

		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.

I. Facility ID Number: 1000124 Facility Name: <u>Oakwood Estates</u> Address: <u>200 South Logan St</u> <u>Stronghurst</u> <u>61480</u> <small>Number City Zip Code</small> County: <u>Henderson</u> Telephone Number: (<u>309</u>) <u>924-1910</u> Fax # <u>309</u> <u>924-1277</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>07/09/10</u> Type of Ownership: <table border="0"> <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>501 c 3</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><input type="checkbox"/> Limited Liability Co. _____</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>		<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>501 c 3</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 _____		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2020</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. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table border="1"> <tr> <td rowspan="3">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>(Title) _____</td> <td></td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title) <u>James G. Hull, CPA</u> <u>Owner</u></td> <td></td> </tr> <tr> <td>(Firm Name & Address) <u>WDM Computer Services, Inc.</u> <u>1900 Harrison, Quincy, IL 62301</u></td> <td></td> </tr> <tr> <td>(Telephone) <u>217 228-1950</u> Fax <u>217-222-6053</u></td> <td></td> </tr> </table>		Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title) <u>James G. Hull, CPA</u> <u>Owner</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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In the event there are further questions about this report, please contact: Name: <u>James G. Hull, CPA</u> Telephone Number: (<u>217-</u> <u>228-1950</u>) Email Address: _____		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																																						

Facility Name Oakwood Estates

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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	2,257	2,351		4,608	5
6	Double Unit	1,070	1,353		2,423	6
7	Other					7
8	TOTALS	3,327	3,704		7,031	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.34%

D. Indicate the number of paid bed-hold days the SLF had during this year 342 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)

n/a

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

* 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? 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 principal? _____

If no, explain. _____

Facility Name: Oakwood Estates

Report Period Beginning:

01/01/2020

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	55,845	53,758	1,640	111,243	(270)	110,973	1
2	Housekeeping, Laundry and Maintenance	2,865	8,399	27,092	38,356		38,356	2
3	Heat and Other Utilities			26,699	26,699		26,699	3
4	Other (specify):			8,122	8,122	(6,112)	2,010	4
5	TOTAL General Services	58,710	62,157	63,553	184,420	(6,382)	178,038	5
B. Health Care and Programs								
6	Health Care/ Personal Care	234,098	11,398		245,496		245,496	6
7	Activities and Social Services	3,852	3,390		7,242		7,242	7
8	Other (specify):		194		194		194	8
9	TOTAL Health Care and Programs	237,950	14,982		252,932		252,932	9
C. General Administration								
10	Administrative and Clerical	64,168	4,834	12,585	81,587		81,587	10
11	Marketing Materials, Promotions and Advertising		1,084	1,156	2,240		2,240	11
12	Employee Benefits and Payroll Taxes			65,732	65,732		65,732	12
13	Insurance-Property, Liability and Malpractice			17,739	17,739		17,739	13
14	Other (specify):		460	18,154	18,614		18,614	14
15	TOTAL General Administration	64,168	6,378	115,366	185,912		185,912	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	360,828	83,517	178,919	623,264	(6,382)	616,882	16
Capital Expenses								
D. Ownership								
17	Depreciation			105,678	105,678	(9)	105,669	17
18	Interest			70,220	70,220	(3,211)	67,009	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,080	1,080		1,080	21
22	Other (specify):							22
23	TOTAL Ownership			176,978	176,978	(3,220)	173,758	23
24	GRAND TOTAL (Sum of lines 16 and 23)	360,828	83,517	355,897	800,242	(9,602)	790,640	24

Facility Name: Oakwood Estates

Report Period Beginning: 01/01/2020

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	\$ 24.68	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5	17.38	3
4	Activity Director & Assistants	0	16.89	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2	13.11	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	0	18.75	10
11	Laundry			11
12	Managers	1	29.49	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9	\$	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 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).

