Form 99			Return of Organization	Exempt From	Income	Тах	OMBNo 1545-0047
	U	Under	r section 501(c), 527, or 4947(a)(1) o		Code (exce	pt black lung	2008
Departmen Treasury Internal Re		► The or	benefit trust or ganization may have to use a copy of	private foundation) this return to satisfy s	tate reportin	ig requirements	Open to Public
Service	2008 ca	lendar vea	r, or tax year beginning 02-01-2008	and ending 01-31-2009)		
B Check If a	ſ	Please	C Name of organization			D Employer i	dentification number
Address ch		use IRS label or	Covenant Retirement Communities of the Great Lakes Conference Doing Business As			38-32446 E Telephone	
Name chai	nge	print or type. See	Doing business As				
Initial retui	rn	Specific Instruc-	Number and street (or P O box if mail is n	ot delivered to street addres	ss) Room/suite	(616)735 G Gross recei	•-4541 ipts \$ 13,242,317
Terminatio		tions.	2520 Lake Michigan Drive NW				
Amended I			City or town, state or country, and ZIP + 4 Grand Rapids, MI 49504	ł			
Application	n pending						
		Elizabe c/o CR(ne and address of Principal Officer th Buikema C - 5700 Old Orchard Rd IL 60077		affili	nis a group retu ates?	「Yes 「No
Tax-exem	npt status		(3) ◀ (Insert no)	527		all affiliates inclu	ded?
Website	e: 🕨 www	covenant	retirement org				lumber 🕨 2650
			j				
【Type of org	ganization	Corporat	ion 🔽 trust 🔽 association 🔽 other 🕨		L Year of F	ormation 1995	M State of legal domicile MI
	6						
Part I			e organization's mission or most signi	ficant activities			
		senior adu					
	Checkt	his hoy 🗖	If the organization discontinued its op	erations or disposed of	fmore than '	25% of its asse	ate
3			nembers of the governing body (Part \			. 3	20
5 4			dent voting members of the governing			. 4	16
5			nployees (Part V, line 2a)			5	250
6 7 7	Total nu	mber of vo	lunteers (estimate if necessary) .			6	90
t 7a	Total gr	oss unrela	ted business revenue from Part VIII,	lıne 12, column (C) .	•	7a	0
b	Net unre	elated busi	ness taxable income from Form 990-	T, line 34		7b	
					Pri	ior Year	Current Year
<u>भ</u>	Contrit	outions and	igrants (Part VIII, line 1h)				
	9 Program service revenue (Part VIII, line 2g)					72,426	
10			revenue (Part VIII, line 2g)			9,773,995	10,572,69
10 H	Invest	ment incor	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4,	and 7d)		9,773,995 486,411	10,572,695 47,742
10 Ha 11 12	Invest Other Total r	ment incor revenue (P	revenue (Part VIII, line 2g)	and 7d)		9,773,995 486,411 337,460	10,572,695 47,742 2,564,64
- 11 12	Invest Other Total r 12)	ment incor revenue (P evenue—ac	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par	and 7d)		9,773,995 486,411	10,572,695 47,742 2,564,643 13,219,749
- 11 12 13	Invest Other Total r 12) Grants	ment incor revenue (P evenue—ac and simila	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, . art VIII, column (A), lines 5, 6d, 8c, . dd lines 8 through 11 (must equal Par ur amounts paid (Part IX, column (A),	and 7d)		9,773,995 486,411 337,460	10,572,695 47,742 2,564,643 13,219,749
- 11 12 13 14	Invest Other Total r 12) Grants Benefit	ment incor revenue (P evenue—ad and simila is paid to o	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par r amounts paid (Part IX, column (A), li r for members (Part IX, column (A), li	and 7d) 9c, 10c, and 11e) t VIII, column (A), line lines 1–3) ne 4)		9,773,995 486,411 337,460	10,572,695 47,742 2,564,643 13,219,749
- 11 12 13 14 15	Invest Other (Total r 12) Grants Benefit Salarie 10)	ment incor revenue (P evenue—ad and simila s paid to o s, other cc	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), li ompensation, employee benefits (Part	and 7d)		9,773,995 486,411 337,460	10,572,695 47,742 2,564,645 13,219,745 (
- 11 12 13 14 15	Invest Other Total r 12) Grants Benefit Salarie 10) Profess	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), line mpensation, employee benefits (Part raising fees (Part IX, column (A), line	and 7d)		9,773,995 486,411 337,460 10,670,292	10,572,695 47,742 2,564,643 13,219,745 (((4,796,263
- 11 12 13 14 15 \$\$ \$\$ \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Invest Other 1 Total r 12) Grants Benefit Salarie 10) Profess (Total fu	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par manounts paid (Part IX, column (A), r for members (Part IX, column (A), li ompensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u>	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071	10,572,695 47,742 2,564,643 13,219,745 () () 4,796,263
- 11 12 13 14 15 \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Invest Other Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other o	ment incor revenue (P evenue—ad and simila s paid to o s, other co sional fund indraising exp expenses (revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), line pensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 2	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273	10,572,695 47,742 2,564,643 13,219,745 () () () () () () () () () () () () ()
- 11 12 13 14 15 30 4 4 5 4 4 5 4 16 a 17 18	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses —	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par manounts paid (Part IX, column (A), line or members (Part IX, column (A), line pansation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX,	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344	10,572,695 47,742 2,564,643 13,219,749 (0) 4,796,263 (0) 9,106,818 13,903,083
- 11 12 13 14 15 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses —	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), line pensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 2	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052	10,572,695 47,742 2,564,641 13,219,749 (0 4,796,263 9,106,818 13,903,081 -683,332
- 11 12 13 14 15 \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Invest Other Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e Revenu	ment incor revenue (P and simila s paid to o s, other cc sional fund indraising exp expenses (xpenses— ue less exp	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), line propensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year	10,572,695 47,742 2,564,641 13,219,749 (0 4,796,263 (0 9,106,818 13,903,081 -683,332 End of Year
- 11 12 13 14 15 \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other o Total e Revenu	ment incor revenue (P and simila s paid to o s, other co sional fund indraising exp expenses (xpenses — ue less exp ssets (Par	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16)	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176	10,572,695 47,742 2,564,641 13,219,749 (4,796,263 9,106,818 13,903,081 -683,332 End of Year 58,620,081
- 11 12 13 14 15 55 16a b 17 18 19	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e Revenu	ment incor revenue (P evenue—ad and simila s paid to o s, other cc sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (F	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par manounts paid (Part IX, column (A), line or members (Part IX, column (A), line pensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26)	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468	10,572,695 47,742 2,564,643 13,219,745 (4,796,263 (9,106,818 13,903,083 -683,332 End of Year 58,620,083 74,143,920
- 11 12 13 14 15 55 55 55 55 55 55 55 55 55 55 55 55	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other o Total e Revenu Total a Total a	ment incor revenue (P evenue—ad and simila s paid to o s, other co sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (F	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par ar amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 3 add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line	and 7d)		9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176	10,572,695 47,742 2,564,641 13,219,745 (0) 4,796,263 (0) 9,106,818 13,903,081 -683,332 End of Year 58,620,081 74,143,920
- 11 12 13 14 15 \$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total a Revenu Total a Total a Net as Signa	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (P sets or fun ature Bio enalties of pe	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part in amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a-11d, 1 add lines 13-17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rjury, I declare that I have examined this return and the set of the	and 7d)	Beginr Beginr	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to	10,572,695 47,742 2,564,64 13,219,745 (4,796,263 9,106,818 13,903,083 -683,332 End of Year 58,620,083 74,143,920 -15,523,839
- 11 12 13 14 15 5000 16a 16a 17 18 19 20 20 20 21 21 21 22 Part II	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e Revenu Total a Total li Net as Sign	ment incor revenue (P evenue — ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses — ie less exp ssets (Par abilities (P sets or fun ature Blo enalties of pe	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Par manounts paid (Part IX, column (A), line propensation, employee benefits (Part raising fees (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line	and 7d)	Schedules and d on all information	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to ation of which prep	10,572,695 47,742 2,564,641 13,219,749 (0 4,796,263 9,106,818 13,903,081 -683,332 End of Year 58,620,081 74,143,920 -15,523,839
- 11 12 13 14 15 16a 16a 17 18 19 20 20 21 21 22 Part II	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total e Revenu Total a Total li Net as Sign Under pe and belie	ment incor revenue (P evenue — ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses — ie less exp ssets (Par abilities (P sets or fun ature Blo enalties of pe	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part or amounts paid (Part IX, column (A), line or members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rgury, I declare that I have examined this reture penses and complete Declaration of preparer	and 7d)	Schedules and d on all information	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to atton of which prep 9-12-15	10,572,695 47,742 2,564,64 13,219,745 (4,796,263 9,106,818 13,903,083 -683,332 End of Year 58,620,083 74,143,920 -15,523,839
- 11 12 13 14 15 16a 16a 17 18 19 5000 21 20 21 20 21 20 21 21 22 Part III	Invest Other of Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total a Total a Total a Net as Signa Under pe and belie Signa	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (P sets or fun ature Bid enalties of pe ef, it is true, o ** iture of office	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part in amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rjury, I declare that I have examined this retu- correct, and complete Declaration of preparer art VP of Finance/CFO	and 7d)	Beginr schedules and d on all information 2009	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to atton of which prep 9-12-15	10,572,695 47,742 2,564,64 13,219,745 (4,796,263 9,106,818 13,903,083 -683,332 End of Year 58,620,083 74,143,920 -15,523,839
- 11 12 13 14 15 16a 16a 17 18 19 53 17 18 19 53 17 18 19 20 21 21 22 Part III	Invest Other of Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total a Total a Total a Net as Signa Under pe and belie Signa	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (P sets or fun ature Blo enalties of pe ef, it is true, o **	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part in amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rjury, I declare that I have examined this retu- correct, and complete Declaration of preparer art VP of Finance/CFO	and 7d)	Beginr schedules and d on all information 2009	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to atton of which prep 9-12-15	10,572,695 47,742 2,564,641 13,219,749 (0 4,796,263 9,106,818 13,903,081 -683,332 End of Year 58,620,081 74,143,920 -15,523,839
- 11 12 13 14 15 16a 16a 17 18 19 20 20 21 20 21 21 22 Part III	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total a Total a Total a Total a Net as Signa Under pe and belle	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses— ie less exp ssets (Par abilities (P sets or fun ature Blo enalties of pe ef, it is true, o ** iture of office beth Buikema or print nam	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part in amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rjury, I declare that I have examined this retu- correct, and complete Declaration of preparer art VP of Finance/CFO	and 7d)	schedules and d on all informa 2009 Date	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to atton of which prep 9-12-15	10,572,695 47,742 2,564,64 13,219,745 (4,796,263 9,106,818 13,903,083 -683,332 End of Year 58,620,083 74,143,920 -15,523,839
- 11 12 13 14 15 55 16a 16a 17 18 19 20 21 20 21 21 22 Part III Please Sign Here	Invest Other (Total r 12) Grants Benefit Salarie 10) Profess (Total fu Other of Total a Total a Total a Total a Total a Net as Signa Under pe and belie Elizat Type	ment incor revenue (P evenue—ad and simila is paid to o s, other co sional fund indraising exp expenses (xpenses— ue less exp ssets (Par abilities (P sets or fun ature Bid enalties of pe ef, it is true, o ** iture of office	revenue (Part VIII, line 2g) ne (Part VIII, column (A), lines 3, 4, art VIII, column (A), lines 5, 6d, 8c, dd lines 8 through 11 (must equal Part in amounts paid (Part IX, column (A), r for members (Part IX, column (A), line penses (Part IX, column (A), line penses, Part IX, column (D), line 25 <u>31,919</u> Part IX, column (D), line 25 <u>31,919</u> Part IX, column (A), lines 11a–11d, 1 add lines 13–17 (must equal Part IX, penses Subtract line 18 from line 12 t X, line 16) Part X, line 26) d balances Subtract line 21 from line Dck rjury, I declare that I have examined this retu- correct, and complete Declaration of preparer art VP of Finance/CFO	and 7d)	schedules and d on all information Date	9,773,995 486,411 337,460 10,670,292 3,816,071 9,288,273 13,104,344 -2,434,052 hing of Year 59,391,176 74,258,468 -14,867,292 statements, and to atton of which prep 9-12-15	10,572,695 47,742 2,564,641 13,219,749 (4,796,263 9,106,818 13,903,081 -683,332 End of Year 58,620,081 74,143,920 -15,523,839 o the best of my knowledge arer has any knowledge
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Forn	n 990 (2008) Page 2
Pa	rt III Statement of Program Service Accomplishments (See the instructions.)
1	Briefly describe the organization's mission Residential Living The number of persons who benefited from the services we provided for the year ended January 31, 2009 were as follows There were a total of 201 residents, occupying 146 apartments at 01/31/2009 Residency for the fiscal year totaled 72,405 resident days
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$4,657,798including grants of \$) (Revenue \$4,559,155)Residential LivingThe number of persons who benefited from the services we provided for the year ended January 31, 2009 were as followsThere were a total of 201 residents, occupying 146 apartments at 01/31/2009Residency for the fiscal year totaled 72,405 resident days
4b	(Code) (Expenses \$ 2,471,996 including grants of \$) (Revenue \$ 2,483,711) Assisted Living The number of persons who benefited from the services we provided for the year ended January 31, 2009 were as follows There were a total of 64 assisted living residents at 01/31/2009 Assisted living residency for the fiscal year totaled 23,644 patient days
4c	(Code) (Expenses \$ 2,870,513including grants of \$) (Revenue \$ 3,529,829)Skilled Nursing The number of persons who benefited from the services we provided for the year ended January 31, 2009 were as followsThere were a total of 30skilled care patients at 01/31/2009Skilled care residency for the fiscal year totaled 11,515 patient daysSkilled care patients at 01/31/2009

