

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000117 Facility Name: Victory Centre of South Chicago Address: 3251 East 92nd Street Chicago 60617 County: Cook Telephone Number: 773-449-2600 Fax # 773-734-8022 Federal Employer ID Number: 36-4273297 Date Current Owners were Certified: 5/1/2009 Type of Ownership: <table><tr><td>☐</td><td>VOLUNTARY, NON-PROFIT</td><td>☐</td><td>PROPRIETARY</td><td>☒</td><td>GOVERNMENTAL</td></tr><tr><td>☐</td><td>Charitable Corp.</td><td>☐</td><td>Individual</td><td>☐</td><td>State</td></tr><tr><td>☐</td><td>Trust</td><td>☐</td><td>Partnership</td><td>☐</td><td>County</td></tr><tr><td>IRS Exemption Code</td><td></td><td>☐</td><td>Corporation</td><td>☒</td><td>Other</td></tr><tr><td></td><td></td><td>☐</td><td>"Sub-S" Corp.</td><td></td><td></td></tr><tr><td></td><td></td><td>☐</td><td>Limited Liability Co.</td><td></td><td></td></tr><tr><td></td><td></td><td>☒</td><td>Other</td><td></td><td>Limited Partnership</td></tr></table> In the event there are further questions about this report, please contact: Name: Steve Lavenda Telephone Number: (847) 236 - 1111 Email Address: slavenda@frronline.com		☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☒	GOVERNMENTAL	☐	Charitable Corp.	☐	Individual	☐	State	☐	Trust	☐	Partnership	☐	County	IRS Exemption Code		☐	Corporation	☒	Other			☐	"Sub-S" Corp.					☐	Limited Liability Co.					☒	Other		Limited Partnership	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. <table><tr><td rowspan="2">Officer or Administrator of Provider</td><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Type or Print Name) _____</td><td></td></tr><tr><td rowspan="4">Paid Preparer</td><td>(Title) _____</td><td></td></tr><tr><td>(Signed) _____</td><td>(Date) _____</td></tr><tr><td>(Print Name and Title) Steven N. Lavenda, C.P.A.</td><td></td></tr><tr><td>(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015</td><td></td></tr><tr><td></td><td>(Telephone) (847) 236-1111</td><td>Fax (847) 236-1155</td></tr></table> MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____		Paid Preparer	(Title) _____		(Signed) _____	(Date) _____	(Print Name and Title) Steven N. Lavenda, C.P.A.		(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015			(Telephone) (847) 236-1111	Fax (847) 236-1155
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III. STATISTICAL DATA

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

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	112	Single Unit Apartment	112	40,880	1
2		Double Unit Apartment			2
3		Other			3
4	112	TOTALS	112	40,880	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	28,606	584		29,190	5
6	Double Unit					6
7	Other					7
8	TOTALS	28,606	584		29,190	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.40%

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

17 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

Facility Name: Victory Centre of South Chicago

Report Period Beginning:

1/1/2010

Ending: 12/31/2010

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services					5	6	
1	Dietary and Food Purchase	147,774	145,237	142,439	435,450	(2,529)	432,921	1
2	Housekeeping, Laundry and Maintenance	88,704	27,780	127,736	244,220	204	244,424	2
3	Heat and Other Utilities			100,689	100,689	583	101,272	3
4	Other (specify):							4
5	TOTAL General Services	236,478	173,017	370,864	780,359	(1,742)	778,617	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	376,134	1,179	13,054	390,367		390,367	6
7	Activities and Social Services	37,958	1,509	2,981	42,448	211	42,659	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	414,092	2,688	16,035	432,815	211	433,026	9
	C. General Administration							
10	Administrative and Clerical	174,695	37,125	508,589	720,409	(209,033)	511,376	10
11	Marketing Materials, Promotions and Advertising	67,015	1,348	40,384	108,747	42,366	151,113	11
12	Employee Benefits and Payroll Taxes			158,674	158,674	25,164	183,838	12
13	Insurance-Property, Liability and Malpractice			29,745	29,745	1,365	31,110	13
14	Other (specify):							14
15	TOTAL General Administration	241,710	38,473	737,392	1,017,575	(140,138)	877,437	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	892,280	214,178	1,124,291	2,230,749	(141,669)	2,089,080	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					613,750	613,750	17
18	Interest			647,021	647,021	(20,468)	626,553	18
19	Real Estate Taxes			102,388	102,388		102,388	19
20	Rent -- Facility and Grounds			144	144	13,280	13,424	20
21	Rent -- Equipment			1,893	1,893	82	1,975	21
22	Other (specify): HUD Closing Fee / Bond Admin Fee			36,977	36,977		36,977	22
23	TOTAL Ownership			788,423	788,423	606,644	1,395,067	23
24	GRAND TOTAL (Sum of lines 16 and 23)	892,280	214,178	1,912,714	3,019,172	464,975	3,484,147	24

