FOR BHF USE

LL2

Supportive Living Facility

2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000053

Facility Name: Hickory Estates of Pana

Address: 101 North Hickory (Number) Pana (City) 62557 (Zip Code)

County: Christian

Telephone Number: (217) 562-2022 **Fax #** 217 562-2027

Federal Employer ID Number:

Date Current Owners were Certified: 12-12-05

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Jeffrey W Copley **Telephone Number:** 217 562-3121
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 1-1-14 to 12-31-14 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) (Date)
(Type or Print Name) Jeffrey W Copley
(Title) Secretary/Treasurer

Paid Preparer

(Signed) (Date)
(Print Name and Title)
(Firm Name & Address)
(Telephone) ( ) Fax # ( )

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 Hickory Estates of Pana Report Period Beginning: 1-1-14 Ending: 12-31-14

III. STATISTICAL DATA

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

Date of change in certified units 12-12-05

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	46	TOTALS	46	16,790	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	5,050	9,610		14,660	5
6	Double Unit	306	1,060		1,366	6
7	Other					7
8	TOTALS	5,356	10,670		16,026	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.45%

D. Indicate the number of paid bed-hold days the SLF had during this year _____ **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** _____ **(Do not include bed-hold days in Section B.)**

E. Does page 3 include expenses for services or investments not directly related to SLF services?
YES [ ] NO [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [X] NO [ ]

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2014 Fiscal Year: 2014
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain. _____

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain. _____

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? NO **If yes, did the facility make all of the required payments of interest and principle?** _____
If no, explain. _____

Facility Name: Hickory Estates of Pana **Report Period Beginning: 1-1-14 Ending: 12-31-14**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	133,939	110,144	1,857	245,940		245,940	1
2	Housekeeping, Laundry and Maintenance	14,436	7,860	11,525	33,821		33,821	2
3	Heat and Other Utilities			90,321	90,321	(6,406)	83,915	3
4	Other (specify):			13,733	13,733		13,733	4
5	**TOTAL General Services**	148,375	118,004	117,436	383,815	(6,406)	377,409	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	140,046	779	9,940	150,765		150,765	6
7	Activities and Social Services		4,704		4,704		4,704	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	140,046	5,483	9,940	155,469		155,469	9
	C. General Administration							
10	Administrative and Clerical	35,646	3,623	32,788	72,057		72,057	10
11	Marketing Materials, Promotions and Advertising			8,604	8,604		8,604	11
12	Employee Benefits and Payroll Taxes	39,633			39,633		39,633	12
13	Insurance-Property, Liability and Malpractice			17,934	17,934		17,934	13
14	Other (specify):			12,382	12,382		12,382	14
15	**TOTAL General Administration**	75,279	3,623	71,708	150,610		150,610	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	363,700	127,110	199,084	689,894	(6,406)	683,488	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			5,987	5,987		5,987	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			300,000	300,000		300,000	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			305,987	305,987		305,987	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	363,700	127,110	505,071	995,881	(6,406)	989,475	24

TOTAL		**6406.00**
3	Auto Expense	3842.00
	Fire Alarm	1881.00
	Mowing	5839.00
	Pest Control	2171.00
TOTAL		**13733.00**
4.3	Dues	2820.00
	Employee Recognition	1745.00
	Mileage	21.00
	Legal/Professional Fees	273.00
	Auditor/Fee Accountant	4690.00
	Penalities	941.00
	Shipping	263.00
	Training	1100.00
	Licensing Fees	529.00
TOTAL		**12382.00**

Facility Name: Hickory Estates of Pana Report Period Beginning 1-1-14 Ending: 12-31-14

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		$	1
2	Licensed Practical Nurses	1	19.00	2
3	Certified Nurse Assistants	12	12.00	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	14.45	6
7	Cook Helpers/Assistants	12	14.00	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.25	10
11	Laundry			11
12	Managers	1	17.83	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other	1	10.00	16
17	Total (lines 1 thru 16)	30	$	17

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

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	C.C.I.C.S.	$ 32,788	1
2			2
		Total $ 32,788	3

VII. RELATED ORGANIZATIONS

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

RELATED SLF's & HEALTH CARE BUSINESSES

Name 1	City 2

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
The Parkway	Pana	N/C
C.C.I.C.S.	Pana	501c3

