

|  |  |             |  |  |  |  |  |
|--|--|-------------|--|--|--|--|--|
|  |  | FOR BHF USE |  |  |  |  |  |
|  |  |             |  |  |  |  |  |
|  |  |             |  |  |  |  |  |
|  |  |             |  |  |  |  |  |

LL1

2020  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT (COST REPORT)  
FOR LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2020)

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 Gloss SLC

Address: 50 South Fairbank St 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: 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

In the event there are further questions about this report, please contact:  
Name: Betty Bacigalupo Telephone Number: (630)620-2222  
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 07/01/2019 to 06/30/2020 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) 12/07/2020  
(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

|   |         |                          |            |         |            |
|---|---------|--------------------------|------------|---------|------------|
| # | 0022996 | Report Period Beginning: | 07/01/2019 | Ending: | 06/30/2020 |
|---|---------|--------------------------|------------|---------|------------|

**D. How many bed reserve days during this year were paid by the Department?**

**178** (Do not include bed reserve days in Section B.)

**5/18/2020**

N/A

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

**Yes**

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** 11/18/1980

**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

**MODIFIED**

|         |   |
|---------|---|
| ACCRUAL | X |
|---------|---|

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.

| B. Census-For the entire report period. |                    |                                                                                                                                       |             |       |        |    |
|-----------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|--------|----|
|                                         | 1<br>Level of Care | 2                      3                      4                      5<br>Patient Days by Level of Care and Primary Source of Payment |             |       |        |    |
|                                         |                    | Medicaid<br>Recipient                                                                                                                 | Private Pay | Other | Total  |    |
| 8                                       | SNF                |                                                                                                                                       |             |       |        | 8  |
| 9                                       | SNF/PED            |                                                                                                                                       |             |       |        | 9  |
| 10                                      | ICF                |                                                                                                                                       |             |       |        | 10 |
| 11                                      | ICF/DD             | 26,430                                                                                                                                |             |       | 26,430 | 11 |
| 12                                      | SC                 |                                                                                                                                       |             |       |        | 12 |
| 13                                      | DD 16 OR LESS      |                                                                                                                                       |             |       |        | 13 |
| 14                                      | TOTALS             | 26,430                                                                                                                                |             |       | 26,430 | 14 |

**C. Percent Occupancy.** (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) **85.87%**

Facility Name & ID Number Iona Gloss SLC # 0022996 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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

|     | Operating Expenses                                               | Costs Per General Ledger |               |            |            | Reclass-<br>ification<br>5 | Reclassified<br>Total<br>6 | Adjust-<br>ments<br>7 | Adjusted<br>Total<br>8 | FOR BHF USE ONLY |    |     |
|-----|------------------------------------------------------------------|--------------------------|---------------|------------|------------|----------------------------|----------------------------|-----------------------|------------------------|------------------|----|-----|
|     |                                                                  | Salary/Wage<br>1         | Supplies<br>2 | Other<br>3 | Total<br>4 |                            |                            |                       |                        | 9                | 10 |     |
|     | <b>A. General Services</b>                                       |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 1   | Dietary                                                          | 179,170                  |               | 34,198     | 213,368    |                            | 213,368                    |                       | 213,368                |                  |    | 1   |
| 2   | Food Purchase                                                    |                          | 283,204       |            | 283,204    |                            | 283,204                    |                       | 283,204                |                  |    | 2   |
| 3   | Housekeeping                                                     |                          | 157,625       | 70,783     | 228,408    |                            | 228,408                    | (5,956)               | 222,452                |                  |    | 3   |
| 4   | Laundry                                                          |                          |               |            |            |                            |                            |                       |                        |                  |    | 4   |
| 5   | Heat and Other Utilities                                         |                          |               | 99,132     | 99,132     |                            | 99,132                     | (133)                 | 98,999                 |                  |    | 5   |
| 6   | Maintenance                                                      | 194,725                  | 102,310       |            | 297,035    |                            | 297,035                    | (1,997)               | 295,038                |                  |    | 6   |
| 7   | Other (specify):*                                                |                          |               | 20,027     | 20,027     |                            | 20,027                     |                       | 20,027                 |                  |    | 7   |
| 8   | <b>TOTAL General Services</b>                                    | 373,895                  | 543,139       | 224,140    | 1,141,174  |                            | 1,141,174                  | (8,086)               | 1,133,088              |                  |    | 8   |
|     | <b>B. Health Care and Programs</b>                               |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 9   | Medical Director                                                 |                          |               |            |            |                            |                            |                       |                        |                  |    | 9   |
| 10  | Nursing and Medical Records                                      | 716,019                  | 63,902        | 947,325    | 1,727,246  |                            | 1,727,246                  |                       | 1,727,246              |                  |    | 10  |
| 10a | Therapy                                                          | 1,454,095                |               |            | 1,454,095  |                            | 1,454,095                  |                       | 1,454,095              |                  |    | 10a |
| 11  | Activities                                                       |                          | 8,944         |            | 8,944      |                            | 8,944                      |                       | 8,944                  |                  |    | 11  |
| 12  | Social Services                                                  | 43,248                   |               |            | 43,248     |                            | 43,248                     |                       | 43,248                 |                  |    | 12  |
| 13  | CNA Training                                                     | 10,926                   | 225           |            | 11,151     |                            | 11,151                     |                       | 11,151                 |                  |    | 13  |
| 14  | Program Transportation                                           |                          |               | 44,088     | 44,088     |                            | 44,088                     |                       | 44,088                 |                  |    | 14  |
| 15  | Other (specify):*                                                |                          | 954           | 35,300     | 36,254     |                            | 36,254                     |                       | 36,254                 |                  |    | 15  |
| 16  | <b>TOTAL Health Care and Programs</b>                            | 2,224,288                | 74,025        | 1,026,713  | 3,325,026  |                            | 3,325,026                  |                       | 3,325,026              |                  |    | 16  |
|     | <b>C. General Administration</b>                                 |                          |               |            |            |                            |                            |                       |                        |                  |    |     |
| 17  | Administrative                                                   | 611,939                  |               |            | 611,939    |                            | 611,939                    | (51,186)              | 560,753                |                  |    | 17  |
| 18  | Directors Fees                                                   |                          |               |            |            |                            |                            |                       |                        |                  |    | 18  |
| 19  | Professional Services                                            |                          |               | 63,660     | 63,660     |                            | 63,660                     | (17,303)              | 46,357                 |                  |    | 19  |
| 20  | Dues, Fees, Subscriptions & Promotions                           |                          |               | 20,634     | 20,634     |                            | 20,634                     | (486)                 | 20,148                 |                  |    | 20  |
| 21  | Clerical & General Office Expenses                               | 355,122                  | 59,738        |            | 414,860    |                            | 414,860                    | (4,165)               | 410,695                |                  |    | 21  |
| 22  | Employee Benefits & Payroll Taxes                                |                          |               | 823,774    | 823,774    |                            | 823,774                    | (12,358)              | 811,416                |                  |    | 22  |
| 23  | Inservice Training & Education                                   |                          |               | 4,320      | 4,320      |                            | 4,320                      |                       | 4,320                  |                  |    | 23  |
| 24  | Travel and Seminar                                               |                          |               |            |            |                            |                            |                       |                        |                  |    | 24  |
| 25  | Other Admin. Staff Transportation                                |                          |               | 2,024      | 2,024      |                            | 2,024                      | (330)                 | 1,694                  |                  |    | 25  |
| 26  | Insurance-Prop.Liab.Malpractice                                  |                          |               | 50,283     | 50,283     |                            | 50,283                     | (33)                  | 50,250                 |                  |    | 26  |
| 27  | Other (specify):*                                                |                          |               | 73,986     | 73,986     |                            | 73,986                     | (59,978)              | 14,008                 |                  |    | 27  |
| 28  | <b>TOTAL General Administration</b>                              | 967,061                  | 59,738        | 1,038,681  | 2,065,480  |                            | 2,065,480                  | (145,839)             | 1,919,641              |                  |    | 28  |
| 29  | <b>TOTAL Operating Expense<br/>(sum of lines 8, 16 &amp; 28)</b> | 3,565,244                | 676,902       | 2,289,534  | 6,531,680  |                            | 6,531,680                  | (153,925)             | 6,377,755              |                  |    | 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                                   |                         |          | 322,774   | 322,774   |                   | 322,774            | (4,854)      | 317,920        |                  |    | 30 |
| 31 | Amortization of Pre-Op. & Org.                 |                         |          |           |           |                   |                    |              |                |                  |    | 31 |
| 32 | Interest                                       |                         |          | 1         | 1         |                   | 1                  |              | 1              |                  |    | 32 |
| 33 | Real Estate Taxes                              |                         |          | 374       | 374       |                   | 374                | (374)        |                |                  |    | 33 |
| 34 | Rent-Facility & Grounds                        |                         |          | 83,484    | 83,484    |                   | 83,484             | (7,454)      | 76,030         |                  |    | 34 |
| 35 | Rent-Equipment & Vehicles                      |                         |          |           |           |                   |                    |              |                |                  |    | 35 |
| 36 | Other (specify):*                              |                         |          |           |           |                   |                    |              |                |                  |    | 36 |
| 37 | TOTAL Ownership                                |                         |          | 406,633   | 406,633   |                   | 406,633            | (12,682)     | 393,951        |                  |    | 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                     |                         |          | 329,248   | 329,248   |                   | 329,248            |              | 329,248        |                  |    | 42 |
| 43 | Other (specify):*                              |                         |          |           |           |                   |                    |              |                |                  |    | 43 |
| 44 | TOTAL Special Cost Centers                     |                         |          | 329,248   | 329,248   |                   | 329,248            |              | 329,248        |                  |    | 44 |
| 45 | GRAND TOTAL COST<br>(sum of lines 29, 37 & 44) | 3,565,244               | 676,902  | 3,025,415 | 7,267,561 |                   | 7,267,561          | (166,607)    | 7,100,954      |                  |    | 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<br>Amount  | 2<br>Refer-<br>ence | 3<br>BHF USE<br>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                                  | (4,854)      | 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                           | (17,303)     | 19                  |                      | 22 |
| 23 | Malpractice Insurance for Individuals                          |              |                     |                      | 23 |
| 24 | Bad Debt                                                       | (5,299)      | 27                  |                      | 24 |
| 25 | Fund Raising, Advertising and Promotional                      |              |                     |                      | 25 |
| 26 | Income Taxes and Illinois Personal<br>Property Replacement Tax |              |                     |                      | 26 |
| 27 | CNA Training for Non-Employees                                 |              |                     |                      | 27 |
| 28 | Yellow Page Advertising                                        |              |                     |                      | 28 |
| 29 | Other-Attach Schedule                                          | (139,151)    | Pg5A                |                      | 29 |
| 30 | SUBTOTAL (A): (Sum of lines 1-29)                              | \$ (166,607) |                     | \$                   | 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<br>Amount  | 2<br>Reference |    |
|----|--------------------------------------------------------------|--------------|----------------|----|
| 31 | Non-Paid Workers-Attach Schedule*                            | \$           |                | 31 |
| 32 | Donated Goods-Attach Schedule*                               |              |                | 32 |
| 33 | Amortization of Organization &<br>Pre-Operating Expense      |              |                | 33 |
| 34 | Adjustments for Related Organization<br>Costs (Schedule VII) |              |                | 34 |
| 35 | Other- Attach Schedule                                       |              |                | 35 |
| 36 | SUBTOTAL (B): (sum of lines 31-35)                           | \$           |                | 36 |
| 37 | (sum of SUBTOTALS<br>TOTAL ADJUSTMENTS (A) and (B) )         | \$ (166,607) |                | 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<br>Yes | 2<br>No | 3<br>Amount | 4<br>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 |

