





Facility Name & ID Number Iona Glos SLC/Ray Graham Association for I #                      Report Period Beginning: 07/01/2017 Ending: 06/30/2018

**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
	<b>A. General Services</b>										
1	Dietary	169,486		37,713	207,199		207,199		207,199		1
2	Food Purchase		339,630		339,630		339,630		339,630		2
3	Housekeeping	6,814	126,438	80,520	213,772		213,772	(28,014)	185,758		3
4	Laundry										4
5	Heat and Other Utilities			109,983	109,983		109,983	(123)	109,860		5
6	Maintenance	192,288	97,728		290,016		290,016	(1,967)	288,049		6
7	Other (specify):* <b>waste removal</b>			20,185	20,185		20,185		20,185		7
8	<b>TOTAL General Services</b>	368,588	563,796	248,401	1,180,785		1,180,785	(30,104)	1,150,681		8
	<b>B. Health Care and Programs</b>										
9	Medical Director										9
10	Nursing and Medical Records	906,890	83,714	665,654	1,656,258		1,656,258		1,656,258		10
10a	Therapy	1,178,200			1,178,200		1,178,200		1,178,200		10a
11	Activities		5,889		5,889		5,889		5,889		11
12	Social Services	45,102			45,102		45,102		45,102		12
13	CNA Training	11,766	425		12,191		12,191		12,191		13
14	Program Transportation			25,872	25,872		25,872		25,872		14
15	Other (specify):* <b>licennse/cert &amp; Sch XVIII</b>		837	39,190	40,027		40,027		40,027		15
16	<b>TOTAL Health Care and Programs</b>	2,141,958	90,865	730,716	2,963,539		2,963,539		2,963,539		16
	<b>C. General Administration</b>										
17	Administrative	902,075			902,075		902,075	(38,695)	863,380		17
18	Directors Fees										18
19	Professional Services			69,447	69,447		69,447	(17,501)	51,946		19
20	Dues, Fees, Subscriptions & Promotions			25,545	25,545		25,545	(1,373)	24,172		20
21	Clerical & General Office Expenses	335,595	51,165		386,760	(12,154)	374,606	(4,500)	370,106		21
22	Employee Benefits & Payroll Taxes			833,570	833,570		833,570	(8,180)	825,390		22
23	Inservice Training & Education			7,027	7,027		7,027	(2,314)	4,713		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			1,396	1,396		1,396	(147)	1,249		25
26	Insurance-Prop.Liab.Malpractice			45,811	45,811		45,811	(23)	45,788		26
27	Other (specify):*			60,726	60,726		60,726	(52,231)	8,495		27
28	<b>TOTAL General Administration</b>	1,237,670	51,165	1,043,522	2,332,357	(12,154)	2,320,203	(124,964)	2,195,239		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	3,748,216	705,826	2,022,639	6,476,681	(12,154)	6,464,527	(155,068)	6,309,459		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/Ray Graham Association for People with Disa #Report Period Beginning: 07/01/2017 Ending: 06/30/2018

## 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 1	Supplies 2	Other 3	Total 4					9	10
	<b>D. Ownership</b>										
30	Depreciation			384,638	384,638		384,638	(4,675)	379,963		30
31	Amortization of Pre-Op. & Org.										31
32	Interest										32
33	Real Estate Taxes			368	368		368	(368)			33
34	Rent-Facility & Grounds			78,984	78,984		78,984	(5,885)	73,099		34
35	Rent-Equipment & Vehicles					12,154	12,154		12,154		35
36	Other (specify):*										36
37	<b>TOTAL Ownership</b>			463,990	463,990	12,154	476,144	(10,928)	465,216		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
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			343,577	343,577		343,577		343,577		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>			343,577	343,577		343,577		343,577		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	3,748,216	705,826	2,830,206	7,284,248		7,284,248	(165,996)	7,118,252		45

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



Iona Glos SLC/Ray Graham Association for People with Disabilities

ID# \_\_\_\_\_

Report Period Beginning: 07/01/2017

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Sch. V Line

**NON-ALLOWABLE EXPENSES**

**Amount**

**Reference**

1	Adjustment for Fundraising - 50% of Development	\$		1
2	Also See Worksheet 1			2
3				3
4	In Kind Contributions	(28,014)	3	4
5	Utilities	(123)	5	5
6	Maintenance	(1,967)	6	6
7	Administrative	(38,695)	17	7
8	Software Maintenance	(465)	19	8
9	Marketing Materials	(951)	20	9
10	Networking	(159)	20	10
11	Memberships	(263)	20	11
12	Clerical & General Office	(4,500)	21	12
13	Employee Benefits & Payroll Taxes	(8,180)	22	13
14	Travel	(147)	25	14
15	Insurance	(23)	26	15
16	Bank Charges	(1,880)	27	16
17	Rent	(5,885)	34	17
18	Conferences	(2,314)	23	18
19	Total Fundraising Adjustment			19
20	(93,566)			20
21	Other Non allowables Adustments			21
22	Agency Functons	(43,434)	27	22
23	Fines, Penalties and Late Fees	(954)	27	23
24	Real Eatate Taxes	(368)	33	24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(138,322)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Glos SLC/Ray Graham Association for People with Dis:

#

Report Period Beginning:

07/01/2017

Ending:

06/30/2018

## 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	(28,014)	0	0	0	0	0	0	0	0	0	0	(28,014)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(123)	0	0	0	0	0	0	0	0	0	0	(123)	5
6	Maintenance	(1,967)	0	0	0	0	0	0	0	0	0	0	(1,967)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(30,104)</b>	<b>0</b>	<b>(30,104)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
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	<b>TOTAL Health Care and Programs</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative	(38,695)	0	0	0	0	0	0	0	0	0	0	(38,695)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,501)	0	0	0	0	0	0	0	0	0	0	(17,501)	19
20	Fees, Subscriptions & Promotions	(1,373)	0	0	0	0	0	0	0	0	0	0	(1,373)	20
21	Clerical & General Office Expenses	(4,500)	0	0	0	0	0	0	0	0	0	0	(4,500)	21
22	Employee Benefits & Payroll Taxes	(8,180)	0	0	0	0	0	0	0	0	0	0	(8,180)	22
23	Inservice Training & Education	(2,314)	0	0	0	0	0	0	0	0	0	0	(2,314)	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(147)	0	0	0	0	0	0	0	0	0	0	(147)	25
26	Insurance-Prop.Liab.Malpractice	(23)	0	0	0	0	0	0	0	0	0	0	(23)	26
27	Other (specify):*	(52,231)	0	0	0	0	0	0	0	0	0	0	(52,231)	27
28	<b>TOTAL General Administration</b>	<b>(124,964)</b>	<b>0</b>	<b>(124,964)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(155,068)</b>	<b>0</b>	<b>(155,068)</b>	<b>29</b>									



**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
<b>Not for Profit Corp - board members DO NOT have ownership in Ray Graham Association</b>						

**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	<b>Total</b>		\$			\$	\$ *	14

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



Facility Name & ID Number Iona Glos SLC/Ray Graham Association for # \_\_\_\_\_ Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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/Ray Graham Association for People with Di # Report Period Beginning: 07/01/2017 Ending: 6/30/2018

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			\$	\$		\$ 936,004	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				\$	\$		\$ 936,004	25





# 2017 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Glos SLC/Ray Graham Association for People with Disa COUNTY DuPage

FACILITY IDPH LICENSE NUMBER \_\_\_\_\_

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 2017 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 2017.

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

**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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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/Ray Graham Association for People with Disabilities

#

Report Period Beginning:

07/01/2017 Ending:

06/30/2018

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).

Empty 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, 1. Row 2: (blank), (blank), (blank), (blank), 2. Row 3: TOTALS, (blank), (blank), \$214,674, 3.

Facility Name &amp; ID Number Iona Glos SLC/Ray Graham Association for People with Disabilities #

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## 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	\$	\$ 3,451,811	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	SLC DIRECT										9
10	Prior Fiscal Years		2008		272,948	13,648		13,648		272,948	10
11			2009		312,486	29,214		29,214		297,879	11
12			2010		143,337	13,518		13,518		123,060	12
13			2011		527,162	50,726		50,726		400,346	13
14			2012		368,661	34,484		34,484		247,966	14
15			2013		5,183	518		518		5,183	15
16			2014		68,144	11,766		11,766		53,138	16
17											17
18		Parking lot Timer for parking lot lights replaced	2015		1,884	377	10	377		1,319	18
19		Flooring Repairs in Home 1,3,5 to solve tripping hazardz	2015		5,380	1,076	5	1,076			19
20		Door Replacements Home 1 & Home 3	2015		3,416	683	5	683		2,391	20
21		Automatic Fire Alarm System	2015		4,408	882	5	882		1,322	21
22		AC Damper Motor Replaced	2015		1,058	212	5	212		741	22
23		Complete Kitchen Renovations in 6 homes -new flooring,	2015		255,294	25,529	5	25,529		89,353	23
24		cabinets, countertops, sinks, faucets, garbage disposals,					10				24
25		light fixtures, interior and exterior kitchen doors, painting									25
26		Airconditioning unit Home 5	2015		3,069	614	5	614		1,534	26
27		Gas Regulator Home 5	2015		571	114	5	114		186	27
28		Bradford 100 Gal Water Heater Home 2	2015		7,490	1,498	5	1,498		3,745	28
29		AC Condensing Unit Home 4	2015		3,274	655	5	655		1,637	29
30		Dumpter Concrete Pad	2015		2,876	575	5	575		1,438	30
31		Bathtub Control motor	2015		1,261	252	5	252		630	31
32		Transitional Floorings on entry way Home 4	2015		643	129	5	129		322	32
33		New Insulation for Dryer Install	2015		655	131	5	131		328	33
34		Hot Water Circulator Pump	2016		508	102	5	102		254	34
35		Outdoor Reset Control for Boiler	2016		1,152	230	5	230		576	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

