

| | | | | | |
|--|--|-------------|--|--|--|
| | | FOR BHF USE | | | |
| | | | | | |
| | | | | | |
| | | | | | |

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 1000113

Facility Name: PONTIAC SUPPORTIVE LIVING

Address: 120 N DEERFIELD RD PONTIAC 61764

County: LIVINGSTON

Telephone Number: (815) 844-6300 Fax # (815) 844-6301

Federal Employer ID Number:

Date Current Owners were Certified: 12/01/2016

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust

X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

IRS Exemption Code

In the event there are further questions about this report, please contact:
Name: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2018 to 12/31/2018 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) (Date)
(Type or Print Name) MICHAEL STEIN
(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) KATHLEEN MCNAMARA VICE-PRESIDENT
(Firm Name & Address) KBKB, LTD. 8140 RIVER DRIVE, MORTON GROVE, IL 60053
(Telephone) (847) 675-3585 Fax (847) 675-5777

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

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

Date of change in certified units

11 / 11

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.

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (Do not include bed-hold days in Section B.)

STATE OF ILLINOIS

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Facility Name: PONTIAC SUPPORTIVE LIVING

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

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 | 154,364 | 157,917 | 1,200 | 313,481 | | 313,481 | 1 |
| 2 | Housekeeping, Laundry and Maintenance | 59,978 | 59,883 | 59,605 | 179,466 | | 179,466 | 2 |
| 3 | Heat and Other Utilities | | | 63,274 | 63,274 | | 63,274 | 3 |
| 4 | Other (specify): | | | | | | | 4 |
| 5 | TOTAL General Services | 214,342 | 217,800 | 124,079 | 556,221 | | 556,221 | 5 |
| | B. Health Care and Programs | | | | | | | |
| 6 | Health Care/ Personal Care | 237,988 | 8,071 | | 246,059 | | 246,059 | 6 |
| 7 | Activities and Social Services | 28,116 | | 41,469 | 69,585 | | 69,585 | 7 |
| 8 | Other (specify): | | | | | | | 8 |
| 9 | TOTAL Health Care and Programs | 266,104 | 8,071 | 41,469 | 315,644 | | 315,644 | 9 |
| | C. General Administration | | | | | | | |
| 10 | Administrative and Clerical | 87,185 | 16,841 | 76,203 | 180,229 | 3,600 | 183,829 | 10 |
| 11 | Marketing Materials, Promotions and Advertising | 18,157 | | 58,640 | 76,797 | | 76,797 | 11 |
| 12 | Employee Benefits and Payroll Taxes | | | 96,841 | 96,841 | | 96,841 | 12 |
| 13 | Insurance-Property, Liability and Malpractice | | | 20,991 | 20,991 | | 20,991 | 13 |
| 14 | Other (specify): | | | | | | | 14 |
| 15 | TOTAL General Administration | 105,342 | 16,841 | 252,675 | 374,858 | 3,600 | 378,458 | 15 |
| 16 | TOTAL Operating Expense (Sum of lines 5, 9 and 15) | 585,788 | 242,712 | 418,223 | 1,246,723 | 3,600 | 1,250,323 | 16 |
| | Capital Expenses | | | | | | | |
| | D. Ownership | | | | | | | |
| 17 | Depreciation | | | 1,781 | 1,781 | 173,981 | 175,762 | 17 |
| 18 | Interest | | | 2,271 | 2,271 | 240,508 | 242,779 | 18 |
| 19 | Real Estate Taxes | | | | | 60,378 | 60,378 | 19 |
| 20 | Rent -- Facility and Grounds | | | 625,102 | 625,102 | (625,102) | | 20 |
| 21 | Rent -- Equipment | | | 12,327 | 12,327 | | 12,327 | 21 |
| 22 | Other (specify): | | | | | | | 22 |
| 23 | TOTAL Ownership | | | 641,481 | 641,481 | (150,235) | 491,246 | 23 |
| 24 | GRAND TOTAL (Sum of lines 16 and 23) | 585,788 | 242,712 | 1,059,704 | 1,888,204 | (146,635) | 1,741,569 | 24 |

