

		FOR BHF USE			

LL2

**Supportive Living Facility**

**2013  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES  
COST REPORT FOR  
SUPPORTIVE LIVING FACILITIES  
(FISCAL YEAR 2013)**

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>1000047</u></p> <p><b>Facility Name:</b> <u>Brookstone Estates-Effingham</u></p> <p><b>Address:</b> <u>1101 North Maple St</u> <u>Effingham</u> <u>62401</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Effingham</u></p> <p><b>Telephone Number:</b> <u>217-347-5871</u> <b>Fax #</b> <u>217-347-5870</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>9/1/2009</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input 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><b>IRS Exemption Code</b> _____</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><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Bryan Starnes</u> <b>Telephone Number:</b> <u>828-261-7322</u>  <b>Email Address:</b> _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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	<b>IRS Exemption Code</b> _____	<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><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>01/01/2013</u> to <u>12/31/2013</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%;"><b>Officer or Administrator of Provider</b></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><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( ) _____</td> <td>Fax # ( ) _____</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) _____	(Date) _____		(Type or Print Name) _____			(Title) _____		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( ) _____	Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) ( ) _____	Fax # ( ) _____																																												

Facility Name Brookstone Estates-Effingham

Report Period Beginning: 01/01/2013 Ending: 12/31/2013

**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	45	Single Unit Apartment	46	16,608	1
2		Double Unit Apartment			2
3		Other			3
4	45	TOTALS	46	16,608	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	7,300	9,308		16,608	5
6	Double Unit					6
7	Other					7
8	TOTALS	7,300	9,308	7,300	9,308 16,608	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.91%

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

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**H. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 2013 2013

\* 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? NO If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_  
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: Brookstone Estates-Effingham

Report Period Beginning:

01/01/2013

Ending: 12/31/2013

## 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	83,704	88,243	14,606	186,553		186,553	1
2	Housekeeping, Laundry and Maintenance	31,916	11,480	10,190	53,587		53,587	2
3	Heat and Other Utilities			39,823	39,823		39,823	3
4	Other (specify):repiar & maintenance			17,534	17,534		17,534	4
5	<b>TOTAL General Services</b>	115,620	99,723	82,153	297,496		297,496	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	183,289		11,873	195,162		195,162	6
7	Activities and Social Services	600	506	10,750	11,856		11,856	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	183,889	506	22,623	207,018		207,018	9
<b>C. General Administration</b>								
10	Administrative and Clerical	57,836	4,485	38,501	100,822		100,822	10
11	Marketing Materials, Promotions and Advertising			13,912	13,912		13,912	11
12	Employee Benefits and Payroll Taxes			64,540	64,540		64,540	12
13	Insurance-Property, Liability and Malpractice			40,029	40,029		40,029	13
14	Other (specify):			70,399	70,399		70,399	14
15	<b>TOTAL General Administration</b>	57,836	4,485	227,382	289,703		289,703	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	357,345	104,715	332,158	794,218		794,218	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation						2,224	17
18	Interest							18
19	Real Estate Taxes						57,888	19
20	Rent -- Facility and Grounds						642,850	20
21	Rent -- Equipment						3,072	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>						706,034	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	357,345	104,715	332,158	794,218		1,500,251	24

Facility Name: Brookstone Estates-Effingham

Report Period Beginning 01/01/2013

Ending:

12/31/2013

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	31.04	2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	12.63	4
5	Social Service Workers			5
6	Head Cook	1	12.63	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	1	10.82	9
10	Housekeepers	1	9.23	10
11	Laundry			11
12	Managers	1	16.83	12
13	Other Administrative	1	17.70	13
14	Clerical	3	9.73	14
15	Marketing	1	21.63	15
16	Other	3	9.17	16
17	<b>Total (lines 1 thru 16)</b>	<b>14</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	Meridian Senior Living LLC	\$ 70,399 1
2		
<b>Total</b>		<b>\$ 70,399 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
_____		_____	
_____		_____	
_____		_____	

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: Brookstone Estates-Effingham

