

Facility Name & ID Number Iona Gloss SLC

0022996 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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 5/18/2020

	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	100	Intermediate (ICF)	60	30,780	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	100	TOTALS	60	30,780	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	26,430			26,430	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	26,430			26,430	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.87%

D. How many bed reserve days during this year were paid by the Department? 178 (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)

N/A

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 11/18/1980

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 Gloss SLC # 0022996 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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	179,170		34,198	213,368		213,368		213,368		1
2	Food Purchase		283,204		283,204		283,204		283,204		2
3	Housekeeping		157,625	70,783	228,408		228,408	(5,956)	222,452		3
4	Laundry										4
5	Heat and Other Utilities			99,132	99,132		99,132	(133)	98,999		5
6	Maintenance	194,725	102,310		297,035		297,035	(1,997)	295,038		6
7	Other (specify):*			20,027	20,027		20,027		20,027		7
8	TOTAL General Services	373,895	543,139	224,140	1,141,174		1,141,174	(8,086)	1,133,088		8
	B. Health Care and Programs										
9	Medical Director										9
10	Nursing and Medical Records	716,019	63,902	947,325	1,727,246		1,727,246		1,727,246		10
10a	Therapy	1,454,095			1,454,095		1,454,095		1,454,095		10a
11	Activities		8,944		8,944		8,944		8,944		11
12	Social Services	43,248			43,248		43,248		43,248		12
13	CNA Training	10,926	225		11,151		11,151		11,151		13
14	Program Transportation			44,088	44,088		44,088		44,088		14
15	Other (specify):*		954	35,300	36,254		36,254		36,254		15
16	TOTAL Health Care and Programs	2,224,288	74,025	1,026,713	3,325,026		3,325,026		3,325,026		16
	C. General Administration										
17	Administrative	611,939			611,939		611,939	(51,186)	560,753		17
18	Directors Fees										18
19	Professional Services			63,660	63,660		63,660	(17,303)	46,357		19
20	Dues, Fees, Subscriptions & Promotions			20,634	20,634		20,634	(486)	20,148		20
21	Clerical & General Office Expenses	355,122	59,738		414,860		414,860	(4,165)	410,695		21
22	Employee Benefits & Payroll Taxes			823,774	823,774		823,774	(12,358)	811,416		22
23	Inservice Training & Education			4,320	4,320		4,320		4,320		23
24	Travel and Seminar										24
25	Other Admin. Staff Transportation			2,024	2,024		2,024	(330)	1,694		25
26	Insurance-Prop.Liab.Malpractice			50,283	50,283		50,283	(33)	50,250		26
27	Other (specify):*			73,986	73,986		73,986	(59,978)	14,008		27
28	TOTAL General Administration	967,061	59,738	1,038,681	2,065,480		2,065,480	(145,839)	1,919,641		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,565,244	676,902	2,289,534	6,531,680		6,531,680	(153,925)	6,377,755		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 Gloss SLC

#0022996

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			322,774	322,774		322,774	(4,854)	317,920			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			1	1		1		1			32
33	Real Estate Taxes			374	374		374	(374)				33
34	Rent-Facility & Grounds			83,484	83,484		83,484	(7,454)	76,030			34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			406,633	406,633		406,633	(12,682)	393,951			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			329,248	329,248		329,248		329,248			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			329,248	329,248		329,248		329,248			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,565,244	676,902	3,025,415	7,267,561		7,267,561	(166,607)	7,100,954			45

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

Iona Gloss SLC

ID# 0022996

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Adjustment for Fundraising = 50% of Public	\$		1
2	Relations & development - also see Worksheet 1			2
3				3
4	Supplies	(5,956)	3	4
5	Utilities	(133)	5	5
6	Maintenance	(1,997)	6	6
7	Administrative	(51,186)	17	7
8	Software Maintenance	0	19	8
9	Marketing Materials	(331)	20	9
10	Networking	(124)	20	10
11	Memberships	(31)	20	11
12	Publications	0	20	12
13	Clerical & General Office	(4,165)	21	13
14	Employee Benefits & Payroll Taxes	(12,358)	22	14
15	Travel	(330)	25	15
16	Insurance	(33)	26	16
17	Bank Charges	(1,506)	27	17
18	Rent	(7,454)	34	18
19	Conferences	0	23	19
20				20
21	Other Non Allowables & Adjustments			21
22	Agency Functions	(52,974)	27	22
23	Fines, Penalties & Late fees	(199)	27	23
24	Real Estate Taxes	(374)	33	24
25	Conferences	0	23	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	(139,151)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Iona Gloss SLC

0022996

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	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	(5,956)	0	0	0	0	0	0	0	0	0	0	(5,956)	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(133)	0	0	0	0	0	0	0	0	0	0	(133)	5
6	Maintenance	(1,997)	0	0	0	0	0	0	0	0	0	0	(1,997)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(8,086)	0	0	0	0	0	0	0	0	0	0	(8,086)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	(51,186)	0	0	0	0	0	0	0	0	0	0	(51,186)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,303)	0	0	0	0	0	0	0	0	0	0	(17,303)	19
20	Fees, Subscriptions & Promotions	(486)	0	0	0	0	0	0	0	0	0	0	(486)	20
21	Clerical & General Office Expenses	(4,165)	0	0	0	0	0	0	0	0	0	0	(4,165)	21
22	Employee Benefits & Payroll Taxes	(12,358)	0	0	0	0	0	0	0	0	0	0	(12,358)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	(330)	0	0	0	0	0	0	0	0	0	0	(330)	25
26	Insurance-Prop.Liab.Malpractice	(33)	0	0	0	0	0	0	0	0	0	0	(33)	26
27	Other (specify):*	(59,978)	0	0	0	0	0	0	0	0	0	0	(59,978)	27
28	TOTAL General Administration	(145,839)	0	0	0	0	0	0	0	0	0	0	(145,839)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(153,925)	0	0	0	0	0	0	0	0	0	0	(153,925)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Iona Gloss SLC# 0022996

