

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

IMPORTANT NOTICE

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

I. Facility ID Number: 1000002

Facility Name: Victory Senior Centre

Address: 31 North Broadway Joliet 60435

County: Will County

Telephone Number: (815) 724-0308 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/17/2000

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

X Other Limited Partnership

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2013 to 12/31/2013 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed)

(Type or Print Name)

(Title)

(Signed)

(Date)

Paid Preparer

(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

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

Facility Name Victory Senior CentreReport Period Beginning: 1/1/2013 Ending: 12/31/2013

III. STATISTICAL DATA

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

Date of change in certified units

N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	<u>28</u>	Single Unit Apartment	<u>28</u>	<u>10,220</u>	1
2	<u>2</u>	Double Unit Apartment	<u>2</u>	<u>730</u>	2
3		Other		<u>185</u>	3
4	<u>30</u>	TOTALS	<u>30</u>	<u>11,135</u>	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	<u>8,840</u>	<u>368</u>		<u>9,208</u>	5
6	Double Unit	<u>494</u>	<u>21</u>		<u>515</u>	6
7	Other	<u>185</u>			<u>185</u>	7
8	TOTALS	<u>9,519</u>	<u>389</u>		<u>9,908</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 88.98%

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

247

Also, indicate the number of unpaid bed-hold days the SLF

had during this year. 9 (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

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 12/31/2013 Fiscal Year: 12/31/2013

* 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 therequired payments of interest and principle? YesIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank
outstanding? No If yes, did the facility make all of therequired payments of interest and principle? N/AIf no, explain. N/AL. Does the facility have any loans from the IL Dept of Commerce and
Economic Opportunity outstanding? No If yes, did the facilitymake all of the required payments of interest and principle? N/AIf no, explain. N/A

Facility Name: Victory Senior Centre

Report Period Beginning:

1/1/2013

Ending:

12/31/2013

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	14,313	62,297	61,747	138,357	(1,014)	137,343	1
2	Housekeeping, Laundry and Maintenance	22,463	17,379	35,463	75,305	7,004	82,309	2
3	Heat and Other Utilities			32,303	32,303	62	32,365	3
4	Other (specify):							4
5	TOTAL General Services	36,776	79,676	129,513	245,965	6,052	252,017	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	245,688	387	4,538	250,613	2,327	252,940	6
7	Activities and Social Services	14,406	1,170	3,999	19,575	2,093	21,668	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	260,094	1,557	8,537	270,188	4,420	274,608	9
	C. General Administration							
10	Administrative and Clerical	87,214	5,990	148,777	241,981	(36,950)	205,031	10
11	Marketing Materials, Promotions and Advertising	7,360	28	7,694	15,082	7,851	22,933	11
12	Employee Benefits and Payroll Taxes			80,816	80,816		80,816	12
13	Insurance-Property, Liability and Malpractice			9,538	9,538	205	9,743	13
14	Other (specify):					6,113	6,113	14
15	TOTAL General Administration	94,574	6,018	246,825	347,417	(22,781)	324,636	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	391,444	87,251	384,875	863,570	(12,309)	851,261	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			133,458	133,458	(25,937)	107,521	17
18	Interest			7,111	7,111	(22)	7,089	18
19	Real Estate Taxes			23,104	23,104		23,104	19
20	Rent -- Facility and Grounds			94	94	3,790	3,884	20
21	Rent -- Equipment			4,172	4,172	43	4,215	21
22	Other (specify):Amortization			125	125		125	22
23	TOTAL Ownership			168,064	168,064	(22,126)	145,938	23
24	GRAND TOTAL (Sum of lines 16 and 23)	391,444	87,251	552,939	1,031,634	(34,435)	997,199	24

Victory Senior Centre

Report Period Beginning: 1/1/2013
Ending: 12/31/2013

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ (25,937)	17	1
2	Meal Program Income	(688)	01	2
3	Employee Meals	(330)	01	3
4	Other Income	(340)	10	4
5	Meals & Entertainment	(282)	10	5
6	Bank Service Charges	(2,250)	10	6
7	Charitable Contributions	(197)	10	7
8	Resident Gifts	(107)	07	8
9	Resident Reimbursables	(625)	10	9
10	Bad Debt - Tenant	(438)	10	10
11	Bad Debt - Medicaid	(6,748)	10	11
12	Maintenance Fee	(210)	02	12
13	Partnership Mgmt Fee	(10,000)	10	13
14	Interest Income - Escrows	(1)	18	14
15	Interest Income	(21)	18	15
16	Additional R&M	4,714	02	16
17				17
18	Pathway Management LLC			18
19	Dietary	4	01	19
20	Maintenance	1,602	02	20
21	Utilities	62	03	21
22	Health Care / Personal Care	1,562	06	22
23	Community Life	426	07	23
24	Administrative	23,532	10	24
25	Marketing	3,766	11	25
26	Insurance	1	13	26
27	Employee Benefits	3,025	14	27
28	Rent - Building	3,541	20	28

