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.

I. Facility ID Number: 1000126

Facility Name: Covenant Home of Chicago

Address: 2720 West Foster Avenue (Number) Chicago (City) 60625 (Zip Code)

County: Cook

Telephone Number: (773) 506-6900 **Fax #** (773) 878-4530

Federal Employer ID Number:

Date Current Owners were Certified: 09/30/2010

Type of Ownership:

X	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501c3			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 02/01/11 to 01/31/12 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.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name) Bill Lowe

(Title) President

Paid Preparer

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Dan Lowe **Telephone Number:** (773) 596-2217
Email Address:

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**

Facility Name Covenant Home of Chicago Report Period Beginning: 02/01/11 Ending: 01/31/12

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	48	Single Unit Apartment	48	17,520	1
2	4	Double Unit Apartment	4	1,460	2
3		Other			3
4	52	TOTALS	52	18,980	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	3,008	12,543		15,551	5
6	Double Unit		923		923	6
7	Other					7
8	TOTALS	3,008	13,466		16,474	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.80%

D. Indicate the number of paid bed-hold days the SLF had during this year 125 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 198 **(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 [X] NO [ ]

F. Does the BALANCE SHEET reflect any non-SLF assets? YES [X] NO [ ]

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

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 01/31/12 Fiscal Year: 01/31/12
*** 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: Covenant Home of Chicago **Report Period Beginning: 02/01/11 Ending: 01/31/12**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	151,103	192,004	62,066	405,173	(31,633)	373,540	1
2	Housekeeping, Laundry and Maintenance	37,659	46,110	31,188	114,957		114,957	2
3	Heat and Other Utilities			132,000	132,000	(15,639)	116,361	3
4	Other (specify): Rubbish Disposal and Landscaping			10,526	10,526		10,526	4
5	**TOTAL General Services**	188,762	238,114	235,780	662,656	(47,272)	615,384	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	103,643	3,764	440	107,847		107,847	6
7	Activities and Social Services	321,225	3,686	7,363	332,274		332,274	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	424,868	7,450	7,803	440,121		440,121	9
	C. General Administration							
10	Administrative and Clerical	201,382	10,139	340,871	552,392	(200,131)	352,261	10
11	Marketing Materials, Promotions and Advertising	22,579	3,251	25,502	51,332		51,332	11
12	Employee Benefits and Payroll Taxes			215,863	215,863		215,863	12
13	Insurance-Property, Liability and Malpractice			51,041	51,041		51,041	13
14	Other (specify): Bad Debts			43,912	43,912	(43,912)		14
15	**TOTAL General Administration**	223,961	13,390	677,189	914,540	(244,043)	670,497	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	837,591	258,954	920,772	2,017,317	(291,315)	1,726,002	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			222,824	222,824		222,824	17
18	Interest			161,531	161,531	(131,330)	30,201	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			424	424		424	21
22	Other (specify):							22
23	**TOTAL Ownership**			384,779	384,779	(131,330)	253,449	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	837,591	258,954	1,305,551	2,402,096	(422,645)	1,979,451	24

Facility Name: Covenant Home of Chicago Report Period Beginning 02/01/11 Ending: 01/31/12

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 22.89	1
2	Licensed Practical Nurses	0	25.49	2
3	Certified Nurse Assistants	13	10.57	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	14.65	6
7	Cook Helpers/Assistants	1	12.88	7
8	Dishwashers	3	9.69	8
9	Maintenance Workers	1	19.85	9
10	Housekeepers	0	10.00	10
11	Laundry			11
12	Managers	1	27.58	12
13	Other Administrative	3	15.48	13
14	Clerical	2	11.23	14
15	Marketing	0	25.02	15
16	Other	1	23.20	16
17	**Total (lines 1 thru 16)**	29	$	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				$	1
2					2
3					3
4					4
5					5
			Total	$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Sodexo Services - Dietary Management/Galter Life Center	$ 53,165	1
2	Chicagoland Methodist Senior Services	82,800	2
	Total	$ 135,965	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				OTHER RELATED BUSINESS ENTITIES					
Name	1	City	2	Name	3	City	4	Type of Business	5
Covenant Retirement Communities		Skokie, IL							
Covenant Ministries of Benevolence		Chicago, IL							

