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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 02-01-2009 and ending 01-31-2010**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: Covenant Retirement Communities Inc  
 Doing Business As:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 5700 Old Orchard Rd  
 City or town, state or country, and ZIP + 4: Skokie, IL 60077

**D** Employer identification number: 36-3478388  
**E** Telephone number: (773) 878-2294  
**G** Gross receipts \$ 51,528,048

**F** Name and address of principal officer:  
 Elizabeth Buikema  
 c/o CRC 5700 Old Orchard Rd  
 Skokie, IL 60077

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number: 2650

**I** Tax-exempt status:  501(c) ( 3 ) (Insert no )  4947(a)(1) or  527  
**J** Website: www.covenantretirement.org

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1980 **M** State of legal domicile: IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
 Care for senior adults

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	17
<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	121
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	20
<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	409,730
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-198,045

		Prior Year	Current Year
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	62,262	2,726,511
	<b>9</b> Program service revenue (Part VIII, line 2g)	20,921,377	20,096,703
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-50,509,676	22,981,567
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,207,334	1,653,846
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-28,318,703	47,458,627
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,246,207	7,709,255
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>1,264,064</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,412,817	16,730,661
<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,659,024	24,439,916	
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-54,977,727	23,018,711	

		Beginning of Current Year	End of Year
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	111,282,163	130,296,468
	<b>21</b> Total liabilities (Part X, line 26)	100,501,026	95,743,919
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	10,781,137	34,552,549

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: \_\_\_\_\_ Date: 2010-12-13  
 Elizabeth Buikema VP of Finance/CFO  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's identifying number (see instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

As a ministry of the Evangelical Covenant Church, Covenant Retirement Communities celebrates 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 (SEE SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 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 \$ 18,228,896 including grants of \$ ) (Revenue \$ 17,980,953 )

The number of persons residing at the continuing care retirement communities, operated by Covenant Retirement Communities, Inc. (CRC), who benefited from the services we provided for the year ended January 31, 2010 were as follows: Residential & Catered Living: There were a total of 3,506 residents, occupying 2,732 apartments at 01/31/2010. Residency for the fiscal year totaled 1,330,974 resident days. Assisted Living: There were a total of 605 assisted living residents at 01/31/2010. Assisted living residency for the fiscal year totaled 221,118 patient days. Skilled Nursing: There were a total of 795 skilled care patients at 01/31/2010. Skilled care residency for the fiscal year totaled 292,046 patient days.

**4b** (Code ) (Expenses \$ 1,652,101 including grants of \$ ) (Revenue \$ 2,951,523 )

Estates of Windsor Park: The number of persons who benefited from the services we provided for the year ended January 31, 2010 were as follows: There were a total of 95 residents, occupying 60 apartments at 01/31/2010. Residency for the fiscal year totaled 34,827 resident days.

**4c** (Code ) (Expenses \$ 409,673 including grants of \$ ) (Revenue \$ 462,318 )

Geneva Place: The number of persons who benefited from the services we provided for the year ended January 31, 2010 were as follows: There were a total of 22 residents, occupying 22 apartments at 01/31/2010. Residency for the fiscal year totaled 7,886 resident days.

**4d** Other program services (Describe in Schedule O ) **See also Additional Data for Description**

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** \$ 20,290,670

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II.</i>		No
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or 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>		No
<b>7</b>	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>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
<b>9</b>	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>	Yes	
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I.</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II.</i>		No
<b>16</b>	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 U S ? <i>If "Yes," complete Schedule F, Part III.</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No

**Part IV Checklist of Required Schedules** (continued)

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b>	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	Yes	
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 108		
<b>b</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 121		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	Yes	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	Yes	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	
<b>b</b>	If "Yes," enter the name of the foreign country <b>BD</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body . . . . .		
<b>1b</b>	Enter the number of voting members that are independent . . . . .		
<b>2</b>	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? . . . . .		No
<b>3</b>	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? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	Yes	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>8a</b>	The governing body? . . . . .	Yes	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, 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 . . . . .		No

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .		No
<b>10b</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? . . . . .		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	Yes	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
<b>15b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line a or b, describe the process in Schedule O (See instructions )	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		No
<b>16b</b>	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? . . . . .		