Facility Name: PONTIAC SUPPORTIVE LIVING

Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

| | Personnel | Number of FTE | Average Hourly Wage | |
|----|--------------------------------|---------------|---------------------|----|
| 1 | Registered Nurses | | \$ | 1 |
| 2 | Licensed Practical Nurses | 1.5 | 23.75 | 2 |
| 3 | Certified Nurse Assistants | 6.0 | 11.50 | 3 |
| 4 | Activity Director & Assistants | 1.0 | 11.15 | 4 |
| 5 | Social Service Workers | | | 5 |
| 6 | Head Cook | 1.0 | 18.60 | 6 |
| 7 | Cook Helpers/Assistants | 7.0 | 9.20 | 7 |
| 8 | Dishwashers | | | 8 |
| 9 | Maintenance Workers | 1.0 | 14.10 | 9 |
| 10 | Housekeepers | 1.0 | 9.00 | 10 |
| 11 | Laundry | | | 11 |
| 12 | Managers | 1.0 | 24.05 | 12 |
| 13 | Other Administrative | | | 13 |
| 14 | Clerical | 1.0 | 15.30 | 14 |
| 15 | Marketing | 1.0 | 21.85 | 15 |
| 16 | Other | | | 16 |
| 17 | Total (lines 1 thru 16) | 21.5 | \$ | 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 |
| THE POINTE AT KILPATRICK | CRESTWOOD |
| PARK POINT SUPPORTIVE LIVING | MORRIS |
| CRYSTAL CREEK ASSISTED LIVING | MICHIGAN |
| | |
| | |

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 | NA | | | \$ | 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 |

OTHER RELATED BUSINESS ENTITIES

| Name 3 | City 4 | Type of Business 5 |
|----------------------|---------|--------------------|
| PONTIAC LANDLORD LLC | PONTIAC | PROPCO |
| | | |
| | | |
| | | |

Facility Name: PONTIAC SUPPORTIVE LIVING

Report Period Beginning:

01/01/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 750,000 Year land was acquired 2016

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 | 60 | | 2016 | | \$ 4,278,757 | \$ | 39 | \$ 109,712 | \$ 109,712 | \$ 219,424 | 1 |
| 2 | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | 5 |
| | Improvement Type | | | | | | | | | | |
| 6 | COUNTERTOPS, DOORS, FRAMES | | | 2017 | 13,426 | | 39 | 344 | 344 | 688 | 6 |
| 7 | PARKING LOT REPAIRS | | | 2017 | 17,300 | | 15 | 1,153 | 1,153 | 2,306 | 7 |
| 8 | ELECTRICAL WIRING CAFETERIA, OFFICE, DRINK | | | 2017 | 5,377 | | 39 | 138 | 138 | 276 | 8 |
| 9 | DEMO AND REBUILD OFFICE & NOOK | | | 2017 | 17,478 | | 39 | 448 | 448 | 896 | 9 |
| 10 | FLOORING | | | 2018 | 88,602 | | 39 | 2,272 | 2,272 | 2,272 | 10 |
| 11 | CABINETS & LIGHTING | | | 2018 | 9,787 | | 39 | 251 | 251 | 251 | 11 |
| 12 | PIPING AND DRAINS FOR JUICE BAR SINK | | | 2018 | 3,911 | | 39 | 100 | 100 | 100 | 12 |
| 13 | | | | | | | | | | | 13 |
| 14 | | | | | | | | | | | 14 |
| 15 | | | | | | 175,762 | | | (175,762) | | 15 |
| 16 | | | | | | | | | | | 16 |
| 17 | TOTAL (lines 1 thru 16) | | | | \$ 4,434,638 | \$ 175,762 | | \$ 114,418 | \$ (61,344) | \$ 226,213 | 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 | \$ 228,543 | \$ | \$ 22,854 | 22,854 | 10 | \$ 42,625 | 18 |
| 19 | Vehicles | | | | | | | 19 |
| 20 | TOTAL (lines 18 and 19) | \$ 228,543 | \$ | \$ 22,854 | 22,854 | | \$ 42,625 | 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: PONTIAC SUPPORTIVE LIVING

