

Facility Name Joshua Arms of Lutheran Social Services of Illinois

Report Period Beginning: 07/01/08 Ending: 06/30/09

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	20,440	1
2		Double Unit Apartment			2
3		Other			3
4	56	TOTALS	56	20,440	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	6,939	2,965		9,904	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,939	2,965		9,904	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 48.45%

D. Indicate the number of paid bed-hold days the SLF had during this year 227 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 154 (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

ACCRUAL MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? YES NO
Tax Year: 06/30 Fiscal Year: 06/30

* 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. _____

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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			
A. General Services								
1	Dietary and Food Purchase	154,659		111,272	265,931		265,931	1
2	Housekeeping, Laundry and Maintenance	2,622	20,706	18,793	42,121		42,121	2
3	Heat and Other Utilities			30,670	30,670		30,670	3
4	Other (specify):							4
5	TOTAL General Services	157,281	20,706	160,735	338,722		338,722	5
B. Health Care and Programs								
6	Health Care/ Personal Care	322,953	970	6,130	330,053		330,053	6
7	Activities and Social Services	24,563		6,792	31,355		31,355	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	347,516	970	12,922	361,408		361,408	9
C. General Administration								
10	Administrative and Clerical	21,345	4,422	5,334	31,101		31,101	10
11	Marketing Materials, Promotions and Advertising	27,526		5,140	32,666		32,666	11
12	Employee Benefits and Payroll Taxes			117,798	117,798		117,798	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):			8,971	8,971		8,971	14
15	TOTAL General Administration	48,871	4,422	137,243	190,536		190,536	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	553,668	26,098	310,900	890,666		890,666	16
Capital Expenses								
D. Ownership								
17	Depreciation					334,274	334,274	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership					334,274	334,274	23
24	GRAND TOTAL (Sum of lines 16 and 23)	553,668	26,098	310,900	890,666	334,274	1,224,940	24

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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	9.64	3
4	Activity Director & Assistants	1	14.50	4
5	Social Service Workers	2	9.42	5
6	Head Cook	2	12.77	6
7	Cook Helpers/Assistants	3	11.13	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	9.00	10
11	Laundry			11
12	Managers	6	22.51	12
13	Other Administrative	2	14.75	13
14	Clerical			14
15	Marketing	2	16.64	15
16	Other			16
17	Total (lines 1 thru 16)	30	\$ 13.60	17

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
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$
2		
Total		\$

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: N/A 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 49,457

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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			1978	1978	\$ 1,470,916	\$ 36,647	40	\$ 36,773	\$ 126	\$ 1,139,383	1
2			2007	2007	6,225,604	249,024	25	249,024	0	531,735	2
3											3
4											4
5											5
Improvement Type											
6		Replace boilers		1998	4,025	108	25	162	54	2,528	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			602,498	17,399		17,486	87	284,760	16
17		TOTAL (lines 1 thru 16)			\$ 8,370,487	\$ 303,178		\$ 303,445	\$ 267	\$ 2,025,850	17

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	\$ 234,795	\$ 23,564	\$ 30,829	7,265	5,7,10,25	\$ 164,308	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 234,795	\$ 23,564	\$ 30,829	7,265		\$ 164,308	20

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	\$ 6,143,505	\$ 136,459	\$ 4,904,998	21
22	Movable Equipment	733,876	71,212	534,403	22
23	Vehicles	89,604		89,604	23
24	TOTALS (lines 21, 22 and 23)	\$ 6,966,985	\$ 207,671	\$ 5,529,005	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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

YES NO

8. Is movable equipment rental included in building rental? YES NO

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.

	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	TOTAL			\$			7

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9
		Related**	NO			Original	Balance			
Name of Lender		YES	NO	Purpose of Loan	Date of Note	Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
A. Directly Facility Related										
Long-Term										
1	Assisted Living Conversion Grant Agreement	x		Conversion of 56 units to assisted living	/ /	\$ 6,339,159	\$ 5,404,555	07 /01 /2039	0	\$ 0
2					/ /			/ /		
3					/ /			/ /		
Working Capital										
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 6,339,159	\$ 5,404,555			\$ 0
B. Non-Facility Related										
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 6,339,159	\$ 5,404,555			\$ 0

