

		FOR BHF USE			

LL2

Supportive Living Facility

**2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2012)**

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

<p>I. Facility ID Number: <u>1000074</u></p> <p>Facility Name: <u>Joshua Arms of LSSI Social Services of Illinois</u></p> <p>Address: <u>1315 Rowell Avenue</u> <u>Joliet</u> <u>60433</u> <small>Number City Zip Code</small></p> <p>County: <u>Will</u></p> <p>Telephone Number: <u>(815) 722-6401</u> Fax # <u>(815) 727-6477</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input checked="" type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Erika Calvo</u> Telephone Number: <u>(847) 635-4634</u> Email Address: _____</p>	<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL	<input checked="" type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> County	IRS Exemption Code _____	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other _____		<input type="checkbox"/> "Sub-S" Corp.	_____		<input type="checkbox"/> Limited Liability Co.	_____		<input type="checkbox"/> Trust			<input type="checkbox"/> Other	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/11</u> to <u>06/30/12</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>Gerald Noonan</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Chief Financial Officer</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>()</u> _____</td> <td>Fax # <u>()</u> _____</td> </tr> </table> <p align="right">MAIL TO: BUREAU OF HEALTH FINANCE IL DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630</p>	Officer or Administrator of Provider	(Signed) _____	(Date) _____		(Type or Print Name) <u>Gerald Noonan</u>			(Title) <u>Chief Financial Officer</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) <u>()</u> _____	Fax # <u>()</u> _____
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) <u>()</u> _____	Fax # <u>()</u> _____																																												

Facility Name Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning: 07/01/11 Ending: 06/30/12

III. STATISTICAL DATA

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

Date of change in certified units / /

	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	11,520	1,101		12,621	5
6	Double Unit					6
7	Other					7
8	TOTALS	11,520	1,101		12,621	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 61.58%

D. Indicate the number of paid bed-hold days the SLF had during this year 172 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 40 (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: 06/30/12 Fiscal Year: 06/30/12

* 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. _____

Facility Name: Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning:

07/01/11

Ending:

06/30/12

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	183,772		115,940	299,712		299,712	1
2	Housekeeping, Laundry and Maintenance	45,632	26,287	20,742	92,661		92,661	2
3	Heat and Other Utilities			7,893	7,893		7,893	3
4	Other (specify):							4
5	TOTAL General Services	229,404	26,287	144,575	400,266		400,266	5
B. Health Care and Programs								
6	Health Care/ Personal Care	322,676	1,402	545	324,623		324,623	6
7	Activities and Social Services	32,617		9,396	42,013		42,013	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	355,293	1,402	9,941	366,636		366,636	9
C. General Administration								
10	Administrative and Clerical	48,555	2,713	5,943	57,211		57,211	10
11	Marketing Materials, Promotions and Advertising	31,844		1,286	33,130		33,130	11
12	Employee Benefits and Payroll Taxes			126,701	126,701		126,701	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify): Membership Dues			12,117	12,117		12,117	14
15	TOTAL General Administration	80,399	2,713	146,047	229,159		229,159	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	665,096	30,402	300,563	996,061		996,061	16
Capital Expenses								
D. Ownership								
17	Depreciation					361,398	361,398	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					361,398	361,398	23
24	GRAND TOTAL (Sum of lines 16 and 23)	665,096	30,402	300,563	996,061	361,398	1,357,459	24

Facility Name: Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning 07/01/11

Ending: 06/30/12

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	8	8.46	3
4	Activity Director & Assistants	1	15.66	4
5	Social Service Workers			5
6	Head Cook	4	13.21	6
7	Cook Helpers/Assistants	5	18.85	7
8	Dishwashers			8
9	Maintenance Workers	0	10.34	9
10	Housekeepers	2	6.78	10
11	Laundry			11
12	Managers	4	29.40	12
13	Other Administrative	1	15.68	13
14	Clerical			14
15	Marketing	1	16.30	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$ 15.04	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	\$	1
2		2
Total		\$ 3

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 IL				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

Management & Human Resource overhead cost \$49,028

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).

Facility Name: Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning:

07/01/11

Ending:

06/30/12

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	\$ 36,748	40	\$ 36,773	\$ 25	\$ 1,249,425	1
2			2007	2007	6,220,763	246,951	25	248,831	1,880	1,234,034	2
3											3
4											4
5											5
Improvement Type											
6		Concrete walkway & Landscape		2011	334	24	10	33	9	24	6
7		Replace windows		1983	12,506		10	1,251	1,251	12,506	7
8		New roof		1984	6,774		10	677	677	6,774	8
9		waterproofing		1984	14,745		10	1,475	1,475	14,745	9
10		parking lot sewer		1985	2,460		10	246	246	2,460	10
11		Sealing and parking lot		2009	2,064	413	5	413		1,049	11
12		blacktop parking lot		1988	2,070		10	207	207	2,070	12
13		Replace windows		1989	4,675		10	467	467	4,675	13
14		Hollow metal doors		2012	2,714	102	10	271	169	102	14
15		building structure repairs		1991	7,188		10	719	719	7,188	15
16		see pg5-continued for additional assets			375,005	15,180		37,152	21,972	239,676	16
17		TOTAL (lines 1 thru 16)			\$ 8,122,214	\$ 299,418		\$ 328,515	\$ 29,097	\$ 2,774,728	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	\$ 220,651	\$ 19,214	\$ 32,883	13,669		\$ 182,103	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 220,651	\$ 19,214	\$ 32,883	13,669		\$ 182,103	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	\$ 6,451,796	\$ 175,645	\$ 5,157,961	21
22	Movable Equipment	649,096	64,324	609,645	22
23	Vehicles	89,604			23
24	TOTALS (lines 21, 22 and 23)	\$ 7,190,496	\$ 239,969	\$ 5,767,606	24