Report Period Beginning: 01/01/2018 Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

| | | 1 Year Constructed | 2 Number of Units | 3 Date of Lease | 4 Rental Amount | 5 Total Yrs. of Lease | 6 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 | BUSEY BAK | | X | MORTGAGE | 11/30/16 | \$ 6,000,000 | \$ 5,842,743 | 11/30/19 | 3.2500 | \$ 208,784 | 1 |
| 2 | PONTIAC NORTHWEST HOLDIN | | X | NOTE | 11/30/16 | 750,000 | | 11/30/18 | 5.0000 | 31,724 | 2 |
| 3 | | | | | / / | | | / / | | | 3 |
| | Working Capital | | | | | | | | | | |
| 4 | BUSEY BAK | | X | WORKING CAPITAL | / / | | | / / | | 2,271 | 4 |
| 5 | | | | | / / | | | / / | | | 5 |
| 6 | | | | | / / | | | / / | | | 6 |
| 7 | TOTAL Facility Related | | | | | \$ 6,750,000 | \$ 5,842,743 | | | \$ 242,779 | 7 |
| | B. Non-Facility Related | | | | | | | | | | |
| 8 | | | | | / / | | | / / | | | 8 |
| 9 | | | | | / / | | | / / | | | 9 |
| 10 | TOTALS (lines 7, 8 and 9) | | | | | \$ 6,750,000 | \$ 5,842,743 | | | \$ 242,779 | 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: PONTIAC SUPPORTIVE LIVING

Report Period Beginning: 01/01/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

| | | 1 Operating | 2 After Consolidation* | |
|----|---|----------------|------------------------------|----|
| | A. Current Assets | | | |
| 1 | Cash on Hand and in Banks | \$ 88,533 | \$ 142,393 | 1 |
| 2 | Cash-Patient Deposits | | | 2 |
| 3 | Accounts & Short-Term Notes Receivable-Patients (less allowance) | 290,704 | 290,704 | 3 |
| 4 | Supply Inventory (priced at) | | | 4 |
| 5 | Short-Term Investments | | | 5 |
| 6 | Prepaid Insurance | | | 6 |
| 7 | Other Prepaid Expenses | 31,351 | 31,351 | 7 |
| 8 | Accounts Receivable (owners or related parties) | | | 8 |
| 9 | Other(specify): <u>ESCROW</u> | | 20,475 | 9 |
| 10 | TOTAL Current Assets (sum of lines 1 thru 9) | \$ 410,588 | \$ 484,923 | 10 |
| | B. Long-Term Assets | | | |
| 11 | Long-Term Notes Receivable | | | 11 |
| 12 | Long-Term Investments | | | 12 |
| 13 | Land | | 750,000 | 13 |
| 14 | Buildings, at Historical Cost | | 4,278,757 | 14 |
| 15 | Leasehold Improvements, at Historical Cost | | 155,883 | 15 |
| 16 | Equipment, at Historical Cost | 11,132 | 228,543 | 16 |
| 17 | Accumulated Depreciation (book methods) | (8,460) | (390,490) | 17 |
| 18 | Deferred Charges | | 23,205 | 18 |
| 19 | Organization & Pre-Operating Costs | | 19,512 | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs | | (13,550) | 20 |
| 21 | Restricted Funds | | | 21 |
| 22 | Other Long-Term Assets (specify): | | | 22 |
| 23 | Other(specify): <u>GOODWILL NET</u> | | 2,066,667 | 23 |
| 24 | TOTAL Long-Term Assets (sum of lines 11 thru 23) | \$ 2,672 | \$ 7,118,527 | 24 |
| 25 | TOTAL ASSETS (sum of lines 10 and 24) | \$ 413,260 | \$ 7,603,450 | 25 |

