

U.S. Corporation Income Tax Return

Department of the Treasury
Internal Revenue Service

2019

Go to www.irs.gov/Form1120 for instructions and the latest information.

- A** Check if:
- 1a Consolidated return (attach Form 851)
 - b Life/nonlife consolidated return
 - 2 Personal holding co. (attach Sch. PH)
 - 3 Personal service corp. (see instructions)
 - 4 Schedule M-3 attached

TYPE OR PRINT	Name SL SENIOR VENTURES, LLC
	Number, street, and room or suite no. If a P.O. box, see instructions. 1525 POST STREET
	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94109

B Employer identification number 26-1847720
C Date incorporated 01/14/2008
D Total assets (see instructions) \$ 137,853.

E Check if: (1) Initial return (2) Final return (3) Name change (4) Address change

Income	1a Gross receipts or sales	1a	216,000.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a	1c	216,000.
	2 Cost of goods sold (attach Form 1125-A)	2	
	3 Gross profit. Subtract line 2 from line 1c	3	216,000.
	4 Dividends and inclusions (Schedule C, line 23)	4	
	5 Interest	5	
	6 Gross rents	6	
	7 Gross royalties	7	
	8 Capital gain net income (attach Schedule D (Form 1120))	8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
10 Other income (attach statement)	10		
11 Total income. Add lines 3 through 10	11	216,000.	

Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (attach Form 1125-E)	12	
	13 Salaries and wages (less employment credits)	13	
	14 Repairs and maintenance	14	
	15 Bad debts	15	
	16 Rents	16	
	17 Taxes and licenses	17	947.
	18 Interest (see instructions)	18	
	19 Charitable contributions	19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21 Depletion	21	
	22 Advertising	22	
	23 Pension, profit-sharing, etc., plans	23	
	24 Employee benefit programs	24	
	25 Reserved for future use	25	
	26 Other deductions (attach statement)	26	558,250.
	27 Total deductions. Add lines 12 through 26	27	559,197.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28	-343,197.
	29a Net operating loss deduction (see instructions)	29a	0.
b Special deductions (Schedule C, line 24)	29b		
c Add lines 29a and 29b	29c		

Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30	-343,197.
	31 Total tax (Schedule J, Part I, line 11)	31	0.
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32	
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34	
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35	0.
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36	
37 Enter amount from line 36 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> Refunded <input type="checkbox"/>	37		

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ **CFO** Title

May the IRS discuss this return with the preparer shown below? Yes No

Paid	Print/Type preparer's name LESLIE VAN	Preparer's signature LESLIE VAN	Date 10/07/20	Check if self-employed <input type="checkbox"/>	PTIN P01294411
Preparer Use Only	Firm's name MOSS ADAMS LLP	Firm's EIN 91-0189318	Firm's address 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105	Phone no. 415-956-1500	

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)	(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3 Dividends on certain debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Subtotal. Add lines 1 through 8		see instructions	
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14 Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15 Section 965(a) inclusion		see instructions	
16a Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
16b Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
16c Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17 Global intangible Low-Taxed income (GILTI) (attach Form(s) 5471 and Form 8992)			
18 Gross-up for foreign taxes deemed paid			
19 IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20 Other dividends			
21 Deduction for dividends paid on certain preferred stock of public utilities			
22 Section 250 deduction (attach Form 8993)			
23 Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24 Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)

Part I - Tax Computation

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))		
2	Income tax. See instructions	2	0.
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	0.
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0.
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method-completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method-income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions - attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0.

Part II - Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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Part III - Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13	
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	

Schedule K Other Information (see instructions)

1 Check accounting method: a Cash b Accrual c Other (specify) ▶ _____

2 See the instructions and enter the:

a Business activity code no. ▶ 531390

b Business activity ▶ ACQUIRE/OPERATE PROP

c Product or service ▶ PROPERTY DEVELOPMENT

3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter name and EIN of the parent corporation ▶ SEQUOIA LIVING, INC.
94-1437728

4 At the end of the tax year:

a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G) Yes No

b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G) Yes No

5 At the end of the tax year, did the corporation:

a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851, Affiliations Schedule? For rules of constructive ownership, see instructions Yes No
 If "Yes," complete (i) through (iv) below.

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions Yes No
 If "Yes," complete (i) through (iv) below.

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 Yes No
 If "Yes," file Form 5452, Corporate Report of Nondividend Distributions. See the instructions for Form 5452.
 If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.

7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? Yes No
 For rules of attribution, see section 318. If "Yes," enter:
 (a) Percentage owned ▶ _____ and (b) Owner's country ▶ _____
 (c) The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____

8 Check this box if the corporation issued publicly offered debt instruments with original issue discount
 If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.

9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____

10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ 1

11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here
 If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.

12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ 5,580,413.

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000? If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ <u>0.</u>	<input checked="" type="checkbox"/>	
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions If "Yes," complete and attach Schedule UTP.		<input checked="" type="checkbox"/>
15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	<input checked="" type="checkbox"/>	
b If "Yes," did or will the corporation file required Form(s) 1099?	<input checked="" type="checkbox"/>	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		<input checked="" type="checkbox"/>
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		<input checked="" type="checkbox"/>
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		<input checked="" type="checkbox"/>
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		<input checked="" type="checkbox"/>
20 Is the corporation operating on a cooperative basis?		<input checked="" type="checkbox"/>
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions If "Yes," enter the total amount of the disallowed deductions ► \$ _____		<input checked="" type="checkbox"/>
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3)) If "Yes," complete and attach Form 8991.		<input checked="" type="checkbox"/>
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		<input checked="" type="checkbox"/>
24 Does the corporation satisfy one or more of the following? See instructions	<input checked="" type="checkbox"/>	
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," to any, complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		<input checked="" type="checkbox"/>
If "Yes," enter amount from Form 8996, line 14 ► \$ _____		

Form **1120** (2019)

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		309,687.		137,853.
2a Trade notes and accounts receivable				
b Less allowance for bad debts	()		()	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (att. stmt.)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (att. stmt.)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	()		()	
11a Depletable assets				
b Less accumulated depletion	()		()	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	()		()	
14 Other assets (att. stmt.)				
15 Total assets		309,687.		137,853.
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (att. stmt.) STMT 5		5,909,604.		6,080,967.
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (att. stmt.)				
22 Capital stock: a Preferred stock				
b Common stock				
23 Additional paid-in capital				
24 Retained earnings - Appropriated (attach statement)				
25 Retained earnings - Unappropriated		-5,599,917.		-5,943,114.
26 Adjustments to shareholders' equity (attach statement)				
27 Less cost of treasury stock	()		()	
28 Total liabilities and shareholders' equity		309,687.		137,853.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	-343,197.	7 Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2 Federal income tax per books			
3 Excess of capital losses over capital gains			
4 Income subject to tax not recorded on books this year (itemize): _____			
5 Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ Charitable contributions \$ _____ b Charitable contributions \$ _____ Travel and entertainment \$ _____		8 Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
6 Add lines 1 through 5	-343,197.	9 Add lines 7 and 8	
		10 Income (page 1, line 28) - line 6 less line 9	-343,197.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1 Balance at beginning of year	-5,599,917.	5 Distributions: a Cash	
2 Net income (loss) per books	-343,197.	b Stock	
3 Other increases (itemize): _____		c Property	
		6 Other decreases (itemize): _____	
		7 Add lines 5 and 6	
4 Add lines 1, 2, and 3	-5,943,114.	8 Balance at end of year (line 4 less line 7)	-5,943,114.

