

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning: 07/01/2016 Ending: 06/30/2017

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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	35,637			35,637	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	35,637			35,637	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 97.37%

D. How many bed reserve days during this year were paid by the Department?
349 (Do not include bed reserve 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: 07/01/2016 Ending: 06/30/2017

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	150,707		37,386	188,093		188,093		188,093		1
2	Food Purchase		356,927		356,927		356,927		356,927		2
3	Housekeeping	5,805	140,792	80,133	226,730		226,730	(34,648)	192,082		3
4	Laundry										4
5	Heat and Other Utilities			111,285	111,285		111,285	(119)	111,166		5
6	Maintenance	196,849	112,090		308,939		308,939	(707)	308,232		6
7	Other (specify):* waste removal			18,395	18,395		18,395		18,395		7
8	TOTAL General Services	353,361	609,809	247,199	1,210,369		1,210,369	(35,474)	1,174,895		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	1,041,292	91,514		1,132,806		1,132,806		1,132,806		10
10a	Therapy	1,122,413			1,122,413		1,122,413		1,122,413		10a
11	Activities		29,881		29,881		29,881		29,881		11
12	Social Services	43,457			43,457		43,457		43,457		12
13	CNA Training	12,947	625		13,572		13,572		13,572		13
14	Program Transportation			28,122	28,122		28,122	(159)	27,963		14
15	Other (specify):* license/cerf & sch XVIII		962	40,200	41,162		41,162		41,162		15
16	TOTAL Health Care and Programs	2,220,109	122,982	68,322	2,411,413		2,411,413	(159)	2,411,254		16
	C. General Administration										
17	Administrative	927,192			927,192		927,192	(42,809)	884,383		17
18	Directors Fees										18
19	Professional Services			44,388	44,388		44,388	(12,269)	32,119		19
20	Dues, Fees, Subscriptions & Promotions			22,205	22,205		22,205	(2,378)	19,827		20
21	Clerical & General Office Expenses	339,504	56,272		395,776	(13,171)	382,605	(6,227)	376,378		21
22	Employee Benefits & Payroll Taxes			755,501	755,501		755,501	(6,084)	749,417		22
23	Inservice Training & Education			4,706	4,706		4,706	(1)	4,705		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			1,555	1,555		1,555		1,555		25
26	Insurance-Prop.Liab.Malpractice			58,422	58,422		58,422	(35)	58,387		26
27	Other (specify):*			79,511	79,511		79,511	(70,426)	9,085		27
28	TOTAL General Administration	1,266,696	56,272	966,288	2,289,256	(13,171)	2,276,085	(140,229)	2,135,856		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,840,166	789,063	1,281,809	5,911,038	(13,171)	5,897,867	(175,862)	5,722,005		29

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

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

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			389,297	389,297		389,297	(4,830)	384,467		30
31	Amortization of Pre-Op. & Org.										31
32	Interest										32
33	Real Estate Taxes			353	353		353	(353)			33
34	Rent-Facility & Grounds			77,463	77,463		77,463	(5,482)	71,981		34
35	Rent-Equipment & Vehicles					13,171	13,171		13,171		35
36	Other (specify):*										36
37	TOTAL Ownership			467,113	467,113	13,171	480,284	(10,665)	469,619		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			349,100	349,100		349,100		349,100		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers			349,100	349,100		349,100		349,100		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,840,166	789,063	2,098,022	6,727,251		6,727,251	(186,527)	6,540,724		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	(4,830)	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	(11,847)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(5,757)	27		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(164,093)	pg5A		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (186,527)		\$	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))	\$ (186,527)		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: 07/01/2016

Ending: 06/30/2017

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	(34,648)	3	4
5	Utilities	(119)	5	5
6	Maintenance	(707)	6	6
7	Administrative	(42,809)	17	7
8	Software Maintenance	(422)	19	8
9	Marketing Materials	(1,844)	20	9
10	Networking	(165)	20	10
11	Memberships	(369)	20	11
12	Clerical & General Office	(6,227)	21	12
13	Employee Benefits & Payroll Taxes	(6,084)	22	13
14	Travel	(159)	14	14
15	Insurance	(35)	26	15
16	Bank Charges	(2,369)	27	16
17	Rent	(5,482)	34	17
18	Conferences	(1)	23	18
19	Total fundraising adjustment			19
20	(101,440)			20
21				21
22	Other non allowables & adjustments			22
23	Agency Functions	(62,155)	27	23
24	Fines, penalties & late fees	(145)	27	24
25	Real Estate Taxes	(353)	33	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	(164,093)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC

0022996 Report Period Beginning:

07/01/2016

Ending: 06/30/2017

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	(34,648)	0	0	0	0	0	0	0	0	0	0	(34,648)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(119)	0	0	0	0	0	0	0	0	0	0	(119)	5
6	Maintenance	(707)	0	0	0	0	0	0	0	0	0	0	(707)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(35,474)	0	(35,474)	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	(159)	0	0	0	0	0	0	0	0	0	0	(159)	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(159)	0	(159)	16									
	C. General Administration													
17	Administrative	(42,809)	0	0	0	0	0	0	0	0	0	0	(42,809)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(12,269)	0	0	0	0	0	0	0	0	0	0	(12,269)	19
20	Fees, Subscriptions & Promotions	(2,378)	0	0	0	0	0	0	0	0	0	0	(2,378)	20
21	Clerical & General Office Expenses	(6,227)	0	0	0	0	0	0	0	0	0	0	(6,227)	21
22	Employee Benefits & Payroll Taxes	(6,084)	0	0	0	0	0	0	0	0	0	0	(6,084)	22
23	Inservice Training & Education	(1)	0	0	0	0	0	0	0	0	0	0	(1)	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	(35)	0	0	0	0	0	0	0	0	0	0	(35)	26
27	Other (specify):*	(70,426)	0	0	0	0	0	0	0	0	0	0	(70,426)	27
28	TOTAL General Administration	(140,229)	0	(140,229)	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(175,862)	0	(175,862)	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Iona Glos SLC# 0022996

Report Period Beginning:

07/01/2016 Ending:06/30/2017

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	(4,830)	0	0	0	0	0	0	0	0	0	0	(4,830) 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	(353)	0	0	0	0	0	0	0	0	0	0	(353) 33
34	Rent-Facility & Grounds	(5,482)	0	0	0	0	0	0	0	0	0	0	(5,482) 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	(10,665)	0	0	0	0	0	0	0	0	0	0	(10,665) 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)	(186,527)	0	0	0	0	0	0	0	0	0	0	(186,527) 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.

