

**NASSAU COUNTY
INDUSTRIAL DEVELOPMENT
AGENCY**

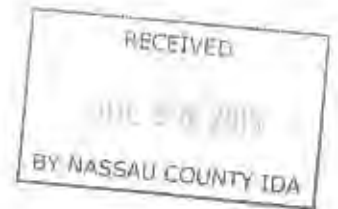
APPLICATION FOR FINANCIAL ASSISTANCE

(Straight Lease)

APPLICATION OF:

HSRE-EB LAKE SUCCESS, LLC

APPLICANT NAME



Please respond to all questions in this Application for Financial Assistance (the "Application") by, as appropriate:

- filling in blanks;
- checking the applicable term(s);
- attaching additional text (with notation in Application such as "see Schedule H, Item # 1", etc.); or
- writing "N.A.", signifying "not applicable".

All attachments responsive to questions found in this Application should be clearly labeled and attached as Schedule H to the Application. If an estimate is given, enter "EST" after the figure. One signed original and 9 copies of the Application (including all attachments) must be submitted.

The following amounts are payable to the Nassau County Industrial Development Agency (the "Agency") at the time this Application is submitted to the Agency: (i) a \$1,000 non-refundable application fee (the "Application Fee"); (ii) a \$3,500 expense deposit for the Agency's Transaction Counsel fees and expenses (the "Counsel Fee Deposit"), (iii) a \$2,500 expense deposit for the cost/benefit analysis with respect to the project contemplated by this Application (the "Cost/Benefit Deposit"), and (iv) a \$500 expense deposit for the real property tax valuation analysis, if applicable, with respect to the project contemplated by this Application (the "Valuation Deposit"). The Application Fee will not be credited against any other fees or expenses which are or become payable to the Agency in connection with this Application or the project contemplated herein (the "Project"). In the event that the subject transaction does not close for any reason, the Agency may use all or any part of the Counsel Fee Deposit, the Cost/Benefit Deposit and/or the Valuation Deposit to defray the cost of Transaction Counsel fees and expenses, the cost of obtaining a cost/benefit analysis and/or the cost of obtaining a real property tax valuation with respect to the Project. In the event that the subject transaction does close, the Counsel Fee Deposit, the Cost/Benefit Deposit and the Valuation Deposit shall be credited against the applicable expenses incurred by the Agency with respect to the Project.

Every signature page comprising part of this Application must be signed by the Applicant or this Application will not be considered complete or accepted for consideration by the Agency.

The Agency's acceptance of this Application for consideration does not constitute a commitment on the part of the Agency to undertake the proposed Project, to grant any Financial Assistance with respect to the proposed Project or to enter into any negotiations with respect to the proposed Project.

Information provided herein may be subject to disclosure under the New York Freedom of Information Law (New York Public Officers Law § 84 et seq.) ("FOIL"). If the Applicant believes that a portion of the material submitted with this Application is protected from disclosure under FOIL, the Applicant should mark the applicable section(s) or page(s) as "confidential" and state the applicable exception to disclosure under FOIL.

July 8, 2015
DATE

PART I. APPLICANT

- A. APPLICANT FOR FINANCIAL ASSISTANCE (If more than one applicant, copy application and complete for each applicant):

Name: **HSRE-EB LAKE SUCCESS, LLC**

Address: **67 Clinton Road, Garden City, NY 11530**

Primary Contact: **Jan Burman and Steven Krieger**

Phone: **(516) 747-1200**

Fax: **(516) 747-4800**

E-Mail: **jan@engelburman.com; steven@engelburman.com**

NY State Dept. of

Labor Reg #: _____ Federal Employer ID # _____

NAICS Code #: _____

- B. BUSINESS TYPE (Check applicable status. Complete blanks as necessary):

Sole Proprietorship General Partnership Limited Partnership

Limited Liability Company Privately Held Corporation _____

Publicly Held Corporation _____ Exchange listed on _____

Not-for-Profit Corporation _____

Income taxed as: Subchapter S Subchapter C

501(c)(3) Corporation _____ Partnership _____

State and Year of Incorporation/Organization: **DELAWARE**

Qualified to do Business in New York: Yes No N/A

- C. ANY ENTITY PROPOSED TO BE A USER OF THE PROJECT:

Name: **HSRE-EB III TRS, LLC; EB CARE AT LAKE SUCCESS LLC**

Relationship to Applicant: **AFFILIATES**

- D. APPLICANT COUNSEL (subject to Agency approval):

Firm name: **FARRELL FRITZ, P.C.**

Address: **1320 RXR PLAZA, UNIONDALE, NY 11556-1320**

Primary

Contact: **PETER L. CURRY, ESQ.**

Phone: **516-227-0772**

Fax: **516-336-2208**

E-Mail: **pcurry@farrellfritz.com**

- I. Principal stockholders, members or partners, if any (i.e., owners of 10% or more of equity/voting rights in Applicant):

Name	Percentage owned
HSRE-EB III, LLC	100%

- J. If any of the persons described in the response to the preceding Question, or a group of said persons, owns more than a 50% interest in the Applicant, list all other entities which are related to the Applicant by virtue of such persons having more than a 50% interest in such entities:

THE MEMBER OF THE APPLICANT IS A JOINT VENTURE BETWEEN ENTITIES OWNED BY THE MEMBERS OF ENGEL BURMAN SENIOR LIVING AND BY HARRISON STREET REAL ESTATE CAPITAL LLC. THE TWO VENTURERS OWN SEVERAL OTHER SENIOR ASSISTED LIVING FACILITIES TOGETHER. EACH OF THE VENTURERS IS INVOLVED IN NUMEROUS OTHER REAL ESTATE VENTURES.

