

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>Covenant Home of Chicago</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>10/01/20</u> to <u>09/30/21</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>	
Address: <u>2720 West Foster Ave</u> <u>Chicago</u> <u>60625</u>			
County: <u>Cook</u>			
Telephone Number: <u>(773) 506 - 6900</u> Fax # <u>(773) 878 - 4530</u>			
Federal Employer ID Number: _____			
Date Current Owners were Certified: <u>09/30/10</u>		<div>Officer or Administrator of Provider</div> <div>Paid Preparer</div>	
Type of Ownership:			
<div><div><input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT</div><div><input checked="" type="checkbox"/> Charitable Corp.</div><div><input type="checkbox"/> Trust</div><div>IRS Exemption Code <u>501(c)(3)</u></div></div> <div><div><input type="checkbox"/> PROPRIETARY</div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> Corporation</div><div><input type="checkbox"/> "Sub-S" Corp.</div><div><input type="checkbox"/> Limited Liability Co.</div><div><input type="checkbox"/> Trust</div><div><input type="checkbox"/> Other _____</div></div> <div><div><input type="checkbox"/> GOVERNMENTAL</div><div><input type="checkbox"/> State</div><div><input type="checkbox"/> County</div><div><input type="checkbox"/> Other _____</div></div>		(Signed) _____ (Date) _____	
		(Type or Print Name) <u>Jean Justie</u>	
		(Title) <u>Chief Financial Officer</u>	
		(Signed) _____ (Date) _____	
		(Print Name and Title) <u>Jeremy M. Brune, CPA</u> <u>Chief Executive Officer</u>	
		(Firm Name & Address) <u>Jeremy Brune & Associates, LLC</u> <u>2508 Riverwalk Drive Plainfield, Illinois 60586</u>	
		(Telephone) <u>(779) 875 - 3979</u> Fax <u>(866) 216 - 5355</u>	
In the event there are further questions about this report, please contact:		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	
Name: <u>Jeremy M. Brune, CPA</u> Telephone Number: <u>(779) 875 - 3979</u>			
Email Address: _____			

STATE OF ILLINOIS

Page 3

Facility Name: Covenant Home of Chicago

Report Period Beginning:

10/01/20

Ending:

09/30/21

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	285,984	241,363	13,742	541,089		541,089	1
2	Housekeeping, Laundry and Maintenance	50,140	66,035	82,958	199,133		199,133	2
3	Heat and Other Utilities			200,703	200,703	(32,248)	168,455	3
4	Other (specify):							4
5	TOTAL General Services	336,124	307,398	297,403	940,925	(32,248)	908,677	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	673,758	35,178	18,187	727,123		727,123	6
7	Activities and Social Services	75,200	1,509	13,190	89,899		89,899	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	748,958	36,687	31,377	817,022		817,022	9
	C. General Administration							
10	Administrative and Clerical	318,929	9,351	364,612	692,892	(115,288)	577,604	10
11	Marketing Materials, Promotions and Advertising			53,521	53,521	(53,521)		11
12	Employee Benefits and Payroll Taxes			264,788	264,788		264,788	12
13	Insurance-Property, Liability and Malpractice			155,211	155,211		155,211	13
14	Other (specify):							14
15	TOTAL General Administration	318,929	9,351	838,132	1,166,412	(168,809)	997,603	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,404,011	353,436	1,166,912	2,924,359	(201,057)	2,723,302	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			318,733	318,733		318,733	17
18	Interest			156,482	156,482	(97,940)	58,542	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			7,416	7,416		7,416	20
21	Rent -- Equipment			240	240		240	21
22	Other (specify):							22
23	TOTAL Ownership			482,871	482,871	(97,940)	384,931	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,404,011	353,436	1,649,783	3,407,230	(298,997)	3,108,233	24

Facility Name: Covenant Home of Chicago

Report Period Beginning: 10/01/20 Ending: 09/30/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4	\$ 31.43	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14	15.37	3
4	Activity Director & Assistants	2	23.60	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8	17.06	7
8	Dishwashers			8
9	Maintenance Workers	1	21.34	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	6	26.85	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	34	\$ 20.01	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 Living Comm. & Services	Skokie, Illinois
Cov. Ministries of Benevolence	Chicago, Illinois

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	Chicago Methodist Senior Services	\$ 117,620	1
2			2
Total		\$ 117,620	3

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).