Facility Name & ID Number

Iona Glos SLC

0022996

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

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 - Neville Bilimoria	BOD			Duanne Morris	Chicago, IL	Attorney	2
3	Vice Chair - Lee Jorwic	BOD			Langefeld Touch Point	Elmhurst, IL	President	3
4	Secretary/Treasurer - Mark E. Kroencke	BOD			First American Bank	Elk Grove Village, IL	Sr Vice President	4
5	Immediate Past Chair - Michael Komoll	BOD			CAN Insurance	Chicago, IL	Asst Vice President	5
6								6
7	Members at Large							7
8	Lou Leonardi	BOD			Beverly Bank	Chicago, IL	Executive VP	8
9	Jonathan Phillips	BOD			Healthcare Growth Pa	Elmhurst, IL	Managing Director	9
10	Mary Alice Povolny - PhD	BOD			Clinical Psychologist	Elmhurst, IL	Clinical Psychologis	10
11	John N. DeFranco	BOD			Associated Urologic Sp	Elmhurst, IL	Partner	11
12	Joseph Derezinski	BOD			Harris Bank	Chicago, IL	Sr. Vice President	12
13	Russell Frees	BOD			Henricksen	Chicago, IL	Executive VP	13
14	Kelly Kettlewell	BOD			Optum Rx	Schaumburg, IL	SVP PBM Operatio	14
15	Teri Litavsky	BOD			Wild Bird Pottery Stud	Elmhurst, IL	Owner/Artist	15
16	Jim Sara	BOD			IBM	Chicago, IL	Client Executive	16
17	Chris Schneider, CIMA	BOD			Wisdom Tree Asset M	Naperville, IL	Regional Director	17
18	Cami Smith	BOD				Woodridge, IL	Editor/Writer	18
19	Robert F. Spahn Jr	BOD			Northwestern Mutual	Lombard, IL	Financial Advisor	19
20	Stephanie Stomberg	BOD			Cassiday Schade LLP	Chicago, IL	Partner	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: 07/01/2016 Ending: 06/30/2017

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:

07/01/2016

Ending: 6/30/2017

VIII. ALLOCATION OF INDIRECT COSTS

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	see worksheet 1	direct costs			\$	\$		857,644	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				\$	\$		857,644	25

Facility Name & ID Number Iona Glos SLC

0022996

Report Period Beginning:

07/01/2016

Ending:

06/30/2017

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	2	3	4	5	6		8	9	10									
					Name of Lender	Related**				Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
						YES							NO	Original				Balance
A. Directly Facility Related																		
Long-Term																		
1	N/A					\$	\$			\$	1							
2											2							
3											3							
4											4							
5											5							
Working Capital																		
6	N/A										6							
7											7							
8											8							
9	TOTAL Facility Related					\$	\$			\$	9							
B. Non-Facility Related*																		
10	N/A										10							
11											11							
12											12							
13											13							
14	TOTAL Non-Facility Related					\$	\$			\$	14							
15	TOTALS (line 9+line14)					\$	\$			\$	15							

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ ZERO Line # N/A

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

2016 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 2016 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 2016.

(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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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:

07/01/2016 Ending:

06/30/2017

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: 1 Use, 2 Square Feet, 3 Year Acquired, 4 Cost, and a final column for counts. Row 1: SLC, 1975, \$214,674. Row 2: (blank). Row 3: TOTALS, \$214,674.

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	\$	\$ 3,359,762	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		83,745	10
11			2008	407,142	40,714	10	40,714		364,550	11
12			2009	143,794	14,379	10	14,379		114,825	12
13			2010	61,179	6,118	10	6,118		45,884	13
14			2011	507,262	50,726	10	50,726		329,720	14
15			2012	350,028	35,521	10	35,521		194,330	15
16			2013	35,266	6,525	10	6,525		22,862	16
17	Wall Heating Unit - SLC Activity Room		2014	10,060	2,012	5	2,012		7,210	17
18	Water Heater - Home 1		2014	1,540	308	5	308		1,078	18
19	Bradford Water Heater - Home 3		2014	3,190	638	5	638		2,233	19
20	6 Fire Rated Doors		2014	4,738	948	5	948		3,317	20
21	Bathroom Flooring Repairs - Home 2 & 4		2014	13,350	1,335	10	1,335		4,672	21
22	Parking lot Timer for parking lot lights replaced		2014	1,884	377	5	377		942	22
23	Flooring Repairs in Home 1,3,5 to solve tripping hazardz		2014	5,380	1,076	5	1,076		2,690	23
24	Door Replacements Home 1 & Home 3		2015	3,416	683	5	683		1,708	24
25	Automatic Fire Alarm System		2015	4,408	882	5	882		2,204	25
26	AC Damper Motor Replaced		2015	1,058	212	5	212		529	26
27	Complete Kitchen Renovations in 6 homes -new flooring, cabinets, countertops, sinks, faucets, garbage disposals, light fixtures, interior and exterior kitchen doors, painting		2015	255,294	25,529	10	25,529		63,824	27
28										28
29										29
30	Airconditioning unit Home 5		2015	3,069	614	5	614		921	30
31	Gas Regulator Home 5		2015	571	114	5	114		171	31
32	Bradford 100 Gal Water Heater Home 2		2015	7,490	1,498	5	1,498		2,274	32
33	AC Condensing Unit Home 4		2015	3,274	655	5	655		982	33
34	Dumpter Concrete Pad		2015	2,876	575	5	575		863	34
35	Bathtub Control motor		2015	1,261	252	5	252		378	35
36										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

