Retirement Village

Report Period Beginning: 01/01/2011 Ending: 12/31/11

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	16	Single Unit Apartment	16	5,840	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	18	TOTALS	18	6,570	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	3,018	2,084		5,102	5
6	Double Unit	942			942	6
7	Other					7
8	TOTALS	3,960	2,084		6,044	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.99%

D. Indicate the number of paid bed-hold days the SLF had during this year 194 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 13 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/11 Fiscal Year: 12/31/11

* 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 principle? _____

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 principle? Yes

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 principle? _____

If no, explain. _____

Facility Name: Oakwood Estates and Retirement Village

Report Period Beginning:

01/01/2011

Ending:

12/31/11

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		43,140	1,120	44,260	(3,120)	41,140	1
2	Housekeeping, Laundry and Maintenance		3,149	14,549	17,698		17,698	2
3	Heat and Other Utilities			22,673	22,673		22,673	3
4	Other (specify):			736	736		736	4
5	TOTAL General Services		46,289	39,078	85,367	(3,120)	82,247	5
B. Health Care and Programs								
6	Health Care/ Personal Care	109,131	961	507	110,599		110,599	6
7	Activities and Social Services		1,533		1,533		1,533	7
8	Other (specify):		1,827		1,827		1,827	8
9	TOTAL Health Care and Programs	109,131	4,321	507	113,959		113,959	9
C. General Administration								
10	Administrative and Clerical	30,636	1,281	6,049	37,966		37,966	10
11	Marketing Materials, Promotions and Advertising		46	6,084	6,130		6,130	11
12	Employee Benefits and Payroll Taxes			15,287	15,287		15,287	12
13	Insurance-Property, Liability and Malpractice			7,538	7,538		7,538	13
14	Other (specify):			7,158	7,158	(1,141)	6,017	14
15	TOTAL General Administration	30,636	1,327	42,116	74,079	(1,141)	72,938	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	139,767	51,937	81,701	273,405	(4,261)	269,144	16
Capital Expenses								
D. Ownership								
17	Depreciation			52,947	52,947		52,947	17
18	Interest			85,348	85,348		85,348	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			138,295	138,295		138,295	23
24	GRAND TOTAL (Sum of lines 16 and 23)	139,767	51,937	219,996	411,700	(4,261)	407,439	24

Facility Name: Oakwood Estates and Retirement Village

Report Period Beginning 01/01/2011 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 18.82	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6	8.78	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	14.67	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	8	\$ 9.73	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	\$	1
2		2
Total		\$ 3

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 Ctr		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, Inc. If yes, what is the value of those services? \$ 7,320

(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 and Retirement Village

Report Period Beginning:

01/01/2011

Ending:

12/31/11

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	\$ 41,823	\$	\$ 90,615	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Land Improvements		2009	24,610	1,641	15	1,641		3,555	6
7		Building Repairs		2009	5,764	288	20	288		624	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)				\$ 1,661,454	\$ 43,752		\$ 43,752	\$	\$ 94,794	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	\$ 64,178	\$ 8,447	\$ 8,445	(2)	8	\$ 17,722	18
19	Vehicles	3,675	749	735	(14)	5	3,301	19
20	TOTAL (lines 18 and 19)	\$ 67,853	\$ 9,196	\$ 9,180	(16)		\$ 21,023	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 and Retirement Village

Report Period Beginning: 01/01/2011

Ending: 12/31/11

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	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		USDA		X	Mortgage	10/22/08	\$ 673,400	\$ 659,013	10/22/38	4.5000	\$ 34,897	1
2		Security Savings		X	Mortgage	10/22/08	849,849	1,685,133	8/1/39	6.5000	50,451	2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 1,523,249	\$ 2,344,146			\$ 85,348	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 1,523,249	\$ 2,344,146			\$ 85,348	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 and Retirement Village

Report Period Beginning: 01/01/2011

Ending:

12/31/11

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 28,248	\$ 81,905	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)		566,631	3
4	Supply Inventory (priced : <u>FIFO</u>)	3,436	32,200	4
5	Short-Term Investments		387,295	5
6	Prepaid Insurance	9,544	23,063	6
7	Other Prepaid Expenses	1,205	4,863	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 42,433	\$ 1,095,957	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		22,500	13
14	Buildings, at Historical Cost	1,660,607	4,193,432	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	68,698	965,796	16
17	Accumulated Depreciation (book methods)	(112,517)	(2,339,576)	17
18	Deferred Charges	(26,670)	(26,670)	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): <u>CIP</u>		42,022	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,590,118	\$ 2,857,504	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,632,551	\$ 3,953,461	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 116,618	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		150,000	29
30	Accrued Salaries Payable	4,347	118,182	30
31	Accrued Taxes Payable		1,194	31
32	Accrued Interest Payable		1,288	32
33	Deferred Compensation		9,820	33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Payroll Liabilities</u>		4,375	35
36	<u>Rounding</u>		1	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,347	\$ 401,478	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	659,013	2,344,147	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)	\$ 659,013	\$ 2,344,147	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 663,360	\$ 2,745,625	45
46	TOTAL EQUITY	\$ 969,191	\$ 1,207,836	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,632,551	\$ 3,953,461	47

*(See instructions.)

Facility Name: Oakwood Estates and Retirement Village

Report Period Beginning: 01/01/2011

Ending:

12/31/11

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 525,098	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 525,098	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	3,116	7
8	Barber and Beauty Care		8
9	Non-Resident Meals	3,120	9
10	Laundry	1,380	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 7,616	11
C. Non-Operating Revenue			
12	Contributions	825	12
13	Interest and Other Investment Income	57	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 882	14
D. Other Revenue (specify):			
15	Income From Vehical Use	941	15
16	See List Attached	3,522	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,463	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 538,059	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	85,367	19
20	Health Care/ Personal Care	113,959	20
21	General Administration	74,079	21
B. Capital Expense			
22	Ownership	138,295	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)	\$ 411,700	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 126,359	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 126,359	31

Oakwood Estates and Retirement Village
01/01/11 to 12/31/11

Schedule VII. B

Oakwood Receives clerical services from Henderson County Retirement Center in the amount of \$1,800.00
Averages 1.88 hrs per week at \$13.77 per hour.

Oakwood receives maintenance services from Henderson County Retirement Center in the amount of \$4,800.00
Averages around 10 hrs per week at \$10 per hour (last 5 month of 2010)

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

Schedule VII. C.

Oakwood buys some food and dietary supplies from Henderson County Retirement Center.
Food purchased for 2011 was \$227.97

Schedule XII, Line 16

Applications Income	\$400.00
Equipment Rental Income	\$2,827.00
Miscellaneous Income	\$293.11
Rounding	\$2.00
	<u>\$3,522.11</u>

Schedule IV, Line 3, Column 3

Gas	\$2,469.90
Electric	\$19,036.57
Water	\$1,166.85
	<u>\$22,673.32</u>

Schedule IV, Line 2, Column 3

Laundry Services	\$720.00
Outside Services-Maint	\$7,342.70
Repairs-Buildings	\$4,780.50
Repairs-Equipment	\$1,155.57
Repairs-Grounds	\$549.85
	<u>\$14,548.62</u>

Schedule IV, Line 14, Column 14

Dues and Subscription	\$203.00
License Fee	\$0.00
Vehicular Exp	\$496.21
Transportation	\$1,418.48
Bus Driver	\$0.00
Legal Exp.	\$100.00
Seminar Exp.	\$672.00
Training	\$0.00
Data Processing	\$4,088.00
Contributions	\$200.00
Misc Exp.	-\$19.99
	<u>\$7,157.70</u>

Oakwood Estates and Retirement Village

01/01/11 to 12/31/11

Schedule IV, Column 5

Line 14 Contributions \$200.00

Line 1 Employee and Guest Meals \$3,120.00

Line 14 Transportation income of \$940.88

Schedule VII, Part A.

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