- K. Is the Applicant related to any other entity by reason of more than 50% common ownership? If YES, indicate name of related entity and relationship:

YES

NO

PLEASE SEE ANSWER TO QUESTION F

- L. List parent corporation, sister corporations and subsidiaries, if any:

PLEASE SEE ANSWER TO QUESTION F

- M. Is the Applicant (including any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities involved in any litigation or aware of any threatened litigation that would have a material adverse effect on the Applicant's financial condition or the financial condition of said principal(s)? If YES, attach details.

YES

NO

- N. Has the Applicant (or any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, ever been involved, as debtor, in bankruptcy, creditors rights or receivership proceedings or sought protection from creditors? If YES, attach details.

YES

NO

- O. Has the Applicant (or any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities, ever been charged with or convicted of any felony or misdemeanor (other than minor

traffic offenses), or have any such related persons or principal(s) held positions or ownership interests in any firm or corporation charged or convicted of a felony or misdemeanor (other than minor traffic offenses)? If YES, attach details.

YES

NO

- L. Has the Applicant (or any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, been cited for (or is there pending proceeding or investigation with respect to) a violation of federal, state or local laws or regulations with respect to labor practices, hazardous wastes, environmental pollution, taxation, or other operating practices? If YES, attach details.

YES

NO

- M. Is the Applicant (or any parent company, subsidiary or related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, delinquent or have any of the foregoing persons or entities been delinquent on any New York State, federal or local tax obligations within the past five (5) years? If YES, attach details.

YES _____

NO

- N. Complete the following information for principals (including, in the case of corporations, officers and members of the board of directors and, in the case of limited liability company, members and managers) of the Applicant:

<u>Name</u>	<u>Title</u>	<u>Other Business Affiliations</u>
Jan Burman	Member	Numerous Real Estate Related Entities
Steven Krieger	Member	Numerous Real Estate Related Entities
Scott Burman	Member	Numerous Real Estate Related Entities
David Burman	Member	Numerous Real Estate Related Entities
Sydney Engel	Member	Numerous Real Estate Related Entities
Christopher Merrill	Member	Numerous Real Estate Related Entities
Stephen Gordon	Member	Numerous Real Estate Related Entities

Do any of the foregoing principals hold elected or appointive public positions? If YES, attach details.

YES _____

NO

Are any of the foregoing principals employed by any federal, state or local municipality or any agency, authority, department, board, or commission thereof or any other governmental or quasi-governmental organization?

YES _____

NO

O. Operation at existing location(s) (Complete separate Section O for each existing location) N/A

1. (a) Location: _____

(b) Number of Employees: Full-Time: _____ Part-Time: _____

(c) Annual Payroll, excluding benefits: _____

(d) Type of operation (e.g. manufacturing, wholesale, distribution) and products or services: _____

(e) Size of existing facility real property (i.e., acreage of land): _____

(f) Buildings (number and square footage of each): _____

(g) Applicant's interest in the facility:

FREE TITLE (i.e. own) LEASE OTHER (describe below): _____

(h) If Applicant leases, state annual rent and lease expiration date: _____

2. If any of the facilities described above are located within the State of New York, is it expected that any of the described facilities will be closed or be subject to reduced activity? If YES, complete the attached Anti-Raiding Questionnaire (Schedule D).

YES _____

NO _____

P. Has the Applicant considered moving to another state or another location within New York State? If YES, explain circumstances.

YES _____

NO

Q. Does any one supplier or customer account for over 50% of Applicant's annual purchases or sales, respectively? If YES, attach name and contact information for supplier and/or customer, as applicable.

YES _____

NO

R. Does the Applicant (including any related entity or person) or any principal(s) of the Applicant or its related entities, or any other business or concern with which such entities, persons or principal(s) have been connected, have any contractual or other relationship with the Agency or the County of Nassau? If YES, attach details.

YES

NO _____

AFFILIATES OF ENGEL BURMAN SENIOR HOUSING HAVT

**COMPLETED PRIOR TAX-EXEMPT BOND FINANCINGS WITH
THE AGENCY FOR ASSISTED LIVING FACILITY
DEVELOPMENT.**

- S. Attach a brief history of the Applicant and its business/operations.

By signing this Application, the Applicant authorizes the Agency to obtain credit reports and other financial background information and perform other due diligence on the Applicant and/or any other entity or individual related thereto, as the Agency may deem necessary to provide the requested financial assistance.

PART II. PROPOSED PROJECT

A. Description of proposed Project (check all that apply)

- New Construction
- Addition to Existing Facility
- Renovation of Existing Facility
- Acquisition of Facility
- New machinery and equipment
- Other (specify): _____

B. Briefly describe the proposed Project, the reasons why the Project is necessary to the Applicant and why the Agency's financial assistance is necessary, and the effect the Project will have on the Applicant's business or operations:

THE APPLICANT WILL CONSTRUCT A NEW APPROXIMATELY 90,000 SQUARE FOOT MEMORY CARE ASSISTED LIVING RESIDENTIAL FACILITY WITH APPROXIMATELY 88 APARTMENT UNITS FOR OCCUPANTS WHO ARE SUFFERING FROM THE ONSET OF DEMENTIA AND OTHER CONDITIONS RESULTING IN SEVERE MEMORY LOSS. THE PROJECT WILL PROVIDE AN ATTRACTIVE RESIDENCE FOR SENIORS IN THE TOWN OF NORTH HEMPSTEAD AND SURROUNDING AREAS OF NASSAU COUNTY WHO WISH TO REMAIN IN THE COMMUNITIES THEY HELPED BUILD AND NEAR THEIR FAMILIES, WHILE PROVIDING DIETARY, RECREATIONAL, CLEANING AND OTHER SERVICES TO ALLOW THE SENIORS TO BE PROPERLY CARED FOR IN AN APPROPRIATE SETTING.