4d	4d Other program services (Describe in Schedule O)								
	(Expenses \$	including grants of \$) (Revenue \$)					
4e	Total program service expenses \$	10,000,307	Must equal Part IX, Line 25, column (B).						
				Form 990 (2008)					

Form 990	(2008)

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕲	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If</i> " <i>Yes," complete Schedule C, Part III</i>	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			No
13	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . ¹ Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12 13		No
14-		14a		No
	Did the organization maintain an office, employees, or agents outside of the US?	14a		
	business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	14b		No
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 🔞	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 🕏	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	Yes	
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24u 25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Form 990 (2008)

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part</i>			
	IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
с	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
57	organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		

Form **990** (2008)

Par	t V Sta	tements Regarding Other IRS Filings and Tax Compliance	e				
						Yes	No
1a		number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Info	ormation Returns. Enter -0- if not applicable					
			1a	16			
b	Enter the r	number of Forms W-2G included in line 1a <i>Enter -0-</i> if not applicable	1b	0			
с	Did the ord	L ganızatıon comply with backup withholdıng rules for reportable payments to	ven	dors and reportable			
	gamıng (ga	ambling) winnings to prize winners?	•	[.]	1c	Yes	
2a		number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i>					
	return .	filed for the calendar year ending with or within the year covered by this	2a	250			
b		ے one is reported in 2a, did the organization file all required federal employm					
_		e sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the org	ganization have unrelated business gross income of \$1,000 or more during	the '	year covered by this	3a		No
b		as it filed a Form 990-T for this year? If "No," provide an explanation in Sche	dule	0	Зb		
		e during the calendar year, did the organization have an interest in, or a si					
	over, a fina	ancial account in a foreign country (such as a bank account, securities acc			4a		Na
h			• •		тч		No
b		nter the name of the foreign country	nort a	f Foreign Bank and			
	Financial Ad			, or engin Darik and			
5a	Was the or	ganization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		No
b	Did any ta	xable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		No
с	If "Yes," to	5 a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt</i>	Entit	y Regarding Prohibited			
	Tax Shelter	Transaction?	•	• • •	5c		
	-	ganization solicit any contributions that were not tax deductible?			6a		No
b		id the organization include with every solicitation an express statement the ax deductible?	atsu	ch contributions or gifts	6b		
7		ons that may receive deductible contributions under section 170(c).	•••		55		
	-	ganization provide goods or services in exchange for any quid pro quo cont	rıbutı	on of \$75 or	7a	Yes	
-	more?						
b	If "Yes," dı	d the organization notify the donor of the value of the goods or services pr	ovide	d?	7b	Yes	
с	-	janization sell, exchange, or otherwise dispose of tangible personal proper	•	•	7c		No
Ь		2827	7d	 	~		
	co, m			I			
е		ganization, during the year, receive any funds, directly or indirectly, to pay	prem	iums on a personal	-		м.
£		ntract?		anofit contract?	7e 7f		No
	-	janization, during the year, pay premiums, directly or indirectly, on a perso tributions of qualified intellectual property, did the organization file Form 8			/т 7g		No
g h		putions of qualified intellectual property, did the organization file Form s putions of cars, boats, airplanes, and other vehicles, did the organization fil			<i>'</i> y		
	required?		.car •	• • • • • • •	7h		
8		1(c)(3) and other sponsoring organizations maintaining donor advised funds a					
		<i>organizations</i> . Did the supporting organization, or a fund maintained by a s siness holdings at any time during the	ponso	oring organization, have			
		· · · · · · · · · · · · · · · · · · ·			8		
9	Section 501	1(c)(3) and other sponsoring organizations maintaining donor advised funds.					
		ganization make any taxable distributions under section 4966?			9a		
b		janization make a distribution to a donor, donor advisor, or related person?	· •		9b		
10		1(c)(7) organizations. Enter		I			
		ees and capital contributions included on Part VIII, line 12	10a				
b	Gross rece facilities	eipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
)1(c)(12) organizations Enter		I			
а	Gross inco	ome from members or shareholders	11a				
b	Gross inco	- ome from other sources (Do not net amounts due or paid to other sources					
		nounts due or received from them)	11b				
12a	Section 494	47(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu d	of Form 1041?	12a		
		nter the amount of tax-exempt interest received or accrued during the					
	year [']		12b				

Form 990 (2008)

Form **990** (2008)

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Form 990 (orm 990 (2008)									
Part VI	Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)									
Section	A. Governing Body and Management									

			Yes	No
	For each "Yes″ response to lines 2-7 below, and for a "No″ response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 20			
b	Enter the number of voting members that are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? $$. $$.	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $$.	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A , who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
с	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- **19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Elizabeth Buikema C/O CRC 5700 Old Orchard Rd Skokie, IL 60077 (773) 878-2294

Part VIII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🦵 Check this box if the organization did not compensate any officer, director, trustee or key employee

		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
				-			-			

Part VII Continued

				(ition that a			all						(F)	
	(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(I Repor comper from organiza 2/1099	rtable nsation the tion (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		Estimated amount of othe compensation from the organization an related organizations	
								•		(2 014	Г 22		986,578
	Total							-			_,,	555		900,578
2	Total number of individuals (includir compensation from the organization		a) who	recei	ved	mo	re thai	ו\$1	00,000 ir	i reportabl	e			
													Yes	No
3	Did the organization list any former										ated employee			
_	on line 1a? If "Yes," complete Schedu										•••	3		No
4	For any individual listed online 1a, is organization and related organization													
_	ındıvıdual		• •	•	•	•	• •	•	•••	• • •	••••	4	Yes	
5	Did any person listed on line 1a recorner rendered to the organization? <i>If</i> "Yes		-				-		elated org	anization i	or services	5		No
	action B. Independent Control	ctors												
<u> </u>	ection B. Independent Contra Complete this table for your five hig \$100,000 of compensation from the	hest comper		ndep	ende	ent	contra	ctor	rs that rec	eived mor	e than			
		(A)									(B)		(C)	
	Name a	nd business ad	dress							Desc	cription of services		Compen	sation