STATE OF ILLINOIS

Page 5A

Iona Gloss SLC

ID#0022996

Report Period Beginning:07/01/2019

Ending:06/30/2020

| NON-ALLOWABLE EXPENSES |                                                | Amount    | Sch. V Line<br>Reference |
|------------------------|------------------------------------------------|-----------|--------------------------|
| 1                      | Adjustment for Fundraising = 50% of Public     | \$        | 1                        |
| 2                      | Relations & development - also see Worksheet 1 |           | 2                        |
| 3                      |                                                |           | 3                        |
| 4                      | Supplies                                       | (5,956)   | 3 4                      |
| 5                      | Utilities                                      | (133)     | 5 5                      |
| 6                      | Maintenance                                    | (1,997)   | 6 6                      |
| 7                      | Administrative                                 | (51,186)  | 17 7                     |
| 8                      | Software Maintenance                           | 0         | 19 8                     |
| 9                      | Marketing Materials                            | (331)     | 20 9                     |
| 10                     | Networking                                     | (124)     | 20 10                    |
| 11                     | Memberships                                    | (31)      | 20 11                    |
| 12                     | Publications                                   | 0         | 20 12                    |
| 13                     | Clerical & General Office                      | (4,165)   | 21 13                    |
| 14                     | Employee Benefits & Payroll Taxes              | (12,358)  | 22 14                    |
| 15                     | Travel                                         | (330)     | 25 15                    |
| 16                     | Insurance                                      | (33)      | 26 16                    |
| 17                     | Bank Charges                                   | (1,506)   | 27 17                    |
| 18                     | Rent                                           | (7,454)   | 34 18                    |
| 19                     | Conferences                                    | 0         | 23 19                    |
| 20                     |                                                |           | 20                       |
| 21                     | Other Non Allowables & Adjustments             |           | 21                       |
| 22                     | Agency Functions                               | (52,974)  | 27 22                    |
| 23                     | Fines, Penalties & Late fees                   | (199)     | 27 23                    |
| 24                     | Real Estate Taxes                              | (374)     | 33 24                    |
| 25                     | Conferences                                    | 0         | 23 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                                          | (139,151) | 49                       |

## Summary A

**06/30/2020**

[illegible]

## Summary B

06/30/2020

[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<br>OWNERS                                                                        |             | 2<br>RELATED NURSING HOMES |      | 3<br>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     |      |                           | \$     |                                |                      | \$                                     | \$                                                     | 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 &amp; ID Number

Iona Gloss SLC

# 0022996

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

## VII. RELATED PARTIES

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

|    | 1<br>OWNERS                                 |             | 2<br>RELATED NURSING HOMES |      | 3<br>OTHER RELATED BUSINESS ENTITIES |                       |                      |    |
|----|---------------------------------------------|-------------|----------------------------|------|--------------------------------------|-----------------------|----------------------|----|
|    | Name                                        | Ownership % | Name                       | City | Name                                 | City                  | Type of Business     |    |
| 1  | See Page 24 for Addresses and Other Details |             |                            |      |                                      |                       |                      | 1  |
| 2  |                                             |             |                            |      |                                      |                       |                      | 2  |
| 3  | Stephanie Stomberg – Chair                  | BOD         |                            |      | Cassiday Schade LLP                  | Chicago, IL           | Partner              | 3  |
| 4  | Jim Sara – Vice Chair                       | BOD         |                            |      | Morningstar                          |                       | SVP of Business Dev  | 4  |
| 5  | Mark E. Kroencke – Secretary/Treasurer      | BOD         |                            |      | First American Bank                  | Elk Grove Village, IL | Executive Vice Pres  | 5  |
| 6  | Lee Jorwic – Immediate Past Chair           | BOD         |                            |      | LANGENFELD   Touche                  | Mt. Prospect, IL      |                      | 6  |
| 7  |                                             |             |                            |      |                                      |                       |                      | 7  |
| 8  | Members At Large                            |             |                            |      |                                      |                       |                      | 8  |
| 9  | Lou Leonardi, III                           | BOD         |                            |      | Beverly Bank & Trust                 | Chicago, IL           | Executive VP         | 9  |
| 10 | Jonathan Phillips                           | BOD         |                            |      | First Trust Capital Pa               | Wheaton, IL           | Managing Director    | 10 |
| 11 | Mary Alice Povolny, Ph.D.                   | BOD         |                            |      | Clinical Psychologist                | Elmhurst, IL          | Clinical Psychologis | 11 |
| 12 | Neville Bilimoria                           | BOD         |                            |      | Duane Morris                         | Chicago, IL           | Attorney             | 12 |
| 13 | Joseph Derezinski                           | BOD         |                            |      | BMO Harris                           | Chicago, IL           | Senior Vice Presiden | 13 |
| 14 | Russell Frees                               | BOD         |                            |      | Henricksen                           | Itasca, IL            | President, CEO       | 14 |
| 15 | Mazen Ghalayini                             | BOD         |                            |      | West Monroe Partners                 | Chicago, IL           | Managing Director    | 15 |
| 16 | Kelly Kettlewell                            | BOD         |                            |      | OptumRx                              | Schamburg, IL         | Senior Vice Presiden | 16 |
| 17 | Teri Litavsky                               | BOD         |                            |      | Wild Bird Pottery Stud               | Elmhurst, IL          | Owner/Artist         | 17 |
| 18 | Chris Schneider, CIMA                       | BOD         |                            |      | Charles Schwab                       |                       | Regional Director    | 18 |
| 19 | Cami Smith                                  | BOD         |                            |      |                                      | Woodridge, IL         | Editor/Writer        | 19 |
| 20 | Robert F. Spahn, Jr.                        | BOD         |                            |      | Northwestern Mutual                  | Lombard, IL           | Financial Advisor    | 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<br><br>Name | 2<br><br>Title | 3<br><br>Function | 4<br><br>Ownership Interest | 5<br><br>Compensation Received From Other Nursing Homes* | 6<br><br>Average Hours Per Work Week Devoted to this Facility and % of Total Work Week |         | 7<br><br>Compensation Included in Costs for this Reporting Period** |        | 8<br><br>Schedule V. Line & Column Reference |    |
|----|---------------|----------------|-------------------|-----------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------|--------|----------------------------------------------|----|
|    |               |                |                   |                             |                                                          | Hours                                                                                  | Percent | Description                                                         | Amount |                                              |    |
| 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 |               |                |                   |                             |                                                          |                                                                                        |         | 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 Gloss SLC # 0022996 Report Period Beginning: 07/01/2019 Ending: 6/30/2020

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<br>Line<br>Reference | Item            | Unit of Allocation<br>(i.e.,Days, Direct Cost,<br>Square Feet) | Total Units | Number of<br>Subunits Being<br>Allocated Among | Total Indirect<br>Cost Being<br>Allocated | Amount of Salary<br>Cost Contained<br>in Column 6 | Facility<br>Units | Allocation<br>(col.8/col.4)x col.6 |    |
| 1  |                                 | See Worksheet 1 | Direct Costs                                                   |             |                                                | \$                                        | \$                                                |                   | 1,014,978                          | 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                          |                 |                                                                |             |                                                | \$                                        | \$                                                |                   | 1,014,978                          | 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  |                                        |           |    |                 |                          |              |                |         |               |                          |                                   |    | 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 #

\* 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 2019 report.                                                                                                                                                                                                                                                     |  | Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. |     | \$               | N/A                                   | 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 2020 report. (Detail and explain your calculation of this accrual on the lines below.)                                                                                                                                                                          |  |                                                                                                                            |     | \$               | N/A                                   | 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.<br>(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.<br>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:                                                                                                                                                                                                                                                             |  | 2015                                                                                                                       | N/A | 8                |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  | 2016                                                                                                                       | N/A | 9                |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  | 2017                                                                                                                       | N/A | 10               |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  | 2018                                                                                                                       | N/A | 11               |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  | 2019                                                                                                                       | N/A | 12               |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |     | FOR BHF USE ONLY |                                       |    |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |     | 13               | FROM R. E. TAX STATEMENT FOR 2019 \$  | 13 |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |     | 14               | PLUS APPEAL COST FROM LINE 5 \$       | 14 |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |     | 15               | LESS REFUND FROM LINE 6 \$            | 15 |
|                                                                                                                                                                                                                                                                                                     |  |                                                                                                                            |     | 16               | AMOUNT TO USE FOR RATE CALCULATION \$ | 16 |

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.

