

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: 07/01/08 Ending: 06/30/09

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	36,101			36,101	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,101			36,101	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.64%

D. How many bed-hold days during this year were paid by the Department? 499 (Do not include bed-hold days in Section B.)

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

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

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

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

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

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

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

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: June 30 Fiscal Year: June 30

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

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	138,780		18,181	156,961		156,961		156,961		1
2	Food Purchase		316,598		316,598		316,598		316,598		2
3	Housekeeping		104,295	75,476	179,771		179,771		179,771		3
4	Laundry										4
5	Heat and Other Utilities			149,277	149,277		149,277		149,277		5
6	Maintenance	80,760	108,550		189,310		189,310		189,310		6
7	Other (specify):* waste removal			22,262	22,262		22,262		22,262		7
8	TOTAL General Services	219,540	529,443	265,196	1,014,179		1,014,179		1,014,179		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	799,733	81,529	15,446	896,708	743	897,451		897,451		10
10a	Therapy	1,436,153		48,213	1,484,366		1,484,366		1,484,366		10a
11	Activities	28,351	25,878		54,229		54,229		54,229		11
12	Social Services										12
13	CNA Training	40,914	1,350		42,264		42,264		42,264		13
14	Program Transportation			32,609	32,609		32,609		32,609		14
15	Other (specify):* license/certif & sch XVIII		675	24,076	24,751	(743)	24,008		24,008		15
16	TOTAL Health Care and Programs	2,305,151	109,432	120,344	2,534,927		2,534,927		2,534,927		16
	C. General Administration										
17	Administrative	497,951			497,951		497,951		497,951		17
18	Directors Fees										18
19	Professional Services			31,806	31,806		31,806	(8,589)	23,217		19
20	Dues, Fees, Subscriptions & Promotions			15,925	15,925		15,925		15,925		20
21	Clerical & General Office Expenses	302,485	49,359		351,844	(10,775)	341,069		341,069		21
22	Employee Benefits & Payroll Taxes			648,977	648,977		648,977		648,977		22
23	Inservice Training & Education			2,952	2,952		2,952		2,952		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			1,541	1,541		1,541		1,541		25
26	Insurance-Prop.Liab.Malpractice			61,480	61,480		61,480		61,480		26
27	Other (specify):* see worksheet 3			9,562	9,562		9,562	(5,818)	3,744		27
28	TOTAL General Administration	800,436	49,359	772,243	1,622,038	(10,775)	1,611,263	(14,407)	1,596,856		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,325,127	688,234	1,157,783	5,171,144	(10,775)	5,160,369	(14,407)	5,145,962		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.

Facility Name & ID Number

Iona Glos SLC

#0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			360,552	360,552		360,552	(98)	360,454			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			2,451	2,451		2,451		2,451			32
33	Real Estate Taxes			452	452		452	(452)				33
34	Rent-Facility & Grounds			49,188	49,188		49,188		49,188			34
35	Rent-Equipment & Vehicles					10,775	10,775		10,775			35
36	Other (specify):*											36
37	TOTAL Ownership			412,643	412,643	10,775	423,418	(550)	422,868			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			316,360	316,360		316,360		316,360			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			316,360	316,360		316,360		316,360			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,325,127	688,234	1,886,786	5,900,147		5,900,147	(14,957)	5,885,190			45

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

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(98)	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	(10)	27		18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(8,589)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(2,839)	27		24
25	Fund Raising, Advertising and Promotional	(2,969)	pg5a		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(452)	pg5a		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (14,957)		\$	30

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	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (14,957)		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	2	3	4	
		Yes	No	Amount	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

BHF USE ONLY

48		49		50		51		52	
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Iona Glos SLC

ID# 0022996

Report Period Beginning: 07/01/08

Ending: 06/30/09

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Other non allowable adjustments	\$		1
2	Agency Functions	(2,969)	27	2
3	Real Estate Taxes - Vacant Properties	(452)	33	3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				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	(3,421)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC# 0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(8,589)	0	0	0	0	0	0	0	0	0	0	(8,589)	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(5,818)	0	0	0	0	0	0	0	0	0	0	(5,818)	27
28	TOTAL General Administration	(14,407)	0	(14,407)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(14,407)	0	(14,407)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Iona Glos SLC# 0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	D. Ownership													
30	Depreciation	(98)	0	0	0	0	0	0	0	0	0	0	(98)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	(452)	0	0	0	0	0	0	0	0	0	0	(452)	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	(550)	0	0	0	0	0	0	0	0	0	0	(550)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(14,957)	0	0	0	0	0	0	0	0	0	0	(14,957)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

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

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

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

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

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

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VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/08

Ending: 06/30/09

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	see worksheet 1	Direct Cost			\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number

Iona Glos SLC

0022996

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Ending:

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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		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	allocated - see worksheet 6		X	operating funds			61,282				2,451	6						
7												7						
8												8						
9	TOTAL Facility Related					\$	61,282	\$		\$	2,451	9						
B. Non-Facility Related*																		
10												10						
11												11						
12												12						
13												13						
14	TOTAL Non-Facility Related					\$		\$		\$		14						
15	TOTALS (line 9+line14)					\$	61,282	\$		\$	2,451	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ 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.)