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Form **990** (2008)

0

Form 990 (2008)
Part
VIII
State Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaıgns 1a			Actenue		512, 513, 01 514
nts	ь		ues					
our			1b	21,924				
am (S	С	rundraising ev	vents					
gift Tar	d	Related organi	izations1d					
ns, ámi	е	Government gran	ts (contributions) 1e					
ntio er s	f	All other contribut	tions, gifts, grants, and not included above	12,747	ĺ			
éé			1f					
Contributions, gifts, grants and other similar amounts	g	Noncash conti lines 1a-1f \$	ributions included in					
0 a	h		es 1a-1f)...		34,671			
				► Business Code				+
เนย	2a	Routine Services		623,000	6,772,705	6,772,705		
иел	Ь	Entrance Fee		623,000	1,964,592	1,964,592		
е На	с	Ancillary Services		623,000	1,236,385	1,236,385		
òм,	d	Medicare/Medical	d	623,000	500,223	500,223		
Se	е	Meals		623,000	98,790	98,790		
ranı	f	All other progr	ram service revenue					
Program Service Revenue	g		es 2a-2f					
	3		s come (including divid	dends, interest				
			amounts)		47,840			47,840
	4	Income from inve	estment of tax-exempt be	ond proceeds				
				· · · ·				
	5	Royalties .	(1) Real	(II) Personal				+
	6a	Gross Rents	(1) 1201	(iiyi ersonal				
	Ь	Less rental	11,249					
	с	expenses Rental income	-11,249					
	d	or (loss) Net rental inco	ome or (loss)		-11,249			-11,249
			(1) Securities	►				<u> </u>
	7a	Gross amount	(i) securities	(II) O ther				
		from sales of assets other						
	ь	than inventory Less cost or	98					
	–	other basis and sales expenses						
	с	Gain or (loss)	-98					
	d	Net gaın or (lo		b -	-98			-98
	8a		from fundraising	F				
ən		events (not ind \$1 of contribution	cluding 1,221 ns reported on line					
Other Revenue		1c) See Part I <i>Atta</i> ch Schedul	IV, line 18 <i>e G if total exceeds</i> a	21,924				
er	Ь	Less directe:	xpensesb					
of	с	Net income or	(loss) from fundraisi	ng events				
	9a	Gross income activities See <i>Complete Sche</i> o	e part IV , line 19	۳. ۱				
		exceeds \$15,00	00					
	Ь	lose director	a xpensesb					
	c	Net income or	(loss) from gaming a	activities				
	10a		f inventory, less	F'				
		returns and all	lowances . a					
	ь	Less cost of a	goodssold b					
	c		(loss) from sales of					
		Mıscellaneou		Business Code				
	11a	Gain on Exting	g of Debt	900,099	2,249,051			2,249,051
	b	Support Servio	ces	623,000	314,559	314,559		
	с	Services to Re	esidents	623,000	12,280	12,280		ļ]
	d	All other rever	nue					
	e	Total. Add line	es 11a-11d	\$ 2,575,890				
	12	Total Revenue	Add lines 1h, 2g, 3.		13,219,749	10,899,534		0 2,285,544
		8c, 9c, 10c, and 1	1e	. •				
	J	, _ 0 0, and 1		- <u> </u>				Form 990 (2008)

	Section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not r				
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the US See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,867,183	3,024,636		13,072
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,932	41,805	11,923	204
9	Other employee benefits	593,982	468,785	125,186	11
10	Payroll taxes	281,166	220,364	59,802	1,000
11	Fees for services (non-employees)				
а	Management	18,800	18,800		
Ь	Legal	3,153		3,153	
с	Accounting	28,601		28,601	
d	Lobbying				
е	Professional fundraising See Part IV, line 17 .				
f	Investment management fees				
g	Other	761,594	665,057	96,537	
12	Advertising and promotion	187,663		187,663	
13	Office expenses	520,368	412,087	98,020	10,261
14	Information technology	85,104		85,104	
15	Royalties				
16	Occupancy	645,434	645,434		
17	Travel	10,497	1,788	8,709	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	19,256	7,296	11,960	
20	Interest	3,194,575	2,300,094	894,481	
21	Payments to affiliates	497,244		497,244	
22	Depreciation, depletion, and amortization	1,509,428	1,086,788	422,640	
23	Insurance	194,843	194,843		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Dining Services	566,483	566,483		
Ь	Property Taxes	323,111		323,111	
с	Resident Care	183,034	183,034		
d	Admın & General	47,166	2,886	44,280	
е	Employee Related	11,043	7,255	3,788	
f	All other expenses	299,421	152,872	139,178	7,371
25	Total functional expenses. Add lines 1 through 24f	13,903,081	10,000,307	3,870,855	31,919
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation			<u> </u>	rm 000 (2009)
				Fo	rm 990 (2008)

Form 990 (2008)

Part X Balance Sheet

						(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				29,857	1	49,222
	2	Savings and temporary cash investments				6,883,423	2	9,363,672
	3	Pledges and grants receivable, net				20,849	3	19,419
	4	Accounts receivable, net				2,416,995	4	1,179,577
	5	Receivables from current and former officers, directors, trustees other related parties <i>Complete Part II of Schedule L</i>	s, key e	empl	oyees or		5	
	6	Receivables from other disqualified persons (as defined under so persons described in section 4958(c)(3)(B) <i>Complete Part II of</i>	ection	495			6	
	7	Notes and loans receivable, net				984	7	1,579
	8	Inventories for sale or use					8	
$\underline{\omega}$	9	Prepaid expenses and deferred charges				42,415	9	16,799
Assets	10a	Land, buildings, and equipment cost basis	10a	I	47,168,068			
	ь	Less accumulated depreciation Complete Part VI of	104					
		Schedule D	10b		7,137,894	41,247,240	10c	40,030,174
	11	Investments—publicly traded securities		•	•	6,521,745	11	5,554,348
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	art VII	of			12	391,020
	13	Investments—program-related See Part IV, line 11 Complete P of Schedule D $\$.	art VII	I			13	
	14	Intangıble assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D.		2,227,668	15	2,014,271		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				59,391,176	16	58,620,081
	17	Accounts payable and accrued expenses .				715,545	17	610,217
	18	Grants payable					18	
	19	Deferred revenue		8,517,552	19	9,353,102		
	20	Tax-exempt bond liabilities				54,314,796	20	45,753,614
es	21	Escrow account liability Complete Part IV of Schedule D				184,233	21	100,312
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Lia		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D				10,526,342	25	18,326,675
	26	Total liabilities. Add lines 17 through 25				74,258,468	26	74,143,920
~	1	Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete lii	nes 2	27			
ě		through 29, and lines 33 and 34.						
lan.	27	Unrestricted net assets				-14,905,302	27	-15,588,635
Ba	28	Temporarily restricted net assets				38,010	28	64,796
P	29	Permanently restricted net assets					29	
or Fund Balance		Organizations that do not follow SFAS 117, check here ► ┌─ an lines 30 through 34.	d com	plet e	•			
0 5	30	Capital stock or trust principal, or current funds					30	
Śę	31	Paid-in or capital surplus, or land, building or equipment fund					31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu	nds				32	
Net	33	Total net assets or fund balances		-14,867,292	33	-15,523,839		
z	34	Total liabilities and net assets/fund balances				59,391,176	34	58,620,081
Da		Financial Statements and Reporting						

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 🦷 Cash 🔽 accrual 🦵 other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A - 133?	3a		No
Ь	If "Yes," did the organization undergo the required audit or audits?	3b		

efi	e GR	APHIC pr	int - DO NOT	PROCESS As Filed	Data -				DL	N: 9349	33490	04169
		OULE A		Public Charity St	atus ai	nd Put	olic Su	pport			5 No 154	
-)EZ)		To be o	completed by all section 50: nonexem	1(c)(3) org pt charita	-		ion 4947(a)(1)	2	200	JQ
Trea	sury	t of the evenue		Attach to Form 990 or Foi	m 990-EZ.	See sepa	rate instru	ıct ions.			pen to F Inspect	
Servi		venue										
		ne organizat						Em	ployer ide	ent if icat io	n numbe	r
		tırement Comr Conference	nunities of the					20	224462	c		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	nanizatio		-324463 Instruct			
				ation because it is (Please					monuce			
1	Г			nurches, or association of cl					(A)(i).			
2				tion 170(b)(1)(A)(ii). (Atta								
3	Г			e hospital service organizat			t ion 170(l	b)(1)(A)(i	i ii). (Attac	h Schedu	eH)	
4	Γ	A medical	research organi	zation operated in conjunct	ion with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's	name, city, and	state								
5	Γ	A n organız	ation operated i	for the benefit of a college o	r universit	y owned o	r operated	l by a gov	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal,	state, or local g	overnment or governmental	unit desci	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	Γ	An organız	ation that norm	ally receives a substantial p	part of its s	support fro	om a gove	rnmental u	unit or fror	n the gene	ral publi	с
		described	In Section 170(1	b)(1)(A)(vi) (Complete Pai	rt II)							
8	Γ	A commun	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	ম	A n organız	ation that norm	ally receives (1) more than	331/3% c	of its supp	ort from co	ontributior	ns, membe	ership fees	, and gro	ss
		receipts fr	om activities re	lated to its exempt function	s—subject	to certai	n exceptio	ns, and (2) no more	than 331/	3% of	
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from t									x) from bu	sinesses	
		acquired b	y the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	A n organız	atıon organızed	and operated exclusively to	o test for p	ublic safe	ty See Se	ct ion 509	(a)(4). (S	ee instruc	tions)	
11	Γ			and operated exclusively for								
		the box tha		orted organizations describe type of supporting organiza Type II c		omplete l	ines 11e t	hrough 11		_	09(a)(3) III - Ot	
e	Г		foundation man	rtıfy that the organızatıon ıs agers and other than one or								
f				d a written determination fro	om the IRS	5 that it is	а Туре I,	Type II o	r Type III	supportir	ig organi:	zatıon,
		check this	box									
g		Since Augi following p		as the organization accepte	d any gift	or contrib	ution from	any of the	9			
				r indirectly controls, either	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes	No
				ng body of the the supporte		-	•		. ,	11g		
		(ii) a famıl	y member of a p	erson described in (i) above	<u>9</u> ?					11g(ii)	
		(iii) a 35%	o controlled enti	ty of a person described in	(ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	e following infori	mation about the organization	ons the org	ganızatıon	supports				·	·
	Supp	ame of oorted nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	In lines 1-9 organization in the organization organization in support? RC section col (i) listed in in col (i) of your col (i) organized							
					Yes	No	Yes	No	Yes	No		
Tota	I											

