

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: 07/01/2014 Ending: 06/30/2015

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	36,500	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	100	36,500	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
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	35,623			35,623	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,623			35,623	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.60%

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

428 (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.

Facility Name & ID Number Iona Glos SLC # 0022996 Report Period Beginning: 07/01/2014 Ending: 06/30/2015

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	125,147		32,634	157,781		157,781		157,781		1
2	Food Purchase		330,036		330,036		330,036		330,036		2
3	Housekeeping	3,892	158,605	81,715	244,212		244,212	(43,871)	200,341		3
4	Laundry										4
5	Heat and Other Utilities			129,368	129,368		129,368	(128)	129,240		5
6	Maintenance	163,330	110,198		273,528		273,528	(1,013)	272,515		6
7	Other (specify):* waste removal			24,238	24,238		24,238		24,238		7
8	TOTAL General Services	292,369	598,839	267,955	1,159,163		1,159,163	(45,012)	1,114,151		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	961,538	101,139	337	1,063,014		1,063,014		1,063,014		10
10a	Therapy	1,176,207			1,176,207		1,176,207		1,176,207		10a
11	Activities		29,930		29,930		29,930		29,930		11
12	Social Services	40,346			40,346		40,346		40,346		12
13	CNA Training	30,856	1,150		32,006		32,006		32,006		13
14	Program Transportation			42,698	42,698		42,698		42,698		14
15	Other (specify):* license/certif.& sch XVIII		150	32,385	32,535		32,535		32,535		15
16	TOTAL Health Care and Programs	2,208,947	132,369	75,420	2,416,736		2,416,736		2,416,736		16
	C. General Administration										
17	Administrative	746,922	49,620		796,542		796,542	(39,181)	757,361		17
18	Directors Fees										18
19	Professional Services			49,625	49,625		49,625	(15,232)	34,393		19
20	Dues, Fees, Subscriptions & Promotions			28,471	28,471		28,471	(991)	27,480		20
21	Clerical & General Office Expenses	302,713			302,713	(13,184)	289,529	(3,722)	285,807		21
22	Employee Benefits & Payroll Taxes			971,299	971,299		971,299	(7,806)	963,493		22
23	Inservice Training & Education			3,075	3,075		3,075		3,075		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			2,575	2,575		2,575	(423)	2,152		25
26	Insurance-Prop.Liab.Malpractice			59,835	59,835		59,835	(37)	59,798		26
27	Other (specify):* bank charges			82,389	82,389		82,389	(75,030)	7,359		27
28	TOTAL General Administration	1,049,635	49,620	1,197,269	2,296,524	(13,184)	2,283,340	(142,422)	2,140,918		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,550,951	780,828	1,540,644	5,872,423	(13,184)	5,859,239	(187,434)	5,671,805		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:

07/01/2014

Ending:

06/30/2015

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			342,213	342,213		342,213	(1,683)	340,530			30
31	Amortization of Pre-Op. & Org.											31
32	Interest											32
33	Real Estate Taxes			347	347		347	(347)				33
34	Rent-Facility & Grounds			83,509	83,509		83,509	(5,728)	77,781			34
35	Rent-Equipment & Vehicles					13,184	13,184		13,184			35
36	Other (specify):*											36
37	TOTAL Ownership			426,069	426,069	13,184	439,253	(7,758)	431,495			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			342,384	342,384		342,384		342,384			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			342,384	342,384		342,384		342,384			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,550,951	780,828	2,309,097	6,640,876		6,640,876	(195,192)	6,445,684			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	(1,683)	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	(15,232)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,723)	27		24
25	Fund Raising, Advertising and Promotional	(104,735)	pg5A		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(347)	pg5A		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(67,472)	pg5A		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (195,192)		\$	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))	\$ (195,192)		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: 07/01/2014

Ending: 06/30/2015

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment for Fundraising = 50% of Development	\$		1
2	also see Worksheet 1			2
3				3
4	Supplies	(43,871)	3	4
5	Utilities	(128)	5	5
6	Maintenance	(1,013)	6	6
7	Administrative	(39,181)	17	7
8	Marketing Materials	(679)	20	8
9	Networking	(94)	20	9
10	Memberships	(208)	20	10
11	Publications	(10)	20	11
12	Clerical & General Office	(3,722)	21	12
13	Employee Benefits and Payroll Taxes	(7,806)	22	13
14	Travel	(423)	25	14
15	Insurance	(37)	26	15
16	Bank Charges	(1,835)	27	16
17	Rent	(5,728)	34	17
18	Total Fundraising adjustment			18
19	(104,735)			19
20				20
21	Other Non Allowables & Adjustments			21
22	Agency Functions	(59,100)	27	22
23	Fines, Penalties & Late Fees	(8,372)	27	23
24	Real Estate Taxes	(347)	33	24
25	Total Other Non Allowables & Adjustments			25
26	(67,819)			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	(172,554)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning:

07/01/2014

Ending: 06/30/2015

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	(43,871)	0	0	0	0	0	0	0	0	0	0	(43,871)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(128)	0	0	0	0	0	0	0	0	0	0	(128)	5
6	Maintenance	(1,013)	0	0	0	0	0	0	0	0	0	0	(1,013)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(45,012)	0	(45,012)	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	(39,181)	0	0	0	0	0	0	0	0	0	0	(39,181)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(15,232)	0	0	0	0	0	0	0	0	0	0	(15,232)	19
20	Fees, Subscriptions & Promotions	(991)	0	0	0	0	0	0	0	0	0	0	(991)	20
21	Clerical & General Office Expenses	(3,722)	0	0	0	0	0	0	0	0	0	0	(3,722)	21
22	Employee Benefits & Payroll Taxes	(7,806)	0	0	0	0	0	0	0	0	0	0	(7,806)	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	(423)	0	0	0	0	0	0	0	0	0	0	(423)	25
26	Insurance-Prop.Liab.Malpractice	(37)	0	0	0	0	0	0	0	0	0	0	(37)	26
27	Other (specify):*	(75,030)	0	0	0	0	0	0	0	0	0	0	(75,030)	27
28	TOTAL General Administration	(142,422)	0	(142,422)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(187,434)	0	(187,434)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Iona Glos SLC# 0022996

