

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: 07/01/2011 Ending: 06/30/2012

III. STATISTICAL DATA

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

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

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	36,167			36,167	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	36,167			36,167	14

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

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

433 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

F. Does the facility maintain a daily midnight census?

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.

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	139,568		19,497	159,065		159,065	159,065		1	
2	Food Purchase		338,772		338,772		338,772	338,772		2	
3	Housekeeping	3,628	143,412	79,512	226,552		226,552	(19,898)	206,654	3	
4	Laundry									4	
5	Heat and Other Utilities			114,903	114,903		114,903	(203)	114,700	5	
6	Maintenance	103,999	102,296		206,295		206,295	(812)	205,483	6	
7	Other (specify):* waste removal			28,015	28,015		28,015		28,015	7	
8	TOTAL General Services	247,195	584,480	241,927	1,073,602		1,073,602	(20,913)	1,052,689	8	
	B. Health Care and Programs										
9	Medical Director									9	
10	Nursing and Medical Records	887,666	75,170	10,732	973,568		973,568	973,568		10	
10a	Therapy	1,444,164		13,057	1,457,221		1,457,221	1,457,221		10a	
11	Activities	31,676	39,539		71,215		71,215	71,215		11	
12	Social Services									12	
13	CNA Training	37,979	1,000		38,979		38,979	38,979		13	
14	Program Transportation			51,849	51,849		51,849	51,849		14	
15	Other (specify):* license/certif.& schXVIII		525	31,505	32,030		32,030	32,030		15	
16	TOTAL Health Care and Programs	2,401,485	116,234	107,143	2,624,862		2,624,862	2,624,862		16	
	C. General Administration										
17	Administrative	594,404			594,404		594,404	(20,130)	574,274	17	
18	Directors Fees									18	
19	Professional Services			94,630	94,630		94,630	(62,786)	31,844	19	
20	Dues, Fees, Subscriptions & Promotions			27,663	27,663		27,663	(6,675)	20,988	20	
21	Clerical & General Office Expenses	338,887	52,146		391,033	(21,502)	369,531	(3,208)	366,323	21	
22	Employee Benefits & Payroll Taxes			757,152	757,152		757,152	(4,348)	752,804	22	
23	Inservice Training & Education			2,719	2,719		2,719	(186)	2,533	23	
24	Travel and Seminar									24	
25	Other Admin. Staff Transportation			1,687	1,687		1,687	(189)	1,498	25	
26	Insurance-Prop.Liab.Malpractice			61,521	61,521		61,521	(59)	61,462	26	
27	Other (specify):* see worksheet 3			39,153	39,153		39,153	(32,416)	6,737	27	
28	TOTAL General Administration	933,291	52,146	984,525	1,969,962	(21,502)	1,948,460	(129,997)	1,818,463	28	
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,581,971	752,860	1,333,595	5,668,426	(21,502)	5,646,924	(150,910)	5,496,014	29	

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

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

Facility Name & ID Number Iona Glos SLC

#0022996

Report Period Beginning: 07/01/2011 Ending: 06/30/2012

06/30/2012

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			372,948	372,948		372,948	(1,592)	371,356			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			340	340		340	(340)				33
34	Rent-Facility & Grounds			66,392	66,392		66,392	(4,278)	62,114			34
35	Rent-Equipment & Vehicles					21,502	21,502		21,502			35
36	Other (specify):*											36
37	TOTAL Ownership			439,680	439,680	21,502	461,182	(6,210)	454,972			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers											39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			351,345	351,345		351,345		351,345			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			351,345	351,345		351,345		351,345			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,581,971	752,860	2,124,620	6,459,451		6,459,451	(157,120)	6,302,331			45

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

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(1,592)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(62,786)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(3,030)	27		24
25	Fund Raising, Advertising and Promotional	(59,829)	pg5A		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(340)	pg5A		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(29,543)	pg5A		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (157,120)		\$	30

