



Facility Name Joshua Arms of LSSI

Report Period Beginning: 7/1/2007

Ending: 6/30/2008

**III. STATISTICAL DATA**

**A. Certified units; enter number of units and unit days**

Date of change in certified units 3/06/07

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	56	Single Unit Apartment	56	20,496	1
2		Double Unit Apartment			2
3		Other			3
4	56	TOTALS	56	20,496	4

**B. Census-For the entire report period.**

	1 Type of Unit	2 3 4 Resident Days by Unit and Primary Source of Payment			5	
		Medicaid Recipient	Private Pay	Other		
5	Single Unit	1,397	2,928		4,325	5
6	Double Unit					6
7	Other					7
8	TOTALS	1,397	2,928		4,325	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 21.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 67 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 16 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES  NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES  NO

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

**H. ACCOUNTING BASIS**

ACCURAL  MODIFIED CASH\*  CASH\*

I. Is your fiscal year identical to your tax year?  YES  NO

Tax Year: 6/30 Fiscal Year: 6/30

\* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? \_\_\_\_\_

If no, explain. \_\_\_\_\_

## STATE OF ILLINOIS

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Facility Name: Joshua Arms of LSSI

Report Period Beginning:

7/1/2007

Ending:

6/30/2008

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
<b>A. General Services</b>								
1	Dietary and Food Purchase	128,363	68,530		196,893		196,893	1
2	Housekeeping, Laundry and Maintenance		10,642		10,642		10,642	2
3	Heat and Other Utilities			16,188	16,188		16,188	3
4	Other (specify):			1,368	1,368		1,368	4
5	<b>TOTAL General Services</b>	128,363	79,172	17,556	225,091		225,091	5
<b>B. Health Care and Programs</b>								
6	Health Care/ Personal Care	266,626	3,118		269,744		269,744	6
7	Activities and Social Services	65,821		2,038	67,859		67,859	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	332,447	3,118	2,038	337,603		337,603	9
<b>C. General Administration</b>								
10	Administrative and Clerical	42,088	5,578	(32,896)	14,770		14,770	10
11	Marketing Materials, Promotions and Advertising	12,626		6,569	19,195		19,195	11
12	Employee Benefits and Payroll Taxes			98,096	98,096		98,096	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):			12,756	12,756		12,756	14
15	<b>TOTAL General Administration</b>	54,714	5,578	84,525	144,817		144,817	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	515,525	87,868	104,119	707,512		707,512	16
<b>Capital Expenses</b>								
<b>D. Ownership</b>								
17	Depreciation					328,806	328,806	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>					328,806	328,806	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	515,525	87,868	104,119	707,512	328,806	1,036,318	24

Facility Name: Joshua Arms of LSSI

Report Period Beginning 7/1/2007 Ending: 6/30/2008

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12	10.29	3
4	Activity Director & Assistants	1	14.92	4
5	Social Service Workers	4	9.31	5
6	Head Cook	3	18.89	6
7	Cook Helpers/Assistants	4	10.71	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers	7	27.10	12
13	Other Administrative	1	14.40	13
14	Clerical			14
15	Marketing	1	15.45	15
16	Other			16
17	<b>Total (lines 1 thru 16)</b>	<b>31</b>	<b>\$ 14.80</b>	<b>17</b>

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	N/A			\$	1
2					2
3					3
4					4
5					5
<b>Total</b>				<b>\$</b>	<b>6</b>

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
<b>Total</b>		<b>\$</b>

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Lutheran Social Services of Illinois		Des Plaines		Non-Profit	

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES  NO

Name of related entity: \_\_\_\_\_ If yes, what is the value of those services? \$ \_\_\_\_\_  
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES  NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Management & Human Resource overhead cost 36,958

Facility Name: Joshua Arms of LSSI

Report Period Beginning: 7/1/2007

Ending:

**VIII. OWNERSHIP COSTS**A. Purchase price of land 25,714 Year land was acquired 1978

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	1		1978	1978	\$ 1,470,916	\$ 36,748	40	\$ 36,773	\$ 25	\$ 1,102,735	1
2			2007	2007	6,225,604	244,613	25	249,024	4,411	282,710	2
3											3
4											4
5											5
<b>Improvement Type</b>											
6		Replace boilers		1998	4,025	108	25	161	53	2,420	6
7		Replace windows		1983	12,506		10			12,506	7
8		New roof		1984	6,774		10			6,774	8
9		waterproofing		1984	14,745		10			14,745	9
10		parking lot sewer		1985	2,460		10			2,460	10
11		Replace windows		1987	7,159		10			7,159	11
12		blacktop parking lot		1988	2,070		10			2,070	12
13		Replace windows		1989	4,675		10			4,675	13
14		electrical work		1989	9,867		10			9,867	14
15		building structure repairs		1991	7,188		10			7,188	15
16		see pg5-continued for additional assets			599,892	17,126		17,126	0	267,335	16
17		<b>TOTAL (lines 1 thru 16)</b>			<b>\$ 8,367,881</b>	<b>\$ 298,595</b>		<b>\$ 303,084</b>	<b>\$ 4,489</b>	<b>\$ 1,722,644</b>	<b>17</b>

