

		FOR BHF USE					

LL1

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

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

Address: 50 South Fairbank Street Addison 60101
Number City Zip Code

County: DuPage

Telephone Number: (630) 620-2222 Fax # (630) 628-1488

HFS ID Number:

Date of Initial License for Current Owners:

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

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 07/01/2011 to 06/30/2012 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)
(Type or Print Name) Carmel A. Cooke
(Title) Chief Financial Officer

Paid
Preparer

(Signed)
(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# 0022996 Report Period Beginning: 07/01/2011 Ending: 06/30/2012

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	<u>100</u>	Intermediate/DD	<u>100</u>	<u>36,600</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>100</u>	TOTALS	<u>100</u>	<u>36,600</u>	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	<u>36,167</u>			<u>36,167</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>36,167</u>			<u>36,167</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 98.82%

D. How many bed-hold days during this year were paid by the Department?

433 (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? YESG. 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.

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total						
		1	2	3	4	5	6	7	8	9	10
	A. General Services										
1	Dietary	139,568		19,497	159,065		159,065		159,065		1
2	Food Purchase		338,772		338,772		338,772		338,772		2
3	Housekeeping	3,628	143,412	79,512	226,552		226,552	(19,898)	206,654		3
4	Laundry										4
5	Heat and Other Utilities			114,903	114,903		114,903	(203)	114,700		5
6	Maintenance	103,999	102,296		206,295		206,295	(812)	205,483		6
7	Other (specify):* waste removal			28,015	28,015		28,015		28,015		7
8	TOTAL General Services	247,195	584,480	241,927	1,073,602		1,073,602	(20,913)	1,052,689		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	887,666	75,170	10,732	973,568		973,568		973,568		10
10a	Therapy	1,444,164		13,057	1,457,221		1,457,221		1,457,221		10a
11	Activities	31,676	39,539		71,215		71,215		71,215		11
12	Social Services										12
13	CNA Training	37,979	1,000		38,979		38,979		38,979		13
14	Program Transportation			51,849	51,849		51,849		51,849		14
15	Other (specify):* license/certif.& schXVIII		525	31,505	32,030		32,030		32,030		15
16	TOTAL Health Care and Programs	2,401,485	116,234	107,143	2,624,862		2,624,862		2,624,862		16
	C. General Administration										
17	Administrative	594,404			594,404		594,404	(20,130)	574,274		17
18	Directors Fees										18
19	Professional Services			94,630	94,630		94,630	(62,786)	31,844		19
20	Dues, Fees, Subscriptions & Promotions			27,663	27,663		27,663	(6,675)	20,988		20
21	Clerical & General Office Expenses	338,887	52,146		391,033	(21,502)	369,531	(3,208)	366,323		21
22	Employee Benefits & Payroll Taxes			757,152	757,152		757,152	(4,348)	752,804		22
23	Inservice Training & Education			2,719	2,719		2,719	(186)	2,533		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			1,687	1,687		1,687	(189)	1,498		25
26	Insurance-Prop.Liab.Malpractice			61,521	61,521		61,521	(59)	61,462		26
27	Other (specify):* see worksheet 3			39,153	39,153		39,153	(32,416)	6,737		27
28	TOTAL General Administration	933,291	52,146	984,525	1,969,962	(21,502)	1,948,460	(129,997)	1,818,463		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,581,971	752,860	1,333,595	5,668,426	(21,502)	5,646,924	(150,910)	5,496,014		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			372,948	372,948		372,948	(1,592)	371,356			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			340	340		340	(340)				33
34	Rent-Facility & Grounds			66,392	66,392		66,392	(4,278)	62,114			34
35	Rent-Equipment & Vehicles					21,502	21,502		21,502			35
36	Other (specify):*											36
37	TOTAL Ownership			439,680	439,680	21,502	461,182	(6,210)	454,972			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			351,345	351,345		351,345		351,345			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			351,345	351,345		351,345		351,345			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,581,971	752,860	2,124,620	6,459,451		6,459,451	(157,120)	6,302,331			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.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	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	(1,592)	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	(62,786)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,030)	27		24
25	Fund Raising, Advertising and Promotional	(59,829)	pg5A		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(340)	pg5A		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(29,543)	pg5A		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (157,120)		\$	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
(sum of SUBTOTALS				
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (157,120)		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