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))	\$ (157,120)		37

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

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

		1	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

Iona Glos SLC

ID# 0022996

Report Period Beginning: 07/01/2011

Ending: 06/30/2012

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment for Fundraising = 50% of Public	\$		1
2	Relations & Advancement - also see Worksheet 1			2
3				3
4	Supplies	(19,898)	3	4
5	Utilities	(291)	5	5
6	Maintenance	(724)	6	6
7	Administrative	(20,130)	17	7
8	Publications	(259)	20	8
9	Marketing Materials	(5,979)	20	9
10	Networking	(14)	20	10
11	Memberships	(423)	20	11
12	Clerical & General Office	(3,208)	21	12
13	Employee Benefits & Payroll Taxes	(4,348)	22	13
14	In Service Training & Education	(29)	23	14
15	Travel	(189)	25	15
16	Insurance	(59)	26	16
17	Rent	(4,278)	34	17
18	Total fundraising adjustment			18
19				19
20	Other Non Allowables & Adjustment			20
21	Conferences and Seminars	(157)	23	21
22	Agency Functions	(28,987)	27	22
23	Fines, penalties & Late Fees	(399)	27	23
24	Real Estate Taxes - Vacant Properties	(340)	33	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(89,712)	49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

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

STATE OF ILLINOIS

Facility Name & ID Number Iona Glos SLC# 0022996

Report Period Beginning:

07/01/2011 Ending:

Summary B

06/30/2012

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	(1,592)	0	0	0	0	0	0	0	0	0	0	(1,592)	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	(340)	0	0	0	0	0	0	0	0	0	0	(340)	33
34	Rent-Facility & Grounds	(4,278)	0	0	0	0	0	0	0	0	0	0	(4,278)	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	(6,210)	0	0	0	0	0	0	0	0	0	0	(6,210)	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)	(157,120)	0	0	0	0	0	0	0	0	0	0	(157,120)	45

VII. RELATED PARTIES

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

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

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

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

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

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

VII. RELATED PARTIES

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

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

Facility Name & ID Number Iona Glos SLC # 0022996 Report Period Beginning: 07/01/2011 Ending: 06/30/2012

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: 07/01/2011 Ending: 6/30/2012

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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

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			\$	\$		\$ 821,248	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				\$	\$		\$ 821,248	25

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

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1.	Real Estate Tax accrual used on 2011 report.	\$			1
2.	Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	\$			2
3.	Under or (over) accrual (line 2 minus line 1).	\$			3
4.	Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)	\$			4
5.	Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	\$			5
6.	Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	\$			6
7.	Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	\$			7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		2007	_____	8	
		2008	_____	9	
		2009	_____	10	
		2010	_____	11	
		2011	_____	12	
FOR BHF USE ONLY					
		13	FROM R. E. TAX STATEMENT FOR 2011 \$		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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Glos SLC COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0022996

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

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

B. Real Estate Tax Cost Allocations

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

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

C. **Tax Bills**

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning:

07/01/2011 Ending:

06/30/2012

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	<u>SLC</u>		<u>1975</u>	<u>\$ 214,674</u>	1
2					2
3	TOTALS			\$ 214,674	3

Facility Name & ID Number Iona Glos SLC

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

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

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

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

See Page 12A, Line 70 for total

Facility Name & ID Number Iona Glos SLC

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	Installed Sprinkler systems and fire alarm devices - 6 homes	2011	\$ 404,328	\$ 40,433	10	\$ 40,433	\$	\$ 60,649	37
38	Bathroom Renovations - removed existing tile walls and vinyl flooring. Replaced toilets. Installed Durarock on walls. Installed ceramic tiles on walls. Installed vinyl flooring. Installed bench in place of one of the sinks removed. Replaced shower base with ceramic tile. Upgraded lighting and ventilation. Stained and varnish doors	2011	102,933	10,293	10	10,293		15,440	38
39									39
40									40
41									41
42									42
43									43
44	Replace kitchen counter top, sink and faucet	2011	743	149	5	149		223	44
45	Replace asphalt at dumpster	2011	590	118	5	118		177	45
46	condensing units replaced	2011	8,985	898	5	898		898	46
47	install New Threshold, reglaze double doors	2011	1,189	119	5	119		119	47
48	Install Lexan Plexiglass windows	2011	1,613	161	5	161		161	48
49	Furnace Blower motors replaced	2012	1,655	165	5	165		165	49
50	Honeywell boiler replacement	2012	4,191	419	5	419		419	50
51	Shower valve replaced	2012	545	55	5	55		55	51
52	Bradford 75 Gallon Water Heater	2012	1,768	177	5	177		177	52
53	SLC Rehab - floors and windows replaced, painting of 6 homes and the core building, safety handrail system install	2012	344,845	17,242	10	17,242		17,242	53
54									54
55	A/C Compressor and Module Board replaced	2012	1,730	173	5	173		173	55
56	Install and hook up dishwasher	2012	2,137	214	5	214		214	56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	70