Report Period Beginning:

07/01/2014 Ending:06/30/2015

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	(1,683)	0	0	0	0	0	0	0	0	0	0	(1,683) 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	(347)	0	0	0	0	0	0	0	0	0	0	(347) 33
34	Rent-Facility & Grounds	(5,728)	0	0	0	0	0	0	0	0	0	0	(5,728) 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	(7,758)	0	0	0	0	0	0	0	0	0	0	(7,758) 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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(195,192)	0	0	0	0	0	0	0	0	0	0	(195,192) 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 ownerships 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 - Michael Komoll	BOD						2
3	Vice Chairperson - Neville Bilimoria	BOD						3
4	Secretary/Treasurer - Jeff Park	BOD						4
5	Immediate Past Chair - Mary Kay Rizzolo	BOD						5
6								6
7	Members at Large							7
8	Executive/Nominating Committee -							8
9	Lou Leonardi	BOD						9
10	Finance Committee - Jonathan Phillips	BOD						10
11	Development Committee - Michael Booth	BOD						11
12	John N. DeFranco, MD	BOD						12
13	Joseph Derezinski	BOD						13
14	Ruseell Frees	BOD						14
15	Lee Jorwic	BOD						15
16	Mark E. Kroencke	BOD						16
17	Mary Alice Povolny, PhD	BOD						17
18	Chris Schneider, CIMA	BOD						18
19	Cami Smith	BOD						19
20	Robert F. Spahn Jr	BOD						20
21	Stephanie Stomberg	BOD						21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

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

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

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

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

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

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2014

Ending: 6/30/2015

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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.

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 costs			\$	\$		\$ 903,482	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				\$	\$		\$ 903,482	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 2014 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 2015 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:	2010	8	
	2011	9	
	2012	10	
	2013	11	
	2014	12	
			FOR BHF USE ONLY
	13	FROM R. E. TAX STATEMENT FOR 2014 \$	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.

2014 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 2014 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 2014.

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

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 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

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:

07/01/2014 Ending:

06/30/2015

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? [X] (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? [X] (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).

Blank lines for listing other business entities.

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.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: SLC, 1975, \$214,674. Row 2: (blank). Row 3: TOTALS, \$214,674.

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	40	\$ 92,048	\$	\$ 3,175,666	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SLC DIRECT										9
10	Prior Fiscal Years		2007		88,153	8,815	10	8,815		66,115	10
11			2008		407,142	40,714	10	40,714		283,122	11
12			2009		143,794	14,379	10	14,379		86,066	12
13			2010		79,746	9,831	5	9,831		50,359	13
14			2011		520,387	53,351	5	53,351		237,722	14
15	Furnace Blower Motor Replaced - SLC Home 1		2012		943	189	5	189		660	15
16	Furnace Motor and Capacitor Replaced		2012		712	142	5	142		498	16
17	Honeywell Controller, Damper Actuator Boiler replacement		2012		4,191	838	5	838		2,933	17
18	Shower Valve Replaced - SLC Home 5		2012		545	109	5	109		381	18
19	Bradford 75 Gallon Water Heater - SLC Home 2		2012		1,768	354	5	354		1,238	19
20	SLC Rehab Cd10-24c Floors, Windows, painting of 6 homes		2012		344,845	34,485	10	34,485		120,696	20
21	A/C Compressor Module Board & Switch Replaced		2012		1,730	346	5	346		1,211	21
22	Install and Hook Up Dishwasher		2012		2,137	427	5	427		1,496	22
23	A/C Install SLC Home 3		2012		1,202	240	5	240		601	23
24	5 Ton Condenser A/C SLC Home 3		2012		2,000	400	5	400		1,000	24
25	Replaced Condensing Unit SLC Home 5		2012		792	159	5	159		396	25
26	Two-Handle Slop Sink Faucet and New Rough Plumbing SLC Home 4		2012		1,189	238	5	238		594	26
27	Commercial Water Heater - House 4		2013		5,280	528	10	528		816	27
28	Compressor Repairs		2013		3,420	684	5	684		1,026	28
29	Changing room/ Sheds/ Conf. Room/ Nurses Office		2013		626	125	5	125		188	29
30	Boiler - Replacement Parts		2013		19,041	3,808	5	3,808		5,712	30
31	Repairs to Front Awning		2013		1,879	376	5	376		564	31
32	Water Heater		2013		5,020	1,004	5	1,004		1,506	32
33	Wall Heating Unit - SLC Activity Room		2014		10,060	2,012	5	2,012		3,186	33
34	Water Heater - Home 1		2014		1,540	308	5	308		462	34
35	Bradford Water Heater - Home 3		2014		3,190	638	5	638		957	35
36	6 Fire Rated Doors		2014		4,738	948	5	948		1,421	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 and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Bathroom Flooring Repairs - Home 2 & 4	2014	\$ 13,350	\$ 1,335	10	\$ 1,335	\$	\$ 2,002	37
38	Parking lot Timer for parking lot lights replaced	2014	1,884	189	5	189		189	38
39	Flooring Repairs in Home 1,3,5 to solve tripping hazardz	2014	5,380	538	5	538		538	39
40	Door Replacements Home 1 & Home 3	2015	3,416	342	5	342		342	40
41	Automatic Fire Alarm System	2015	4,408	441	5	441		441	41
42	AC Damper Motor Replaced	2015	1,058	105	5	105		105	42
43	Complete Kitchen Renovations in 6 homes -new flooring,	2015	255,294	12,765	10	12,765		12,765	43
44	cabinets, countertops, sinks, faucets, garbagr disposals,								44
45	light fixtures, interior and exterior kitchen doors, painting								45
46									46
47	Fully Depreciated Assets								47
48	SLC Direct - Building Improvements		1,239,850	1,233		1,233		1,239,850	48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									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)		\$ 6,862,641	\$ 284,444		\$ 284,444	\$	\$ 5,302,824	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:

07/01/2014 Ending: 06/30/2015

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		\$ 6,862,641	\$ 284,444		\$ 284,444	\$	\$ 5,302,824	1
2									2
3	EQUIPMENT DEPRECIATION								3
4									4
5	Purchase in Prior Years		88,716	21,439		21,439		48,934	5
6	SLC Direct - FFE								6
7									7
8	Management & General								8
9	Administration - FFE		48,237	8,796		8,796		43,900	9
10	SLC portion of Administration - 28.60%		13,796	2,667		2,667		12,555	10
11									11
12	Human Resources FFE		1,647	549		549		869	12
13	SLC portion of HR - 28.57%		471	157		157		248	13
14									14
15	Finance FFE		53,728	10,837		10,837		37,447	15
16	SLC portion of Finance - 28.63%		15,382	3,103		3,103		12,399	16
17									17
18	Total Depreciation Expense Purchase in Prior Years		118,365	27,366		27,366		74,136	18
19									19
20	Current Year Purchases								20
21	SLC Direct - FFE								21
22	Refrigerator Home 2	2014	550	55		55		55	22
23	Dryer Home 5	2014	609	61		61		61	23
24	Dishwasher Home 6	2014	550	55		55		55	24
25	Washer Home 6	2014	510	51		51		51	25
26	Dryer Home 4	2015	630	105		105		105	26
27	Food Processor	2015	528	53		53		53	27
28	Recliners Home 1	2015	1,685	281		281		281	28
29	Entertainment Center	2015	676	112		112		112	29
30	Total SLC direct		5,738	773		773		773	30
31									31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		(351,817)	(76,460)		(76,460)		(232,034)	33
34	TOTAL (lines 1 thru 33)		\$ 6,862,641	\$ 284,444		\$ 284,444	\$	\$ 5,302,824	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:

07/01/2014 Ending: 06/30/2015

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 12B, Carried Forward		\$ 6,862,641	\$ 284,444		\$ 284,444	\$	\$ 5,302,824	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(6,862,641)	(284,444)		(284,444)		(5,302,824)	2
3	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12B								3
4									4
5	Finance - Current Year Purchases								5
6	8 Internal Computer Hard Drives and 8 Samsung LCD Monitors		10,578	1,763		1,763		1,763	6
7	SLC portion of Finance- 28.63%		3,029	504		504		504	7
8									8
9	Total Current Year Purchases		8,767	1,277		1,277		1,277	9
10	Reflects line 7 this page and line 30 pg 12B								10
11									11
12	Fully Depreciated Assets - FFE								12
13	SLC Direct		141,471					141,471	13
14									14
15	Management & General								15
16	Administration		6,642					6,642	16
17	SLC portion of Administration - 28.60%		1,900					1,900	17
18									18
19	Human Resources		6,890					6,890	19
20	SLC portion of Human Resources - 28.57%		1,968					1,968	20
21									21
22	Finance		81,269					81,269	22
23	SLC portion of Finance - 28.63%		23,267					23,267	23
24									24
25	Development		5,235					5,235	25
26	SLC portion of Development - 31.42%		1,645					1,645	26
27									27
28	Total Fully Depreciated Assets		170,251					170,251	28
29	Reflects lines 13,17,20,23 & 26 pg12C								29
30									30
31	TOTAL DEPRECIATION EXPENSE - EQUIPMENT		297,383	28,643		28,643		245,664	31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		6,102,346	252,257		252,257		4,613,078	33
34	TOTAL (lines 1 thru 33)		\$ 6,862,641	\$ 284,444		\$ 284,444	\$	\$ 5,302,824	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:

07/01/2014

Ending:

06/30/2015

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	\$ 118,365	\$ 27,366	\$ 27,366	\$		\$ 74,136	71
72	Current Year Purchases	8,767	1,277	1,277			1,277	72
73	Fully Depreciated Assets	170,251					170,251	73
74								74
75	TOTALS	\$ 297,383	\$ 28,643	\$ 28,643	\$		\$ 245,664	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	Dodge Gran Caravan	2009	\$ 37,734	\$ 3,773	\$ 3,773	\$		\$ 37,734	76
77	client transportation	Ford Supreme	2010	47,856	4,786	4,786			47,856	77
78	client transportation	Ford Eldorado AeroTech 220	2011	57,746	11,549	11,549			51,971	78
79	client transportation	Dodge Gran Caravan	2013	36,672	7,335	7,335			11,002	79
80	TOTALS			\$ 180,008	\$ 27,443	\$ 27,443	\$		\$ 148,563	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)	\$ 7,554,706	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 340,530	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 340,530	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)	\$ 5,697,051	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: Millbrook Real Estate - see worksheet 7

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

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:		N/A		\$ 77,781	10		3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 77,781			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.	<u>06/30/2016</u>	\$ <u>40,597</u>
13.	<u>06/30/2017</u>	\$ <u>42,265</u>
14.	<u>06/30/2018</u>	\$ <u>43,934</u>

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

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

9. Option to Buy: YES NO Terms: _____*

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

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ 13,184 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			\$	\$	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.