## 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	Bradford 75 gal Water Heater H4	2016	\$ 1,764	\$ 353	5	\$ 353	\$	\$ 882	37
38	Homes 1 & 2 & Core Building Bathroom Renovation	2016	191,845	19,185	10	19,185		47,961	38
39	Removed existing tile walls, wall base, corner guards and substrate								39
40	Removed shower bases, hand towel dispensers, soap dispensers, toilet dispensers								40
41	countertops/sink. Removed mirror, grab bars, floorings, wall mounted fixtures and ceiling mounted ventilation fans/lights.								41
42	Replaced substrate walls and floors. Replaced shower walls and ceilings.								42
43	Replaced toilets, replaced faucets, replaced shower benches.								43
44	Replaced and added grab bars in showers, st toilet and at hand washing sink								44
45	Replaced door handles. Touched up wooden doors, stain & varnish.								45
46	Replaced light fixtures and ventilation fans.								46
47	Replaced mirrors, replaced toilet shut off valves.								47
48	Painted related areas.								48
49	Steel Door at Rear Entry	2016	2,943	589	5	589		883	49
50	New Sidewalks	2016	25,883	2,588	10	2,588		3,882	50
51	Lennox A/C and Furnace	2016	9,629	1,926	5	1,926		2,889	51
52	Bathroom Renovations - Home 4, All single baths & Core Bldg	2017	129,536	12,954	10	12,954		19,430	52
53	Removed existing tile walls, wall base, corner guards and substrate								53
54	Removed shower bases, hand towel dispensers, soap dispensers, toilet dispensers								54
55	countertops/sink. Removed mirror, grab bars, floorings, wall mounted fixtures and ceiling mounted ventilation fans/lights.								55
56	Replaced substrate walls and floors. Replaced shower walls and ceilings.								56
57	Replaced toilets, replaced faucets, replaced shower benches.								57
58	Replaced and added grab bars in showers, st toilet and at hand washing sink								58
59	Replaced door handles. Touched up wooden doors, stain & varnish.								59
60	Replaced light fixtures and ventilation fans.								60
61	Replaced mirrors, replaced toilet shut off valves.								61
62	Home 4 Flame Safeguard Fan Motor	2018	1,214	121		121		121	62
63	Replaced Belt on Fans	2018	1,199	120		120		120	63
64	Replaced Motor and New Board	2018	1,444	144		144		144	64
65	Remote Thermostat System - updating thermostat and fire	2018	19,845	1,985		1,985		1,985	65
66	Economizer Damper Actuator Replaced - SLC Home 2 Fire	2018	4,432	554		554		554	66
67	Home 5 Compressor	2018	3,647	365		365		365	67
68	Capacitor	2018	614	61		61		61	68
69	Sidewalk & Parking Repair	2018	4,350	435		435		435	69
70	TOTAL (lines 4 thru 69)		\$ 6,071,136	\$ 320,361		\$ 320,361	\$	\$ 5,037,819	70

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

Facility Name &amp; ID Number Iona Glos SLC/Ray Graham Association for People with Disabilities #

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

**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	<b>Totals from Page 12A, Carried Forward</b>		\$ 6,071,136	\$ 320,361		\$ 320,361	\$	\$ 5,037,819	1
2	<b>Fully Depreciated Assets</b>								2
3	<b>SLC Direct - Building Improvements</b>		1,096,685					1,096,685	3
4									4
5	<b>EQUIPMENT DEPRECIATION</b>								5
6									6
7	<b>Purchase in Prior Years</b>								7
8	<b>SLC Direct - FFE</b>		114,255	26,053		26,053		83,568	8
9									9
10	<b>Management &amp; General</b>								10
11	<b>Administration - FFE</b>		1,237	412		412		618	11
12	<b>SLC portion of Administration - 29.72%</b>		368	122		122		183	12
13									13
14	<b>Finance FFE</b>		50,825	7,984		7,984		42,398	14
15	<b>SLC portion of Finance - 29.83%</b>		14,653	2,382		2,382		12,223	15
16									16
17	<b>Total Depreciation Expense Purchase in Prior Years</b>		129,276	28,557		28,557		95,974	17
18									18
19	<b>Current Fiscal Year Purchases</b>								19
20	<b>SLC Direct - FFE</b>								20
21	<b>6 Motion Sensor Lights</b>		1,560	156	5	156		156	21
22	<b>Food Processor 3 qt</b>		980	163	3	163		163	22
23	<b>New Door - SLC Core Building</b>		988	99	5	99		99	23
24	<b>2 Recliners Kinley</b>		668	111	3	111		111	24
25	<b>Adams Rite Vertical Rod Panic Bar</b>		653	109	3	109		109	25
26	<b>ELECTRIC TABLE CAN OPENER</b>		667	111	3	111		111	26
27	<b>Food Processor</b>		986	164	3	164		164	27
28	<b>Total FFE SLC Direct</b>		6,502	913		913		913	28
29									29
30									30
31	<b>REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY</b>		(323,618)	(67,336)		(67,336)		(236,790)	31
32									32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,167,821	\$ 320,361		\$ 320,361	\$	\$ 6,134,504	34

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

Facility Name &amp; ID Number Iona Glos SLC/Ray Graham Association for People with Disabilities #

Report Period Beginning:

07/01/2017 Ending: 06/30/2018

## 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	<b>Totals from Page 12B, Carried Forward</b>		\$ 7,167,821	\$ 320,361		\$ 320,361	\$	\$ 6,134,504	1
2	<b>REVERSE ABOVE BECAUSE THIS REALLY IS 13A</b>		(7,167,821)	(320,361)		(320,361)		(6,134,504)	2
3	<b>EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM PG12B</b>								3
4									4
5	<b>Finance Current Fiscal Year Purchases</b>								5
6	<b>Dell Servers 210-ACXU PowerEdge R730 Server</b>		24,463	3,058		3,058		3,058	6
7	<b>SLC portion of Finance - 29.83%</b>		7,053	912		912		912	7
8									8
9	<b>Total Current Year Purchases</b>		13,555	1,825		1,825		1,825	9
10	<b>Reflects line 7 this page and line 28 pg 12B</b>								10
11									11
12	<b>Fully Depreciated Assets - FFE</b>								12
13	<b>SLC Direct</b>		162,468					162,468	13
14									14
15	<b>Management &amp; General</b>								15
16	<b>Administration - FFE</b>		54,879					54,879	16
17	<b>SLC portion of Administration - 29.72%</b>		16,310					16,310	17
18									18
19	<b>Human Resources FFE</b>		8,537					8,537	19
20	<b>SLC portion of HR - 29.84%</b>		2,548					2,548	20
21									21
22	<b>Finance FFE</b>		110,578					110,578	22
23	<b>SLC portion of Finance - 28.83%</b>		31,880					31,880	23
24									24
25	<b>Development FFE</b>		5,235					5,235	25
26	<b>SLC portion of Development - 32.49%</b>		1,701					1,701	26
27									27
28	<b>Total Fully Depreciated Assets</b>		214,907					214,907	28
29	<b>Reflects lines 13,17, 20 &amp; 26 pg12C</b>								29
30									30
31	<b>TOTAL DEPRECIATION EXPENSE - EQUIPMENT</b>		371,293	32,207		32,207		314,531	31
32									32
33	<b>REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY</b>		6,142,414	282,359		282,359		5,205,135	33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 7,167,821	\$ 320,361		\$ 320,361	\$	\$ 6,134,504	34