**SCHEDULE G
(Form 1120)**

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

**Information on Certain Persons Owning the
Corporation's Voting Stock**

OMB No. 1545-0123

▶ Attach to Form 1120.

Name SL SENIOR VENTURES, LLC	Employer identification number (EIN) 26-1847720
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Part I **Certain Entities Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4a). Complete columns (i) through (v) below for any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Percentage Owned in Voting Stock
SEQUOIA LIVING, INC.	94-1437728	TAX-EXEMPT	UNITED STATES	100.00%

Part II **Certain Individuals and Estates Owning the Corporation's Voting Stock.** (Form 1120, Schedule K, Question 4b). Complete columns (i) through (iv) below for any individual or estate that owns directly 20% or more, or owns, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote (see instructions).

(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citizenship (see instructions)	(iv) Percentage Owned in Voting Stock

Limitation on Business Interest Expense Under Section 163(j)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8990 for instructions and the latest information.

Taxpayer name(s) shown on tax return SL SENIOR VENTURES, LLC	Identification number 26-1847720
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If Form 8990 relates to an information return for a foreign entity (for example, Form 5471), enter:

Name of foreign entity ▶ _____

Employer identification number, if any ▶ _____

Reference ID number ▶ _____

Part I Computation of Allowable Business Interest Expense

Part I is completed by all taxpayers subject to section 163(j). Schedule A and Schedule B need to be completed before Part I when the taxpayer is a partner or shareholder of a pass-through entity subject to section 163(j).

Section I - Business Interest Expense

1 Current year business interest expense (not including floor plan financing interest expense), before the section 163(j) limitation	1			
2 Disallowed business interest expense carryforwards from prior years. (Does not apply to a partnership)	2			
3 Partner's excess business interest expense treated as paid or accrued in current year (Schedule A, line 44, column (h))	3			
4 Floor plan financing interest expense. See instructions	4			
5 Total business interest expense. Add lines 1 through 4			▶	5

Section II - Adjusted Taxable Income

Taxable Income

6 Taxable income. See instructions	6	-343,197.
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Additions (adjustments to be made if amounts are taken into account on line 6)

7 Any item of loss or deduction that is not properly allocable to a trade or business of the taxpayer. See instructions	7		ALL ADJUSTMENTS ARE INCLUDED IN LINE 6 SEE FORM 8990 ADJUSTED TAXABLE INCOME WORKPAPER		
8 Any business interest expense not from a pass-through entity. See instructions	8				
9 Amount of any net operating loss deduction under section 172	9				
10 Amount of any qualified business income deduction allowed under section 199A	10				
11 Deduction allowable for depreciation, amortization, or depletion attributable to a trade or business. See instructions	11				
12 Amount of any loss or deduction items from a pass-through entity. See instructions	12				
13 Other additions. See instructions	13				
14 Total current year partner's excess taxable income (Schedule A, line 44, column (f))	14				
15 Total current year S corporation shareholder's excess taxable income (Schedule B, line 46, column (c))	15				
16 Total. Add lines 7 through 15				▶	16

Reductions (adjustments to be made if amounts are taken into account on line 6)

17 Any item of income or gain that is not properly allocable to a trade or business of the taxpayer. See instructions	17			
18 Any business interest income not from a pass-through entity. See instructions	18			
19 Amount of any income or gain items from a pass-through entity. See instructions	19			
20 Other reductions. See instructions	20			
21 Total. Combine lines 17 through 20				▶
22 Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter -0-.)			▶	22

LHA For Paperwork Reduction Act Notice, see the instructions.

Section III - Business Interest Income

23	Current year business interest income. See instructions	23		
24	Excess business interest income from pass-through entities (total of Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24		
25	Total. Add lines 23 and 24			25

Section IV - Section 163(j) Limitation Calculations

Limitation on Business Interest Expense

26	Multiply adjusted taxable income (line 22) by the applicable percentage. See instructions	26		
27	Business interest income (line 25)	27		
28	Floor plan financing interest expense (line 4)	28		
29	Total. Add lines 26, 27, and 28			29

Allowable Business Interest Expense

30	Total current year business interest expense deduction. See instructions	30		
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Carryforward

31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero or less, enter -0-.)	31		
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Part II Partnership Pass-Through Items

Part II is only completed by a partnership that is subject to section 163(j). The partnership items below are allocated to the partners and are not carried forward by the partnership. See the instructions for more information.

Excess Business Interest Expense

32	Excess business interest expense. Enter amount from line 31	32		
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Excess Taxable Income (If you entered an amount on line 32, skip lines 33 through 37.)

33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	33		
34	Subtract line 33 from line 26. (If zero or less, enter -0-.)	34		
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	35		
36	Excess taxable income. Multiply line 35 by line 22	36		

Excess Business Interest Income

37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	37		
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Part III S Corporation Pass-Through Items

Part III is only completed by S corporations that are subject to section 163(j). The S corporation items below are allocated to the shareholders. See the instructions for more information.

Excess Taxable Income

38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0-.)	38		
39	Subtract line 38 from line 26. (If zero or less, enter -0-.)	39		
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter -0-.)	40		
41	Excess taxable income. Multiply line 40 by line 22	41		

Excess Business Interest Income

42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from line 25. (If zero or less, enter -0-.)	42		
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Form 8990 Adjusted Taxable Income

Total income without interest income and net capital gains/loss	216,000.
Less: Pass-through income without capital gain/losses	()
Add: Pass-through section 1231 loss treated as ordinary loss	_____
- Non-pass-through net capital gains/losses (limited to 0 if net capital loss is present)	_____
- COGS depreciation and amortization	_____
- Other adjustments	_____
 Total income without pass-throughs	 216,000.
Deductions:	
Compensation of officers	_____
Salaries and wages	_____
Repairs	_____
Bad debts	_____
Rents	_____
Taxes	947.
Charitable contributions without pass-throughs	_____
Advertising	_____
Pension, profit-sharing, etc., plans	_____
Employee benefit programs	_____
Section 199A(g) deduction - 1120-C only	_____
Other deductions without Section 199A(g)	558,250.
Less: Pass-through other deductions	()
- Total amortization (without COGS)	()
 Total deductions	 559,197.
 Taxable income before special deductions	 -343,197.
Special deductions without section 250 deduction	_____
Tentative section 250 deduction for Section 163(j) purposes	_____
Adjusted taxable income	-343,197.