0022996

Report Period Beginning:

07/01/2016 Ending: 06/30/2017

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	Transitional Floorings on entry way Home 4	2015	\$ 643	\$ 129	5	\$ 129		\$ 193	37
38	New Insulation for Dryer Install	2015	655	131	5	131		197	38
39	Hot Water Circulator Pump	2016	508	102	5	102		152	39
40	Outdoor Reset Control for Boiler	2016	1,152	230	5	230		346	40
41	Bradford 75 gal Water Heater H4	2016	1,764	353	5	353		529	41
42	Homes 1 & 2 & Core Building Bathroom Renovation	2016	191,845	19,185	10	19,185		28,777	42
43	Removed existing tile walls, wall base, corner guards and substrate								43
44	Removed shower bases, hand towel dispensers, soap dispensers, toilet dispensers								44
45	countertops/sink. Removed mirror, grab bars, floorings, wall mounted fixtures and ceiling mounted ventilation fans/lights.								45
46	Replaced substrate walls and floors. Replaced shower walls and ceilings.								46
47	Replaced toilets, replaced faucets, replaced shower benches.								47
48	Replaced and added grab bars in showers, st toilet and at hand washing sink								48
49	Replaced door handles. Touched up wooden doors, stain & varnish.								49
50	Replaced light fixtures and ventilation fans.								50
51	Replaced mirrors, replaced toilet shut off valves.								51
52	Painted related areas.								52
53	Steel Door at Rear Entry	2016	2,943	294	5	294		294	53
54	New Sidewalks	2016	25,883	1,294	10	1,294		1,294	54
55	Lennox A/C and Furnace	2016	9,629	963	5	963		963	55
56	Bathroom Renovations - Home 4, All single baths & Core Bldg	2017	129,536	6,477	10	6,477		6,477	56
57	Removed existing tile walls, wall base, corner guards and substrate								57
58	Removed shower bases, hand towel dispensers, soap dispensers, toilet dispensers								58
59	countertops/sink. Removed mirror, grab bars, floorings, wall mounted fixtures and ceiling mounted ventilation fans/lights.								59
60	Replaced substrate walls and floors. Replaced shower walls and ceilings.								60
61	Replaced toilets, replaced faucets, replaced shower benches.								61
62	Replaced and added grab bars in showers, st toilet and at hand washing sink								62
63	Replaced door handles. Touched up wooden doors, stain & varnish.								63
64	Replaced light fixtures and ventilation fans.								64
65	Replaced mirrors, replaced toilet shut off valves.								65
66									66
67	Fully Depreciated Assets								67
68	SLC Direct - Building Improvements		1,168,905	2,382		2,382		1,168,905	68
69									69
70	TOTAL (lines 4 thru 69)		\$ 7,131,077	\$ 324,093		\$ 324,093		\$ 5,819,801	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:

07/01/2016 Ending: 06/30/2017

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		\$ 7,131,077	\$ 324,093		\$ 324,093	\$	\$ 5,819,801	1
2									2
3	EQUIPMENT DEPRECIATION								3
4									4
5	Purchase in Prior Years								5
6	SLC Direct - FFE		102,546	25,415		25,415		56,112	6
7									7
8	Management & General								8
9	Administration - FFE		1,141	228		228		1,369	9
10	SLC portion of Administration - 28.74%		328	66		66		394	10
11									11
12	Human Resources FFE		1,647	229		229		1,647	12
13	SLC portion of HR - 30.04%		495	69		69		495	13
14									14
15	Finance FFE								15
16	SLC portion of Finance - 28.79%		47,714	11,207		11,207		40,242	16
17			13,737	3,227		3,227		11,586	17
18	Total Depreciation Expense Purchase in Prior Years		117,106.00	28,777.00		28,777.00		68,587.00	18
19									19
20	Current Fiscal Year Purchases								20
21	SLC Direct - FFE								21
22	Dell Server	2016	1,699	283		283		283	22
23	GE Dishwasher	2016	528	88		88		88	23
24	Ice Machine	2017	318	319		319		319	24
25	Food Processor with 3 qt Bowl	2017	1,011	101		101		101	25
26	Maxwell Thomas Lounge Chair	2017	999	100		100		100	26
27	Presto 30qt Stand Mixer	2017	1,800	180		180		180	27
28	Dishwasher Home 4	2017	689	115		115		115	28
29	Concrete Saw	2017	1,231	123		123		123	29
30	Whirlpool Dishwasher Home 2	2017	567	95		95		95	30
31	Total FFE SLC Direct		8,842	1,403		1,403		1,403	31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		(302,398)	(72,022)		(72,022)		(183,238)	33
34	TOTAL (lines 1 thru 33)		\$ 7,131,077	\$ 324,095		\$ 324,095	\$	\$ 5,819,801	34