Report Period Beginning:

07/01/2019 Ending:06/30/2020

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

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS
													(to Sch V, col.7)
30	Depreciation	(4,854)	0	0	0	0	0	0	0	0	0	0	(4,854) 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	(374)	0	0	0	0	0	0	0	0	0	0	(374) 33
34	Rent-Facility & Grounds	(7,454)	0	0	0	0	0	0	0	0	0	0	(7,454) 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	(12,682)	0	0	0	0	0	0	0	0	0	0	(12,682) 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)	(166,607)	0	0	0	0	0	0	0	0	0	0	(166,607) 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		\$			\$	\$	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 Gloss SLC # 0022996 Report Period Beginning: 07/01/2019 Ending: 06/30/2020

VII. RELATED PARTIES (continued)

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

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

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											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.

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VIII. ALLOCATION OF INDIRECT COSTS

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

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

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

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	See Worksheet 1	Direct Costs			\$	\$		1,014,978	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				\$	\$		1,014,978	25

Facility Name & ID Number

Iona Gloss SLC

0022996

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	Name of Lender	2		3	4	5	6		7	8	9	10						
		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							\$	\$				\$						
2																		
3																		
4																		
5																		
	Working Capital																	
6																		
7																		
8																		
9	TOTAL Facility Related						\$	\$			\$							
	B. Non-Facility Related*																	
10																		
11																		
12																		
13																		
14	TOTAL Non-Facility Related						\$	\$			\$							
15	TOTALS (line 9+line14)						\$	\$			\$							

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

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

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

2019 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Iona Gloss 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 2019 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 2019.

(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	\$ _____	\$ _____

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 copies of the original 2019 tax bills which were listed in Section A to this statement. Be sure to use the 2019 tax bill which is normally paid during 2020.

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 Gloss SLC

0022996 Report Period Beginning:

07/01/2019 Ending:

06/30/2020

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 47,000 B. General Construction Type: Exterior Brick Frame _____ Number of Stories 1

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)

List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO

If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	SLC		1975	\$ 214,674	1
2					2
3	TOTALS			\$ 214,674	3

Facility Name & ID Number Iona Gloss SLC

XI. OWNERSHIP COSTS (continued)

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

1	2	3	4	5	6	7	8	9	
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation
4	100	1980	1980	\$ 3,681,931	\$ 92,048	40	\$ 92,048	\$	\$ 3,635,907
5									
6									
7									
8									
Improvement Type**									
9	SLC Direct								
10									
11	Prior Fiscal Years		2010	135,179	6,759		6,759		135,179
12			2011	507,262	50,726		50,726		481,899
13			2012	344,845	34,484		34,484		293,118
14									
15			2014	18,630	1,863		1,863		12,134
16			2015	271,440	27,144		27,144		156,558
17			2016	215,108	23,837		23,837		107,267
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									

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

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

See Page 12A, Line 70 for total

XI. OWNERSHIP COSTS (continued)**B. Building 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			\$	\$		\$	\$	\$	37
38	Bathroom Renovations Home 4, All Single Baths and Core	2017	129,536	12,954	10	12,954		45,338	38
39	New Walls, Toilets, Showers, Flooring and Mirrors								39
40									40
41	New Sidewalks	2017	25,883	2,588	10	2,588		9,058	41
42	Lennox A/C and Furnace	2017	9,629	1,926	5	1,926		6,739	42
43	Steel Door at Rear entry - Home 3	2017	2,943	589	5	589		2,059	43
44	Remote Thermostat System - updating thermostat and fire	2018	19,845	3,969	5	3,969		9,923	44
45	Economizer Damper Actuator Replaced - SLC Home 2 Fire	2018	4,432	886	5	886		2,327	45
46	Sidewalk & Parking Repair	2018	4,350	870	5	870		2,175	46
47	Home 5 Compressor	2018	3,647	729	5	729		1,824	47
48	Replaced Motor and New Board	2018	1,444	289	5	289		722	48
49	Home 4 Flame Safeguard Fan Motor	2018	1,214	243	5	243		607	49
50	Replaced Belt on Fans	2018	1,199	240	5	240		599	50
51	Capacitor	2018	614	123	5	123		307	51
52	Sidewalk Repairs	2019	8,142	1,628	5	1,628		2,443	52
53	Pearl System HVAC for Home 1	2019	6,080	1,216	5	1,216		1,824	53
54	75 Gallon Hot Water Tank for Main Building	2020	2,795	280	5	280		280	54
55	Replacement of Condenser Motor for A/C Unit Home 4	2020	1,026	103	5	103		103	55
56	New Service Sink for Main Building Kitchen Closet	2020	685	68	5	68		68	56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 5,397,859	\$ 265,562		\$ 265,562	\$	\$ 4,908,458	70

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

Facility Name & ID Number Iona Gloss SLC

0022996

Report Period Beginning:

07/01/2019 Ending: 06/30/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,397,859	\$ 265,562		\$ 265,562	\$	\$ 4,908,458	1
2									2
3	Fully Depreciated Assets		1,777,170					1,777,170	3
4									4
5	EQUIPMENT DEPRECIATION								5
6									6
7	Purchase in Prior Years								7
8									8
9	SLC Direct-FFE		102,501	26,500		26,500		65,774	9
10									10
11									11
12									12
13	MANAGEMENT&GENERAL								13
14									14
15	Administration FF&E		4,631	1,338		1,338		2,934	15
16									16
17	SLC Portion of Administration 30.35%		1,405	406		406		890	17
18									18
19									19
20	Finance FF&E		47,209	11,166		11,166		25,464	20
21									21
22	SLC Portion of Finance 30.29%		14,300	3,382		3,382		7,713	22
23									23
24									24
25	HR FF&E		7,637	2,546		2,546		3,819	25
26									26
27	SLC Portion of HR 30.29%		2,315	772		772		1,158	27
28									28
29	Development FF&E		3,394	1,131		1,131		1,697	29
30									30
31	SLC Portion of Development 15.71%		533	178		178		267	31
32	Total Depreciation Expense Purchased in Prior Years		121,054	31,032		31,032		75,801	32
33	(Lines 9,17,22,27 and 31)								33
34	TOTAL (lines 1 thru 33)		\$ 7,480,008	\$ 344,013		\$ 344,013	\$	\$ 6,871,145	34