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			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies	450	700		1,150
3	Classroom Wages (a)	5,978	10,747		16,725
4	Clinical Wages (b)	1,443	4,175		5,618
5	In-House Trainer Wages (c)	3,333	5,180		8,513
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 11,204	\$ 20,802	\$	\$ 32,006
10	SUM OF line 9, col. 1 and 2 (e)	\$ 32,006			

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	28
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	18
2. From other facilities (f)	
TOTAL TRAINED	46

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

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

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2015

(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	\$ 8,391,979	\$	1
2	Cash-Patient Deposits	193,089		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 29,991)	2,058,447		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	249,296		5
6	Prepaid Insurance	231,345		6
7	Other Prepaid Expenses	9,929		7
8	Accounts Receivable (owners or related parties)	11,112		8
9	Other(specify):	30,668		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 11,175,865	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	2,696,763		12
13	Land	1,506,314		13
14	Buildings, at Historical Cost	11,120,173		14
15	Leasehold Improvements, at Historical Cost	8,943,682		15
16	Equipment, at Historical Cost	2,381,580		16
17	Accumulated Depreciation (book methods)	(15,450,480)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 11,198,032	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,373,897	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,592,125	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	193,365		28
29	Short-Term Notes Payable	59,552		29
30	Accrued Salaries Payable	945,713		30
31	Accrued Taxes Payable (excluding real estate taxes)	63,852		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	10,927		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>deferred income</u>	34,752		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,900,286	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,029,243		39
40	Mortgage Payable	2,077,420		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)	\$ 6,106,663	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 9,006,949	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,366,948	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 22,373,897	\$	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)	17,843	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)	\$ 17,843	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)	\$ 17,843	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning: 07/01/2014

Ending: 06/30/2015

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	\$ 5,586,427	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,586,427	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	269,500	10
11	CNA Training Reimbursements	31,942	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)	\$ 301,442	23
D. Non-Operating Revenue			
24	Contributions	543,061	24
25	Interest and Other Investment Income***	30,490	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 573,551	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue - Consulting	2,107	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,107	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,463,527	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,114,151	31
32	Health Care	2,416,736	32
33	General Administration	2,140,918	33
B. Capital Expense			
34	Ownership	431,495	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	342,384	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,445,684	40
41	Income before Income Taxes (line 30 minus line 40)**	17,843	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 17,843	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,586,427	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)	\$ 5,586,427	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: 07/01/2014

Ending: 06/30/2015

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	1,913	2,081	\$ 68,441	\$ 32.89	1
2	Assistant Director of Nursing	502	694	21,646	31.19	2
3	Registered Nurses	8,678	9,784	258,753	26.45	3
4	Licensed Practical Nurses	14,754	16,506	388,605	23.54	4
5	CNAs & Orderlies					5
6	CNA Trainees	2,246	2,246	30,856	13.74	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	1,873	2,089	40,346	19.31	11
12	Dietician					12
13	Food Service Supervisor	1,782	2,086	37,731	18.09	13
14	Head Cook					14
15	Cook Helpers/Assistants	6,818	8,060	87,416	10.85	15
16	Dishwashers					16
17	Maintenance Workers	7,753	7,753	163,330	21.07	17
18	Housekeepers	405	405	3,892	9.61	18
19	Laundry					19
20	Administrator	1,775	2,094	51,836	24.75	20
21	Assistant Administrator					21
22	Other Administrative	29,463	34,039	541,870	15.92	22
23	Office Manager					23
24	Clerical	1,757	2,089	34,897	16.71	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	11,057	12,797	224,093	17.51	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	82,201	91,826	1,176,207	12.81	30
31	Medical Records					31
32	Other Health Care(specify)	13,471	11,648	421,032	36.15	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	186,448	206,197	\$ 3,550,951 *	\$ 17.22	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	653	\$ 32,634	1	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Psychologist</u>	26	5,070		46
47	<u>Physician</u> monthly		24,000		47
48	<u>Behavior Analyst & Optometric</u>	26	3,315		48
49	TOTAL (lines 35 - 48)	705	\$ 65,019		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	8	337		51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	8	\$ 337		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			\$ 746,922	Workers' Compensation Insurance	\$ 323,851	IDPH License Fee	\$			
				Unemployment Compensation Insurance	19,623	Advertising: Employee Recruitment				
				FICA Taxes	258,139	Health Care Worker Background Check	7,367			
				Employee Health Insurance	334,594	(Indicate # of checks performed 62)	620			
				Employee Meals		Patient Background Checks	50			
				Illinois Municipal Retirement Fund (IMRF)*		subscriptions/publications	4,455			
				pension plan	23,762	membership dues	14,988			
				employee incentives	3,524					
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 746,922	TOTAL (agree to Schedule V, line 22, col.8)			\$ 963,493	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 27,480
B. Administrative - Other			E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**				
Description			Amount	Description	Line #	Amount	Description	Amount		
NONE			\$	NONE		\$	Out-of-State Travel	\$		
								NONE		
							In-State Travel	NONE		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	TOTAL			\$	Seminar Expense	NONE	
C. Professional Services			G. Schedule of Travel and Seminar**							
Vendor/Payee	Type	Amount								
see worksheet 2		\$ 49,625								
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 49,625	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								
													Amount of Expense Amortized Per Year							
													Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010
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: 07/01/2014