Iona Glos SLC

ID# 0022996

Report Period Beginning: 07/01/2011

Ending: 06/30/2012

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Adjustment for Fundraising = 50% of Public	\$		1
2	Relations & Advancement - also see Worksheet 1			2
3				3
4	Supplies	(19,898)	3	4
5	Utilities	(291)	5	5
6	Maintenance	(724)	6	6
7	Administrative	(20,130)	17	7
8	Publications	(259)	20	8
9	Marketing Materials	(5,979)	20	9
10	Networking	(14)	20	10
11	Memberships	(423)	20	11
12	Clerical & General Office	(3,208)	21	12
13	Employee Benefits & Payroll Taxes	(4,348)	22	13
14	In Service Training & Education	(29)	23	14
15	Travel	(189)	25	15
16	Insurance	(59)	26	16
17	Rent	(4,278)	34	17
18	Total fundraising adjustment			18
19				19
20	Other Non Allowables & Adjustment			20
21	Conferences and Seminars	(157)	23	21
22	Agency Functions	(28,987)	27	22
23	Fines, penalties & Late Fees	(399)	27	23
24	Real Estate Taxes - Vacant Properties	(340)	33	24
25				25
26				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	(89,712)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	(19,898)	0	0	0	0	0	0	0	0	0	0	(19,898)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(291)	0	0	0	0	0	0	0	0	0	0	(291)	5
6	Maintenance	(724)	0	0	0	0	0	0	0	0	0	0	(724)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(20,913)	0	0	0	0	0	0	0	0	0	0	(20,913)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(20,130)	0	0	0	0	0	0	0	0	0	0	(20,130)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(62,786)	0	0	0	0	0	0	0	0	0	0	(62,786)	19
20	Fees, Subscriptions & Promotions	(6,675)	0	0	0	0	0	0	0	0	0	0	(6,675)	20
21	Clerical & General Office Expenses	(3,208)	0	0	0	0	0	0	0	0	0	0	(3,208)	21
22	Employee Benefits & Payroll Taxes	(4,348)	0	0	0	0	0	0	0	0	0	0	(4,348)	22
23	Inservice Training & Education	(186)	0	0	0	0	0	0	0	0	0	0	(186)	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(189)	0	0	0	0	0	0	0	0	0	0	(189)	25
26	Insurance-Prop.Liab.Malpractice	(59)	0	0	0	0	0	0	0	0	0	0	(59)	26
27	Other (specify):*	(32,416)	0	0	0	0	0	0	0	0	0	0	(32,416)	27
28	TOTAL General Administration	(129,997)	0	0	0	0	0	0	0	0	0	0	(129,997)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(150,910)	0	0	0	0	0	0	0	0	0	0	(150,910)	29

Summary B

06/30/2012

[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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
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.

Facility Name & ID Number

Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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 - Mary Kay Rizzolo Mann	BOD						2
3	Vice Chairperson - Michael Komoll	BOD						3
4	Immediate Past Chair - Laura Sakas	BOD						4
5	Secretary/Treasurer - Lou Leonardi, III	BOD						5
6								6
7	Member at Large - Lee Jorwic	BOD						7
8	Member at Large - Deanna Wilkins	BOD						8
9								9
10	Directors							10
11	Neville Bilimoria	BOD						11
12	Joseph Derezinski	BOD						12
13	Jane Kaufman	BOD						13
14	Chris Nybo	BOD						14
15	Jeff Park	BOD						15
16	Richard Phelan	BOD						16
17	Jonathan Phillips	BOD						17
18	Mary Alice Povolny	BOD						18
19	Elaine Sledz	BOD						19
20	Robert F. Spahn	BOD						20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

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

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													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. \$ ZeroLine # 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

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.		
1.	Real Estate Tax accrual used on 2011 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 2012 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:	2007		8	
	2008		9	
	2009		10	
	2010		11	
	2011		12	

		8
2007		
2008		
2009		
2010		
2011		

FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	\$
14	PLUS APPEAL COST FROM LINE 5	\$
15	LESS REFUND FROM LINE 6	\$
16	AMOUNT TO USE FOR RATE CALCULATION	\$

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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME
Iona Glos SLC

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 2011 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 2011.

(A)	(B)	(C)	(D)
Tax Index Number	Property Description	Total Tax	Tax Applicable to Nursing Home
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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

	1	2	3	4	5	6	7	8	9	
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	100		1980	1980	\$ 3,681,931	\$ 92,048		\$ 92,048	\$	\$ 2,899,521
5										
6										
7										
8										
	Improvement Type**									
9	SLC Direct									
10										
11	Prior Fiscal Years		2001		10,849	78		78		10,849
12			2002		850	43		43		850
13			2006		38,765	3,877		3,877		38,765
14			2007		711,133	72,855		72,855		660,976
15			2008		421,835	43,651		43,651		171,556
16	Bathroom Renovation - dress assist bench installed, shower		2009		27,095	2,710	10	2,710		9,483
17	bases replaced, lighting, ventillation, grab bars, folding shower seats									
18	Install Room Divider		2009		8,125	813	10	813		2,844
19	Kolpak Walk In Cooler/Freezer Installed		2009		26,450	2,645	10	2,645		9,258
20	Upgrade Commercial Kitchen - supply & install Soffit above		2009		8,124	812	10	812		2,843
21	cooler, build service door to allow easy access to equipment									
22	Camera System Installation		2009		8,645	1,729	5	1,729		6,051
23	Water Heater		2009		1,275	255	5	255		638
24	In Building BPL System		2009		4,146	829	5	829		2,073
25	parking lot paving		2009		74,000	7,400	10	7,400		18,500
26	Kitchen Renovations - install new base cabinets, stainless		2010		4,173	835	5	835		2,086
27	steel sinks									
28	Circuit Board Replacement		2010		1,152	230	5	230		576
29	Gas Regulator Replacement		2010		610	122	5	122		305
30	SLC Core Building Roof Replaced		2010		61,179	6,118	10	6,118		15,295
31	Raise and Support Sidewalks		2010		975	195	5	195		488
32	New Counter Top, sink, Faucet		2010		1,932	386	5	386		580
33	Sidewalk Repair		2010		1,197	239	5	239		359
34	Replace Doors - SLC Training Room		2010		2,138	428	5	428		641
35	Carpet Tiles - SLC Training Room		2010		559	112	5	112		168
36	Block Heaters		2010		12,741	2,548	5	2,548		3,822