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 129,276	\$ 28,557	\$ 28,557	\$		\$ 95,974	71
72	Current Year Purchases	13,555	1,825	1,825			1,825	72
73	Fully Depreciated Assets	214,907					214,907	73
74								74
75	TOTALS	\$ 357,738	\$ 30,382	\$ 30,382	\$		\$ 312,706	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	\$		\$ 33,005	76
77	client transportation	Ford Stacraft	2016	56,755	11,351	11,351			28,378	77
78	client transportation	Dodge Braun	2016	52,681	10,536	10,536			15,394	78
79										79
80	TOTALS			\$ 146,108	\$ 29,221	\$ 29,221	\$		\$ 76,777	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)	\$ 7,886,341	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 379,964	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 379,964	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)	\$ 6,523,987	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.

Facility Name & ID Number Iona Glos SLC/Ray Graham Association for People with Di: #

Report Period Beginning: 07/01/2017

Ending: 06/30/2018

**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		\$ 78,984	15		3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$ 78,984			7

10. Effective dates of current rental agreement:

Beginning 03/2011

Ending 12/2026

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

Fiscal Year Ending                      Annual Rent

12.	<u>06/2019</u>	\$ <u>44,955</u>
13.	<u>06/2020</u>	\$ <u>46,599</u>
14.	<u>06/2021</u>	\$ <u>48,244</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: \$ 12,154 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	<b>TOTAL</b>		\$	\$	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	100	325		425
3	Classroom Wages (a)	1,768	4,424		6,192
4	Clinical Wages (b)	535	1,894		2,429
5	In-House Trainer Wages (c)	740	2,405		3,145
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$ 3,143	\$ 9,048	\$	\$ 12,191
10	<b>SUM OF line 9, col. 1 and 2 (e)</b>	\$ 12,191			

**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	13
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	4
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>17</b>

- (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 prescripts							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	<b>TOTAL</b>			\$		\$	\$		\$	14

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

Facility Name &amp; ID Number Iona Glos SLC/Ray Graham Association for People with Dis #

Report Period Beginning: 07/01/2017

Ending:

06/30/2018

## XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2018

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 9,601,396	\$	1
2	Cash-Patient Deposits	276,443		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (42,395) )	2,375,277		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments	68,861		5
6	Prepaid Insurance	229,647		6
7	Other Prepaid Expenses	50,431		7
8	Accounts Receivable (owners or related parties)	36,742		8
9	Other(specify): <u>Security Deposits</u>	17,418		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 12,656,215	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,235,890		12
13	Land	1,573,314		13
14	Buildings, at Historical Cost	20,873,587		14
15	Leasehold Improvements, at Historical Cost	226,647		15
16	Equipment, at Historical Cost	2,704,630		16
17	Accumulated Depreciation (book methods)	(18,133,398)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 10,480,670	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 23,136,885	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 1,885,384	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	276,943		28
29	Short-Term Notes Payable	71,574		29
30	Accrued Salaries Payable	579,799		30
31	Accrued Taxes Payable (excluding real estate taxes)	18,437		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	9,957		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>Deferred Income</u>	80,753		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 2,922,847	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	4,072,866		39
40	Mortgage Payable	1,875,179		40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 5,948,045	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 8,870,892	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 14,265,993	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 23,136,885	\$	48

\*(See instructions.)

## XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>			<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	(696,306)	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe)		<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (696,306)	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ (696,306)	<b>24</b> *

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

Facility Name &amp; ID Number Iona Glos SLC/Ray Graham Association for People # Report Period Beginning: 07/01/2017

Ending: 06/30/2018

**XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.****Note: This schedule should show gross revenue and expenses. Do not net revenue against expense**

		1	
I. Revenue		Amount	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 5,691,304	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 5,691,304	3
<b>B. Ancillary Revenue</b>			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants	38,453	10
11	CNA Training Reimbursements	47,352	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 85,805	23
<b>D. Non-Operating Revenue</b>			
24	Contributions	597,757	24
25	Interest and Other Investment Income***	44,055	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 641,812	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>	3,025	27
28			28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 3,025	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 6,421,946	30

		2	
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	1,150,681	31
32	Health Care	2,963,539	32
33	General Administration	2,195,239	33
<b>B. Capital Expense</b>			
34	Ownership	465,216	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	343,577	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 7,118,252	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(696,306)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (696,306)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 5,691,304	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$ 5,691,304	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/Ray Graham Association for People with Dis # \_\_\_\_\_

