

FOR BHF USE					

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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>1000126</u></p> <p>Facility Name: <u>Covenant Home of Chicago</u></p> <p>Address: <u>2720 West Foster Ave</u> <u>Chicago</u> <u>60625</u> <small>Number City Zip Code</small></p> <p>County: <u>Cook</u></p> <p>Telephone Number: (<u>773</u>) <u>506-6900</u> Fax # (<u>773</u>) <u>878-4530</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>09/30/2010</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 <u>501c3</u></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>Dan Lowe</u> Telephone Number: (<u>773</u>) <u>596-2217</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 <u>501c3</u>	<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>02/01/14</u> to <u>01/31/15</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>Bill Lowe</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>President</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) () _____</td> <td>Fax # () _____</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>Bill Lowe</u>			(Title) <u>President</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) () _____	Fax # () _____
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																																												
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	(Telephone) () _____	Fax # () _____																																												

Facility Name: Covenant Home of Chicago

Report Period Beginning:

02/01/14

Ending:

01/31/15

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	151,356	161,808	82,719	395,883	(8,888)	386,995	1
2	Housekeeping, Laundry and Maintenance	41,525	60,219	32,247	133,991		133,991	2
3	Heat and Other Utilities			175,593	175,593	(21,812)	153,781	3
4	Other (specify): Rubbish Disposal and Landscaping			17,065	17,065		17,065	4
5	TOTAL General Services	192,881	222,027	307,624	722,532	(30,700)	691,832	5
B. Health Care and Programs								
6	Health Care/ Personal Care	120,165	3,098	226	123,489		123,489	6
7	Activities and Social Services	318,686	2,020	4,627	325,333		325,333	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	438,851	5,118	4,853	448,822		448,822	9
C. General Administration								
10	Administrative and Clerical	248,908	8,851	187,231	444,990	(7,655)	437,335	10
11	Marketing Materials, Promotions and Advertising	31,720	3,152	51,396	86,268		86,268	11
12	Employee Benefits and Payroll Taxes			216,163	216,163		216,163	12
13	Insurance-Property, Liability and Malpractice			111,764	111,764		111,764	13
14	Other (specify): Bad Debts			(7,701)	(7,701)	7,701		14
15	TOTAL General Administration	280,628	12,003	558,853	851,484	46	851,530	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	912,360	239,148	871,330	2,022,838	(30,654)	1,992,184	16
Capital Expenses								
D. Ownership								
17	Depreciation			235,867	235,867		235,867	17
18	Interest			131,279	131,279	(131,279)		18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			509	509		509	21
22	Other (specify):							22
23	TOTAL Ownership			367,655	367,655	(131,279)	236,376	23
24	GRAND TOTAL (Sum of lines 16 and 23)	912,360	239,148	1,238,985	2,390,493	(161,933)	2,228,560	24

Facility Name: Covenant Home of Chicago

Report Period Beginning 02/01/14

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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	\$ 24.23	1
2	Licensed Practical Nurses	1	24.52	2
3	Certified Nurse Assistants	11	10.74	3
4	Activity Director & Assistants	1	20.99	4
5	Social Service Workers			5
6	Head Cook	1	14.67	6
7	Cook Helpers/Assistants	2	11.97	7
8	Dishwashers	3	9.25	8
9	Maintenance Workers	1	20.44	9
10	Housekeepers	2	10.99	10
11	Laundry			11
12	Managers	1	34.55	12
13	Other Administrative	3	16.19	13
14	Clerical	1	10.54	14
15	Marketing	1	30.79	15
16	Other	0	25.38	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	\$ 73,419	1
2	Chicagoland Methodist Senior Services	102,839	2
Total		\$ 176,258	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
Covenant Retirement Communities		Skokie, IL	
Covenant Ministries of Benevelonce		Chicago, IL	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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).

