

		FOR BHF USE			

LL2

Supportive Living Facility

**2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)**

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>1000042</u></p> <p>Facility Name: <u>Aurora Supportive Living</u></p> <p>Address: <u>1599 Farnsworth</u> <u>Aurora</u> <u>60505</u> <small>Number City Zip Code</small></p> <p>County: <u>Kane</u></p> <p>Telephone Number: (<u>630</u>) <u>896-7778</u> Fax # ()</p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/12/2004</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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 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: Name: <u>Andrew B. Cutler</u> Telephone Number: (<u>847</u>) <u>374-0400</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" 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 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 <u>01/01/2014</u> to <u>12/31/2014</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;">Officer or Administrator of Provider</td> <td>(Signed) _____ (Type or Print Name) _____ (Title) _____</td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____ (Date) _____ (Print Name and Title) <u>Andrew B. Cutler</u> <u>Managing Director</u> (Firm Name & Address) <u>FGMK LLC</u> <u>2801 Lakeside Drive Bannockburn, IL, 60015</u> (Telephone) (<u>847</u>) <u>374-0400</u> Fax (<u>847</u>) <u>374-0420</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>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) _____ (Title) _____	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) <u>Andrew B. Cutler</u> <u>Managing Director</u> (Firm Name & Address) <u>FGMK LLC</u> <u>2801 Lakeside Drive Bannockburn, IL, 60015</u> (Telephone) (<u>847</u>) <u>374-0400</u> Fax (<u>847</u>) <u>374-0420</u>
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Facility Name Aurora Supportive Living

Report Period Beginning: 01/01/2014 Ending: 12/31/2014

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	123	Single Unit Apartment	123	44,895	1
2	13	Double Unit Apartment	13	4,745	2
3		Other			3
4	136	TOTALS	136	49,640	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	28,140	3,054		31,194	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,140	3,054		31,194	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 62.84%

D. Indicate the number of paid bed-hold days the SLF had during this year 174 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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

ACCRUAL MODIFIED CASH* CASH*

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 principle? N/A

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 principle? N/A

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? N/A

If no, explain. _____

Facility Name: Aurora Supportive Living

Report Period Beginning:

01/01/2014

Ending: 12/31/2014

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	143,926	186,465	78,398	408,789		408,789	1
2	Housekeeping, Laundry and Maintenance	118,985	27,289	30,801	177,075	(1,623)	175,452	2
3	Heat and Other Utilities			119,767	119,767		119,767	3
4	Other (specify):			10,292	10,292		10,292	4
5	TOTAL General Services	262,911	213,754	239,258	715,923	(1,623)	714,300	5
B. Health Care and Programs								
6	Health Care/ Personal Care	444,071			444,071		444,071	6
7	Activities and Social Services	32,500	9,756		42,256		42,256	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	476,571	9,756		486,327		486,327	9
C. General Administration								
10	Administrative and Clerical	101,206	3,647	595,319	700,172	13,590	713,762	10
11	Marketing Materials, Promotions and Advertising			3,892	3,892		3,892	11
12	Employee Benefits and Payroll Taxes			158,027	158,027	44,657	202,684	12
13	Insurance-Property, Liability and Malpractice			67,153	67,153	93	67,246	13
14	Other (specify):							14
15	TOTAL General Administration	101,206	3,647	824,391	929,244	58,340	987,584	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	840,688	227,157	1,063,649	2,131,494	56,717	2,188,211	16
Capital Expenses								
D. Ownership								
17	Depreciation			23,494	23,494	227,546	251,040	17
18	Interest			163,580	163,580	84,375	247,955	18
19	Real Estate Taxes			203,834	203,834		203,834	19
20	Rent -- Facility and Grounds			818,150	818,150	(814,245)	3,905	20
21	Rent -- Equipment			10,810	10,810	610	11,420	21
22	Other (specify):							22
23	TOTAL Ownership			1,219,868	1,219,868	(501,714)	718,154	23
24	GRAND TOTAL (Sum of lines 16 and 23)	840,688	227,157	2,283,517	3,351,362	(444,997)	2,906,365	24

AURORA SUPPORTIVE LIVING

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES		Amount	Sch. IV Line Reference	
1	Non-Straight Line Depreciation	\$ (18,930)	17	1
2	Cable TV	(21,581)	10	2
3	Bank Charges	(7,561)	10	3
4	Bad Debts	(105,949)	10	4
5	Non-Allowable Interest Expense	(163,580)	18	5
6	Fines and Penalties	(1,383)	10	6
7	Non-Allowable R&M Expense - Stujac	(2,083)	2	7
8	Interest Income	(20)	18	8
9				9
10				10
11	BUILDING COMPANY:			11
12	Rent Expense	(818,150)	20	12
13	Interest Expense	248,418	18	13
14	Legal & Accounting Fees	114,233	10	14
15	Other Professional Fees	1,496	10	15
16	Interest Income	(443)	18	16
17	Depreciation	244,988	17	17
18				18
19				19
20				20
21	MANAGEMENT OFFICE ALLOCATION:			21
22	Management Office Allocation	(1,607)	10	22
23	General and Administrative Expenses	7,175	10	23
24				24
25				25
26				26
27				27
28				28

29	APEX HEALTHCARE ALLOCATION:			29
30	Administrative Salaries	114,472	10	30
31	Emp. Ben. - Gen. Admin.	44,657	12	31
32	General and Administrative Expenses	13,326	10	32
33	Seminars	621	10	33
34	Auto & Travel	19,348	10	34
35	Insurance	93	13	35
36	Depreciation	1,488	17	36
37	Rent	3,905	20	37
38	Equipment Rental	610	21	38
39	Facility Wages reimbursed	460	02	39
40	Management Office Allocation	(119,000)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51	Total	(444,997)		51

