



Facility Name Victory Centre Of Park ForestReport Period Beginning: 1/1/2012 Ending: 12/31/2012

## 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	67	Single Unit Apartment	67	24,522	1
2	12	Double Unit Apartment	12	4,392	2
3		Other			3
4	79	TOTALS	79	28,914	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	22,286	1,639		23,925	5
6	Double Unit	962	70		1,032	6
7	Other					7
8	TOTALS	23,248	1,709		24,957	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.31%

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

573 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 60 (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)

N/A

## H. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\* I. Is your fiscal year identical to your tax year?  YES  NOTax Year: 12/31/2012 Fiscal Year: 12/31/2012

\* 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? YesIf no, explain. N/AK. Does the facility have any loans from the Federal Home Loan Bank outstanding? N/A 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/AIf no, explain. N/A

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## 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	187,234	125,919	74,242	387,395	(3,377)	384,018	1
2	Housekeeping, Laundry and Maintenance	90,905	20,956	73,548	185,409	1,731	187,140	2
3	Heat and Other Utilities			74,940	74,940	223	75,163	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	278,139	146,875	222,730	647,744	(1,423)	646,321	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	347,523	242	23,517	371,282		371,282	6
7	Activities and Social Services		2,769	13,018	15,787	(1,522)	14,265	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	347,523	3,011	36,535	387,069	(1,522)	385,547	9
<b>C. General Administration</b>								
10	Administrative and Clerical	206,476	17,237	592,247	815,960	(326,350)	489,610	10
11	Marketing Materials, Promotions and Advertising	46,623	1,145	25,815	73,583	22,442	96,025	11
12	Employee Benefits and Payroll Taxes			150,054	150,054		150,054	12
13	Insurance-Property, Liability and Malpractice			24,848	24,848	446	25,294	13
14	Other (specify):					14,024	14,024	14
15	<b>TOTAL General Administration</b>	253,099	18,382	792,964	1,064,445	(289,438)	775,007	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	878,761	168,268	1,052,229	2,099,258	(292,382)	1,806,876	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			324,900	324,900	135,361	460,261	17
18	Interest			258,157	258,157	(19,063)	239,094	18
19	Real Estate Taxes			203,800	203,800		203,800	19
20	Rent -- Facility and Grounds			366	366	8,969	9,335	20
21	Rent -- Equipment			10,551	10,551	106	10,657	21
22	Other (specify):			64,033	64,033		64,033	22
23	<b>TOTAL Ownership</b>			861,807	861,807	125,374	987,181	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	878,761	168,268	1,914,036	2,961,065	(167,009)	2,794,056	24

## Victory Centre Of Park Forest

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 135,361	17	1
2	Guest Meals	(30)	01	2
3	Employee Meals	(694)	01	3
4	Unidine Adjustment	(2,653)	01	4
5	Damage Recovery	(100)	10	5
6	Other Income	(18,460)	10	6
7	Bank Service Charges	(2,800)	10	7
8	Charitable Contributions	(1,464)	10	8
9	Resident Gifts	(79)	10	9
10	Bad Debt - Tenant	(24,426)	10	10
11	Bad Debt - Medicaid	(70,450)	10	11
12	Pet Care	(1,522)	07	12
13	Interest - Other	(17,140)	18	13
14	Interest Income	(1,707)	18	14
15	Asset Management Fee	(5,000)	10	15
16	Interest Income - Escrows	(215)	18	16
17	Refinancing Fees	(169,460)	10	17
18	Meals & Entertainment	(1,006)	10	18
19				19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Maintenance	113	02	22
23	Utilities	188	03	23
24	Administrative	58,551	10	24
25	Marketing	12,678	11	25
26	Insurance	38	13	26
27	Employee Benefits	7,428	14	27
28	Rent - Building	6,229	20	28
29	Rent - Equipment	50	21	29
30				30
31	PATHWAY SENIOR LIVING LLC:			31
32	Maintenance	1,618	02	32
33	Utilities	35	03	33
34	Administrative	67,060	10	34
35	Marketing	9,764	11	35
36	Insurance	408	13	36
37	Employee Benefits	6,596	14	37
38	Rent - Building	2,740	20	38
39	Rent - Equipment	56	21	39
40	Management Fees	(158,716)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
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84				84
85				85
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	<b>Total</b>		(167,009)	101

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.25	\$ 25.22	1
2	Licensed Practical Nurses	1.26	24.27	2
3	Certified Nurse Assistants	10.01	10.48	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.91	11.38	7
8	Dishwashers			8
9	Maintenance Workers	1.76	16.12	9
10	Housekeepers	1.67	9.18	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.83	35.03	13
14	Clerical			14
15	Marketing	0.91	24.65	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>27.61</b>	<b>\$ 15.30</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	Jerry Finis	25%	1.42	\$ 5,477	1
2					2
3					3
4					4
5					5
				<b>Total</b>	<b>\$ 5477 6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee		
1	N/A	\$ 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			

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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

