

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.

<p><b>I. Facility ID Number:</b> <u>1000005</u></p> <p><b>Facility Name:</b> <u>Barton Senior Res of Chicago</u></p> <p><b>Address:</b> <u>1245 South Wood</u> <u>Chicago</u> <u>60608</u>  <small>Number City Zip Code</small></p> <p><b>County:</b> <u>Cook</u></p> <p><b>Telephone Number:</b> ( <u>847</u> ) <u>441-8200</u> Fax # <u>847 441-0800</u></p> <p><b>Federal Employer ID Number:</b> _____</p> <p><b>Date Current Owners were Certified:</b> <u>1/1/2000</u></p> <p><b>Type of Ownership:</b></p> <table style="width:100%"> <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><b>IRS Exemption Code</b> _____</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 checked="" 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 type="checkbox"/> Other _____</td> <td></td> </tr> </table> <p><b>In the event there are further questions about this report, please contact:</b>  <b>Name:</b> <u>Anca Oviedo</u> <b>Telephone Number:</b> ( <u>847</u> ) <u>441-8200</u>  <b>Email Address:</b> <u>aoviedo@bartonhealthcare.org</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	<b>IRS Exemption Code</b> _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.			<input checked="" type="checkbox"/> Limited Liability Co.			<input type="checkbox"/> Trust			<input type="checkbox"/> Other _____		<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>01/01/2013</u> to <u>12/31/2013</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 style="width:100%"> <tr> <td style="width:20%;"><b>Officer or Administrator of Provider</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Anca Oviedo</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td><b>Paid Preparer</b></td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name &amp; Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) ( ) _____</td> <td>Fax # ( ) _____</td> </tr> </table> <p align="right">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>	<b>Officer or Administrator of Provider</b>	(Signed) _____	(Date) _____		(Type or Print Name) <u>Anca Oviedo</u>			(Title) <u>Chief Financial Officer</u>		<b>Paid Preparer</b>	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) ( ) _____	Fax # ( ) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/2013

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			
<b>A. General Services</b>								
1	Dietary and Food Purchase	337,482	309,819	2,805	650,106		650,106	1
2	Housekeeping, Laundry and Maintenance	177,093	30,607	123,453	331,153		331,153	2
3	Heat and Other Utilities			185,000	185,000		185,000	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	<b>514,575</b>	<b>340,426</b>	<b>311,258</b>	<b>1,166,259</b>		<b>1,166,259</b>	<b>5</b>
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	597,766	4,613		602,379		602,379	6
7	Activities and Social Services	99,886	11,464	4,162	115,512		115,512	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	<b>697,652</b>	<b>16,077</b>	<b>4,162</b>	<b>717,891</b>		<b>717,891</b>	<b>9</b>
<b>C. General Administration</b>								
10	Administrative and Clerical	354,349	4,784	659,553	1,018,686		1,018,686	10
11	Marketing Materials, Promotions and Advertising			3,230	3,230		3,230	11
12	Employee Benefits and Payroll Taxes			236,760	236,760		236,760	12
13	Insurance-Property, Liability and Malpractice			96,201	96,201		96,201	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	<b>354,349</b>	<b>4,784</b>	<b>995,744</b>	<b>1,354,877</b>		<b>1,354,877</b>	<b>15</b>
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	<b>1,566,576</b>	<b>361,287</b>	<b>1,311,164</b>	<b>3,239,027</b>		<b>3,239,027</b>	<b>16</b>
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation			491,898	491,898		491,898	17
18	Interest			230,829	230,829		230,829	18
19	Real Estate Taxes			110,131	110,131		110,131	19
20	Rent -- Facility and Grounds			86,767	86,767		86,767	20
21	Rent -- Equipment			5,462	5,462		5,462	21
22	Other (specify): Loan Costs			83,855	83,855		83,855	22
23	<b>TOTAL Ownership</b>			<b>1,008,942</b>	<b>1,008,942</b>		<b>1,008,942</b>	<b>23</b>
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	<b>1,566,576</b>	<b>361,287</b>	<b>2,320,106</b>	<b>4,247,969</b>		<b>4,247,969</b>	<b>24</b>

Facility Name: Barton Senior Res of Chicago

Report Period Beginning 01/01/2013

Ending:

12/31/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 32.87	1
2	Licensed Practical Nurses	2	23.46	2
3	Certified Nurse Assistants	12	10.38	3
4	Activity Director & Assistants	1	13.70	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	15	10.29	7
8	Dishwashers			8
9	Maintenance Workers	1	22.12	9
10	Housekeepers	7	9.91	10
11	Laundry			11
12	Managers	1	49.04	12
13	Other Administrative	5	12.85	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>46</b>	<b>\$</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				\$	1	
2					2	
3					3	
4					4	
5					5	
				<b>Total</b>	<b>\$</b>	<b>6</b>

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

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

**OTHER RELATED BUSINESS ENTITIES**

Name	3	City	4	Type of Business	5
Barton Management Inc.		Northfield		Management	

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).