F	art II Support Schedule for O)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
- Di	(Complete only if you cheo ublic Support	cked the box o	on line 5, 7, or	8 of Part I.)			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(4) 2004		(0) 2000	(u) 2007	(0) 2000	
-	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organization's						
-	benefit and either paid to or expended on						
	its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add line 1-3						
5	The portion of total contribution by each						
	person (other than a government unit or						
	publicly supported organization) included						
	on line 1 that exceed 2% of the amount						
	shown on line 11, column						
-	(f) Dublic Comment subbract loss 5 from loss						
6	Public Support subtract line 5 from line 4						
	- otal Support						
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	A mounts from line 4	(_)	(1) 1000	(0) 2000		(0) 2000	(1) 10101
8	Gross income from interest, dividends,						
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						
10	Other income Do not include gain or loss						
	from the sale of capital assets (Explain in						
	Part IV)						
11	Total Support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc	(See instructio	ns)			12	
13	First Five Years. If the Form 990 is for the	organization's f	irst, second, thu	d, fourth, or fifth	n tax year as a 5	01(c)(3)	
	organization, check this box and stop here	-					▶
	omputation of Public Support Perc					<u> </u>	
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14	
15	Public Support Percentage for 2007 Schee	lule A , Part IV -	A, line 26f			15	
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13,	and line 14 is 3	3 1/3% or more,	check this box	
	and stop here. The organization qualifies a						▶
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% c	or more, check tl	
	box and stop here. The organization qualifi				.		►
17a	10% Facts and Circumstances Test - 2008.						
	more, and if the organization meets the "fa						
L	organization meets the "facts and circums		-			-	►
D	10% Facts and Circumstances Test - 2007. more, and if the organization meets the "fa						
	the organization meets the "facts and circu						
18	Private Foundation. If the organization did						
	instructions	ender the E		, 100, 1, 401	1. by encore time		▶□

	(Complete only if you check	ed the box or	n line 9,of,Pari	t I.)				
	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	46,388	32,400	60,405	72,426		34,671	246,290
	membership fees received (Do not include any "unusual grants ")	40,300	52,400	00,405	72,420		54,071	240,290
2	Gross receipts from admissions,							
2	merchandise sold or services performed,							
	or facilities furnished in any activity that	4,604,965	7,787,954	8,715,663	10,111,455	1	0,572,695	41,792,732
	is related to the organization's tax-							
	exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the							
~	organization without charge	4,651,353	7,820,354	8,776,068	10,183,881	1	0,607,366	42,039,022
6	Total Add lines 1-5 Amounts included on lines 1, 2, and 3	4,051,555	7,020,334	0,770,000	10,105,001	1	0,007,500	42,033,022
/a	received from disqualified persons							
b	A mounts included on lines 2 and 3							
-	received from other than disqualified							
	persons that exceed the greater of 1% of							
	the total of lines 9, 10c, 11, and 12 for							
	the year or \$5,000							
	Total of lines 7a and 7b Public Support (Substract line 7c from							
8	line 6)							42,039,022
To	tal Support		1		I			
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
9	A mounts from line 6	4,651,353	7,820,354	8,776,068	10,183,881	1	0,607,366	42,039,022
10a	Gross income from interest, dividends,							
	payments received on securities loans,	371,285	249,268	554,163	486,411		47,742	1,708,869
	rents, royalties and income from similar							
	sources Unrelated business taxable income (less							
Ь	section 511 taxes) from businesses							
	acquired after 30 June, 1975							
с	Add lines 10a and 10b	371,285	249,268	554,163	486,411		47,742	1,708,869
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly							
12	carried on Other income Do not include gain or loss							
12	from the sale of capital assets							
	(Explain in Part IV)							
13	Total Support (Add lines 9, 10c, 11 and							43,747,891
	12) First Five Years If the Form 990 is for the o		- + + + + + + +	L farrath an fifth i		> 1 / - > / 7		
14	check this box and stop here	rganization's in	st, secona, third	i, iourth, or illth	lax year as a su)1(0)(3	o) organiza	■cion, ►
Co	mputation of Public Support Perce							
15	Public Support Percentage for 2008 (line 8	column (f) dıvıd	ed by line 13 co	olumn (f))		15		96 090 %
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 27g			16		28 040 %
						L		
Co	mputation of Investment Income							
17	Investment Income Percentage for 2008 (In	ne 10c column	(f) dıvıded by lın	e 13 column (f)))	17		3 910 %
18	Investment Income Percentage from 2007	Schedule A, Par	t IV-A, line 27h	1		18		8 4 3 0 %
19a	33 1/3% Tests - 2008. If the organization d	id not check the	box on line 14,	and line 15 is m	nore than 33 1/3	%, and	lline	
	17 is not more than 33 $1/3\%$, check this bo	x and stop here	. The organizati	on qualifies as a	publicly suppor	ted or	ganızatıon	►
b	33 1/3% Tests - 2007. If the organization d							
20	line 18 is not more than 33 1/3%, check the Private Foundation If the organization did r							ation 🕨 🦳

	-	
Part II	Supplemental Information. Complete this part to provide the information required by Part II, line 10;	
	Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions	s)

Software ID:Software Version:EIN:38-3244636Name:Covenant Retirement Communities of the
Great Lakes Conference

Form 990, Part VII - Section Aaa

		Posit t	(C non (hat a	chec		I			(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employiee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Curtis B Anderson , Director	1 00	Х						0	0	0	
Rev Richard B Berry , Director	1 00	х						0	0	0	
Wendell Danielson , Director	1 00	х						0	0	0	
Rev Harvey Drake , Director	1 00	Х						0	0	0	
Mark C Eastburg , Director	1 00	х						0	0	0	
Marc E Espinosa , Director	1 00	Х						0	0	0	
Lorene G Flewellen , Dırector	1 00	х						0	0	0	
Beverly A Freeman , Director	1 00	х						0	0	0	
Donald Holt , Director	1 00	х						0	0	0	
Cletus J Moll , Dırector	1 00	х						0	0	0	
Rev Mark Nilson , Director	1 00	х						0	0	0	
Joyce Peterson , Director	1 00	Х						0	0	0	
Norton Richards , Director	1 00	Х						0	0	0	
Walter Schiller , Director	1 00	Х						0	0	0	
Jean A Stebinger , Director	1 00	х						0	0	0	
John C Swanson , Director	1 00	х						0	0	0	
Edward L Olson , Director	1 00	х						0	0	0	
Ralph L Sager , Dırector	1 00	х						0	0	0	
Lında J Solıe , Dırector	1 00	Х						0	0	0	
Ann P Wiesbrock , Director	1 00	Х						0	0	0	
David A Dwight , Ex-Officio	1 0 0	Х						0	592,698	199,736	
Rick K Fisk , Ex-Officio/President	1 00	Х		X				0	435,895	121,163	
Robert K Johnston , Ex-Officio	1 00	Х						0	0	0	
Gary Walter , Ex-Officio	1 00	Х						0	83,514	100,867	
Glenn R Palmberg , Ex-Officio	1 00	Х						0	79,331	105,498	
Lawrence P Anderson , Assistant Secretary	1 00	х						0	348,020	71,905	
Karl N Klockars , Assistant Secretary	1 00	Х						0	325,688	116,562	
Elizabeth B Buikema , CFO/Senior VP	1 00			X				0	245,941	57,996	
Moraine M Byrne , Senior VP/Asst Sec	1 00			Х				0	194,019	39,627	
Terri S Cunliffe , Senior V P/Asst Sec	1 00			X				0	176,785	43,422	

	(C) Position (check all that apply)									(F)	
(A) Name and Title	(B) Average hours per week	Individual Trust an or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Jack R Harıff , Senıor V P/Asst Sec	1 00			Х				0	179,630	51,372	
Davıd Erıckson , VP/Assıstant Secretary	1 00			x				0	144,438	32,602	
Kathleen Jenkıns , Dır Admın Srvcs/Asst Sec	1 00			x				0	108,574	45,828	