Report Period Beginning: 07/01/2017 Ending: 06/30/2018

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	2,131	2,444	\$ 93,956	\$ 38.44	1
2	Assistant Director of Nursing					2
3	Registered Nurses	3,805	4,449	130,888	29.42	3
4	Licensed Practical Nurses	14,925	17,818	481,124	27.00	4
5	CNAs & Orderlies					5
6	CNA Trainees	781	781	11,766	15.07	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	1,673	2,086	45,102	21.62	11
12	Dietician					12
13	Food Service Supervisor	1,742	2,097	42,398	20.22	13
14	Head Cook					14
15	Cook Helpers/Assistants	8,994	10,250	127,088	12.40	15
16	Dishwashers					16
17	Maintenance Workers	8,561	8,561	192,288	22.46	17
18	Housekeepers	606	606	6,814	11.24	18
19	Laundry					19
20	Administrator	1,671	1,963	81,427	41.48	20
21	Assistant Administrator	3,433	4,161	109,240	26.25	21
22	Other Administrative	19,834	21,141	513,814	24.30	22
23	Office Manager					23
24	Clerical	1,765	2,092	39,041	18.66	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	8,638	10,743	200,922	18.70	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	77,590	85,513	1,178,200	13.78	30
31	Medical Records					31
32	Other Health Care(specify)	10,788	12,875	494,148	38.38	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	166,937	187,580	\$ 3,748,216 *	\$ 19.98	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	686	\$ 37,713	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>	18	3,440	15	46
47	<u>PHYSICIAN</u> MONTHLY		22,000	15	47
48	<u>BEHAVIOR ANALYST/OPTOMETR</u>	130	13,750	15	48
49	TOTAL (lines 35 - 48)	834	\$ 76,903		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	13,882	\$ 665,654	10	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	13,882	\$ 665,654		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			\$ 902,075	Workers' Compensation Insurance	\$ 163,902	IDPH License Fee	\$		
				Unemployment Compensation Insurance	7,095	Advertising: Employee Recruitment			
				FICA Taxes	274,093	Health Care Worker Background Check	10,758		
				Employee Health Insurance	330,187	(Indicate # of checks performed 57 )	570		
				Employee Meals		Patient Background Checks	30		
				Illinois Municipal Retirement Fund (IMRF)*			85		
				Pension Plan	42,934		12,729		
				Employee Incentives	7,179				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 902,075	TOTAL (agree to Schedule V, line 22, col.8)		\$ 825,390	TOTAL (agree to Sch. V, line 20, col. 8)		
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		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$				In-State Travel		
							NONE		
C. Professional Services							Seminar Expense		
Vendor/Payee	Type		Amount				NONE		
see worksheet 2			\$ 69,447						
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 69,447	TOTAL			\$	Entertainment Expense	( )
							(agree to Sch. V, line 24, col. 8)		
							TOTAL	\$	

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Iona Glos SLC/Ray Graham Association for People with Disabilities

