

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0022996 Facility Name: Iona Glos SLC / Ray Graham Association for People with Disabilities Address: 50 S. Fairbanks Addison 60101 County: DuPage Telephone Number: (630) 620-2222 Fax #: (630) 628-1488 HFS ID Number: Date of Initial License for Current Owners: November 18, 1980 Type of Ownership: ☒ VOLUNTARY, NON-PROFIT ☒ Charitable Corp. ☐ Trust IRS Exemption Code E9987-5470-05 ☐ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☐ Limited Liability Co. ☐ Trust ☐ Other ☐ GOVERNMENTAL ☐ State ☐ County ☐ Other
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In the event there are further questions about this report, please contact:
Name: Jaime Almonte Telephone Number: (630) 628-7260
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 07/01/2010 to 06/30/2011 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) Carmel A. Cooke

(Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date) _____

(Print Name and Title) _____

(Firm Name & Address) _____

(Telephone) () Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001
Phone # (217) 782-1630

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People with Disabilities

0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4	100	Intermediate/DD	100	36,600	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	100	36,600	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	36,157			36,157	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,157			36,157	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.79%

D. How many bed-hold days during this year were paid by the Department? 443 (Do not include bed-hold days in Section B.)

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

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care? YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets? YES ☐ NO ☒

I. On what date did you start providing long term care at this location? Date started 11/18/80

J. Was the facility purchased or leased after January 1, 1978? YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year? YES ☐ NO ☒ If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: June 30 Fiscal Year: June 30

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for # 0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	A. General Services											
1	Dietary	135,801		19,022	154,823		154,823		154,823			1
2	Food Purchase		318,951		318,951		318,951		318,951			2
3	Housekeeping	3,334	123,464	77,430	204,228		204,228	(7,110)	197,118			3
4	Laundry											4
5	Heat and Other Utilities			119,756	119,756		119,756	(116)	119,640			5
6	Maintenance	89,934	126,159		216,093		216,093	(1,351)	214,742			6
7	Other (specify):* waste removal			25,598	25,598		25,598		25,598			7
8	TOTAL General Services	229,069	568,574	241,806	1,039,449		1,039,449	(8,577)	1,030,872			8
	B. Health Care and Programs											
9	Medical Director											9
10	Nursing and Medical Records	882,102	87,719	15,839	985,660		985,660		985,660			10
10a	Therapy	1,351,710		45,682	1,397,392		1,397,392		1,397,392			10a
11	Activities	40,665	9,468		50,133		50,133		50,133			11
12	Social Services											12
13	CNA Training	42,293	975		43,268		43,268		43,268			13
14	Program Transportation			45,006	45,006		45,006		45,006			14
15	Other (specify):* license/certif. & sch XVIII		675	31,945	32,620		32,620		32,620			15
16	TOTAL Health Care and Programs	2,316,770	98,837	138,472	2,554,079		2,554,079		2,554,079			16
	C. General Administration											
17	Administrative	601,182			601,182		601,182	(25,525)	575,657			17
18	Directors Fees											18
19	Professional Services			41,293	41,293		41,293	(11,747)	29,546			19
20	Dues, Fees, Subscriptions & Promotions			22,689	22,689		22,689	(3,608)	19,081			20
21	Clerical & General Office Expenses	325,483	58,219		383,702	(21,131)	362,571	(3,013)	359,558			21
22	Employee Benefits & Payroll Taxes			708,993	708,993		708,993	(5,375)	703,618			22
23	Inservice Training & Education			2,144	2,144		2,144	(227)	1,917			23
24	Travel and Seminar											24
25	Other Admin. Staff Transportation			1,549	1,549		1,549	(162)	1,387			25
26	Insurance-Prop.Liab.Malpractice			57,620	57,620		57,620	(55)	57,565			26
27	Other (specify):* see worksheet 3			79,322	79,322		79,322	(75,561)	3,761			27
28	TOTAL General Administration	926,665	58,219	913,610	1,898,494	(21,131)	1,877,363	(125,273)	1,752,090			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,472,504	725,630	1,293,888	5,492,022	(21,131)	5,470,891	(133,850)	5,337,041			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			397,360	397,360		397,360	(1,113)	396,247			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			308	308		308	(308)				33
34	Rent-Facility & Grounds			79,352	79,352		79,352	(5,180)	74,172			34
35	Rent-Equipment & Vehicles					21,131	21,131		21,131			35
36	Other (specify):*											36
37	TOTAL Ownership			477,020	477,020	21,131	498,151	(6,601)	491,550			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			316,152	316,152		316,152		316,152			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			316,152	316,152		316,152		316,152			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,472,504	725,630	2,087,060	6,285,194		6,285,194	(140,451)	6,144,743			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(799)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(11,747)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,962)	27		24
25	Fund Raising, Advertising and Promotional	(54,223)	pg5A		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(308)	pg5A		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(70,412)	pg5A		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (140,451)		\$	30

BHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (140,451)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

ID#

0022996

Report Period Beginning:

07/01/2010

Ending:

06/30/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment for Fundraising = 50% of Advancement	\$		1
2				2
3	Supplies	(7,110)	3	3
4	Utilities	(116)	5	4
5	Maintenance	(1,351)	6	5
6	Administrative	(25,525)	17	6
7	Publications	(226)	20	7
8	Marketing Materials	(3,019)	20	8
9	Networking	(142)	20	9
10	Memberships	(221)	20	10
11	Clerical & General Office	(3,013)	21	11
12	Employee Benefits & Payroll Taxes	(5,375)	22	12
13	In Service Training & Education	(50)	23	13
14	Travel	(162)	25	14
15	Insurance	(55)	26	15
16	Moving Expenses	(2,364)	27	16
17	Depreciation	(314)	30	17
18	Rent	(5,180)	34	18
19	Total Fundraising Adjustment			19
20				20
21	Other Non Allowables & Adjustments			21
22	Conferences and Seminars	(177)	23	22
23	Agency Functions	(36,620)	27	23
24	Moving Expenses	(33,274)	27	24
25	Fines, Penalties & Late Fees	(341)	27	25
26	Real Estate Taxes	(308)	33	26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(124,943)		49

Summary A

06/30/2011

[illegible]

Summary B

06/30/2011

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

[illegible]

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Not for Profit Corp - board members DO NOT have ownership in Ray Graham Association						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐ YES

☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V		Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		N/A	\$			\$	\$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Page 29 for addresses and other details							1
2	Chairperson - Laura Sakas	BOD						2
3	Vice Chairperson - Mary Kay Rizzolo Mann							3
4	Immediate Past Chairperson - Mary Alice Povolny							4
5	Secretary/Treasurer - Lou Leonardi III	BOD						5
6								6
7	Members at Large - Jim Dziewior	BOD						7
8								8
9	Directors	BOD						9
10	Neville Bilimoria	BOD						10
11	John Jevitz	BOD						11
12	Lee Jorwic	BOD						12
13	Jane Kaufman	BOD						13
14	Richard Phelan	BOD						14
15	Jeff Park	BOD						15
16	Jonathan Phillips	BOD						16
17	Elaine Sledz	BOD						17
18	Robert F. Spahn Jr.	BOD						18
19	Deanna Wilkins	BOD						19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number Iona Glos SLC / Ray Graham Association fo # 0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NONE								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People with I # 0022996 Report Period Beginning: 07/01/2010 Ending: 6/30/2011

VIII. ALLOCATION OF INDIRECT COSTS

- A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐
- B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization

Street Address

City / State / Zip Code

Phone Number

Fax Number

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1		see worksheet 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	TOTALS					\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related Long-Term												
1							\$					\$	1
2													2
3													3
4													4
5													5
	Working Capital												
6	NONE												6
7													7
8													8
9	TOTAL Facility Related						\$					\$	9
	B. Non-Facility Related*												
10													10
11													11
12													12
13													13
14	TOTAL Non-Facility Related						\$					\$	14
15	TOTALS (line 9+line14)						\$					\$	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ Zero Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2010 report.		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	2
3. Under or (over) accrual (line 2 minus line 1).				\$	3
4. Real Estate Tax accrual used for 2011 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2006		8		
	2007		9		
	2008		10		
	2009		11		
	2010		12		

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Glos SLC / Ray Graham Association for People with Dis COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0022996

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2010 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2010.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
1.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 47,000

B. General Construction Type: Exterior brick Frame Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility

☐ (b) Rent from a Related Organization.

☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?

☒ (a) Own the Equipment

☐ (b) Rent equipment from a Related Organization.

☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES

☐ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	SLC		1975	\$ 214,674	1
2					2
3	TOTALS			\$ 214,674	3

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

	1 Beds*	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	
4	100		1980	1980	\$ 3,681,931	\$ 92,048		\$ 92,048	\$	\$ 2,807,473	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SLC Direct										9
10	Prior Fiscal Years			2000	56,225	2,812		2,812		56,255	10
11				2001	28,064	1,946		1,946		27,986	11
12				2002	850	85		85		808	12
13				2005	12,785	1,279		1,279		29,489	13
14				2006	43,370	8,214		8,214		39,494	14
15				2007	712,002	133,585		133,585		588,834	15
16	wheelchair accessible door installed			2008	5,990	599	10	599		2,097	16
17	Anti Microbial sheet flooring installed			2008	5,158	516	10	516		1,805	17
18	Canopy - main entrance			2008	7,880	788	10	788		2,758	18
19	Wilsonart Flooring - 6 Homes			2008	126,109	12,611	10	12,611		44,138	19
20	Aircondition Unit Replacement - Core Building			2008	27,564	2,756	10	2,756		9,648	20
21	Bearing Assembly - Boiler			2008	1,485	297	5	297		1,040	21
22	Wilsonart Flooring - Hallways			2008	8,049	805	10	805		2,817	22
23	Work bid			2008	895	90	10	90		313	23
24	Asbestos Building survey			2008	3,150	315	10	315		1,103	24
25	New vinyl clading window installed			2008	1,500	300	5	300		750	25
26	Fire Alarm System upgrade			2008	85,855	8,585	10	8,585		21,464	26
27	Bradford 100 Gallon Water Heater			2008	6,600	1,320	5	1,320		3,300	27
28	Rheem Water Heater - Home 6			2008	5,100	1,020	5	1,020		2,550	28
29	Bathroom Renovation - durarock installed, wall tiled, new floors			2008	52,600	5,260	10	5,260		13,150	29
30	replacement of asphalt - driveways and parking lots			2008	83,892	8,389	10	8,389		20,973	30
31	Bathroom Renovation - dress assist bench installed, shower			2009	27,095	2,709	10	2,709		6,774	31
32	bases replaced, lighting & ventillation devices, grab bars										32
33	folding shower seats installed										33
34	Install Room Divider			2009	8,125	812	10	812		2,031	34
35	Kolpak Walk In Cooler/Freezer installed			2009	26,450	2,645		2,645		6,613	35
36											36

*Total beds on this schedule must agree with page 2.