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$	\$		\$	\$	\$	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	\$ 7,486	\$ 132.41	\$ 132.41	-	5	\$ 1,217	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$ 7,486	\$ 132	\$ 132	\$		\$ 1,217	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	Furniture & Other Improvement - 201	\$ 7,741	\$ 1,212	\$ 1,212	21
22					22
23					23
24	<b>TOTALS (lines 21, 22 and 23)</b>	\$ 7,741	\$ 1,212	\$ 1,212	24

Facility Name: Brookstone Estates-Effingham

Report Period Beginning: 01/01/2013

Ending: 2/31/2013

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: NRF Healthcare LLC

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		46	4/1/2011 / /	\$ 653,250.00	10		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 \$ N/A

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 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$			\$	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$	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: Brookstone Estates-Effingham

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (206,951)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	342,690		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,812		6
7	Other Prepaid Expenses	1,267		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>	\$ 143,818	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	7,741		15
16	Equipment, at Historical Cost	7,486		16
17	Accumulated Depreciation (book methods)	(2,429)		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):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 12,799	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 156,617	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 94,264	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	54,910		29
30	Accrued Salaries Payable	19,207		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation	54,105		33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 222,487	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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>	\$	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 222,487	\$	45
46	<b>TOTAL EQUITY</b>	\$ (65,871)	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 156,617	\$	47

\*(See instructions.)

Facility Name: Brookstone Estates-Effingham

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## 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	\$ 1,412,510	1
2	Discounts and Allowances	(2,586)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 1,409,924</b>	<b>3</b>
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services	11,769	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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 11,769</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	605	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 605</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 1,422,298</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	297,496	19
20	Health Care/ Personal Care	207,018	20
21	General Administration	350,662	21
<b>B. Capital Expense</b>			
22	Ownership	645,074	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>\$ 1,500,250</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (77,952)</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>\$ (77,952)</b>	<b>31</b>



## STATE OF ILLINOIS

Facility Name: Brookstone Midwest Care Effingham Estates

ID#:

Report Period Beginning:

1/1/2012

Ending:

12/31/2012

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassification	Adjusted	
		Salary/Wage	Supplies	Other	Total	d Adjustme	Total	
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	78,562	82,821	1,824	163,207		163,207	1
2	Housekeeping, Laundry and Maintenance	32,293	9,652	3,312	45,257		45,257	2
3	Heat and Other Utilities			58,509	58,509		58,509	3
4	Other (specify): Repairs / Maintenance	0	0	20,460	20,460		20,460	4
5	<b>TOTAL General Services</b>	<b>110,855</b>	<b>92,473</b>	<b>84,104</b>	<b>287,432</b>	<b>0</b>	<b>287,432</b>	<b>5</b>
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	133,714	807	438	134,959		134,959	6
7	Activities and Social Services	1,205	1,205	1,343	3,754		3,754	7
8	Other (specify):	0	0	0	0		0	8
9	<b>TOTAL Health Care and Programs</b>	<b>134,919</b>	<b>2,012</b>	<b>1,781</b>	<b>138,713</b>	<b>0</b>	<b>138,713</b>	<b>9</b>
	<b>C. General Administration</b>							
10	Administrative and Clerical	54,162	4,075	38,511	96,748		96,748	10
11	Marketing Materials, Promotions and Advertising	0	0	16,467	16,467		16,467	11
12	Employee Benefits and Payroll Taxes	0	0	81,637	81,637		81,637	12
13	Insurance-Property, Liability and Malpractice	0	0	28,588	28,588		28,588	13
14	Other (specify): Management Fees	0	0	62,499	62,499		62,499	14
15	<b>TOTAL General Administration</b>	<b>54,162</b>	<b>4,075</b>	<b>227,701</b>	<b>285,938</b>	<b>0</b>	<b>285,938</b>	<b>15</b>
16	(Sum of lines 5, 9 and 15)	299,937	98,560	313,586	712,083	0	712,083	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			(230)	(230)		(230)	17
18	Interest			0	0		0	18
19	Real Estate Taxes			57,306	57,306		57,306	19
20	Rent -- Facility and Grounds			649,267	649,267		649,267	20
21	Rent -- Equipment			7,490	7,490		7,490	21

22	Other (specify):			0	0		0	22
23	<b>TOTAL Ownership</b>	0	0	713,834	713,834	0	713,834	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	299,937	98,560	1,027,419	1,425,916	0	1,425,916	24