Facility Name: Oakwood Estates

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

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)	\$ 467,018	1
2	16		2018	2018	772,796	19,815	39	19,815		41,282	2
3											3
4											4
5											5
Improvement Type											
6		LAND IMPROVEMENTS		2009	24,610	1,641	15	1,641		18,320	6
7		BUILDING EQUIPMENT		2009	5,764	288	20	288		3,218	7
8		SLF FLOORING		2014	15,324	1,027	15	1,022	(5)	6,421	8
9		GENERATOR UPGRADE		2017	41,282	2,064	20	2,064		6,708	9
10		OFFICE FLOORING		2017	2,911	194	15	194		598	10
11		NEW ADD-HVAC		2018	75,689	1,941	39	1,941		4,043	11
12		NEW ADD-ELECTRIC		2018	150,386	3,856	39	3,856		8,034	12
13		NEW ADD-PLUMBING		2018	115,614	2,964	39	2,964		6,176	13
14		NEW ADD-SEPTIC		2018	10,300	264	39	264		550	14
15		NEW ADD-LANDSCAPING		2018	2,489	166	15	166		346	15
16		NEW ADD-SIDEWALK		2018	6,480	432	15	432		900	16
17		TOTAL (lines 1 thru 16)			\$ 2,854,725	\$ 76,475		\$ 76,469	\$ (6)	\$ 563,614	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	\$ 247,807	\$ 18,661	\$ 18,659	(2)	10	\$ 110,237	18
19	Vehicles	12,675	900	900		5	4,575	19
20	TOTAL (lines 18 and 19)	\$ 260,482	\$ 19,561	\$ 19,559	(2)		\$ 114,812	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 & ID Number Oakwood Estates

#

Report Period Beginning:

01/01/2020 Ending:

12/31/2020

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 2,854,725	\$ 76,475		\$ 76,469	\$ (6)	\$ 563,614	1
2	Fencing	2019	12,032	802	15	802	(0)	1,312	2
3	Landscaping	2019	10,218	681	15	681		965	3
4	AL Kitchen Flooring	2019	3,445	230	15	230		249	4
5	New Addition-Flooring	2019	69,859	4,657	15	4,657		9,315	5
6	New addition-Fire Alarm	2019	2,999	200	15	200		400	6
7	New Addition-Plumbing	2019	3,000	77	39	77		154	7
8	New Addition-Bldg Material/Labor	2019	87,709	2,249	39	2,249		4,498	8
9	Trees	2019	1,880	126	15	125	(1)	200	9
10	Kitchen Flooring	2020	4,161	35	20	35		35	10
11	Kitchen electrical Improvements	2020	2,608	87	20	87		87	11
12	Fire Supression Systems	2020	8,936	198	20	198		198	12
13	Kitchen Remodel	2020	8,989	300	20	300		300	13
14									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)		\$ 3,070,561	\$ 86,117		\$ 86,110	\$ (7)	\$ 581,327	34

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

Facility Name: Oakwood Estates

Report Period Beginning: 01/01/2020

Ending: 2/31/2020

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 \$ 1,080

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	\$ 518,491	10/22/38	4.5000	\$ 23,607	1
2	SECURITY SAVINGS			X	MORTGAGE	10/22/08	849,849	235,774	8/1/39	4.2500	14,103	2
3	SECURITY SAVINGS			X	NEW ADDITION	6/1/19	800,000	741,585	7/1/49	4.2500	32,510	3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7	TOTAL Facility Related						\$ 2,323,249	\$ 1,495,850			\$ 70,220	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)						\$ 2,323,249	\$ 1,495,850			\$ 70,220	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: 01/01/2020

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	\$ 227,877	\$ 1,364,363	1
2	Cash-Patient Deposits	(31,680)	(32,280)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	84,006	422,628	3
4	Supply Inventory (priced at)	25,944	70,437	4
5	Short-Term Investments		611,018	5
6	Prepaid Insurance	16,481	44,200	6
7	Other Prepaid Expenses	5,120	14,903	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 327,748	\$ 2,495,269	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	3,016,962	6,364,421	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	314,081	1,781,159	16
17	Accumulated Depreciation (book methods)	(696,139)	(4,196,291)	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): <u>Cip</u>	9,465	10,645	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,644,369	\$ 3,982,434	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,972,117	\$ 6,477,703	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 6,376	\$ 65,669	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	20,777	110,412	30
31	Accrued Taxes Payable		9,019	31
32	Accrued Interest Payable	3,989	4,783	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Wage Garnishments</u>		(20)	35
36	<u>Rounding</u>		1	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 31,142	\$ 189,864	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	1,495,850	1,723,104	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)	\$ 1,495,850	\$ 1,723,104	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,526,992	\$ 1,912,968	45
46	TOTAL EQUITY	\$ 1,445,125	\$ 4,564,735	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,972,117	\$ 6,477,703	47

*(See instructions.)