Facility Name: Covenant Home of Chicago

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02/01/14

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01/31/15

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	56		1992		\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Balance Forward				7,193,580	186,822		186,822		3,186,387	6
7	2011 - see attached			2011	12,576	1,258	10	1,258		4,403	7
8	2012 - see attached			2012	14,670	1,467	10	1,467		3,668	8
9	2013 - see attached			2013	99,743	9,974	10	9,974		14,961	9
10	Remodeling Project Consulting/Design			2014	244,084	12,206	10	12,206		12,206	10
11	Flooring - Resident Rooms - 2nd, 3rd, 4th Floor			2014	15,287	762	10	762		762	11
12	Access Control System - HVAC			2014	29,032	1,452	10	1,452		1,452	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,608,972	\$ 213,941		\$ 213,941	\$	\$ 3,223,839	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	\$ 657,435	\$ 21,926	\$ 21,926	\$	10	\$ 484,078	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 657,435	\$ 21,926	\$ 21,926	\$		\$ 484,078	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

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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

		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

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

9. Rental amount for movable equipment \$ 509

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		
					Original	Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense		
Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense		
	YES	NO			Original	Balance					
A. Directly Facility Related											
Long-Term											
1				Advance From Parent Corp	/ /	\$	\$	/ /	0.0500	\$ 131,279	1
2				Interest Income Offset	/ /			/ /		-131,279	2
3					/ /			/ /			3
Working Capital											
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
B. Non-Facility Related											
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: 02/01/14

Ending:

01/31/15

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 01/31/15

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 91,313	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	195,893		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)	\$ 290,206	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,584,605		12
13	Land	552,188		13
14	Buildings, at Historical Cost	7,608,972		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	657,435		16
17	Accumulated Depreciation (book methods)	(3,707,917)		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	220,814		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,916,097	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,206,303	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 36,126	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	102,104		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	40,574		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	4,612,842		35
36	Accrued Expenses	880		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,792,526	\$	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	1,712		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,712	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,794,238	\$	45
46	TOTAL EQUITY	\$ 4,412,065	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,206,303	\$	47

*(See instructions.)

Facility Name: Covenant Home of Chicago

Report Period Beginning: 02/01/14

Ending:

01/31/15

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	\$ 2,348,187	1
2	Discounts and Allowances	(347,722)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,000,465	3
B. Other Operating Revenue			
4	Special Services	36,682	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	320	7
8	Barber and Beauty Care	3,124	8
9	Non-Resident Meals	2,168	9
10	Laundry	6,534	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 48,828	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	141,835	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 141,835	14
D. Other Revenue (specify):			
15	Entrance Fees/Miscellaneous	22,616	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 22,616	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,213,744	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	722,532	19
20	Health Care/ Personal Care	448,822	20
21	General Administration	851,484	21
B. Capital Expense			
22	Ownership	367,655	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)	\$ 2,390,493	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (176,749)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (176,749)	31

<u>Line</u>	<u>Column</u>	<u>Amount</u>	<u>Description</u>
1	5	6,720	Dietary Income
1	5	2,168	Employee Meal Income
3	5	21,812	Cable Television - Resident's Rooms
10	5	320	Transportation Fees
10	5	6,910	Telephone Revenue
10	5	425	Guest Fees
14	5	(7,701)	Bad Debts
18	5	<u>131,279</u>	Investment Income to the extent of Expense
		<u>161,933</u>	Total

2014 Cost Report, Page 8, Report XII

<u>Line</u>	<u>Column</u>	<u>Amount</u>	<u>Description</u>
13	1	141,835	Interest and Other Investment Income
15	1	22,616	Entrance Fees/Miscellaneous

<u>Improvement Type</u>	<u>Year Constructed</u>	<u>Cost</u>	<u>Current Book Depreciation</u>	<u>Life in Years</u>	<u>Straight Line Depreciation</u>	<u>Adjustments</u>	<u>Accumulated Depreciation</u>
Exterior-Awning	2011	2,890	288	10	288		1,008
Interior-Sprinkler Heads/Wall Guards/Security Cam	2011	6,093	610	10	610		2,135
Pump Motor	2011	3,593	360	10	360		1,260
Total		12,576	1,258		1,258		4,403
Awning	2012	3,125	314	10	314		785
Resident Room Restoration	2012	4,265	426	10	426		1,065
Sprinkler Heads	2012	7,280	727	10	727		1,818
Total		14,670	1,467		1,467		3,668
Resident Room Restoration	2013	9,920	992	10	992		1,488
HVAC Chiller	2013	14,385	1,438	10	1,438		2,158
Remodeling Project Consulting/Design	2013	44,130	4,413	10	4,413		6,620
Retaining Wall Repair	2013	12,450	1,245	10	1,245		1,869
Air Compressor Controller	2013	5,367	537	10	537		802
Roof Repair	2013	4,378	438	10	438		657
Wireless Monitoring	2013	9,113	911	10	911		1,367
Total		99,743	9,974		9,974		14,961