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

Facility Name & ID Number Iona Gloss SLC

0022996

Report Period Beginning:

07/01/2019 Ending: 06/30/2020

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

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 7,480,008	\$ 344,013		\$ 344,013	\$	\$ 6,871,145	1
2									2
3	Current Fiscal Year Purchases SLC FF&E								3
4									4
5	Commerical Washer Repair	2019	610	61	5	61		61	5
6	Refrigerator Home 3	2019	532	53	5	53		53	6
7	Dining Room Set for SLC Home 4	2019	1,176	118	5	118		118	7
8	4 qt Combination Batch Bowl/Continuous Feed Food Proce	2020	1,280	128	5	128		128	8
9	SLC Home 1 Frigidare Electric Range Stove	2020	538	90	3	90		90	9
10	SLC Home 1 Frigidare 24in Dishwasher	2020	877	146	3	146		146	10
11	Total FFE SLC Direct		5,013	596		596		596	11
12									12
13	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		(315,004)	(79,642)		(79,642)		(186,708)	13
14									14
15	REVERSE ABOVE BECAUSE THIS REALLY IS 13A								15
16	EQUIPMENT DEPRECIATION DETAIL CONTINUATION FROM		(7,175,029)	(265,563)		(265,563)		(6,685,628)	16
17	PG 12B								17
18									18
19	Fuly Depreciated Assets FFE								19
20	SLC Direct		202,144					202,144	20
21									21
22	Management &General								22
23	Administration FFE		41,518					41,518	23
24	SLC Portion of Administration 30.35%		12,599					12,599	24
25									25
26	Human Resources FFE		1,647					1,647	26
27	SLC Portion of HR 30.32%		499					499	27
28									28
29	Finance FFE		80,063					80,063	29
30	SLC Portion of Finance 30.29%		24,251					24,251	30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 362,722	\$		\$	\$	\$ 362,722	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 12C, Carried Forward		\$ 362,722	\$		\$	\$	\$ 362,722	1
2									2
3	Total Fully Depreciated Assets		239,493					239,493	3
4	(Refects Lines 20, 24, 27 and 30 on page 12C)								4
5									5
6									6
7	TOTAL DEPRECIATION EXPENSE EQUIPMENT		365,560	31,628		31,628		315,890	7
8									8
9									9
10	REVERSE EVERYTHING AND PICK UP BLDG IMPROVEMENTS ONLY		6,208,843	233,373		233,373		5,769,112	10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,176,618	\$ 265,001		\$ 265,001	\$	\$ 6,687,217	34

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

Facility Name & ID Number Iona Gloss SLC

0022996

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	\$ 111,535	\$ 29,986	\$ 29,986	\$		\$ 74,753	71
72	Current Year Purchases	9,519	1,046	1,046			1,046	72
73	Fully Depreciated Assets	239,493					239,493	73
74								74
75	TOTALS	\$ 360,547	\$ 31,032	\$ 31,032	\$		\$ 315,292	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	2016 Ford Starcraft	2016	\$ 56,754	\$ 11,351	\$ 11,351	\$	5	\$ 51,079	76
77	Client Transportation	2016 Dodge Braun	2016	52,680	10,536	10,536		5	36,467	77
78	Client Transportation	2013 Dodge Caravan	2013	36,672					36,672	78
79										79
80	TOTALS			\$ 146,106	\$ 21,887	\$ 21,887	\$		\$ 124,218	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)	\$ 7,897,945	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 317,920	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 317,920	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)	\$ 7,126,727	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 Gloss SLC

0022996

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Millbrook Real Estate-See Worksheet 5

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:				\$ <u>83,484</u>	<u>15</u>		3
4	Additions							4
5								5
6								6
7	TOTAL				\$ <u>83,484</u>			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>06/2021</u>	\$ <u>38,763</u>
13.	<u>06/2022</u>	\$ <u>44,171</u>
14.	<u>06/2023</u>	\$ <u>50,392</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: \$ 13,193 Description: See Worksheet 4

(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="9"/></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="4"/></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	125	100		225
3	Classroom Wages (a)	2,436	2,462		4,898
4	Clinical Wages (b)		4,363		4,363
5	In-House Trainer Wages (c)	925	740		1,665
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 3,486	\$ 7,665	\$	\$ 11,151
10	SUM OF line 9, col. 1 and 2 (e)	\$ 11,151			

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	4
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	5
2. From other facilities (f)	
TOTAL TRAINED	9

- (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	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 06/30/2020

(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	\$ 7,515,423	\$	1
2	Cash-Patient Deposits	438,600		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (82,450))	2,282,805		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments	72,538		5
6	Prepaid Insurance	212,729		6
7	Other Prepaid Expenses	84,856		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Security Deposits</u>	18,095		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 10,625,046	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	8,277,567		12
13	Land	1,635,004		13
14	Buildings, at Historical Cost	22,384,363		14
15	Leasehold Improvements, at Historical Cost	162,051		15
16	Equipment, at Historical Cost	2,886,941		16
17	Accumulated Depreciation (book methods)	(19,453,681)		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)	\$ 15,892,245	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,517,291	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,694,602	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	440,892		28
29	Short-Term Notes Payable	3,280,219		29
30	Accrued Salaries Payable	801,551		30
31	Accrued Taxes Payable (excluding real estate taxes)	22,699		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	9,270		33
34	Deferred Compensation			34
35	Federal and State Income Taxes	63,187		35
	Other Current Liabilities(specify):			
36				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,312,420	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	4,505,372		39
40	Mortgage Payable	1,718,240		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)	\$ 6,223,612	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 12,536,032	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 13,981,259	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 26,517,291	\$	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)	(1,465,254)	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)	\$ (1,465,254)	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)	\$ (1,465,254)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Iona Gloss SLC