C. If the Applicant is unable to obtain financial assistance for the Project, what will be the impact on the Applicant and Nassau County? Would the Applicant proceed with the Project without Agency financial assistance? Describe.

THE APPLICANT WILL BE UNABLE TO PROCEED WITHOUT THE ASSISTANCE OF THE AGENCY IN GRANTING ECONOMIC BENEFITS. IN SUCH EVENT, THE COUNTY WILL LOSE THE ADVANTAGE OF A DEDICATED DEMENTIA FACILITY SERVING ITS RESIDENTS, AND PERMITTING THEIR FAMILY MEMBERS TO REMAIN IN CLOSE CONTACT AND PROVIDE THE ATTENTION THAT THE RESIDENTS WILL REQUIRE. FURTHER, IT WILL LOSE THE CONSTRUCTION JOBS THE PROJECT WILL REQUIRE, AS WELL AS THE PERMANENT EMPLOYMENT THE APPLICANT WILL BRING TO THE PROJECT.

D. Location of Project (attach map showing the location)

Street Address: **69 NORTH SERVICE ROAD**

City/Village(s): **LAKE SUCCESS**

Town(s): **NORTH HEMPSTEAD**

School District(s): **GREAT NECK**

Section: **02** Block: **358** Lot: **27**
Census Tract Number: _____

If exact street address is not available, please provide a survey and the most precise description available.

E Describe the present use of the Project site: **VACANT LAND**

F (a) What are the current real estate taxes on the Project site? (If amount of current taxes is not available, provide assessed value for each)

Land: **50** Building(s): **50**

(b) Are tax certiorari proceedings currently pending with respect to the Project real property? If YES, attach details including copies of pleadings, decisions, etc.

YES

NO **X**

G Describe Project ownership structure (i.e., Applicant or other entity): **APPLICANT**

H To what purpose will the building or buildings to be acquired, constructed or renovated be used by the Applicant? (Include description of goods to be sold, products to be manufactured, assembled or processed and services to be rendered.)

PLEASE SEE RESPONSE IN PARAGRAPH "B" ABOVE.

I If any space in the Project is to be leased to or occupied by third parties, or is currently leased to or occupied by third parties who will remain as tenants, provide the names and contact information for each such tenant, indicate total square footage of the Project to be leased to each tenant, and describe proposed use by each tenant:

THE PROJECT WILL BE MASTER-LEASED TO HSRE-EB III TRS, LLC, ANOTHER WHOLLY-OWNED SUBSIDIARY OF HSRE-EB III, LLC

J Provide, to the extent available, the information requested, in Part I, Questions A, B, E and G, with respect to any party described in the preceding response.

THE INFORMATION IS THE SAME AS STATED IN THE EARLIER PARAGRAPHS.

K List principal items or categories of equipment to be acquired as part of the Project:

FURNITURE, FIXTURES AND EQUIPMENT APPURTENANT AND APPROPRIATE TO THE USE OF THE PROJECT AS A DEDICATED DEMENTIA RESIDENTIAL FACILITY

I. Will Project meet zoning/land use requirements at proposed location?

YES NO

1. Describe present zoning/land use: **SENIOR LIVING OVERLAY DISTRICT**

2. Describe required zoning/land use, if different: **N/A**

3. If a change in zoning/land use is required, please provide details/status of any request for change of zoning/land use requirements: **N/A**

M. Does the Applicant, or any related entity or person, currently hold a lease or license on the Project site? If YES, please provide details and a copy of the lease/license:

YES _____ NO

N. Does the Applicant, or any related entity or person, currently hold fee title to (i.e. own) the Project site?

YES _____ NO

If YES, indicate:

- (a) Date of purchase: _____
- (b) Purchase price: \$ _____
- (c) Balance of existing mortgage, if any: _____
- (d) Name of mortgage holder: _____
- (e) Special condition: _____

If NO, indicate name of present owner of Project site: **PRESBYTERY OF LONG ISLAND**

O. Does the Applicant or any related person or entity have an option or a contract to purchase the Project site and/or any buildings on the Project site?

YES NO

If YES, attach copy of contract or option and indicate:

- (a) Date signed: **11/25/10**
- (b) Purchase price: **\$3,000,000**
- (c) Closing date: **AUGUST, 2015**

Is there a relationship legally or by virtue of common control or ownership between the Applicant (and/or its principals) and the seller of the Project (and/or its principals)?

If YES, describe:

YES

NO

P. Will customers personally visit the Project site for either of the following economic activities? IF YES with respect to either economic activity indicated below, complete the attached Retail Questionnaire (Schedule F).

Retail Sales: YES NO Services: YES NO

Q. Describe the social and economic conditions in the community where the Project site is or will be located and the impact of the proposed Project on the community (including impact on infrastructure, transportation, fire and police and other government-provided services):

THE PROJECT WILL HAVE A MINIMAL IMPACT UPON THE LAKE SUCCESS COMMUNITY. A "NEGATIVE DECLARATION" UNDER SEQRA HAS BEEN ISSUED BY THE VILLAGE OF LAKE SUCCESS BOARD OF TRUSTEES CITING NO ADVERSE IMPACTS ON THE ENVIRONMENT.

R. Identify the following Project parties (if applicable):

Architect: **MOSLEY ARCHITECTS**
Engineer: **CAMERON ENGINEERING**
Contractors: **EB CONSTRUCTION GROUP LLC**

S. Will the Project be designed and constructed to comply with Green Building Standards? (if YES, describe the LEED green building rating that will be achieved).