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

See Page 12A, Line 70 for total

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People with Disabilities # 0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	
37 Upgrade Commercial Kitchen - supply and install Soffit above	2009	\$ 8,124	\$ 812	10	\$ 812	\$	\$ 2,031	37
38 cooler, build service door to allow easy access to equipment								38
39 Camera System installation	2009	8,645	1,729	5	1,729		4,323	39
40 Water Heater	2009	1,275	255	5	255		383	40
41 In Building BPL System	2009	4,146	829	5	829		1,244	41
42 parking lot paving	2009	74,000	7,400	10	7,400		11,100	42
43 Kitchen Renovations - install new base cabinets, sinks	2010	4,173	835	5	835		1,252	43
44 Circuit Board Replacement	2010	1,152	230	5	230		346	44
45 Gas Regulator Replacement	2010	610	122	5	122		183	45
46 SLC Core Building Roof replaced	2010	61,180	6,118	10	6,118		9,177	46
47 Raise and support sidewalks	2010	975	195	5	195		293	47
48 New Counter Top, sink and faucet	2010	1,932	193	5	193		1,739	48
49 Sidewalk Repair	2010	1,197	120	5	120		120	49
50 Replace Doors - SLC Training Room	2010	2,138	214	5	214		214	50
51 Carpet Tiles - SLC Training Room	2010	559	56	5	56		56	51
52 Block Heaters	2010	12,741	1,274	5	1,274		1,274	52
53 Installed Sprinkler Systems and fire alarm devices - 6 Homes	2011	404,328	20,216	10	20,216		20,216	53
54 Bathroom Renovations - removed existing tile walls, replaced	2011	102,933	5,147	10	5,147		5,147	54
55 toilets. Installed Durarock on walls, installed ceramic tiles								55
56 on walls, Installed vinyl flooring, Upgraded lighting & ventilation								56
57 Replace kitchen counter top, sink & faucet - SLC Home 1	2011	743	74	5	74		74	57
58 Replace asphalt at dumpster	2011	590	59	5	59		59	58
59								59
60								60
61								61
62								62
63								63
64								64
65								65
66								66
67								67
68								68
69								69
70 TOTAL (lines 4 thru 69)		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	70

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 12A, Carried Forward		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	1
2									2
3	EQUIPMENT DEPRECIATION								3
4									4
5	Purchase in Prior Years								5
6	SLC Direct - FFE		76,063	18,052		18,052		51,621	6
7									7
8	Management & General								8
9	Administration - FFE		14,531	3,465		3,465		5,197	9
10	SLC portion of Administration - 29.57%		4,297	1,025		1,025		1,537	10
11									11
12	Employee Services FFE		6,890	2,297		2,297		3,648	12
13	SLC portion of Employee Services - 29.56%		2,037	679		679		1,078	13
14									14
15	Finance FFE		42,231	17,700		17,700		28,315	15
16	SLC portion of Finance - 29.62%		12,509	5,243		5,243		8,387	16
17									17
18	Advancement		5,235	1,745		1,745		2,618	18
19	SLC portion of Advancement - 30.69%		1,607	536		536		803	19
20	50% Fundraising adjustment		803	268		268		402	20
21									21
22	Current Year Purchases								22
23	SLC Direct								23
24	Flat Screen TV	2010	2,510	251	5	251		251	24
25	Reliant 450 Series Floor Lift - Manual	2010	1,459	146	5	146		146	25
26	Electric Can Opener	2010	547	55	5	55		55	26
27	Super Capacity Washers (2)	2010	1,030	103	5	103		103	27
28	Snow Blower	2010	1,000	100	5	100		100	28
29	Dell Projector	2010	1,268	211	3	211		211	29
30	Samsung 40 inch Flat Screen TV	2011	1,176	118	5	118		118	30
31	Total SLC Direct		8,990	984		984		984	31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		(184,183)	(52,978)		(52,978)		(105,574)	33
34	TOTAL (lines 1 thru 33)		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 12B, Carried Forward		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(5,710,165)	(335,666)		(335,666)		(3,752,894)	2
3	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12B								3
4									4
5	Administration - Current Year Purchases								5
6	Samsung TV	2011	2,607	207	5	207		207	6
7	Samsung TV	2011	1,820	182	5	182		182	7
8	Chat Board & Sofa	2011	7,576	758	5	758		758	8
9	Credenza & Drawers for all the offices	2011	25,061	2,506		2,506		2,506	9
10	Total Administration		37,064	3,653		3,653		3,653	10
11	SLC portion of Administration - 29.57%		10,800	1,080		1,080		1,080	11
12									12
13	Finance - Current Year Purchases								13
14	Paylocity New Time Keeping Software	2010	14,100	1,410	5	1,410		1,410	14
15	Amano Hand Puch Time Clock	2011	3,407	341	5	341		341	15
16	Total Finance		17,507	1,751		1,751		1,751	16
17	SLC portion of Finance- 29.62%		5,186	519		519		519	17
18									18
19	Total Current Year Purchases		24,976	2,583		2,583		2,583	19
20	Reflects lines 11 & 17 this page and line 35 pg 12B								20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	REVERSE ABOVE AND PICK UP ONLY		5,560,061	320,676		320,676		3,737,904	31
32	BUILDING & BUILDING IMPROVEMENTS FROM PG12A								32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	34

