

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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 Ave Chicago 60625

Number City 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:

☒ VOLUNTARY, NON-PROFIT

☒ Charitable Corp.

☐ Trust

IRS Exemption Code 501c3

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other _____

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other _____

In the event there are further questions about this report, please contact:

Name: Dan Lowe Telephone Number: (773) 596-2217

Email Address: _____

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 02/01/12 to 01/31/13 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 # ()

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
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Report Period Beginning: 02/01/12 Ending: 01/31/13

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	48	Single Unit Apartment	48	17,568	1		
2	4	Double Unit Apartment	4	1,464	2		
3		Other			3		
4	52	TOTALS	52	19,032	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	3,890	9,957		13,847	5
6	Double Unit		522		522	6
7	Other					7
8	TOTALS	3,890	10,479		14,369	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 75.50%

D. Indicate the number of paid bed-hold days the SLF had during this year

661 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **102 (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)

Adult Day Care

H. ACCOUNTING BASIS

		MODIFIED	
ACCRUAL	X	CASH*	
		CASH*	

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

Tax Year: 01/31/13 **Fiscal Year:** 01/31/13

* 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

make all of the required payments of interest and principle?

If no, explain.

STATE OF ILLINOIS

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Facility Name: Covenant Home of Chicago

Report Period Beginning:

02/01/12

Ending:

01/31/13

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	171,951	178,868	62,589	413,408	(37,932)	375,476	1
2	Housekeeping, Laundry and Maintenance	32,524	49,176	54,619	136,319		136,319	2
3	Heat and Other Utilities			127,889	127,889	(16,536)	111,353	3
4	Other (specify): Rubbish Disposal and Landscaping			11,502	11,502		11,502	4
5	TOTAL General Services	204,475	228,044	256,599	689,118	(54,468)	634,650	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	117,620	3,560	286	121,466		121,466	6
7	Activities and Social Services	305,504	1,717	5,800	313,021		313,021	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	423,124	5,277	6,086	434,487		434,487	9
	C. General Administration							
10	Administrative and Clerical	196,882	7,832	186,223	390,937	(28,605)	362,332	10
11	Marketing Materials, Promotions and Advertising	20,468	5,951	9,938	36,357		36,357	11
12	Employee Benefits and Payroll Taxes			203,805	203,805		203,805	12
13	Insurance-Property, Liability and Malpractice			74,672	74,672		74,672	13
14	Other (specify): Bad Debts			16,285	16,285	(16,285)		14
15	TOTAL General Administration	217,350	13,783	490,923	722,056	(44,890)	677,166	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	844,949	247,104	753,608	1,845,661	(99,358)	1,746,303	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			215,230	215,230		215,230	17
18	Interest			160,901	160,901	(139,656)	21,245	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,447	1,447		1,447	21
22	Other (specify):							22
23	TOTAL Ownership			377,578	377,578	(139,656)	237,922	23
24	GRAND TOTAL (Sum of lines 16 and 23)	844,949	247,104	1,131,186	2,223,239	(239,014)	1,984,225	24

Facility Name: Covenant Home of Chicago

Report Period Beginning 02/01/12 Ending: 01/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 24.23	1
2	Licensed Practical Nurses	0	23.75	2
3	Certified Nurse Assistants	13	10.61	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	15.68	6
7	Cook Helpers/Assistants	2	11.89	7
8	Dishwashers	3	9.41	8
9	Maintenance Workers	1	19.72	9
10	Housekeepers	0	8.75	10
11	Laundry			11
12	Managers	1	33.07	12
13	Other Administrative	3	15.20	13
14	Clerical	1	11.64	14
15	Marketing	0	23.99	15
16	Other	1	23.43	16
17	Total (lines 1 thru 16)	29	\$	17

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 Benevolence		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).

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	\$ 57,887	1
2	Chicagoland Methodist Senior Services	98,137	2
Total		\$ 156,024	3

Facility Name: Covenant Home of Chicago

Report Period Beginning:

02/01/12

Ending:

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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		2,813,141	6
7	Exterior-Awning			2011	2,890	288	10	288		288	7
8	Interior-Sprinkler Heads/Wall Guards/Security Cam			2011	6,093	610	10	610		610	8
9	Pump Motor			2011	3,593	360	10	360		360	9
10											10
11	Awning			2012	3,125	157	10	157		157	11
12	Resident Room Restoration			2012	4,265	213	10	213		213	12
13	Sprinkler Heads			2012	7,280	364	10	364		364	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,220,826	\$ 191,711		\$ 191,711	\$	\$ 2,815,133	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	\$ 542,722	\$ 23,519	\$ 23,519	\$	10	\$ 444,502	18
19	Vehicles	24,987				4	24,987	19
20	TOTAL (lines 18 and 19)	\$ 567,709	\$ 23,519	\$ 23,519	\$		\$ 469,489	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: 02/01/12 Ending: 01/31/13

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 \$ 1,447

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	
	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	\$ 160,901	1
2				Interest Income Offset	/ /			/ /		-139,656	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 21,245	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 21,245	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: 02/01/12

Ending:

01/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 01/31/13

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 128,263	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	133,891		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)	\$ 265,154	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	3,477,652		12
13	Land	552,188		13
14	Buildings, at Historical Cost	7,220,826		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	567,709		16
17	Accumulated Depreciation (book methods)	(3,284,622)		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	219,172		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,752,925	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,018,079	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,456	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	89,901		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	70,727		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	4,010,311		35
36	Accrued Expense/Current Liability	5,665		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,186,060	\$	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	1,711		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,711	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,187,771	\$	45
46	TOTAL EQUITY	\$ 4,830,308	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,018,079	\$	47

*(See instructions.)

Facility Name: Covenant Home of Chicago

Report Period Beginning: 02/01/12

Ending:

01/31/13

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

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,240,618	1
2	Discounts and Allowances	(354,009)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,886,609	3
	B. Other Operating Revenue		
4	Special Services	76,296	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	2,059	7
8	Barber and Beauty Care	2,329	8
9	Non-Resident Meals	2,589	9
10	Laundry	7,236	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 90,509	11
	C. Non-Operating Revenue		
12	Contributions	24,509	12
13	Interest and Other Investment Income	139,656	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 164,165	14
	D. Other Revenue (specify):		
15	Entrance Fee and Late Charges	10,300	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,300	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,151,583	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	689,118	19
20	Health Care/ Personal Care	434,487	20
21	General Administration	722,056	21
	B. Capital Expense		
22	Ownership	377,578	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)	\$ 2,223,239	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (71,656)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (71,656)	31

2012 Cost Report, Page 3, Report IV, Column 5

<u>Line</u>	<u>Column</u>	<u>Amount</u>	<u>Description</u>
1	5	35,343	Dietary Income
1	5	2,589	Employee Meal Income
3	5	16,536	Cable Television - Resident's Rooms
10	5	20,664	Fundraising Expense
10	5	6,612	Telephone Revenue
10	5	1,137	Transportation Fees
10	5	192	Guest Fees
14	5	16,285	Bad Debts
18	5	<u>139,656</u>	Investment Income
		<u><u>239,014</u></u>	Total

<u>Column</u>	<u>Amount</u>	<u>Description</u>
1	24,509	Contributions
1	139,656	Interest and Other Investment Income
1	10,300	Entrance Fees and Amortization