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Gloss 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 2019 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 2019.

| (A)                     | (B)                         | (C)              | (D)                  |
|-------------------------|-----------------------------|------------------|----------------------|
|                         |                             |                  | <u>Tax</u>           |
| <u>Tax Index Number</u> | <u>Property Description</u> | <u>Total 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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 |



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

[illegible]

**\*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  | 2                                                       | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        |    |
|----|---------------------------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                      | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 37 |                                                         |                  | \$           | \$                        |               | \$                         | \$          |                          | 37 |
| 38 | Bathroom Renovations Home 4, All Single Baths and Core  | 2017             | 129,536      | 12,954                    | 10            | 12,954                     |             | 45,338                   | 38 |
| 39 | New Walls, Toilets, Showers, Flooring and Mirrors       |                  |              |                           |               |                            |             |                          | 39 |
| 40 |                                                         |                  |              |                           |               |                            |             |                          | 40 |
| 41 | New Sidewalks                                           | 2017             | 25,883       | 2,588                     | 10            | 2,588                      |             | 9,058                    | 41 |
| 42 | Lennox A/C and Furnace                                  | 2017             | 9,629        | 1,926                     | 5             | 1,926                      |             | 6,739                    | 42 |
| 43 | Steel Door at Rear entry - Home 3                       | 2017             | 2,943        | 589                       | 5             | 589                        |             | 2,059                    | 43 |
| 44 | Remote Thermostat System - updating thermostat and fire | 2018             | 19,845       | 3,969                     | 5             | 3,969                      |             | 9,923                    | 44 |
| 45 | Economizer Damper Actuator Replaced - SLC Home 2 Fire   | 2018             | 4,432        | 886                       | 5             | 886                        |             | 2,327                    | 45 |
| 46 | Sidewalk & Parking Repair                               | 2018             | 4,350        | 870                       | 5             | 870                        |             | 2,175                    | 46 |
| 47 | Home 5 Compressor                                       | 2018             | 3,647        | 729                       | 5             | 729                        |             | 1,824                    | 47 |
| 48 | Replaced Motor and New Board                            | 2018             | 1,444        | 289                       | 5             | 289                        |             | 722                      | 48 |
| 49 | Home 4 Flame Safeguard Fan Motor                        | 2018             | 1,214        | 243                       | 5             | 243                        |             | 607                      | 49 |
| 50 | Replaced Belt on Fans                                   | 2018             | 1,199        | 240                       | 5             | 240                        |             | 599                      | 50 |
| 51 | Capacitor                                               | 2018             | 614          | 123                       | 5             | 123                        |             | 307                      | 51 |
| 52 | Sidewalk Repairs                                        | 2019             | 8,142        | 1,628                     | 5             | 1,628                      |             | 2,443                    | 52 |
| 53 | Pearl System HVAC for Home 1                            | 2019             | 6,080        | 1,216                     | 5             | 1,216                      |             | 1,824                    | 53 |
| 54 | 75 Gallon Hot Water Tank for Main Building              | 2020             | 2,795        | 280                       | 5             | 280                        |             | 280                      | 54 |
| 55 | Replacement of Condenser Motor for A/C Unit Home 4      | 2020             | 1,026        | 103                       | 5             | 103                        |             | 103                      | 55 |
| 56 | New Service Sink for Main Building Kitchen Closet       | 2020             | 685          | 68                        | 5             | 68                         |             | 68                       | 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)                                 |                  | \$ 5,397,859 | \$ 265,562                |               | \$ 265,562                 | \$          | \$ 4,908,458             | 70 |

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

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<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1 Totals from Page 12A, Carried Forward                |                     | \$ 5,397,859 | \$ 265,562                   |                  | \$ 265,562                    | \$          | \$ 4,908,458                | 1  |
| 2                                                      |                     |              |                              |                  |                               |             |                             | 2  |
| 3 Fully Depreciated Assets                             |                     | 1,777,170    |                              |                  |                               |             | 1,777,170                   | 3  |
| 4                                                      |                     |              |                              |                  |                               |             |                             | 4  |
| 5 EQUIPMENT DEPRECIATION                               |                     |              |                              |                  |                               |             |                             | 5  |
| 6                                                      |                     |              |                              |                  |                               |             |                             | 6  |
| 7 Purchase in Prior Years                              |                     |              |                              |                  |                               |             |                             | 7  |
| 8                                                      |                     |              |                              |                  |                               |             |                             | 8  |
| 9 SLC Direct-FFE                                       |                     | 102,501      | 26,500                       |                  | 26,500                        |             | 65,774                      | 9  |
| 10                                                     |                     |              |                              |                  |                               |             |                             | 10 |
| 11                                                     |                     |              |                              |                  |                               |             |                             | 11 |
| 12                                                     |                     |              |                              |                  |                               |             |                             | 12 |
| 13 MANAGEMENT&GENERAL                                  |                     |              |                              |                  |                               |             |                             | 13 |
| 14                                                     |                     |              |                              |                  |                               |             |                             | 14 |
| 15 Administration FF&E                                 |                     | 4,631        | 1,338                        |                  | 1,338                         |             | 2,934                       | 15 |
| 16                                                     |                     |              |                              |                  |                               |             |                             | 16 |
| 17 SLC Portion of Administration 30.35%                |                     | 1,405        | 406                          |                  | 406                           |             | 890                         | 17 |
| 18                                                     |                     |              |                              |                  |                               |             |                             | 18 |
| 19                                                     |                     |              |                              |                  |                               |             |                             | 19 |
| 20 Finance FF&E                                        |                     | 47,209       | 11,166                       |                  | 11,166                        |             | 25,464                      | 20 |
| 21                                                     |                     |              |                              |                  |                               |             |                             | 21 |
| 22 SLC Portion of Finance 30.29%                       |                     | 14,300       | 3,382                        |                  | 3,382                         |             | 7,713                       | 22 |
| 23                                                     |                     |              |                              |                  |                               |             |                             | 23 |
| 24                                                     |                     |              |                              |                  |                               |             |                             | 24 |
| 25 HR FF&E                                             |                     | 7,637        | 2,546                        |                  | 2,546                         |             | 3,819                       | 25 |
| 26                                                     |                     |              |                              |                  |                               |             |                             | 26 |
| 27 SLC Portion of HR 30.29%                            |                     | 2,315        | 772                          |                  | 772                           |             | 1,158                       | 27 |
| 28                                                     |                     |              |                              |                  |                               |             |                             | 28 |
| 29 Development FF&E                                    |                     | 3,394        | 1,131                        |                  | 1,131                         |             | 1,697                       | 29 |
| 30                                                     |                     |              |                              |                  |                               |             |                             | 30 |
| 31 SLC Portion of Development 15.71%                   |                     | 533          | 178                          |                  | 178                           |             | 267                         | 31 |
| 32 Total Depreciation Expense Purchased in Prior Years |                     | 121,054      | 31,032                       |                  | 31,032                        |             | 75,801                      | 32 |
| 33 (Lines 9,17,22,27 and 31)                           |                     |              |                              |                  |                               |             |                             | 33 |
| 34 TOTAL (lines 1 thru 33)                             |                     | \$ 7,480,008 | \$ 344,013                   |                  | \$ 344,013                    | \$          | \$ 6,871,145                | 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  | 2                                                      | 3                | 4            | 5                         | 6             | 7                          | 8           | 9                        | 10 |
|----|--------------------------------------------------------|------------------|--------------|---------------------------|---------------|----------------------------|-------------|--------------------------|----|
|    | Improvement Type**                                     | Year Constructed | Cost         | Current Book Depreciation | Life in Years | Straight Line Depreciation | Adjustments | Accumulated Depreciation |    |
| 1  | Totals from Page 12B, Carried Forward                  |                  | \$ 7,480,008 | \$ 344,013                |               | \$ 344,013                 | \$          | \$ 6,871,145             | 1  |
| 2  |                                                        |                  |              |                           |               |                            |             |                          | 2  |
| 3  | Current Fiscal Year Purchases SLC FF&E                 |                  |              |                           |               |                            |             |                          | 3  |
| 4  |                                                        |                  |              |                           |               |                            |             |                          | 4  |
| 5  | Commerical Washer Repair                               | 2019             | 610          | 61                        | 5             | 61                         |             | 61                       | 5  |
| 6  | Refrigerator Home 3                                    | 2019             | 532          | 53                        | 5             | 53                         |             | 53                       | 6  |
| 7  | Dining Room Set for SLC Home 4                         | 2019             | 1,176        | 118                       | 5             | 118                        |             | 118                      | 7  |
| 8  | 4 qt Combination Batch Bowl/Continuous Feed Food Proce | 2020             | 1,280        | 128                       | 5             | 128                        |             | 128                      | 8  |
| 9  | SLC Home 1 Frigiadare Electric Range Stove             | 2020             | 538          | 90                        | 3             | 90                         |             | 90                       | 9  |
| 10 | SLC Home 1 Frigidare 24in Dishwasher                   | 2020             | 877          | 146                       | 3             | 146                        |             | 146                      | 10 |
| 11 | Total FFE SLC Direct                                   |                  | 5,013        | 596                       |               | 596                        |             | 596                      | 11 |
| 12 |                                                        |                  |              |                           |               |                            |             |                          | 12 |
| 13 | REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY  |                  | (315,004)    | (79,642)                  |               | (79,642)                   |             | (186,708)                | 13 |
| 14 |                                                        |                  |              |                           |               |                            |             |                          | 14 |
| 15 | REVERSE ABOVE BECAUSE THIS REALLY IS 13A               |                  |              |                           |               |                            |             |                          | 15 |
| 16 | EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM        |                  | (7,175,029)  | (265,563)                 |               | (265,563)                  |             | (6,685,628)              | 16 |
| 17 | PG 12B                                                 |                  |              |                           |               |                            |             |                          | 17 |
| 18 |                                                        |                  |              |                           |               |                            |             |                          | 18 |
| 19 | Fuly Depreciated Assets FFE                            |                  |              |                           |               |                            |             |                          | 19 |
| 20 | SLC Direct                                             |                  | 202,144      |                           |               |                            |             | 202,144                  | 20 |
| 21 |                                                        |                  |              |                           |               |                            |             |                          | 21 |
| 22 | Management &General                                    |                  |              |                           |               |                            |             |                          | 22 |
| 23 | Administration FFE                                     |                  | 41,518       |                           |               |                            |             | 41,518                   | 23 |
| 24 | SLC Portion of Administration 30.35%                   |                  | 12,599       |                           |               |                            |             | 12,599                   | 24 |
| 25 |                                                        |                  |              |                           |               |                            |             |                          | 25 |
| 26 | Human Resources FFE                                    |                  | 1,647        |                           |               |                            |             | 1,647                    | 26 |
| 27 | SLC Portion of HR 30.32%                               |                  | 499          |                           |               |                            |             | 499                      | 27 |
| 28 |                                                        |                  |              |                           |               |                            |             |                          | 28 |
| 29 | Finance FFE                                            |                  | 80,063       |                           |               |                            |             | 80,063                   | 29 |
| 30 | SLC Portion of Finance 30.29%                          |                  | 24,251       |                           |               |                            |             | 24,251                   | 30 |
| 31 |                                                        |                  |              |                           |               |                            |             |                          | 31 |
| 32 |                                                        |                  |              |                           |               |                            |             |                          | 32 |
| 33 |                                                        |                  |              |                           |               |                            |             |                          | 33 |
| 34 | TOTAL (lines 1 thru 33)                                |                  | \$ 362,722   | \$                        |               | \$                         | \$          | \$ 362,722               | 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                                                        | 3                   | 4            | 5                            | 6                | 7                             | 8           | 9                           |    |
|----------------------------------------------------------|---------------------|--------------|------------------------------|------------------|-------------------------------|-------------|-----------------------------|----|
| Improvement Type**                                       | Year<br>Constructed | Cost         | Current Book<br>Depreciation | Life<br>in Years | Straight Line<br>Depreciation | Adjustments | Accumulated<br>Depreciation |    |
| 1 Totals from Page 12C, Carried Forward                  |                     | \$ 362,722   | \$                           |                  | \$                            | \$          | \$ 362,722                  | 1  |
| 2                                                        |                     |              |                              |                  |                               |             |                             | 2  |
| 3 Total Fully Depreciated Assets                         |                     | 239,493      |                              |                  |                               |             | 239,493                     | 3  |
| 4 (Refects Lines 20, 24, 27 and 30 on page 12C)          |                     |              |                              |                  |                               |             |                             | 4  |
| 5                                                        |                     |              |                              |                  |                               |             |                             | 5  |
| 6                                                        |                     |              |                              |                  |                               |             |                             | 6  |
| 7 TOTAL DEPRECIATION EXPENSE EQUIPMENT                   |                     | 365,560      | 31,628                       |                  | 31,628                        |             | 315,890                     | 7  |
| 8                                                        |                     |              |                              |                  |                               |             |                             | 8  |
| 9                                                        |                     |              |                              |                  |                               |             |                             | 9  |
| 10 REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY |                     | 6,208,843    | 233,373                      |                  | 233,373                       |             | 5,769,112                   | 10 |
| 11                                                       |                     |              |                              |                  |                               |             |                             | 11 |
| 12                                                       |                     |              |                              |                  |                               |             |                             | 12 |
| 13                                                       |                     |              |                              |                  |                               |             |                             | 13 |
| 14                                                       |                     |              |                              |                  |                               |             |                             | 14 |
| 15                                                       |                     |              |                              |                  |                               |             |                             | 15 |
| 16                                                       |                     |              |                              |                  |                               |             |                             | 16 |
| 17                                                       |                     |              |                              |                  |                               |             |                             | 17 |
| 18                                                       |                     |              |                              |                  |                               |             |                             | 18 |
| 19                                                       |                     |              |                              |                  |                               |             |                             | 19 |
| 20                                                       |                     |              |                              |                  |                               |             |                             | 20 |
| 21                                                       |                     |              |                              |                  |                               |             |                             | 21 |
| 22                                                       |                     |              |                              |                  |                               |             |                             | 22 |
| 23                                                       |                     |              |                              |                  |                               |             |                             | 23 |
| 24                                                       |                     |              |                              |                  |                               |             |                             | 24 |
| 25                                                       |                     |              |                              |                  |                               |             |                             | 25 |
| 26                                                       |                     |              |                              |                  |                               |             |                             | 26 |
| 27                                                       |                     |              |                              |                  |                               |             |                             | 27 |
| 28                                                       |                     |              |                              |                  |                               |             |                             | 28 |
| 29                                                       |                     |              |                              |                  |                               |             |                             | 29 |
| 30                                                       |                     |              |                              |                  |                               |             |                             | 30 |
| 31                                                       |                     |              |                              |                  |                               |             |                             | 31 |
| 32                                                       |                     |              |                              |                  |                               |             |                             | 32 |
| 33                                                       |                     |              |                              |                  |                               |             |                             | 33 |
| 34 TOTAL (lines 1 thru 33)                               |                     | \$ 7,176,618 | \$ 265,001                   |                  | \$ 265,001                    | \$          | \$ 6,687,217                | 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<br>Cost | Current Book<br>Depreciation 2 | Straight Line<br>Depreciation 3 | 4<br>Adjustments | Component<br>Life 5 | Accumulated<br>Depreciation 6 |    |
|----|--------------------------|-----------|--------------------------------|---------------------------------|------------------|---------------------|-------------------------------|----|
| 71 | Purchased in Prior Years | \$111,535 | \$29,986                       | \$29,986                        | \$               |                     | \$74,753                      | 71 |
| 72 | Current Year Purchases   | 9,519     | 1,046                          | 1,046                           |                  |                     | 1,046                         | 72 |
| 73 | Fully Depreciated Assets | 239,493   |                                |                                 |                  |                     | 239,493                       | 73 |
| 74 |                          |           |                                |                                 |                  |                     |                               | 74 |
| 75 | TOTALS                   | \$360,547 | \$31,032                       | \$31,032                        | \$               |                     | \$315,292                     | 75 |