**Section C. Disclosure**

<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>IL</b>
<b>18</b>	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>Elizabeth Burkema</b> C/O CRC 5700 Old Orchard Rd Skokie, IL 60077 (773) 878-2294



<b>1b Total</b>	2,152,259	1,768,207	921,331
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**21

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Moving Station LLC 100 N LaSalle St Suite 300 Chicago, IL 60602	Home Purchase Program	933,156
Deloitte & Touche LLP PO Box 7247-6446 Philadelphia, PA 191706446	Audit	609,650
Perkins Eastman Architects PC 115 Fifth Avenue New York, NY 10003	Design Services	522,916
Arch Consultants Ltd 250 Parkway Drive Suite 166 Lincolnshire, IL 60069	Consultant	513,949
Design Purchase Link 2400 Boston St Suite 401 Baltimore, MD 21224	Design/Purchase Services	156,702

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**9

**Part VIII Statement of Revenue**

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b>					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>	2,600,000				
	<b>e</b>	Government grants (contributions) . . . . . <b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	126,511				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ _____					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		2,726,511			
<b>Program Service Revenue</b>			Business Code				
	<b>2a</b>	Management Fees	561,000	14,125,331	14,125,331		
	<b>b</b>	Routine Services	623,000	2,310,049	2,310,049		
	<b>c</b>	Entrance Fee	623,000	2,098,407	2,098,407		
	<b>d</b>	Development Services	541,900	1,560,947	1,151,217	409,730	
	<b>e</b>	Ancillary Service	623,000	1,969	1,969		
	<b>f</b>	All other program service revenue					
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		20,096,703				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		26,934,650		26,934,650	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	(i) Real		(ii) Personal			
		<b>b</b>	Gross Rents	62,363			
		<b>b</b>	Less rental expenses	116,338			
		<b>c</b>	Rental income or (loss)	-53,975			
	<b>d</b>	<b>Net rental income or (loss)</b> . . . . .		-53,975		-53,975	
	<b>7a</b>	(i) Securities		(ii) Other			
		<b>b</b>	Gross amount from sales of assets other than inventory				
		<b>b</b>	Less cost or other basis and sales expenses	3,494,481	458,602		
		<b>c</b>	Gain or (loss)	-3,494,481	-458,602		
<b>d</b>	<b>Net gain or (loss)</b> . . . . .		-3,953,083		-3,953,083		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from fundraising events</b> . . . . .						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from gaming activities</b> . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	<b>Net income or (loss) from sales of inventory</b> . . . . .						
		Miscellaneous Revenue		Business Code			
<b>11a</b>	Support Services	623,000	84,432	84,432			
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .		1,623,389	1,623,389			
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,707,821				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		47,458,627	21,394,794	409,730	22,927,592	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 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
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,833,773	1,833,773		
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	4,395,198	3,804,918	469,185	121,095
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	256,300	240,324	9,155	6,821
<b>9</b>	Other employee benefits . . . . .	878,749	807,510	28,246	42,993
<b>10</b>	Payroll taxes . . . . .	345,235	318,840	16,771	9,624
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .	98,785	66,079	32,706	
<b>b</b>	Legal . . . . .	136,720	130,894	5,826	
<b>c</b>	Accounting . . . . .	42,910	39,411	3,499	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	575,026	575,026		
<b>g</b>	Other . . . . .	1,795,283	1,591,044	197,928	6,311
<b>12</b>	Advertising and promotion . . . . .	248,887	123,297	124,599	991
<b>13</b>	Office expenses . . . . .	315,778	278,899	25,328	11,551
<b>14</b>	Information technology . . . . .	1,971,283	1,971,283		
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	381,842	374,870	6,972	
<b>17</b>	Travel . . . . .	722,783	688,955	1,238	32,590
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	39,447	38,352	685	410
<b>20</b>	Interest . . . . .	1,578,542	918,021	660,521	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	3,051,362	2,608,025	443,337	
<b>23</b>	Insurance . . . . .				
<b>24</b>	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 )				
<b>a</b>	Related Party Payments	2,346,198	1,159,470	156,038	1,030,690
<b>b</b>	Admin & General	907,324	849,256	58,068	
<b>c</b>	Taxes	721,902	318,337	403,565	
<b>d</b>	Resident Care Services	348,475	348,475		
<b>e</b>	Maintenance	288,589	59,292	229,297	
<b>f</b>	All other expenses	1,159,525	1,146,319	12,218	988
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	24,439,916	20,290,670	2,885,182	1,264,064
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> 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				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	14,309	<b>1</b>	365,022
	<b>2</b> Savings and temporary cash investments . . . . .	16,606,443	<b>2</b>	15,078,021
	<b>3</b> Pledges and grants receivable, net . . . . .	162,597	<b>3</b>	64,512
	<b>4</b> Accounts receivable, net . . . . .	3,927,533	<b>4</b>	1,111,215
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	1,379,117	<b>7</b>	7,500
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,989,044	<b>9</b>	2,627,335
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	57,823,546		
	<b>b</b> Less accumulated depreciation . . . . .	12,919,406	<b>10c</b>	44,904,140
	<b>11</b> Investments—publicly traded securities . . . . .	8,292,218	<b>11</b>	22,832,740
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,361,303	<b>12</b>	7,956,364
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	24,113,188	<b>15</b>	35,349,619
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	111,282,163	<b>16</b>	130,296,468	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	7,360,601	<b>17</b>	7,131,331
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	13,052,025	<b>19</b>	12,424,700
	<b>20</b> Tax-exempt bond liabilities . . . . .	18,305,487	<b>20</b>	17,976,766
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	17,520	<b>21</b>	13,470
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	10,593,000	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	51,172,393	<b>25</b>	58,197,652
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	100,501,026	<b>26</b>	95,743,919
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	7,380,999	<b>27</b>	30,399,709
	<b>28</b> Temporarily restricted net assets . . . . .	647,693	<b>28</b>	674,435
	<b>29</b> Permanently restricted net assets . . . . .	2,752,445	<b>29</b>	3,478,405
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	10,781,137	<b>33</b>	34,552,549	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	111,282,163	<b>34</b>	130,296,468	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .

**b** Were the organization's financial statements audited by an independent accountant? . . . . .

**c** If "Yes," to 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?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separated basis

**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? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Covenant Retirement Communities Inc

Employer identification number

36-3478388

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
<b>Total</b>									1,000,000

**Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

**14** Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) 14

**15** Public Support Percentage for 2008 Schedule A, Part II, line 14 15

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization Covenant Retirement Communities Inc

Employer identification number 36-3478388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain why in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	2,752,445				
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .	752,986				
<b>d</b> Grants or scholarships . . . . .	-27,026				
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	3,478,405				

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b>	No
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b>	No
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land . . . . .		11,306,186		11,306,186
<b>b</b> Buildings . . . . .		33,244,175	3,479,314	29,764,861
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		12,914,496	9,426,871	3,487,625
<b>e</b> Other . . . . .		358,689	13,221	345,468
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				44,904,140

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (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		
International Equity	3,276,035	F
Hedge Funds & Derivatives	2,373,367	F
Private Equity	1,264,639	F
International Real Estate	1,042,323	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 ) ▶	7,956,364	

**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
<b>Total.</b> (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
Self Insurance Reserve - Workers Compensation	451,271
Unamortized Debt & Related Expenses	696,752
Other Investments	18,145,417
Inter-company Advance Accounts	15,976,929
Other Assets	79,250
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	35,349,619

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Refundable Contract Liabilities	1,934,438
Accrued Taxes & Employee Benefits	1,314,440
Inter-company Advance Accounts	31,762,627
Other Liabilities	23,186,147
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 ) ▶	58,197,652

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	47,458,627
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	24,439,916
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	23,018,711
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	752,701
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	752,701
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	23,771,412

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Losses reported on Form 990, Part IX, line 25 . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	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 V, Line 4	Description of Intended Use of Endowment Funds	The Brandel Endowment Fund is used for resident care at one of the CRC campuses
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
Part XI, Line 8 - Other Adjustments		Change in Temporarily Restricted Net Assets not included on Income Statement 26742 Change in Permanently Restricted Net Assets not included on Income Statement 725959