*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

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	
37	Installed Sprinkler systems and fire alarm devices - 6 homes	2011	\$ 404,328	\$ 40,433	10	\$ 40,433	\$	\$ 60,649	37
38	Bathroom Renovations - removed existing tile walls and vinyl	2011	102,933	10,293	10	10,293		15,440	38
39	flooring. Replaced toilets. Installed Durarock on walls. Installed								39
40	ceramic tiles on walls. Installed vinyl flooring. Installed bench								40
41	in place of one of the sinks removed. Replaced shower base								41
42	with ceramic tile. Upgraded lighting and ventilation. Stained								42
43	and varnish doors								43
44	Replace kitchen counter top, sink and faucet	2011	743	149	5	149		223	44
45	Replace asphalt at dumpster	2011	590	118	5	118		177	45
46	condensing units replaced	2011	8,985	898	5	898		898	46
47	install New Threshold, reglaze double doors	2011	1,189	119	5	119		119	47
48	Install Lexan Plexiglass windows	2011	1,613	161	5	161		161	48
49	Furnace Blower motors replaced	2012	1,655	165	5	165		165	49
50	Honeywell boiler replacement	2012	4,191	419	5	419		419	50
51	Shower valve replaced	2012	545	55	5	55		55	51
52	Bradford 75 Gallon Water Heater	2012	1,768	177	5	177		177	52
53	SLC Rehab - floors and windows replaced, painting of 6 homes	2012	344,845	17,242	10	17,242		17,242	53
54	and the core building, safety handrail system install								54
55	A/C Compressor and Module Board replaced	2012	1,730	173	5	173		173	55
56	Install and hook up dishwasher	2012	2,137	214	5	214		214	56
57									57
58									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)		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	70

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	1
2									2
3	EQUIPMENT DEPRECIATION								3
4									4
5	Purchase in Prior Years								5
6	SLC Direct - FFE		78,321	16,919		16,919		62,939	6
7									7
8	Management & General								8
9	Administration FFE		51,056	10,770		10,770		19,619	9
10	SLC portion of Administration - 30.33%		15,483	3,266		3,266		5,950	10
11									11
12	Employee Services FFE		6,890	2,195		2,195		5,843	12
13	SLC Portion of Employee Services - 30.38%		2,093	667		667		1,775	13
14									14
15	Finance FFE		59,738	12,747		12,747		42,812	15
16	SLC Portion of Finance - 30.30%		18,102	3,863		3,863		12,973	16
17									17
18	Advancement FFE		5,235	1,745		1,745		4,363	18
19	SLC portion of Advancement - 31.45%		1,646	549		549		1,372	19
20									20
21									21
22	Current Year Purchases								22
23	SLC Direct - FFE								23
24	Washing Machine - Home 2	2011	569	57		57		57	24
25	Electric Can Opener	2011	604	101		101		101	25
26	Toshiba 55" LCD HD TV	2011	860	86		86		86	26
27	Washing Machine - Home 3	2012	521	52		52		52	27
28	Dishwasher Platform	2012	684	68		68		68	28
29	Undercounter High Temp Dishwasher	2012	4,140	414		414		414	29
30	Total Current Year Purchases		7,378	778		778		778	30
31									31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		(253,320)	(54,277)		(54,277)		(159,202)	33
34	TOTAL (lines 1 thru 33)		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	34

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(5,987,131)	(311,574)		(311,574)		(3,954,639)	2
3	EQUIPMENT DEPRECIATION FROM PG12B								3
4									4
5	Finance - Current Year Purchases								5
6	Sage Fixed Assets Software	2011	2,727	273		273		273	6
7	Dell Server	2011	3,452	345		345		345	7
8	Total Finance		6,179	618		618		618	8
9	SLC Portion of Finance - 30.30%		1,872	187		187		187	9
10									10
11	Total Current Year Purchases		9,250	965		965		965	11
12	Reflects line 9 this page and line 30 PG12B								12
13									13
14	Fully Depreciated Assets								14
15	SLC Direct		144,830					144,830	15
16									16
17	Management & General								17
18	Administration		10,064					10,064	18
19	SLC portion of Administration - 30.33%		3,052					3,052	19
20									20
21	Finance		58,711					58,711	21
22	SLC Portion of Finance - 30.30%		17,791					17,791	22
23									23
24	Total - Fully Depreciated Assets		165,673					165,673	24
25									25
26	TOTAL EQUIPMENT DEPRECIATION		290,568	26,229		26,229		251,647	26
27	Reflects lines 11 & 24 PG12C and lines 6,10,13,16, & 19 PG12B								27
28									28
29									29
30									30
31									31
32									32
33			5,272,962	282,956		282,956		3,300,483	33
34	TOTAL (lines 1 thru 33)		\$ 5,987,131	\$ 311,573		\$ 311,573	\$	\$ 3,954,639	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	\$115,645	\$25,263	\$25,263	\$		\$85,009	71
72	Current Year Purchases	9,250	965	965			965	72
73	Fully Depreciated Assets	165,673					165,673	73
74								74
75	TOTALS	\$290,568	\$26,228	\$26,228	\$		\$251,647	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	\$4,888	\$4,888	\$		\$48,875	76
77	client transportation	Dodge Gran Caravan 2008	2009	37,733	7,547	7,547			18,867	77
78	client transportation	Ford Supreme 2010	2010	47,856	9,571	9,571			23,928	78
79	client transportation	Ford ElDorado AeroTech	2011	57,746	11,549	11,549			17,324	79
80	TOTALS			\$192,210	\$33,555	\$33,555	\$		\$108,994	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)	\$6,684,583	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$371,356	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$371,356	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)	\$4,315,280	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: _____