Ending: 06/30/2015

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. \$ 28,624 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. \$ 342,384
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? n/a 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? _____
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) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. n/a
Attach invoices and a summary of services for all architect and appraisal fees

Facility Name & ID Number Iona Glos SLC Fiscal Year ended June 30, 2015 04/19/16 2:37 PM

WORKSHEET 1 RAY GRAHAM ASSOCIATION COSTS

SCH V LINE R/Line Item	SLC Allocation of ...											Direct Program Cost	RGA Audit Figures SLC	Reclassified	Adjust for Sum Fund Raising	Other Non-Allow & Adjustment	Total
	RGA Admin Services	RGA P/R & Development	Sum RGA Mngmt & General	RGA Admin Services 28.60%	RGA P/R & Development 31.42%	Sum Mngmt & General	Development 31.42%	General	Development 31.42%	General	Development 31.42%						
Salaries and related expenses:																	
ich XVIII Salaries	1,197,845	249,400	1,447,245	342,671	78,361	421,032	3,129,919	3,550,951	3,550,951	(39,181)							3,511,770
22 Unemployment	68,680	-	68,680	19,623	-	19,623	-	19,623	19,623	-							19,623
22 FICA	84,702	18,653	103,355	24,231	5,861	30,092	230,978	261,070	261,070	(2,931)							258,139
22 Health Insurance	137,762	8,851	146,613	39,411	2,781	42,192	293,793	335,985	335,985	(1,391)							334,594
22 403B Plan Expense	83,165	-	83,165	23,762	-	23,762	-	23,762	23,762	-							23,762
22 Insurance- Executive	-	-	-	-	-	-	-	-	-	-							-
22 Employee Incentives	10,028	-	10,028	2,865	-	2,865	659	3,524	3,524	-							3,524
22 Insurance- Workers' Comp	115,216	21,686	136,902	32,958	6,814	39,772	277,843	317,615	317,615	(3,407)							314,208
22 Work Comp Out-of-Pocket	-	486	486	-	153	153	9,567	9,720	9,720	(77)							9,643
22 Existing Staff Medical	-	-	-	-	-	-	-	-	-	-							-
26 Insurance- D & O	7,452	-	7,452	2,131	-	2,131	-	2,131	2,131	-							2,131
Direct services:																	
ich XVIII Clinical Consultants	-	-	-	-	-	-	65,018	65,018	65,018	-							65,018
ich XVIII Temporary Workers	6,205	-	6,205	1,773	-	1,773	337	2,110	2,110	-							2,110
3 Client Wages - Janitorial	1,368	-	1,368	391	-	391	-	391	391	-							391
10 & 13 Medical	-	-	-	-	-	-	73,665	73,665	73,665	-							73,665
10 Adult Briefs	-	-	-	-	-	-	28,624	28,624	28,624	-							28,624
11 Rehab & Educ Supplies	-	-	-	-	-	-	5,977	5,977	5,977	-							5,977
3 Supplies	1,293	-	1,293	370	-	370	113,973	114,343	114,343	-							114,343
11 Recreation	-	-	-	-	-	-	23,953	23,953	23,953	-							23,953
6 & 21 Equipment Purchases	950	2,169	3,119	271	682	953	18,771	19,724	19,724	(341)							19,383
6 & 21 Equipment Lease/Maint/Repairs	21,887	4,232	26,119	6,260	1,330	7,590	14,323	21,913	(13,184)	8,729							8,064
35 Equipment Lease	-	-	-	-	-	-	-	-	13,184	-							13,184
3 In Kind Contributions	-	139,626	139,626	-	43,871	43,871	-	43,871	43,871	(43,871)							-
14 & 25 Staff Travel	6,043	2,894	8,937	1,729	846	2,575	3,307	5,882	5,882	(423)							5,459
14 Vehicle Fuel	4,044	-	4,044	1,156	-	1,156	15,168	16,324	16,324	-							16,324
14 Vehicle Repairs & Maintenance	1	-	1	-	-	22,377	22,377	22,377	22,377	-							22,377
14 Vehicle Inspections & Safety	-	-	-	-	-	450	450	450	450	-							450
26 Vehicle Insurance	8	-	8	2	-	2	16,637	16,639	16,639	-							16,639
35 Vehicle Licenses	-	-	-	-	-	-	240	240	240	-							240
14 Vehicle Licenses	-	-	-	-	-	-	240	240	240	-							240
14 Contract Busing	-	-	-	-	-	-	-	-	-	-							-
23 Conferences & Seminars	4,689	406	5,095	1,340	128	1,468	1,607	3,075	3,075	-							3,075
26 Insurance- Gen'l & Pro Liability	-	-	-	-	-	-	29,480	29,480	29,480	-							29,480
21 Telephone	9,936	1,184	11,120	2,842	372	3,214	9,424	12,638	12,638	(186)							12,452
21 Cell Phone	3,524	600	4,124	1,008	189	1,197	4,589	5,786	5,786	(95)							5,691
Program support:																	
2 Food	-	-	-	-	-	-	330,036	330,036	330,036	-							330,036
19 Payroll Service	51,901	-	51,901	14,859	-	14,859	-	14,859	14,859	-							14,859
19 Audit	39,400	-	39,400	11,280	-	11,280	-	11,280	11,280	-							11,280
19 Legal	50,292	-	50,292	14,374	-	14,374	-	14,374	14,374	-							14,374
19 Professional Services	16,264	-	16,264	4,649	-	4,649	-	4,649	4,649	(858)							3,791
21 Office Supplies & Equipment	5,539	1,661	7,200	1,585	522	2,107	5,344	7,451	7,451	(261)							7,190
21 Training Materials	8,532	-	8,532	2,438	-	2,438	-	2,438	2,438	-							2,438
21 Computer Equip & Supplies	7,552	-	7,552	2,162	-	2,162	-	2,162	2,162	-							2,162
19 Software Maintenance	7,216	1,985	9,201	2,066	624	2,690	-	2,690	2,690	-							2,690
Occupancy:																	
26 Insurance- Building	1,602	233	1,835	458	73	531	11,054	11,585	11,585	(37)							11,548
3 Janitorial Contracts	-	-	-	-	-	-	81,715	81,715	81,715	-							81,715
5 Utilities- Electric	6,659	812	7,471	1,904	255	2,159	55,481	57,640	57,640	(128)							57,512
5 Utilities- Natural Gas	618	-	618	177	-	177	34,752	34,929	34,929	-							34,929
5 Utilities- Water	-	-	-	-	-	-	36,799	36,799	36,799	-							36,799
7 Utilities- Waste Removal	661	-	661	189	-	189	24,049	24,238	24,238	-							24,238
6 Building & Grounds	1,302	-	1,302	372	-	372	14,326	14,698	14,698	-							14,698
6 Fire, Safety & Security	21	-	21	6	-	6	14,479	14,485	14,485	-							14,485
6 Maintenance Supplies	-	-	-	-	-	-	-	-	-	-							-
6 Repairs and Maintenance	958	47	1,005	273	14	287	47,634	47,921	47,921	(7)							47,914
34 Rent	251,882	36,459	288,341	72,054	11,455	83,509	-	83,509	83,509	(5,728)							77,781
33 Real Estate Taxes	1,212	-	1,212	347	-	347	-	347	347	-							347
6 Damages	-	-	-	-	-	-	-	-	-	-							-
Other:																	
21 Postage	7,703	8,494	16,197	2,204	2,669	4,873	1,741	6,614	6,614	(1,335)							5,279
21 Printing	750	11,744	12,494	215	3,690	3,905	74	3,979	3,979	(1,845)							2,134
20 Publications	86	64	150	25	20	45	4,420	4,465	4,465	(10)							4,455
15 & 21 Certifications	31	-	31	9	-	9	159	159	159	-							159
20 Recruitment	25,428	-	25,428	7,265	-	7,265	-	7,265	7,265	-							7,265
20 Advertisements	-	-	-	-	-	-	-	-	-	-							-
20 Marketing Materials	-	4,320	4,320	-	1,357	1,357	-	1,357	1,357	(679)							678
20 Networking	-	597	597	-	188	188	-	188	188	(94)							94
20 Memberships	51,506	1,324	52,830	14,728	416	15,144	52	15,196	15,196	(208)							14,988
27 Agency Functions	5,665	182,943	188,608	1,621	57,479	59,100	-	59,100	59,100	-							(59,100)
27 Special Events	-	-	-	-	-	-	-	-	-	-							-
42 SLC Participation Fees	-	-	-	-	-	-	342,384	342,384	342,384	-							342,384
27 Moving Expenses	-	-	-	-	-	-	-	-	-	-							-
27 Miscellaneous Expense	-	-	-	-	-	-	-	-	-	-							-
32 Interest	-	-	-	-	-	-	-	-	-	-							-
27 Bad Debts	19,992	-	19,992	5,723	-	5,723	-	5,723	5,723	-							(5,723)
27 Bank Charges	19,297	11,676	30,973	5,525	3,669	9,194	-	9,194	9,194	(1,835)							7,359
27 Fines, Penalties & Late Fees	864	-	864	247	-	247	8,125	8,372	8,372	-							(8,372)
Depreciation and amortization:																	
30 Depn Expense - Vehicles	-	-	-	-	-	-	27,443	27,443	27,443	-							27,443
30 Depn Expense - Bldgs	-	-	-	-	-	-	92,048	92,048	92,048	-							92,048
30 Depn Expense - Bldg Improv	-	-	-	-	-	-	192,396	192,396	192,396	-							192,396
30 Depn Expense - F, F & E	22,476	-	22,476	6,431	-	6,431	22,212	28,643	28,643	-							28,643