0022996

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

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	\$ 5,157,743	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,157,743	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	21,502	10
11	CNA Training Reimbursements	30,542	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)	\$ 52,044	23
D. Non-Operating Revenue			
24	Contributions	368,657	24
25	Interest and Other Investment Income***	56,431	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 425,088	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Consulting</u>	825	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 825	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,635,700	30

2

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,133,088	31
32	Health Care	3,325,026	32
33	General Administration	1,919,642	33
B. Capital Expense			
34	Ownership	393,950	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	329,248	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,100,954	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,465,254)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,465,254)	43

III. Net Inpatient Revenue detailed by Payer Source		Amount	
44	Medicaid - Net Inpatient Revenue	\$ 5,157,743	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)	\$ 5,157,743	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 Gloss SLC

0022996

Report Period Beginning: 07/01/2019

Ending: 06/30/2020

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	2,080	2,136	\$ 83,105	\$ 38.91	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,002	4,631	124,945	26.98	3
4	Licensed Practical Nurses	13,004	13,153	375,380	28.54	4
5	CNAs & Orderlies	649	649	10,926	16.84	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers	2,080	2,113	43,248	20.47	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,111	41,926	19.86	13
14	Head Cook					14
15	Cook Helpers/Assistants	10,511	10,427	137,244	13.16	15
16	Dishwashers					16
17	Maintenance Workers	8,308	8,308	194,725	23.44	17
18	Housekeepers					18
19	Laundry					19
20	Administrator	2,080	2,147	88,857	41.39	20
21	Assistant Administrator	4,160	4,209	105,137	24.98	21
22	Other Administrative	9,112	9,566	192,263	20.10	22
23	Office Manager					23
24	Clerical	2,011	1,989	33,379	16.78	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	6,483	6,695	132,589	19.80	28
29	Resident Services Coordinator	2,519	2,571	58,456	22.74	29
30	Habilitation Aides (DD Homes)	85,620	86,785	1,395,639	16.08	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify) <u>See Worksheet 2</u>	14,806	14,965	547,425	36.58	33
34	TOTAL (lines 1 - 33)	170,505	172,455	\$ 3,565,244 *	\$ 20.67	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	563	\$ 34,198	Line1 Col 3	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)				46
47	<u>Physician-Monthly</u>		26,000	Line15 Col 3	47
48	<u>Psychiatrist</u>	33	9,300	Line15 Col 3	48
49	TOTAL (lines 35 - 48)	596	\$ 69,498		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	5,476	\$ 310,636	Line10 Col 3	50
51	Licensed Practical Nurses	33	1,549	Line10 Col 3	51
52	Certified Nurse Assistants/Aides	22,756	635,140	Line10 Col 3	52
53	TOTAL (lines 50 - 52)	28,265	\$ 947,325		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			\$ 611,939	Workers' Compensation Insurance	\$ 136,518	IDPH License Fee	\$		
				Unemployment Compensation Insurance	24,138	Advertising: Employee Recruitment	6,518		
				FICA Taxes	259,625	Health Care Worker Background Check			
				Employee Health Insurance	340,193	(Indicate # of checks performed <u>0</u>)			
				Employee Meals		Patient Background Checks			
				Illinois Municipal Retirement Fund (IMRF)*		Membership Dues	13,171		
				404B Plan Expense	55,526	Subscriptions/Publicatons	459		
				Employee Incentives	7,774				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 611,939	TOTAL (agree to Schedule V, line 22, col.8)		\$ 20,148			
B. Administrative - Other						Less: Public Relations Expense ()			
Description			Amount			Non-allowable advertising ()			
			\$			Yellow page advertising ()			
						TOTAL (agree to Sch. V, line 20, col. 8)			
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees		G. Schedule of Travel and Seminar**			
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount			\$	Out-of-State Travel	\$	
See Worksheet 2			\$ 63,660						
							In-State Travel		
							Seminar Expense		
							Entertainment Expense ()		
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 63,660	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$

* 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? _____ 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. \$ 27,280 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? _____
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? X YES _____ 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. \$ 329,248
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? YES For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? _____ Indicate the amount. \$ _____
- (16) Travel and Transportation
 - a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
 - b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
 - c. What percent of all travel expense relates to transportation of nurses and patients? _____
 - 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.