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

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 12C, Carried Forward		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(5,710,165)	(335,666)		(335,666)		(3,737,894)	2
3	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12A								3
4									4
5	Fully Depreciated Assets		136,654					136,654	5
6	SLC Direct								6
7									7
8	Management & General								8
9	Administration		10,065					10,065	9
10	SLC portion of Administration - 29.57%		2,880					2,880	10
11									11
12	Finance		58,711					58,711	12
13	SLC portion of Finance - 29.62%		16,921					16,921	13
14									14
15	Total Fully Depreciated Assets		156,455						15
16									16
17									17
18	TOTAL EQUIPMENT DEPRECIATION		277,140	27,850		27,850		222,063	18
19	REFLECTS LINES 6, 10, 13, 16, 20 , 31 PG12B, LINES 11, 17 PG 12C								19
20	AND LINE 15, PG12D								20
21									21
22	REVERSE ABOVE AND PICK UP ONLY		5,051,339	307,816		307,816		3,290,600	22
23	BUILDING & BUILDING IMPROVEMENTS FROM PG12A								23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,710,165	\$ 335,664		\$ 335,664	\$	\$ 3,752,894	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 95,709	\$ 25,333	\$ 25,333	\$		\$ 63,025	71
72	Current Year Purchases	24,976	2,583	2,583			2,583	72
73	Fully Depreciated Assets	156,454					156,454	73
74								74
75	TOTALS	\$ 277,139	\$ 27,916	\$ 27,916	\$		\$ 222,062	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	client transportation	Ford E-350 2006	2006	\$ 48,875	\$ 9,775	\$ 9,775	\$	5	\$ 43,988	76
77	client transportation	Dodge Gran Caravan 2008	2009	37,734	7,547	7,547		5	11,320	77
78	client transportation	Ford Supreme 2010	2010	47,856	9,571	9,571		5	14,357	78
79	client transportation	Ford Eldorado AeroTech 2010	2011	57,746	5,774	5,774		5	5,774	79
80	TOTALS			\$ 192,211	\$ 32,667	\$ 32,667	\$		\$ 75,439	80

E. Summary of Care-Related Assets

	1	2	
	Reference	Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,394,189	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 396,247	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 396,247	83
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,050,395	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:USMDS Inc. and Millbrook Real Estate and SLJ Properties - see worksheet 7
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☒ YES

☐ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		N/A	02/26/02	\$ 54,443			3
4	Additions		N/A	02/01/11	15,649			4
5			N/A	10/01/03	4,080			5
6								6
7	TOTAL				\$ 74,172			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease.

9. Option to Buy:

☐ YES

☒ NO

Terms: *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES

☒ NO
16. Rental Amount for movable equipment: \$ 21,131Description: see worksheet 8

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning02/2002

Ending12/2021

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	06/30/2012	\$ 36,740
13.	06/30/2013	\$ 37,731
14.	06/30/2014	\$ 39,407

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES		ALLOCATION OF COSTS (d)			
		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	375	600		975
3	Classroom Wages (a)	6,191	8,768		14,959
4	Clinical Wages (b)	1,608	17,536		19,144
5	In-House Trainer Wages (c)	2,775	4,440		7,215
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 10,949	\$ 31,344	\$	\$ 42,293
10	SUM OF line 9, col. 1 and 2 (e)	\$ 42,293			

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	24
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	18
2. From other facilities (f)	
TOTAL TRAINED	42

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People with Disabilities # 0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/2011 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 414,957	\$	1
2	Cash-Patient Deposits	174,296		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>93,732</u>)	5,905,150		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	584,604		5
6	Prepaid Insurance	221,838		6
7	Other Prepaid Expenses	2,678		7
8	Accounts Receivable (owners or related parties)	6,850		8
9	Other(specify): <u>security deposits</u>	19,444		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,329,817	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,717,164		12
13	Land	1,506,314		13
14	Buildings, at Historical Cost	11,128,793		14
15	Leasehold Improvements, at Historical Cost	7,100,528		15
16	Equipment, at Historical Cost	2,240,259		16
17	Accumulated Depreciation (book methods)	(12,275,803)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	38,643		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,455,898	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 20,785,715	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 509,703	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	175,593		28
29	Short-Term Notes Payable	326,721		29
30	Accrued Salaries Payable	728,658		30
31	Accrued Taxes Payable (excluding real estate taxes)	49,254		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	13,070		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>deferred income</u>	39,324		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 1,842,323	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,060,400		39
40	Mortgage Payable	2,362,320		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,422,720	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,265,043	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,520,672	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 20,785,715	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	262,337	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 262,337	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 262,337	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People # 0022996 Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	Amount	1
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 5,980,332	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,980,332	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants	85,746	10
11	CNA Training Reimbursements	31,089	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 116,835	23
	D. Non-Operating Revenue		
24	Contributions	259,867	24
25	Interest and Other Investment Income***	45,150	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 305,017	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	consulting	4,769	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,769	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,406,953	30

	Expenses	Amount	2
	A. Operating Expenses		
31	General Services	1,030,872	31
32	Health Care	2,554,079	32
33	General Administration	1,752,544	33
	B. Capital Expense		
34	Ownership	490,969	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	316,152	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,144,616	40
41	Income before Income Taxes (line 30 minus line 40)**	262,337	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 262,337	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