29	Rent - Equipment	16	21	29
30				30
31	Pathway Senior Living LLC			31
32	Management Fees	(63,605)	10	32
33	Maintenance	898	02	33
34	Health Care / Personal Care	765	06	34
35	Community Life	1,774	07	35
36	Administrative	24,003	10	36
37	Marketing	4,085	11	37
38	Insurance	204	13	38
39	Employee Benefits	3,088	14	39
40	Rent - Building	249	20	40
41	Rent - Equipment	27	21	41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
	Total	(34,435)		101

Facility Name: Victory Senior Centre

Report Period Beginning 1/1/2013 Ending: 12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.13	1
2	Licensed Practical Nurses	0.77	22.33	2
3	Certified Nurse Assistants	6.99	10.85	3
4	Activity Director & Assistants	0.52	13.34	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	0.45	15.27	7
8	Dishwashers			8
9	Maintenance Workers	0.50	20.58	9
10	Housekeepers	0.06	9.47	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.46	28.72	13
14	Clerical			14
15	Marketing	0.19	18.34	15
16	Other			16
17	Total (lines 1 thru 16)	11.93	\$ 15.77	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	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
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	Jerry Finis	29%	0.57	\$ 559	1
2					2
3					3
4					4
5					5
Total				\$ 559	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

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

Facility Name: Victory Senior Centre Report Period Beginning: 1/1/2013 Ending: 12/31/2013

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 133,458	35	\$ 90,636	\$ (42,822)	\$ 1,503,919	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				93,208			4,661	4,661	12,251	6
7	Various			1999	176,529		20				7
8	Various			2005	1,405		20	70	70	632	8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,443,416	\$ 133,458		\$ 95,367	\$ (38,091)	\$ 1,516,802	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	\$ 279,754	\$	\$ 12,154	12,154	10	\$ 215,919	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 279,754	\$	\$ 12,154	12,154		\$ 215,919	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

STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre Report Period Beginning: 1/1/2013 Ending:

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	Ac De
1								
2	Roofing	2008	5,113		20	256	256	
3	Repipe Floor Drains	2009	8,975		20	449	449	
4	Landscaping	2009	7,000		20	350	350	
5	Water Heater Repairs	2009	5,974		20	299	299	
6	Seal/Coating Concrete	2011	5,546		20	277	277	
7	Install Carrier Rtu	2012	6,950		20	348	348	
8	Slf Nurse Call System	2012	28,900		20	1,445	1,445	
9	Hard Surface Lobby/Recept, Carpet-Lobby/Res Halls	2013	15,491		20	775	775	
10	Hall To Elevator Flooring	2013	2,985		20	149	149	
11	Perimeter Flashing Repair	2013	6,275		20	314	314	
12								
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29								
30								
31								
32								
33	Total Book Depreciation							
34	TOTAL (lines 1 thru 33)		\$ 93,208	\$		\$ 4,661	\$ 4,661	\$

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

9	
Accumulated depreciation	
	1
1,406	2
2,244	3
1,750	4
1,196	5
832	6
695	7
2,890	8
775	9
149	10
314	11
	12
	13
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	33
12,251	34

STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre Report Period Beginning: 1/1/2013 Ending:

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	Ac De
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34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9 Accumulated Depreciation	
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STATE OF ILLINOIS

Facility Name & ID Number Victory Senior Centre Report Period Beginning: 1/1/2013 Ending:

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	Ac De
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34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$

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

9 Accumulated depreciation	
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Facility Name: Victory Senior Centre Report Period Beginning: 1/1/2013 Ending: 2/31/2013

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			/ /	94			5
6	Pathway SL & Mgmt Alloc			/ /	3,790			6
7	TOTAL				\$ 3,884			7

8. Is movable equipment rental included in building rental?
YES NO

9. Rental amount for movable equipment \$ 4,215

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	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 700,465	5/1/39	1.0000	\$ 7,111	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 700,465			\$ 7,111	7
	B. Non-Facility Related										
8	Interest Income - Escrows		X		/ /			/ /		-1	8
9	Interest Income		X		/ /			/ /		-21	9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 700,465			\$ 7,089	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 Senior Centre

Report Period Beginning: 1/1/2013

Ending: 12/31/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 157,315	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	84,764		3
4	Supply Inventory (priced at)	2,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	9,651		6
7	Other Prepaid Expenses	7,286		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	180,327		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 441,699	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	79,062		15
16	Equipment, at Historical Cost	331,434		16
17	Accumulated Depreciation (book methods)	(2,003,997)		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):	3,371		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,732,144	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,173,843	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 65,124	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	48,827		30
31	Accrued Taxes Payable	21,656		31
32	Accrued Interest Payable	584		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	13,871		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 150,062	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	700,465		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)	\$ 700,465	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 850,527	\$	45
46	TOTAL EQUITY	\$ 1,323,316	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,173,843	\$	47

*(See instructions.)

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2013

Ending:

12/31/2013

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	\$ 1,015,504	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,015,504	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	1,018	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,018	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	22	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 22	14
	D. Other Revenue (specify):		
15	See Attached	1,035	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,035	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,017,579	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	245,965	19
20	Health Care/ Personal Care	270,188	20
21	General Administration	347,417	21
	B. Capital Expense		
22	Ownership	168,064	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,031,634	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (14,055)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (14,055)	31