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/19 Ending 06/30/20

Ray Graham Association
Board of Directors
FY 2020

Officer	Residence	Business
Chairperson		
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Jim Sara Executive/Nominating Committee Public Policy/Strategic Planning Committee	1506 Park Avenue River Forest, IL 60305 (312) 925-5919 jimsara@gmail.com	SVP of Business Development Morningstar
Secretary/Treasurer		
Mark E. Kroencke Executive/Nominating Committee Finance Committee	9 Barton Creek Ct. Lake in the Hills, IL 60156 (847) 675-8967	Executive Vice President First American Bank 1650 Louis Avenue Elk Grove Village, IL 60007 847.586.2242 mkroencke@firstambank.com
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RAY GRAHAM ASSOCIATION COSTS		SLC Allocation of...										Other			
SCH V	LINE REF	Line Item	RG Admin Services	RGA P/R & Development	RG Mngmt & General	RG Admin Services 30.13%	RGA P/R & Development 31.42%	RG Mngmt & General	Direct Program Cost	RG Audit Figures SLC	Reclassified	Sum	Adjust for Fund Raising	Non-Allow & Adjustment	Total
SALARIES AND RELATED EXPENSES															
Sch XVIII		Salaries	1,468,127	325,820	1,793,947	445,052	102,373	547,425	3,017,819	3,565,244		3,565,244	(51,186)		3,514,058
22		Unemployment	79,615	-	79,615	24,138	-	24,138	-	24,138		24,138	-	-	24,138
22		FICA	101,319	23,957	125,277	30,714	-	30,714	221,384	259,625		259,625	(3,764)	-	255,861
22		Health Insurance	140,951	37,326	178,276	42,736	11,728	54,463	285,133	339,596		339,596	(5,864)	-	333,732
22		403B Plan Expense	41,862	4,291	46,152	12,692	1,348	14,040	41,486	55,526		55,526	(674)	-	54,852
22		Insurance: Executive	-	-	-	-	-	-	-	-		-	-	-	-
22		Employee Incentives	23,078	0	23,079	6,997	0	6,997	777	7,774		7,774	-	-	7,774
22		Insurance: Workers' Comp	54,816	12,813	67,629	16,617	4,026	20,643	107,389	128,032		128,032	(2,013)	-	126,019
22		Work Comp Out-of-Pocket	3,212	1	3,213	974	0	974	7,513	8,487		8,487	-	-	8,487
22		Existing Staff Medical	1	0	1	-	0	0	597	597		597	-	-	597
26		Insurance: D & O	11,642	-	11,642	3,533	-	3,533	-	3,533		3,533	-	-	3,533
DIRECT SERVICES															
Sch XVIII		Clinical Consultants	-	-	-	-	-	-	69,498	69,498		69,498	-	-	69,498
Sch XVIII		Temporary Workers	120	-	120	36	-	36	945,961	945,998		945,998	-	-	945,998
10 & 13		Client Wages - Janitorial	-	-	-	-	-	-	36,847	36,847		36,847	-	-	36,847
10		Medical	-	-	-	-	-	-	27,280	27,280		27,280	-	-	27,280
10		Adult Briefs	-	-	-	-	-	-	8,944	8,944		8,944	-	-	8,944
11		Rehab & Educ Supplies	-	-	-	-	-	-	145,857	145,857		145,857	-	-	145,857
3		Supplies	-	-	-	-	-	-	-	-		-	-	-	-
11		Recreation	-	-	-	-	-	-	-	-		-	-	-	-
6 & 21		Equipment Purchases	8,732	9,802	18,534	2,647	3,080	5,727	18,512	24,239		24,239	(1,540)	-	22,699
6 & 21		Equipment Lease/Maint/Repairs	13,657	2,865	16,521	4,140	900	5,040	12,674	17,714		17,714	(450)	-	17,264
35		Equipment Lease	-	-	-	-	-	-	-	-		-	-	-	-
3		In Kind Contributions	-	37,453	37,453	-	11,768	11,768	-	11,768		11,768	(5,884)	-	5,884
14 & 25		Staff Travel	4,494	2,102	6,596	1,364	660	2,024	7,174	9,198		9,198	(330)	-	8,868
14		Vehicle Fuel	2,543	1	2,544	772	0	772	5,355	6,127		6,127	-	-	6,127
14		Vehicle Repairs & Maintenance	10	2	12	3	1	4	25,505	25,509		25,509	-	-	25,509
14		Vehicle Inspections & Safety	0	0	0	-	0	0	596	596		596	-	-	596
14		Vehicle Geotab	9	2	11	3	1	3	4,547	4,551		4,551	-	-	4,551
26		Vehicle Insurance	8	2	10	2	1	3	12,353	12,356		12,356	-	-	12,356
35		Vehicle Leases	-	-	-	-	-	-	-	-		-	-	-	-
14		Vehicle Licenses	1	0	1	-	0	0	131	131		131	-	-	131
14		Contract Busing	-	-	-	-	-	-	-	-		-	-	-	-
23		Conferences & Seminars	14,249	-	14,249	4,320	-	4,320	-	4,320		4,320	-	-	4,320
26		Insurance: Gen'l & Pro Liability	-	-	-	-	-	-	21,652	21,652		21,652	-	-	21,652
21		Telephone	15,706	2,025	17,731	4,763	636	5,399	8,753	14,152		14,152	(318)	-	13,834
21		Cell Phone	5,703	852	6,555	1,729	268	1,997	3,462	5,459		5,459	(134)	-	5,325
PROGRAM SUPPORT															
2		Food	-	-	-	-	-	-	283,204	283,204		283,204	-	-	283,204
19		Payroll Service	38,050	-	38,050	11,525	-	11,525	-	11,525		11,525	-	-	11,525
19		Audit	45,900	-	45,900	13,903	-	13,903	-	13,903		13,903	-	-	13,903
19		Legal	52,392	1,465	53,857	15,886	460	16,347	-	16,347		16,347	(230)	(16,117)	-
19		Professional Services	17,344	4	17,348	5,258	1	5,260	6,307	11,566		11,566	(1)	-	11,565
21		Office Supplies & Equipment	4,657	1,306	5,972	1,414	410	1,825	2,843	4,668		4,668	(205)	-	4,463
21		Training Materials	4,680	-	4,680	1,419	-	1,419	-	1,419		1,419	-	-	1,419
21		Computer Equip & Supplies	12,297	-	12,297	3,725	-	3,725	-	3,725		3,725	-	-	3,725
19		Software Maintenance	18,694	6,079	24,773	5,662	1,910	7,572	2,709	10,281		10,281	(955)	-	9,326
OCCUPANCY															
26		Insurance: Building	1,015	213	1,228	308	67	375	12,368	12,742		12,742	(33)	-	12,709
3		Janitorial Contracts	1,254	460	1,713	380	144	525	70,258	70,783		70,783	(73)	-	70,710
5		Utilities: Electric	4,021	843	4,865	1,219	265	1,484	41,955	43,439		43,439	(133)	-	43,306
5		Utilities: Natural Gas	-	-	-	-	-	-	20,715	20,715		20,715	-	-	20,715
5		Utilities: Water	-	-	-	-	-	-	34,979	34,979		34,979	-	-	34,979
7		Utilities: Waste Removal	-	-	-	-	-	-	20,027	20,027		20,027	-	-	20,027
6		Building & Grounds	1,440	-	1,440	437	-	437	19,241	19,678		19,678	-	-	19,678
6		Fire, Safety & Security	-	-	-	-	-	-	12,446	12,446		12,446	-	-	12,446
6		Maintenance Supplies	-	-	-	-	-	-	-	-		-	-	-	-
6		Repairs and Maintenance	202	42	245	61	13	75	38,925	39,000		39,000	(7)	-	38,993
34		Rent	226,212	47,450	273,663	68,575	14,909	83,484	-	83,484		83,484	(7,454)	-	76,030
33		Real Estate Taxes	1,233	-	1,233	374	-	374	-	374		374	-	(374)	-
6		Damages	-	-	-	-	-	-	-	-		-	-	-	-
OTHER															
21		Postage	4,359	5,078	9,437	1,321	1,596	2,917	1,048	3,965		3,965	(798)	-	3,167
21		Printing	71	17,252	17,323	22	5,421	5,442	42	5,484		5,484	(2,710)	-	2,774
20		Publications	-	-	-	-	-	-	4	4		4	-	-	4
15 & 21		Certifications	33,280	-	33,280	10,099	-	10,099	954	11,054		11,054	-	-	11,054
20		Recruitment	21,499	-	21,499	6,518	-	6,518	-	6,518		6,518	-	-	6,518
20		Advertisements	-	-	-	-	-	-	-	-		-	-	-	-
20		Marketing Materials	-	2,104	2,104	-	661	661	-	661		661	(331)	-	330
20		Networking	-	790	790	-	248	248	-	248		248	(124)	-	124
20		Memberships	43,305	199	43,504	13,140	63	13,202	-	13,202		13,202	(31)	-	13,171
27		Agency Functions	17,217	151,972	169,189	5,225	47,750	52,974	-	52,974		52,974	-	(52,974)	-
27		Special Events	-	-	-	-	-	-	-	-		-	-	-	-
42		SLC Participation Fees	-	-	-	-	-	-	329,248	329,248		329,248	-	-	329,248
27		Moving Expenses	-	-	-	-	-	-	255	255		255	-	-	255
22		Miscellaneous Expense	142	-	142	43	-	43	-	43		43	-	(43)	-
32		Interest	-	-	-	-	-	-	1	1		1	-	-	1
27		Bad Debts	17,493	-	17,493	5,299	-	5,299	-	5,299		5,299	-	(5,299)	-
27		Bank Charges	24,527	9,588	34,115	7,429	3,013	10,442	-	10,442		10,442	(1,506)	-	8,936
27		Investment Fees	15,762	-	15,762	-	-	-	4,774	4,774		4,774	-	-	4,774
27		Fines, Penalties & Late Fees	641	-	641	194	-	194	4	199		199	-	(199)	-
DEPRECIATION AND AMORTIZATION															
30		Depn Expense - Vehicles	-	19	19	-	6	6	25,194	25,201		25,201	(3)	(3,310.56)	21,890.44
30		Depn Expense - Bldgs	-	-	-	-	-	-	92,048	92,048		92,048	-	-	92,048
30		Depn Expense - Bldg Improv	-	-	-	-	-	-	173,514	173,514		173,514	-	-	173,514
30		Depn Expense - F.F & E	15,049	1,131	16,181	4,560	356	4,915	27,096	32,011		32,011	(178)	-	31,833
30		Amort - Leasehold Improvements	3,693	775	4,467	1,119	243	1,363	-	1,363		1,363	(122)	(1,241)	219
TOTAL EXPENSES			2,616,297	706,084	3,322,381	788,348	221,852	1,014,978	6,252,583	7,267,561		7,267,561	(87,050)	(79,557)	7,100,954