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

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,832	2,080	\$ 68,418	\$ 32.89	1
2	Assistant Director of Nursing					2
3	Registered Nurses	8,110	10,283	275,312	26.77	3
4	Licensed Practical Nurses	12,181	13,794	329,762	23.91	4
5	CNAs & Orderlies					5
6	CNA Trainees	2,096	2,096	42,293	20.18	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	3,573	3,765	40,665	10.80	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,839	2,120	37,236	17.56	13
14	Head Cook	3,703	4,438	54,665	12.32	14
15	Cook Helpers/Assistants	3,776	4,361	43,900	10.07	15
16	Dishwashers					16
17	Maintenance Workers	4,547	4,547	89,934	19.78	17
18	Housekeepers	302	302	3,334	11.04	18
19	Laundry					19
20	Administrator	2,221	2,690	95,894	35.65	20
21	Assistant Administrator	2,690	3,362	72,859	21.67	21
22	Other Administrative	14,717	17,283	271,427	15.70	22
23	Office Manager	1,836	2,088	34,917	16.72	23
24	Clerical	1,782	2,121	24,823	11.70	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	11,144	12,851	208,610	16.23	28
29	Resident Services Coordinator	1,082	2,080	39,004	18.75	29
30	Habilitation Aides (DD Homes)	99,301	113,340	1,312,706	11.58	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>see worksheet 2</u>	13,524	15,493	426,745	27.54	33
34	TOTAL (lines 1 - 33)	190,256	219,094	\$ 3,472,504 *	\$ 15.85	34

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	381	\$ 19,022	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	57	2,838	10a	40
41	Occupational Therapy Consultant	390	26,520	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	371	16,324	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	27	5,265	15	46
47	<u>Physician</u>	monthly	20,000	15	47
48	<u>Optometric, Dental</u>	159	6,680	15	48
49	TOTAL (lines 35 - 48)	1,385	\$ 96,649		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$		50
51	Licensed Practical Nurses	436	15,839	10	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	436	\$ 15,839		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number Iona Glos SLC / Ray Graham Association for People with Disabilities # 0022996

Report Period Beginning: 07/01/2010 Ending: 06/30/2011

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? no
If YES, give association name and amount. _____
- (3) Did the nursing home make political contributions or payments to a political action organization? no If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 30,238 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 316,152
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? n/a
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ n/a Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? n/a
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Porte Brown, LLC.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a
Attach invoices and a summary of services for all architect and appraisal fees.

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

		SLC Allocation of...												
SCH V		RGA Admin	RGA P/R &	Sum	RGA Admin	RGA P/R &	Sum Mngmt	Direct	RGA Audit				Adjust for	Other
LINE REF		Services	Advancement	& General	30%	31%	& General	Program	Figures	Reclassified	Sum	Fund Raising	Adjustment	Total
								Cost	SLC					
Salaries and related expenses:														
Sch XVIII	Salaries	1,269,765	166,341	1,436,106	375,694	51,050	426,744	3,045,760	3,472,504		3,472,504	(25,525)		3,446,979
22	Unemployment	73,493	0	73,493	21,721	0	21,721	0	21,721		21,721	0		21,721
22	FICA	86,563	11,398	97,961	25,612	3,498	29,110	217,832	246,942		246,942	(1,749)		245,193
22	Health Insurance	93,877	15,971	109,848	27,775	4,902	32,677	260,648	293,325		293,325	(2,451)		290,874
22	403B Plan Expense	69,240	0	69,240	20,468	0	20,468	0	20,468		20,468	(0)		20,468
22	Insurance: Executive	0	0	0	0	0	0	0	0		0	0		0
22	Employee Incentives	7,721	0	7,721	2,282	0	2,282	1,366	3,648		3,648	0		3,648
22	Insurance: Workers' Comp	42,825	7,656	50,481	12,671	2,350	15,021	106,843	121,864		121,864	(1,175)		120,689
22	Work Comp Out-of-Pocket	0	0	0	0	0	0	0	0		0	0		0
22	Existing Staff Medical	0	0	0	0	0	0	1,025	1,025		1,025	0		1,025
26	Insurance: D & O	6,800	0	6,800	2,011	0	2,011	0	2,011		2,011	0		2,011
Direct services:														
Sch XVIII	Clinical Consultants	0	0	0	0	0	0	96,649	96,649		96,649	0		96,649
Sch XVIII	Temporary Workers	915	8,269	9,184	270	2,538	2,808	15,839	18,647		18,647	0		18,647
3	Client Wages - Janitorial	1,076	0	1,076	318	0	318	0	318		318	0		318
10 & 13	Medical	0	0	0	0	0	0	58,456	58,456		58,456	0		58,456
10	Adult Briefs	0	0	0	0	0	0	30,238	30,238		30,238	0		30,238
11	Rehab & Educ Supplies	0	0	0	0	0	0	4,372	4,372		4,372	0		4,372
3	Supplies	1,323	0	1,323	391	0	391	108,535	108,926		108,926	(0)		108,926
11	Recreation	0	0	0	0	0	0	5,096	5,096		5,096	0		5,096
6 & 21	Equipment Purchases	1,125	5,232	6,357	333	1,606	1,939	48,699	50,638		50,638	(803)		49,835
6 & 21	Equipment Lease/Maint/Repairs	25,854	3,554	29,408	7,650	1,091	8,741	19,692	28,433	(21,131)	7,302	(545)		6,757
35	Equipment Lease	0		0			0		0	21,131	21,131	0		21,131
3	In Kind Contributions	0	46,334	46,334	0	14,220	14,220	0	14,220		14,220	(7,110)		7,110
14 & 25	Staff Travel	4,139	1,058	5,197	1,224	325	1,549	5,191	6,740		6,740	(162)		6,578
14	Vehicle Fuel	6,428	1	6,429	1,901	0	1,901	20,075	21,976		21,976	(0)		21,976
14	Vehicle Repairs & Maintenance	4	0	4	1	0	1	15,865	15,866		15,866	(0)		15,866
14	Vehicle Inspections & Safety	0	0	0	0	0	0	1,837	1,837		1,837	0		1,837
26	Vehicle Insurance	12	1	13	4	0	4	8,120	8,124		8,124	(0)		8,124
35	Vehicle Leases	0	0	0	0	0	0	0	0		0	0		0
14	Vehicle Licenses	1	0	1	0	0	0	135	135		135	(0)		135
14	Contract Busing	0	0	0	0	0	0	0	0		0	0		0
23	Conferences & Seminars	2,848	325	3,173	842	100	942	1,202	2,144		2,144	(50)	(177)	1,917
26	Insurance: Gen'l & Pro Liability	0	0	0	0	0	0	33,268	33,268		33,268	0		33,268
21	Telephone	18,956	2,746	21,702	5,609	843	6,452	8,870	15,322		15,322	(421)		14,901
21	Cell Phone	4,832	377	5,209	1,430	116	1,546	2,396	3,942		3,942	(58)		3,884
Program support:														
2	Food	0	0	0	0	0	0	318,951	318,951		318,951	0		318,951
19	Payroll Service	35,287	0	35,287	10,452	0	10,452	0	10,452		10,452	0		10,452
19	Audit	34,200	0	34,200	10,130	0	10,130	0	10,130		10,130	0		10,130
19	Legal	25,651	0	25,651	7,581	0	7,581	0	7,581		7,581	0	(11,747)	(4,166)
19	Professional Services	16,460	8,933	25,393	4,869	2,742	7,611	0	7,611		7,611	0		7,611
21	Office Supplies & Equipment	9,609	896	10,505	2,843	275	3,118	5,081	8,199		8,199	(137)		8,062
21	Training Materials	8,338	0	8,338	2,464	0	2,464	0	2,464		2,464	0		2,464
21	Computer Equip & Supplies	9,424	0	9,424	2,791	0	2,791	0	2,791		2,791	0		2,791
19	Software Maintenance	8,232	890	9,122	2,438	273	2,711	0	2,711		2,711	0		2,711