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 5,987,131	\$ 311,574		\$ 311,574	\$	\$ 3,954,639	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(5,987,131)	(311,574)		(311,574)		(3,954,639)	2
3	EQUIPMENT DEPRECIATION FROM PG12B								3
4									4
5	Finance - Current Year Purchases								5
6	Sage Fixed Assets Software	2011	2,727	273		273		273	6
7	Dell Server	2011	3,452	345		345		345	7
8	Total Finance		6,179	618		618		618	8
9	SLC Portion of Finance - 30.30%		1,872	187		187		187	9
10									10
11	Total Current Year Purchases		9,250	965		965		965	11
12	Reflects line 9 this page and line 30 PG12B								12
13									13
14	Fully Depreciated Assets								14
15	SLC Direct		144,830					144,830	15
16									16
17	Management & General								17
18	Administration		10,064					10,064	18
19	SLC portion of Administration - 30.33%		3,052					3,052	19
20									20
21	Finance		58,711					58,711	21
22	SLC Portion of Finance - 30.30%		17,791					17,791	22
23									23
24	Total - Fully Depreciated Assets		165,673					165,673	24
25									25
26	TOTAL EQUIPMENT DEPRECIATION		290,568	26,229		26,229		251,647	26
27	Reflects lines 11 & 24 PG12C and lines 6,10,13,16, & 19 PG12B								27
28									28
29									29
30									30
31									31
32									32
33			5,272,962	282,956		282,956		3,300,483	33
34	TOTAL (lines 1 thru 33)		\$ 5,987,131	\$ 311,573		\$ 311,573	\$	\$ 3,954,639	34

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2011

Ending:

06/30/2012

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 115,645	\$ 25,263	\$ 25,263	\$		\$ 85,009	71
72	Current Year Purchases	9,250	965	965			965	72
73	Fully Depreciated Assets	165,673					165,673	73
74								74
75	TOTALS	\$ 290,568	\$ 26,228	\$ 26,228	\$		\$ 251,647	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	client transportation	Ford E-350 2006	2006	\$ 48,875	\$ 4,888	\$ 4,888	\$		\$ 48,875	76
77	client transportation	Dodge Gran Caravan 2008	2009	37,733	7,547	7,547			18,867	77
78	client transportation	Ford Supreme 2010	2010	47,856	9,571	9,571			23,928	78
79	client transportation	Ford Eldorado AeroTech	2011	57,746	11,549	11,549			17,324	79
80	TOTALS			\$ 192,210	\$ 33,555	\$ 33,555	\$		\$ 108,994	80

E. Summary of Care-Related Assets

		1 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)	\$ 6,684,583	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 371,356	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 371,356	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,315,280	85

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? _____

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		N/A	03/01/2011	\$ 62,114			3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 62,114			7

10. Effective dates of current rental agreement:

Beginning 03/2011

Ending 12/2021

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

Fiscal Year Ending Annual Rent

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

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

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

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: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

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

* 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.)