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	03/01/2011	\$ 62,114			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 62,114			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 ☒ X 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: \$ _____ Description: _____
(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:

Beginning 03/2011

Ending 12/2021

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

Fiscal Year Ending Annual Rent

12. 06/30/2013 \$ 38,092

13. 06/30/2014 \$ 39,877

14. 06/30/2015 \$ 41,659

* 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 PROGRAM40
IN OTHER FACILITY
COMMUNITY COLLEGE
HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM80
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	475	525		1,000
3	Classroom Wages (a)	5,782	7,664		13,446
4	Clinical Wages (b)	1,805	15,328		17,133
5	In-House Trainer Wages (c)	3,515	3,885		7,400
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 11,577	\$ 27,402	\$	\$ 38,979
10	SUM OF line 9, col. 1 and 2 (e)	\$ 38,979			

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	21
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	20
2. From other facilities (f)	
TOTAL TRAINED	41

(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.

(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.)

12345678											
	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	N/A	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.

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	\$ 2,934,518	\$	1
2	Cash-Patient Deposits	170,314		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 55,585)	4,030,896		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	290,817		5
6	Prepaid Insurance	218,155		6
7	Other Prepaid Expenses	5,421		7
8	Accounts Receivable (owners or related parties)	7,271		8
9	Other(specify): security deposit	19,152		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 7,676,544	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	4,365,000		12
13	Land	1,506,314		13
14	Buildings, at Historical Cost	11,128,793		14
15	Leasehold Improvements, at Historical Cost	7,827,842		15
16	Equipment, at Historical Cost	2,268,730		16
17	Accumulated Depreciation (book methods)	(13,219,871)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	28,863		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,905,671	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 21,582,215	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 519,150	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	173,970		28
29	Short-Term Notes Payable	528,981		29
30	Accrued Salaries Payable	783,439		30
31	Accrued Taxes Payable (excluding real estate taxes)	41,591		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	12,554		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	deferred income	40,268		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,099,953	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,469,589		39
40	Mortgage Payable	2,282,956		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)	\$ 5,752,545	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,852,498	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,729,717	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 21,582,215	\$	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)	(14,651)	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)	\$ (14,651)	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)	\$ (14,651)	24 *

* This must agree with page 17, line 47.

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.

	1		2
I. Revenue	Amount		
A. Inpatient Care			
1 Gross Revenue -- All Levels of Care	\$ 5,812,657	1	
2 Discounts and Allowances for all Levels	()	2	
3 SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,812,657	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	2,000	10	
11 CNA Training Reimbursements	33,097	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)	\$ 35,097	23	
D. Non-Operating Revenue			
24 Contributions	385,691	24	
25 Interest and Other Investment Income***	52,226	25	
26 SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 437,917	26	
E. Other Revenue (specify):****			
27 Settlement Income (Insurance, Legal, Etc.)		27	
28 Consulting	2,009	28	
28a		28a	
29 SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,009	29	
30 TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,287,680	30	

	1		2
II. Expenses	Amount		
A. Operating Expenses			
31 General Services	1,052,690	31	
32 Health Care	2,624,862	32	
33 General Administration	1,818,464	33	
B. Capital Expense			
34 Ownership	454,970	34	
C. Ancillary Expense			
35 Special Cost Centers		35	
36 Provider Participation Fee	351,345	36	
D. Other Expenses (specify):			
37		37	
38		38	
39		39	
40 TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,302,331	40	
41 Income before Income Taxes (line 30 minus line 40)**	(14,651)	41	
42 Income Taxes		42	
43 NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (14,651)	43	

III. Net Inpatient Revenue detailed by Payer Source			
44 Medicaid - Net Inpatient Revenue	\$	44	
45 Private Pay - Net Inpatient Revenue		45	
46 Medicare - Net Inpatient Revenue		46	
47 Other-(specify)		47	
48 Other-(specify)		48	
49 TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$	49	

* 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	1,848	2,096	\$ 70,022	\$ 33.41	1
2	Assistant Director of Nursing					2
3	Registered Nurses	9,338	10,975	290,862	26.50	3
4	Licensed Practical Nurses	11,638	13,225	320,203	24.21	4
5	CNAs & Orderlies					5
6	CNA Trainees	1,878	1,878	37,979	20.22	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	2,510	2,781	31,676	11.39	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	3,723	4,497	45,495	10.12	13
14	Head Cook	1,705	2,080	37,656	18.10	14
15	Cook Helpers/Assistants	3,637	4,500	56,417	12.54	15
16	Dishwashers					16
17	Maintenance Workers	5,476	5,476	103,999	18.99	17
18	Housekeepers	348	348	3,628	10.43	18
19	Laundry					19
20	Administrator	1,517	1,861	50,373	27.07	20
21	Assistant Administrator	1,478	1,734	53,668	30.95	21
22	Other Administrative	16,970	20,209	358,145	17.72	22
23	Office Manager	1,815	2,080	35,564	17.10	23
24	Clerical	1,721	2,081	24,328	11.69	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	10,326	12,400	206,579	16.66	28
29	Resident Services Coordinator	1,818	2,096	39,910	19.04	29
30	Habilitation Aides (DD Homes)	98,586	110,096	1,404,254	12.75	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) see worksheet 2	11,133	12,772	411,213	32.20	33
34	TOTAL (lines 1 - 33)	187,465	213,185	\$ 3,581,971 *	\$ 16.80	34