Occupancy:

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

RAY GRAHAM ASSOCIATION COSTS				SLC Allocation of...								Other			
SCH V		RGA Admin	RGA P/R &	Sum	RGA Admin	RGA P/R &	Sum Mngmt	Direct	RGA Audit						
LINE	REF	Services	Advancement	& General	Services	Advancement	& General	Program	Figures	Reclassified	Sum	Fund Raising	Adjustment	Non-Allow &	Total
					30%	31%		Cost	SLC						
26	Insurance: Building	2,388	360	2,748	707	110	817	13,400	14,217		14,217		(55)		14,162
3	Janitorial Contracts	0	0	0	0	0	0	77,430	77,430		77,430		0		77,430
5	Utilities: Electric	5,775	759	6,534	1,709	233	1,942	56,714	58,656		58,656		(116)		58,540
5	Utilities: Natural Gas	635	0	635	188	0	188	32,266	32,454		32,454		0		32,454
5	Utilities: Water	0	0	0	0	0	0	28,647	28,647		28,647		0		28,647
7	Utilities: Waste Removal	558	0	558	165	0	165	25,433	25,598		25,598		0		25,598
6	Building & Grounds	1,880	0	1,880	556	0	556	8,836	9,392		9,392		0		9,392
6	Fire, Safety & Security	402	0	402	119	0	119	8,923	9,042		9,042		0		9,042
6	Maintenance Supplies	0	0	0	0	0	0	0	0		0		0		0
6	Repairs and Maintenance	766	19	785	226	6	232	35,846	36,078		36,078		(3)		36,075
34	Rent	233,166	33,755	266,921	68,992	10,359	79,351	0	79,351		79,351		(5,180)		74,171
33	Real Estate Taxes	1,040	0	1,040	308	0	308	0	308		308		0	(308)	0
6	Damages	0	0	0	0	0	0	3,256	3,256		3,256		0		3,256
Other:															
21	Postage	8,749	4,299	13,048	2,589	1,319	3,908	2,800	6,708		6,708		(660)		6,048
21	Printing	3,383	11,318	14,701	1,001	3,473	4,474	104	4,578		4,578		(1,737)		2,841
20	Publications	334	1,471	1,805	99	451	550	0	550		550		(226)		324
15 & 21	Certifications	11,956	0	11,956	3,535	0	3,535	675	4,210		4,210		0		4,210
20	Recruitment	22,121	0	22,121	6,538	0	6,538	0	6,538		6,538		0		6,538
20	Advertisements	0	0	0	0	0	0	0	0		0		0		0
20	Marketing Materials	0	19,673	19,673	0	6,038	6,038	0	6,038		6,038		(3,019)		3,019
20	Networking	0	924	924	0	283	283	0	283		283		(142)		141
20	Memberships	29,881	1,443	31,324	8,837	443	9,280	0	9,280		9,280		(221)		9,059
27	Agency Functions	14,353	105,492	119,845	4,245	32,375	36,620	0	36,620		36,620		0	(36,620)	0
27	Special Events	0	0	0	0	0	0	0	0		0		0	0	0
42	SLC Participation Fees	0	0	0	0	0	0	316,152	316,152		316,152		0		316,152
27	Moving Expenses	100,133	15,407	115,540	29,630	4,728	34,358	1,280	35,638		35,638		(2,364)	(33,274)	0
27	Miscellaneous Expense	0	0	0	0	0	0	0	0		0		0		0
32	Interest	0	0	0	0	0	0	0	0		0		0		0
27	Bad Debts	10,000	0	10,000	2,962	0	2,962	0	2,962		2,962		0	(2,962)	0
27	Bank Charges	12,697	0	12,697	3,761	0	3,761	0	3,761		3,761		0		3,761
27	Fines, Penalties & Late Fees	378	0	378	112	0	112	229	341		341		0	(341)	0
Depreciation and amortization:															
30	Depn Expense - Vehicles	0	0	0	0	0	0	32,667	32,667		32,667		0		32,667
30	Depn Expense - Bldgs	345	0	345	102	0	102	92,048	92,150		92,150		0	(102)	92,048
30	Depn Expense - Bldg Improv	0	0	0	0	0	0	243,617	243,617		243,617		0		243,617
30	Depn Expense - F,F & E	29,008	1,745	30,753	8,587	536	9,123	19,061	28,184		28,184		(268)		27,916
30	Amort - Leasehold Improvements	2,200	299	2,499	651	92	743	0	743		743		(46)	(697)	0
TOTAL EXPENSES		2,357,146	476,946	2,834,092	697,394	146,375	843,769	5,441,425	6,285,194	0	6,285,194		(54,223)	(86,228)	6,144,743