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	79		2002	2002	\$ 7,210,303	\$ 324,900	28	\$ 257,511	\$ (67,389)	\$ 2,770,159	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Total From Supplemental Page 5's				221,111			11,056	11,056	43,196	6
7	Various			2002	323,939		20	178,167	178,167		7
8	Various			2003	6,687		20	3,344	3,344		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,762,040	\$ 324,900		\$ 450,077	\$ 125,177	\$ 2,813,355	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	\$ 527,419	\$	\$ 10,184	10,184	10	\$ 478,346	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 527,419	\$	\$ 10,184	10,184		\$ 478,346	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

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**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	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	<u>Carpeting</u>	2006	3,462		20	173	173	1,212	2
3	<u>Carpeting</u>	2006	9,587		20	479	479	3,356	3
4	<u>Nursing Call System Phone</u>	2007	1,495		20	75	75	449	4
5	<u>A/C Compressor</u>	2008	6,872		20	344	344	1,546	5
6	<u>Water Heaters</u>	2008	16,650		20	833	833	3,331	6
7	<u>Flooring</u>	2009	55,541		20	2,777	2,777	11,108	7
8	<u>Painting</u>	2009	41,240		20	2,062	2,062	8,248	8
9	<u>Air Handler</u>	2009	20,293		20	1,015	1,015	4,058	9
10	<u>Asphalt Patching</u>	2009	15,890		20	795	795	3,178	10
11	<u>Landscaping</u>	2009	16,450		20	823	823	3,290	11
12	<u>Dining Room - Drywall</u>	2010	1,130		20	57	57	170	12
13	<u>Excavation In Kitchen Area</u>	2011	2,800		20	140	140	280	13
14	<u>Install Ada Remps</u>	2011	2,725		20	136	136	273	14
15	<u>Code Alert System</u>	2011	9,298		20	465	465	930	15
16	<u>Code Alert, Cust Id</u>	2011	2,085		20	104	104	209	16
17	<u>Solarium &amp; Residential Drain Tile</u>	2011	3,641		20	182	182	364	17
18	<u>Tuckpoint For Exterior Sif Wall &amp; Code Alert</u>	2011	3,846		20	192	192	385	18
19	<u>Concrete Removal &amp; Replacement</u>	2011	3,100		20	155	155	310	19
20	<u>Garage Door Motor Opener</u>	2012	1,500		20	75	75	150	20
21	<u>Re-Seal &amp; Re-Stripe Parking Lot</u>	2012	1,895		20	95	95	190	21
22	<u>A/C Compressor</u>	2012	1,611		20	81	81	161	22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	<u>Total Book Depreciation</u>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 221,111	\$		\$ 11,056	\$ 11,056	\$ 43,196	34

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

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**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	
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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

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**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	
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	<b>TOTAL (lines 1 thru 33)</b>		\$	\$		\$	\$	\$	34

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

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**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	Allocated from Pathway			/ /	8,969			5
6	Storage Rental			/ /	366			6
7	<b>TOTAL</b>				\$ 9,335			7

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

9. Rental amount for movable equipment \$ 10,658

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</b>									
	<b>Long-Term</b>									
1	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,824,318	4/1/42	6.1600	\$ 238,123
2	IHDA		X	2nd Mortgage	11/4/02	500,000	0	/ /	1.0000	2,894
3	Red Mortgage Capital		X	3rd Mortgage	/ /		177,347	/ /		
	<b>Working Capital</b>									
4	Pathway Development	X		Loan	/ /	402,197		/ /	Prime + 1%	17,140
5					/ /			/ /		
6					/ /			/ /		
7	<b>TOTAL Facility Related</b>					\$ 6,402,197	\$ 6,001,665			\$ 258,157
	<b>B. Non-Facility Related</b>									
8	Interest Income		X		/ /			/ /		-1,923
9	Pathway Development	X			/ /			/ /		-17,140
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$ 6,402,197	\$ 6,001,665			\$ 239,094

\* 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.

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2012

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 752,431	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	635,940		3
4	Supply Inventory (priced at )	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	23,330		6
7	Other Prepaid Expenses	9,298		7
8	Accounts Receivable (owners or related parties)	1,711		8
9	Other(specify): <a href="#">See Attached</a>	599,664		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,027,793	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	403,067		15
16	Equipment, at Historical Cost	707,830		16
17	Accumulated Depreciation (book methods)	(3,696,702)		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): <a href="#">See Attached</a>	71,600		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 4,842,306	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,870,099	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 24,983	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	69,501		30
31	Accrued Taxes Payable	170,000		31
32	Accrued Interest Payable	231,092		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>	142,495		36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 638,071	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,001,665		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>	\$ 6,001,665	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 6,639,736	\$	45
46	<b>TOTAL EQUITY</b>	\$ 230,363	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,870,099	\$	47

\*(See instructions.)

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## 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	\$ 2,613,350	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 2,613,350</b>	<b>3</b>
<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	3,377	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$ 3,377</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	1,922	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 1,922</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15	See Attached	100,940	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$ 100,940</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 2,719,589</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	647,744	19
20	Health Care/ Personal Care	387,069	20
21	General Administration	1,064,445	21
<b>B. Capital Expense</b>			
22	Ownership	861,807	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 (sum of lines 19 thru 27)</b>	<b>\$ 2,961,065</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ (241,476)</b>	<b>29</b>
30	<b>Income Taxes</b>	<b>\$</b>	<b>30</b>
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	<b>\$ (241,476)</b>	<b>31</b>