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

** See instructions.

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	354	\$ 19,497	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	10	513	10a	40
41	Occupational Therapy Consultant	112	7,616	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	112	4,928	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) Psychologist	3	585	15	46
47	Physician	monthly	24,000	15	47
48	Dental & Optometrist	196	6,920	15	48
49	TOTAL (lines 35 - 48)	787	\$ 64,059		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	260	10,732	10	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	260	\$ 10,732		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description		Amount	Description		Amount
see worksheet 9			\$ 594,404	Workers' Compensation Insurance		\$ 145,868	IDPH License Fee		\$
				Unemployment Compensation Insurance		30,703	Advertising: Employee Recruitment		
				FICA Taxes		260,877	Health Care Worker Background Check		11,364
				Employee Health Insurance		290,866	(Indicate # of checks performed 37)		370
				Employee Meals			Patient Background Checks		60
				Illinois Municipal Retirement Fund (IMRF)*			Subscriptions/Publications		413
				other - pension plans		20,845	Membership Dues		8,781
				other - employee incentives		3,645			
TOTAL (agree to Schedule V, line 17, col. 1)									
(List each licensed administrator separately.)						\$ 594,404			
B. Administrative - Other									
Description			Amount				Less: Public Relations Expense		()
			\$				Non-allowable advertising		()
							Yellow page advertising		()
							TOTAL (agree to Sch. V,		\$ 20,988
				TOTAL (agree to Schedule V,		\$ 752,804	line 20, col. 8)		
TOTAL (agree to Schedule V, line 17, col. 3)							G. Schedule of Travel and Seminar**		
(Attach a copy of any management service agreement)									
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees					
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description		Amount
see worksheet 2			\$ 94,630	NONE		\$	Out-of-State Travel		\$ NONE
							In-State Travel		NONE
							Seminar Expense		NONE
							Entertainment Expense		()
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,		
(If total legal fees exceed \$5,000, attach copy of invoices.)							line 24, col. 8)		\$

*** Attach copy of IMRF notifications**

****See instructions.**

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	NONE		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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?
If YES, give association name and amount.

no
- (3)

Did the nursing home make political contributions or payments to a political action organization?
If YES, have these costs been properly adjusted out of the cost report?

no
- (4)

Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year?
If YES, what is the capacity?

no
- (5)

Have you properly capitalized all major repairs and equipment purchases?
What was the average life used for new equipment added during this period?

yes
5 years
- (6)

Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V.

\$ 25,832 Line 10
- (7)

Have all costs reported on this form been determined using accounting procedures consistent with prior reports?
If NO, attach a complete explanation.

yes
- (8)

Are you presently operating under a sale and leaseback arrangement?
If YES, give effective date of lease.

no
- (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.
This amount is to be recorded on line 42 of Schedule V.

\$ 351,345
- (12)

Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee?
If YES, attach an explanation of the allocation.

no

- (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?
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.

no
- (15)

Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V.
Has any meal income been offset against related costs?

\$ n/a
Indicate the amount. \$
- (16)

Travel and Transportation

a.

Are there costs included for out-of-state travel?
If YES, attach a complete explanation.

no

b.

Do you have a separate contract with the Department to provide medical transportation for residents?
If YES, please indicate the amount of income earned from such a program during this reporting period.

no

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?
Indicate the amount of income earned from providing such transportation during this reporting period.

no

(17)

Has an audit been performed by an independent certified public accounting firm?
Firm Name:

yes
Porte Brown, LLC.

(18)

Have all costs which do not relate to the provision of long term care been adjusted out 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?
Attach invoices and a summary of services for all architect and appraisal fees.

n/a

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/11 Ending 06/30/12
Fiscal Year ended June 30, 2012

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
LINE REF Line Item		Services	Development	RGA Mngmt & General	Services 30.33%	Development 31.45%	& General	Program Cost	Figures SLC Reclassed	Sum Fund Raising
Salaries and related expenses:										
Sch XVIII	Salaries	1,223,091	128,011	1,351,102	370,953	40,259	411,212	3,170,758	3,581,970	3,581,970 (20,130)
22	Unemployment	101,065	-	101,065	30,703	-	30,703	-	30,703	30,703 -
22	FICA	84,333	9,501	93,834	25,579	2,988	28,567	233,804	262,371	262,371 (1,494)
22	Health Insurance	97,745	9,531	107,276	29,635	2,997	32,632	259,183	291,815	291,815 (1,499)
22	403B Plan Expense	68,616	-	68,616	20,845	-	20,845	-	20,845	20,845 -
22	Insurance: Executive	-	-	-	-	-	-	-	-	- -
22	Employee Incentives	8,972	0	8,972	2,725	-	2,725	920	3,645	3,645 -
22	Insurance: Workers' Comp	50,834	8,618	59,452	15,418	2,710	18,128	128,423	146,551	146,551 (1,355)
22	Work Comp Out-of-Pocket	-	-	-	-	-	-	672	672	672 -
22	Existing Staff Medical	-	-	-	-	-	-	550	550	550 -
26	Insurance: D & O	6,977	-	6,977	2,116	-	2,116	-	2,116	2,116 -
Direct services:										
Sch XVIII	Clinical Consultants	-	-	-	-	-	-	64,059	64,059	64,059 -
Sch XVIII	Temporary Workers	350	6,169	6,519	106	1,940	2,046	10,731	12,777	12,777 -
3	Client Wages - Janitorial	1,368	-	1,368	415	-	415	-	415	415 -
10 & 13	Medical	-	-	-	-	-	-	50,338	50,338	50,338 -
10	Adult Briefs	-	-	-	-	-	-	25,832	25,832	25,832 -
11	Rehab & Educ Supplies	-	-	-	-	-	-	6,880	6,880	6,880 -
3	Supplies	969	-	969	294	-	294	122,921	123,215	123,215 -
11	Recreation	-	-	-	-	-	-	32,659	32,659	32,659 -
6 & 21	Equipment Purchases	38	742	780	11	233	244	23,769	24,013	24,013 (117)
6 & 21	Equipment Lease/Maint/Repairs	26,712	3,856	30,568	8,101	1,213	9,314	19,617	28,931	(21,502) 7,429 (607)
35	Equipment Lease	-	-	-	-	-	-	-	-	21,502 -
3	In Kind Contributions	0	62,900	62,900	-	19,782	19,782	-	19,782	19,782 (19,782)
14 & 25	Staff Travel	4,316	1,201	5,517	1,309	378	1,687	5,933	7,620	7,620 (189)
14	Vehicle Fuel	8,111	0	8,111	2,459	-	2,459	24,981	27,440	27,440 -
14	Vehicle Repairs & Maintenance	7	0	7	2	-	2	17,922	17,924	17,924 -
14	Vehicle Inspections & Safety	-	-	-	-	-	-	448	448	448 -