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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:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	<u>SLC</u>		<u>1975</u>	<u>\$ 214,674</u>	<u>1</u>
2					<u>2</u>
3	TOTALS			\$ 214,674	3

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	100		1980	1980	\$ 3,681,931	\$ 92,048	40	\$ 92,048	\$	\$ 2,623,376	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SLC Direct										
10	Prior Fiscal Years										
11			1998		110	6		6		110	10
12			1999		123,253	10,570		10,570		119,168	11
13			2000		86,886	8,689		8,689		76,916	12
14			2001		28,064	2,806		2,806		23,234	13
15			2002		850	85		85		638	14
16			2003		6,902	997		997		6,902	15
17			2004		76,567	7,886		7,886		76,339	16
18			2005		75,061	15,682		15,682		64,998	17
19			2006		43,370	8,674		8,674		22,606	18
20			2007		712,002	133,585		133,585		321,837	19
21			2008		186,281	18,777		18,777		28,165	20
22			2008		1,500	150	5	150		150	21
23			2008		85,855	4,293	10	4,293		4,293	22
24			2008		6,600	660	5	660		660	23
25			2008		5,100	510	5	510		510	24
26			2008		52,600	2,630	10	2,630		2,630	25
27			2008		83,892	4,195	10	4,195		4,195	26
28			2009		24,465	1,223	10	1,223		1,223	27
29			2009		8,125	406	10	406		406	28
30			2009		26,450	1,323	10	1,323		1,323	29
31			2009		2,630	132	10	132		132	30
32			2009		8,124	406	10	406		406	31
33			2009		8,645	865	5	865		865	32
34											33
35											34
36											35
											36

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,339,666	\$ 317,077		\$ 317,077	\$	\$ 3,385,260	1
2	REVERSE ABOVE BECAUSE THIS IS REALLY PAGE13A		(5,339,666)	(317,077)		(317,077)		(3,385,260)	2
3	EQUIPMENT DEPRECIATION								3
4									4
5	Purchase in Prior Years								5
6	SLC direct		77,336	16,195		16,195		54,721	6
7									7
8	Management & General								8
9	Administration		82,196	20,315		20,315		52,237	9
10	SLC portion of Administration - 28.53%		23,451	5,796		5,796		14,903	10
11									11
12	Main Street Community Learning Center		10,912	1,546		1,546		9,021	12
13	Administration portion - 15%		1,637	232		232		1,353	13
14	SLC portion of Administration - 28.53%		467	66		66		386	14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	BACK OUT CALCULATION DETAILS SO LINE 34 ONLY		(94,745)	(22,093)		(22,093)		(62,611)	25
26	REFLECTS LINES 6, 10, 14, & 17								26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 101,253	\$ 22,057		\$ 22,057	\$	\$ 70,010	34

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 101,253	\$ 22,057		\$ 22,057	\$	\$ 70,010	1
2	Current Year Purchases								2
3	SLC Direct								3
4	Dryer Home 5	2008	553	55		55		55	4
5	Dryer Home 2	2009	574	57		57		57	5
6	Range - Core Kitchen Upgrade	2009	4,277	428		428		428	6
7	Floor Lift	2009	1,890	189		189		189	7
8	Digital Lift Scale	2009	775	78		78		78	8
9									9
10	Administration								10
11	Dell Computer	2008	608	101		101		101	11
12	Dell Exchange Server	2008	2,912	485		485		485	12
13	Dell MS Server	2008	1,431	239		239		239	13
14	total administration		4,951	825		825		825	14
15	SLC portion of Administration - 28.53%		1,413	235		235		235	15
16	Total Current Year Purchases (lines 4 - 8 & 15)		9,482	1,042		1,042		1,042	16
17									17
18	Fully Depreciated Assets								18
19	SLC Direct		102,040					102,040	19
20	Management & General								20
21	Administration		367,092					367,092	21
22	SLC portion of Administration - 28.53%		104,731					104,731	22
23									23
24	Main Street Community Learning Center		5,293					5,293	24
25	Administration portion - 15%		794					794	25
26	SLC portion of Administration - 28.53%		227					225	26
27									27
28	Total Fully Depreciated Assets (lines 19, 22, 26)		206,998					206,996	28
29	TOTAL EQUIPMENT DEPRECIATION		317,733	23,099		23,099		278,049	29
30									30
31	REVERSE EVERYTHING ABOVE AND								31
32	PICKUP ONLY BUILDING & BUILDING IMPROVEMENTS FROM PG12A		4,104,640	268,186		268,186		2,246,296	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,339,666	\$ 317,077		\$ 317,077	\$	\$ 3,385,260	34