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 228,045	\$ 24,270	\$ 25,722	1,452	3,5,7,10,25	\$ 140,744	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	<b>\$ 228,045</b>	<b>\$ 24,270</b>	<b>\$ 25,722</b>	<b>1,452</b>		<b>\$ 140,744</b>	<b>20</b>

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	Land, Building & Improvements	\$ 6,134,783	\$ 105,791	\$ 4,768,540	21
22	Movable Equipment	711,277	73,575	463,192	22
23	Vehicles	89,604	-	89,604	23
24	<b>TOTALS (lines 21, 22 and 23)</b>	<b>\$ 6,935,664</b>	<b>\$ 179,366</b>	<b>\$ 5,321,336</b>	<b>24</b>

Facility Name: Joshua Arms of LSSI

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**IX. RENTAL COSTS**

**A. Building and Fixed Equipment**

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?  YES  NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	<b>TOTAL</b>				\$			7

8. Is movable equipment rental included in building rental?

YES  NO

9. Rental amount for movable equipment \$ \_\_\_\_\_

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

**X. INTEREST EXPENSE**

	1	2		3	4	6		7	8	9	
		Related**				Amount of Note					
	Name of Lender	YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
	<b>A. Directly Facility Related</b>										
	<b>Long-Term</b>										
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	<b>Working Capital</b>										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	<b>TOTAL Facility Related</b>					\$	\$			\$	7
	<b>B. Non-Facility Related</b>										
8					/ /			/ /			8
9					/ /			/ /			9
10	<b>TOTALS (lines 7, 8 and 9)</b>					\$	\$			\$	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

## STATE OF ILLINOIS

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Facility Name: Joshua Arms of LSSI

Report Period Beginning: 7/1/2007

Ending:

6/30/2008

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$	\$ 86,377	1
2	Cash-Patient Deposits		107,593	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )			3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$	\$ 193,970	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,714	111,800	13
14	Buildings, at Historical Cost	8,367,881	14,416,578	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	228,045	1,028,925	16
17	Accumulated Depreciation (book methods)	(1,863,388)	(7,184,724)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		346,656	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>	\$ 6,758,252	\$ 8,719,235	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,758,252	\$ 8,913,205	25

		1	2	
		Operating	After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$	\$ 14,986	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable		151,956	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35	<b>Due to Lutheran Social Services of IL</b>	501,171	1,893,794	35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 501,171	\$ 2,060,736	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable		1,028,977	38
39	Mortgage Payable		4,294,264	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42	<b>Tenant Security Deposits</b>		71,763	42
43	<b>HUD Capital Advance Agreement-SLF</b>	5,446,792	5,446,792	43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 5,446,792	\$ 10,841,796	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,947,963	\$ 12,902,532	45
46	<b>TOTAL EQUITY</b>	\$ 810,289	\$ (3,989,327)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,758,252	\$ 8,913,205	47

\*(See instructions.)

Facility Name: Joshua Arms of LSSI

Report Period Beginning: 7/1/2007

Ending:

6/30/2008

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
Revenue		Amount	
<b>A. SLF Resident Care</b>			
1	Gross SLF Resident Revenue	\$ 524,302	1
2	Discounts and Allowances	(23,177)	2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 501,125	3
<b>B. Other Operating Revenue</b>			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	34,022	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 34,022	11
<b>C. Non-Operating Revenue</b>			
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$	14
<b>D. Other Revenue (specify):</b>			
15			15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 535,147	18

		2	
Expenses		Amount	
<b>A. Operating Expenses</b>			
19	General Services	225,091	19
20	Health Care/ Personal Care	337,603	20
21	General Administration	144,817	21
<b>B. Capital Expense</b>			
22	Ownership	328,806	22
<b>C. Other Expenses</b>			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 1,036,318	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ (501,171)	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ (501,171)	31

	Line 14		
	70003 Audit & Actg	4175	
	75001 Vehicle Operating cost	3	
	75005 Employee mileage payments	2182	
	76001 Seminars & Prof Training	3456	
	76003 Conf & Conventions	403	
	78001 Membership dues	2527	
90100	90105 Mgmt & Hr alloc	0 (-)	87011

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CNAs

3)			
	1 Barber, Gloria	10.36	
	1 Barber, Louhana	10.05	
	1 Bodnar, Tara	10.11	
	0.6 Campbell, Wanda	10.03	
	1 Cakosz, Angela	10.50	
	1 Crosby, Tanika	10.41	
	1 Gonn, Dawn	10.32	
	0.54 Hillan, Regina	10.00	
	1 Jones, Barbara	10.53	
	0.6 Kelly, Sharmea	10.02	
	0.9733 McDonald, Felicia	11.01	
	0.5 Morris, Denise	10.13	
	0.5 Pasky, Erika	10.09	
	0.6 Reynolds, Cynthia	10.72	
	0.6032 Tovar, Veronica	10.09	
	<u>11.975</u>		