#

Report Period Beginning: 07/01/2017Ending: 06/30/2018**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. \$ 30,462 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. \$ 343,577  
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 benefit on Schedule V. \$ N/A Has any meal income been offset against related costs? \_\_\_\_\_ Indicate the amount. \$ \_\_\_\_\_
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? \_\_\_\_\_  
d. Have vehicle usage logs been maintained? YES  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? \_\_\_\_\_  
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 RE Line Item	SLC Allocation of...						Direct Program Cost	RGA Audit Figures SLC Reclassed	Sum Fund Raising	Other Adjust for Non-Allow & Adjustment	Total	
	RGA Adm'r Services	RGA P/R & Development	Sum RGA Mngmt & General	RGA Adm'r Services 29.80%	RGA P/R & Development 32.49%	Sum Mngmt & General						
Salaries and related expenses:												
ich XVIII Salaries	1,398,562	238,196	1,636,758	416,758	77,390	494,148	3,254,068	3,748,216	3,748,216	(38,695)	3,709,521	
22 Unemployment	23,773	-	23,773	7,095	-	7,095	-	7,095	7,095	-	7,095	
22 FICA	97,709	18,495	116,204	29,119	6,009	35,128	241,970	277,098	277,098	(3,005)	274,093	
22 Health Insurance	134,309	15,232	149,541	40,007	4,949	44,956	286,477	331,433	331,433	(2,475)	328,958	
22 403B Plan Expense	39,090	4,970	44,060	11,651	1,615	13,266	30,476	43,742	43,742	(808)	42,934	
22 Insurance: Executive	-	-	-	-	-	-	-	-	-	-	-	
22 Employee Incentives	20,490	-	20,490	6,105	-	6,105	1,074	7,179	7,179	-	7,179	
22 Insurance: Workers' Comp	65,254	11,643	76,897	19,448	3,783	23,231	135,851	159,082	159,082	(1,892)	157,190	
22 Work Comp Out-of-Pocket	-	-	-	-	-	-	6,712	6,712	6,712	-	6,712	
22 Existing Staff Medical	21	-	21	6	-	6	1,223	1,229	1,229	-	1,229	
26 Insurance: D & O	8,288	-	8,288	2,463	-	2,463	-	2,463	2,463	-	2,463	
Direct services:												
ich XVIII Clinical Consultants	-	-	-	-	-	-	76,903	76,903	76,903	-	76,903	
ich XVIII Temporary Workers	380	-	380	113	-	113	665,654	665,767	665,767	-	665,767	
3 Client Wages - Janitorial	-	-	-	-	-	-	-	-	-	-	-	
10 & 13 Medical	-	-	-	-	-	-	53,677	53,677	53,677	-	53,677	
10 Adult Briefs	-	-	-	-	-	-	30,462	30,462	30,462	-	30,462	
11 Rehab & Educ Supplies	-	-	-	-	-	-	1,023	1,023	1,023	-	1,023	
3 Supplies	141	-	141	42	-	42	98,382	98,424	98,424	-	98,424	
11 Recreation	-	-	-	-	-	-	4,866	4,866	4,866	-	4,866	
6 & 21 Equipment Purchases	208	9,497	9,705	63	3,086	3,149	4,726	7,875	7,875	(1,543)	6,332	
6 & 21 Equipment Lease/Maint/Repairs	16,301	2,553	18,854	4,858	829	5,687	11,031	16,718	(12,154)	4,564	4,149	
35 Equipment Lease	-	-	-	-	-	-	-	-	12,154	12,154	12,154	
3 In Kind Contributions	-	86,222	86,222	-	28,014	28,014	-	28,014	28,014	(28,014)	-	
14 & 25 Staff Travel	3,712	895	4,607	1,105	291	1,396	7,841	9,237	9,237	(147)	9,090	
14 Vehicle Fuel	3,780	2	3,782	1,123	2	1,125	7,132	8,257	8,257	-	8,256	
14 Vehicle Repairs & Maintenance	-	-	-	-	-	-	6,461	6,461	6,461	-	6,461	
14 Vehicle Inspections & Safety	-	-	-	-	-	-	344	344	344	-	344	
14 Vehicle Geotab	-	-	-	-	-	-	2,869	2,869	2,869	-	2,869	
26 Vehicle Insurance	7	-	7	3	-	3	9,731	9,734	9,734	-	9,734	
35 Vehicle Leases	-	-	-	-	-	-	-	-	-	-	-	
14 Vehicle Licenses	-	-	-	-	-	-	100	100	100	-	100	
14 Contract Busing	-	-	-	-	-	-	-	-	-	-	-	
23 Conferences & Seminars	23,545	-	23,545	7,027	-	7,027	-	7,027	7,027	-	(2,314)	
26 Insurance: Gen'l & Pro Liability	-	-	-	-	-	-	25,994	25,994	25,994	-	25,994	
21 Telephone	10,147	1,199	11,346	3,022	390	3,412	8,964	12,376	12,376	(195)	12,181	
21 Cell Phone	5,362	652	6,014	1,597	212	1,809	5,276	7,085	7,085	(106)	6,979	
Program support:												
2 Food	-	-	-	-	-	-	339,630	339,630	339,630	-	339,630	
19 Payroll Service	38,584	-	38,584	11,509	-	11,509	-	11,509	11,509	-	11,509	
19 Audit	43,400	-	43,400	12,945	-	12,945	-	12,945	12,945	-	12,945	
19 Legal	46,817	138	46,955	13,973	45	14,018	-	14,018	14,018	(23)	(13,995)	
19 Professional Services	64,334	18,575	82,909	19,191	6,035	25,226	726	25,952	25,952	(3,018)	22,934	
21 Office Supplies & Equipment	7,436	1,130	8,566	2,216	367	2,583	4,256	6,839	6,839	(184)	6,655	
21 Training Materials	4,822	-	4,822	1,439	-	1,439	-	1,439	1,439	-	1,439	
21 Computer Equip & Supplies	10,088	-	10,088	3,009	-	3,009	-	3,009	3,009	-	3,009	
19 Software Maintenance	13,348	2,859	16,207	3,981	929	4,910	-	4,910	4,910	(465)	4,445	
Occupancy:												
26 Insurance: Building	894	143	1,037	265	46	311	7,309	7,620	7,620	(23)	7,597	
3 Janitorial Contracts	-	-	-	-	-	-	80,520	80,520	80,520	-	80,520	
5 Utilities: Electric	4,638	750	5,388	1,381	245	1,626	46,091	47,717	47,717	(123)	47,594	
5 Utilities: Natural Gas	-	-	-	-	-	-	22,498	22,498	22,498	-	22,498	
5 Utilities: Water	-	-	-	-	-	-	39,768	39,768	39,768	-	39,768	
7 Utilities: Waste Removal	-	-	-	-	-	-	20,185	20,185	20,185	-	20,185	
6 Building & Grounds	1,280	-	1,280	380	-	380	27,515	27,895	27,895	-	27,895	
6 Fire, Safety & Security	-	-	-	-	-	-	12,729	12,729	12,729	-	12,729	
6 Maintenance Supplies	-	-	-	-	-	-	-	-	-	-	-	
6 Repairs and Maintenance	341	52	393	100	17	117	41,230	41,347	41,347	(9)	41,338	
34 Rent	225,526	36,227	261,753	67,214	11,770	78,984	-	78,984	78,984	(5,885)	73,099	
33 Real Estate Taxes	1,237	-	1,237	368	-	368	-	368	368	-	(368)	
6 Damages	-	-	-	-	-	-	-	-	-	-	-	
Other:												
21 Postage	5,624	2,392	8,016	1,676	777	2,453	1,403	3,856	3,856	(389)	3,467	
21 Printing	648	22,321	22,969	193	7,252	7,445	276	7,721	7,721	(3,626)	4,095	
20 Publications	285	-	285	85	-	85	-	85	85	-	85	
15 & 21 Certifications	15	-	15	4	-	4	837	841	841	-	841	
20 Recruitment	34,340	-	34,340	10,249	-	10,249	-	10,249	10,249	-	10,249	
20 Advertisements	-	-	-	-	-	-	-	-	-	-	-	
20 Marketing Materials	-	5,854	5,854	-	1,902	1,902	-	1,902	1,902	(951)	951	
20 Networking	-	975	975	-	317	317	-	317	317	(159)	158	
20 Memberships	41,932	1,620	43,552	12,466	526	12,992	-	12,992	12,992	(263)	12,729	
27 Agency Functions	17,190	117,963	135,153	5,110	38,324	43,434	-	43,434	4,434	-	(43,434)	
27 Special Events	-	-	-	-	-	-	-	-	-	-	-	
42 SLC Participation Fees	-	-	-	-	-	-	343,577	343,577	343,577	-	343,577	
27 Moving Expenses	-	-	-	-	-	-	-	-	-	-	-	
27 Miscellaneous Expense	-	-	-	-	-	-	-	-	-	-	-	
32 Interest	-	-	-	-	-	-	-	-	-	-	-	
27 Bad Debts	19,992	-	19,992	5,963	-	5,963	-	5,963	5,963	-	(5,963)	
27 Bank Charges	22,176	11,574	33,750	6,615	3,760	10,375	-	10,375	10,375	(1,880)	8,495	
27 Fines, Penalties & Late Fees	800	-	800	239	-	239	715	954	954	-	(954)	
Depreciation and amortization:												
30 Depn Expense - Vehicles	-	-	-	-	-	-	32,366	32,366	32,366	-	(3,145)	
30 Depn Expense - Bldgs	-	-	-	-	-	-	92,048	92,048	92,048	-	92,048	
30 Depn Expense - Bldg Improv	-	-	-	-	-	-	228,312	228,312	228,312	-	228,312	
30 Depn Expense - F,F & E	11,454	-	11,454	3,416	-	3,416	26,966	30,382	30,382	-	30,382	
30 Amort - Leasehold Improvements	4,358	714	5,072	1,298	232	1,530	-	1,530	1,530	-	(1,530)	
<b>TOTAL EXPENSES</b>	<b>2,472,638</b>	<b>612,843</b>	<b>3,085,481</b>	<b>736,890</b>	<b>199,114</b>	<b>936,004</b>	<b>6,348,244</b>	<b>7,284,248</b>	<b>7,284,248</b>	<b>(94,293)</b>	<b>(71,703)</b>	<b>7,118,252</b>