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 101,253	\$ 22,057	\$ 22,057	\$		\$ 70,010	71
72	Current Year Purchases	9,482	1,042	1,042			1,042	72
73	Fully Depreciated Assets	206,998					206,998	73
74								74
75	TOTALS	\$ 317,733	\$ 23,099	\$ 23,099	\$		\$ 278,051	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	client transportation	Ford Eldorado 2003	2004	\$ 54,405	\$ 5,440	\$ 5,440	\$	5	\$ 54,405	76
77	client transportation	Ford E250 CarryAll Van 2001	2004	12,400	1,240	1,240		5	12,400	77
78	client transportation	Ford E350 2006	2006	48,875	9,775	9,775		5	24,438	78
79	client transportation	Chevy Uplander	2007	38,245	3,825	3,825		5	15,298	79
80	TOTALS			\$ 153,925	\$ 20,280	\$ 20,280	\$		\$ 106,541	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 6,025,998	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 360,457	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 360,457	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)	\$ 3,769,852	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: USMDS Inc and SLJ Properties - see worksheet 7

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

If NO, see instructions.

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		N/A	02/26/02	\$ 45,595	5		3
4	Additions		N/A	10/01/03	3,593	5		4
5								5
6								6
7	TOTAL				\$ 49,188			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: \$ 10,775 Description: see worksheet 8

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	NONE		\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning 02/2004

Ending 10/20/11

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

Fiscal Year Ending Annual Rent

12. 06/30/2010 \$ 48,035

13. 06/30/2011 \$ 33,959

14. 06/30/2012 \$ 1,669

* 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.

XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

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.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. <u>CLASSROOM PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="text" value="40"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>COMMUNITY COLLEGE <input type="text"/></p> <p>HOURS PER CNA _____</p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input type="text" value="80"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA _____</p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	700	650		1,350
3	Classroom Wages (a)	9,576	9,470		19,046
4	Clinical Wages (b)	2,928	18,940		21,868
5	In-House Trainer Wages (c)	5,180	4,810		9,990
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 18,384	\$ 33,870	\$	\$ 52,254
10	SUM OF line 9, col. 1 and 2 (e)	\$ 52,254			

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	26
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	29
2. From other facilities (f)	
TOTAL TRAINED	55

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning: 07/01/08

Ending:

06/30/09

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/09

(last day of reporting year)

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

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ (118,626)	\$	1
2	Cash-Patient Deposits	210,876		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>93,546</u>)	5,505,742		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	690,709		5
6	Prepaid Insurance	134,717		6
7	Other Prepaid Expenses	10,551		7
8	Accounts Receivable (owners or related parties)	6,873		8
9	Other(specify): <u>security deposits</u>	33,566		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,474,408	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable	48,589		11
12	Long-Term Investments	1,767,362		12
13	Land	1,693,390		13
14	Buildings, at Historical Cost	11,213,393		14
15	Leasehold Improvements, at Historical Cost	5,816,767		15
16	Equipment, at Historical Cost	2,304,505		16
17	Accumulated Depreciation (book methods)	(10,938,951)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	147,316		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,052,371	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,526,779	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,060,066	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	210,876		28
29	Short-Term Notes Payable	132,627		29
30	Accrued Salaries Payable	646,934		30
31	Accrued Taxes Payable (excluding real estate taxes)	35,934		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	14,111		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>deferred income</u>	45,593		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,146,141	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	2,481,847		39
40	Mortgage Payable	2,512,374		40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,994,221	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,140,362	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 11,386,418	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 18,526,780	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(4,005)	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)	\$ (4,005)	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)	\$ (4,005)	24 *

* This must agree with page 17, line 47.

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

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

		1	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,753,409	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,753,409	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants	55,957	10
11	CNA Training Reimbursements	34,024	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 89,981	23
D. Non-Operating Revenue			
24	Contributions	33,093	24
25	Interest and Other Investment Income***	(4,869)	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 28,224	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Consulting	9,569	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 9,569	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,881,183	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,014,179	31
32	Health Care	2,534,926	32
33	General Administration	1,596,855	33
B. Capital Expense			
34	Ownership	422,868	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	316,360	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,885,188	40
41	Income before Income Taxes (line 30 minus line 40)**	(4,005)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (4,005)	43

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/08

Ending:

06/30/09

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,714	2,107	\$ 67,261	\$ 31.92	1
2	Assistant Director of Nursing					2
3	Registered Nurses	7,800	9,083	254,713	28.04	3
4	Licensed Practical Nurses	1,454	10,660	282,956	26.54	4
5	CNAs & Orderlies					5
6	CNA Trainees	2,403	2,403	40,914	17.03	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants	147	2,537	28,351	11.18	10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	1,823	2,080	35,871	17.25	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,059	9,294	102,909	11.07	15
16	Dishwashers					16
17	Maintenance Workers	3,643	4,286	80,760	18.84	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	1,979	2,074	50,117	24.16	20
21	Assistant Administrator	1,212	1,388	24,050	17.33	21
22	Other Administrative	17,257	19,465	334,579	17.19	22
23	Office Manager	1,842	2,089	33,884	16.22	23
24	Clerical	1,987	2,316	25,903	11.18	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	11,314	12,525	194,803	15.55	28
29	Resident Services Coordinator	1,842	2,074	37,864	18.26	29
30	Habilitation Aides (DD Homes)	106,132	128,690	1,398,288	10.87	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>see worksheet 2</u>	9,136	10,281	331,904	32.28	33
34	TOTAL (lines 1 - 33)	179,744	223,352	\$ 3,325,127 *	\$ 14.89	34

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	392	\$ 18,181	35
36	Medical Director			36
37	Medical Records Consultant			37
38	Nurse Consultant			38
39	Pharmacist Consultant			39
40	Physical Therapy Consultant	78	3,913	40
41	Occupational Therapy Consultant	392	26,656	41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant	401	17,644	43
44	Activity Consultant			44
45	Social Service Consultant			45
46	Other(specify) <u>Psychologist</u>	11	2,145	46
47	<u>Physician</u>	monthly	20,081	47
48	<u>Optometric, Podiatry, Dental</u>	60	1,850	48
49	TOTAL (lines 35 - 48)	1,334	\$ 90,470	49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses			50
51	Licensed Practical Nurses	403	15,400	51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	403	\$ 15,400	53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
see worksheet 9			\$ 497,951	Workers' Compensation Insurance	\$ 102,194	IDPH License Fee	\$	
				Unemployment Compensation Insurance	33,175	Advertising: Employee Recruitment		
				FICA Taxes	242,749	Health Care Worker Background Check	8,809	
				Employee Health Insurance	245,408	(Indicate # of checks performed 95)	950	
				Employee Meals		Patient Background Checks	30	
				Illinois Municipal Retirement Fund (IMRF)*		subscriptions/publications	145	
				pension plan	23,560	membership dues	5,991	
				employee incentives	1,891			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 497,951	TOTAL (agree to Schedule V, line 22, col.8)		\$ 15,925		
B. Administrative - Other							Less: Public Relations Expense ()	
Description			Amount				Non-allowable advertising ()	
NONE			\$				Yellow page advertising ()	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				TOTAL (agree to Sch. V, line 20, col. 8)	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
see worksheet 2			\$ 31,806			\$	Out-of-State Travel	\$ NONE
							In-State Travel	
							Seminar Expense	
							Entertainment Expense ()	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 31,806	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning: 07/01/08

Ending: 06/30/09

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? no
- (2) Are there any dues to nursing home associations included on the cost report? no
If YES, give association name and amount. _____
- (3) Did the nursing home make political contributions or payments to a political action organization? no If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 5 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 24,326 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 316,360
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? n/a
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ n/a Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? n/a
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? n/a
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? yes
Firm Name: Porte Brown LLC.
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? n/a
Attach invoices and a summary of services for all architect and appraisal fees.