26	Vehicle Insurance	6	0	6	1	-	1	13,318	13,319	13,319	-
35	Vehicle Leases	-	-	-	-	-	-	-	-	-	-
14	Vehicle Licenses	1	0	1	-	-	-	104	104	104	-
14	Contract Busing	-	-	-	-	-	-	-	-	-	-
23	Conferences & Seminars	4,523	180	4,703	1,372	57	1,429	1,290	2,719	2,719	(29)
26	Insurance: Gen'l & Pro Liability	-	-	-	-	-	-	31,411	31,411	31,411	-
21	Telephone	20,155	2,884	23,039	6,112	907	7,019	8,701	15,720	15,720	(454)
21	Cell Phone	3,955	350	4,305	1,199	110	1,309	2,890	4,199	4,199	(55)
Program support:											
2	Food	-	-	-	-	-	-	338,772	338,772	338,772	-
19	Payroll Service	49,801	-	49,801	15,091	-	15,091	-	15,091	15,091	-
19	Audit	35,800	-	35,800	10,848	-	10,848	-	10,848	10,848	-
19	Legal	41,975	-	41,975	12,751	-	12,751	-	12,751	12,751	-
19	Professional Services	11,191	56,928	68,119	3,398	17,904	21,302	30,250	51,552	51,552	-
21	Office Supplies & Equipment	7,493	844	8,337	2,273	265	2,538	6,507	9,045	9,045	(133)
21	Training Materials	5,554	-	5,554	1,687	-	1,687	-	1,687	1,687	-
21	Computer Equip & Supplies	4,452	-	4,452	1,349	-	1,349	-	1,349	1,349	-
19	Software Maintenance	7,729	-	7,729	2,342	-	2,342	-	2,342	2,342	-
Occupancy:											
26	Insurance: Building	2,464	372	2,836	747	117	864	13,811	14,675	14,675	(59)
3	Janitorial Contracts	2,475	734	3,209	751	231	982	78,530	79,512	79,512	(116)
5	Utilities: Electric	9,381	1,292	10,673	2,845	406	3,251	57,755	61,006	61,006	(203)
5	Utilities: Natural Gas	439	-	439	133	-	133	24,104	24,237	24,237	-
5	Utilities: Water	-	-	-	-	-	-	29,660	29,660	29,660	-
7	Utilities: Waste Removal	817	-	817	248	-	248	27,767	28,015	28,015	-
6	Building & Grounds	1,488	-	1,488	451	-	451	14,366	14,817	14,817	-
6	Fire, Safety & Security	5,170	-	5,170	1,570	-	1,570	11,938	13,508	13,508	-
6	Maintenance Supplies	-	-	-	-	-	-	-	-	-	-
6	Repairs and Maintenance	3,693	562	4,255	1,119	176	1,295	29,290	30,585	30,585	(88)
34	Rent	190,706	27,205	217,911	57,836	8,556	66,392	-	66,392	66,392	(4,278)
33	Real Estate Taxes	1,120	-	1,120	340	-	340	-	340	340	-
6	Damages	-	-	-	-	-	-	-	-	-	-
Other:											
21	Postage	6,345	3,720	10,065	1,924	1,170	3,094	2,448	5,542	5,542	(585)
21	Printing	1,493	12,594	14,087	453	3,961	4,414	13	4,427	4,427	(1,981)
20	Publications	508	1,646	2,154	154	518	672	-	672	672	(259)
15 & 21	Certifications	2,041	-	2,041	619	-	619	525	1,144	1,144	-
20	Recruitment	19,096	-	19,096	5,801	-	5,801	-	5,801	5,801	-