FOOTNOTES

STATEMENT 1

STATEMENT PURSUANT TO SECTION 1.382-11(A) BY
 SL SENIOR VENTURES, LLC
 A LOSS CORPORATION
 EIN: 26-1847720
 TAX YEAR ENDED: 12/31/2019

SL SENIOR VENTURES, LLC HAS TAX ATTRIBUTES THAT MAY BE SUBJECT TO IRC SECTIONS 382 AND 383 LIMITATIONS. NONE OF THESE ATTRIBUTES ARE BEING USED TO OFFSET CURRENT YEAR INCOME OR TAX. BEFORE THE COMPANY FILES A RETURN ON WHICH A TAX ATTRIBUTE MAY BE SUBJECT TO LIMITATION UNDER IRC SECTION 382 OR 383, AN APPROPRIATE ANALYSIS WILL BE PERFORMED TO DETERMINE THAT THE AMOUNT OF ATTRIBUTE CLAIMED ON SUCH RETURN PROPERLY TAKES INTO ACCOUNT THE IRC SECTIONS 382 AND 383 LIMITATIONS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH REG. 1.382-11(A):

1. TESTING DATES OCCURRING DURING THE ABOVE TAX YEAR OF ANY OWNER SHIFTS, EQUITY STRUCTURE SHIFTS, OR TRANSFERS OF ANY OPTION ON STOCK OF THE LOSS CORPORATION DESCRIBED IN TEMP. REG. 1.382-2T(A)(2)(I).

VARIOUS TESTING DATES OCCURED DURING THE YEAR.

2. TESTING DATES, IF ANY, ON WHICH AN OWNERSHIP CHANGE OCCURED:

NO ANALYSIS HAS BEEN PERFORMED TO DETERMINE IF AN OWNERSHIP CHANGE HAS OCCURRED DURING THE TAX YEAR.

3. AMOUNT OF ATTRIBUTED AS DESCRIBED IN REG.1.382-2(A)(1)(I) CAUSING CORPORATION TO BE A LOSS CORPORATION:

A. NET OPERATING LOSS CARRYFORWARD:	5,923,610.
B. CAPITAL LOSS CARRYOVER:	0.
C. EXCESS FOREIGN TAX CARRYOVER UNDER IRC SEC. 904 (C):	0.
D. GENERAL BUSINESS CREDIT CARRYFORWARD UNDER IRC SEC. 39:	0.
E. MINIMUM TAX CREDIT CARRYOVER UNDER IRC SEC. 53:	0.
F. NET UNREALIZED BULT-IN LOSS:	0.

4. ELECTION MADE UNDER REG. 1.382-6(B)(2) TO CLOSE THE BOOKS OF THE LOSS CORPORATION AND ALLOCATE INCOME AND LOSS TO PERIODS BEFORE AND AFTER THE CHANGE DATE.

N/A

FORM 1120	TAXES AND LICENSES	STATEMENT 2
DESCRIPTION		AMOUNT
TAXES AND LICENSES		947.
TOTAL TO FORM 1120, LINE 17		947.

FORM 1120	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
CORPORATE SERVICES		555,000.
PROFESSIONAL FEES		3,250.
TOTAL TO FORM 1120, LINE 26		558,250.

NET OPERATING LOSS DEDUCTION		STATEMENT 4
------------------------------	--	-------------

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08	520,653.		520,653.	520,653.
12/31/09	377,101.		377,101.	377,101.
12/31/10	419,887.		419,887.	419,887.
12/31/11	505,853.		505,853.	505,853.
12/31/12	528,723.		528,723.	528,723.
12/31/13	845,419.		845,419.	845,419.
12/31/14	522,739.		522,739.	522,739.
12/31/15	631,885.		631,885.	631,885.
12/31/16	671,109.		671,109.	671,109.
12/31/17	277,936.		277,936.	277,936.
12/31/18	279,108.		279,108.	279,108.
NOL AVAILABLE THIS YEAR			5,580,413.	5,580,413.

SCHEDULE L

OTHER CURRENT LIABILITIES

STATEMENT 5

<u>DESCRIPTION</u>	<u>BEGINNING OF TAX YEAR</u>	<u>END OF TAX YEAR</u>
DUE TO AFFILIATE	5,909,604.	6,080,967.
TOTAL TO SCHEDULE L, LINE 18	5,909,604.	6,080,967.

2019 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 100

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

SL Senior Ventures, LLC
1525 Post Street
San Francisco, CA 94109

Prepared By:

Moss Adams LLP
101 Second Street Suite 900
San Francisco, CA 94105

To Be Signed and Dated By:

The appropriate corporate officer(s).

Amount of Tax:

Total tax	\$	800
Less: payments and credits	\$	1,600
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Overpayment	\$	800

Overpayment:

Credit to your estimated tax	\$	800
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable to:

Not applicable

Mail Tax Return and Check (if applicable) to:

This return has qualified for electronic filing. After you have reviewed your return for accuracy, please sign, date and return Form 8453-C to our office. We will then transmit your return to the FTB. Do not mail a copy of the return.

Return Must be Mailed On or Before:

Return Form 8453-C to us by November 16, 2020.

Special Instructions:

8015645 SLSE 26-1847720 000000000000 19
 TYB 01-01-2019 TYE 12-31-2019
 SL SENIOR VENTURES LLC

1525 POST STREET
 SAN FRANCISCO CA 94109

Schedule Q Questions (continued on Side 2)

A FINAL RETURN? • Dissolved Surrendered (withdrawn) Merged/Reorganized IRC Section 338 sale QSub election
 Enter date (mm/dd/yyyy) • _____

B 1. Is income included in a combined report of a unitary group? • Yes No

If "Yes," indicate: Wholly within CA (R&TC 25101.15)
 Within and outside of CA

2. Is there a change in the members listed in Schedule R-7 from the prior year? • Yes No

3. Enter the number of members (including parent or key corporation) listed in the Schedule R-7, Part I, Section A, subject to income or franchise tax • _____

4. Is form FTB 3544 attached to the return? • Yes No

C 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? • Yes No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under R&TC Section 62 (a)(2) and it was not reported on a previous year's tax return? • Yes No

(Yes requires filing of statement, penalties may apply - see instructions.)