154.37

10.29 avg

4)	activity coord	0.8 Schelling, Debra	14.91962571
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5)	social svc wks		
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	home care ass	1 Chandler, Augusta	9
	home care ass	0.54 Hellman, Regina	10
	home care ass	1 Jones, Deborah	9.08802679
	home care ass	1 Spencer, Sven	9.14154835
	<u>3.54</u>		

37.22957806

9.307393266avg

6)	head cook		
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	cook	1 Anso, Kathy	12.10170808
	cook	1 Williamson, Dionsdra	13.7742909
	cook	1 McElrath, Gladys	11.91108142
	<u>3</u>		

37.78699729

18.8949865avg

7)	food svc aide		
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	food svc aide	0.6429 Anso, Kathy	10.32630639
	food svc aide	1 Gholston, Jimmie	10.89393634
	food svc aide	0.5 Greenley, Tanesha	10.30197937
	food svc aide	0.5 Williamson, Dionsdra	11.69872058
	food svc aide	1 Warren, David	10.3233006
	<u>3.6429</u>		

53.55426027

10.71084925avg

12)	Managers		
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	Asstt. Dir clinical svcs	1 Eakins, Carol	21.99001949
	Dir of clinical services	0.6556 Hesser, Patsy	28.10223953
	Counselor case mgr	1 Johnson, Lois	21.85453333
	Soc. Ser. Coord/hsg case mgr	1 Johnson, Lois	21.85453333
	Mgr (food serv)	1 Mance, Duann	17.51
	Dir of clinical services	1 Spenthar, Suzanne	25.64106667
	Manager	1 Washington, Cherita	25.64107551
	<u>6.6556</u>		

162.5934679

27.09891131 avg

13)	accountant/bookkeeper		
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	accountant/bookkeeper	0.5 Ballentine, Carmen	14.3979851
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15)	Marketing coord	0.53 Bucciarelli, Mary	15.45003225
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#55	total assets	6,758,252	
	had capt adv	(5,446,792)	
	<u>total equity</u>	<u>1,311,460</u>	

810,289

501,171

#46	net deficit from pg M31	(501,171)	
	had vacancy loss	716419	0
	to be amortized		

	fixed asset	6,758,252	
	had capt adv sgmt	(5,446,792)	
	<u>total equity</u>	<u>1,311,460</u>	

810,289

Facility Name:

Salem Village III, Inc

Report Period Beginning:

7/1/2007

Ending:

6/30/2008

## VIII. OWNERSHIP COSTS

## B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

\*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
3											
4											
5											
	<b>Improvement Type</b>										
16	building structure repairs		1992		65,765		10		0	65,765	16
17	elevator landing system		1995		3,680		10		0	3,680	17
18	carpeting-lobby, activity rm, elevators		1995		2,716		10		0	2,716	18
19	ceramic tile grout-lobby		1995		736		10		0	736	
20	wall vinyl-beauty shop, activity rm, restrooms		1995		2,850		10		0	2,850	20
21	restroom upgrades		1995		241		10		0	241	21
22	cable installation		1997		2,277		10		0	2,277	22
23	building improvements		1995		140,194		10		0	140,194	23
24	replace windows		1997		960		10		0	960	24
25	carpeting-19th floor		1997		1,134	5	10		(5)	1,134	25
26	carpeting-unit 1206 & 1510		1998		264	12	10	20	8	264	26
27	carpeting-4th,5th, 8th & 18th floors		2000		3,134	313	10	313	1	2,534	27
28	remodel doors		1998		644	64	10	64	0	620	28
29	parking lot repairs & new driveway		1999		21,918	2,209	10	2,192	(17)	19,070	29
30	backfill landscaping		2000		457	46	10	46	0	345	30
31	painting & carpeting of hallways/stairwells		2001		4,580	457	10	458	1	3,274	31
32	replace windows		2002		808	81	10	81	(0)	461	32
33	electrical work		1996		5,313	186	25	213	26	2,887	33
34	HVAC unit		1998		2,221	89	25	89	(0)	850	34
35	office & conference room addition		1999		2,051	82	25	82	0	750	35
36	elevator modernization		1997		335,523	13,421	25	13,421	(0)	15,565	36
37	hot water heater		2008		1,421	53	10	47	(6)	53	37
38	catch basin repair		2007		1,005	109	5	100	(8)	109	38
16	<b>TOTAL</b>	Page 5- line 16	page 5 - line 16		\$ 599,892	\$ 17,126		\$ 17,126	\$ 0	\$ 267,335	16