Notes: (a) Allocation based on percentage of total direct expenses.

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

					Schedule V
Vendor/Payee	Type	Mgmt&Gen	Percent	SLC	Reference
Paylocity	payroll service	35,287.00	29.62%	10,452	19
Porte Brown LLC	annual audit	34,200.00	29.62%	10,130	19
Hinshaw & Culbert LLP	legal services	168.00	29.56%	50	19
Laner, Muchin, Dombrow, Becker	legal services	25,291.00	29.56%	7,475	19
Paddock Publications	ads for construction bids	192.00	29.62%	57	19
Don Moss & Associates	Informational Services	2,400.00	29.57%	710	19
Mundo, Donald	CPR Training	7,979.00	29.56%	2,358	19
Sound Incorporated	Phone/Voice Mail Service	924.00	29.62%	274	19
Network PhD	computer support	158.00	29.62%	47	19
Camp Construction	consulting and construction specific	5,000.00	29.62%	1,481	19
Skosberg, Lea Ann	Grant Consulting	8,933.00	30.69%	2,741	19
Accufund	accounting software support	4,366.00	29.62%	1,293	19
McAfee	computer virus protection	2,360.00	29.62%	699	19
CDW Direct	Firewall	611.00	29.62%	181	19
Zoho Corp	manage engine service desk plus	895.00	29.62%	265	19
Softerware	donor perfect database support	890.00	30.69%	273	19
Akers, Suzanne	temporary office worker	165.00	29.56%	49	19
Cifone, Patrick	defensive driving orientation	90.00	29.56%	27	19
Dixon, Duane	defensive driving orientation	40.00	29.56%	12	19
Glen, Siobhan	temporary office worker	390.00	29.56%	115	19
Mastel, Donald	defensive driving orientation	20.00	29.56%	6	19
Smith, Cami	human interaction training	210.00	29.56%	62	19
Glen, Siobhan	temporary office worker	8,269.00	30.69%	2,538	19
Total, per schedule V, Line 19, Column 3		138,838.00		41,293	
Non-Allowables:					
Hinshaw & Culbert LLP	legal services	(168.00)	29.56%	(50)	19
Laner, Muchin, Dombrow, Becker	legal services	(25,291.00)	29.56%	(7,475)	19
Camp Construction	consulting and construction specific	(5,000.00)	29.62%	(1,481)	19
Skosberg, Lea Ann	Grant Consulting	(8,933.00)	30.69%	(2,742)	19
Total per schedule V, Line 19, Column 7		(39,392.00)		(11,747)	
Net per schedule V, line 19, Column 8		99,446.00		29,546	