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Routine Services	623,000	6,772,705	6,772,705		
b Entrance Fee	623,000	1,964,592	1,964,592		
c Ancillary Services	623,000	1,236,385	1,236,385		
d Medicare/Medicaid	623,000	500,223	500,223		
e Meals	623,000	98,790	98,790		

efile GRAPHIC p	orint - DO NOT PROCESS	As Filed Data -		DLN: 93493349004169
SCHEDULE D				OMB No 1545-0047
(Form 990)	Supple	mental Financi	al Statements	2008
Department of the			ed by organizations that	Open to Public
Treasury	answered "Yes,"	to Form 990, Part IV,	ine 6, 7, 8, 9, 10, 11, or 12.	Inspection
Internal Revenue Service				
Name of the organi			Emj	ployer identification number
Covenant Retirement C Great Lakes Conference			38-	3244636
				or Accounts. Complete If the
organiz	ation answered "Yes" to For			(b) Funds and other accounts
1 Total number at	t end of year			<u></u>
2 Aggregate Cont	tributions to (during year)			
3 Aggregate Grar	nts from (during year)			
4 Aggregate valu	e at end of year			
	ation inform all donors and donoi rganization's property, subject to			rised Ves No
used only for cl	ation inform all grantees, donors haritable purposes and not for the private benefit?			De Ves No
	rvation Easements. Comp	lete if the organizat	on answered "Yes" to Fori	m 990, Part IV, line 7.
1 Purpose(s) of c	conservation easements held by	the organization (check	all that apply)	
	on of land for public use (e g , rec	creation or pleasure)		rically importantly land area
Protection	of natural habitat		Preservation of certified	historic structure
Preservati	on of open space			
	2a-2d if the organization held a of the tax year	qualified conservation	contribution in the form of a c	
				Held at the End of the Year
	of conservation easements			2a
-	restricted by conservation ease			2b
_	nservation easements on a certif			2c
	nservation easements included ir			2d
3 Number of const the taxable year	servation easements modified, tr ar 🕨	ansferred, released, ex	tinguished, or terminated by t	he organization during
4 Number of stat	es where property subject to con	servation easement is	located 🕨	
	nization have a written policy rega the conservation easements it h		itoring, inspection, violations,	, and [Yes [No
6 Staff or volunte	eer hours devoted to monitoring,	inspecting and enforcin	g easements during the year l	•
7 A mount of expe	enses incurred in monitoring, ins	pecting, and enforcing	easements during the year 🌬 s	\$
	servation easement reported on) and 170(h)(4)(B)(ii)?	lıne 2(d) above satısfy	the requirements of section	∏ Yes ∏ No
balance sheet,	escribe how the organization repo and include, if applicable, the tes n's accounting for conservation e	xt of the footnote to the		
Part III Organi	izations Maintaining Collecter of the organization answe	ections of Art, Hist		her Similar Assets.
art, historical t	tion elected, as permitted under s reasures, or other similar assets t XIV, the text of the footnote to	held for public exhibiti	on, education or research in fu	
historical treas	tion elected, as permitted under s sures, or other similar assets hel owing amounts relating to these	d for public exhibition,		•
(i) _{Revenues II}	ncluded in Form 990, Part VIII, I	ine 1		▶ \$
(ii) Assets Incl	uded in Form 990, Part X			► \$
2 If the organizat	tion received or held works of art, nts required to be reported under			ncial gain, provide the
a Revenues inclu	ıded ın Form 990, Part VIII, lıne	1		▶\$
b Assets include	d ın Form 990, Part X			► \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990	Cat No 52283D
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Sche	dule D (Form 990) 2008									Page 2
Part	Organizations Maintaining Co	llections of Art	, His	tori	cal Treası	ures, or Othe	r Simila	r Asse	t s (co	ntinued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of th	ne fol	-	-		ollection	ı	
а	Public exhibition		d	Γ	Loan or exc	hange programs				
b	☐ Scholarly research		е	Γ	Other					
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIV	llections and expla	ın hov	w the	y further the	organızatıon's e:	kempt purp	ose in		
5	During the year, did the organization solicit o assets to be sold to raise funds rather than t						nılar	Г	Yes	∏ No
Par	t IV Trust, Escrow and Custodial A Part IØ line 9 or reg orted an am					anızatıon answ	vered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontributions	or other assets	not	Г	Yes	I No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le							
								Amou	Int	
с	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line	e 21?					ম	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV									
Ра	rt V Endowment Funds. Complete								<u></u>	
1a	Beginning of year balance	(a)Current Year	(D)Prior `		vo Years Back (d)	Three Years I	аск (е	JFOULT	ears Back
ь										
c	Investment earnings or losses									
d	Grants or scholarships									
e	Other expenditures for facilities and programs									
f	Administrative expenses									
q	End of year balance									
و 2	Provide the estimated percentage of the year	rend halance held a	• <							
- a	Board designated or quasi-endowment		15							
_										
Ь	Permanent endowment									
c 3a	Term endowment Are there endowment funds not in the posses organization by	sion of the organiza	atıon	that a	are held and a	admınıstered for	the		Yes	
	(i) unrelated organizations							3a(i)	res	No
	(ii) related organizations							3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization							3b		
4	Describe in Part XIV the intended uses of the	e organization's end	dowm	ent fu	nds					
Par	t VI Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 990, P	art X, line 10.	1			
	Description of investment				Cost or other s (Investment)	(b)Cost or other basis (other)	(c) Deprec	ation	(d) Bo	ok value
1a	Land			L		791,493	_			791,493
Ь	Buildings		•			43,464,093	5,5	84,630	3	7,879,463
с	_easehold improvements									

Total. Add lines 1a-1e	(Column (d) should ea	ual Form 990	Part X	column i	(B) June 10	(c)		 		
		j snouru cu		, , , , , , , , , , , , , , , , , , , ,	, conunni (D, mic 10	(),)				 -

d Equipment

- -

. . .

e Other .

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Schedule D (Form 990) 2008

1,271,964

40,030,174

87,254

1,536,421

16,843

2,808,385

104,097

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1	12.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
		-

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Tabal (Caluma (b) should agual Farm 000, Dart V, sal (B) (no. 12.)		

Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
al. (Column (b) should equal Form 990 Part X col (B) line 15)	F

 Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)
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Part X Other Liabilities. See Form 990, Part X, line 25.							
(a) Description of Liability	(b) A mount						
Federal Income Taxes							
Deferred Revenue Subject to Refund	5,572,233						
Refundable Contract Liabilities	3,163,191						
Accrued Taxes & Employee Benefits	9,949						
Inter-company Advance Accounts	9,561,195						
O ther Liabilities	20,107						
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 🕨	18,326,675						

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2008						Page 4
Pa	t XI Reconciliation of Ch	nange in Net Assets from For	·m 990	D to F	inancial Statem	ents	
1	Total revenue (Form 990, Part \	/III, column (A), line 12)				1	13,219,749
2	Total expenses (Form 990, Part	t IX, column (A), lıne 25)				2	13,903,081
3	Excess or (deficit) for the year	Subtract line 2 from line 1				3	-683,332
4	Net unrealized gains (losses) or	1 investments				4	
5	Donated services and use of fac	lilities				5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	26,785
9	, Total adjustments (net) Add lin	es 4 - 8				9	26,785
10		per financial statements Combine line	es 3 an	6 b		10	-656,547
Par		evenue per Audited Financial			ts With Revenue		
1		r support per audited financial statem				. 1	
2	A mounts included on line 1 but	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on investi	ments		2a			
Ь	Donated services and use of fa	acılıtıes	.	2b			
с	Recoveries of prior year grants			2c			
d	Other (Describe in Part XIV)			2d			
е	Add lines 2a through 2d .		'			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	
4	Amounts included on Form 990	0, Part VIII, line 12, but not on line 1	L				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
с	Add lines 4a and 4b					4c	
5	Total Revenue Add lines 3 and	d 4c. (This should equal Form 990, Pa	art I, line	e 12)		5	
Part		cpenses per Audited Financia				<u>es per</u>	Return
1		audited financial statements	• •	• •		. 1	
2		t not on Form 990, Part IX, line 25					
а	Donated services and use of fa		• •	2a			
b	Prior year adjustments		• •	2b			
с		Part IX, line 25	• •	2c			
d	Other (Describe in Part XIV)		• •	2d			
e	Add lines 2a through 2d		• •	• •		2e	
3	Subtract line 2e from line 1 .		• •	• •		3	
4		0, Part IX, line 25, but not on line 1:			1		
a		uded on Form 990, Part VIII, line 7b	• •	4a			
Ь	Other (Describe in Part XIV)		• •	4b			
с г	Add lines 4a and 4b						<u> </u>
5 Dat	t XIV Supplemental Info	nd 4c. (This should equal Form 990, P ormation	art I, III	тето)		. 5	
Cor	nplete this part to provide the des	criptions required for Part II, lines 3, Part XII, lines 2d and 4b, and Part X				Part XIV	, lines 1b and 2b,
	Ident if ier	Ret urn Reference			Explan	ation	
Part	IV, Line 2b		reside	nts pay	2b Resident Entran v an application fee of	ce Fee A leposit w	ccount Prospective hich is carried in an s applied against the

		total entrance fee amount and the remainder of the money is collected and put in this account At the end of the month the resident has moved in, all money is transferred out of the escrow account
Part X	Description of Uncertain Tax Positions Under FIN 48	A FIN 48 footnote was not included in the consolidated audited financial statements of Covenant Retirement Communities, Inc A FIN 48 analysis was completed for Covenant Retirement Communities, Inc and it did not have a material impact on the financial position or results of operations

Ident if ier	al Information(continued) Return Reference	Explanation
Part IV, Line 2b		Part IV, line 2b Resident Entrance Fee Account Prospective residents pay an application fee deposit which is carried in an escrow account At move in, the deposit is applied against the total entrance fee amount and the remainder of the money is collected and put in this account At the end of the month the resident has moved in, all money is transferred out of the escrow account
Part X	Description of Uncertain Tax Positions Under FIN 48	A FIN 48 footnote was not included in the consolidated audited financial statements of Covenant Retirement Communities, Inc A FIN 48 analysis was completed for Covenant Retirement Communities, Inc and it did not have a material impact on the financial position or results of operations