YES

NO

T. Is the proposed Project site located on a Brownfield? (if YES, provide description of contamination and proposed remediation)

YES

NO

U. Will the proposed Project produce a unique service or product or provide a service that is not otherwise available in the community in which the proposed Project site is located?

YES

NO

THE PROJECT WILL PROVIDE CARE FOR RESIDENTS WITH DEMENTIA AND OTHER MEMORY LOSS CONDITIONS. FACILITIES SUCH AS THE PROJECT ARE SORELY LACKING IN THE NEW YORK METROPOLITAN AREA, AND THERE ARE NONE LOCATED WITHIN 20 MILES OF THE PROJECT LOCATION.

Cost for materials: **\$16,636,200.00**
% Sourced in County: **50%**
% Sourced in State: **90%** (incl. County)

Cost for labor: **\$11,090,800.00**
% Sourced in County: **50%**
% Sourced in State: **90%** (incl. County)

Cost for "other": \$ _____
% Sourced in County: _____ %
% Sourced in State: _____ % (incl. County)

PART IV. COST/BENEFIT ANALYSIS

If the Applicant presently operates in Nassau County, provide the current annual payroll, excluding benefits. Estimate payroll, excluding benefits, in First Year, Second Year and Third Year after completion of the Project.

	Present	First Year	Second Year	Third Year
Full-time:	\$0.00	\$1,312,500.00	\$1,322,475.00	\$1,341,875.00
Part-time:	\$0.00	\$ 187,500.00	\$377,850.00	\$386,250.00
Seasonal:	\$0.00	\$ 0.00	\$0.00	\$0.00
Total Annual	\$0.00	\$1,500,000.00	\$1,700,325.00	\$1,738,125.00

Payroll: _____

What are the average wages of employees (excluding benefits) presently employed by the Applicant in Nassau County? **\$0.00**

What is the average annual value of employee benefits paid per job, if any, for the employees presently employed by the Applicant in Nassau County? **\$0.00**

What are the estimated average wages of the jobs (excluding benefits) to be created by the Applicant upon completion of the Project? **\$37,500.00**

What is the estimated average annual value of employee benefits per job, if any, for jobs to be created upon completion of the Project? **\$11,250.00**

Estimate the percentage of jobs to be created by the Applicant upon completion of the Project that will be filled by County residents: **80%**

Please note that the Agency may utilize the foregoing employment projections and the projections set forth in Schedule C, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to retain the number of jobs, types of occupations and amount of payroll with respect to the Project set forth in this Application.

B (i) Will the Applicant transfer current employees from existing location(s)? If YES, describe, please describe the number of current employees to be transferred and the location from which such employees would be transferred:

YES _____

NO **X**

(ii) Describe the number of estimated full time equivalent construction jobs to be created as a result of undertaking the project, to the extent any:

150

C What, if any, is the anticipated increase in the dollar amount of production, sales or services rendered as a result of the Project?

\$8,000,000.00

What percentage of the foregoing amount is subject to New York sales and use tax?

0%

Describe any other municipal revenues that will result from the Project (excluding the above and any PILOT payments):

The applicant will pay permit and other fees exceeding \$200,000.00 to the Village of Lake Success.

- D. What is the estimated aggregate annual amount of goods and services to be purchased by the Applicant for each year after completion of the Project and what portion will be sourced from businesses located in the County and the State (including the County):

	<u>Amount</u>	<u>% Sourced in County</u>	<u>% Sourced in State</u>
Year 1	\$350,000	\$245,000	\$350,000
Year 2	\$500,000	\$350,000	\$500,000
Year 3	\$500,000	\$350,000	\$500,000

- E. Describe, if applicable, other benefits to the County anticipated as a result of the Project, including a projected annual estimate of additional sales tax revenue generated, directly and indirectly, as a result of undertaking the project:

The site for the Project is currently vacant land that is subject to a real estate tax exemption because the seller is a religious corporation. If real estate taxes were being paid on the land they would be \$112,910.00 for the 2015-2016 Town of North Hempstead School Tax, \$25,737.00 for the 2015 Town of North Hempstead General Tax and \$36,872.00 for the Lake Success Village Tax.

- F. Costs to the County and affected municipalities:

Estimated Value of Sales Tax Exemption:	\$1,434,872.00
Estimated Value of Mortgage Tax Exemption:	\$246,750.00
Estimated Property Tax Exemption:	TBD
Existing Property Tax paid on the Land and/or Building: (please provide current tax bills)	\$0.00
Estimated new Real Property Tax Revenue if the Project did <u>not</u> receive Real Property Tax exemption:	\$928,402.00
Estimated new Real Property Tax Revenue if the Project <u>does</u> receive Real Property Tax exemption:	\$176,000.00

- G. Describe any other one-time municipal revenues (not including fees payable to the Agency) that the Project will create:

The Project will create revenues to the Village of Lake Success in the form of permit fees and an incentive zoning fee in the aggregate amount of approximately \$500,000.

PART V. PROJECT CONSTRUCTION SCHEDULE

A. Has construction work on the Project begun? If YES, indicate the percentage of completion:

- | | | | |
|-------------------------------|-----------|-------------|-------------|
| 1. (a) Site clearance | YES _____ | NO X | 0% complete |
| (b) Environmental Remediation | YES _____ | NO X | 0% complete |
| (c) Foundation | YES _____ | NO X | 0% complete |
| (d) Footings | YES _____ | NO X | 0% complete |
| (e) Steel | YES _____ | NO X | 0% complete |
| (f) Masonry | YES _____ | NO X | 0% complete |
| (g) Interior | YES _____ | NO X | 0% complete |
| (h) Other (describe below) | YES _____ | NO X | 0% complete |

2. If NO to all of the above categories, what is the proposed date of commencement of construction, renovation or acquisition of the Project?