Facility Name: Aurora Supportive Living

Report Period Beginning 01/01/2014

Ending:

12/31/2014

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.13	\$ 17.89	1
2	Licensed Practical Nurses	4.27	23.82	2
3	Certified Nurse Assistants	10.10	10.83	3
4	Activity Director & Assistants	1.00	15.63	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.90	10.02	7
8	Dishwashers			8
9	Maintenance Workers	1.99	15.66	9
10	Housekeepers	2.85	9.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	24.82	13
14	Clerical	2.02	11.82	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	30.26	\$ 13.35	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	Aaron Mann Administration	Relative	3.8	\$ 29,992	1	
2					2	
3					3	
4					4	
5					5	
				Total	\$ 29992	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					
Aurora Property, LLC				Building Co.	

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: N/A If yes, what is the value of those services? \$ N/A

(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: Aurora Supportive Living

Report Period Beginning:

01/01/2014

Ending:

12/31/2014

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	136		2004	2004	\$ 6,599,506	\$ 244,988	35	\$ 188,557	\$ (56,431)	\$ 1,941,925	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements		2005	9,192		20	461	461	3,921	6
7		Leasehold Improvements		2006	48,312		20	2,416	2,416	17,653	7
8		Leasehold Improvements		2007	69,208		20	3,461	3,461	24,367	8
9		Leasehold Improvements		2008	459,294		20	22,966	22,966	141,263	9
10		Leasehold Improvements		2009	242,036		20	12,101	12,101	64,868	10
11		Leasehold Improvements		2011	6,874		20	344	344	1,291	11
12											12
13											13
14											14
15											15
16		Current Year Book Depreciation				2,935			(2,935)	2,935	16
17		TOTAL (lines 1 thru 16)			\$ 7,434,422	\$ 247,923		\$ 230,306	\$ (17,617)	\$ 2,198,223	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	\$ 258,071	\$ 20,559	\$ 19,246	(1,313)	10	\$ 213,233	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 258,071	\$ 20,559	\$ 19,246	(1,313)		\$ 213,233	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: Aurora Supportive Living

Report Period Beginning: 01/01/2014

Ending: 2/31/2014

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	Alloc. Management Co.			/ /	610			5
6				/ /				6
7	TOTAL				\$ 610			7

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

9. Rental amount for movable equipment \$ 11,420

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	Walker & Dunlop		X	Mortgage	/ /	\$	6,249,343	/ /		\$ 248,418	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Venture Fund, LLC	X		Working Capital	/ /		2,495,478	/ /		163,580	4
5	N/P Related Parties	X		Working Capital	/ /		884,396	/ /			5
6	Due to Legacy		X	Note Payable	/ /		245,076	/ /			6
7	TOTAL Facility Related					\$	9,874,293			\$ 411,998	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-463	8
9	Non-Allowable Interest	X			/ /			/ /		-163,580	9
10	TOTALS (lines 7, 8 and 9)					\$	9,874,293			\$ 247,955	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: **Aurora Supportive Living**Report Period Beginning: **01/01/2014**

Ending:

12/31/2014**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 90,664	\$ 525,983	1
2	Cash-Patient Deposits	(5,328)	(5,328)	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	641,874	641,874	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	74,421	74,421	6
7	Other Prepaid Expenses	3,457	3,457	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	388,334	388,334	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,193,422	\$ 1,628,741	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost		6,599,506	14
15	Leasehold Improvements, at Historical Cost	56,978	56,978	15
16	Equipment, at Historical Cost	176,986	288,285	16
17	Accumulated Depreciation (book methods)	(180,873)	(2,677,980)	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): Deposits	22,553	307,990	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 75,644	\$ 4,574,779	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,269,066	\$ 6,203,520	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 467,622	\$ 467,622	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	1,129,472	1,129,472	29
30	Accrued Salaries Payable	42,044	42,044	30
31	Accrued Taxes Payable	8,259	8,259	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	Unclaimed Property Withholding	4,316	4,316	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,651,713	\$ 1,651,713	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,495,478	2,495,478	38
39	Mortgage Payable		6,249,343	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)	\$ 2,495,478	\$ 8,744,821	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,147,191	\$ 10,396,534	45
46	TOTAL EQUITY	\$ (2,878,125)	\$ (4,193,014)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,269,066	\$ 6,203,520	47

*(See instructions.)

Facility Name: Aurora Supportive Living

Report Period Beginning: 01/01/2014

Ending:

12/31/2014

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	\$ 3,161,468	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,161,468	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		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)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	20	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 20	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,161,488	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	715,923	19
20	Health Care/ Personal Care	486,327	20
21	General Administration	929,244	21
B. Capital Expense			
22	Ownership	1,219,868	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)	\$ 3,351,362	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (189,874)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (189,874)	31

Page 6

Copier	9,716
Postage Meter	1,094
Dish Washing Machine	-
Water Softener	-
Allocated Management Co.	610
Total Equipment Rental	<u>11,420</u>

Page 7: Line 9 Other (specify)

	Operating	After Consolidation
Replacement Reserve	482,831	482,831
Escrowed RE Taxes and Insurance	(94,497)	(94,497)
Total	<u>388,334</u>	<u>388,334</u>

Page 7: Line 23 Other (specify)

	Operating	After Consolidation
Deposits	22,553	189,219
Permanent Mortgage Costs	-	127,662
Amort. Permanent Mortgage Costs	-	(8,891)
Total	<u>22,553</u>	<u>307,990</u>