20	Advertisements	-	-	-	-	-	-	-	-	-	-
20	Marketing Materials	0	38,023	38,023	-	11,958	11,958	-	11,958	11,958	(5,979)
20	Networking	-	88	88	-	28	28	-	28	28	(14)
20	Memberships	27,561	2,690	30,251	8,358	846	9,204	-	9,204	9,204	(423)
27	Agency Functions	7,210	85,215	92,425	2,177	26,810	28,987	-	28,987	28,987	(26,810)
27	Special Events	-	-	-	-	-	-	-	-	-	-
42	SLC Participation Fees	-	-	-	-	-	-	351,345	351,345	351,345	-
27	Moving Expenses	-	-	-	-	-	-	-	-	-	-
27	Miscellaneous Expense	-	-	-	-	-	-	-	-	-	-
32	Interest	-	-	-	-	-	-	-	-	-	-
27	Bad Debts	10,000	-	10,000	3,030	-	3,030	-	3,030	3,030	-
27	Bank Charges	22,232	-	22,232	6,737	-	6,737	-	6,737	6,737	-
27	Fines, Penalties & Late Fees	722	-	722	219	-	219	180	399	399	-
Depreciation and amortization:											
30	Depn Expense - Vehicles	-	-	-	-	-	-	33,555	33,555	33,555	-
30	Depn Expense - Bldgs	87	-	87	26	-	26	92,048	92,074	92,074	-
30	Depn Expense - Bldg Improv	345	-	345	105	-	105	219,526	219,631	219,631	-
30	Depn Expense - F,F & E	26,329	1,745	28,074	7,983	549	8,532	17,697	26,229	26,229	-
30	Amort - Leasehold Improvements	4,183	609	4,792	1,268	191	1,459	-	1,459	1,459	-
TOTAL EXPENSES		2,222,045	468,209	2,690,254	673,988	147,260	821,248	5,638,201	6,459,451	-	6,459,451 (86,639)

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

821,253
(5)

06/13/13
4:55 PM

Other Non-Allow & Adjustment	Total
------------------------------------	-------

3,561,840	
30,703	
260,877	
290,316	
20,845	
-	
3,645	
145,196	
672	
550	
2,116	

64,059	
12,777	
415	
50,338	
25,832	
6,880	
123,215	
32,659	
23,896	
6,822	
21,502	
-	
7,431	
27,440	
17,924	
448	

	13,319
	-
	104
	-
(157)	2,533
	31,411
	15,266
	4,144
	338,772
	15,091
	10,848
(62,786)	(50,035)
	51,552
	8,912
	1,687
	1,349
	2,342
	14,616
	79,396
	60,803
	24,237
	29,660
	28,015
	14,817
	13,508
	-
	30,497
	62,114
(340)	-
	-
	4,957
	2,446
	413
	1,144
	5,801

	-
	5,979
	14
	8,781
(2,177)	-
-	-
	351,345
-	-
	-
	-
(3,030)	-
	6,737
(399)	-
	-
	-
	33,555
(26)	92,048
(107)	219,524
	26,228
(1,459)	-
(70,481)	6,302,331

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

Report Period Beginning: 07/01/11 Ending 06/30/12 Fiscal Year ended June 30, 2012

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

Vendor/Payee	Type	Mgmt&Gen	Percent	SLC	Schedule V Reference
RGB & Associates	Architect Fees for grant submission	30,250.00	100.00%	30,250	19
Paylocity	payroll service	49,801.00	30.30%	15,091	19
Porte Brown & Co.	annual audit	35,800.00	30.30%	10,848	19
Hinshaw & Culbert LLP	legal services	360.00	30.38%	109	19
Laner, Muchin, Dombrow, Becker	legal services	39,960.36	30.38%	12,140	19
IL Department of Labor	Employee dispute	1,400.00	30.38%	425	19
DuPage County	Recording of Legal papers	44.00	30.38%	13	19
FedEx	mailing of legal documents	16.51	30.38%	5	19
Paddock Publications	ads for construction bids	194.35	30.38%	58	19
Don Moss & Associates	Informational Services	2,700.00	30.33%	819	19
Mundo, Donald	CPR Training	8,289.00	30.38%	2,518	19
Network PhD	computer support	202.50	30.30%	61	19
Pratapras and Associates	fundraising consultant	56,927.66	31.45%	17,904	19
Accufund	accounting software support	7,728.75	30.30%	2,342	19
Cifone, Patrick	defensive driving orientation	80.00	30.38%	24	19
Smith, Cami	human interaction training	270.00	30.38%	82	19
Glen, Siobhan	temporary office worker	6,168.60	31.45%	1,940	19
Total, per schedule V, Line 19, Column 3		<u>240,193</u>		<u>94,630</u>	
Non-Allowables:					
RGB & Associates	Architect Fees for grant submission	(30,250.00)	100.00%	(30,250)	19
Hinshaw & Culbert LLP	legal services	(360.00)	30.38%	(109)	19
Laner, Muchin, Dombrow, Becker	legal services	(39,960.36)	30.38%	(12,140)	19
IL Department of Labor	Employee dispute	(1,400.00)	30.38%	(425)	19
DuPage County	Recording of Legal papers	(44.00)	30.38%	(13)	19
FedEx	mailing of legal documents	(16.51)	30.38%	(5)	19
Pratapras and Associates	fundraising consultant	(56,927.66)	31.45%	(17,904)	19
Glen, Siobhan	temporary office worker	(6,168.60)	31.45%	(1,940)	19
Total per schedule V, Line 19, Column 7		<u>(135,127.13)</u>		<u>(62,786)</u>	
Net per schedule V, line 19, Column 8		<u>105,065.60</u>		<u>31,844</u>	

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/11 Ending 06/30/12 Fiscal Year ended June 30, 2012

Worksheet 6

Detail for schedule IX, part A - Interest Expense, Working Capital

col 1	col 2	col 3	col 4	col 5	col 6	col 7	col 8	col 9	col 10
Name of Lender	Related ?	Purpose	Monthly Payment	Date of Note	Original Amount	Bal	Maturity Date	Rate (4 digits)	Int Exp
from admin - Short Term/Working Capital									
Beverly Bank	no	operating	n/a		0			0.0000	0
line of credit		funds			0			0.0000	0
Total RGA Management & General (Administration)					0	0			0
SLC allocation =					0	0			0