AUGUST, 2015

B. Provide an estimate of time schedule to complete the Project and when the first use of the Project is expected to occur (attach additional sheet if necessary)

MARCH, 2017

PART VI ENVIRONMENTAL IMPACT

- A. What is the expected environmental impact of the Project? (Complete the attached Environmental Assessment Form (Schedule (i)). **NONE**
- B. Is an environmental impact statement required by Article 8 of the N.Y. Environmental Conservation Law (i.e., the New York State Environmental Quality Review Act)?
- YES _____ NO **X**
- C. Please be advised that the Agency may require at the sole cost and expense of the Applicant the preparation and delivery to the Agency of an environmental report in form and scope satisfactory to the Agency, depending on the responses set forth in the Environmental Assessment Form. If an environmental report has been or is being prepared in connection with the Project, please provide a copy.
- D. The Applicant authorizes the Agency to make inquiry of the United States Environmental Protection Agency, the New York State Department of Environmental Conservation or any other appropriate federal, state or local governmental agency or authority as to whether the Project site or any property adjacent to or within the immediate vicinity of the Project site is or has been identified as a site at which hazardous substances are being or have been used, stored, treated, generated, transported, processed, handled, produced, released or disposed of. The Applicant will be required to secure the written consent of the owner of the Project site to such inquiries (if the Applicant is not the owner), upon request of the Agency.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant **HSRE-EB LAKE SUCCESS, LLC**

Signature: *[Signature]*

Name Steven Krueger

Title Authorized Signatory

Date: 07-28-2015

Sworn to before me this
28th day of *July*, 2015

[Signature]
Notary Public
BRANDON L. SULLIVAN
Notary Public, State of New York
No. 01206228796
Qualified in Suffolk County
Commission Expires 10/18/20 *16*

**RULES AND REGULATIONS OF THE NASSAU COUNTY
INDUSTRIAL DEVELOPMENT AGENCY**

The Nassau County Industrial Development Agency (the "Agency"), in order to better secure the integrity of the projects it sponsors, declares that it is in the public interest (i) to ensure the continuity of such projects and the jobs created by such projects, (ii) to prevent the conversion of the use of the premises upon which a sponsored project is to be constructed or renovated and (iii) to limit and prevent unreasonable profiteering or exploitation of a project, and does hereby find, declare and determine as follows:

FIRST:

Upon the approval of a sponsored project, the Agency shall take title to, or acquire a leasehold or other interest in, all premises upon which an Agency sponsored project is to be constructed or renovated, and shall lease, sublease, license, sell or otherwise transfer the premises to the Applicant for a term to be determined by the Agency.

At such time as, among other things, the Applicant fails to retain or create the jobs as represented in the Application or changes the use of the project or ownership of the project or the Applicant during the life of the project in a manner inconsistent with the Application, and such employment default or change of use or ownership does not meet with the prior written approval of the Agency, a recapture of benefits may be required to be paid by the Applicant to the Agency. The amount and sufficiency (with respect to a particular applicant) of the applicable recapture of benefits payment shall be determined by the Agency and shall be set forth in the straight lease documents.

SECOND:

At such time as a proposed Project is reviewed, the members of the Agency must disclose any blood, marital or business relationships they or members of their families have or have had with the Applicant (or its affiliates). The Applicant represents that no member, manager, principal, officer or director of the Applicant has any such relationship with any member of the Agency (or any member of the family of any member of the Agency).

THIRD:

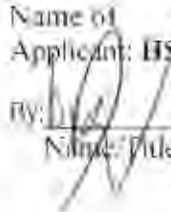
All applicants must disclose whether they have been appointed, elected or employed by New York State, any political division of New York State or any other governmental agency.

FOURTH:

All proposed lenders, title companies and their respective attorneys must be satisfactory to and approved in writing by the Agency.

Understood and Agreed to:

Name of
Applicant: **HSRE-EB LAKE SUCCESS, LLC**

By: 
Name/Title: **Steven Krieger
Authorized Signatory**

**CERTIFICATION AND AGREEMENT
WITH RESPECT TO FEES AND COSTS**

The undersigned deposes and says: that I am an authorized representative of the Applicant named in the attached application for financial assistance ("Application") and that I hold the office specified below my signature at the end of this Certification and Agreement, that I am authorized and empowered to deliver this Certification and Agreement and the Application for and on behalf of the Applicant, that I am familiar with the contents of said Application (including all schedules and attachments thereto), and that said contents are true, correct and complete to my knowledge. Capitalized terms used but not otherwise defined in this Certification and Agreement shall have the meanings assigned to such terms in the Application.

The grounds of my belief relative to all matters in the Application that are not based upon my own personal knowledge are based upon investigations I have made or have caused to be made concerning the subject matter of this Application, as well as upon information acquired in the course of my duties and from the books and records of the Applicant.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that the Applicant hereby releases the Nassau County Industrial Development Agency, its members, officers, servants, attorneys, agents and employees (collectively, the "Agency") from, agrees that the Agency shall not be liable for and agrees to indemnify, defend (with counsel selected by the Agency) and hold the Agency harmless from and against any and all liability, damages, causes of actions, losses, costs or expenses incurred by the Agency in connection with: (A) examination and processing of, and action pursuant to or upon, the Application, regardless of whether or not the Application or the financial assistance requested therein are favorably acted upon by the Agency, (B) the acquisition, construction and/or installation of the Project by the Agency, and (C) any further action taken by the Agency with respect to the Project; including, without limiting the generality of the foregoing, (i) all fees and expenses of the Agency's general counsel, transaction counsel, economic development consultant, real property tax valuation consultant and other experts and consultants (if deemed necessary or advisable by the Agency), and (ii) all other expenses incurred by the Agency in defending any suits, actions or proceedings that may arise as a result of any of the foregoing. If, for any reason whatsoever, the Applicant fails to conclude or consummate necessary negotiations or fails within a reasonable or specified period of time to take reasonable, proper or requested action or withdraws, abandons, amends or neglects the Application or is unable to secure third party financing or otherwise fails to conclude the Project, then upon presentation of an invoice by the Agency, its agents, attorneys or assigns, the Applicant shall pay to the Agency, its agents, attorneys or assigns, as the case may be, all fees and expenses reflected in any such invoice.