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

XI. OWNERSHIP COSTS (continued)

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

1	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		\$ 7,131,077	\$ 324,095		\$ 324,095	\$	\$ 5,819,801	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(7,131,077)	(324,093)		(324,093)		(5,819,801)	2
3	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12B								3
4									4
5	Management & General - Current Fiscal Year Purchases								5
6	Administration								6
7	Dell Server	2016	1,237	206		206		206	7
8	SLC portion of Administration - 28.74%		355	59		59		59	8
9									9
10	Finance Current Fiscal Year Purchases								10
11	Shredder	2017	706	118		118		118	11
12	2 Server Backup Batteries	2017	1,340	233		233		233	12
13	Total Finance Current Fiscal Year Purchases		2,106	351		351		351	13
14	SLC portion of Finance - 28.79%		606	100		100		100	14
15									15
16									16
17	Total Current Year Purchases		9,803	1,562		1,562		1,562	17
18	Reflects line 8 & 14 this page and line 31 pg 12B								18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		7,114,924	321,462		321,462		5,817,172	33
34	TOTAL (lines 1 thru 33)		\$ 7,131,077	\$ 324,093		\$ 324,093	\$	\$ 5,819,801	34

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

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward		\$ 7,131,077	\$ 324,093		\$ 324,093	\$	\$ 5,819,801	1
2	REVERSE ABOVE BECAUSE THIS REALLY IS 13A		(7,131,077)	(324,093)		(324,093)		(5,819,801)	2
3	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12C								3
4									4
5	Fully Depreciated Assets - FFE								5
6	SLC Direct		159,888	6,491		6,491		159,888	6
7									7
8	Management & General								8
9	Administration - FFE		55,604					55,604	9
10	SLC portion of Administration - 28.74%		15,980					15,980	10
11									11
12	Human Resources FFE		6,890					6,890	12
13	SLC portion of HR - 30.04%		2,070					2,070	13
14									14
15	Finance FFE		101,399					101,399	15
16	SLC portion of Finance - 28.79%		29,193					29,193	16
17									17
18	Development FFE		5,235					5,235	18
19	SLC portion of Development - 31.57%		1,653					1,653	19
20									20
21	Total Fully Depreciated Assets								21
22	Reflects lines 06,10,13,16 & 19 pg12D		208,784	6,491		6,491		208,784	22
23									23
24	TOTAL DEPRECIATION EXPENSE - EQUIPMENT		335,693	36,830		36,830		278,933	24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		6,208,688	274,280		274,280		4,954,172	33
34	TOTAL (lines 1 thru 33)		\$ 7,131,077	\$ 324,093		\$ 324,093	\$	\$ 5,819,801	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:

07/01/2016

Ending:

06/30/2017

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	\$ 117,106	\$ 28,777	\$ 28,777	\$		\$ 68,587	71
72	Current Year Purchases	9,803	1,562	1,562			1,562	72
73	Fully Depreciated Assets	208,784	6,491	6,491			208,784	73
74								74
75	TOTALS	\$ 335,693	\$ 36,830	\$ 36,830	\$		\$ 278,933	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	2013	\$ 36,672	\$ 7,334	\$ 7,334	\$	5	\$ 25,670	76
77	client transportation	Ford stacraft	2016	56,755	11,351	11,351		5	17,027	77
78	client transportation	Dodge Braun	2016	52,681	4,858	4,858		5	4,858	78
79										79
80	TOTALS			\$ 146,108	\$ 23,543	\$ 23,543	\$		\$ 47,555	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)	\$ 7,827,552	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 384,467	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 384,467	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)	\$ 6,146,289	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		\$ 71,981	10		3
4	Additions							4
5								5
6								6
7	TOTAL				\$ 71,981			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>06/30/2018</u>	\$ <u>42,199</u>
13.	<u>06/30/2019</u>	\$ <u>43,800</u>
14.	<u>06/30/2020</u>	\$ <u>45,403</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: \$ 13,171 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	375	250		625
3	Classroom Wages (a)	2,444	3,894		6,338
4	Clinical Wages (b)	575	1,409		1,984
5	In-House Trainer Wages (c)	2,775	1,850		4,625
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 6,169	\$ 7,403	\$	\$ 13,572
10	SUM OF line 9, col. 1 and 2 (e)	\$ 13,572			

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	10
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	15
2. From other facilities (f)	
TOTAL TRAINED	25

- (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 06/30/2017

(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	\$ 9,736,348	\$	1
2	Cash-Patient Deposits	212,124		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (48,371))	2,082,656		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	68,013		5
6	Prepaid Insurance	227,639		6
7	Other Prepaid Expenses	40,483		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): security deposits	23,179		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 12,390,442	\$	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,112,190		12
13	Land	1,573,314		13
14	Buildings, at Historical Cost	20,710,895		14
15	Leasehold Improvements, at Historical Cost	225,003		15
16	Equipment, at Historical Cost	2,632,202		16
17	Accumulated Depreciation (book methods)	(17,182,766)		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)	\$ 11,070,838	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,461,280	\$	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,764,982	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	200,346		28
29	Short-Term Notes Payable	67,331		29
30	Accrued Salaries Payable	568,759		30
31	Accrued Taxes Payable (excluding real estate taxes)	13,510		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	10,301		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	deferred income	74,360		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 2,699,589	\$	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable	4,282,541		39
40	Mortgage Payable	1,946,753		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)	\$ 6,229,294	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 8,928,883	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 14,532,397	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 23,461,280	\$	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)	(119,002)	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)	\$ (119,002)	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)	\$ (119,002)	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	\$ 5,726,303	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,726,303	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	92,150	10
11	CNA Training Reimbursements	35,141	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)	\$ 127,291	23
D. Non-Operating Revenue			
24	Contributions	534,701	24
25	Interest and Other Investment Income***	31,283	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 565,984	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Consulting</u>	2,144	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 2,144	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,421,722	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,174,894	31
32	Health Care	2,375,577	32
33	General Administration	2,171,534	33
B. Capital Expense			
34	Ownership	469,619	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	349,100	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,540,724	40
41	Income before Income Taxes (line 30 minus line 40)**	(119,002)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (119,002)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,726,303	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)	\$ 5,726,303	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: 07/01/2016