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 [X]
Name of related entity: _____ If yes, what is the value of those services? $ _____
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [ ] NO [X]
If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Hickory Estates of Pana Report Period Beginning: 1-1-14 Ending: 12-31-14

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	46		2005	2004	$ 3,345,189	$ 121,611	28	$ 121,611	$	$ 1,155,315	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building and Site Improvement			2005	37,391	2,492	15	2,492		23,681	6
7	Building and Site Improvement			2006	5,891	392	15	392		3,333	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)				$ 3,388,471	$ 124,495		$ 124,495	$	$ 1,182,329	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	$	$	$	$		$	18
19	Vehicles	5,987	1,197	1,197		5	5,987	19
20	TOTAL (lines 18 and 19)	$ 5,987	$ 1,197	$ 1,197	$		$ 5,987	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

Facility Name: Hickory Estates of Pana Report Period Beginning: 1-1-14 Ending: 12-31-14

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				$			7

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

9. Rental amount for movable equipment $

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

X. INTEREST EXPENSE

	1 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1					/ /	$	$	/ /		$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$	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: Hickory Estates of Pana LLC **Report Period Beginning:** 1-1-14 **Ending:** 12-31-14

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-14 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 58,599	$ 369,195	1
2	Cash-Patient Deposits	40,031	76,688	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	171,487	171,487	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)		64,170	8
9	Other(specify):		11,406	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 270,117	$ 692,946	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		1,076,532	13
14	Buildings, at Historical Cost		11,370,995	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	13,486	100,856	16
17	Accumulated Depreciation (book methods)	(9,400)	(4,326,835)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		19,700	19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	63,960	63,960	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building Improvement	5,891	438,011	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 73,937	$ 8,743,219	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 344,054	$ 9,436,165	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 7,111	$ 36,256	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	38,700	38,700	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		(695)	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHED	7,247	376,620	35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 53,058	$ 450,881	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,511,294	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)**	$	$ 6,511,294	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 53,058	$ 6,962,175	45
46	**TOTAL EQUITY**	$ 290,996	$ 2,473,990	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 344,054	$ 9,436,165	47

***(See instructions.)**

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duction AFLAC	322.00
ayroll	2788.00
bsences	4137.00
	7247.00

Facility Name: The Parkway **Report Period Beginning:** 1-1-14 **Ending:** 12-31-14

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-14 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 134,856	$	1
2	Cash-Patient Deposits	17,572		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	18,576		8
9	Other(specify): HUD	11,406		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 182,410	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 182,410	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 1,117	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHED	121,792		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 122,909	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 122,909	$	45
46	**TOTAL EQUITY**	$ 59,501	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 182,410	$	47

***(See instructions.)**

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curity Deposits	16894.00
tilities	7352.00
	77947.00
rrent Year	12448.00
epaid Rent	7151.00
	121792.00

Facility Name: C.C.I.C.S. **Report Period Beginning:** 1-1-14 **Ending:** 12-31-14

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12-31-14 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 175,740	$	1
2	Cash-Patient Deposits	19,085		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)			3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	45,594		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 240,419	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,076,532		13
14	Buildings, at Historical Cost	11,370,995		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	87,370		16
17	Accumulated Depreciation (book methods)	(4,317,435)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	19,700		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Building and Site Improvement	432,120		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,669,282	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 8,909,701	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 28,028	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	(695)		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHED	247,581		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 274,914	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,511,294		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)**	$ 6,511,294	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 6,786,208	$	45
46	**TOTAL EQUITY**	$ 2,123,493	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 8,909,701	$	47

***(See instructions.)**

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curity Deposits	
The Centennial	4002.00
Tacusah Terrace	4957.00
CW Thomas	2555.00
C Everett Kuntzman	3715.00
tilities	2524.00
ayroll	6946.00
bsences	134608.00
	51105.00
rrent Year	10338.00
nt	3331.00
	23500.00
	247581.00

Facility Name: Hickory Estates of Pana **Report Period Beginning: 1-1-14 Ending: 12-31-14**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,245,156	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,245,156	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	1,664	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 1,664	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	102	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 102	14
	D. Other Revenue (specify):		
15			15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,246,922	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	377,409	19
20	Health Care/ Personal Care	155,469	20
21	General Administration	150,610	21
	B. Capital Expense		
22	Ownership	305,987	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)**	$ 989,475	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 257,447	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 257,447	31