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

SCH V LINE REF	Line Item	SLC Allocation of...					Direct Program Cost	RGA Audit Figures SLC	Reclassified	Sum	Adjust for Fund Raising	Other Non-Allow & Adjustment	Total
		RGA Admin Services	RGA P/R & Development	Sum RGA Mngmt & General	RGA Admi Services 28%	RGA P/R & Development 0%							
Salaries and related expenses:													
Sch XVIII	Salaries	1,166,444	233,127	1,399,571	331,904	331,904	2,993,223	3,325,127		3,325,127		3,325,127	
22	Unemployment	116,569	0	116,569	33,175	33,175	0	33,175		33,175		33,175	
22	FICA	78,572	17,261	95,833	22,353	22,353	220,396	242,749		242,749		242,749	
22	Health Insurance	82,991	15,213	98,204	23,623	23,623	220,175	243,798		243,798		243,798	
22	403B Plan Expense	16,774	408	17,182	4,772	4,772	18,788	23,560		23,560		23,560	
22	Insurance: Executive	2,534	0	2,534	723	723	0	723		723		723	
22	Employee Incentives	4,656	0	4,656	1,325	1,325	566	1,891		1,891		1,891	
22	Insurance: Workers' Comp	34,455	7,280	41,735	9,804	9,804	91,315	101,119		101,119		101,119	
22	Work Comp Out-of-Pocket	3,780	0	3,780	1,076	1,076	0	1,076		1,076		1,076	
22	Existing Staff Medical	21	2	23	6	6	881	887		887		887	
26	Insurance: D & O	268	87	355	76	76	1,727	1,803		1,803		1,803	
Direct services:													
Sch XVIII	Clinical Consultants	0	0	0	0	0	90,469	90,469	(743)	89,726		89,726	
Sch XVIII	Temporary Workers	2,444	2,280	4,724	697	697	15,446	16,143	743	16,886		16,886	
3	Client Wages - Janitorial	1,380	0	1,380	394	394	0	394		394		394	
10 & 13	Medical	0	0	0	0	0	58,553	58,553		58,553		58,553	
10	Adult Briefs	0	0	0	0	0	24,326	24,326		24,326		24,326	
11	Rehab & Educ Supplies	0	0	0	0	0	4,976	4,976		4,976		4,976	
3	Supplies	1,639	0	1,639	468	468	103,433	103,901		103,901		103,901	
11	Recreation	0	0	0	0	0	20,901	20,901		20,901		20,901	
6 & 21	Equipment Purchases	380	1,125	1,505	108	108	47,463	47,571		47,571		47,571	
6 & 21	Equipment Lease/Maint/Repairs	21,981	4,851	26,832	6,251	6,251	16,942	23,193	(10,775)	12,418		12,418	
35	Equipment Lease			0	0	0	0	0	10,775	10,775		10,775	
3	In Kind Contributions	0	113,497	113,497	0	0	0	0		0		0	
14 & 25	Staff Travel	5,405	318	5,723	1,541	1,541	7,068	8,609		8,609		8,609	
14	Vehicle Fuel	2,518	2	2,520	718	718	13,570	14,288		14,288		14,288	
14	Vehicle Repairs & Maintenance	9	1	10	3	3	10,557	10,560		10,560		10,560	
14	Vehicle Inspections & Safety	0	0	0	0	0	423	423		423		423	
26	Vehicle Insurance	11	2	13	3	3	8,272	8,275		8,275		8,275	
35	Vehicle Leases	0	0	0	0	0	0	0		0		0	
14	Vehicle Licenses	1	0	1	0	0	269	269		269		269	
14	Contract Busing	0	0	0	0	0	0	0		0		0	
23	Conferences & Seminars	2,633	295	2,928	750	750	2,202	2,952		2,952		2,952	
26	Insurance: Gen'l & Pro Liability	100	0	100	29	29	33,515	33,544		33,544		33,544	
21	Telephone	40,494	2,079	42,573	11,499	11,499	7,500	18,999		18,999		18,999	
21	Cell Phone	3,018	319	3,337	860	860	2,734	3,594		3,594		3,594	

Facility Name & ID Number :
 Fiscal Year ended June 30, 2009

Iona Gloss SLC/Ray Graham Association for People with Disabilities

#0022996

Report Period Beginning: 07/01/08 Ending 6/30/09

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

SCH V	LINE REF	Line Item	SLC Allocation of...					Direct Program Cost	RGA Audit Figures SLC	Reclassified	Sum	Adjust for Fund Raising	Other Non-Allow & Adjustment	Total
			RGA Admin Services	RGA P/R & Development	Sum RGA Mngmt & General	RGA Admi Services 28%	RGA P/R & Development 0%							
		Program support:												
	2	Food	0	0	0	0	0	316,598	316,598		316,598		316,598	
	19	Payroll Service	24,404	0	24,404	6,928	0	6,928	6,928		6,928		6,928	
	19	Audit	31,200	0	31,200	8,857	0	8,857	8,857		8,857		8,857	
	19	Legal	31,381	20	31,401	8,932	0	8,932	8,932		8,932	(8,589)	343	
	19	Professional Services	10,920	12,663	23,583	3,109	0	3,109	3,109		3,109		3,109	
	21	Office Supplies & Equipment	15,699	2,828	18,527	4,463	6,573	11,036	11,036		11,036		11,036	
	21	Training Materials	5,422	0	5,422	1,543	0	1,543	1,543		1,543		1,543	
	21	Computer Equip & Supplies	9,752	0	9,752	2,768	0	2,768	2,768		2,768		2,768	
	19	Software Maintenance	11,568	1,430	12,998	3,284	0	3,284	3,284		3,284		3,284	
		Occupancy:												
	26	Insurance: Building	1,934	475	2,409	550	550	17,308	17,858		17,858		17,858	
	3	Janitorial Contracts	1,216	307	1,523	346	346	75,130	75,476		75,476		75,476	
	5	Utilities: Electric	4,971	1,010	5,981	1,414	1,414	69,504	70,918		70,918		70,918	
	5	Utilities: Natural Gas	624	0	624	178	178	52,039	52,217		52,217		52,217	
	5	Utilities: Water	0	0	0	0	0	26,142	26,142		26,142		26,142	
	7	Utilities: Waste Removal	494	0	494	141	141	22,121	22,262		22,262		22,262	
	6	Building & Grounds	2,748	8	2,756	784	784	8,696	9,480		9,480		9,480	
	6	Fire, Safety & Security	1,736	60	1,796	495	495	8,259	8,754		8,754		8,754	
	6	Maintenance Supplies	0	32	32	0	0	0	0		0		0	
	6	Repairs and Maintenance	748	118	866	213	213	25,699	25,912		25,912		25,912	
	34	Rent	172,960	40,552	213,512	49,188	49,188	0	49,188		49,188		49,188	
	33	Real Estate Taxes	1,585	0	1,585	452	452	0	452		452	(452)	0	
	6	Damages	0	0	0	0	0	0	0		0		0	
		Other:												
	21	Postage	7,202	8,291	15,493	2,048	2,048	2,405	4,453		4,453		4,453	
	21	Printing	1,893	23,215	25,108	538	538	57	595		595		595	
	20	Publications	0	1,083	1,083	0	0	145	145		145		145	
	15 & 21	Certifications	41	0	41	12	12	675	687		687		687	
	20	Recruitment	28,645	0	28,645	8,152	8,152	0	8,152		8,152		8,152	
	20	Advertisements	5,750	0	5,750	1,636	1,636	0	1,636		1,636		1,636	
	20	Marketing Materials	0	3,477	3,477	0	0	0	0		0		0	
	20	Networking	0	1,434	1,434	0	0	0	0		0		0	
	20	Memberships	20,963	690	21,653	5,981	5,981	10	5,991		5,991		5,991	
	27	Agency Functions	10,405	72,377	82,782	2,969	2,969	0	2,969		2,969	(2,969)	0	
	27	Special Events	0	0	0	0	0	0	0		0		0	
	42	SLC Participation Fees	0	0	0	0	0	316,360	316,360		316,360		316,360	
	27	Moving Expenses	0	0	0	0	0	0	0		0		0	