State Adjustments	1 Net income (loss) before state adjustments. See instructions	• 1	- 343,197	00
	2 Amount deducted for foreign or domestic tax based on income or profits from Schedule A	• 2		00
	3 Amount deducted for tax under the provisions of the Corporation Tax Law from Schedule A	• 3		00
	4 Interest on government obligations	• 4		00
	5 Net California capital gain from Side 6, Schedule D, line 11	• 5		00
	6 Depreciation and amortization in excess of amount allowed under California law. Attach form FTB 3885	• 6		00
	7 Net income from corporations not included in federal consolidated return. See instructions	• 7		00
	8 Other additions. Attach schedule(s)	• 8		00
	9 Total. Add line 1 through line 8	• 9	- 343,197	00

State Adjustments (cont)	10	Intercompany dividend elimination. Attach Schedule H (100)	•	10		00		
	11	Dividends received deduction. Attach Schedule H (100)	•	11		00		
	12	Additional depreciation allowed under CA law. Attach form FTB 3885	•	12		00		
	13	Capital gain from federal Form 1120, line 8	•	13		00		
	14	Charitable Contributions	•	14		00		
	15	Other deductions. Attach schedule(s)	•	15		00		
	16	Total. Add line 10 through line 15	•	16			00	
	17	Net income (loss) after state adjustments. Subtract line 16 from Side 1, line 9	•	17		- 343,197	00	
CA Net Income	18	Net income (loss) for state purposes. Complete Sch. R if apportioning or allocating income. See instructions	•	18		- 343,197	00	
	19	Net operating loss (NOL) deduction. See instructions	•	19		00		
	20	EZ, LARZ, TTA, or LAMBRA NOL carryover deduction. See instrs.	•	20		00		
	21	Disaster loss deduction. See instructions	•	21		00		
	22	Net income for tax purposes. Combine line 19 through line 21. Then, subtract from line 18	•	22		- 343,197	00	
Taxes	23	Tax. <u>8.8400</u> % x line 22 (at least minimum franchise tax, if applicable). See instructions	•	23		800	00	
	24	Credit name _____ code • _____ amount ▶	•	24		00		
	25	Credit name _____ code • _____ amount ▶	•	25		00		
	26	To claim more than two credits, see instructions	•	26		00		
	27	Add line 24 through line 26	•	27			00	
	28	Balance. Subtract line 27 from line 23 (at least minimum franchise tax, if applicable)	•	28		800	00	
	29	Alternative minimum tax. Attach Schedule P (100). See instructions	•	29			00	
	30	Total tax. Add line 28 and line 29	•	30		800	00	
	Payments	31	Overpayment from prior year allowed as a credit	•	31		00	
		32	2019 Estimated tax payments. See instructions	•	32		00	
33		2019 Withholding (Form 592-B and/or 593). See instructions	•	33		00		
34		Amount paid with extension of time to file tax return	•	34		1,600	00	
35		Total payments. Add line 31 through line 34	•	35		1,600	00	
Refund or Amount Due	36	Use tax. This is not a total line. See instructions	•	36		00		
	37	Payments balance. If line 35 is more than line 36, subtract line 36 from line 35	•	37		1,600	00	
	38	Use tax balance. If line 36 is more than line 35, subtract line 35 from line 36	•	38			00	
	39	Franchise or income tax due. If line 30 is more than line 37, subtract line 37 from line 30	•	39			00	
	40	Overpayment. If line 37 is more than line 30, subtract line 30 from line 37	•	40		800	00	
	41	Amount of line 40 to be credited to 2020 estimated tax	•	41		800	00	
	42	Refund. Subtract line 41 from line 40 See instructions to have the refund directly deposited. <input type="checkbox"/> Checking <input type="checkbox"/> Savings	•	42		0	00	
	42a.	• Routing number	42b.	• Type	42c.	• Account number		
	43 a	Penalties and interest	•	43a			00	
	b	• <input type="checkbox"/> Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.						
44	Total amount due. Add line 38, line 39, line 41, and line 43a. Then, subtract line 40 from the result	•	44			00		

Schedule Q Questions (continued from Side 1)

- D If the corporation filed on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 in previous years, enter the date the water's-edge election ended (mm/dd/yyyy) • _____
- E Was the corporation's income included in a consolidated federal return? • Yes No
- F Principal business activity code. (Do not leave blank): • 531390
 Business activity ACQUIRE/OPERATE PROPERT
 Product or service PROPERTY DEVELOPMENT

Schedule Q Questions (continued on Side 3)

G Date incorporated (mm/dd/yyyy): 01/14/2008 Where: • State CA Country UNITED STATES

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) • 01/14/2008

I First return? • Yes No If "Yes" and this corporation is a successor to a previously existing business, check the appropriate box.

• (1) Sole proprietorship (2) Partnership (3) Joint venture (4) Corporation (5) Other
(Attach statement showing name, address, and FEIN/SSN/ITIN of previous business.)

J "Doing business as" name. See instructions: _____ • _____

K At any time during the taxable year, was more than 50% of the voting stock:

- 1. Of the corporation owned by any single interest? STATEMENT 2 • Yes No
 - 2. Of another corporation owned by this corporation? • Yes No
 - 3. Of this and one or more other corporations owned or controlled, directly or indirectly, by the same interests? STATEMENT 3 • Yes No
- If 1 or 3 is "Yes," enter the country of the ultimate parent • UNITED STATES
 If 1, 2, or 3 is "Yes," furnish a statement of ownership indicating pertinent names, addresses, and percentages of stock owned.
 If the owner(s) is an individual, provide the SSN/ITIN and see FTB 1131, for more information.

L Has the corporation included a reportable transaction or listed transaction within this return? (See instructions for definitions) • Yes No
If "Yes," complete and attach federal Form 8886 for each transaction.

M Is this corporation apportioning or allocating income to California using Schedule R? • Yes No

N How many affiliates in the combined report are claiming immunity from taxation in California under Public Law 86-272? • _____

O Corporation headquarters are: • (1) Within California (2) Outside of California, within the U.S. (3) Outside of the U.S.

P Location of principal accounting records 1525 POST STREET, SAN FRANCISCO, CA 94109

Q Accounting method: • (1) Cash (2) Accrual (3) Other

R Does this corporation or any of its subsidiaries have a Deferred Intercompany Stock Account (DISA)? • Yes No
If "Yes," enter the total balance of all DISAs • \$ _____

S Is this corporation or any of its subsidiaries a RIC? • Yes No

T Is this corporation treated as a REMIC for California purposes? • Yes No

U Is this corporation a REIT for California purposes? • Yes No

V Is this corporation an LLC or limited partnership electing to be taxed as a corporation for federal purposes? • Yes No
If "Yes," enter the effective date of the election (mm/dd/yyyy) 01/14/2008

W Is this corporation to be treated as a credit union? • Yes No

X Is the corporation under audit by the IRS or has it been audited by the IRS in a prior year? • Yes No

Y Have all required information returns (e.g. federal Forms 1099, 5471, 5472, 8300, 8865, etc.) been filed with the Franchise Tax Board? N/A Yes No

Z Does the taxpayer (or any corporation of the taxpayer's combined group, if applicable) own 80% or more of the stock of an insurance company? Yes No

AA Did the corporation file the federal Schedule UTP (Form 1120)? • Yes No

BB Does any member of the combined report own an SMLLC or generate/claim credits that are attributable to an SMLLC? • Yes No

CC 1. Did this corporation, or any corporation in a combined reporting group, receive any qualified health care service plan income that is excluded from gross income for state purposes (R&TC Section 24330)? • Yes No

2. Is this corporation's, or any corporation in a combined reporting group's, only source of income qualified health care service plan income that is excluded from gross income under R&TC Section 24330 for the taxable year? • Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Title CFO Date Telephone 415-202-7814

Officer's email address (optional)

Paid Preparer's Use Only Preparer's signature Date 10/07/20 Check if self-employed PTIN P01294411

Firm's name (or yours, if self-employed) and address MOSS ADAMS LLP 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105

Firm's FEIN 91-0189318 Telephone 415-956-1500

May the FTB discuss this return with the preparer shown above? See instructions • Yes No

Schedule A Taxes Deducted. Use additional sheet(s) if necessary.