Worksheet 2 - page 1

Management and General Allocated Salaries:

	Management & General			Percent	SLC			Schedule V Reference
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages	
Administrators	3,508	2,775	261,769	29%	1,003	794	74,854	17
Accounting/Bookkeeping	19,267	16,274	621,466	29%	5,516	4,659	177,919	21
Human Resources	12,943	11,593	281,063	29%	3,698	3,312	80,305	21
Development	8,434	7,423	249,400	31%	2,650	2,332	78,362	17
Secy & Clerical	2,112	1,925	33,546	29%	604	550	9,593	21
M&G Salaries per worksheet 1	46,264	39,990	1,447,245		13,471	11,648	421,032	
Non-Allowables:								
P.R. & Development	(4,217)	(3,712)	(124,700)	31%	(1,325)	(1,166)	(39,181)	17
	(4,217)	(3,712)	(124,700)		(1,325)	(1,166)	(39,181)	
Net Allocated	42,047	36,279	1,322,545		12,146	10,482	381,851	

Management and General Allocated Salaries:

Detail of Salaries Paid to Administrators and Accounting/Bookkeeping

Administrators:

Employee Name	Title			Amount
Carmody, Kathleen	Chief of Staff	1,393	990	91,704
Zoeller, Kimberly	President/CEO	2,115	1,786	168,706
		3,508	2,776	260,410

Accounting/Bookkeeping:

Employee Name	Title			Amount
Almonte, Jaime	Senior Accountant	2,143	1,776	58,584
Brazzale, Tiana	Grants Administrator	2,120	1,860	70,597
Cooke, Carmel	Chief Financial Officer	2,118	1,812	153,546
Eklin, Kelsey	Staff Accountant	2,085	1,824	40,092
Greenbeck, Leah	Controller	2,088	1,802	72,056
Gurgone, Linda	Director Purchasing & Maintenance	228	228	11,452
Horgan, Frances	Payroll Coordinator	1,885	1,578	43,088
Patrick, Michael	Purchasing Agent	831	718	17,974
Robinson, Sherry	Staff Accountant & Accounts Payable	1,631	1,164	33,749
Tomczak, Irene	Accounts Receivable Coordinator	2,088	1,769	36,757
Vidmar, James	System Administrator	2,050	1,744	83,541
		19,267	16,275	621,436

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

Report Period Beginning: 07/01/14 Ending 06/30/15 Fiscal Year ended June 30, 2015 Page 26 A

Worksheet 5

Detail of Reclassifications on Schedule V. column 5

Description	To	From	Amount
equipment maintenance coded with equipment rental	line 35	line 21	13,184

Worksheet 7

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

Line 3 - MillBrook Real Estate
 Building - 901 Warrenville Rd, #500, Lisle,

Monthly Amount per Rent Agreement	03/01/14-02/28/15	12,344
	03/01/15-02/28/16	12,881
	03/01/16-02/28/17	13,418
	03/01/17-02/28/18	13,954
	03/01/18-02/28/19	14,491
	03/01/19-02/28/20	15,028
plus, operating expenses & common area lighting charges =		149,986

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 06/30/2016	40,597
13 06/30/2017	42,265
14 06/30/2018	43,934
15 06/30/2019	45,604

RGA		SLC			
FY15 Rent	Division	Allocation	Amount	Allocation	Amount
151,888	Administration	23.02%	69,127	28.60%	19,767
	Life's Plan	3.97%	11,923		
	Human Resources	19.59%	58,820	28.57%	16,806
	Development	12.14%	36,459	31.42%	11,455
	Development fundraising adj				(5,728)
	Finance	41.28%	123,935	28.63%	35,481
		100.00%	300,264		77,781

FY16 Rent	Division	Allocation	Amount	Allocation	Amount
158,329	Administration	23.02%	36,080	28.60%	10,317
	Life's Plan	3.97%	6,223		
	Employee Services	19.59%	30,700	28.57%	8,772
	Advancement	12.14%	19,029	31.42%	5,979
	Advancement fundraising adj		0		(2,990)
	Finance	41.28%	64,686	28.63%	18,519
		100.00%	156,719		40,597

RGA		SLC			
FY17 Rent	Division	Allocation	Amount	Allocation	Amount
164,769	Administration	23.02%	37,563	28.60%	10,741
	Life's Plan	3.97%	6,479	0.00%	0
	Employee Services	19.59%	31,962	28.57%	9,132
	Advancement	12.14%	19,811	31.42%	6,225
	Advancement fundraising adj		0		(3,112)
	Finance	41.28%	67,345	28.63%	19,280
		100.00%	163,159		42,265

RGA		SLC			
FY18 Rent	Division	Allocation	Amount	Allocation	Amount
171,210	Administration	23.02%	39,045	28.60%	11,165
	Life's Plan	3.97%	6,735		
	Employee Services	19.59%	33,224	28.57%	9,493
	Advancement	12.14%	20,593	31.42%	6,470
	Advancement fundraising adj		0		(3,235)
	Finance	41.28%	70,003	28.63%	20,041
		100.00%	169,600		43,934

RGA		SLC			
FY19 Rent	Division	Allocation	Amount	Allocation	Amount
177,650	Administration	23.02%	40,528	28.60%	11,589
	Life's Plan	3.97%	6,990		0
	Employee Services	19.59%	34,485	28.57%	9,853
	Advancement	12.14%	21,375	31.42%	6,716
			0		(3,358)
	Finance	41.28%	72,661	28.63%	20,802
		100.00%	176,041		45,604

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

Name	Function	% Ownership	SLC Amount
Direct Staff			
1 Rau, Denise	SLC Director		43,124
2 Castro, Amy	System Administrator		10,545
3 Hickey-Scaccia, Marianne	Administrator		51,836
4 Badalamenti, Salvatore	Coordinator		38,451
5 Cain, Iesha	Coordinator		31,361
6 Davis, Zita	Coordinator		31,653
7 Kachhawala, Zainab	Coordinator		33,236
8 Patel, Janki	Coordinator		32,200
8 Allen, Andrea	Home Manager		5,769
9 Bruce, Pamela	Home Manager		32,699
9 Bush, Casey	Home Manager		23,352
10 Hamgeri, Angela	Home Manager		30,228
11 Harmon, Shanta	Home Manager		31,817
12 Jones, Anthony	Home Manager		1,308
13 Rusthoven, Adam	Home Manager		14,964
13 Scott, Irving	Home Manager		4,287
14 Cannon, Ryan	Assistant Home Manager		30,425
14 Cluever, Kelly	Assistant Home Manager		1,532
15 Hall, Leloni	Assistant Home Manager		22,414
15 Harris, Deanna	Assistant Home Manager		39,906
16 Johnson, Crystal	Assistant Home Manager		9,993
16 Nash, Jerideria	Assistant Home Manager		271
17 Oliver, Raina	Assistant Home Manager		1,325
14 Todd, Zemriah	Assistant Home Manager		25,246
14 Patel, Ushma	Lead Home Manager		40,069
14 Patel, Ushma	Supervisor		5,695
total SLC direct		100%	593,706
Management and General Allocated			
Administrators			
Carmody, Kathleen	Chief of Staff		91,704
Zoeller, Kimberly	President		168,706
	Allocated thru Building Maintenance		1,359
SLC allocation		29%	261,769
			74,854
Development			
Nagle, Lorraine	Chief Development Officer		112,353
Stillman-Wagstaff, Margaret	Donor Data Mgr & Strategist		42,590
Fillipp, Lynda	Marketing and Communications Coordinator		42,337
Janus, Noe	Special Events Manager		51,313
Carmody, Lilliam	Office Coordinator		799
	Allocated thru Building Maintenance		8
SLC allocation		31%	249,400
			78,362
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1			746,922