Ending: 06/30/2017

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	1,843	2,099	\$ 75,129	\$ 35.79	1
2	Assistant Director of Nursing					2
3	Registered Nurses	7,709	8,918	255,583	28.66	3
4	Licensed Practical Nurses	16,408	18,847	460,057	24.41	4
5	CNAs & Orderlies					5
6	CNA Trainees	836	836	12,947	15.49	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	1,866	2,147	43,457	20.24	11
12	Dietician					12
13	Food Service Supervisor	1,739	2,158	41,376	19.17	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,188	9,434	109,331	11.59	15
16	Dishwashers					16
17	Maintenance Workers	8,710	8,710	196,849	22.60	17
18	Housekeepers	543	543	5,805	10.69	18
19	Laundry					19
20	Administrator	996	1,354	63,633	47.00	20
21	Assistant Administrator	3,543	4,226	108,018	25.56	21
22	Other Administrative	24,990	29,714	557,009	18.75	22
23	Office Manager					23
24	Clerical	1,794	2,122	37,623	17.73	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	12,845	14,586	250,523	17.18	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	86,408	95,218	1,122,414	11.79	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>see worksheet 2</u>	11,884	13,907	500,412	35.98	33
34	TOTAL (lines 1 - 33)	190,302	214,819	\$ 3,840,166 *	\$ 17.88	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	680	\$ 37,386	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>	12	2,340	15	46
47	<u>Physician</u>	monthly	24,000	15	47
48	<u>Behavior Analyst and Optometric</u>	136	13,860	15	48
49	TOTAL (lines 35 - 48)	828	\$ 77,586		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				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)		\$		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			\$ 927,192	Workers' Compensation Insurance	\$ 99,584	IDPH License Fee	\$			
				Unemployment Compensation Insurance	7,203	Advertising: Employee Recruitment				
				FICA Taxes	279,615	Health Care Worker Background Check	6,556			
				Employee Health Insurance	329,678	(Indicate # of checks performed 34)	340			
				Employee Meals		Patient Background Checks	50			
				Illinois Municipal Retirement Fund (IMRF)*		membership dues	12,881			
				pension plan	28,817					
				employee incentives	4,520					
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 927,192	TOTAL (agree to Schedule V, line 22, col.8)			\$ 749,417	TOTAL (agree to Sch. V, line 20, col. 8)		\$ 19,827
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		
N/A	\$			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)			\$				Seminar Expense			
							NONE			
C. Professional Services				TOTAL			\$	Entertainment Expense (agree to Sch. V, line 24, col. 8)		
Vendor/Payee	Type	Amount					TOTAL	\$		
see worksheet 2		\$ 44,388								
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 44,388							

* Attach copy of IMRF notifications

**See instructions.

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? 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. \$ 32,390 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. \$ 349,100
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? _____
 - d. Have vehicle usage logs been maintained? YES
 - e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
 - f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? _____
 - g. Does the facility transport residents to and from day training? NO**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? YES
Firm Name: Porte Brown, LLC
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A
Attach invoices and a summary of services for all architect and appraisal fees