(a) Nature of tax	(b) Taxing authority	(c) Total amount	(d) Nondeductible amount
TAXES AND LICENSES		947	00
Total. Enter total of column (c) on Schedule F, line 17, and total of column (d) on Side 1, line 2 or line 3. If the corporation uses California computation method to compute the net income, see instructions.		947	00

Schedule F Computation of Net Income. See instructions.

Income	1 a) Gross receipts or gross sales <u>216,000</u>					
	b) Less returns and allowance _____	c) Balance	• 1c	216,000	00	
	2 Cost of goods sold. Attach federal Form 1125-A (California Schedule V)		• 2		00	
	3 Gross profit. Subtract line 2 from line 1c		• 3	216,000	00	
	4 Total dividends. Attach federal Schedule C (California Schedule H (100))		• 4		00	
	5 a) Interest on obligations of the United States and U.S. instrumentalities		• 5a		00	
	b) Other interest. Attach schedule		• 5b		00	
	6 Gross rents		• 6		00	
	7 Gross royalties		• 7		00	
	8 Capital gain net income. Attach federal Schedule D (California Schedule D)		• 8		00	
	9 Ordinary gain (loss). Attach federal Form 4797 (California Schedule D-1)		• 9		00	
10 Other income (loss). Attach schedule		• 10		00		
11 Total income. Add line 3 through line 10		• 11	216,000	00		
Deductions	12 Compensation of officers. Attach federal Form 1125-E or equivalent schedule	• 12		00		
	13 Salaries and wages (not deducted elsewhere)	• 13		00		
	14 Repairs and maintenance	• 14		00		
	15 Bad debts	• 15		00		
	16 Rents	• 16		00		
	17 Taxes (California Schedule A). See instructions	• 17	947	00		
	18 Interest. Attach schedule	• 18		00		
	19 Charitable Contributions. Attach schedule	• 19		00		
	20 Depreciation. Attach fed Form 4562 & FTB 3885	• 20		00		
	21 Less depreciation claimed elsewhere on return	• 21a		00		
		• 21b		00		
	22 Depletion. Attach schedule	• 22		00		
	23 Advertising	• 23		00		
	24 Pension, profit-sharing plans, etc.	• 24		00		
	25 Employee benefit plans	• 25		00		
	26 a) Total travel and entertainment _____					
	b) Deductible amounts	• 26b		00		
	27 Other deductions. Attach schedule SEE STATEMENT 4	• 27	558,250	00		
	28 Specific deduction for organizations under R&TC Section 23701r or 23701t. See instr	• 28		00		
29 Total deductions. Add line 12 through line 28	• 29		559,197	00		
30 Net income before state adjustments. Subtract line 29 from line 11. Enter here and on Side 1, line 1	• 30		-343,197	00		

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1 LIFO recapture due to S corporation election, IRC Sec. 1363(d) deferral: \$ _____	• 1		00
2 Interest computed under the look-back method for completed long-term contracts (Attach form FTB 3834)	• 2		00
3 Interest on tax attributable to installment: a Sales of certain timeshares and residential lots	• 3a		00
	b Method for nondealer installment obligations	• 3b	00
4 IRC Section 197(f)(9)(B)(ii) election	• 4		00
5 Credit recapture name: _____	• 5		00
6 Combine line 1 through line 5, revise Side 2, line 39 or line 40, whichever applies, by this amount. Write "Schedule J" to the left of line 39 or line 40	• 6		00

Schedule V Cost of Goods Sold

1	Inventory at beginning of year	<input checked="" type="radio"/>	1	00
2	Purchases	<input checked="" type="radio"/>	2	00
3	Cost of labor	<input type="radio"/>	3	00
4	a Additional IRC Section 263A costs. Attach schedule	<input type="radio"/>	4a	00
	b Other costs. Attach schedule	<input type="radio"/>	4b	00
5	Total. Add line 1 through line 4b		5	00
6	Inventory at end of year	<input checked="" type="radio"/>	6	00
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and on Side 4, Schedule F, line 2		7	00

Method of inventory valuation
 Was there any change in determining quantities, costs of valuations between opening and closing inventory? If "Yes," attach an explanation. Yes No
 Enter California seller's permit number, if any
 Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970
 If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory under LIFO
 Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the corporation? Yes No

The corporation may not be required to complete Schedules L, M-1, and M-2. See Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash	<input checked="" type="radio"/>	309,687	<input type="radio"/>	137,853
2 a Trade notes and accounts receivable			<input type="radio"/>	
b Less allowance for bad debts	<input type="radio"/>	()	<input type="radio"/>	()
3 Inventories	<input type="radio"/>		<input type="radio"/>	
4 Federal and state government obligations	<input type="radio"/>		<input type="radio"/>	
5 Other current assets. Attach sch(s)	<input type="radio"/>		<input type="radio"/>	
6 Loans to stockholders/officers. Att sch	<input type="radio"/>		<input type="radio"/>	
7 Mortgage and real estate loans	<input type="radio"/>		<input type="radio"/>	
8 Other investments. Attach sch(s)	<input type="radio"/>		<input type="radio"/>	
9 a Buildings and other fixed depreciable assets			<input type="radio"/>	
b Less accumulated depreciation	<input type="radio"/>	()	<input type="radio"/>	()
10 a Depletable assets			<input type="radio"/>	
b Less accumulated depletion	<input type="radio"/>	()	<input type="radio"/>	()
11 Land (net of any amortization)	<input type="radio"/>		<input type="radio"/>	
12 a Intangible assets (amortizable only)	<input checked="" type="radio"/>		<input type="radio"/>	
b Less accumulated amortization	<input checked="" type="radio"/>	()	<input checked="" type="radio"/>	()
13 Other assets. Attach sch(s)	<input type="radio"/>		<input type="radio"/>	
14 Total assets	<input checked="" type="radio"/>	309,687	<input type="radio"/>	137,853
Liabilities and Stockholders' Equity				
15 Accounts payable	<input type="radio"/>		<input type="radio"/>	
16 Mortgages, notes, bonds payable in less than 1 year	<input type="radio"/>		<input type="radio"/>	
17 Other current liabilities. Att. sch(s) STMT 5	<input checked="" type="radio"/>	5,909,604	<input type="radio"/>	6,080,967
18 Loans from stockholders. Att. sch(s)	<input type="radio"/>		<input type="radio"/>	
19 Mortgages, notes, bonds payable in 1 year or more	<input type="radio"/>		<input type="radio"/>	
20 Other liabilities. Attach sch(s)	<input type="radio"/>		<input type="radio"/>	
21 Capital stock: a Preferred stock	<input checked="" type="radio"/>		<input type="radio"/>	
b Common stock	<input checked="" type="radio"/>		<input type="radio"/>	
22 Paid-in or capital surplus. Attach reconciliation	<input type="radio"/>		<input type="radio"/>	
23 Retained earnings - Appropriated. Att. sch.				
24 Retained earnings - Unappropriated		-5,599,917		-5,943,114
25 Adjustments to shareholders' equity. Att. sch.				
26 Less cost of treasury stock	<input type="radio"/>	()	<input type="radio"/>	()
27 Total liabilities and stockholders' equity		309,687		137,853

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) Per Return.