Report Period Beginning:1/1/2010

Ending:12/31/2010

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ 606,925	17	1
2	Guest Meals	(327)	01	2
3	Employee Meals	(1,886)	01	3
4	Unidine Adjustment	(316)	01	4
5	Telephone Service	(25,278)	10	5
6	Interest Income	(20,468)	18	6
7	Other Income	(431)	10	7
8	Bank Service Charges	(3,490)	10	8
9	Late Fees/Finance Charges	(177)	10	9
10	Charitable Contributions	(2,028)	10	10
11	Resident Gifts	(481)	10	11
12	Bad Debt	(29,136)	10	12
13	Cable Service	(9,818)	10	13
14				14
15				15
16	Pathway Management LLC			16
17	Maintenance	98	02	17
18	Utilities	482	03	18
19	Administrative	98,859	10	19
20	Marketing	37,483	11	20
21	Insurance	1,365	13	21
22	Employee Benefits	15,166	12	22
23	Rent - Building	10,281	20	23
24	Rent - Equipment	25	21	24
25				25
26	Pathway Senior Living LLC			26
27	Maintenance	106	02	27
28	Utilities	101	03	28
29	Activities	211	07	29
30	Administrative	3,700	10	30
31	Marketing	4,883	11	31
32	Employee Benefits	9,998	12	32
33	Depreciation	6,825	17	33
34	Rent - Building	2,999	20	34
35	Rent - Equipment	57	21	35
36	Management Fees	(39,375)	10	36
37	Service Provider Fees	(154,128)	10	37
38	Leasing Commissions	(47,250)	10	38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53

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86				86
87				87
88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	Total	464,975		101

Facility Name: Victory Centre of South Chicago

Report Period Beginning 1/1/2010 Ending: 12/31/2010

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	3.00	23.00	2
3	Certified Nurse Assistants	10.44	10.71	3
4	Activity Director & Assistants	1.29	14.12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.73	10.55	7
8	Dishwashers			8
9	Maintenance Workers	1.56	17.17	9
10	Housekeepers	1.94	8.20	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.45	24.33	13
14	Clerical			14
15	Marketing	1.37	23.56	15
16	Other			16
17	Total (lines 1 thru 16)	29.79	\$ 14.40	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES	
Name 1	City 2
See Attached	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3?

YES ☐ NO ☒

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

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Brian Cloch	29%		\$	1
2	Jerry Finis	29%			2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Victory Centre of South Chicago Report Period Beginning: 1/1/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 628,250 Year land was acquired 2009

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	112		2009	2009	\$ 21,481,264	\$	35	\$ 613,750	\$ 613,750	\$ 1,227,500	1
2											2
3	Allocated from Pathway Senior Living, LLC					6,825			(6,825)		3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's										6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,481,264	\$ 6,825		\$ 613,750	\$ 606,925	\$ 1,227,500	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$	\$	\$	\$	10	\$ -	18
19	Vehicles					5	\$ -	19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	Total Book Depreciation								33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
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16									16
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20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
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22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre of South Chicago Report Period Beginning: 1/1/2010 Ending: 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	144			5
6	Pathway SL & Pathway Mgmt Alloc.			/ /	13,280			6
7	TOTAL				\$ 13,424			7

8. Is movable equipment rental included in building rental?

YES NO

9. Rental amount for movable equipment \$ 1,975

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Berkadia		X	1st Mortgage	12/1/07	\$ 10,685,000	\$ 10,573,032	5/1/49	6.0200	\$ 620,130	1
2	City of Chicago Dept of Housing		X	2nd Mortgage	12/1/07	2,000,000	1,861,207	5/1/49	1.0000	18,871	2
3	IDHS Trust Fund Loan		X	3rd Mortgage	12/1/07	750,000	705,161	5/1/49	1.0000	7,604	3
	Working Capital										
4	Harris NA		X	Letter of Credit	/ /			/ /		416	4
5	Pathway Development LLC	X		Loan Payable	/ /		138,793	/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 13,435,000	\$ 13,278,193			\$ 647,021	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-20,468	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 13,435,000	\$ 13,278,193			\$ 626,553	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **Victory Centre of South Chicago**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,072,379	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	215,639		3
4	Supply Inventory (priced at)	5,237		4
5	Short-Term Investments			5
6	Prepaid Insurance	26,339		6
7	Other Prepaid Expenses	19,451		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	1,253,722		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,592,767	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	628,250		13
14	Buildings, at Historical Cost	21,740,301		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(522,632)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	718,578		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 22,564,497	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 25,157,264	\$	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,421,494	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	138,793		29
30	Accrued Salaries Payable	67,640		30
31	Accrued Taxes Payable	170,647		31
32	Accrued Interest Payable	922,556		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	118,283		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 3,839,413	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	13,139,400		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,139,400	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 16,978,813	\$	45
46	TOTAL EQUITY	\$ 8,178,451	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 25,157,264	\$	47

Facility Name: Victory Centre of South Chicago

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,956,080	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,956,080	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	2,529	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 2,529	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	20,469	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 20,469	14
	D. Other Revenue (specify):		
15	See Attached	51,813	15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 51,813	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,030,891	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	780,359	19
20	Health Care/ Personal Care	432,815	20
21	General Administration	1,017,575	21
	B. Capital Expense		
22	Ownership	788,423	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 3,019,172	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 11,719	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 11,719	31