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	Buildings and Improvements				7,193,580						6
7	Various			2011	12,576						7
8	Various			2012	14,670						8
9	Various			2013	99,743						9
10	Various			2014	288,403						10
11	Various			2015	193,564						11
12	Various			2016	46,475						12
13	Various			2017	123,385						13
14	HVAC			2018	36,861						14
15	Construction / Painting / Flooring - Floors 1 - 5			2018	108,935						15
16	HVAC / Flooring - Floors 1 - 5			2019	49,101						16
17	TOTAL (lines 1 thru 16)				\$ 8,167,293	\$		\$	\$	\$	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	\$ 861,484	\$ 35,058	\$ 35,058	\$		\$ 706,041	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 861,484	\$ 35,058	\$ 35,058	\$		\$ 706,041	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

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Balance Carryforward - Page 5 - 1				8,167,293						6
7											7
8	Flooring / Elevator / Fire Alarms - Floors 1 - 5			2020	37,209						8
9	Landscaping			2021	4,375						9
10	Room Renovations: Flooring, Painting, Plumbing										10
11	Cabinets, HVAC, and Lighting - Floors 1 - 5			2021	122,350						11
12											12
13											13
14											14
15											15
16	Depreciation					283,675		283,675		4,987,650	16
17	TOTAL (lines 1 thru 16)				\$ 8,331,227	\$ 283,675		\$ 283,675	\$	\$ 4,987,650	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: 10/01/20 Ending: 09/30/21

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES 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	Office			/ /	7,416			5
6				/ /				6
7	TOTAL				\$ 7,416			7

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

9. Rental amount for movable equipment \$ 240

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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Cov. Living	X		Working Capital	/ /		5,569,211	/ /		156,482	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	5,569,211			\$ 156,482	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-94,940	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	5,569,211			\$ 61,542	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.

STATE OF ILLINOIS

Page 7

Facility Name: Covenant Home of Chicago

Report Period Beginning: 10/01/20

Ending:

09/30/21

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 09/30/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 107,033	\$	1
2	Cash-Patient Deposits	55,037		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 12,241)	127,747		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	73,593		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)	\$ 366,410	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	552,188		13
14	Buildings, at Historical Cost	8,331,227		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	861,484		16
17	Accumulated Depreciation (book methods)	(5,693,691)		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): <u>Restricted Funds / Trusts</u>	4,727,224		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 8,778,432	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,144,842	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 134,360	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,964		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	135,694		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	<u>Due from Affiliated Entities</u>	5,817,338		35
36	<u>Advance Deposits</u>	162,584		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 6,265,940	\$	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	<u>Restricted Gift Liabilities</u>	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)	\$ 6,267,652	\$	45
46	TOTAL EQUITY	\$ 2,877,190	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,144,842	\$	47

*(See instructions.)

Facility Name: Covenant Home of Chicago

Report Period Beginning: 10/01/20

Ending:

09/30/21

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,527,142	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,527,142	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop	5,781	7
8	Barber and Beauty Care	914	8
9	Non-Resident Meals		9
10	Laundry	10,548	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 17,243	11
	C. Non-Operating Revenue		
12	Contributions	60,858	12
13	Interest and Other Investment Income	196,168	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 257,026	14
	D. Other Revenue (specify):		
15	Transportation, Telephone, and Other Revenue	39,047	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 39,047	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,840,458	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	940,925	19
20	Health Care/ Personal Care	817,022	20
21	General Administration	1,166,412	21
	B. Capital Expense		
22	Ownership	482,871	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)	\$ 3,407,230	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (566,772)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (566,772)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 696,668	32
33	Private Pay - Net Inpatient Revenue	1,830,474	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,527,142	37