Facility Name & ID Number :
 Fiscal Year ended June 30, 2009

Iona Gloss SLC/Ray Graham Association for People with Disabilities

#0022996

Report Period Beginning: 07/01/08 Ending 6/30/09

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

SCH V	LINE REF	Line Item	SLC Allocation of...					Direct Program Cost	RGA Audit Figures SLC	Reclassified	Sum	Adjust for Fund Raising	Other Non-Allow & Adjustment	Total	
			RGA Admin Services	RGA P/R & Development	Sum RGA Mngmt & General	RGA Admi Services 28%	RGA P/R & Development 0%								Sum Mngmt & General
	27	Miscellaneous Expense	0	0	0	0	0	189	189	189			189		
	32	Interest	8,635	0	8,635	2,451	2,451	0	2,451	2,451			2,451		
	27	Bad Debts	10,000	0	10,000	2,839	2,839	0	2,839	2,839		(2,839)	0		
	27	Bank Charges	12,524	0	12,524	3,555	3,555	0	3,555	3,555			3,555		
	27	Fines, Penalties & Late Fees	36	0	36	10	10	0	10	10		(10)	0		
		Depreciation and amortization:													
	30	Depn Expense - Vehicles	0	0	0	0	0	20,280	20,280	20,280			20,280		
	30	Depn Expense - Bldgs	345	0	345	98	98	92,048	92,146	92,146		(98)	92,048		
	30	Depn Expense - Bldg Improv	0	0	0	0	0	224,548	224,548	224,548			224,548		
	30	Depn Expense - F,F & E	21,372	512	21,884	6,070	6,070	17,029	23,099	23,099			23,099		
	30	Amort - Leasehold Improvements	1,680	0	1,680	479	479	0	479	479			479		
		TOTAL EXPENSES	2,047,930	568,729	2,616,659	582,641	0	582,641	5,317,505	5,900,146	0	5,900,146	0	(14,957)	5,885,190

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

Worksheet 2 - page 1

Management and General Allocated Salaries:

	Management & General				SLC			
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages	Percent	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages	Schedule V Reference
Administrators	3,332	3,914	312,639	29%	951	1,117	89,206	17
Accounting/Bookkeeping	12,095	14,074	393,631	28%	3,433	3,995	111,741	21
Human Resources	11,600	12,920	312,044	28%	3,301	3,677	88,807	21
P.R. & Development	9,992	10,831	233,127	0%	0	0	0	17
Secy & Clerical	3,088	3,414	69,010	29%	881	974	19,691	21
Mgmt Information Systems	2,005	1,826	79,120	28%	569	518	22,460	21
M&G Salaries per worksheet 1	42,112	46,979	1,399,571		9,135	10,281	331,905	
Non-Allowables:								
P.R. & Development	(4,996)	(5,416)	(116,564)	0%	0	0	0	17
Secy & Clerical - Development	0	0	0	0%	0	0	0	21
	(4,996)	(5,416)	(116,564)		0	0	0	
Net Allocated	37,116	41,563	1,283,007		9,135	10,281	331,905	

Management and General Allocated Salaries:

Detail of Salaries Paid to Administrators and Accounting/Bookkeeping

Administrators:

Employee Name	Title	Amount		
Carmody, Kathleen	Chief of Staff	1,415	1,688	107,019
Terrill, Cathy Ficker	President	1,917	2,226	205,620
		3,332	3,914	312,639

Accounting/Bookkeeping:

Employee Name	Title	Amount		
Khoury, Myralee	Accounts Payable/Consumer Benefit Coordinator	1,050	1,367	27,671
Tomczak, Irene	Accounts Receivable Coordinator	1,873	2,095	33,319
Cooke, Carmel	Chief Financial Officer	1,922	2,117	127,662
Gurgone, Linda	Director Purchasing & Maintenance	107	286	10,591
Francis, Kathleen	Grants and Budget Coordinator	56	236	5,331
Robinson, Sherry	Staff Accountant	1,781	1,900	37,451
Horgan, Frances	Payroll Coordinator	1,536	1,858	40,900
Almonte, Jaime	Senior Accountant	1,805	2,047	50,738
Greenbeck, Leah	Senior Accountant	1,922	2,125	59,165
	Allocated thru Building Maintenance	43	43	803
		12,095	14,074	393,631

Worksheet 6

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

col 1 Name of Lender	col 2 Related ?	col 3 Purpose	col 4 Monthly Payment	col 5 Date of Note	col 6 Original Amount	col 7 Bal	col 8 Maturity Date	col 9 Rate (4 digits)	col 10 Int Exp
from admin - Short Term/Working Capital									
Park National Bank	no	operating	n/a	8/13/2008	17,696			4.9640	708
line of credit		funds		6/29/2009	163,499			4.0000	6,540
					215,880			4.0000	1,387
Total RGA Management & General (Administration)					<u>397,075</u>	<u>0</u>			8,635
SLC allocation =	28.46%				<u>61,282</u>	<u>0</u>			<u>2,451</u>

Worksheet 7

Detail for Schedule XII. Rental Costs
 Part A. Building and Fixed Equipment, No. 1 - 14

Line 3 - USMDS Inc.
 Building - 2801 Finley, Downers Grove - 1st Floor

Monthly Amount per Rent Agreement	03/01/08-02/28/09	24,049
	03/01/09-02/28/10	24,770
plus, operating expenses & common area lighting charges =	03/01/10-02/28/11	25,514
		17,743

RGA		SLC				
FY09 Rent	Division	Allocation	Amount	Allocation	Amount	
309,217	Administration	7.96%	24,624	28.53%	7,026	
	Life's Plan	2.17%	6,702			
	Employee Services	15.63%	48,333	28.46%	13,756	
	Public Relations & Development	13.11%	40,552	0.00%	-	
						-
	Finance	28.27%	87,411	28.39%	24,814	
	Management Information Systems	0.00%	0	0.00%		
	Clinical Systems	0.00%	0	0.00%		
	Clinical Services	0.00%	0	0.00%		
	Staff Training	0.00%	0	0.00%		
	24 Hour Residential	27.57%	85,241	0.00%		
	Sunrise Courts	0.00%	0	0.00%		
	Intermittent CILAs	0.00%	0	0.00%		
	Early Intervention	0.00%	0	0.00%		
	Foster Care	3.54%	10,945	0.00%		
In-Home Respite	1.75%	5,409	0.00%			
		<u>100.00%</u>	<u>309,217</u>		<u>45,596</u>	

RGA		SLC				
FY10 Rent	Division	Allocation	Amount	Allocation	Amount	
300,218	Administration	7.96%	23,907	28.53%	6,821	
	Life's Plan	2.17%	6,507			
	Employee Services	15.63%	46,927	28.46%	13,355	
	Public Relations & Development	13.11%	39,372	0.00%	-	
						-
	Finance	28.27%	84,867	28.39%	24,092	
	Management Information Systems	0.00%	0	0.00%		
	Clinical Systems	0.00%	0	0.00%		
	Clinical Services	0.00%	0	0.00%		
	Staff Training	0.00%	0	0.00%		
	24 Hour Residential	27.57%	82,760	0.00%		
	Sunrise Courts	0.00%	0	0.00%		
	Intermittent CILAs	0.00%	0	0.00%		
	Early Intervention	0.00%	0	0.00%		
	Foster Care	3.54%	10,627	0.00%		
In-Home Respite	1.75%	5,251	0.00%			
		<u>100.00%</u>	<u>300,218</u>		<u>44,268</u>	

RGA		SLC			
FY11 Rent	Division	Allocation	Amount	Allocation	Amount
204,109	Administration	7.96%	16,254	28.53%	4,638
	Life's Plan	2.17%	4,424		
	Employee Services	15.63%	31,904	28.46%	9,080
	Public Relations & Development	13.11%	26,767	0.00%	-
	Finance	28.27%	57,699	28.39%	16,379

Worksheet 7

Detail for Schedule XII. Rental Costs

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

Management Information Systems	0.00%	0	0.00%
Clinical Systems	0.00%	0	0.00%
Clinical Services	0.00%	0	0.00%
Staff Training	0.00%	0	0.00%
24 Hour Residential	27.57%	56,266	0.00%
Sunrise Courts	0.00%	0	0.00%
Intermittent CILAs	0.00%	0	0.00%
Early Intervention	0.00%	0	0.00%
Foster Care	3.54%	7,225	0.00%
In-Home Respite	1.75%	3,570	0.00%
	<u>100.00%</u>	<u>204,109</u>	<u>30,097</u>