Ray Graham Association
Board of Directors
 FY 2015

Officer	Residence	Business
Chairperson		
Michael Komoll Executive/Nominating Committee	3420 Richnee Lane Rolling Meadows, IL 60008 michael.komoll@cna.com	Assistant Vice President - Major Litigation C.N.A Insurance 333 S. Wabash 27S/29-1 Chicago, IL 60685 (312) 822-2816
Vice-Chairperson		
Neville Blimoria Executive/Nominating Committee	2515 Chestnut Ave. Glenview, IL 60026 (847) 486-1868 nblimoria@duanemorris.com	Attorney Duane Morris 190 S. LaSalle St. #3700 Chicago, IL 60603 (312) 499-6758
Secretary/Treasurer		
Jeff Park Finance Committee	2108 Primrose Lane Naperville, IL 60565 (630) 536-8592 Jeff.park@sac.com	CFO Catamaran 1600 McConnor Parkway Schaumburg, IL 60173-6801 (224) 231-3295
Immediate Past Chairperson		
Mary Kay Rizzolo Mann Executive/Nominating Committee Quality enhancement Committee	1713 W. Schubert Avenue Chicago, IL 60614 (773) 868-0263 Mrzzok3@uic.edu	Clinical Associate Professor University of IL at Chicago Associate Director of Institute on Disability and Human Development
Member-at-Large		
Lou Leonard III Executive/Nominating Committee Finance Committee	609 Ashland River Forest, IL 60305 lleonard@thebeverlybank.com	The Beverly Bank 10258 S. Western Avenue Chicago, IL 60643 (773) 239-2265
Member-at-Large		
Jonathan Phillips Executive/Nominating Committee Finance Committee	792 Chatham Avenue Elmhurst, IL 60126 (312) 276-5180 jp@healthcaregrowth.com	Managing Director Healthcare Growth Partners 792 Chatham Avenue Elmhurst, IL 60126 (630) 530-4420
Director		
Michael Booth Development Committee	379 E Parkview Avenue Elmhurst, IL 60126 (630) 834-4686 (h) (630) 776-1973 (cp) Michael.booth@comcast.net	President Mid American Group 760 Pasquelli Drive, Suite 358 Westmont, IL 60559 (630) 366-7444
Director		
John N. DeFranco, MD	8019 W 124th Street Palos Park, IL 60464 (708) 671-0856 (h) jnfd03@gmail.com	Partner Associated Urologic Specialists 10400 Southwest Highway Chicago Ridge, IL 60415 (708) 423-8706
Director		
Joseph Derezinski Development Committee	236 S. Bodin St. Hinsdale, IL (630) 734-3471 (h) (312) 461-3146 (cp)	Sr. Vice President Harris Bank 111 W. Monroe St. 5C Chicago, IL 60603 joseph.derezinski@harrisbank.com
Director		
Russell Frees	900 W Porter Avenue Naperville, IL 60540 (630) 527-8720 (h) (630) 638-7333 (p) r.frees@henricksen.com	Executive Vice President 328 S Jefferson Avenue Chicago, IL 60661 (312) 669-9090
Director		
Lee Jorwic Development Committee	375 S. Kaniworth Elmhurst, IL 60126 (630) 240-0967 ljorwic@klattjorwic.com	President Klatt-Jorwic & Associates 127 W. Wrighwood Elmhurst, IL 60126 (630) 833-4193
Director		
Mark E. Kroncke Finance Committee	4000 Peartree Drive Lake in the Hills, IL 60156 (847) 875-8967	Vice President First American Bank 1650 Louis Avenue Elk Grove Village, IL 60007 (847) 586-2242 mkronecka@firstbank.com
Director		
Mary Alice Povolny, Ph.D	633 Monroe Street River Forest, IL 60305 (708) 366-6963 (708) 790-2371 m.povolny@aol.net	Clinical Psychologist 188 Industrial Park, Ste 132 Elmhurst, IL 60126 (630) 415-0780
Director		
Chris Schneider Finance Committee	5071 Prairie Sage Rd Naperville, IL 60564 chschnneider@aol.com	Vice President Blackrock 5071 Prairie Sage Rd. Naperville, IL 60564 (847) 338-5120
Director		
Cami Smith Quality Committee	6318 Winston Drive Woodridge, IL 60517 (630) 297-8638 Cami67@aol.net	Editor/Writer
Director		
Robert F. Spahn, Jr. CLU, ChFc Golf Committee	933 Kent Elmhurst, IL 60126 robert.spahnjr@rmfm.com	Financial Advisor Northwestern Mutual 377 E. Butterfield Rd., Suite 325 Lombard, IL 60146 (630) 458-7019
Director		
Stephanie Stomberg	1324 Reid Street Western Springs, IL 60558 (708) 784-9902 (h) ss@Cassidy.com	Partner Cassidy Schade LLP 20 N Wacker Drive, Suite 1000 Chicago, IL 60606 (312) 444-1660