As an authorized representative of the Applicant, I acknowledge and agree on behalf of the Applicant that each of the Agency's general counsel, transaction counsel, economic development consultant, real property tax valuation consultant and other experts and consultants is an intended third-party beneficiary of this Certification and Agreement and that each of them may (but shall not be obligated to) enforce the provisions of the immediately preceding paragraph, whether by lawsuit or otherwise, to collect the fees and expenses of such party or person incurred by the Agency (whether or not first paid by the Agency) with respect to the Application.

TABLE OF SCHEDULES:

Schedule	Title	Complete as Indicated Below
A.	Intentionally omitted	
B.	New York State Financial and Employment Requirements for Industrial Development Agencies	All applicants
C.	Guidelines for Access to Employment Opportunities	All applicants
D.	Anti-Riding Questionnaire	If Applicant checked "YES" in Part I, Question Q 2, of Application
E.	Retail Questionnaire	If Applicant checked "YES" in Part II, Question P of Application (See Page 11)
F.	Applicant's Financial Attachments, consisting of: <ol style="list-style-type: none"> 1. Applicant's audited financial statements for the last two fiscal years (unless included in Applicant's annual reports). 2. Applicant's annual reports (or Form 10-K's) for the two most recent fiscal years. 3. Applicant's quarterly reports (Form 10-Q's) and current reports (Form 8-K's) since the most recent Annual Report, if any. 4. In addition, attach the financial information described above in items F1, F2, and F3 of any anticipated Guarantor of the proposed transaction, if different than the Applicant, including the personal financial statement of any anticipated Guarantor that is a natural person. 5. Dun & Bradstreet report. 	All applicants
G.	Environmental Assessment Form	All applicants
H.	Other Attachments	As required

Intentionally omitted

Schedule B

**NEW YORK STATE FINANCIAL AND EMPLOYMENT
REPORTING REQUIREMENTS FOR INDUSTRIAL
DEVELOPMENT AGENCIES**

- A Pursuant to applicable law, the Agency requires the completion of an Initial Employment Plan (see Schedule C) and a year-end employment plan status report, both of which shall be filed by the Nassau County Industrial Development Agency (the "Agency") with the New York State Department of Economic Development on January 15. The Project documents will require the Applicant to provide such report to the Agency on or before January 1 of each year, together with such employment verification information as the Agency may require.

Except as otherwise provided by collective bargaining agreements, the Applicant agrees to list any new employment opportunities with the New York Department of Labor Community Services Division and the administrative entity of the service delivery area created by the Federal Job Training Partnership Act (P.L. 97-300), or any successor statute therein (the "JTPA Entities"). In addition, except as otherwise provided by collective bargaining agreements, the Applicant, where practicable, will first consider persons eligible to participate in JTPA programs who shall be referred by the JTPA Entities for such new employment opportunities.

- B. The Applicant will be required to file annually a statement with the New York State Department of Taxation and Finance and the Agency of the value of all sales or use tax exemptions claimed in connection with the Project by reason of the involvement of the Agency.
- C. Please be advised that the New York State Industrial Development Agency Act imposes additional annual reporting requirements on the Agency, and the Applicant will be required to furnish information in connection with such reporting, as follows:

The following information must be provided for straight-lease transactions entered into or terminated during the year:

Name, address and owner of the project; total amount of tax exemptions granted (broken out by state and local sales tax, property taxes, and mortgage recording tax); payments in lieu of taxes made; total real estate taxes on the Project prior to exemption; number of jobs created and retained, and other economic benefits realized.

Failure to provide any of the aforesaid information will be constitute a DEFAULT under the Project documents to be entered into by the Agency and the Applicant in connection with the proposed Project.

Please sign below to indicate that the Applicant has read and understood the above and agrees to provide the described information on a timely basis.

Name of Applicant **HSR-EB LAKE SUCCESS, LLC**

Signature: *BY: [Signature]*

Name: *Steven Kruger*

Title: *Authorized Signatory*

Date: *July 1, 2015*

IF YES, Union Name and Local: _____

Please note that the Agency may utilize the foregoing employment projections, among other things, to determine the financial assistance that will be offered by the Agency to the Applicant. The Applicant acknowledges that the transaction documents may include a covenant by the Applicant to retain the above number of jobs, types of occupations and amount of payroll with respect to the proposed project.

Attached hereto is a true, correct and complete copy of the Applicant's most recent Quarterly Combined Withholding, Wage Reporting, and Unemployment Insurance Return (Form NYS-45-MN) (first page only). Upon request of the Agency, the Applicant shall provide such other or additional information or documentation as the Agency may require with respect to the Applicant's current employment levels in the State of New York.

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant: **HSRE-EB LAKE SUCCESS,
LLC**

Signature: BY: 

Name: Steven Krieger

Title: Authorized Signatory

Date: July 28, 2015

Schedule D

ANTI-RAIDING QUESTIONNAIRE

(To be completed by Applicant if Applicant checked "YES" in Part I, Question Q.2 of the Application for Financial Assistance)

- A. Will the completion of the Project result in the removal of a plant or facility of Applicant, or of a proposed occupant of the Project, from an area in New York State (but outside of Nassau County) to an area within Nassau County?