| | | 1 Operating | 2 After Consolidation* | |
|----|--|----------------|------------------------------|----|
| | C. Current Liabilities | | | |
| 26 | Accounts Payable | \$ | \$ 9,000 | 26 |
| 27 | Officer's Accounts Payable | | | 27 |
| 28 | Accounts Payable-Patient Deposits | 19,509 | 19,509 | 28 |
| 29 | Short-Term Notes Payable | | 100,000 | 29 |
| 30 | Accrued Salaries Payable | 16,435 | 16,435 | 30 |
| 31 | Accrued Taxes Payable | 1,683 | 63,683 | 31 |
| 32 | Accrued Interest Payable | | 13,396 | 32 |
| 33 | Deferred Compensation | | | 33 |
| 34 | Federal and State Income Taxes | | | 34 |
| | Other Current Liabilities(specify): | | | |
| 35 | <u>DUE MEMBERS</u> | | 1,500,000 | 35 |
| 36 | | | | 36 |
| 37 | TOTAL Current Liabilities (sum of lines 26 thru 36) | \$ 37,627 | \$ 1,722,023 | 37 |
| | D. Long-Term Liabilities | | | |
| 38 | Long-Term Notes Payable | | | 38 |
| 39 | Mortgage Payable | | 5,842,743 | 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) | \$ | \$ 5,842,743 | 44 |
| 45 | TOTAL LIABILITIES (sum of lines 37 and 44) | \$ 37,627 | \$ 7,564,766 | 45 |
| 46 | TOTAL EQUITY | \$ 375,633 | \$ 38,684 | 46 |
| 47 | TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46) | \$ 413,260 | \$ 7,603,450 | 47 |

*(See instructions.)

Facility Name: PONTIAC SUPPORTIVE LIVING

Report Period Beginning: 01/01/2018

Ending:

12/31/2018

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 | \$ 2,045,569 | 1 |
| 2 | Discounts and Allowances | | 2 |
| 3 | SUBTOTAL Resident Care (line 1 minus line 2) | \$ 2,045,569 | 3 |
| | B. Other Operating Revenue | | |
| 4 | Special Services | 15,263 | 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) | \$ 15,263 | 11 |
| | C. Non-Operating Revenue | | |
| 12 | Contributions | | 12 |
| 13 | Interest and Other Investment Income | | 13 |
| 14 | SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13) | \$ | 14 |
| | D. Other Revenue (specify): | | |
| 15 | FOOD STAMP | 32,079 | 15 |
| 16 | | | 16 |
| 17 | SUBTOTAL Other Revenue (sum of lines 15 and 16) | \$ 32,079 | 17 |
| 18 | TOTAL REVENUE (sum of lines 3, 11, 14 and 17) | \$ 2,092,911 | 18 |

| 2 | | | |
|----|--|--------------|----|
| | II. Expenses | Amount | |
| | A. Operating Expenses | | |
| 19 | General Services | 556,221 | 19 |
| 20 | Health Care/ Personal Care | 315,644 | 20 |
| 21 | General Administration | 374,858 | 21 |
| | B. Capital Expense | | |
| 22 | Ownership | 641,481 | 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) | \$ 1,888,204 | 28 |
| 29 | Income Before Income Taxes (line 18 minus line 28) | \$ 204,707 | 29 |
| 30 | Income Taxes | \$ | 30 |
| 31 | NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30) | \$ 204,707 | 31 |
| | III. Net Resident Care Revenue detailed by Payer Source | | |
| 32 | Medicaid - Net Inpatient Revenue | \$ 1,140,412 | 32 |
| 33 | Private Pay - Net Inpatient Revenue | 905,157 | 33 |
| 34 | Medicare - Net Inpatient Revenue | | 34 |
| 35 | Other-(specify) | | 35 |
| 36 | Other-(specify) | | 36 |
| 37 | TOTAL (This total must agree to Line 3) | \$ 2,045,569 | 37 |

PONTIAC SUPPORTIVE LIVING LLC
RELATED PARTY
PAGE 3 COLUMN 5

| | LINE | |
|-------------------|------|------------------|
| RENT | 20 | (625,102) |
| PROFESSIONAL FEES | 10 | 3,600 |
| DEPRECIATION | 17 | 173,981 |
| INTEREST | 18 | 240,508 |
| REAL ESTATE TAX | 19 | <u>60,378</u> |
| | | <u>(146,635)</u> |