Schedule D (Form 990) 2008

efile GRAPHIC prin	t - DO NOT PROCESS	As Filed Dat	a -	DLN:	93493349004169
SCHEDULE G (Form 990 or 990-EZ)	Supple Func	омв No 1545-0047 2008			
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990 lines 17, 18, or 19, and t	=	d by organizations that answe nter more than \$15,000 on Fo		Open to Public Inspection
Name of the organization Covenant Retirement Coi Great Lakes Conference				Employer ider 38-3244636	ntification number
Part I Fundraisir	1g Activities. Complete	If the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
or key employees li b If "Yes," list the ten		or entity in conne entities (fundraise	ction with professional ers) pursuant to agreem	rs, directors, trustees fundraising activities? ents under which the fur	
(i) Name of Individu or entity (fundraise		(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
Total		►			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Schedule G (Form 990 or 990-EZ) 2008

Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990. Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (**b**) Event #2 (c) Other Events (d) Total Events (Add col (a) through **Benevolence Gala** col (c)) (event type) (event type) (total number) Revenue 33.145 33.145 1 Gross receipts Less Charitable 21,924 21,924 2 contributions 3 Gross revenue (line 1 11.221 11.221 minus line 2) . . 1,711 1,711 Cash Prizes 4 Expenses 5 Non-cash Prizes 4.960 4,960 Rent/Facility costs 6 4.550 4,550 7 Other direct expenses Direct 11,221 Direct expense summary Add lines 4 through 7 in column (d) 8 Net income summary Combine lines 3 and 8 in column (d). Þ 0 ۵ Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add Revenue (a) Bingo (b) Pull tabs/Instant (c) Other gaming col (a) through col (c)) bingo/progressive bingo 1 Gross revenue 2 Cash prizes Direct Expenses Non-cash prizes 3 Rent/facility costs 4 5 Other direct expenses . % ☐ Yes % Yes ☐ Yes % Volunteer labor 6 Νo No Νo Direct expense summary Add lines 2 through 5 in column (d). 7 -Net gaming income summary Combine lines 1 and 7 in column (d) 8 Yes No 9 Enter the state(s) in which the organization operates gaming activities Is the organization licensed to operate gaming activities in each of these states? а 9a If "No," Explain b 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a If "Yes," Explain b

		l	
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

Schedule G (Form 990 or 990-EZ) 2008

Schedule (G (F	⁻ orm 990	or 990-	EZ)2008

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	N a me 🕨		
	Address 🕨		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	a	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue retained by the third party 🏲 \$		
с	If "Yes," enter name and address		
	N a me 🕨		
	Address 🕨		
16	Gaming manager information		
	Name 🕨		
	Gaming manager compensation 🏲 \$		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 🕨 \$	<u> </u>	

Schedule G (Form 990 or 990-EZ) 2008

efile GRAPHIC print - DO NOT PROCESS			As Filed	Data -		DLN:	DLN: 93493349004169				
Sch	nedule J	Compensation Information					OMBNo 1	545-0	0047		
Depa Trea	m 990) artment of the usury rnal Revenue ruce	For certain Office ► Attach to	-	est	2008 Open to Public Inspection						
	me of the organi					Employer identi	ification nur	nber			
	venant Retirement C at Lakes Conference					38-3244636					
Ра	rt I Questi	ons Regarding Compensa	ation								
								Yes	No		
1a	990, Part VII,	ropiate box(es) if the organizatio Section A, line 1a Complete Pa									
	_	or charter travel			allowance or residence foi	•					
	•	companions		•	s for business use of pers						
		ification and gross-up payments			social club dues or initia						
	Discretion	ary spending account	ļ	Personal	services (e g , maid, chai	uffeur, chef)					
b		ecked, did the organization follov the expenses described above?				ement or	16				
2	-	ation require substantiation prio ors, trustees, and the CEO /Exec		-	2 .		2				
3	organization's Compensa Independe	, If any, of the following the orgar CEO/Executive Director Check ition committee int compensation consultant of other organizations	all that apply	Written e Compens	sh the compensation of th mployment contract ation survey or study by the board or compens						
4	During the year	r, dıd any person lısted ın Form 9	90, Part VII,	, Section /	A, line 1a						
а	Receive a seve	erance payment or change of con	trol payment?	>			4a	Yes			
b	Participate in, o	or receive payment from, a supp	lemental nonc	ualified re	etırement plan?		4b	Yes			
с	Participate in,	or receive payment from, an equ	ity-based con	npensatio	n arrangement?		4c		No		
		of lines 4a-c, list the persons a				ın Part III					
5	For persons lis	501(c)(4) organizations only mu ted in form 990, Part VII, Sectio contingent on the revenues of	-		ganızatıon pay or accrue a	any					
а	The organizatio	°uc					5a		No		
Ь	Any related org						5b		No		
	•	e 5a or 5b, describe in Part III									
6		ted in form 990, Part VII, Section contingent on the net earnings o		dıd the or	ganızatıon pay or accrue a	any					
а	The organization	on?					6a		No		
b	Any related org	janization?					6b		No		
	If "Yes," to line	e 6a or 6b, describe in Part III									
7		ted in form 990, Part VII, Section described in lines 5 and 67 If "Ye				n-fixed	7		No		
8		ints reported in Form 990, Part \ initial contract exception describ					8		No		

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Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation			compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
David A Dwight	(1) (11)	547,168		45,530	121,005	78,731	792,434	10,060
Rick K Fisk	(1) (11)	349,387	58,713	27,795	52,360	68,803	557,058	8,944
Gary Walter	(1) (11)	83,514			16,167	86,603	186,284	
Glenn R Palmberg	(1) (11)	24,399		54,932	21,161	86,240	186,732	
Lawrence P Anderson	(1) (11)	271,404	63,000	13,616	11,813	60,092	419,925	
Karl N Klockars	(1) (11)	260,422	32,000	33,266	62,818	53,744	442,250	15,913
Elizabeth B Buikema	(1) (11)	195,029	21,683	29,229	22,224	35,772	303,937	9,029
Moraine M Byrne	(1) (11)	150,768	20,110	23,141	17,136	23,536	234,691	8,174
Terrı S Cunlıffe	(1) (11)	134,450	17,436	24,899	24,244	19,178	220,207	
Jack R Harıff	(1) (11)	128,577	16,942	34,111	22,132	29,241	231,003	
David Erickson	(1) (11)	124,623		19,815	4,511	28,090	177,039	
Kathleen Jenkıns	(1) (11)	75,220	5,000	28,354	30,904	24,044	163,522	3,531
	(i) (ii)							-
	(i) (ii)							

Schedule J (Form 990) 2008

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional D	ata Table	
Ident if ier	Ret urn Reference	Explanation
		Part I, Line 4a Glenn Palmberg, a director and Evangelical Covenant Church (ECC) president until July 2008 received \$20,000 severance payment from ECC Part I, Line 4b Executive Benefit Plan Covenant Ministries of Benevolence (CMB) provides certain supplemental retirement benefits to its officers and key employees These benefits are provided through a nonqualified deferred compensation plan, under which a portion of the benefits being earned are subject to a "substantial risk of forfeiture " The supplemental retirement benefits are structured to provide a retention incentive that has been determined by the Compensation Committee of CMB's Board to be of substantial value to the organization. The Committee approves all retirement benefits, together with all other forms of compensation and benefits for these and other executives, in a manner intended to qualify for the rebuttable presumption of reasonableness under the intermediate sanctions rules of federal income tax law. The following listed individuals participated in the Executive Benefit Plan. David Dwight - \$81,587.96 Rick Fisk - \$49,372.71 Lawrence Anderson - \$57,618.25 Karl Klockars - \$44,491.46 Elizabeth Buikema - \$20,930.08 Jack R. Harriff - \$18,980.96 Terri Cunliffe - \$18,308.60 David Erickson - \$17,394.70 Kathleen Jenkins - \$12,488.35 Moraine Byrne - \$6,151.50 Pension Restoration Plan As certain individuals' pension benefits may be limited by tax code maximums on both eligible compensation and benefits, Covenant Ministries of Benevolence (CMB) provides a Pension Restoration Plan which entitles the individuals listed below to a pension benefit based on total cash compensation. David Dwight - \$37,738.00 Rick Fisk - \$6,711.00
Supplemental Information	Part III	Part II, Column B (I) Base compensation for certain individuals may include payments from deferred compensation plans Part II, Column B (II) Bonus and incentive compensation- Certain officers and key persons employed by CRC are eligible for incentive compensation as determined by the CRC Board Compensation Committee Incentives paid in 2008 relate to the achievement of targets for the fiscal year ended 1/31/2008 Part II, Column C Deferred compensation includes and estimate of the contribution made to an employer sponsored defined benefit pension plan Part II, Column D Nontaxable benefits include health insurance premiums paid by the employer and employee

Software ID: Software Version:

EIN: 38-3244636

Name: Covenant Retirement Communities of the Great Lakes Conference

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation (ii) Bonus & incentive compensation		(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
David A Dwight	(1) (11)	547,168		45,530	121,005	78,731	792,434	10,060	
Rick K Fisk	(1) (11)	349,387	58,713	27,795	52,360	68,803	557,058	8,944	
Gary Walter	(1) (11)	83,514			16,167	86,603	186,284		
Glenn R Palmberg	(1) (11)	24,399		54,932	21,161	86,240			
Lawrence P Anderson	(1) (11)	271,404	63,000	13,616	11,813	60,092	419,925		
Karl N Klockars	(1) (11)	260,422	32,000	33,266	62,818	53,744	442,250	15,913	
Elizabeth B Buikema	(1) (11)	195,029	21,683	29,229	22,224	35,772	303,937	9,029	
Moraine M Byrne	(1) (11)	150,768	20,110	23,141	17,136	23,536	234,691	8,174	
Terrı S Cunlıffe	(1) (11)	134,450	17,436	24,899	24,244	19,178	220,207		
Jack R Hariff	(1) (11)	128,577	16,942	34,111	22,132	29,241	231,003		
David Erickson	(I) (II)	124,623		19,815	4,511	28,090	177,039		
Kathleen Jenkins	(I) (II)	75,220	5,000		30,904	24,044		3,531	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanation
		Part I, Line 4a Glenn Palmberg, a director and Evangelical Covenant Church (ECC) president until July 2008 received \$20,000 severance payment from ECC Part I, Line 4b Executive Benefit Plan Covenant Ministries of Benevolence (CMB) provides certain supplemental retirement benefits to its officers and key employees These benefits are provided through a nonqualified deferred compensation plan, under which a portion of the benefits being earned are subject to a "substantial risk of forfeiture " The supplemental retirement benefits are structured to provide a retention incentive that has been determined by the Compensation Committee of CMB's Board to be of substantial value to the organization. The Committee approves all retirement benefits, together with all other forms of compensation and benefits for these and other executives, in a manner intended to qualify for the rebuttable presumption of reasonableness under the intermediate sanctions rules of federal income tax law. The following listed individuals participated in the Executive Benefit Plan. David Dwight - \$81,587.96 Rick Fisk - \$49,372.71 Lawrence Anderson - \$57,618.25 Karl Klockars - \$44,491.46 Elizabeth Buikema - \$20,930.08 Jack R. Harriff - \$18,980.96 Terri Cunliffe - \$18,308.60 David Erickson - \$17,394.70 Kathleen Jenkins - \$12,488.35 Moraine Byrne - \$6,151.50 Pension Restoration Plan As certain individuals' pension benefits may be limited by tax code maximums on both eligible compensation and benefits, Covenant Ministries of Benevolence (CMB) provides a Pension Restoration Plan which entitles the individuals listed below to a pension benefit based on total cash compensation. David Dwight - \$37,738.00 Rick Fisk - \$6,711.00
Supplemental Information		Part II, Column B (1) Base compensation for certain individuals may include payments from deferred compensation plans Part II, Column B (1) Bonus and incentive compensation- Certain officers and key persons employed by CRC are eligible for incentive compensation as determined by the CRC Board Compensation Committee Incentives paid in 2008 relate to the achievement of targets for the fiscal year ended 1/31/2008 Part II, Column C Deferred compensation includes and estimate of the contribution made to an employer sponsored defined benefit pension plan Part II, Column D Nontaxable benefits include health insurance premiums paid by the employer and employee

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	hedule K										ОМВ	No 154	45-00	47
(F	Form 990) Supplemental Information on Tax Exempt Bonds											0	nc	
		To be complet	ed by organizations t	hat anowa	od "Voo" i	to Form 000	Dort TV	ino 240				200	JC	5
Depa	artment of the Treasury	-	scriptions, explanation				-				0	pen to F	Public	
	mal Revenue Service											Inspect		
	e of the organization enant Retirement Communities of th	e								Employer	identificati		рег	
Gre	at Lakes Conference									38-3244	636			
Pa	art I Bond Issues (Required	d for 2008)	1	1							T	,		
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Description of Pur		Purpose (g) De		eased Behalf Issue		nalfof
											Yes	No	Yes	No
A	Colorado Health Facilities Authority	84-0752932	196474Z29	08-25-	2005	20,	270,044	See Schedu	le O			х		x
Pa	rt II Proceeds (Optional for	 - 2008)												
		2000)		1	4	E	3		c	D			E	
1	Total Proceeds of Issue													
2	Gross Proceeds in Reserve Funds	5												
3	Proceeds in Refunding or Defeasa	ance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds													
6	Working Capital Expenditures from	m Proceeds												
7	Capital Expenditures from Procee	eds												
8	Year of Substantial Completion					•		•						
				Yes	No	Yes	No	Yes	No	Yes	No	Yes	3	No
9	Were the bonds issued as part of	a current refunding is:	sue?											
10	Were the bonds issued as part of	an advance refundıng	issue?											
11	Has the final allocation of procee	ds been made?												
12	Does the organization maintain a final allocation of proceeds?	dequate books and rec	cords to support the											
Ра	rt IIII Private Business Use	(Optional for 2008)	•				1						
				/ /			3	-	c N	D		<u> </u>	<u>E</u>	
1	Was the organization a partner in which owned property financed by		ember of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes	i	No
2	Are there any lease arrangements which may result in private busing	s with respect to the fi	nanced property											

Schedule K (Form 990) 2008

Page 2	2

											Page Z
Par	Private Business Use (Continued)										
			A B C						D	E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	A re there any research agreements with respect to the financed property which may result in private business use?										
Зс	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Par	t IV Arbitrage (Optional for 2008)			-						-	
			4	E	3	c		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
Ь	Name of provider										
с	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
Ь	Name of provider										
с	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
			1	1	1	1	1	1	1	1	1
6	Did the bond issue qualify for an exception to rebate?										

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(Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.



Treasury Internal Revenue Service

Department of the

Great Lakes Conference

Name of the organization Covenant Retirement Communities of the Employer identification number

38-3244636

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program	Additional public support is provided to the community at large via the follow ing - Host site for various support groups - Monetary donations to various non-profit organizations - Host site for various local community groups - Inter-generational programs with local schools and preschools - Participation in local charity fund drives (w alk, rides, etc.) - Partnership with local universities for educational classes for seniors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		Covenant Retirement Communities of the Great Lakes Conference delegated control over management duties to Covenant Retirement Communities, Inc (CRC), its parent organization

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole member is Covenant Retirement Communties, Inc (CRC)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		S 2 4 of Bylaw's include reserved powers to the members such as appointment of president of Covenant Retirement Communities, Inc (CRC), changes to mission and strategic plan, approval of certain acquisitions, dispositions and financings, changes to articles and bylaw's

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management Review The draft Form 990 w as review ed by multiple levels of management including the President of CRC, the Vice President of Finance/CFO and the Vice President of Legal Affairs Board Review The draft Form 990 w as provided to the Board of Directors at the Board meeting prior to filing Key provisions of the Form w ere discussed and review ed with the members of the board The final Form 990 w as provided to each Board member prior to filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Covenant Retirement Communities, Inc (CRC) has an Administrative Policy on conflict of interest, identifying the parameters of a conflict of interest and the requirement to disclose any such conflict of interest Each January, the CRC policy is distributed to CRC board members and officers. They are asked to sign acknow ledging receipt of the policy and to disclose if they have any conflict of interests. If someone is absent from the meeting or fails to return the acknow ledgment, there is a follow -up with the individual until the signed acknow ledgment is provided. In addition to the above, this year, in anticipation of the new Form 990, a separate and more comprehensive questionnaire was sent to the board members, officers, key employees and other interested persons. The completed questionnaires are review ed by CRC's legal counsel to determine if any actual or potential conflicts exist.

ldentifier	Return Reference	Explanation
Form 990, Part V I, Section B, line 15		Covenant Retirement Communities' (CRC) Board of Directors has duly appointed an Executive Compensation Committee (the "Committee"), which is responsible for the review and approval of all compensation and benefits provided to CRC's executive management. The Committee has adopted a written Executive Compensation Philosophy Statement and an Executive Compensation Committee Charter governing the work and review process of the Committee The Committee follows the procedures described in the Philosophy Statement and the Charter when it reviews and approves the compensation and employee benefits provided to the CRC's senior management The Committee's review analyzes every element of compensation, including current and deferred compensation, and benefits, including qualified and non-qualified benefits. The Committee conducts its review and approval process at least annually, and approves compensation and benefits only to the extent that the Committee has concluded that the compensation and benefits constitute no more than reasonable compensation for each executive. The Committee consultant to prepare and review in advance comprehensive data showing the compensation provided by similarly situated organizations for functionally similar positions. The Committee also prepares a timely and thorough written record of its deliberations and conclusions. As a result, the Committee's review process is designed to satisfy the procedural criteria necessary to qualify for the rebuttable presumption of reasonableness under the federal income tax law intermediate sanctions rules.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		Form 990, Part VI, Section C, Line 18 A copy of the organization's Form 990 is available on the GuideStar website (http://www2guidestar.org/) It is also available upon request by contacting the CRC accounting department at 773-878-5744

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 The governing documents, conflict of interest policy and financial statements are available upon request by contacting the CRC accounting department at 773-878-5744

ldentifier	Return Reference	Explanation
Form 990 Part IV - Line 12 & Part XI - Line 2a-c	Financial Statements & Reporting	Covenant Retirement Communities, Inc , the parent of Covenant Retirement Communities of the Great Lakes Conference, has issued the audited financial report for the year ended 1/31/09 The financial report is consolidated and includes Covenant Retirement Communities of the Great Lakes Conference There is not a separate audited Covenant Retirement Communities of the Great Lakes Conference report The organization does have an audit committee that assumes responsibility for the oversight of the stand-alone financial statements and of the consolidated, compiled financial information

ldentifier	Return Reference	Explanation
Form 990 - Part III - Line 1	Mission Statement	As a ministry of the Evangelical Covenant Church, Covenant Retirement Communities celebrate God's gift of life in Christian community We follow the Great Commandment to love and serve God and one another as taught by Jesus Christ That compels us to affirm the dignity of each person and to pursue excellence and financial integrity in all that we do As we provide a broad range of resources, services and programs to enhance individual and community wellness, we collaborate with residents and families to achieve the best possible results. While seeking to foster independence, we respond to each individual's evolving needs in order to provide the security that assures peace of mind. In living out the mission, the community provides a complete continuum of care from residential living through skilled nursing. Such services are guided by a series of values and goals addressing resident needs, privacy, safety and dignity, including appropriate access to services. In carrying out the mission statement of Covenant Retirement Communities (CRC), Covenant Retirement Communities of the Great Lakes provided \$86,177.00 free or discounted services to those residents unable to pay all or a portion of their charges, and who meet certain eligibility requirements.