* 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

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/09

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$	\$ 40,497	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance \$0)		353,679	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		6,551	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$	\$ 400,727	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	25,714	111,800	13
14	Buildings, at Historical Cost	8,370,487	14,427,905	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	234,795	1,058,275	16
17	Accumulated Depreciation (book methods)	(2,190,158)	(7,719,163)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		401,343	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,440,838	\$ 8,280,160	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,440,838	\$ 8,680,887	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 169,044	\$ 464,393	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		258,966	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
Other Current Liabilities(specify):				
35	Other current liability		2,532	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 169,044	\$ 725,891	37
D. Long-Term Liabilities				
38	Long-Term Notes Payable		1,028,977	38
39	Mortgage Payable		3,798,425	39
40	Bonds Payable			40
41	Deferred Compensation			41
Other Long-Term Liabilities(specify):				
42	Other long term liability	933,467	2,155,283	42
43	Assisted living conversion agreemt w/HUD	5,404,555	5,404,555	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 6,338,022	\$ 12,387,240	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,507,066	\$ 13,113,131	45
46	TOTAL EQUITY	\$ (66,228)	\$ (4,432,244)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,440,838	\$ 8,680,887	47

*(See instructions.)

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

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,172,442	1
2	Discounts and Allowances	(140,598)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,031,844	3
B. Other Operating Revenue			
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	58,619	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 58,619	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,090,463	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	338,722	19
20	Health Care/ Personal Care	361,408	20
21	General Administration	190,536	21
B. Capital Expense			
22	Ownership	334,274	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,224,940	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (134,477)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (134,477)	31

Facility Name:

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*	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									
	Improvement Type								
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	domestic water pump	2009	787		10		0	3	18
19	carpeting-lobby, activity rm, elevators	1995	2,716		10		0	2,716	19
20	ceramic tile grout-lobby	1995	736		10		0	736	20
21	wall vinyl-beauty shop, activity rm, restrooms	1995	2,850		10		0	2,850	21
22	restroom upgrades	1995	241		10		0	241	22
23	cable installation	1997	2,277		10		0	2,277	23
24	building improvements	1995	140,194		10		0	140,194	24
25	replace windows	1997	960		10		0	960	25
26	carpeting-19th floor	1997	1,134		10		0	1,134	26
27	carpeting-unit 1206 & 1510	1998	264		10		0	264	27
28	carpeting-4th,5th, 8th & 18th floors	2000	3,134	312	10	313	1	2,845	28
29	remodel doors	1998	644		10		0	644	29
30	parking lot repairs & new driveway	1999	21,918	2,202	10	2,192	(10)	21,272	30
31	backfill landscaping	2000	457	45	10	46	1	391	31
32	painting & carpeting of hallways/stairwells	2001	4,580	456	10	458	2	3,730	32
33	replace windows	2002	808	81	10	81	0	542	33
34	electrical work	1996	5,313	186	25	213	27	3,073	34
35	HVAC unit	1998	2,221	89	25	89	0	939	35
36	office & conference room addition	1999	2,051	82	25	82	0	832	36
37	elevator modernization	1997	335,523	13,421	25	13,421	0	28,985	37
38	hot water heater	2008	1,421	142	10	142	0	195	38
39	Strom sewer/ catch basin	2008	1,097	174	5	219	45	174	39
40	metal door frame & hardware	2009	722	8	25	29	21	8	40
41	catch basin repair	2007	1,005	201	5	201	0	310	41
16	TOTAL	Page 5- line 16	\$ 602,498	\$ 17,399		\$ 17,486	\$ 87	\$ 284,760	16

PAGE 3

#14	Other (specify):		
		70003 Audit & Actg	(\$376.00)
		75001 Vehicle Operating cost	\$0.00
		75005 Employee mileage payments	\$2,012.00
		76001 Seminars & Prof Training	\$753.00
		76003 Conf & Conventions	\$99.00
		78001 Membership dues	\$6,482.00
	90100-87011	90105 Mgmt & Hr alloc	\$1.00
			<hr/>
			\$8,971.00

PAGE 7 **Other long term liability**

#42 (1)	DUE TO LSSI	\$933,467.00	
#42 (2)	ACCRUED INTEREST PAYABLE NOTE	\$162,246.00	
	SECURITY DEPOSIT	\$79,195.00	
	DUE TO LSSI	\$1,913,842.00	
		<hr/> <hr/>	
			\$2,155,283.00