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

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

Vendor/Payee	Type	Mgmt&Gen	Percent	SLC	Schedule V Reference
Paylocity	payroll service	38,584	29.83%	11,509	19
Porte Brown, LLC	annual audit	43,400	29.83%	12,945	19
Laner, Muchin, Dombrow, Becker	legal services	46,051	29.84%	13,745	19
Paddock Publications	ads for construction bids	1,366	29.83%	407	19
RehabCare	Settlement	(600)	29.72%	(178)	19
Paddock Publications	Legal Notice	138	32.49%	45	19
Creative Housing Solutions	Consulting Services	6,801	29.84%	2,029	19
George Braddock	Consulting Services	1,386	29.84%	413	19
Axion RMS	FMLA Admin Services	6,876	29.84%	2,051	19
Kettenbell, Gunther	Heartsaver First Aid/CPR	8,326	29.84%	2,484	19
Paylocity	ACA Enhanced Billing	5,766	29.84%	1,720	19
Seefin Consulting LLC	Consulting	31,200	29.84%	9,310	19
Guidestar Star USA., INC.	Consulting	374	29.84%	111	19
Management Association	Consulting	3,600	29.84%	1,073	19
Pratapas Associates	Consulting	18,574	32.49%	6,035	19
Maintenance Allocation	SLC direct	726	100.00%	726	20
Accufund	Software Maintenance	5,240	29.83%	1,562	19
Design & Promote	Web Hosting & Security	2,858	29.83%	853	19
CDW Direct	Firebox Security Subscription	4,000	29.83%	1,192	19
Cleverbridge	Altaro VM Backup License	1,250	29.83%	373	19
Blackbaud	Fundraising Software	2,859	32.49%	929	19
Cami Smith	Orientation	380	29.84%	113	19
				0	19
Total, per schedule V, Line 19, Column 3		<u>229,155</u>		<u>69,447</u>	
<b>Non-Allowables:</b>					
Laner, Muchin, Dombrow, Becker	legal services	(46,051)	29.84%	(13,745)	19
Paddock Publications	ads for construction bids	(1,366)	29.83%	(407)	19
RehabCare	Settlement	600	29.72%	178	19
Paddock Publications	Legal Notice	(138)	32.49%	(45)	19
Pratapas Associates	Consulting	(18,574)	32.49%	(3,018)	19
Blackbaud	Fundraising Software	(2,859)	32.49%	(465)	19
Total per schedule V, Line 19, Column 7		<u>(68,388)</u>		<u>(17,501)</u>	
Net per schedule V, line 19, Column 8		<u>160,767</u>		<u>51,946</u>	

Worksheet 4

Detail for Schedule V, Line 23 - In-service, Training, & Education

Vendor	Description/Topic	Amount Paid
Allocated from Employee Services 1-71C		
Management Association of Illinois	Management skills training	2,293
Council on Quality Leadership	Workshops	3,139
The ARC of Illinois	Living with autism	1,485
The ARC of Illinois	Illinois health care options	1,008
The ARC of Illinois	QDIP Leadership conference	750
The ARC of Illinois	DSP shortage conference	200
The ARC of Illinois	Unite, Empower, Act Conference	1,254
QBS, Inc.	Safety care trainer recertification	1,225
Illinois Association of Rehab Facilitators	2018 Conference	4,177
Hope Institute	ICPN Training	80
Cornerstone	Supervisor Seminar	180
Charity how-to	Fund raising seminars	348
PATH conference	Horsemanship	4,969
Illinois Association of Park Districts	2018 conference	1,382
American Network of Community Options	2018 webinar series	516
Nonprofit Law	Nonprofit law training	169
Network for Good	seminar	371
	Total	<u>23,545</u>
SLC Allocation	29.84%	<u>7,027</u>
Not Allowable		
Charity how-to	Fund raising seminars	(348)
PATH conference	Horsemanship	(4,969)
Illinois Association of Park Districts	2018 conference	(1,382)
American Network of Community Options	2018 webinar series	(516)
Nonprofit Law	Nonprofit law training	(169)
Network for Good	seminar	(371)
	Total	<u>(7,755)</u>
SLC Allocation	29.84%	<u>(2,314)</u>
Allocated from Employee Services 1-71C	Total In Service, Training & Education	<u>4,713</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 Bal Amount	Maturity Date	Rate (4 digits)	WSJPrime Rate	Int Exp
from admin - Short Term/Working Capital									
Beverly Bank	no	operating	n/a		0		5.2500		0
line of credit		funds			0		5.2500		0
Total RGA Management & General (Administration)					<u>0</u>	<u>0</u>			0
SLC allocation =	0.00%				<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 12/2026