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 [X]
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 [X]
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: Covenant Home of Chicago Report Period Beginning: 02/01/11 Ending: 01/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 552,188 Year land was acquired 1992

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	52		1992		$	$		$	$	$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Balance Forward				7,193,580	189,719		189,719		2,622,793	6
7	Exterior - Awning			2011	2,890	144	10	144		144	7
8	Interior - Sprinkler Heads/Wall Guards/Security Camera			2011	6,093	305	10	305		305	8
9	Pump Motor			2011	3,593	180	10	180		180	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 7,206,156	$ 190,348		$ 190,348	$	$ 2,623,422	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	$ 530,366	$ 28,617	$ 28,617	$	10	$ 420,982	18
19	Vehicles	24,987	3,859	3,859		4	24,987	19
20	TOTAL (lines 18 and 19)	$ 555,353	$ 32,476	$ 32,476	$		$ 445,969	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		$	$	$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

Facility Name: Covenant Home of Chicago **Report Period Beginning:** 02/01/11 **Ending:** 01/31/12

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 [X] NO

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

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

9. Rental amount for movable equipment $ 424

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 Name of Lender	2 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related										
	Long-Term										
1	Interest Expense			Advance From Parent Corp	/ /	$	$	/ /	0.0500	$ 161,531	1
2	Investment Income			Offset	/ /			/ /		-131,330	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$			$ 30,201	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$			$ 30,201	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.

Facility Name: Covenant Home of Chicago **Report Period Beginning:** 02/01/11 **Ending:** 01/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 01/31/12 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 204,343	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	110,781		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,000		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 318,124	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,395,631		12
13	Land	552,188		13
14	Buildings, at Historical Cost	7,206,156		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	555,353		16
17	Accumulated Depreciation (book methods)	(3,069,391)		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): Charitable Trust Remainder Interest	235,728		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 8,875,665	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 9,193,789	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 20,537	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	61,963		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	73,942		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	Due to Affiliates	4,140,274		35
36	Other Accrued Expense	5,600		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 4,302,316	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Unexpended Restricted Gifts	1,653		42
43				43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 1,653	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 4,303,969	$	45
46	**TOTAL EQUITY**	$ 4,889,820	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 9,193,789	$	47

***(See instructions.)**

Facility Name: Covenant Home of Chicago **Report Period Beginning: 02/01/11 Ending: 01/31/12**

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	$ 2,278,324	1
2	Discounts and Allowances	(209,246)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,069,078	3
	B. Other Operating Revenue		
4	Special Services	72,655	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	18,530	7
8	Barber and Beauty Care	3,082	8
9	Non-Resident Meals	1,513	9
10	Laundry	4,274	10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 100,054	11
	C. Non-Operating Revenue		
12	Contributions	432,015	12
13	Interest and Other Investment Income	131,330	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 563,345	14
	D. Other Revenue (specify):		
15	**Entrance Fee and Amortization**	10,000	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 10,000	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,742,477	18

		2	
	Expenses	**Amount**	
	A. Operating Expenses		
19	General Services	662,656	19
20	Health Care/ Personal Care	440,121	20
21	General Administration	914,540	21
	B. Capital Expense		
22	Ownership	384,779	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)**	$ 2,402,096	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 340,381	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 340,381	31

Column	Amount	Description
5	30,120	Dietary Income
5	1,513	Employee Meal Income
5	15,639	Cable Television - Resident's Rooms
5	190,984	Fundraising Expense
5	7,755	Telephone Revenue
5	1,252	Transportation Fees
5	140	Guest Fees
5	43,912	Bad Debts
5	131,330	Investment Income
	422,645	Total

Column	Amount	Description
1	432,015	Contributions
1	131,330	Interest and Other Investment Income
1	10,000	Entrance Fees and Amortization