D. Vehicle Costs. (See instructions.)\*

|    | 1<br>Use              | Model, Make<br>and Year 2 | Year<br>Acquired 3 | 4<br>Cost | Current Book<br>Depreciation 5 | Straight Line<br>Depreciation 6 | 7<br>Adjustments | Life in<br>Years 8 | Accumulated<br>Depreciation 9 |    |
|----|-----------------------|---------------------------|--------------------|-----------|--------------------------------|---------------------------------|------------------|--------------------|-------------------------------|----|
| 76 | Client Transportation | 2016 Ford Starcraft       | 2016               | \$56,754  | \$11,351                       | \$11,351                        | \$               | 5                  | \$51,079                      | 76 |
| 77 | Client Transportation | 2016 Dodge Braun          | 2016               | 52,680    | 10,536                         | 10,536                          |                  | 5                  | 36,467                        | 77 |
| 78 | Client Transportation | 2013 Dodge Caravan        | 2013               | 36,672    |                                |                                 |                  |                    | 36,672                        | 78 |
| 79 |                       |                           |                    |           |                                |                                 |                  |                    |                               | 79 |
| 80 | TOTALS                |                           |                    | \$146,106 | \$21,887                       | \$21,887                        | \$               |                    | \$124,218                     | 80 |

E. Summary of Care-Related Assets

|    |                            | 1<br>Reference                                                                                           | 2<br>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) | \$7,897,945 | 81 |
| 82 | Current Book Depreciation  | (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)                 | \$317,920   | 82 |
| 83 | Straight Line Depreciation | (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)                 | \$317,920   | 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)                 | \$7,126,727 | 85 |

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

|    | 1<br>Description & Year Acquired | 2<br>Cost | Current Book<br>Depreciation 3 | Accumulated<br>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: Millbrook Real Estate-See Worksheet 5
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<br>Year<br>Constructed | 2<br>Number<br>of Beds | 3<br>Original<br>Lease Date | 4<br>Rental<br>Amount | 5<br>Total Years<br>of Lease | 6<br>Total Years<br>Renewal Option* |   |
|---|--------------------|--------------------------|------------------------|-----------------------------|-----------------------|------------------------------|-------------------------------------|---|
| 3 | Original Building: |                          |                        |                             | \$83,484              | 15                           |                                     | 3 |
| 4 | Additions          |                          |                        |                             |                       |                              |                                     | 4 |
| 5 |                    |                          |                        |                             |                       |                              |                                     | 5 |
| 6 |                    |                          |                        |                             |                       |                              |                                     | 6 |
| 7 | TOTAL              |                          |                        |                             | \$83,484              |                              |                                     | 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: \$13,193
- Description: See Worksheet 4
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

10. Effective dates of current rental agreement:
- Beginning03/2011
- Ending12/2026

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

|     | Fiscal Year Ending | Annual Rent |
|-----|--------------------|-------------|
| 12. | 06/2021            | \$38,763    |
| 13. | 06/2022            | \$44,171    |
| 14. | 06/2023            | \$50,392    |

\* 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

9

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

4

IN OTHER FACILITY

HOURS PER CNA

B. EXPENSES

ALLOCATION OF COSTS (d)

|    |                                 | 1         | 2         | 3        | 4         |
|----|---------------------------------|-----------|-----------|----------|-----------|
|    |                                 | Drop-outs | Completed | Contract | Total     |
| 1  | Community College Tuition       | \$        | \$        | \$       | \$        |
| 2  | Books and Supplies              | 125       | 100       |          | 225       |
| 3  | Classroom Wages (a)             | 2,436     | 2,462     |          | 4,898     |
| 4  | Clinical Wages (b)              |           | 4,363     |          | 4,363     |
| 5  | In-House Trainer Wages (c)      | 925       | 740       |          | 1,665     |
| 6  | Transportation                  |           |           |          |           |
| 7  | Contractual Payments            |           |           |          |           |
| 8  | CNA Competency Tests            |           |           |          |           |
| 9  | TOTALS                          | \$ 3,486  | \$ 7,665  | \$       | \$ 11,151 |
| 10 | SUM OF line 9, col. 1 and 2 (e) | \$ 11,151 |           |          |           |

- (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        | 4 |
| 2. From other facilities (f) |   |
| DROP-OUTS                    |   |
| 1. From this facility        | 5 |
| 2. From other facilities (f) |   |
| TOTAL TRAINED                | 9 |