Worksheet 4

Detail for Schedule V, Line 23 - In-service, Training, & Education

Vendor	Description/Topic	Amount Paid
Allocated from Administration 1-500		
Citibusiness Card -	ISU Conference	65
ICAN	HITECH Act update seminar	195
ICAN	Sustaining Strong Boards for Effective Fundraising Seminar	45
SABE Knights of Columbus	SABE KC 2010 Conference	200
RARF	RARF meeting hotel room	98
Dale Carnegie	Dale Carnegie course seminar	50
The Institute for Public Policy	Seminar: Reducing Costs & Maintaining Quality	50
The Institute for Public Policy	Seminar: Outcomes, Quality and Trend Analysis	50
	Total	753
SLC Allocation	29.57%	223
Allocated from Employee Services 1-710		
Skillpath Seminars	Seminar: The Excelling as a Manager or Supervisor	149
The Institute for Public Policy	New Ways of Doing business in Difficult Economic Times	50
Cornerstone Inc.	Cornerstone Supervisor Training	20
Lombard Park District	Facility Rental for employee picnic	171
NIU Outreach	Linguistic & Cultural Competency Seminar	240
AAIDD	AAIDD Annual Conference	296
Career Builder.com	ad for assistant admin position	325
	Total	1,251
SLC Allocation	29.56%	370
Allocated from Finance 1-770		
Donor Forum	SCPGC Member Event	205
PESI Healthcare	Geriatric Pharmacology Training	189
Dale Carnegie	Seminar: How to Get the Very Best from People	50
ExecSense	WEBINAR: The Best Tips & techniques for writing RFPS	250
The Institute for Public Policy	Seminar: Outcomes, Quality & Trend Analysis	50
Travel	non allowable	100
	Total	844
SLC Allocation	29.62%	250
Allocated from Development 1-900		
Chicago Planned Giving Council	SCPGC Member Event	25
Donors Forum	Building Strategic Relationships with Corporations & Foundations	100
Donors Forum	ABC's of Individual Giving	100
Donors Forum	ABC's of Major Donors	100
	Total	325
	30.69%	100
	less 50% fundraising	50
SLC Allocation		50
Direct Allocation		
Alzheimer's Association	Alzheimer's Association Conference	135
Health professional Institute	Multi Disciplinary Certificate Program in Dementia	525
ARC of Illinois	ARC of IL conference	120
Little Friends Center for Autism	Trend for Supporting Adults with Autism	372
The Institute for Public Policy	Seminar: Outcomes, Quality & Trend Analysis	50
SLC Direct Expense	100%	1,202
Non Allowables		
Lombard Park District	Facility Rental for employee picnic	(51.00)
Career Builder.com	ad for assistant admin position	(96.00)
Travel Expenses	non allowable	(30.00)
		(177.00)
Total Expense		1,917

Worksheet 8

Detail for Schedule XII part B. Equipment Rental - Excluding Transportation and Fixed Equipment

Movable Equipment Description				SLC %	SLC Cost
<u>SLC</u>					
postage system					2,064
copier					12,207
Total SLC				100%	14,271
<u>Finance</u>					
Water Cooler					
992					
992				30%	294
<u>Main Street Building</u>					
copier					
7,967					
7,967					
Administration		15.00%	1,195	30%	353
<u>Finley Building</u>					
copier					
15,643					
water cooler					
192					
postage system					
8,652					
24,487					
Administration		18.59%	2,909	30%	1,346
Employee Services		20.66%	3,231	30%	1,495
Pub Rel & Develop		15.59%	2,440	31%	1,172
less 50%					(586)
Finance		38.40%	6,007	30%	2,785
Total Expense					21,131

Worksheet 9

Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount
Direct Staff			
Blum, Alan	SLC Director		41,858
Noreiga, Lynette	Assistant Director		54,036
Castro, Amy	System Administrator		23,617
Eulitz, Kathleen	Administrator (Resigned)		48,146
Clausing, Katie	Administrator		1,096
Badalamenti, Salvatore	Coordinator		36,065
Enverga, Nicole	Coordinator		(325)
Jones, anthony	Coordinator		31,539
Kachhawala, Zainab	Coordinator		32,887
Patel, Janki	Coordinator		33,545
Patel, Meera	Coordinator		(2,033)
Powell, Phichette	Coordinator		31,987
Spann, Valerie	Coordinator		5,613
Bruce, Pamela	Home Manager		33,647
Patel, Ushma	Home Manager		38,180
Smith, Chitasia	Home Manager		20,400
Verpaele, Erica	Home Manager		9,922
total SLC direct			440,180
Management and General Allocated			
Administrators			
Carmody, Kathleen	Chief of Staff	145,540	
Hansen, Lisa	System Administrator	26,492	
Terrill, Cathy Ficker	President (Retired)	77,530	
Zoeller, Kimberly	President	121,232	
	Allocated thru Building Maintenance	1,032	
SLC allocation	30%	371,826	109,952
Public Relations & Development			
Foote, Thomas	Director of Development - Resigned	48,346	
Ladd, James	Director of Development	20,546	
Baker, Julia	Special Events Coordinator	42,046	
Glenn, Mary B	Volunteer Coordinator	38,594	
Walter, Ashley	Marketing Coordinator	16,589	
	Allocated thru Building Maintenance	220	
SLC allocation	31%	166,341	51,050
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1			601,182

Ray Graham Association
Board of Directors
FY 2011

Officer	Residence	Business
Chairperson		
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Mary Kay Rizzolo Mann	1713 W. Schubert Avenue Chicago, IL 60614 (773) 868-0263 Mrizzo3@uic.edu	Associate Director Institute on Disability and Human Development Research Assistant Professor University of IL at Chicago
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Directors Robert F. Spahn, Jr. CLU, ChFc	933 Kent Elmhurst, IL 60126 robert.spahnjr@nmfn.com	Northwestern Mutual Financial Representative 377 E. Butterfield Rd., Suite 325 Lombard, IL 60148 (630) 458-7019
Directors Deanna Wilkins, C.I.A.O.	Deanna@wilkinsconstruction.com	York Township Assessor's Office 1502 South Meyers Road Lombard, IL 6018 (630) 627-3354