

		FOR BHF USE				

LL2

**Supportive Living Facility**  
**2005**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF HEALTHCARE & FAMILY SERVICES**  
**COST REPORT FOR**  
**SUPPORTIVE LIVING FACILITIES**  
**(FISCAL YEAR 2005)**

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.

<p><b>I.</b></p> <p>Facility Name: <u>Victory Senior Centre</u></p> <p>Address: <u>31 North Broadway</u> <u>Joliet</u> <u>60435</u>          Number City Zip Code</p> <p>County: <u>Cook</u></p> <p>Telephone Number: <u>(815) 724-0308</u> Fax # _____</p> <p>Federal Employer ID Number: <u>36-4192159</u></p> <p>Date Current Owners were Certified: <u>1/17/2000</u></p> <p>Type of Ownership:</p> <table border="0"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Other <u>Limited Partnership</u></td> <td></td> </tr> </table> <p>In the event there are further questions about this report, please contact:          Name: <u>Steve Lavenda</u> Telephone Number: <u>(847) 236 - 1111</u></p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input checked="" type="checkbox"/> Other <u>Limited Partnership</u>		<p><b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b></p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>1/1/2005</u> to <u>12/31/2005</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table border="1"> <tr> <td rowspan="2">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td colspan="2">(Type or Print Name) _____</td> </tr> <tr> <td></td> <td colspan="2">(Title) _____</td> </tr> <tr> <td rowspan="4">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td>(Print Name and Title)</td> <td><u>Steven N. Lavenda, C.P.A.</u></td> </tr> <tr> <td>(Firm Name &amp; Address)</td> <td><u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u></td> </tr> <tr> <td>(Telephone)</td> <td><u>(847) 236-1111</u> Fax <u>(847) 236-1155</u></td> </tr> </table> <p align="center">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</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____	(Type or Print Name) _____			(Title) _____		Paid Preparer	(Signed) _____	(Date) _____	(Print Name and Title)	<u>Steven N. Lavenda, C.P.A.</u>	(Firm Name & Address)	<u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u>	(Telephone)	<u>(847) 236-1111</u> Fax <u>(847) 236-1155</u>
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Facility Name Victory Senior Centre

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

**III. STATISTICAL DATA**

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

Date of change in certified units \_\_\_\_\_

	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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	1,460	2
3		Other			3
4	30	TOTALS	30	11,680	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	8,040	1,700		9,740	5
6	Double Unit	1,149	243		1,391	6
7	Other					7
8	TOTALS	9,188	1,943		11,131	8

**C. Percent Occupancy.** (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.30%

**D. Indicate the number of paid bed-hold days the SLF had during this year** 208 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 23 (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  NO

Tax Year: 12/31/05 Fiscal Year: 12/31/05

\* 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. \_\_\_\_\_

**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: Victory Senior Centre

Report Period Beginning:

1/1/2005

Ending: 12/31/2005

## 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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	34,880	64,128	1,505	100,513	(4,623)	95,890	1
2	Housekeeping, Laundry and Maintenance	21,111	11,295	23,723	56,129	259	56,388	2
3	Heat and Other Utilities			33,449	33,449	178	33,627	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	55,991	75,423	58,677	190,091	(4,186)	185,905	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	230,571		1,603	232,174		232,174	6
7	Activities and Social Services	17,541		5,494	23,035		23,035	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	248,112		7,097	255,209		255,209	9
<b>C. General Administration</b>								
10	Administrative and Clerical	88,048	4,987	93,677	186,712	28,795	215,507	10
11	Marketing Materials, Promotions and Advertising	10,661		10,835	21,496	(21,496)		11
12	Employee Benefits and Payroll Taxes			109,305	109,305	8,491	117,796	12
13	Insurance-Property, Liability and Malpractice			39,323	39,323	1,756	41,079	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	98,709	4,987	253,140	356,836	17,546	374,382	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	402,812	80,410	318,914	802,136	13,360	815,496	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			124,963	124,963	15,359	140,322	17
18	Interest			10,185	10,185	(7,754)	2,431	18
19	Real Estate Taxes			19,178	19,178		19,178	19
20	Rent -- Facility and Grounds					3,681	3,681	20
21	Rent -- Equipment			1,879	1,879	637	2,516	21
22	Other (specify):Amortization			6,871	6,871		6,871	22
23	<b>TOTAL Ownership</b>			163,076	163,076	11,923	174,999	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	402,812	80,410	481,990	965,212	25,283	990,495	24