WORKSHEET 1
RAY GRAHAM ASSOCIATION COSTS

SCH V LINE REF	Line Item	SLC Allocation of...										Other	
		RG Admin Services	RG Admin Development	RG Admin & General	RG P/R & Services	RG P/R & Development	RG P/R & 31.57%	Sum Mgmt & General	Direct Program Cost	RG Admin Figures SLC	Reclassified Sum	Adjust for Fund Raising	Non-Allow & Adjustment
Salaries and related expenses:													
Sch XVIII	Salaries	1,426,609	271,203	1,697,812	414,794	85,618	500,412	3,339,753	3,840,165	3,840,165	(42,809)		3,797,356
22	Unemployment	23,982	-	23,982	7,203	-	7,203	-	7,203	7,203	-	-	7,203
22	FICA	100,482	20,348	120,830	29,236	-	6,424	35,660	247,167	282,827	-	(3,121)	279,645
22	Health Insurance	150,377	378	150,755	43,434	-	119	43,553	286,100	329,653	-	(60)	329,593
22	403B Plan Expense	95,942	-	95,942	28,817	-	-	28,817	-	28,817	-	-	28,817
22	Insurance: Executive	-	-	-	-	-	-	-	-	-	-	-	-
22	Employee Incentives	9,492	-	9,492	2,843	-	-	2,843	1,677	4,520	-	-	4,520
22	Insurance: Workers' Comp	(246,365)	17,813	(228,552)	(74,731)	-	5,624	(69,107)	189,059	99,952	-	(2,812)	97,140
22	Work Comp Out-of-Pocket	-	-	-	-	-	-	2,444	2,444	-	-	-	2,444
22	Existing Staff Medical	-	-	-	-	-	-	85	85	-	-	-	85
26	Insurance: D & O	8,629	-	8,629	2,480	-	-	2,480	-	2,480	-	-	2,480
Direct services:													
Sch XVIII	Clinical Consultants	-	-	-	-	-	-	77,585	77,585	77,585	-	-	77,585
Sch XVIII	Temporary Workers	320	-	320	96	-	-	96	-	96	-	-	96
10 & 13	3 Client Wages - Janitorial	-	-	-	-	-	-	-	-	-	-	-	-
10 & 13	Medical	-	-	-	-	-	-	59,749	59,749	59,749	-	-	59,749
10	Adult Briefs	-	-	-	-	-	-	32,390	32,390	32,390	-	-	32,390
11	Rehab & Educ Supplies	-	-	-	-	-	-	4,535	4,535	4,535	-	-	4,535
3	Supplies	-	-	-	-	-	-	106,194	106,194	106,194	-	-	106,194
11	Restoration	-	-	-	-	-	-	25,346	25,346	25,346	-	-	25,346
6 & 21	11 Equipment Purchases	565	1,655	2,220	162	-	522	684	20,056	20,740	-	(261)	20,479
6 & 21	Equipment Lease/Maint/Repairs	17,711	2,616	20,327	5,143	-	826	5,969	11,278	17,247	-	(413)	3,663
35	Equipment Lease	-	-	-	-	-	-	-	13,171	13,171	-	-	13,171
3	In Kind Contributions	-	109,593	109,593	-	-	34,598	34,598	-	34,598	-	(34,598)	-
14 & 25	Staff Travel	4,306	997	5,303	1,240	-	315	1,555	9,378	9,378	-	(158)	9,220
14	Vehicle Fuel	3,320	2	3,322	953	-	2	955	6,621	7,576	-	(1)	7,575
14	Vehicle Repairs & Maintenance	1	-	1	-	-	-	9,225	9,225	9,226	-	(1)	9,226
14	Vehicle Inspections & Safety	-	-	-	-	-	-	534	534	534	-	-	534
14	Vehicle Garb	-	-	-	-	-	-	2,759	2,759	2,759	-	-	2,759
26	Vehicle Insurance	2	-	2	1	-	1	14,533	14,534	14,534	-	-	14,534
35	Vehicle Leases	-	-	-	-	-	-	-	-	-	-	-	-
14	Vehicle Licenses	-	-	-	-	-	-	205	205	205	-	-	205
14	Contract Busing	-	-	-	-	-	-	-	-	-	-	-	-
23	Conferences & Seminars	12,728	4	12,732	3,800	-	1	3,801	905	4,706	-	(1)	4,705
26	Insurance: Gen'l & Pro Liability	-	-	-	-	-	-	29,608	29,608	29,608	-	-	29,608
21	Telephone	11,156	1,404	12,560	3,234	-	443	3,677	8,144	11,821	-	(222)	11,599
21	Cell Phone	5,697	852	6,549	1,642	-	269	1,911	5,304	7,215	-	(135)	7,080
Program support:													
2	Ford	-	-	-	-	-	-	356,927	356,927	356,927	-	-	356,927
19	Payroll Service	37,628	-	37,628	10,832	-	-	10,832	-	10,832	-	-	10,832
19	Audit	41,900	-	41,900	12,061	-	-	12,061	-	12,061	-	-	12,061
19	Legal	36,850	-	36,850	11,067	-	-	11,067	-	11,067	-	(11,067)	-
19	Professional Services	19,540	-	19,540	5,854	-	-	5,854	-	5,854	-	(780)	5,074
21	Office Supplies & Equipment	11,820	1,930	13,750	3,457	-	609	4,066	8,477	12,543	-	(305)	12,238
21	Training Materials	2,213	-	2,213	665	-	-	665	-	665	-	-	665
21	Computer Equip & Supplies	9,801	-	9,801	2,822	-	-	2,822	-	2,822	-	-	2,822
19	Software Maintenance	11,300	2,672	13,972	3,253	-	844	4,097	381	4,478	-	(422)	4,056
Occupancy:													
26	Insurance: Building	1,465	222	1,687	423	-	70	493	11,307	11,800	-	(35)	11,766
3	Janitorial Contracts	1,004	314	1,318	294	-	99	393	79,740	80,133	-	(50)	80,083
5	Utilities: Electric	4,952	751	5,703	1,437	-	238	1,675	56,365	58,040	-	(119)	57,921
5	Utilities: Natural Gas	-	-	-	-	-	-	24,858	24,858	24,858	-	-	24,858
5	Utilities: Water	-	-	-	-	-	-	28,387	28,387	28,387	-	-	28,387
7	Utilities: Waste Removal	-	-	-	-	-	-	18,395	18,395	18,395	-	-	18,395
6	Building & Grounds	-	78	1,876	519	-	25	544	11,422	11,966	-	(13)	11,953
6	Fire, Safety & Security	-	-	-	-	-	-	13,316	13,316	13,316	-	-	13,316
6	Maintenance Supplies	-	-	-	-	-	-	-	-	-	-	-	-
6	Repairs and Maintenance	818	124	942	236	-	39	275	55,198	55,473	-	(20)	55,453
34	Rent	228,969	34,725	263,694	66,500	-	10,963	77,463	-	77,463	-	(5,482)	71,981
33	Real Estate Taxes	1,227	-	1,227	353	-	-	353	-	353	-	(353)	-
6	Damages	-	-	-	-	-	-	-	-	-	-	-	-
Other:													
21	Postage	5,865	4,088	9,953	1,703	-	1,291	2,994	1,534	4,528	-	(646)	3,882
21	Printing	402	31,158	31,560	118	-	9,837	9,955	66	10,021	-	(4,919)	5,102
20	Publications	-	-	-	-	-	-	-	-	-	-	-	-
15 & 21	20 Certifications	15	-	15	4	-	-	4	962	966	-	-	966
20	Recruitment	16,440	-	16,440	4,938	-	-	4,938	-	4,938	-	-	4,938
20	Advertisements	-	-	-	-	-	-	-	-	-	-	-	-
20	Marketing Materials	-	11,679	11,679	-	-	3,687	3,687	-	3,687	-	(1,844)	1,843
20	Networking	-	1,046	1,046	-	-	330	330	-	330	-	(165)	165
20	Memberships	43,338	2,334	45,672	12,513	-	737	13,250	-	13,250	-	(369)	12,881
27	Agency Functions	15,444	182,822	198,266	4,439	-	57,716	62,155	-	62,155	-	(62,155)	-
27	Special Events	-	-	-	-	-	-	-	-	-	-	-	-
42	SLC Participation Fees	-	-	-	-	-	-	349,100	349,100	349,100	-	-	349,100
27	Moving Expenses	-	-	-	-	-	-	-	-	-	-	-	-
27	Miscellaneous Expense	-	-	-	-	-	-	-	-	-	-	-	-
32	Interest	-	-	-	-	-	-	-	-	-	-	-	-
27	Bad Debts	20,000	-	20,000	5,757	-	-	5,757	-	5,757	-	(5,757)	-
27	Bank Charges	23,332	15,008	38,340	6,716	-	4,738	11,454	-	11,454	-	(2,369)	9,085
27	Fines, Penalties & Late Fees	503	-	503	145	-	-	145	-	145	-	(145)	-
Depreciation and amortization:													
30	Depn Expense - Vehicles	-	-	-	-	-	-	26,688	26,688	26,688	-	(3,144)	23,544
30	Depn Expense - Bldgs	-	-	-	-	-	-	92,048	92,048	92,048	-	-	92,048
30	Depn Expense - Bldg Improv	-	-	-	-	-	-	232,045	232,045	232,045	-	-	232,045
30	Depn Expense - F.F. & E	12,221	-	12,221	3,521	-	-	3,521	33,309	36,830	-	-	36,830
30	Amort - Leasehold Improvements	4,971	767	5,738	1,444	-	242	1,686	-	1,686	-	(1,686)	-
TOTAL EXPENSES		2,178,770	716,583	2,895,353	631,418	226,225	857,644	5,869,604	6,727,248	6,727,250	(101,440)	(85,087)	6,540,724