Line 3 - MillBrook Real Estate

Rent to be paid in  
 future years under the  
 current rental

Building - 901 Warrenville Rd, #500, Lisle,

11 agreement

Monthly Amount per Rent Agreement	03/01/17-02/28/18	24,145
	03/01/18-02/28/19	14,670
	03/01/19-02/28/20	15,207
	03/01/20-02/28/21	15,743
	03/01/21-02/28/22	16,101

Fiscal Year Ending	Annual Rent
12 06/30/2019	44,955
13 06/30/2020	46,599
14 06/30/2021	48,244
15 06/30/2022	49,341

plus, operating expenses & common area lighting charges = (12,403)

RGA			SLC		
FY18 Rent	Division	Allocation	Amount	Allocation	Amount
289,739	Administration	21.27%	60,870	29.72%	18,092
	Life's Plan	8.85%	15,584		
	Human Resources	17.07%	59,231	29.84%	17,677
	Development	12.00%	36,227	32.49%	11,770
	Development fundraising adj				(5,885)
	Finance	40.81%	105,425	29.83%	31,445
		100.00%	277,337		73,099

FY19 Rent	Division	Allocation	Amount	Allocation	Amount
176,040	Administration	21.27%	37,439	29.72%	11,128
	Life's Plan	8.85%	15,584		
	Employee Services	17.07%	30,046	29.84%	8,967
	Advancement	12.00%	21,133	32.49%	6,866
	Advancement fundraising adj		0		(3,433)
	Finance	40.81%	71,838	29.83%	21,427
		100.00%	176,040		44,955

RGA			SLC		
FY20 Rent	Division	Allocation	Amount	Allocation	Amount
182,481	Administration	21.27%	38,809	29.72%	11,535
	Life's Plan	8.85%	16,154	0.00%	
	Employee Services	17.07%	31,146	29.84%	9,295
	Advancement	12.00%	21,906	32.49%	7,117
	Advancement fundraising adj		0		(3,559)
	Finance	40.81%	74,466	29.83%	22,211
		100.00%	182,481		46,599

RGA			SLC		
FY21 Rent	Division	Allocation	Amount	Allocation	Amount
188,921	Administration	21.27%	40,179	29.72%	11,942
	Life's Plan	8.85%	16,724		
	Employee Services	17.07%	32,245	29.84%	9,623
	Advancement	12.00%	22,680	32.49%	7,369
	Advancement fundraising adj		0		(3,685)
	Finance	40.81%	77,094	29.83%	22,995
		100.00%	188,921		48,244

RGA			SLC		
FY22 Rent	Division	Allocation	Amount	Allocation	Amount
193,215	Administration	21.27%	41,092	29.72%	12,213
	Life's Plan	8.85%	17,104		
	Employee Services	17.07%	32,978	29.84%	9,842
	Advancement	12.00%	23,195	32.49%	7,536
	Advancement fundraising adj		0		(3,768)
	Finance	40.81%	78,846	29.83%	23,518
		100.00%	193,216		49,341

Worksheet 9

Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount
Direct Staff			
1 Campos, Catherine	SLC Director		67,987
1 Scoville, Patricia	SLC Director		13,440
2 Enverga, Nicole	Assistant Director		51,959
2 Halden, Erin	Assistant Director		57,281
3 Hickey-Scaccia, Marianne	Quality Enhancement Facilitator		55,362
3 Badalamenti, Salvatore	Coordinator		43,669
4 Finley, Beatrice	Coordinator		55,794
Foster, Jeffery	Coordinator		37,528
5 Kachhawala, Zainab	Coordinator		5,240
6 Ugwoke, Innocent	Coordinator		60,181
4 Willis, Sheila	Coordinator		47,722
6 Bruce, Pamela	Team Leader		36,086
6 Cannon, Ryan	Team Leader		35,046
7 Hamgeri, Angela	Team Leader		34,942
5 Johnson, Ryan	Team Leader		7,269
7 Patel, Ushma	Team Leader		45,517
7 Rusthoven, Adam	Team Leader		11,157
8 Tinsley, Shanta	Team Leader		38,301
		100%	704,481
Management and General Allocated			
Administrators			
Musembi, Caren	Chief Services Officer		137,911
Anderson, Sharon	Quality Enhancement Manager		66,270
Zoeller, Kimberly	President		199,867
	Allocated thru Building Maintenance		376
	SLC allocation	30%	404,424
			120,204
Development			
Nagle, Lorraine	Chief Development Officer		53,777
Langan, Mark	Chief Development Officer		2,288
Brazzale, Tiana	Grants Administrator		34,749
Hennessy, Kelly	Communications Coordinator		26,704
Fraser, Melissa	Communications Coordinator		15,607
Stillman-Wagstaff, Margaret	Donor Data Mgr & Strategist		5,513
Ariza, Sarah	Donor Data Mgr & Strategist		35,630
Janus, Noe	Special Events Manager		63,703
	Allocated thru Building Maintenance		224
	SLC allocation	32%	238,195
			77,390
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1			<b>902,075</b>

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996  
 Report Period Beginning: 07/01/17 Ending 06/30/18 Fiscal Year ended June 30, 2018

Ray Graham Association  
 Board of Directors  
 FY 2018

<b>Officer</b>	<b>Residence</b>	<b>Business</b>
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