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 2 - page 1

Management and General Allocated Salaries:

	Management & General			Percent	SLC			Schedule V Reference
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Report Period Total Salaries, Wages	
Administrators	6,240	6,318	406,344	30%	1,894	1,917	123,309	17
Accounting/Bookkeeping	17,912	17,965	657,075	30%	5,426	5,442	199,030	21
Human Resources	12,475	12,557	369,828	30%	3,782	3,807	112,128	21
Development	10,009	10,247	325,820	31%	3,145	3,220	102,373	17
Secy & Clerical	1,843	1,909	34,879	30%	559	579	10,585	21
M&G Salaries per worksheet 1	48,479	48,996	1,793,946		14,806	14,965	547,425	
Non-Allowables:								
P.R. & Development	(5,004)	(5,124)	(162,910)	31%	(1,573)	(1,610)	(51,186)	17
	(5,004)	(5,124)	(162,910)		(1,573)	(1,610)	(51,186)	
Net Allocated	43,474	43,872	1,631,036		13,234	13,355	496,239	

Management and General Allocated Salaries:

Detail of Salaries Paid to Administrators and Accounting/Bookkeeping

Administrators:

Employee Name	Title	Amount
Musembi, Caren	Chief Services Officer	2,080 2,105 128,378
Anderson, Sharon	Quality Enhancement Manager	2,080 2,108 64,187
Zoeller, Kimberly	President/CEO	2,080 2,105 213,386
	Allocated thru Building Maintenance	393
		6,240 6,318 406,344

Accounting/Bookkeeping:

Employee Name	Title	Amount
Accounts Rec Coordinator	Papendorf, Melissa	557 630 12,242
Accounts Rec Coordinator	Tomczak, Irene	2,287 2,121 41,797
Administrator	Vidmar, James	2,080 2,108 92,598
Assistant Controller	Evans, Karen	2,080 2,160 69,855
Chief Financial Officer	Cooke, Carmel	2,080 2,096 186,777
Controller	Bacigalupo, Berenice	320 336 16,842
Controller	Greenbeck, Leah	2,080 1,960 78,118
Payroll Coordinator	Razo, Michelle	2,080 2,131 49,928
Staff Accountant	Kyle, Jacqueline	2,040 2,094 55,114
Staff Accountant	Robinson, Sherry	2,080 2,104 49,881
System Technician	Cooke, Grant	228 225 3,342
	Allocated thru Building Maintenance	581
		17,912 17,965 657,075

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

Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 2 - Page 2

Allocated Professional Services - RGA Management and General

Vendor/Payee	Type	Mgnt&Gen	Percent	Schedule V	
				SLC	Reference
Paylocity	payroll service	38,050	30.29%	11525	19
Porte Brown, LLC	annual audit	45,900	30.29%	13903	19
SmithAmundsen	legal services	43,069	30.32%	13057	19
Illinois Department of Labor	Admin Fee on Labor issue	250	30.32%	75	19
Chicago Constructions News	legal services	349	30.29%	106	19
Paddock Publications	Legal Notice	293	30.29%	89	19
Chicago Title Land Trust	Legal Notice	600	30.29%	182	19
Dupage County Recorder	Lien Release	55	30.29%	17	19
Little City	Legal Notice	(20)	31.42%	-6	19
Clearbrook	Legal Notice	(54)	31.42%	-17	19
Latimer LeVay Fyock LLC	Trademark Renewal	1,539	31.42%	484	19
Chamberlin Law Group	Legal Services	3,671	30.35%	1114	19
Ottosen DiNoifo	Legal Services	800	30.35%	243	19
Chamberlin Law Group	Legal Services	3,200	30.35%	971	19
Kennedy Hunt P.C.	Legal Services	10	30.35%	3	19
Property Site	Deed fee	95	30.35%	29	19
Axion RMS	FMLA Admin Services	6,440	30.32%	1953	19
Kettenbell, Gunther	Heartsaver First Aid/CPR	5,098	30.32%	1546	19
Paylocity	ACA Enhanced Billing	5,790	30.32%	1755	19
Allocation	Allocation	6	30.35%	2	19
Allocation	Allocation	10	30.32%	2	19
Allocation	Allocation	4	31.42%	1	19
Professional Fees Allocation	Allocation	3,058	100.00%	3058	19
Pathroo Appraisal	Appraisal	3,249	100.00%	3249	19
Therap	SLC direct	2,709	100.00%	2709	19
Accufund	Software Maintenance	6,387	30.29%	1935	19
CDW Direct	Firebox Security Subscription	3,018	30.29%	914	19
Malware	Computer Security	1,491	30.29%	452	19
Zoho.com	Desktop management system	6,946	30.29%	2104	19
Altaro	HyperV Backup	613	30.29%	186	19
PumpAlarm	Cellular Alarm Service	50	30.29%	15	19
US Bank Software Purchase	Software Purchase	48	30.29%	15	19
CDW Direct	Software Purchase	141	30.29%	43	19
Design & Promote	Web Hosting & Security	1,025	31.42%	322	19
Foundation Company	Web Hosting	279	31.42%	88	19
Blackbaud	Fundraising Software	4,158	31.42%	1306	19
US Bank Software Purchase	Software Purchase	617	31.42%	194	19
Client Wages	Client Wages	120	30.32%	36	19
Total, per schedule V, Line 19, Column 3		<u>189,064</u>	SLC	<u>63,660</u>	
Non-Allowables:					
SmithAmundsen	legal services	(43,069)	30.32%	(13,057)	19
Illinois Department of Labor	Admin Fee on Labor issue	(250)	30.32%	(75)	19
Chicago Constructions News	legal services	(349)	30.29%	(106)	19
Paddock Publications	Legal Notice	(293)	30.29%	(89)	19
Chicago Title Land Trust	Legal Notice	(600)	30.29%	(182)	19
Dupage County Recorder	Lien Release	(55)	30.29%	(17)	19
Little City	Legal Notice	20	31.42%	6	19
Clearbrook	Legal Notice	54	31.42%	17	19
Latimer LeVay Fyock LLC	Trademark Renewal	(1,539)	31.42%	(484)	19
Chamberlin Law Group	Legal Services	(3,671)	30.35%	(1,114)	19
Ottosen DiNoifo	Legal Services	(800)	30.35%	(243)	19
Chamberlin Law Group	Legal Services	(3,200)	30.35%	(971)	19
Kennedy Hunt P.C.	Legal Services	(10)	30.35%	(3)	19
Property Site	Deed fee	(95)	30.35%	(29)	19
Allocation	Allocation	4	30.32%	(1)	19
Design & Promote	Web Hosting & Security	1,025	15.71%	(161)	19
Foundation Company	Web Hosting	279	15.71%	(44)	19
Blackbaud	Fundraising Software	4,158	15.71%	(653)	19
US Bank Software Purchase	Software Purchase	617	15.71%	(97)	19
Total per schedule V, Line 19, Column 7		<u>(47,774)</u>	SLC	<u>(17,303)</u>	
Net per schedule V, line 19, Column 8		<u>141,290</u>		<u>46,357</u>	

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 3

Detail of Other Expense on Schedule V. line 27

Management & General

allocated from Administration

bank fees	Finance	24,527	
	SLC alloc	<u>30.29%</u>	
			7,429
	Fundraising	9,588	
	SLC alloc	<u>31.4%</u>	
			3,013
		50% adjus	<u>(1,506)</u>
			1,507