STATE OF ILLINOIS

Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/2013

Ending:

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
1	139		2001	2001	\$ 12,437,545	\$ 452,229	30	\$ 414,585	\$ (37,644)	\$
2										
3										
4										
5										
	<b>Improvement Type</b>									
6	Building Improvements		2001	2001	16,810	611	30	560	(51)	
7	Building Improvements		2002	2002	15,063	548	30	502	(46)	
8	Building Improvements		2003	2003	7,757	282	30	259	(23)	
9	Building Improvements		2004	2004	1,845	67	30	62	(5)	
10	Building Improvements		2005	2005	8,532	310	30	284	(26)	
11	Building Improvements		2006	2006	1,771		30	59	59	
12	Building Improvements		2007	2007	46,041	1,674	30	1,535	(139)	
13	Building Improvements		2008	2008	28,159	1,024	30	939	(85)	
14	Building Improvements		2009	2009	57,483	3,927	30	1,916	(2,011)	
15	Building Improvements		2010	2010	18,318	1,410	30	611	(799)	
16	Building Improvements		2011	2011	22,680	1,939	30	756	(1,183)	
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 464,021		\$ 422,068	\$ (41,953)	\$

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6
18	Movable Equipment	\$ 883,124	\$ 27,525	\$ 34,038	6,513	7	\$
19	Vehicles						
20	TOTAL (lines 18 and 19)	\$ 883,124	\$ 27,525	\$ 34,038	6,513		\$

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



Accumulated Depreciation	
5,785,075	1
	2
	3
	4
	5
7,612	6
6,199	7
2,832	8
634	9
2,519	10
1,771	11
11,588	12
5,675	13
22,132	14
5,632	15
5,228	16
5,856,897	17

Accumulated Depreciation	
836,263	18
	19
836,263	20



Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/2013

Ending:

12/31/2013

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
<b>Improvement Type</b>											
6	Carried Forward - Pg5				12,662,004	464,021		422,068	(41,953)	5,856,897	6
7	Building Improvements			2012	3,700	352	30	123	(229)	537	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)				\$ 12,665,704	\$ 464,373		\$ 422,191	\$ (42,182)	\$ 5,857,434	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	\$ 883,124	\$ 27,525	\$ 34,038	6,513	7	\$ 836,263	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 883,124	\$ 27,525	\$ 34,038	6,513		\$ 836,263	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: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2013

Ending: 2/31/2013

**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: \_\_\_\_\_

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	Land Lease	1999		/ /	86,767	60	90	5
6				/ /				6
7	<b>TOTAL</b>				<b>\$ 86,767</b>			<b>7</b>

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

9. Rental amount for movable equipment \$ 5,462

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	Housing & Urban Develop		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,664,806	1/1/48	2.4200	\$ 187,378	1
2	IHDA		x		/ /			/ /		43,451	2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					<b>\$ 7,808,400</b>	<b>\$ 7,664,806</b>			<b>\$ 230,829</b>	<b>7</b>
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					<b>\$ 7,808,400</b>	<b>\$ 7,664,806</b>			<b>\$ 230,829</b>	<b>10</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.

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2013

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 1,830,837	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	879,391		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	39,259		6
7	Other Prepaid Expenses	60,364		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,809,851	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,437,546		14
15	Leasehold Improvements, at Historical Cost	228,161		15
16	Equipment, at Historical Cost	883,124		16
17	Accumulated Depreciation (book methods)	(6,693,697)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(5,771)		20
21	Restricted Funds	641,315		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,692,665	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 10,502,516	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 406,272	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	45,027		30
31	Accrued Taxes Payable	140,435		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				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 591,734	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,664,806		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>	\$ 7,664,806	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,256,540	\$	45
46	<b>TOTAL EQUITY</b>	\$ 2,245,976	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 10,502,516	\$	47

\*(See instructions.)

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/2013

Ending:

12/31/2013

**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	\$ 4,312,086	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	<b>\$ 4,312,086</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		9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	<b>\$</b>	<b>11</b>
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income	84,454	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	<b>\$ 84,454</b>	<b>14</b>
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	<b>\$</b>	<b>17</b>
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	<b>\$ 4,396,540</b>	<b>18</b>

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	1,166,259	19
20	Health Care/ Personal Care	717,891	20
21	General Administration	1,354,877	21
<b>B. Capital Expense</b>			
22	Ownership	1,008,942	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>\$ 4,247,969</b>	<b>28</b>
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	<b>\$ 148,571</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>\$ 148,571</b>	<b>31</b>