- (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<br>Line & Column<br>Reference | Staff               |      | Outside Practitioner<br>(other than consultant) |      | Supplies<br>(Actual or<br>Allocated) | Total Units<br>(Column 2 + 4) | Total Cost<br>(Col. 3 + 5 + 6) |    |
|    |                                                                                |                                          | Units of<br>Service | Cost | Units                                           | Cost |                                      |                               |                                |    |
| 1  | Licensed Occupational Therapist                                                | N/A                                      | hrs                 | \$   |                                                 | \$   | \$                                   |                               | \$                             | 1  |
| 2  | Licensed Speech and Language<br>Development Therapist                          | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 2  |
| 3  | Licensed Recreational Therapist                                                | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 3  |
| 4  | Licensed Physical Therapist                                                    | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 4  |
| 5  | Physician Care                                                                 | N/A                                      | visits              |      |                                                 |      |                                      |                               |                                | 5  |
| 6  | Dental Care                                                                    | N/A                                      | visits              |      |                                                 |      |                                      |                               |                                | 6  |
| 7  | Work Related Program                                                           | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 7  |
| 8  | Habilitation                                                                   | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 8  |
| 9  | Pharmacy                                                                       | N/A                                      | # of<br>prescrpts   |      |                                                 |      |                                      |                               |                                | 9  |
| 10 | Psychological Services<br>(Evaluation and Diagnosis/<br>Behavior Modification) | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 10 |
| 11 | Academic Education                                                             | N/A                                      | hrs                 |      |                                                 |      |                                      |                               |                                | 11 |
| 12 | Other (specify):                                                               | N/A                                      |                     |      |                                                 |      |                                      |                               |                                | 12 |
| 13 | Other (specify):                                                               | N/A                                      |                     |      |                                                 |      |                                      |                               |                                | 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             | 2              |    |
|----|----------------------------------------------------------------------------|---------------|----------------|----|
|    |                                                                            | Operating     | After          |    |
|    |                                                                            |               | Consolidation* |    |
|    | <b>A. Current Assets</b>                                                   |               |                |    |
| 1  | Cash on Hand and in Banks                                                  | \$ 7,515,423  | \$             | 1  |
| 2  | Cash-Patient Deposits                                                      | 438,600       |                | 2  |
| 3  | Accounts & Short-Term Notes Receivable-Patients (less allowance (82,450) ) | 2,282,805     |                | 3  |
| 4  | Supply Inventory (priced at )                                              |               |                | 4  |
| 5  | Short-Term Investments                                                     | 72,538        |                | 5  |
| 6  | Prepaid Insurance                                                          | 212,729       |                | 6  |
| 7  | Other Prepaid Expenses                                                     | 84,856        |                | 7  |
| 8  | Accounts Receivable (owners or related parties)                            |               |                | 8  |
| 9  | Other(specify): Security Deposits                                          | 18,095        |                | 9  |
| 10 | <b>TOTAL Current Assets (sum of lines 1 thru 9)</b>                        | \$ 10,625,046 | \$             | 10 |
|    | <b>B. Long-Term Assets</b>                                                 |               |                |    |
| 11 | Long-Term Notes Receivable                                                 |               |                | 11 |
| 12 | Long-Term Investments                                                      | 8,277,567     |                | 12 |
| 13 | Land                                                                       | 1,635,004     |                | 13 |
| 14 | Buildings, at Historical Cost                                              | 22,384,363    |                | 14 |
| 15 | Leasehold Improvements, at Historical Cost                                 | 162,051       |                | 15 |
| 16 | Equipment, at Historical Cost                                              | 2,886,941     |                | 16 |
| 17 | Accumulated Depreciation (book methods)                                    | (19,453,681)  |                | 17 |
| 18 | Deferred Charges                                                           |               |                | 18 |
| 19 | Organization & Pre-Operating Costs                                         |               |                | 19 |
| 20 | Accumulated Amortization - Organization & Pre-Operating Costs              |               |                | 20 |
| 21 | Restricted Funds                                                           |               |                | 21 |
| 22 | Other Long-Term Assets (specify):                                          |               |                | 22 |
| 23 | Other(specify):                                                            |               |                | 23 |
| 24 | <b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>                    | \$ 15,892,245 | \$             | 24 |
| 25 | <b>TOTAL ASSETS (sum of lines 10 and 24)</b>                               | \$ 26,517,291 | \$             | 25 |

|    |                                                              | 1             | 2              |    |
|----|--------------------------------------------------------------|---------------|----------------|----|
|    |                                                              | Operating     | After          |    |
|    |                                                              |               | Consolidation* |    |
|    | <b>C. Current Liabilities</b>                                |               |                |    |
| 26 | Accounts Payable                                             | \$ 1,694,602  | \$             | 26 |
| 27 | Officer's Accounts Payable                                   |               |                | 27 |
| 28 | Accounts Payable-Patient Deposits                            | 440,892       |                | 28 |
| 29 | Short-Term Notes Payable                                     | 3,280,219     |                | 29 |
| 30 | Accrued Salaries Payable                                     | 801,551       |                | 30 |
| 31 | Accrued Taxes Payable (excluding real estate taxes)          | 22,699        |                | 31 |
| 32 | Accrued Real Estate Taxes(Sch.IX-B)                          |               |                | 32 |
| 33 | Accrued Interest Payable                                     | 9,270         |                | 33 |
| 34 | Deferred Compensation                                        |               |                | 34 |
| 35 | Federal and State Income Taxes                               | 63,187        |                | 35 |
|    | <b>Other Current Liabilities(specify):</b>                   |               |                |    |
| 36 |                                                              |               |                | 36 |
| 37 |                                                              |               |                | 37 |
| 38 | <b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>   | \$ 6,312,420  | \$             | 38 |
|    | <b>D. Long-Term Liabilities</b>                              |               |                |    |
| 39 | Long-Term Notes Payable                                      | 4,505,372     |                | 39 |
| 40 | Mortgage Payable                                             | 1,718,240     |                | 40 |
| 41 | Bonds Payable                                                |               |                | 41 |
| 42 | Deferred Compensation                                        |               |                | 42 |
|    | <b>Other Long-Term Liabilities(specify):</b>                 |               |                |    |
| 43 |                                                              |               |                | 43 |
| 44 |                                                              |               |                | 44 |
| 45 | <b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b> | \$ 6,223,612  | \$             | 45 |
| 46 | <b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>            | \$ 12,536,032 | \$             | 46 |
| 47 | <b>TOTAL EQUITY(page 18, line 24)</b>                        | \$ 13,981,259 | \$             | 47 |
| 48 | <b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b> | \$ 26,517,291 | \$             | 48 |

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

|    |                                                              | 1<br>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)                    | (1,465,254)    | 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)             | \$ (1,465,254) | 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)            | \$ (1,465,254) | 24 * |

\* This must agree with page 17, line 47.

Facility Name &amp; ID Number Iona Gloss SLC

# 0022996

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

**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   |                                                           |              |     |
|-----|-----------------------------------------------------------|--------------|-----|
|     | I. Revenue                                                | Amount       |     |
|     | <b>A. Inpatient Care</b>                                  |              |     |
| 1   | Gross Revenue -- All Levels of Care                       | \$ 5,157,743 | 1   |
| 2   | Discounts and Allowances for all Levels                   | ( )          | 2   |
| 3   | <b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>      | \$ 5,157,743 | 3   |
|     | <b>B. Ancillary Revenue</b>                               |              |     |
| 4   | Day Care                                                  |              | 4   |
| 5   | Other Care for Outpatients                                |              | 5   |
| 6   | Therapy                                                   |              | 6   |
| 7   | Oxygen                                                    |              | 7   |
| 8   | <b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>        | \$           | 8   |
|     | <b>C. Other Operating Revenue</b>                         |              |     |
| 9   | Payments for Education                                    |              | 9   |
| 10  | Other Government Grants                                   | 21,502       | 10  |
| 11  | CNA Training Reimbursements                               | 30,542       | 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  | <b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b> | \$ 52,044    | 23  |
|     | <b>D. Non-Operating Revenue</b>                           |              |     |
| 24  | Contributions                                             | 368,657      | 24  |
| 25  | Interest and Other Investment Income***                   | 56,431       | 25  |
| 26  | <b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>   | \$ 425,088   | 26  |
|     | <b>E. Other Revenue (specify):****</b>                    |              |     |
| 27  | <b>Settlement Income (Insurance, Legal, Etc.)</b>         |              | 27  |
| 28  | Consulting                                                | 825          | 28  |
| 28a |                                                           |              | 28a |
| 29  | <b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>      | \$ 825       | 29  |
| 30  | <b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>   | \$ 5,635,700 | 30  |

| 2  |                                                                |                |    |
|----|----------------------------------------------------------------|----------------|----|
|    | II. Expenses                                                   | Amount         |    |
|    | <b>A. Operating Expenses</b>                                   |                |    |
| 31 | General Services                                               | 1,133,088      | 31 |
| 32 | Health Care                                                    | 3,325,026      | 32 |
| 33 | General Administration                                         | 1,919,642      | 33 |
|    | <b>B. Capital Expense</b>                                      |                |    |
| 34 | Ownership                                                      | 393,950        | 34 |
|    | <b>C. Ancillary Expense</b>                                    |                |    |
| 35 | Special Cost Centers                                           |                | 35 |
| 36 | Provider Participation Fee                                     | 329,248        | 36 |
|    | <b>D. Other Expenses (specify):</b>                            |                |    |
| 37 |                                                                |                | 37 |
| 38 |                                                                |                | 38 |
| 39 |                                                                |                | 39 |
| 40 | <b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>               | \$ 7,100,954   | 40 |
| 41 | <b>Income before Income Taxes (line 30 minus line 40)**</b>    | (1,465,254)    | 41 |
| 42 | <b>Income Taxes</b>                                            |                | 42 |
| 43 | <b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b> | \$ (1,465,254) | 43 |