If the corporation completed federal Sch M-3 (Form 1120/1120F), see instructions.

1 Net income per books	-343,197	7 Income recorded on books this year not included in this return (itemize)	
2 Federal income tax		a Tax-exempt interest \$	
3 Excess of capital losses over capital gains		b Other \$	
4 Taxable income not recorded on books this year (itemize)		c Total. Add line 7a and line 7b	
5 Expenses recorded on books this year not deducted in this return (itemize)		8 Deductions in this return not charged against book income this year (itemize)	
a Depreciation \$		a Depreciation \$	
b State taxes \$		b State tax refunds \$	
c Travel and entertainment \$		c Other \$	
d Other \$		d Total. Add line 8a through line 8c	
e Total. Add line 5a through line 5d		9 Total. Add line 7c and line 8d	
6 Total. Add line 1 through line 5e	-343,197	10 Net income per return. Subtract line 9 from line 6	-343,197

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Side 5, Schedule L, line 24)

1 Balance at beginning of year	-5,599,917	5 Distributions: a Cash	
2 Net income per books	-343,197	b Stock	
3 Other increases (itemize)		c Property	
4 Total. Add line 1 through line 3	-5,943,114	6 Other decreases (itemize)	
		7 Total. Add line 5 and line 6	
		8 Balance at end of year. Subtract line 7 from line 4	-5,943,114

Schedule D California Capital Gains and Losses

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less. Use additional sheet(s) if necessary.

(a) Kind of property and description (Example, 100 shares of Z Co.)	(b) Date acquired (mm/dd/yyyy)	(c) Date sold (mm/dd/yyyy)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain (loss) (d) less (e)
1					00
2 Short-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
3 Unused capital loss carryover from 2018					00
4 Net short-term capital gain (loss). Combine line 1 through line 3					00

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year. Use additional sheet(s) if necessary.

5					00
6 Enter gain from Schedule D-1, line 9 and/or any capital gain distributions					00
7 Long-term capital gain from installment sales from form FTB 3805E, line 26 or line 37					00
8 Net long-term capital gain (loss). Combine line 5 through line 7					00
9 Enter excess of net short-term capital gain (line 4) over net long-term capital loss (line 8)					00
10 Net capital gain. Enter excess of net long-term capital gain (line 8) over net short-term capital loss (line 4)					00
11 Total lines 9 and 10. Enter here and on Form 100, Side 1, line 5. If losses exceed gains, carry forward losses to 2020					00

Attach to Form 100 or Form 109.

Corporation name SL SENIOR VENTURES LLC	California corporation number 8015645
---	---

Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation

1 Net income (loss) after state adjustments. Enter the amount from Form 100, line 17; Schedule R, line 1c; or Form 109, the lesser of line 1 or line 2 1 - 343,197 | **00**

2 **Adjustments.** See instructions.

a Depreciation of tangible property placed in service after 1986	<input type="radio"/> 2a	<u>00</u>	
b Amortization of certified pollution control facilities placed in service after 1986	<input type="radio"/> 2b	<u>00</u>	
c Amortization of mining exploration and development costs incurred after 1987	<input type="radio"/> 2c	<u>00</u>	
d Basis adjustments in determining gain or loss from sale or exchange of property	<input type="radio"/> 2d	<u>00</u>	
e Long-term contracts entered into after February 28, 1986	<input type="radio"/> 2e	<u>00</u>	
f Installment sales of certain property	<input type="radio"/> 2f	<u>00</u>	
g Tax shelter farm activities (personal service corporations only)	<input type="radio"/> 2g	<u>00</u>	
h Passive activities (closely held corporations and personal service corporations only)	<input type="radio"/> 2h	<u>00</u>	
i Certain loss limitations	<input type="radio"/> 2i	<u>00</u>	
j Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (541), line 12a	<input type="radio"/> 2j	<u>00</u>	
k Merchant marine capital construction funds	<input type="radio"/> 2k	<u>00</u>	
l Combine line 2a through line 2k	<input type="radio"/> 2l	<u>00</u>	

3 **Tax preference items.** See instructions.

a Depletion	<input type="radio"/> 3a	<u>00</u>	
b Intangible drilling costs	<input type="radio"/> 3b	<u>00</u>	
c Add line 3a and line 3b	<input type="radio"/> 3c	<u>00</u>	

4 **Pre-adjustment alternative minimum taxable income (AMTI):**

a Combine line 1, line 2l, and line 3c	<input type="radio"/> 4a	<u>- 343,197</u>	00
b Apportioned pre-adjustment AMTI. If inc is derived from sources both within and outside of CA, see instr. Otherwise, enter the amt from In 4a	<input type="radio"/> 4b	<u>- 343,197</u>	00

5 **Adjusted current earnings (ACE) adjustment:**

a Enter ACE. See instructions	<input type="radio"/> 5a	<u>- 343,197</u>	00
b Apportioned ACE. If income is derived from sources both within and outside of California, see instructions. Otherwise, enter the amount from line 5a	<input type="radio"/> 5b	<u>- 343,197</u>	00
c Subtract line 4b from line 5b (even if one or both of the figures are negative). If negative, use brackets	<input type="radio"/> 5c	<u>00</u>	
d Multiply line 5c by 75% (.75) and enter the result as a positive number	<input type="radio"/> 5d	<u>00</u>	00
e Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. Enter an amount on line 5e (even if line 5c is positive)	<input type="radio"/> 5e	<u>00</u>	00
f ACE adjustment:			
• If line 5c is a positive amount or zero, enter the amount from line 5d on line 5f as a positive amount.			
• If line 5c is a negative amount, enter the smaller of line 5d or line 5e on line 5f as a negative amount.	<input type="radio"/> 5f	<u>00</u>	00

6 Combine line 4b and line 5f. If zero or less, enter -0-

<input type="radio"/> 6	<u>0</u>	00
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7 **a** Reduction for disaster loss deduction, if any, from Form 100, line 21

<input type="radio"/> 7a	<u>00</u>	
--------------------------	-----------	--

b AMT net operating loss deduction. See instructions

<input type="radio"/> 7b	<u>00</u>	
--------------------------	-----------	--

c Combine line 7a and line 7b

<input type="radio"/> 7c	<u>0</u>	00
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8 AMTI. Subtract line 7c from line 6

<input type="radio"/> 8	<u>0</u>	00
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9 Enter \$40,000 exemption. See instructions

<input type="radio"/> 9	<u>40,000</u>	00
-------------------------	---------------	-----------

10 Enter \$150,000 limitation. See instructions

<input type="radio"/> 10	<u>150,000</u>	00
--------------------------	----------------	-----------