Worksheet 2 - page 1

Management and General Allocated Salaries:

	Management & General			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	Percent	
Administrators	5,170	6,170	392,867	28.74%	1,486	1,773	112,913	17
Accounting/Bookkeeping	14,978	18,101	657,039	28.79%	4,312	5,211	189,134	21
Human Resources	10,790	12,105	345,774	30.04%	3,241	3,636	103,857	21
Development	7,431	8,617	271,202	31.57%	2,346	2,720	85,618	17
Secy & Clerical	1,738	1,972	30,930	28.74%	500	567	8,890	21
M&G Salaries per worksheet :	40,107	46,965	1,697,813		11,884	13,907	500,412	

Non-Allowables:

P.R. & Development	(3,716)	(4,309)	(135,601)	31.57%	(1,173)	(1,360)	(42,809)	17
	(3,716)	(4,309)	(135,601)		(1,173)	(1,360)	(42,809)	
Net Allocated	36,392	42,657	1,562,212		10,711	12,547	457,603	

Management and General Allocated Salaries:

Detail of Salaries Paid to Administrators and Accounting/Bookkeeping

Administrators:

Employee Name	Title	Amount
Musembi, Caren	Chief Services Officer	128,009
Anderson, Sharon	Quality Enhancement Manager	63,169
Zoeller, Kimberly	President/CEO	201,302
	Allocated thru Building Maintenance	387
		<u>392,867</u>

Accounting/Bookkeeping:

Employee Name	Title	Amount
Almonte, Jaime	Senior Accountant	43,241
Brazzale, Tiana	Grants Administrator	76,066
Cooke, Carmel	Chief Financial Officer	171,981
Eklin, Kelsey	Staff Accountant	51,220
Greenbeck, Leah	Controller	86,105
Gurgone, Linda	Director Purchasing & Maintenance	12,247
Horgan, Frances	Payroll Coordinator	263
Magyarics, Theresa	Payroll Coordinator	10,221
Maitha, Katherine	Payroll Coordinator	27,364
Robinson, Sherry	Staff Accountant & Accounts Payable	37,582
Tomczak, Irene	Accounts Receivable Coordinator	42,504
Vidmar, James	System Administrator	97,498
	Allocated thru Building Maintenance	747
		<u>657,039</u>

Worksheet 3

Detail of Other Expense on Schedule V. line 27

Management & General

allocated from Administration

bank fees	Finance	23,332	
	SLC alloc	<u>28.8%</u>	
			6,716
	Fundraising	15,008	
	SLC alloc	<u>31.6%</u>	
			4,738
	50% adjust		<u>(2,369)</u>
			2,369
Total Expense			<u><u>9,085</u></u>

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			4.0000	0
line of credit		funds			0			4.0000	0
Total RGA Management & General (Administration)					<u>0</u>	<u>0</u>			0
SLC allocation =					<u>0</u>	<u>0</u>			<u>0</u>

Worksheet 7

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

10 Effective dates of current rental agreement
 Beginning: 03/2011
 Ending 12/2021

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

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

Monthly Amount per Rent Agreement	03/01/16-02/28/17	13,597
	03/01/17-02/28/18	14,133
	03/01/18-02/28/19	14,670
	03/01/19-02/28/20	15,207
	03/01/20-02/28/21	15,743

Fiscal Year Ending	Annual Rent
12 06/30/2018	42,199
13 06/30/2019	43,800
14 06/30/2020	45,403
15 06/30/2021	47,005

plus, operating expenses & common area lighting charges = 115,548

RGA		SLC			
FY17 Rent	Division	Allocation	Amount	Allocation	Amount
163,159	Administration	21.27%	61,521	28.74%	17,682
	Life's Plan	8.85%	15,014		
	Human Resources	17.07%	49,392	30.04%	14,835
	Development	12.00%	34,725	31.57%	10,963
	Development fundraising adj				(5,482)
	Finance	40.81%	118,056	28.79%	33,983
		<u>100.00%</u>	<u>278,708</u>		<u>71,981</u>

FY18 Rent	Division	Allocation	Amount	Allocation	Amount
169,600	Administration	21.27%	36,069	28.74%	10,367
	Life's Plan	8.85%	15,014		
	Employee Services	17.07%	28,947	30.04%	8,695
	Advancement	12.00%	20,360	31.57%	6,428
	Advancement fundraising adj		0		(3,214)
	Finance	40.81%	69,209	28.79%	19,923
		<u>100.00%</u>	<u>169,600</u>		<u>42,199</u>