STATE OF ILLINOIS

Facility Name: Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning: 07/01/11

Ending:

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$ 400	1
2	Cash-Patient Deposits		162,572	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	TOTAL Current Assets (sum of lines 1 thru 9)	\$	\$ 162,972	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	8,122,214	14,487,924	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	220,651	959,351	16
17	Accumulated Depreciation (book methods)	(2,956,831)	(8,724,437)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		455,606	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,411,748	\$ 7,290,244	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,411,748	\$ 7,453,216	25

		1 Operating	
	C. Current Liabilities		
26	Accounts Payable	\$ 81,106	\$
27	Officer's Accounts Payable		
28	Accounts Payable-Patient Deposits		
29	Short-Term Notes Payable		
30	Accrued Salaries Payable		
31	Accrued Taxes Payable		
32	Accrued Interest Payable		
33	Deferred Compensation		
34	Federal and State Income Taxes		
	Other Current Liabilities(specify):		
35	Accrued Audit Fees		
36			
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 81,106	\$
	D. Long-Term Liabilities		
38	Long-Term Notes Payable		
39	Mortgage Payable		
40	Bonds Payable		
41	Deferred Compensation		
	Other Long-Term Liabilities(specify):		
42	Other long term liability	824,390	
43	Assisted Living Conversion Agreement w/ HUD	4,864,087	
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 5,688,477	\$
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,769,583	\$
46	TOTAL EQUITY	\$ (357,835)	\$
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,411,748	\$

*(See instructions.)

2 After Consolidation*	
212,584	26
	27
	28
338,894	29
	30
	31
	32
	33
	34
13,170	35
	36
564,648	37
1,028,977	38
2,866,441	39
	40
	41
2,675,376	42
4,864,087	43
11,434,881	44
11,999,529	45
(4,546,313)	46
7,453,216	47

Facility Name: Joshua Arms of LSSI Social Services of Illinois

Report Period Beginning: 07/01/11

Ending:

06/30/12

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	\$ 1,188,807	1
2	Discounts and Allowances	(122,785)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,066,022	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	70,359	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 70,359	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)	\$ 1,136,381	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	400,266	19
20	Health Care/ Personal Care	366,636	20
21	General Administration	229,159	21
B. Capital Expense			
22	Ownership	361,398	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)	\$ 1,357,459	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (221,078)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (221,078)	31

Facility Name:

Report Period Beginning:

7/1/2011

Ending:

6/30/2012

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	0	10	6,576	6,576	65,765	16
17	elevator landing system	1995	3,680	0	10	368	368	3,680	17
18	domestic water pump	2009	787	79	10	79	0	239	18
19	carpeting-lobby, activity rm, elevators	1995	352	0	10	35	35	352	19
20	ceramic tile grout-lobby	1995	736	0	10	74	74	736	20
21	wall vinyl-beauty shop, activity rm, restrooms	1995	1,324	0	10	132	132	1,324	21
22	restroom upgrades	1995	241	0	10	24	24	241	22
23	cable installation	1997	2,277	0	10	228	228	2,277	23
24	building improvements	1995	117,763	0	10	11,776	11,776	117,763	24
25	replace windows	1997	960	0	10	96	96	960	25
26	Thermo Pane Glass Window	2010	4,313	173	25	173	0	280	26
27	carpeting-unit 1206 & 1510	1998	264	0	10	26	26	264	27
28	carpeting-4th,5th, 8th & 18th floors	2000	844	0	10	84	84	844	28
29	remodel doors	1998	644	0	10	64	64	644	29
30	parking lot repairs & new driveway	1999	21,918	0	10	2,192	2,192	21,918	30
31	backfill landscaping	2000	457	0	10	46	46	457	31
32	painting & carpeting of hallways/stairwells	2001	1,740	1	10	174	173	1,740	32
33	replace windows	2002	808	81	10	81	0	785	33
34	HVAC unit	1998	2,221	89	25	89	0	1,205	34
35	office & conference room addition	1999	2,051	82	25	82	0	1,077	35
36	hot water heater	2008	1,421	142	10	142	0	623	36
37	metal door frame & hardware	2009	722	29	25	29	0	95	37
38	catch basin repair	2007	2,102	420	5	420	0	1,745	38
39	Reconstruction Due to Fire	2011	141,615	14,084	10	14,162	78	14,662	39
40							0		40
							0		
16	TOTAL	Page 5- line 16	\$ 375,005	\$ 15,180		\$ 37,152	\$ 21,972	\$ 239,676	16