RGA SLC

FY12 Rent	Division	Allocation	Amount	Allocation	Amount
0	Administration	7.96%	0	28.53%	-
	Life's Plan	2.17%	0		
	Employee Services	15.63%	0	28.46%	-
	Public Relations & Development	13.11%	0	0.00%	-
	Finance	28.27%	0	28.39%	-
	Management Information Systems	0.00%	0	0.00%	
	Clinical Systems	0.00%	0	0.00%	
	Clinical Services	0.00%	0	0.00%	
	Staff Training	0.00%	0	0.00%	
	24 Hour Residential	27.57%	0	0.00%	
	Sunrise Courts	0.00%	0	0.00%	
	Intermittent CILAs	0.00%	0	0.00%	
	Early Intervention	0.00%	0	0.00%	
	Foster Care	3.54%	0	0.00%	
	In-Home Respite	1.75%	0	0.00%	
		<u>100.00%</u>	<u>0</u>		<u>0</u>

Line 4 - SLJ Properties

Building - 1155 North Maint Street, Lombard

Monthly Base Amount per Rent Agreement	11/01/08-10/31/09	5,950
	11/01/09-10/31/10	6,128
	11/01/10-10/31/11	6,312
plus additional operating costs as billed	11/01/11-10/31/12	6,501
totaling =	19,464	

RGA SLC

FY09 Rent	Division	Allocation	Amount	Allocation	Amount
83,942	Administration	15.00%	12,591	28.53%	3,593
	Regular Work	77.50%	65,055		
	DHS Supported Employment	5.00%	4,197		
	ORS Title 6b	2.50%	2,099		
		<u>100.00%</u>	<u>83,942</u>		<u>3,593</u>

RGA SLC

FY10 Rent	Division	Allocation	Amount	Allocation	Amount
88,007	Administration	15.00%	13,201	28.53%	3,767
	Regular Work	77.50%	68,205		
	DHS Supported Employment	5.00%	4,400		
	ORS Title 6b	2.50%	2,200		
		<u>100.00%</u>	<u>88,007</u>		<u>3,767</u>

RGA SLC

FY11 Rent	Division	Allocation	Amount	Allocation	Amount
90,257	Administation	15.00%	13,539	28.53%	3,863

Worksheet 7

Detail for Schedule XII. Rental Costs

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

Regular Work	77.50%	69,949	
DHS Supported Employment	5.00%	4,513	
ORS Title 6b	2.50%	2,256	
	100.00%	<u>90,257</u>	<u>3,863</u>

RGA SLC

FY12 Rent	Division	Allocation	Amount	Allocation	Amount
39,005	Administation	15.00%	5,851	28.53%	1,669
	Regular Work	77.50%	30,229		
	DHS Supported Employment	5.00%	1,950		
	ORS Title 6b	2.50%	975		
		100.00%	<u>39,005</u>		<u>1,669</u>

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
 Fiscal Year ended June 30, 2009

Worksheet 9

Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount	
Direct Staff				
Blum, Alan	SLC Director			36,169
Brazouski, Jennifer	Supported Living Administrator - Laid off			1,200
Castro, Amy	System Administrator			22,850
Eulitz, Kathleen	Administrator			49,338
Hamilton, Jennifer	Administrator - Laid off			779
Badalamenti, Salvatore	Coordinator			35,985
Conley, Andrea	Coordinator			21,126
Foster, Jeffery	Coordinator			7,786
Kachhawala, Zainab	Coordinator			33,313
Patel, Janki	Coordinator			30,254
Powell, Phichette	Coordinator			30,667
Spann, Valerie	Coordinator			32,744
Bruce, Pamela	Home Manager			34,098
Patel, Ushma	Home Manager			37,921
Sellers, Tiffany	Home Manager - Resigned			(577)
Verpaele, Erica	Home Manager			35,093
	total SLC			<u>408,746</u>
Management and General Allocated Administrators				
Carmody, Kathleen	Chief of Staff			107,019
Terrill, Cathy Ficker	President			205,620
	SLC allocation	28.533%	<u>312,639</u>	89,206
Public Relations & Development				
Hornick, Lori R	Director of Development			74,084
Madaj, Beatrice	Grants Administrator			44,508
Witte, Jamie L	Special Events Coordinator - Resigned			33,376
Fetter, Kristen	Special Events Coordinator			32,055
Glenn, Mary B	Volunteer Coordinator			20,032
Pendleton, Linda	Marketing Coordinator			8,700
	Allocation building maintenance			372
	SLC allocation	0%	<u>213,127</u>	0
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1				<u><u>497,952</u></u>

**Ray Graham Association
 Board of Directors
 FY 2009**

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