YES _____

NO _____

If the answer to Question A is YES, please provide the following information:

Address of the to-be-removed plant or facility: _____

Names of all current occupants of the to-be-removed plant or facility: _____

- B. Will the completion of the Project result in the abandonment of one or more plants or facilities of the Applicant, or of a proposed occupant of the Project, located in an area of the State of New York other than in Nassau County?

YES _____

NO _____

If the answer to Question B is YES, please provide the following information:

Addresses of the to-be-abandoned plants or facilities: _____

Names of all current occupants of the to-be-abandoned plants or facilities: _____

Has the Applicant contacted the local industrial development agency at which its current plants or facilities in New York State are located with respect to the Applicant's intention to move or abandon such plants or facilities?

YES _____

NO _____

If the answer to Question C is YES, please provide details in a separate attachment.

IF THE ANSWER TO EITHER QUESTION A OR B IS "YES", ANSWER QUESTIONS D AND E.

- C. Is the Project reasonably necessary to preserve the competitive position of the Applicant, or of a proposed occupant of the Project, in its industry?

YES _____

NO _____

- D. Is the Project reasonably necessary to discourage the Applicant, or a proposed occupant of the Project, from removing such plant or facility to a location outside of the State of New York?

YES _____

NO _____

IF THE ANSWER TO EITHER QUESTION D OR E IS "YES", PLEASE PROVIDE DETAILS IN A SEPARATE ATTACHMENT.

THE UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of Applicant: **HSRE-EB LAKE SUCCESS, LLC**

Signature: _____

Name: _____

Title: _____

Date: _____

Schedule E

RETAIL QUESTIONNAIRE

(To be completed by Applicant if Applicant checked either "YES" in Part II, Question P of the Application for Financial Assistance)

- A. Will any portion of the Project (including that portion of the cost to be financed from equity or other sources) consist of facilities or property that are or will be primarily used in making retail sales to customers who personally visit the Project?

YES _____ NO _____

For purposes of Question A, the term "retail sales" means (i) sales by a registered vendor under Article 28 of Tax Law of the State of New York (the "Tax Law") primarily engaged in the retail sale of tangible personal property (as defined in Section 1101(b)(4)(i) of the Tax Law), or (ii) sales of a service to customers who personally visit the Project.

- B. If the answer to Question A is YES, what percentage of the cost of the Project (including that portion of the cost to be financed from equity or other sources) will be expended on such facilities or property primarily used in making retail sales of goods or services to customers who personally visit the Project?

- C. If the answer to Question A is YES, and the amount entered for Question B is greater than 33.33%, indicate whether any of the following apply to the Project:

1. Will the Project be operated by a not-for-profit corporation?

YES _____ NO _____

2. Is the Project likely to attract a significant number of visitors from outside the economic development region (i.e., Long Island) in which the Project is or will be located?

YES _____ NO _____

3. Would the Project occupant, but for the contemplated financial assistance from the Agency, locate the related jobs outside the State of New York?

YES _____ NO _____

4. Is the predominant purpose of the Project to make available goods or services which would not, but for the Project, be reasonably accessible to the residents of the city, town or village within which the Project will be located, because of a lack of reasonably accessible retail trade facilities offering such goods or services?

YES _____ NO _____

5. Will the Project be located in one of the following: (a) an area designed as an economic development zone pursuant to Article 18-B of the General Municipal Law; or (b) a census tract or block numbering area (or census tract or block numbering area contiguous thereto) which, according to the most recent census data, has (i) a poverty rate of at least 20% for the year in which the data relates, or at least 20% of the households receiving public assistance, and (ii) an unemployment rate of at least 1.25 times the statewide unemployment rate for the year to which the data relates?

YES _____

NO _____

If the answer to any of the subdivisions 1 through 5 of Question C is YES, attach details.

- D. If the answer to any of the subdivisions 5 through 8 of Question C is YES, will the Project preserve permanent, private sector jobs or increase the overall number of permanent, private sector jobs in the State of New York? If YES, attach details.

YES _____

NO _____

- E. State percentage of the Applicant's annual gross revenues comprised of each of the following:

Retail Sales: _____ %

Services: _____ %

- F. State percentage of Project premises utilized for same:

Retail Sales: _____ %

Services: _____ %

The UNDERSIGNED HEREBY CERTIFIES that the answers and information provided above and in any statement attached hereto are true, correct and complete.