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/11 Ending 06/30/12 Fiscal Year ended June 30, 2012

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					2,128	
copier					<u>12,637</u>	
Total SLC				100%	14,765	
<u>901 Building</u>						
copier			15,697			
water cooler			192			
postage system			<u>8,684</u>			
			24,573			
Administration			26.52%	6,517	30.33%	1,976
Employee Services			19.59%	4,814	30.38%	1,462
Pub Rel & Develop			12.14%	2,983	31.45%	938
less 50%						(469)
Finance			38.00%	9,338	30.30%	<u>2,830</u>
						<u>6,737</u>
Total Expense						<u>21,502</u>

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Begining: 07/01/11 Ending 06/30/12 Fiscal Year ended June 30, 2012

Worksheet 9
Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount
Direct Staff			
Blum, Alan	SLC Director		43,803
Noreiga, Lynette	Assistant Director		53,668
Castro, Amy	System Administrator		24,297
Clausing, Katie	Administrator (Resigned)		8,420
Hickey-Scaccia, Marianne	Administrator		41,953
Badalamenti, Salvatore	Coordinator		40,262
Harmon, Shanta	Coordinator		32,395
Jones, Anthony	Coordinator		31,585
Kachhawala, Zainab	Coordinator		36,458
Patel, Janki	Coordinator		32,241
Powell, Phichette	Coordinator		11,797
Bruce, Pamela	Home Manager		34,341
Patel, Ushma	Home Manager		39,577
Smith, Chitasia	Home Manager		31,389
total SLC direct			462,186
Management and General Allocated			
Administrators			
Carmody, Kathleen	Chief of Staff	143,557	
Zoeller, Kimberly	President	158,971	
	Allocated thru Building Maintenance	710	
SLC allocation	30%	303,238	91,958
Advancement			
Ladd, James	Director of Development - Resigned	12,476	
Baker, Julia	Special Events Coordinator	41,203	
Glenn, Mary B	Volunteer Coordinator	43,762	
Glenn, Siobhan	Marketing Coordinator	6,802	
McLuckie, Meredith	Marketing Coordinator - Resigned	23,707	
	Allocated thru Building Maintenance	62	

SLC allocation	31%	128,012	40,260
Total Administrative Salaries reported on Schedule V, Line 17, Column 1			<u>594,404</u>

Ray Graham Association
Board of Directors
FY 2012

Officer	Residence	Business
Chairperson Mary Kay Rizzolo Mann	1713 W. Schubert Avenue Chicago, IL 60614 (773) 868-0263 Mrizzo3@uic.edu	Clinical Associate Professor University of IL at Chicago Associate Director of Institute on Disability and Human Development
Vice-Chairperson Michael Komoll	3420 Richnee Lane Rolling Meadows, IL 60008 michael.komoll@cna.com	Assistant Vice President - Major Litigation C.N.A Insurance 333 S. Wabash, 27S/29-1 Chicago, IL 60685 (312) 822-2816
Immediate Past Chairperson Laura Sakas	4047 Wolf Road Western Springs, IL 60558 (708) 784-1505 lsakas@yahoo.com	Managing Attorney Office of State Guardian Division of IL Guardianship and Advocacy (312) 793-5332 (708) 415-0972
Secretary/Treasurer Lou Leonardi III	609 Ashland River Forest, IL 60305 lleonardi@thebeverkybank.com	The Beverly Bank 10258 S. Western Avenue Chicago, IL 60643 (773) 239-2265
Members-at-Large Lee Jorwic Development Committee	375 S. Kenilworth Elmhurst, IL 60126	President Klatt-Jorwic & Associates

	(630) 240-0967 ljorwic@klattjorwic.com	127 W. Wrightwood Elmhurst, IL 60126 (630) 833-4193
Members-at-Large Deanna Wilkins Quality Committee	Deanna@wilkinsconstruction.com	York Township Assessor's Office 1502 South Meyers Road Lombard, IL 60148 (630) 627-3354 (630) 833-7483 fax
Members-at-Large Michael Komoll	3420 Richnee Lane Rolling Meadows, IL 60008 michael.komoll@cna.com	Senior Litigation Counsel CAN Insurance 333 S. Wabash, 27S/29-1 Chicago, IL 60685 (312) 822-2816
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Directors Chris Nybo	444 Mitchell Elmhurst, IL 60126	Vedder Price P.C. 222 North LaSalle Street

	(630) 617-5334 (312) 307-8270 Chris.nybo@gmail.com	Chicago, IL 60601 (312) 609-7500
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Directors Jonathan Phillips	792 Chatham Avenue Elmhurst, IL 60126 (312) 276-5180 jp@healthcaregrowth.com	Managing Director Healthcare Growth Partners 792 Chatham Avenue Elmhurst, IL 60126 (630) 530-4420
Directors Maary Alice Povolny	633 Monroe Street River Forest, IL 60305 (708) 366-6963 (708) 790-2371 m.povolny@att.net	Clinicasl Psychologist 188 Industrial Park, Ste 132 Elmhurst, IL 60126 (630) 415-0780
Directors Elaine Sledz	5703 Foxgate Lane Hinsdale, IL 60521 (630) 323-6742 owl5703@comcast.net	Retired Teacher
Directors Robert F. Spahn, Jr. CLU, ChFc	933 Kent	Northwestern Mutual

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