11 Subtract line 10 from line 8. If zero or less, enter -0-

<input type="radio"/> 11	<u>0</u>	00
--------------------------	----------	-----------

12 Multiply line 11 by 25% (.25)

<input type="radio"/> 12	<u>00</u>	00
--------------------------	-----------	-----------

13 Exemption. Subtract line 12 from line 9. If zero or less, enter -0-

<input type="radio"/> 13	<u>40,000</u>	00
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14 Subtract line 13 from line 8. If zero or less, enter -0-

<input type="radio"/> 14	<u>0</u>	00
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15 Multiply line 14 by 6.65% (.0665)

<input type="radio"/> 15	<u>00</u>	00
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16 Banks and financial corps. Multiply Form 100, line 22, by 2.00% (.0200). See instructions

<input type="radio"/> 16	<u>00</u>	00
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Part I Tentative Minimum Tax (TMT) and Alternative Minimum Tax (AMT) Computation *(continued)*

17 TMT. Add line 15 and line 16 from Side 1	<input checked="" type="radio"/>	17	0	00
18 Regular tax before credits. Enter the amount from Form 100, line 23 or Form 109, line 10. See instructions	<input checked="" type="radio"/>	18	0	00
19 AMT. Subtract line 18 from line 17. If zero or less, enter -0-. See instructions	<input checked="" type="radio"/>	19	0	00

Part II Credits that Reduce Tax

1 Regular tax from Form 100, line 23 or Form 109, line 10.	<input checked="" type="radio"/>	1	800	00
2 TMT (before credits) from Part I, line 17 (but not less than the minimum franchise tax, if applicable)	<input checked="" type="radio"/>	2	800	00

		(a) Credit amount	(b) Credit used this year	(c) Tax balance that may be offset by credits	(d) Credit carryover
Section A - Credits that reduce excess regular tax.					
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions. This is the excess regular tax which may be offset by credits	3			0	
A1 Credits that reduce excess regular tax and have no carryover provisions.					
4 Code: 162 Prison Inmate Labor Credit.	4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
A2 Credits that reduce excess regular tax and have carryover provisions. See instructions.					
5 Code: <input type="radio"/> Credit Name: _____	5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Code: <input type="radio"/> Credit Name: _____	6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Code: <input type="radio"/> Credit Name: _____	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Code: <input type="radio"/> Credit Name: _____	8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 Code: 188 Credit for prior year AMT from Part III, line 3	9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section B - Credits that may reduce regular tax below TMT.					
10 If Part II, line 3 is zero, enter the amount from line 1 minus the minimum franchise tax, if applicable. If line 3 is more than zero, enter the total of Part II, line 2, minus the minimum franchise tax, if applicable, plus line 9, column (c) or the last entry in column (c)	10			<input type="radio"/>	
B Credits that reduce net tax and have carryover provisions. See instructions.					
11 Code: <input type="radio"/> Credit Name: _____	11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Code: <input type="radio"/> Credit Name: _____	12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Code: <input type="radio"/> Credit Name: _____	13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Code: <input type="radio"/> Credit Name: _____	14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section C - Credits that may reduce AMT. See instructions.					
15 Enter the AMT from Part I, line 19	15			<input type="radio"/>	
16a Code: 180 Solar Energy Credit carryover from Section B, column (d)	16a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16b Code: 181 Commercial Solar Energy Credit carryover from Section B, column (d)	16b	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Code: 176 Enterprise Zone Hiring & Sales or Use Tax Credit carryover from Section B, column (d)	17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18 Adjusted AMT. Enter the balance from line 17, column (c) here and on Form 100, line 29 or Form 109, Side 1, line 13	18			<input type="radio"/>	

Part III Credit for Prior Year AMT

1 Enter the AMT from the 2018 Schedule P (100). See instructions	<input checked="" type="radio"/>	1		00
2 Carryover of unused credit for prior year AMT. See instructions	<input checked="" type="radio"/>	2		00
3 Total available credit. Add line 1 and line 2. Enter here and on Part II, line 9, column (a)	<input checked="" type="radio"/>	3		00

CA	Adjusted Current Earnings Adjustment Worksheet	2019
1	Pre-adjustment AMTI (enter the amount from Schedule P)	- 343,197
2	ACE depreciation adjustment:	
a	AMT depreciation	
b	ACE depreciation:	
	(i) Post-1989 property	
	(ii) Pre-1990 MACRS property	
	(iii) Pre-1990 ACRS property	
	(iv) Property described in sections 168(f)(1) through (4) ...	
	(v) Other property	
	(vi) Total ACE depreciation (add lns 2b(i) thru 2b(v))	
c	ACE depreciation adjustment (subtract line 2b(vi) from line 2a)	
3	Inclusion in ACE of items included in E&P:	
a	Tax-exempt interest income	
b	Death benefits from life insurance contracts	
c	All other distributions from life insurance contracts (Including surrenders)	
d	Inside buildup of undistributed income in life insurance contracts	
e	Other items to be included in E&P	
f	Total increase in ACE due to inclusion in ACE of items included in E&P (Add lines 3a thru 3e)	
4	Disallowance of items not deductible in computing E&P:	
a	Certain dividends received	
b	Dividends paid on certain preferred stock of public utilities deductible under Section 247	
c	Dividends paid to ESOP that are deductible under Section 404(k)	
d	Non-patronage dividends that are paid and deductible under Section 1382(c)	
e	Other disallowed items not deductible for E&P	
f	Total increase to ACE due to disallowance of items not deductible in computing E&P (Add lines 4a thru 4e)	
5	Certain other E&P adjustments:	
a	Intangible drilling costs	
b	Circulation expenditures	
c	Organizational expenditures	
d	LIFO inventory adjustments	
e	Installment sales	
f	Total other E&P adjustments (Combine lines 5a thru 5e)	
6	Loss on exchange of debt pools	
7	Acquisition expenses of life insurance companies for qualified foreign contracts	
8	Depletion	
9	Basis adjustments in determining gain or loss from sale or exchange of property	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f and 5f through 9	- 343,197

946361
04-01-19

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name

California corporation number

SL SENIOR VENTURES LLC

8015645

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation
 S Corporation Exempt Organization Limited liability company (electing to be taxed as a corporation)

FEIN
26-1847720

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	343,197	00
2	2019 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	343,197	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	343,197	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	343,197	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2			SEE STATEMENT 6				

Current Year NOLs

Year	Code	Type of NOL	Initial loss	Carryover from 2018	Amount used in 2019	Available balance	Carryover to 2020
3 2019		DIS					col. (d) minus col. (f) See instructions.
4 2019		GEN	343,197				343,197
2019							
2019							
2019							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

Attach to Form 100, Form 100W, Form 100S, or Form 109.