Name of
Applicant: _____

Signature: _____

Name: _____

Title: _____

Date: _____

Schedule F

APPLICANT'S FINANCIAL ATTACHMENTS

Schedule G

ENVIRONMENTAL ASSESSMENT FORM

**617.20
Appendix B**

Short Environmental Assessment Form

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information							
HSRE EB LAKE SUCCESS, LLC							
Name of Action or Project: HSRE EB LAKE SUCCESS, LLC							
Project Location (describe and attach a location map): NORTH SIDE OF LIE SERVICE ROAD, BETWEEN COMMUNITY DRIVE AND LAKEVILLE ROAD, LAKE SUCCESS, NY							
Brief Description of Proposed Action: CONSTRUCTION OF 86-UNIT SENIOR MEMORY CARE ASSISTED LIVING FACILITY ON 2.59-ACRE SITE. THE BUILDING WILL BE APPROXIMATELY 90,000 SQUARE FEET IN A TWO-STORY STRUCTURE.							
Name of Applicant or Sponsor: HSRE EB LAKE SUCCESS, LLC		Telephone: 526-747-1200					
		E-Mail: SCOTT@ENGELBURMAN.COM					
Address: 67 CLINTON ROAD							
City/PO: GARDEN CITY		State: NEW YORK	Zip Code: 11830				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td align="center"><input checked="" type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval. VILLAGE OF LAKE SUCCESS - SITE PLAN APPROVAL, NCOHS/NCDPW - SEWER CONNECTION APPROVAL, NYSDOT ROADWORK PERMIT			<table border="1"> <tr> <td>NO</td> <td>YES</td> </tr> <tr> <td align="center"><input type="checkbox"/></td> <td align="center"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3a. Total acreage of the site of the proposed action?		2.59 acres					
b. Total acreage to be physically disturbed?		2.59 acres					
c. Total acreage (project site and any contiguous properties) owned or controlled by (or applicant or project sponsor)?		2.59 acres					
4. Check all land uses that occur on, adjoining and near the proposed action.							
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify) SCHOOL RECREATION <input type="checkbox"/> Parkland							

5. Is the proposed action:	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state-listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____			
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input checked="" type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES			
ON-SITE DRAINAGE SYSTEM _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid-waste management facility? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant sponsor name: <u>HSE - FB LANE SERVICES, LLC</u>	Date: <u>JULY 27, 2015</u>	
Signature: <u>[Signature]</u> <u>STEVEN WATSON - Assistant Director</u>		

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impact the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies? b. public / private wastewater treatment utilities?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

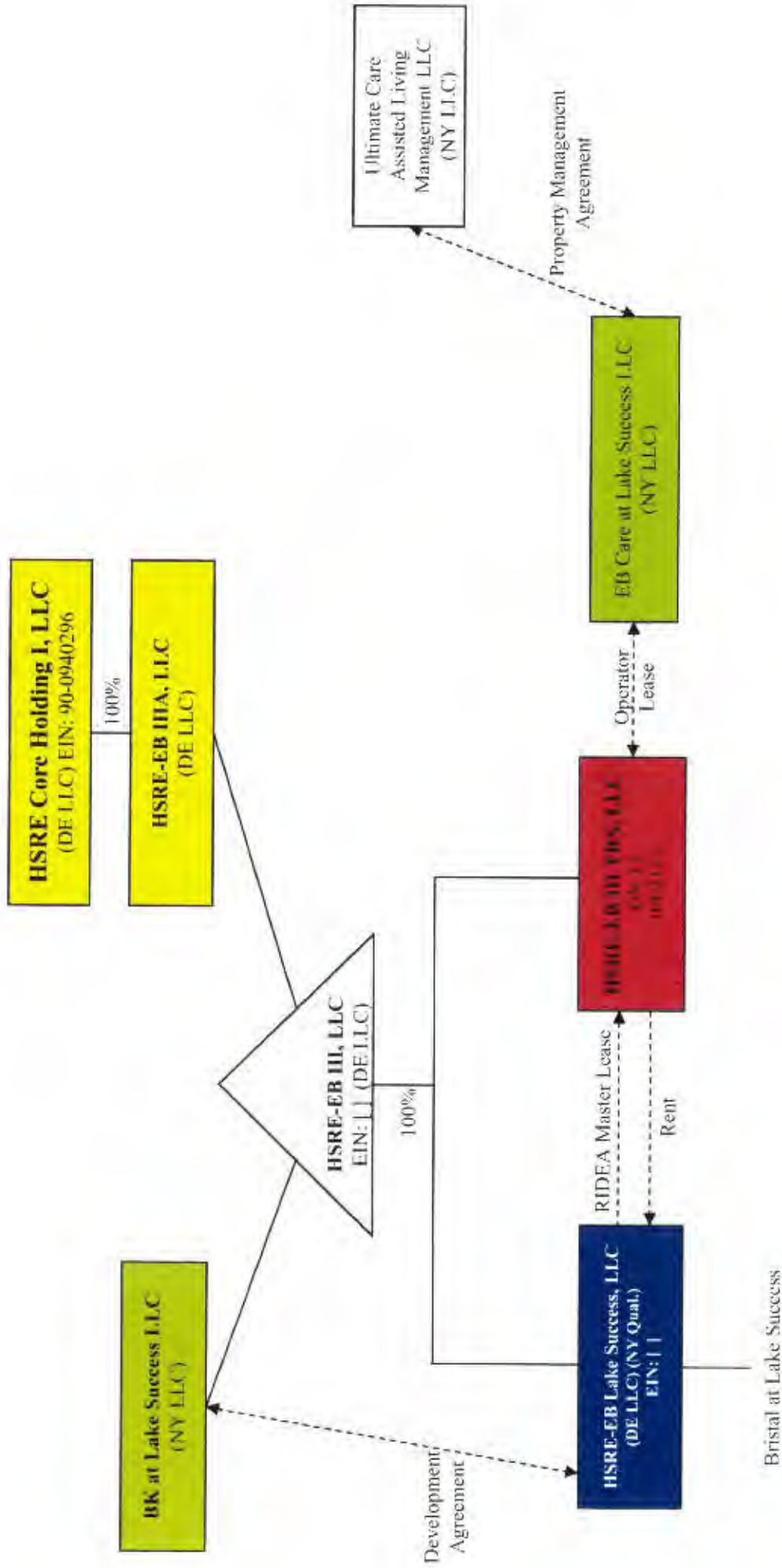
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
<input type="checkbox"/>	Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.
<hr/>	
Name of Lead Agency	Date
<hr/>	
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
<hr/>	
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Responsible Officer)

PRINT

Schedule H

OTHER ATTACHMENTS

HSRE-EB III, LLC Ownership Structure (Lake Success)



*Property Owner is disregarded for federal income tax purposes.
FEINs were obtained for NY state filing purposes.