Investment Expense

	Finance	15,762	
	SLC alloc	<u>30.29%</u>	
			4,774

Moving Expense	SLC		255
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Total Expense			<u><u>13,965</u></u>
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Facilty Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 4

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

Movable Equipment Description	SLC %	SLC Cost
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SLC

postage system		610
copier		<u>12,064</u>
Total SLC	100%	12,674

901 Building

copier	16,085
postage sys	<u>2,057</u>
	18,142

Administration	21.98%	452	30.35%	137
Human Resources	17.64%	363	30.32%	110
Pub Rel & Develop	15.75%	324	31.42%	102
less 50%				(51)
Finance	35.48%	730	30.29%	<u>221</u>
				<u>519</u>

Total Expense				<u><u>13,193</u></u>
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Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996

Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 5

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

Building - 901 Warrenville Rd, #500, Lisle,

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

Monthly Amount per Rent Agreement	03/01/19-02/28/20	25,101
	03/01/20-02/28/21	12,798
	03/01/21-02/28/22	14,584
	03/01/22-02/28/23	16,638
	03/01/23 - 02/28/24	17,175

Fiscal Year Et Annual Rent

12	06/30/2021	38,763
13	06/30/2022	44,171
14	06/30/2023	50,392
15	06/30/2024	52,016

plus, operating expenses & common area lighting charges = (27,548.40)

RGA		SLC			
FY20 Rent	Division	Allocation	Amount	Allocation	Amount
301,211	Administrati	21.98%	65,598	30.35%	19,906
	Life's Plan	9.15%	0	0.00%	-
	Human Reso	17.64%	63,820	30.32%	19,349
	Developmen	15.75%	47,450	31.42%	14,909
	Development fundraising adj				(7,455)
	Finance	35.48%	96,795	30.29%	29,320
		100.00%	273,663		76,029

RGA		SLC			
FY21 Rent	Division	Allocation	Amount	Allocation	Amount
153,581	Administrati	21.98%	33,756	30.35%	10,244
	Life's Plan	9.15%	14,051	0.00%	-
	Human Reso	17.64%	27,090	30.32%	8,213
	Developmen	15.75%	24,195	31.42%	7,602
	Development fundraising adj				(3,801)
	Finance	35.48%	54,489	30.29%	16,505
		100.00%	153,581		38,763

RGA		SLC			
FY22 Rent	Division	Allocation	Amount	Allocation	Amount
175,008	Administrati	21.98%	38,465	30.35%	11,673
	Life's Plan	9.15%	16,011	0.00%	-
	Human Reso	17.64%	30,870	30.32%	9,359
	Developmen	15.75%	27,570	31.42%	8,663
	Development fundraising adj				(4,332)
	Finance	35.48%	62,091	30.29%	18,808
		100.00%	175,008		44,171

RGA		SLC			
FY23 Rent	Division	Allocation	Amount	Allocation	Amount
199,655	Administrati	21.98%	43,883	30.35%	13,317
	Life's Plan	9.15%	18,266	0.00%	-
	Human Reso	17.64%	35,218	30.32%	10,678
	Developmen	15.75%	31,453	31.42%	9,883
	Development fundraising adj				(4,942)
	Finance	35.48%	70,835	30.29%	21,456
		100.00%	199,655		50,392

RGA		SLC			
FY24 Rent	Division	Allocation	Amount	Allocation	Amount
206,096	Administrati	21.98%	45,298	30.35%	13,746
	Life's Plan	9.15%	18,855	0.00%	-
	Human Reso	17.64%	36,354	30.32%	11,022
	Developmen	15.75%	32,468	31.42%	10,201
	Development fundraising		0		(5,101)
	Finance	35.48%	73,120	30.29%	22,148
		100.00%	206,096		52,016

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
 Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 6

Detail for Schedule XIX. part A. Administrative Salaries

Name	Function	% Ownership	SLC Amount
Direct Staff			
1 Campos, Catherine	SLC Director		88,857
2 Enverga, Nicole	Assistant Director		50,859
3 Halden, Erin	Assistant Director		54,278
4 Cannon, Ryan	Coordinator		50,579
5 Willis, Sheila	Coordinator		10,704
6 Johnson, Ryan	Home Manager		66,655
7 Lewis, Devon	Home Manager		53,202
8 Tinsley, Shanta	Home Manager		11,122
		100%	386,257
Management and General Allocated			
Administrators			
Musembi, Caren	Chief Services Officer		128,378
Anderson, Sharon	Quality Enhancement Manager		64,187
Zoeller, Kimberly	President		213,386
	Allocated thru Building Maintenance		393
SLC allocation		30%	<u>406,344</u>
			123,309
Development			
Langan, Mark	Chief Development Officer		127,257
Fraser, Melissa	Communications Coordinator		15,580
Taylor, Thomas	Communications Coordinator		19,921
Ariza, Sarah	Donor Data Mgr + Strategist		17,830
Loper, Madeline	Donor Data Mgr + Strategist		23,127
Cerny, Barbara	Grants Administrator		56,169
Nicewanner, Hailey	Special Events Manager		<u>65,937</u>
SLC allocation		31%	<u>325,821</u>
			102,373
Total Administrative Salaries reported on Schedule 5, Line 17, Column 1			<u><u>611,939</u></u>

Facility Name & ID Number :Iona Gloss SLC/Ray Graham Association for People with Disabilities #0022996
Report Period Beginning: 07/01/19 Ending 06/30/20

Worksheet 7
Detail for Schedule XX General Information

Question 14	Lease Agreement for DuPage County Helth Department	Reference
	Rent Income as of 6/30	8,000.00 XVII Line 1
	Utilites Billed as of 6/30	1,429.01 V Line 5 Col 8*
	Total	<u>\$ 9,429.01</u>

* This charge credited utilities expenses for SLC