ALTERNATIVE MINIMUM TAX

Corporation name

California corporation number

SL SENIOR VENTURES LLC

8015645

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation
 S Corporation Exempt Organization Limited liability company (electing to be taxed as a corporation)

FEIN
26-1847720

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1	Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	343,197	00
2	2019 disaster loss included in line 1. Enter as a positive number	2		00
3	Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	343,197	00
4	a Enter the amount of the loss incurred by a new business included in line 3	4a		00
	b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
	c Add line 4a and line 4b	4c		00
5	General NOL. Subtract line 4c from line 3	5	343,197	00
6	Current year NOL. Add line 2, line 4c, and line 5. See instructions	6	343,197	00

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1	Net income - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	0
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2018	(f) Amount used in 2019	(g) Available balance	(h) Carryover to 2020 col. (e) minus col. (f)
2		SEE STATEMENT 7					

Current Year NOLs

Year	Code	Type of NOL	Initial loss	Carryover from 2018	Amount used in 2019	Available balance	Carryover to 2020
3 2019		DIS					col. (d) minus col. (f) See instructions.
4 2019		GEN	343,197				343,197
2019							
2019							
2019							

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III 2019 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	1		00
2	Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2		00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3		00

STATEMENT PURSUANT TO SECTION 1.382-11(A) BY
 SL SENIOR VENTURES, LLC
 A LOSS CORPORATION
 EIN: 26-1847720
 TAX YEAR ENDED: 12/31/2019

SL SENIOR VENTURES, LLC HAS TAX ATTRIBUTES THAT MAY BE SUBJECT TO IRC SECTIONS 382 AND 383 LIMITATIONS. NONE OF THESE ATTRIBUTES ARE BEING USED TO OFFSET CURRENT YEAR INCOME OR TAX. BEFORE THE COMPANY FILES A RETURN ON WHICH A TAX ATTRIBUTE MAY BE SUBJECT TO LIMITATION UNDER IRC SECTION 382 OR 383, AN APPROPRIATE ANALYSIS WILL BE PERFORMED TO DETERMINE THAT THE AMOUNT OF ATTRIBUTE CLAIMED ON SUCH RETURN PROPERLY TAKES INTO ACCOUNT THE IRC SECTIONS 382 AND 383 LIMITATIONS.

THE FOLLOWING INFORMATION IS SUBMITTED IN ACCORDANCE WITH REG. 1.382-11(A):

1. TESTING DATES OCCURRING DURING THE ABOVE TAX YEAR OF ANY OWNER SHIFTS, EQUITY STRUCTURE SHIFTS, OR TRANSFERS OF ANY OPTION ON STOCK OF THE LOSS CORPORATION DESCRIBED IN TEMP. REG. 1.382-2T(A)(2)(I).

VARIOUS TESTING DATES OCCURED DURING THE YEAR.

2. TESTING DATES, IF ANY, ON WHICH AN OWNERSHIP CHANGE OCCURED:

NO ANALYSIS HAS BEEN PERFORMED TO DETERMINE IF AN OWNERSHIP CHANGE HAS OCCURRED DURING THE TAX YEAR.

3. AMOUNT OF ATTRIBUTED AS DESCRIBED IN REG.1.382-2(A)(1)(I) CAUSING CORPORATION TO BE A LOSS CORPORATION:

A. NET OPERATING LOSS CARRYFORWARD:	5,919,610.
B. CAPITAL LOSS CARRYOVER:	0.
C. EXCESS FOREIGN TAX CARRYOVER UNDER IRC SEC. 904 (C):	0.
D. GENERAL BUSINESS CREDIT CARRYFORWARD UNDER IRC SEC. 39:	0.
E. MINIMUM TAX CREDIT CARRYOVER UNDER IRC SEC. 53:	0.
F. NET UNREALIZED BULT-IN LOSS:	0.

4. ELECTION MADE UNDER REG. 1.382-6(B)(2) TO CLOSE THE BOOKS OF THE LOSS CORPORATION AND ALLOCATE INCOME AND LOSS TO PERIODS BEFORE AND AFTER THE CHANGE DATE.

N/A

NAME SENIOR LIVING, INC.
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 94-1437728
PERCENT OWNED 100.0000%

NAME SENIOR SERVICES FOR NORTHERN CALIFORNIA
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 94-6615829
PERCENT OWNED 100.0000%

NAME ROSS VALLEY HOMES, INC.
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 94-1635654
PERCENT OWNED 100.0000%

NAME SL COMMUNITY SERVICES
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 42-2355370
PERCENT OWNED 100.0000%

NAME SAN FRANCISCO SENIOR CENTER
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 94-1212136
PERCENT OWNED 100.0000%

NAME VIAMONTE SENIOR LIVING 1 INC.
ADDRESS 1525 POST STREET
CITY SAN FRANCISCO
STATE CA ZIP CODE 94109
COUNTRY US
ID OR SSN 81-2951897
PERCENT OWNED 100.0000%

FORM 100/100W, SCHEDULE F

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	AMOUNT
CORPORATE SERVICES	555,000.
PROFESSIONAL FEES	3,250.
TOTAL TO FORM 100/100W, SCHEDULE F	558,250.

FORM 100/100W, SCHEDULE L OTHER CURRENT LIABILITIES

STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
DUE TO AFFILIATE	5,909,604.	6,080,967.
TOTAL TO FORM 100/100W, SCHEDULE L	5,909,604.	6,080,967.

FORM 3805Q

PRIOR YEAR NOLS

STATEMENT 6

(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2008		GEN			
	519,853.	519,853.	0.	0.	519,853.
2009		GEN			
	376,301.	376,301.	0.	0.	376,301.
2010		GEN			
	419,887.	419,887.	0.	0.	419,887.
2011		GEN			
	505,853.	505,853.	0.	0.	505,853.
2012		GEN			
	527,123.	527,123.	0.	0.	527,123.
2013		GEN			
	844,619.	844,619.	0.	0.	844,619.
2014		GEN			
	522,739.	522,739.	0.	0.	522,739.
2015		GEN			
	631,885.	631,885.	0.	0.	631,885.
2016		GEN			
	671,109.	671,109.	0.	0.	671,109.
2017		GEN			
	277,936.	277,936.	0.	0.	277,936.
2018		GEN			
	279,108.	279,108.	0.	0.	279,108.
TOTALS		5,576,413.	0.		5,576,413.

FORM 3805Q

PRIOR YEAR AMT NOL

STATEMENT 7

(A) YEAR	(B) CODE (D) LOSS	(C) TYPE OF NOL (E) C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G) AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR
2010		GEN			
	419,887.	419,887.	0.	0.	419,887.
2011		GEN			
	505,853.	505,853.	0.	0.	505,853.
2012		GEN			
	527,123.	527,123.	0.	0.	527,123.
2013		GEN			
	845,996.	845,996.	0.	0.	845,996.
2014		GEN			
	522,739.	522,739.	0.	0.	522,739.
2015		GEN			
	631,885.	631,885.	0.	0.	631,885.
2016		GEN			
	671,109.	671,109.	0.	0.	671,109.
2017		GEN			
	277,936.	277,936.	0.	0.	277,936.
2018		GEN			
	279,108.	279,108.	0.	0.	279,108.
TOTAL		4,681,636.	0.		4,681,636.