ldentifier	Return Reference	Explanation
Form 990 - Part VI - Line 11	Contact Info for Directors & Officers	All of the organization's directors and officers can be contacted at this address. Covenant Retirement Communities, Inc 5700 Old Orchard Road, Skokie, IL 60077

ldentifier Return Reference		Explanation
Form 990 - Part VII - Section A	Related Organization	Officers and Directors devote less than 1 hour per week to related organizations except for those individuals that are employees of Covenant Retirement Communities, Inc (CRC) Those that are employed by CRC devote approximately 40 hours per week to CRC

Identifier Return Reference		Explanation					
Form 990 - Part IX - Lines	Other - Fees for Services (Non-	- Contracted Healthcare Services \$682,315 - Consultant Services					
11g	employee)	\$79,279					

ldentifier	Return Reference	Explanation
Schedule K - Part I - Row A, Col F	Bond Issues c	suer Name Colorado Health Facilities Description of Purpose Construction, equipping, and site work evelopment of a new 152,000 square foot residential living building with A-14 underground parking. The ew building can accommodate approximately 84 units on three levels, and common area space.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51056K

Schedule 0 (Form 990) 2008

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SCHEDULE R (Form 990)		Related Or	ganizations a	nd Unrelated	Partnerships		омв № 1545-0047 2008
Department of the Treasury Internal Revenue Service	► Attach to Forr	n 990. To be completed		at answerd "Yes" to F rate instructions.	orm 990, Part IV, lin	es 33, 34, 35, 36, o	Open to Public Inspection
Name of the organization Covenant Retirement Communities of Great Lakes Conference	f the					Employer identif	ficat ion number
Part I Identificatio	n of Disregarded E	Intities					
Name, address, a	(A) nd EIN of disregarded entity		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income E	(E) ind-of-year assets	(F) Direct controlling entity
Part II Identificatio	n of Related Tax-E	xempt Organizati	ions				
Name, address, a	(A) nd EIN of related organization	n	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty statu: (if section 501(c)(3)	
See Additional Data Table							
				1	1	1	1

Part III Identification of Related Organizations Taxable as a Partnership											
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) (B) Legal (D) (E) (F) (G) Bredominant (F) Share of end-of-year		of end-of-year allocations?		e (I) Code V—UBI amount on Box 20 of K-1	Gener mana	(J) General or managıng partner?			
	<u> </u> '	1'	<u> </u>		<u> </u> !	<u> </u>	Yes	No	·	Yes '	No
Cardiovascular Performance Group LLC 5145 North California Avenue Chicago, IL60625 20-3587272	Management Services	IL	N/A	N/A				No			No
Coast Asset Management LLC 2450 Colorado Avenue Suite 100 E To Santa Monica, CA90404 95-4763400	Hedge Fund Investment	CA	N/A	N/A				No			No
Covenant Village of Portland LP 420 NE Mason Street Portland, OR97211 36-4356838	Assisted Living Community	OR	N/A	N/A				No			No
					!						
					ļ				,		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

					-		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Covenant International Insurance Company Ltd Crawford House 50 Cedar Avenue Hamilton BD	Insurance	BD	N/A				
Covenant Trust Company 5215 Old Orchard Road Suite 725 Skokie, IL60077 36-3583163	Financial Services	IL.	N/A	с			
Swedish Covenant Management Services Inc (SCMS) 5145 North California Avenue Chicago, IL60625 36-4073303	Physician Practice Management	IL.	N/A	c			
Swedish Covenant Managed Care Alliance (SCMCA) 2740 West Foster Avenue Suite 409 Chicago, IL60625 36-4118659	Physician - Hospital Organization	IL.	N/A	с			
							D / F 000) 200

Page **2**

Schedule R (Form 990) 2008

Part V Transactions with Related Organizations			
Note. Complete line 1 if any entity is listed in Parts II, III or IV	ر	Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	a		No
b Gift, grant, or capital contribution to other organization(s)	b		No
c Gift, grant, or capital contribution from other organization(s)	c		No
d Loans or loan guarantees to or for other organization(s)	d		No
e Loans or loan guarantees by other organization(s)	e		No
f Sale of assets to other organization(s)	.f		No
g Purchase of assets from other organization(s)	g		No
h Exchange of assets	h		No
i Lease of facilities, equipment, or other assets to other organization(s)	.i		No
j Lease of facilities, equipment, or other assets from other organization(s)	.j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	.I		No
m Sharing of facilities, equipment, mailing lists, or other assets	.m		No
n Sharing of paid employees	n		No
o Reimbursement paid to other organization for expenses	.0 1	Yes	
p Reimbursement paid by other organization for expenses	p Y	Yes	
q Other transfer of cash or property to other organization(s)	.q		No
r Other transfer of cash or property from other organization(s)	.r		No
_			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Covenant Retirement Communities Inc	Р	8,844,620
(2)	Covenant Retirement Communities Inc	0	151,021
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtiona allocations?	ite	e (G) Code V—UBI amount on Box 20 of K-1		-
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2008

Software ID: Software Version:

EIN: 38-3244636

Name: Covenant Retirement Communities of the Great Lakes Conference

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Relate	d Tax-Exempt Organizati	ons (C)			I
(A) Name, address, and EIN of related organization	(B) Primary Activity	Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Bethany Covenant Home 2309 Hayes Street NE Minneapolis, MN55418 41-0706103	Continuing Care Retirement Community	MN	501(c)(3)	9	Covenant Retirement Communities Inc
Children's Home of Cromwell Conn Inc Box 118 Cromwell, CT06416 06-0646920	Services for at-risk families	СТ	501(c)(3)	9	Covenant Ministries of Benevolence
Colonial Acres Home Inc 5800 St Croix Avenue Minneapolis, MN55422 41-0841150	Continuing Care Retirement Community	MN	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Children's Home and Family Services 502 Elm Place Princeton, IL61356 36-2167043 Covenant Enabling Residences of Illinois	Services for at-risk families	IL	501(c)(3)	9	Covenant Ministries of Benevolence
15841 Terrace Drive Oak Forest, IL60452 36-3731196	Group Homes for Adults with Disability	IL	501(c)(3)	9	Covenant Ministries of Benevolence
Covenant Enabling Residences of Michigan 3815 Henry Street Muskegon, MI49441 38-3485889	Group Homes for Adults with Disability	MI	501(c)(3)	9	Covenant Ministries of Benevolence
Covenant Enabling Residences of Minnesota 322 60th Avenue W Duluth, MN55126 41-1879965	Group Homes for Adults with Disability	MN	501(c)(3)	9	Covenant Ministries of Benevolence
Covenant Healthcare Centers Inc 2155 Pfingsten Road Northbrook, IL60062 52-1115873	Continuing Care Retirement Community	IL	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Home Illinois 2625 Techny Road Northbrook, IL60062 36-2643638	Continuing Care Retirement Community	IL	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Home of Chicago 2720 West Foster Avenue Chicago, IL60625 36-3095932	Continuing Care Retirement Community	IL	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Home Services Inc 5700 Old Orchard Road Skokie, IL60077 26-0744025	Home Health Services	IL	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Home Inc Connecticut 52 Missionary Road Cromwell, CT06416 13-1740015	Continuing Care Retirement Community	СТ	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Housing Corporation 5700 Old Orchard Road Skokie, IL60077 36-4484624	Management/Support Services	IL	501(c)(3)	11	Covenant Ministries of Benevolence
Covenant Ministries of Benevolence 5145 North California Avenue Chicago, IL60625 36-3486813	Management/Support Services	IL	501(c)(3)	11	Evangelical Covenant Church
Covenant Retirement Communities West 2550 Treasure Drive Santa Barbara, CA93105 95-3472345	Continuing Care Retirement Community	CA	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Retirement Communities Inc 5700 Old Orchard Road Skokie, IL60077 36-3478388	Management/Support Services	IL	501(c)(3)	11	Covenant Ministries of Benevolence
Covenant Village of Colorado 9153 Yarrow Street Westminster, CO80021 84-1084331	Continuing Care Retirement Community	со	501(c)(3)	9	Covenant Retirement Communities Inc
Covenant Village of Florida Inc 9201 West Broward Blvd Plantation, FL33324 52-1115870	Continuing Care Retirement Community	FL	501(c)(3)	9	Covenant Retirement Communities Inc
Emanuel Medical Center Inc 825 Delbon Avenue Turlock, CA95382 94-2281314	Acute Care Hospital	CA	501(c)(3)	3	Covenant Ministries of Benevolence
Evangelical Covenant Church 5101 North Francisco Avenue Chicago, IL60625 36-2167730	Church	IL	501(c)(3)	1	N /A
Life Center on the Green Inc 5145 North California Avenue Chicago, IL60625 36-3495110	Fitness Center/Rehab Facility	IL	501(c)(3)	9	Covenant Ministries of Benevolence
Swedish Covenant Faculty Group (SCFG) 5145 North California Avenue Chicago, IL60625 36-3686216	Patient Treatment/Education	IL	501(c)(3)	11	Swedish Covenant Hospital
Swedish Covenant Hospital 5145 North California Avenue Chicago, IL60625 36-2179813	Hospital	IL	501(c)(3)	3	Covenant Ministries of Benevolence
Swedish Covenant Hospital Foundation (SCHF) 5145 North California Avenue Chicago, IL60625 20-5055155	Supporting Organization of SCH	IL	501(c)(3)	7	Swedısh Covenant Hospital
The Holmstad 700 West Fabyan Parkway Batavia, IL60510 36-2835154	Continuing Care Retirement Community	IL	501(c)(3)	9	Covenant Retirement Communities Inc
Wellspring PO Box 368800 Chicago, IL60636 36-3726743	Services for abused women	IL	501(c)(3)	9	Covenant Ministries of Benevolence
Windsor Park Manor 124 Windsor Park Drive Carol Stream, IL60188 36-3385581	Continuing Care Retirement Community	IL	501(c)(3)	9	Covenant Retirement Communities Inc