Facility Name: Oakwood Estates

Report Period Beginning: 01/01/2020

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	\$ 943,468	1
2	Discounts and Allowances	(269)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 943,199	3
B. Other Operating Revenue			
4	Special Services	3,120	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	48	7
8	Barber and Beauty Care	2,089	8
9	Non-Resident Meals	270	9
10	Laundry	1,313	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,840	11
C. Non-Operating Revenue			
12	Contributions	6,179	12
13	Interest and Other Investment Income	3,211	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9,390	14
D. Other Revenue (specify):			
15	See List	2,256	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,256	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 961,685	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	184,420	19
20	Health Care/ Personal Care	252,932	20
21	General Administration	185,912	21
B. Capital Expense			
22	Ownership	176,978	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)	\$ 800,242	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 161,443	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 161,443	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 374,058	32
33	Private Pay - Net Inpatient Revenue	569,141	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 943,199	37

Oakwood Estates and Retirement Village

01/01/20 to 12/31/20

	Single PA	Double PA	Single PVT	Double PVT	Bedholds Paid	Bedholds Unpaid	
January	242	152	248	122	5	0	769
February	203	92	233	116	33	0	677
March	217	93	206	123	33	0	672
April	209	90	180	120	1	0	600
May	210	93	167	122	28	0	620
June	151	90	149	90	91	0	571
July	144	93	173	109	70	0	589
August	155	93	182	124	35	0	589
September	134	90	189	120	30	0	563
October	186	62	203	124	10	0	585
November	180	60	209	90	1	0	540
December	226	62	212	93	5	0	598
	2257	1070	2351	1353	342	0	7373

Oakwood Estates and Retirement Village
01/01/20 to 12/31/20

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 Center	Food	\$0.00	\$0.00

Schedule XII, Line 15

Nursing Services	\$0.00
Applications Income	\$200.00
Income From Vehicle use	\$393.36
Equipment Rental Income	\$0.00
Miscellaneous Income	\$463.35
Rebates	\$81.86
Gain on sale of asset	\$600.00
Medicare Flu	\$517.50
Rounding	
	<u>\$2,256.07</u>

Schedule IV, Line 3, Column 3

Gas	\$1,734.36
Electric	\$21,894.26
Water	\$3,080.47
	<u>\$26,699.09</u>

Schedule IV, Line 2, Column 3

Laundry Services	\$720.00
Maintenance Services-Oaklane	\$14,617.20
Outside Services-Maint	\$4,135.10
Repairs-Buildings	\$2,719.77
Repairs-Equipment	\$1,300.26
Repairs-Grounds	\$3,600.09
	<u>\$27,092.42</u>

Schedule IV, Line 14, Column 3

Personal Purchases	\$1,446.15
Dues and Subscription	\$3,260.08
License Fee	\$419.00
Vehicular Exp	\$1,163.28
Transportation	\$163.56
Bus Driver	\$0.00
Legal Exp.	\$0.00
Professional Fees	\$1,883.33
Sales Tax	\$196.08
Seminar Exp.	\$0.00
Training	\$432.00
Software Support	\$4,415.56
Data Processing	\$4,475.00
Contributions	\$0.00
Misc Exp.	\$300.00
	<u>\$18,154.04</u>

Oakwood Estates and Retirement Village
01/01/20 to 12/31/20

Schedule IV, Column 5

Line 14 Contributions \$0
Line 1 Employee and Guest Meals \$270.20
Line 18 Interest on unrestricted funds \$3,210.80
Line 17 Non-Straight Line Deprec \$9.00
Line 4 Resident Room Cable \$6,111.94

Schedule VII, Part A.

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