<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. CLASSROOM PORTION:</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 <input type="text"/></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="text" value="80"/></p> <p>IN OTHER FACILITY <input type="text"/></p> <p>HOURS PER CNA <input type="text"/></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	475	525		1,000
3	Classroom Wages (a)	5,782	7,664		13,446
4	Clinical Wages (b)	1,805	15,328		17,133
5	In-House Trainer Wages (c)	3,515	3,885		7,400
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 11,577	\$ 27,402	\$	\$ 38,979
10	SUM OF line 9, col. 1 and 2 (e)	\$ 38,979			

C. CONTRACTUAL INCOME

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

\$

D. NUMBER OF CNAs TRAINED

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

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC# 0022996Report Period Beginning: 07/01/2011Ending: 06/30/2012

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2012 (last day of reporting year)

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

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

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 519,150	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	173,970		28
29	Short-Term Notes Payable	528,981		29
30	Accrued Salaries Payable	783,439		30
31	Accrued Taxes Payable (excluding real estate taxes)	41,591		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	12,554		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>deferred income</u>	40,268		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,099,953	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	3,469,589		39
40	Mortgage Payable	2,282,956		40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 5,752,545	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 7,852,498	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,729,717	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 21,582,215	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(14,651)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (14,651)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (14,651)	24 *

* This must agree with page 17, line 47.

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,812,657	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,812,657	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants	2,000	10
11	CNA Training Reimbursements	33,097	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 35,097	23
D. Non-Operating Revenue			
24	Contributions	385,691	24
25	Interest and Other Investment Income***	52,226	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 437,917	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Consulting</u>	2,009	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,009	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,287,680	30

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

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning: 07/01/2011

Ending: 06/30/2012

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

(This schedule must cover the entire reporting period.)

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

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

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	354	\$ 19,497	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	10	513	10a	40
41	Occupational Therapy Consultant	112	7,616	10a	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	112	4,928	10a	43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	3	585	15	46
47	<u>Physician</u> monthly		24,000	15	47
48	<u>Dental & Optometrist</u>	196	6,920	15	48
49	TOTAL (lines 35 - 48)	787	\$ 64,059		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	50	
51	Licensed Practical Nurses	260	10,732	10	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	260	\$ 10,732		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
see worksheet 9			\$ 594,404	Workers' Compensation Insurance	\$ 145,868	IDPH License Fee	\$	
				Unemployment Compensation Insurance	30,703	Advertising: Employee Recruitment		
				FICA Taxes	260,877	Health Care Worker Background Check	11,364	
				Employee Health Insurance	290,866	(Indicate # of checks performed 37)	370	
				Employee Meals		Patient Background Checks	6 60	
				Illinois Municipal Retirement Fund (IMRF)*		Subscriptions/Publications	413	
				other - pension plans	20,845	Membership Dues	8,781	
				other - employee incentives	3,645			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 594,404	TOTAL (agree to Schedule V, line 22, col.8)		\$ 20,988		
B. Administrative - Other							Less: Public Relations Expense ()	
Description			Amount				Non-allowable advertising ()	
			\$				Yellow page advertising ()	
							TOTAL (agree to Sch. V, line 20, col. 8)	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				\$ 20,988	
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			\$ 94,630	NONE		\$	Out-of-State Travel	\$ NONE
							In-State Travel	NONE
							Seminar Expense	NONE
							Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 94,630	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	

* Attach copy of IMRF notifications

**See instructions.

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning: 07/01/2011 Ending: 06/30/2012

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. \$ 25,832 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. \$ 351,345
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.

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

WORKSHEET 1

RAY GRAHAM ASSOCIATION COSTS

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

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

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

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

821,253

(5)

06/13/13
4:55 PM

<u>Other Non-Allow & Adjustment</u>	<u>Total</u>
---	--------------

3,561,840	
30,703	
260,877	
290,316	
20,845	
-	
3,645	
145,196	
672	
550	
2,116	
64,059	
12,777	
415	
50,338	
25,832	
6,880	
123,215	
32,659	
23,896	
6,822	
21,502	
-	
7,431	
27,440	
17,924	
448	

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

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

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

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

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

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

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

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

Worksheet 6

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

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

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

Worksheet 8

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

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

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

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

Worksheet 9

Detail for Schedule XIX. part A. Administrative Salaries

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

SLC allocation

31%

128,012

40,260

Total Administrative Salaries reported on Schedule V, Line 17, Column 1

594,404

**Ray Graham Association
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FY 2012**

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