| III. Net Inpatient Revenue detailed by Payer Source |                                                                       |              |    |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------|----|
| 44                                                  | Medicaid - Net Inpatient Revenue                                      | \$ 5,157,743 | 44 |
| 45                                                  | Private Pay - Net Inpatient Revenue                                   |              | 45 |
| 46                                                  | Medicare - Net Inpatient Revenue                                      |              | 46 |
| 47                                                  | Other-(specify)                                                       |              | 47 |
| 48                                                  | Other-(specify)                                                       |              | 48 |
| 49                                                  | <b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b> | \$ 5,157,743 | 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            | 2,080                     | 2,136                      | \$ 83,105                              | \$ 38.91            | 1  |
| 2  | Assistant Director of Nursing  |                           |                            |                                        |                     | 2  |
| 3  | Registered Nurses              | 5,002                     | 4,631                      | 124,945                                | 26.98               | 3  |
| 4  | Licensed Practical Nurses      | 13,004                    | 13,153                     | 375,380                                | 28.54               | 4  |
| 5  | CNAs & Orderlies               | 649                       | 649                        | 10,926                                 | 16.84               | 5  |
| 6  | CNA Trainees                   |                           |                            |                                        |                     | 6  |
| 7  | Licensed Therapist             |                           |                            |                                        |                     | 7  |
| 8  | Rehab/Therapy Aides            |                           |                            |                                        |                     | 8  |
| 9  | Activity Director              |                           |                            |                                        |                     | 9  |
| 10 | Activity Assistants            |                           |                            |                                        |                     | 10 |
| 11 | Social Service Workers         | 2,080                     | 2,113                      | 43,248                                 | 20.47               | 11 |
| 12 | Dietician                      |                           |                            |                                        |                     | 12 |
| 13 | Food Service Supervisor        | 2,080                     | 2,111                      | 41,926                                 | 19.86               | 13 |
| 14 | Head Cook                      |                           |                            |                                        |                     | 14 |
| 15 | Cook Helpers/Assistants        | 10,511                    | 10,427                     | 137,244                                | 13.16               | 15 |
| 16 | Dishwashers                    |                           |                            |                                        |                     | 16 |
| 17 | Maintenance Workers            | 8,308                     | 8,308                      | 194,725                                | 23.44               | 17 |
| 18 | Housekeepers                   |                           |                            |                                        |                     | 18 |
| 19 | Laundry                        |                           |                            |                                        |                     | 19 |
| 20 | Administrator                  | 2,080                     | 2,147                      | 88,857                                 | 41.39               | 20 |
| 21 | Assistant Administrator        | 4,160                     | 4,209                      | 105,137                                | 24.98               | 21 |
| 22 | Other Administrative           | 9,112                     | 9,566                      | 192,263                                | 20.10               | 22 |
| 23 | Office Manager                 |                           |                            |                                        |                     | 23 |
| 24 | Clerical                       | 2,011                     | 1,989                      | 33,379                                 | 16.78               | 24 |
| 25 | Vocational Instruction         |                           |                            |                                        |                     | 25 |
| 26 | Academic Instruction           |                           |                            |                                        |                     | 26 |
| 27 | Medical Director               |                           |                            |                                        |                     | 27 |
| 28 | Qualified MR Prof. (QMRP)      | 6,483                     | 6,695                      | 132,589                                | 19.80               | 28 |
| 29 | Resident Services Coordinator  | 2,519                     | 2,571                      | 58,456                                 | 22.74               | 29 |
| 30 | Habilitation Aides (DD Homes)  | 85,620                    | 86,785                     | 1,395,639                              | 16.08               | 30 |
| 31 | Medical Records                |                           |                            |                                        |                     | 31 |
| 32 | Other Health Care(specify)     |                           |                            |                                        |                     | 32 |
| 33 | Other(specify) See Worksheet 2 | 14,806                    | 14,965                     | 547,425                                | 36.58               | 33 |
| 34 | TOTAL (lines 1 - 33)           | 170,505                   | 172,455                    | \$ 3,565,244 *                         | \$ 20.67            | 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              | 563                           | \$ 34,198                                  | Line1 Col 3                        | 35 |
| 36 | Medical Director                |                               |                                            |                                    | 36 |
| 37 | Medical Records Consultant      |                               |                                            |                                    | 37 |
| 38 | Nurse Consultant                |                               |                                            |                                    | 38 |
| 39 | Pharmacist Consultant           |                               |                                            |                                    | 39 |
| 40 | Physical Therapy Consultant     |                               |                                            |                                    | 40 |
| 41 | Occupational Therapy Consultant |                               |                                            |                                    | 41 |
| 42 | Respiratory Therapy Consultant  |                               |                                            |                                    | 42 |
| 43 | Speech Therapy Consultant       |                               |                                            |                                    | 43 |
| 44 | Activity Consultant             |                               |                                            |                                    | 44 |
| 45 | Social Service Consultant       |                               |                                            |                                    | 45 |
| 46 | Other(specify)                  |                               |                                            |                                    | 46 |
| 47 | Physician-Monthly               |                               | 26,000                                     | Line15 Col 3                       | 47 |
| 48 | Psychiatrist                    | 33                            | 9,300                                      | Line15 Col 3                       | 48 |
| 49 | TOTAL (lines 35 - 48)           | 596                           | \$ 69,498                                  |                                    | 49 |

C. CONTRACT NURSES

|    |                                  | 1                             | 2                    | 3                                  |    |
|----|----------------------------------|-------------------------------|----------------------|------------------------------------|----|
|    |                                  | Number of Hrs. Paid & Accrued | Total Contract Wages | Schedule V Line & Column Reference |    |
| 50 | Registered Nurses                | 5,476                         | \$ 310,636           | Line10 Col 3                       | 50 |
| 51 | Licensed Practical Nurses        | 33                            | 1,549                | Line10 Col 3                       | 51 |
| 52 | Certified Nurse Assistants/Aides | 22,756                        | 635,140              | Line10 Col 3                       | 52 |
| 53 | TOTAL (lines 50 - 52)            | 28,265                        | \$ 947,325           |                                    | 53 |

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

\*\* See instructions.



**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? 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? \_\_\_\_\_ If YES, what is the capacity? \_\_\_\_\_
- (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. \$ 27,280 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?  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? X YES \_\_\_\_\_ 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. \$ 329,248  
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? YES 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? \_\_\_\_\_  
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?  
**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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A  
Attach invoices and a summary of services for all architect and appraisal fees.

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginnig: 07/01/19 Ending 06/30/20

Ray Graham Association  
Board of Directors  
FY 2020

| Officer                                                                                                                    | Residence                                                                                                                                                                                         | Business                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chairperson</b><br>Stephanie Stomberg<br>Advocacy Committee<br>Development Committee                                    | 4021 Grove Avenue<br>Western Springs, IL 60558<br>(708) 784-9902 (h)<br><a href="mailto:stephanistomberg@gmail.com">stephanistomberg@gmail.com</a>                                                | Partner<br>Cassidy Schade LLP<br>222 West Adams Street, Suite 2900<br>Chicago, IL 60606<br>(312) 444-1660                                                                                       |
| <b>Vice Chair</b><br>Jim Sara<br>Executive/Nominating Committee<br>Public Policy/Strategic Planning Committee              | 1506 Park Avenue<br>River Forest, IL 60305<br>(312) 925-5919<br><a href="mailto:jimsara@gmail.com">jimsara@gmail.com</a>                                                                          | SVP of Business Development<br>Morningstar                                                                                                                                                      |
| <b>Secretary/Treasurer</b><br>Mark E. Kroencke<br>Executive/Nominating Committee<br>Finance Committee                      | 9 Barton Creek Ct.<br>Lake in the Hills, IL 60156<br>(847) 875-8967                                                                                                                               | Executive Vice President<br>First American Bank<br>1650 Louis Avenue<br>Elk Grove Village, IL 60007<br>847.586.2242<br><a href="mailto:mkroencke@firstambank.com">mkroencke@firstambank.com</a> |
| <b>Immediate Past Chair</b><br>Lee Jorwic<br>Executive/Nominating Committee<br>Advocacy Committee<br>Development Committee | 375 S. Kenilworth<br>Elmhurst, IL 60126<br><a href="mailto:lee.jorwic@langenfild.com">lee.jorwic@langenfild.com</a><br>630.240.0967 (c)                                                           | LANGENFELD I TouchPoint360<br>1250 Feehanville Drive<br>Mt. Prospect, IL 60056<br>224.422.1474<br>224.422.1475 fax                                                                              |
| <b>Member at Large</b><br>Lou Leonard, III<br>Executive /Nominating Committee<br>Finance Committee                         | 609 Ashland<br>River Forest, IL 60305<br>773.791.4949 (c)<br><a href="mailto:leonardi@thebeverlybank.com">leonardi@thebeverlybank.com</a>                                                         | Beverly Bank & Trust Company<br>10258 S. Western Avenue<br>Chicago, IL 60643<br>773.239.2265                                                                                                    |
| <b>Member at Large</b><br>Jonathan Phillips<br>Executive /Nominating Committee<br>Finance Committee                        | 792 Chatham Avenue<br>Elmhurst, IL 60126<br>630.530.4420 (h)<br>312.286.4333 (c)<br><a href="mailto:jon@FHCP.capital">jon@FHCP.capital</a>                                                        | Managing Director and Head of Private Equity<br>First Trust Capital Partners<br>120 E. Liberty, Suite 400<br>Wheaton, IL 60187<br>312.445.8751                                                  |
| <b>Member at Large</b><br>Mary Alice Povoiny, Ph.D.<br>Executive /Nominating Committee                                     | 633 Monroe Street<br>River Forest, IL 60305<br>708.790.2371 (c)<br><a href="mailto:m.povoiny@att.net">m.povoiny@att.net</a>                                                                       | Clinical Psychologist<br>188 Industrial Drive, Ste 132<br>Elmhurst, IL 60126<br>630.279.9536 (c)                                                                                                |
| Neville Bilimoria<br>Public Policy/Strategic Planning Committee                                                            | 2515 Chestnut Avenue<br>Glenview, IL 60026<br>847.486.1868<br><a href="mailto:nmbilimoria@duanemorris.com">nmbilimoria@duanemorris.com</a><br>847.529.2233 (c)                                    | Attorney<br>Duane Morris<br>190 S. LaSalle Street #3700<br>Chicago, IL 60603<br>312.499.6758                                                                                                    |
| Joseph Derezinski<br>Development Committee                                                                                 | 236 S. Bodin Street<br>Hinsdale, IL 60521<br><a href="mailto:jderezinski@ameritech.net">jderezinski@ameritech.net</a><br><a href="mailto:joseph.derezinski@bmo.com">joseph.derezinski@bmo.com</a> | Senior Vice President<br>BMO Harris Bank<br>111 W. Monroe Street, 5E<br>Chicago, IL 60603<br>312.461.3146 (c)                                                                                   |
| Russell Frees<br>Development Committee                                                                                     | 900 W. Porter Avenue<br>Naperville, IL 60540<br>630.927.8720 (h)<br>630.638.7333 (c)                                                                                                              | President, CEO<br>Henricksen<br>1101 W. Thorndale Ave.<br>Itasca, IL 60143<br>312.669.9090<br><a href="mailto:r.frees@henricksen.com">r.frees@henricksen.com</a>                                |
| Mazen Ghalayini<br>Development Committee                                                                                   | 4413 Harvey Avenue<br>Western Springs, IL 60558<br>773.895.9564<br><a href="mailto:Mazen.ghalayini@gmail.com">Mazen.ghalayini@gmail.com</a>                                                       | Managing Director<br>West Monroe Partners<br>222 W. Adams St., 11th Floor<br>Chicago, IL 60606<br>312.980.9482<br><a href="mailto:mghalayini@wmp.com">mghalayini@wmp.com</a>                    |
| Kelly Kettlewell<br>Public Policy/Strategic Planning Committee                                                             | 457 N. Oak Street<br>Elmhurst, IL 60126<br>630.936.9568<br><a href="mailto:K3_well@hotmail.com">K3_well@hotmail.com</a>                                                                           | 457 N. Oak Street<br>Elmhurst, IL 60126<br>630.936.9569<br><a href="mailto:K3_well@hotmail.com">K3_well@hotmail.com</a>                                                                         |
| Teri Litavsky<br>Development Committee                                                                                     | 225 N. Elm Avenue<br>Elmhurst, IL 60126<br>630.834.6612 (h)<br>630.217.6610 (c)<br><a href="mailto:Teri.litavsky@gmail.com">Teri.litavsky@gmail.com</a>                                           | Owner/Artist<br>Wild Bird Pottery Studio<br>101 N. Addison Street<br>Elmhurst, IL 60126                                                                                                         |
| Chris Schneider, CIMA                                                                                                      | 5071 Prairie Sage Rd.<br>Naperville, IL 60564<br>630.881.3708 (c)<br><a href="mailto:cjsdschneider@aol.com">cjsdschneider@aol.com</a>                                                             | Regional Director<br>Charles Schwab                                                                                                                                                             |
| Cami Smith<br>Advocacy Committee                                                                                           | 6318 Winston Drive<br>Woodridge, IL 60517<br>630.297.8838<br><a href="mailto:Camis67@att.net">Camis67@att.net</a>                                                                                 | Editor/Writer                                                                                                                                                                                   |
| Robert F. Spahn, Jr.<br>Golf Committee                                                                                     | 833 Kent<br>Elmhurst, IL 60126<br>630.567.1455 (c)<br><a href="mailto:robert.spahn.jr@nmfn.com">robert.spahn.jr@nmfn.com</a>                                                                      | Financial Advisor<br>Northwestern Mutual<br>377 E. Butterfield Road, Ste 400<br>Lombard, IL 60148<br>630.458.7019<br>630.458.7069 fax                                                           |





Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 2 - page 1

Management and General Allocated Salaries:

|                              | Management & General |           |                 |         | SLC       |           |                 |                      |
|------------------------------|----------------------|-----------|-----------------|---------|-----------|-----------|-----------------|----------------------|
|                              | # of Hrs.            | # of Hrs. | Report Period   | Percent | # of Hrs. | # of Hrs. | Report Period   | Schedule V Reference |
|                              | Actually             | Paid and  | Total Salaries, |         | Actually  | Paid and  | Total Salaries, |                      |
|                              | Worked               | Accrued   | Wages           |         | Worked    | Accrued   | Wages           |                      |
| Administrators               | 6,240                | 6,318     | 406,344         | 30%     | 1,894     | 1,917     | 123,309         | 17                   |
| Accounting/Bookkeeping       | 17,912               | 17,965    | 657,075         | 30%     | 5,426     | 5,442     | 199,030         | 21                   |
| Human Resources              | 12,475               | 12,557    | 369,828         | 30%     | 3,782     | 3,807     | 112,128         | 21                   |
| Development                  | 10,009               | 10,247    | 325,820         | 31%     | 3,145     | 3,220     | 102,373         | 17                   |
| Secy & Clerical              | 1,843                | 1,909     | 34,879          | 30%     | 559       | 579       | 10,585          | 21                   |
| M&G Salaries per worksheet 1 | 48,479               | 48,996    | 1,793,946       |         | 14,806    | 14,965    | 547,425         |                      |
| Non-Allowables:              |                      |           |                 |         |           |           |                 |                      |
| P.R. & Development           | (5,004)              | (5,124)   | (162,910)       | 31%     | (1,573)   | (1,610)   | (51,186)        | 17                   |
|                              | (5,004)              | (5,124)   | (162,910)       |         | (1,573)   | (1,610)   | (51,186)        |                      |
| Net Allocated                | 43,474               | 43,872    | 1,631,036       |         | 13,234    | 13,355    | 496,239         |                      |

Management and General Allocated Salaries:  
Detail of Salaries Paid to Administrators and Accounting/Bookkeeping

Administrators:

| Employee Name     | Title                               | Amount |       |         |
|-------------------|-------------------------------------|--------|-------|---------|
| Musembi, Caren    | Chief Services Officer              | 2,080  | 2,105 | 128,378 |
| Anderson, Sharon  | Quality Enhancement Manager         | 2,080  | 2,108 | 64,187  |
| Zoeller, Kimberly | President/CEO                       | 2,080  | 2,105 | 213,386 |
|                   | Allocated thru Building Maintenance |        |       | 393     |
|                   |                                     | 6,240  | 6,318 | 406,344 |

Accounting/Bookkeeping:

| Employee Name            | Title                               | Amount |        |         |
|--------------------------|-------------------------------------|--------|--------|---------|
| Accounts Rec Coordinator | Papendorf, Melissa                  | 557    | 630    | 12,242  |
| Accounts Rec Coordinator | Tomczak, Irene                      | 2,287  | 2,121  | 41,797  |
| Administrator            | Vidmar, James                       | 2,080  | 2,108  | 92,598  |
| Assistant Controller     | Evans, Karen                        | 2,080  | 2,160  | 69,855  |
| Chief Financial Officer  | Cooke, Carmel                       | 2,080  | 2,096  | 186,777 |
| Controller               | Bacigalupo, Berenice                | 320    | 336    | 16,842  |
| Controller               | Greenbeck, Leah                     | 2,080  | 1,960  | 78,118  |
| Payroll Coordinator      | Razo, Michelle                      | 2,080  | 2,131  | 49,928  |
| Staff Accountant         | Kyle, Jacqueline                    | 2,040  | 2,094  | 55,114  |
| Staff Accountant         | Robinson, Sherry                    | 2,080  | 2,104  | 49,881  |
| System Technician        | Cooke, Grant                        | 228    | 225    | 3,342   |
|                          | Allocated thru Building Maintenance |        |        | 581     |
|                          |                                     | 17,912 | 17,965 | 657,075 |

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

| Vendor/Payee                 | Type                          | Mgnt&Gen | Percent | Schedule V |           |
|------------------------------|-------------------------------|----------|---------|------------|-----------|
|                              |                               |          |         | SLC        | Reference |
| Paylocity                    | payroll service               | 38,050   | 30.29%  | 11525      | 19        |
| Porte Brown, LLC             | annual audit                  | 45,900   | 30.29%  | 13903      | 19        |
| SmithAmundsen                | legal services                | 43,069   | 30.32%  | 13057      | 19        |
| Illinois Department of Labor | Admin Fee on Labor issue      | 250      | 30.32%  | 75         | 19        |
| Chicago Contstruction News   | legal services                | 349      | 30.29%  | 106        | 19        |
| Paddock Publications         | Legal Notice                  | 293      | 30.29%  | 89         | 19        |
| Chicago Title Land Trust     | Legal Notice                  | 600      | 30.29%  | 182        | 19        |
| Dupage County Recorder       | Lien Release                  | 55       | 30.29%  | 17         | 19        |
| Little City                  | Legal Notice                  | (20)     | 31.42%  | -6         | 19        |
| Clearbrook                   | Legal Notice                  | (54)     | 31.42%  | -17        | 19        |
| Latimer LeVay Fyock LLC      | Trademark Renewal             | 1,539    | 31.42%  | 484        | 19        |
| Chamberlin Law Group         | Legal Services                | 3,671    | 30.35%  | 1114       | 19        |
| Ottosen DiNoifo              | Legal Services                | 800      | 30.35%  | 243        | 19        |
| Chamberlin Law Group         | Legal Services                | 3,200    | 30.35%  | 971        | 19        |
| Kennedy Hunt P.C.            | Legal Services                | 10       | 30.35%  | 3          | 19        |
| Property Site                | Deed fee                      | 95       | 30.35%  | 29         | 19        |
| Axion RMS                    | FMLA Admin Services           | 6,440    | 30.32%  | 1953       | 19        |
| Kettenbell, Gunther          | Heartsaver First Aid/CPR      | 5,098    | 30.32%  | 1546       | 19        |
| Paylocity                    | ACA Enhanced Billing          | 5,790    | 30.32%  | 1755       | 19        |
| Allocation                   | Allocation                    | 6        | 30.35%  | 2          | 19        |
| Allocation                   | Allocation                    | 10       | 30.32%  | 2          | 19        |
| Allocation                   | Allocation                    | 4        | 31.42%  | 1          | 19        |
| Professional Fees Allocation | Allocation                    | 3,058    | 100.00% | 3058       | 19        |
| Pathroo Appraisal            | Appraisal                     | 3,249    | 100.00% | 3249       | 19        |
| Therap                       | SLC direct                    | 2,709    | 100.00% | 2709       | 19        |
| Accufund                     | Software Maintenance          | 6,387    | 30.29%  | 1935       | 19        |
| CDW Direct                   | Firebox Security Subscription | 3,018    | 30.29%  | 914        | 19        |
| Malware                      | Computer Security             | 1,491    | 30.29%  | 452        | 19        |
| Zoho.com                     | Desktop management system     | 6,946    | 30.29%  | 2104       | 19        |
| Altaro                       | HyperV Backup                 | 613      | 30.29%  | 186        | 19        |
| PumpAlarm                    | Cellular Alarm Service        | 50       | 30.29%  | 15         | 19        |
| US Bank Software Purchase    | Software Purchase             | 48       | 30.29%  | 15         | 19        |
| CDW Direct                   | Software Purchase             | 141      | 30.29%  | 43         | 19        |
| Design & Promote             | Web Hosting & Security        | 1,025    | 31.42%  | 322        | 19        |
| Foundation Company           | Web Hosting                   | 279      | 31.42%  | 88         | 19        |
| Blackbaud                    | Fundraising Software          | 4,158    | 31.42%  | 1306       | 19        |
| US Bank Software Purchase    | Software Purchase             | 617      | 31.42%  | 194        | 19        |
| Client Wages                 | Client Wages                  | 120      | 30.32%  | 36         | 19        |

Total, per schedule V, Line 19, Column 3

189,064 SLC

63,660

Non-Allowables:

|                              |                          |          |        |          |    |
|------------------------------|--------------------------|----------|--------|----------|----|
| SmithAmundsen                | legal services           | (43,069) | 30.32% | (13,057) | 19 |
| Illinois Department of Labor | Admin Fee on Labor issue | (250)    | 30.32% | (75)     | 19 |
| Chicago Contstruction News   | legal services           | (349)    | 30.29% | (106)    | 19 |
| Paddock Publications         | Legal Notice             | (293)    | 30.29% | (89)     | 19 |
| Chicago Title Land Trust     | Legal Notice             | (600)    | 30.29% | (182)    | 19 |
| Dupage County Recorder       | Lien Release             | (55)     | 30.29% | (17)     | 19 |
| Little City                  | Legal Notice             | 20       | 31.42% | 6        | 19 |
| Clearbrook                   | Legal Notice             | 54       | 31.42% | 17       | 19 |
| Latimer LeVay Fyock LLC      | Trademark Renewal        | (1,539)  | 31.42% | (484)    | 19 |
| Chamberlin Law Group         | Legal Services           | (3,671)  | 30.35% | (1,114)  | 19 |
| Ottosen DiNoifo              | Legal Services           | (800)    | 30.35% | (243)    | 19 |
| Chamberlin Law Group         | Legal Services           | (3,200)  | 30.35% | (971)    | 19 |
| Kennedy Hunt P.C.            | Legal Services           | (10)     | 30.35% | (3)      | 19 |
| Property Site                | Deed fee                 | (95)     | 30.35% | (29)     | 19 |
| Allocation                   | Allocation               | 4        | 30.32% | (1)      | 19 |
| Design & Promote             | Web Hosting & Security   | 1,025    | 15.71% | (161)    | 19 |
| Foundation Company           | Web Hosting              | 279      | 15.71% | (44)     | 19 |
| Blackbaud                    | Fundraising Software     | 4,158    | 15.71% | (653)    | 19 |
| US Bank Software Purchase    | Software Purchase        | 617      | 15.71% | (97)     | 19 |