RGA		SLC			
FY19 Rent	Division	Allocation	Amount	Allocation	Amount
176,040	Administration	21.27%	37,439	28.74%	10,760
	Life's Plan	8.85%	15,584	0.00%	
	Employee Services	17.07%	30,046	30.04%	9,025
	Advancement	12.00%	21,133	31.57%	6,672
	Advancement fundraising adj		0		(3,336)
	Finance	40.81%	71,838	28.79%	20,679
		<u>100.00%</u>	<u>176,040</u>		<u>43,800</u>

RGA		SLC			
FY20 Rent	Division	Allocation	Amount	Allocation	Amount
182,481	Administration	21.27%	38,809	28.74%	11,154
	Life's Plan	8.85%	16,154		
	Employee Services	17.07%	31,146	30.04%	9,355
	Advancement	12.00%	21,906	31.57%	6,916
	Advancement fundraising adj		0		(3,458)
	Finance	40.81%	74,466	28.79%	21,436
		<u>100.00%</u>	<u>182,481</u>		<u>45,403</u>

RGA		SLC			
FY21 Rent	Division	Allocation	Amount	Allocation	Amount
188,921	Administration	21.27%	40,179	28.74%	11,548
	Life's Plan	8.85%	16,724		
	Employee Services	17.07%	32,245	30.04%	9,685
	Advancement	12.00%	22,680	31.57%	7,160
			0		(3,580)
	Finance	40.81%	77,094	28.79%	22,192
		<u>100.00%</u>	<u>188,922</u>		<u>47,005</u>

Worksheet 9

Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount	
Direct Staff				
1 Rau, Denise	SLC Director		44,433	
1 Nelson, Marcy	SLC Director		7,680	
1 Scoville, Patricia	SLC Director		11,520	
2 Enverga, Nicole	Assistant Director		50,708	
2 Halden, Erin	Assistant Director		57,310	
3 Hickey-Scaccia, Marianne	Quality Enhancement Facilitator		51,474	
3 Badalamenti, Salvatore	Coordinator		43,644	
4 Finley, Beatrice	Coordinator		60,085	
4 Foster, Jeffery	Coordinator		13,126	
4 Harris, Deanna	Coordinator		1,842	
5 Kachhawala, Zainab	Coordinator		38,193	
5 Patel, Janki	Coordinator		16,031	
6 Ugwoke, Innocent	Coordinator		55,985	
6 Bruce, Pamela	Home Manager		42,172	
7 Collins, Josh	Home Manager		7,774	
7 Hamgeri, Angela	Home Manager		33,970	
8 Tinsley, Shanta	Home Manager		37,922	
8 Kavuu, Anita	Home Manager		143	
8 Rusthoven, Adam	Home Manager		30,860	
8 Webb, Tommy	Home Manager		44,966	
12 Cannon, Ryan	Assistant Home Manager		33,767	
13 Patel, Ushma	Lead Home Manager		44,559	
Hickey, Tonya	Medical Coordinator		496	
		100%	728,660	
Management and General Allocated				
Administrators				
Musembi, Caren	Chief Services Officer		128,009	
Anderson, Sharon	Quality Enhancement Manager		63,169	
Zoeller, Kimberly	President		201,302	
	Allocated thru Building Maintenance		387	
SLC allocation		28.74%	392,867	112,913
Development				
Nagle, Lorraine	Chief Development Officer		117,123	
Hennessy, Kelly	Communications Coordinator		45,001	
Stillman-Wagstaff, Margaret	Donor Data Mgr & Strategist		47,544	
Janus, Noe	Special Events Manager		61,316	
	Allocated thru Building Maintenance		218	
SLC allocation		31.57%	271,202	85,618
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1			<u>927,192</u>	

Ray Graham Association
 Board of Directors
 FY 2017

Officer	Residence	Business
Chairperson Neville Bilimoria Executive/Nominating Committee	2515 Chestnut Ave. Glenview, IL 60026 (847) 486-1868 nbilimoria@duanemorris.com	Attorney Duane Morris 190 S. LaSalle St. #3700 Chicago, IL 60603 (312) 499-6758
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Secretary/Treasurer Mark E. Krocenke Executive/Nominating Committee Finance Committee	4000 Peartree Drive Lake in the Hills, IL 60156 (847) 875-8867	Vice President First American Bank 1650 Louis Avenue Elk Grove Village, IL 60007 (847) 586-2242 mkrocenke@firstbank.com
Immediate Past Chairperson Michael Komoll Executive/Nominating Committee	3420 Richree 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 60605 (312) 822-2816
Member-at-Large Lou Leonardi III Executive/Nominating Committee Finance Committee	609 Ashland River Forest, IL 60305 leonardi@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
Member-at-Large Mary Alice Povolny, Ph.D Executive/Nominating Committee	633 Monroe Street River Forest, IL 60305 (708) 368-6963 (708) 790-2371 m.povolny@at.net	Clinical Psychologist 188 Industrial Park, Ste 132 Elmhurst, IL 60126 (630) 415-0780
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Director Joseph Derezinski Development Committee	236 S. Bodin St. Hinsdale, IL (630) 734-3471 (h) (312) 461-3146 (cp)	St. Vice President Harris Bank 111 W. Monroe St. 5C Chicago, IL 60603 joseph.derezinski@harrisbank.com
Director Russell Fraes Development Committee	900 W Porter Avenue Naperville, IL 60540 (630) 627-8720 (h) (630) 638-7333 © r.fraes@hanrickson.com	Executive Vice President 328 S. Jefferson Avenue Chicago, IL 60661 (312) 669-9090
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