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2005 Ending: 12/31/2005

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.05	\$ 26.44	1
2	Licensed Practical Nurses	0.83	12.98	2
3	Certified Nurse Assistants	8.03	12.32	3
4	Activity Director & Assistants	0.49	17.38	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.45	11.60	7
8	Dishwashers			8
9	Maintenance Workers	1.04	9.77	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.69	61.44	13
14	Clerical			14
15	Marketing	0.17	30.49	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>12.72</b>	<b>\$ 15.22</b>	<b>17</b>

**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	2.36	\$ 15,834	1
2	Jerry Finis	29	2.36	20,042	2
3	Robert Helle	13	2.36	17,441	3
4	E. Keledjian	29	2.36	15,888	4
5					5
<b>Total</b>				<b>\$ 69,205</b>	<b>6</b>

**VI. (B) Management fees paid to unrelated parties**

	Amount of Fee	
1	\$	1
2		2
<b>Total</b>		<b>\$ 3</b>

**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		See Attached	

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5
See Attached		See Attached		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: \_\_\_\_\_ 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

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: Victory Senior Centre

Report Period Beginning:

1/1/2005

Ending:

12/31/2005

## 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	30		1999	1999	\$ 3,172,274	\$ 115,344	27.5	\$ 115,344	\$	\$ 706,498	1	
2											2	
3											3	
4											4	
5											5	
<b>Improvement Type</b>												
6	Total From Page 5A											6
7	Air Conditioners											7
8	Building Acquisition Costs											8
9	Window Treatments											9
10	Carpeting											10
11												11
12	Allocation from Pathway Senior Living											12
13												13
14												14
15												15
16												16
17	TOTAL (lines 1 thru 16)				\$ 3,350,208	\$ 121,121		\$ 122,987	\$ 1,866	\$ 750,307	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	\$ 173,351	\$ 4,429	\$ 17,335	12,906	10	\$ 102,443	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 173,351	\$ 4,429	\$ 17,335	12,906		\$ 102,443	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 & ID Number Victory Senior Centre

Report Period Beginning:

1/1/2005

Ending:

12/31/2005

**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
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2005

Ending: 2/31/2005

**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			/ /				5
6	Allocation from Pathway Senior Living		/ /	3,681			6
7	<b>TOTAL</b>			<b>\$ 3,681</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 2,516

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			
	<b>A. Directly Facility Related Long-Term</b>									
1	IHDA		X	Mortgage	5/1/99	\$ 995,000	\$ 876,871	5/1/39	1.0000	\$ 8,875
2					/ /			/ /		
3					/ /			/ /		
	<b>Working Capital</b>									
4	Misc Interest				/ /			/ /		1,310
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					<b>\$ 995,000</b>	<b>\$ 876,871</b>			<b>\$ 10,185</b>
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		-7,711
9	Allocation from Pathway Senior Living				/ /			/ /		-43
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 995,000</b>	<b>\$ 876,871</b>			<b>\$ 2,431</b>

\* 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.

## STATE OF ILLINOIS

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Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2005

Ending:

12/31/2005

12/31/2005

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2005

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 53,038	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	132,043		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	8,864		6
7	Other Prepaid Expenses	371		7
8	Accounts Receivable (owners or related parties)	2,394		8
9	Other(specify): <a href="#">See Attached</a>	129,470		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 326,180	\$	10
	<b>B. Long-Term Assets</b>			
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			15
16	Equipment, at Historical Cost	216,285		16
17	Accumulated Depreciation (book methods)	(943,884)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	58,278		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	92,991		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 2,745,944	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 3,072,124	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 64,363	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	21,645		30
31	Accrued Taxes Payable	19,112		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	1,765		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 106,885	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	876,871		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 876,871	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 983,756	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,088,368	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 3,072,124	\$	47

\*(See instructions.)

Facility Name: Victory Senior Centre

Report Period Beginning: 1/1/2005

Ending:

12/31/2005

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

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 882,362	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 882,362	3
<b>B. Other Operating Revenue</b>			
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		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	7,711	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 7,711	14
<b>D. Other Revenue (specify):</b>			
15	See Attached	6,331	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 6,331	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 896,404	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	190,091	19
20	Health Care/ Personal Care	255,209	20
21	General Administration	356,836	21
<b>B. Capital Expense</b>			
22	Ownership	163,076	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 965,212	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (68,808)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (68,808)	31