Total per schedule V, Line 19, Column 7

(47,774) SLC

(17,303)

Net per schedule V, line 19, Column 8

141,290

46,357

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 3  
Detail of Other Expense on Schedule V. line 27

Management & General

allocated from Administration

|           |             |               |                |
|-----------|-------------|---------------|----------------|
| bank fees | Finance     | 24,527        |                |
|           | SLC alloc   | <u>30.29%</u> |                |
|           |             |               | 7,429          |
|           | Fundraising | 9,588         |                |
|           | SLC alloc   | <u>31.4%</u>  |                |
|           |             |               | 3,013          |
|           |             | 50% adjus     | <u>(1,506)</u> |
|           |             |               | 1,507          |

Investment Expense

|           |               |       |
|-----------|---------------|-------|
| Finance   | 15,762        |       |
| SLC alloc | <u>30.29%</u> |       |
|           |               | 4,774 |

|                |     |     |
|----------------|-----|-----|
| Moving Expense | SLC | 255 |
|----------------|-----|-----|

|               |                      |
|---------------|----------------------|
| Total Expense | <u><u>13,965</u></u> |
|---------------|----------------------|

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 4  
Detail for Schedule XII part B. Equipment Rental - Excluding Transportation and Fixed Equipment

| Movable Equipment Description | SLC % | SLC Cost      |
|-------------------------------|-------|---------------|
| <u>SLC</u>                    |       |               |
| postage system                |       | 610           |
| copier                        |       | <u>12,064</u> |
| Total SLC                     | 100%  | 12,674        |

901 Building

|                   |              |     |        |                      |  |
|-------------------|--------------|-----|--------|----------------------|--|
| copier            | 16,085       |     |        |                      |  |
| postage sys       | <u>2,057</u> |     |        |                      |  |
|                   | 18,142       |     |        |                      |  |
| Administration    | 21.98%       | 452 | 30.35% | 137                  |  |
| Human Resources   | 17.64%       | 363 | 30.32% | 110                  |  |
| Pub Rel & Develop | 15.75%       | 324 | 31.42% | 102                  |  |
| less 50%          |              |     |        | (51)                 |  |
| Finance           | 35.48%       | 730 | 30.29% | <u>221</u>           |  |
|                   |              |     |        | <u>519</u>           |  |
| Total Expense     |              |     |        | <u><u>13,193</u></u> |  |

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 5

Detail for Schedule XII. Rental Costs

Part A. Building and Fixed Equipment, No. 1 - 14

10 Effective dates of current rental agreement

Beginning: 03/2011

Ending 12/2026

Line 3 - MillBrook Real Estate

Building - 901 Warrenville Rd, #500, Lisle,

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

Fiscal Year Ei Annual Rent

12 06/30/2021 38,763

13 06/30/2022 44,171

14 06/30/2023 50,392

15 06/30/2024 52,016

plus, operating expenses & common area lighting

charges = (27,548.40)

| RGA       |                             | SLC        |         |            |         |
|-----------|-----------------------------|------------|---------|------------|---------|
| FY20 Rent | Division                    | Allocation | Amount  | Allocation | Amount  |
| 301,211   | Administrati                | 21.98%     | 65,598  | 30.35%     | 19,906  |
|           | Life's Plan                 | 9.15%      | 0       | 0.00%      |         |
|           | Human Reso                  | 17.64%     | 63,820  | 30.32%     | 19,349  |
|           | Developmen                  | 15.75%     | 47,450  | 31.42%     | 14,909  |
|           | Development fundraising adj |            |         |            | (7,455) |
|           | Finance                     | 35.48%     | 96,795  | 30.29%     | 29,320  |
|           |                             | 100.00%    | 273,663 |            | 76,029  |

| RGA       |                             | SLC        |         |            |         |
|-----------|-----------------------------|------------|---------|------------|---------|
| FY21 Rent | Division                    | Allocation | Amount  | Allocation | Amount  |
| 153,581   | Administrati                | 21.98%     | 33,756  | 30.35%     | 10,244  |
|           | Life's Plan                 | 9.15%      | 14,051  | 0.00%      |         |
|           | Human Reso                  | 17.64%     | 27,090  | 30.32%     | 8,213   |
|           | Developmen                  | 15.75%     | 24,195  | 31.42%     | 7,602   |
|           | Development fundraising adj |            |         |            | (3,801) |
|           | Finance                     | 35.48%     | 54,489  | 30.29%     | 16,505  |
|           |                             | 100.00%    | 153,581 |            | 38,763  |

| RGA       |                             | SLC        |         |            |         |
|-----------|-----------------------------|------------|---------|------------|---------|
| FY22 Rent | Division                    | Allocation | Amount  | Allocation | Amount  |
| 175,008   | Administrati                | 21.98%     | 38,465  | 30.35%     | 11,673  |
|           | Life's Plan                 | 9.15%      | 16,011  | 0.00%      |         |
|           | Human Reso                  | 17.64%     | 30,870  | 30.32%     | 9,359   |
|           | Developmen                  | 15.75%     | 27,570  | 31.42%     | 8,663   |
|           | Development fundraising adj |            |         |            | (4,332) |
|           | Finance                     | 35.48%     | 62,091  | 30.29%     | 18,808  |
|           |                             | 100.00%    | 175,008 |            | 44,171  |

| RGA       |                             | SLC        |         |            |         |
|-----------|-----------------------------|------------|---------|------------|---------|
| FY23 Rent | Division                    | Allocation | Amount  | Allocation | Amount  |
| 199,655   | Administrati                | 21.98%     | 43,883  | 30.35%     | 13,317  |
|           | Life's Plan                 | 9.15%      | 18,266  | 0.00%      |         |
|           | Human Reso                  | 17.64%     | 35,218  | 30.32%     | 10,678  |
|           | Developmen                  | 15.75%     | 31,453  | 31.42%     | 9,883   |
|           | Development fundraising adj |            |         |            | (4,942) |
|           | Finance                     | 35.48%     | 70,835  | 30.29%     | 21,456  |
|           |                             | 100.00%    | 199,655 |            | 50,392  |

| RGA       |                         | SLC        |         |            |         |
|-----------|-------------------------|------------|---------|------------|---------|
| FY24 Rent | Division                | Allocation | Amount  | Allocation | Amount  |
| 206,096   | Administrati            | 21.98%     | 45,298  | 30.35%     | 13,746  |
|           | Life's Plan             | 9.15%      | 18,855  | 0.00%      | -       |
|           | Human Reso              | 17.64%     | 36,354  | 30.32%     | 11,022  |
|           | Developmen              | 15.75%     | 32,468  | 31.42%     | 10,201  |
|           | Development fundraising |            | 0       |            | (5,101) |
|           | Finance                 | 35.48%     | 73,120  | 30.29%     | 22,148  |
|           |                         | 100.00%    | 206,096 |            | 52,016  |

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 6  
Detail for Schedule XIX. part A. Administrative Salaries

| Name                                                                    | Function                            | % Ownership | SLC Amount |
|-------------------------------------------------------------------------|-------------------------------------|-------------|------------|
| Direct Staff                                                            |                                     |             |            |
| 1 Campos, Catherine                                                     | SLC Director                        |             | 88,857     |
| 2 Enverga, Nicole                                                       | Assistant Director                  |             | 50,859     |
| 3 Halden, Erin                                                          | Assistant Director                  |             | 54,278     |
| 4 Cannon, Ryan                                                          | Coordinator                         |             | 50,579     |
| 5 Willis, Sheila                                                        | Coordinator                         |             | 10,704     |
| 6 Johnson, Ryan                                                         | Home Manager                        |             | 66,655     |
| 7 Lewis, Devon                                                          | Home Manager                        |             | 53,202     |
| 8 Tinsley, Shanta                                                       | Home Manager                        |             | 11,122     |
|                                                                         |                                     | 100%        | 386,257    |
| Management and General Allocated                                        |                                     |             |            |
| Administrators                                                          |                                     |             |            |
| Musembi, Caren                                                          | Chief Services Officer              |             | 128,378    |
| Anderson, Sharon                                                        | Quality Enhancement Manager         |             | 64,187     |
| Zoeller, Kimberly                                                       | President                           |             | 213,386    |
|                                                                         | Allocated thru Building Maintenance |             | 393        |
| SLC allocation                                                          |                                     | 30%         | 406,344    |
|                                                                         |                                     |             | 123,309    |
| Development                                                             |                                     |             |            |
| Langan, Mark                                                            | Chief Development Officer           |             | 127,257    |
| Fraser, Melissa                                                         | Communications Coordinator          |             | 15,580     |
| Taylor, Thomas                                                          | Communications Coordinator          |             | 19,921     |
| Ariza, Sarah                                                            | Donor Data Mgr + Strategist         |             | 17,830     |
| Loper, Madeline                                                         | Donor Data Mgr + Strategist         |             | 23,127     |
| Cerny, Barbara                                                          | Grants Administrator                |             | 56,169     |
| Nicewanner, Hailey                                                      | Special Events Manager              |             | 65,937     |
| SLC allocation                                                          |                                     | 31%         | 325,821    |
|                                                                         |                                     |             | 102,373    |
| Total Administrative Salaries reported on Schedule 5, Line 17, Column 1 |                                     |             | 611,939    |

Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 7  
Detail for Schedule XX General Information

| Question 14 | Lease Agreement for DuPage County Helth Department | Reference                |
|-------------|----------------------------------------------------|--------------------------|
|             | Rent Income as of 6/30                             | 8,000.00 XVII Line 1     |
|             | Utilites Billed as of 6/30                         | 1,429.01 V Line 5 Col 8* |
|             | Total                                              | <u>\$ 9,429.01</u>       |

\* This charge credited utilities expenses for SLC