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Covenant Retirement Communities Inc

**Employer identification number**

36-3478388

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)									
<p><b>1b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</p>										
<p><b>4a</b> Receive a severance payment or change-of-control payment?</p>	Yes									
<p><b>4b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>4c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>										
<p><b>5a</b> The organization?</p>		No								
<p><b>5b</b> Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>										
<p><b>6a</b> The organization?</p>		No								
<p><b>6b</b> Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										



**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.

Identifier	Return Reference	Explanation
	Part I, Line 1a	Part I, Line 1a The following are available benefits and are treated as taxable compensation - Health club dues paid for nine (9) senior-level employees - Travel for companions paid for one (1) senior-level employee
	Part I, Line 4a	Part I, Line 4a Kathryn Witta, former Vice President of Operations for Covenant Retirement Communities, Inc (CRC) and Interim Administrator of the Covenant Village of the Great Lakes Conference until May 2009 received \$85,230.72 severance payment from CRC. 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 - \$85,010.96; Lawrence Anderson - \$62,816.05; Rick Fisk - \$54,324.21; Karl Klockars - \$46,370.96; Elizabeth Buikema - \$20,944.08; Steven P. Anderson - \$19,337.86; John R. Harriff - \$19,028.96; Terri Cunliffe - \$18,319.60; David Erickson - \$18,102.03; Oliver Walker - \$14,461.55; Kathleen Jenkins - \$12,517.35; Moraine Byrne - \$6,151.50; Rebecca Neth Townsend - \$21,430.40; Jeff Lundeen - \$16,442.33; Sneha Patel - \$14,210.50; Kathryn Witta - \$13,648.40; David Fulcher - \$11,600.00. 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 A. Dwight - \$35,507.00; Rick K. Fisk - \$7,835.00; Lawrence P. Anderson - \$2,525.00.
Supplemental Information	Part III	Part II, Column B (i) Base compensation for certain individuals may include payments from deferred compensation plans. Part II, Column C Deferred compensation includes an 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:** 36-3478388  
**Name:** Covenant Retirement Communities Inc

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David A Dwight	(i) 0 (ii) 522,109	0 0	0 53,890	0 75,427	0 36,907	0 688,333	0 0
Rick K Fisk	(i) 0 (ii) 366,641	0 0	0 30,650	0 45,112	0 22,944	0 465,347	0 8,751
Gary Walter	(i) 0 (ii) 142,332	0 0	0 0	0 16,167	0 87,628	0 246,127	0 0
Steven P Anderson	(i) 138,475 (ii) 0	0 0	14,013 0	27,358 0	21,770 0	201,616 0	0 0
Elizabeth B Buikema	(i) 190,808 (ii) 0	0 0	29,043 0	16,172 0	24,015 0	260,038 0	7,138 0
Moraine M Byrne	(i) 144,635 (ii) 0	0 0	22,813 0	20,858 0	22,733 0	211,039 0	8,065 0
Terri S Cunliffe	(i) 130,068 (ii) 0	0 0	26,622 0	21,347 0	8,108 0	186,145 0	0 0
John R Harriff	(i) 123,114 (ii) 0	0 0	35,591 0	19,138 0	18,078 0	195,921 0	0 0
Oliver Walker	(i) 118,826 (ii) 0	0 0	23,337 0	5,553 0	19,506 0	167,222 0	0 0
David G Erickson	(i) 142,117 (ii) 0	0 0	24,002 0	11,528 0	22,571 0	200,218 0	0 0
Kathleen Jenkins	(i) 69,271 (ii) 0	0 0	28,479 0	27,340 0	29,668 0	154,758 0	0 0
Lawrence P Anderson	(i) 0 (ii) 324,596	0 0	0 39,171	0 64,344	0 44,187	0 472,298	0 0
Karl N Klockars	(i) 0 (ii) 251,554	0 0	0 37,264	0 52,560	0 30,620	0 371,998	0 13,329
Rebecca N Townsend	(i) 163,826 (ii) 0	0 0	28,263 0	37,267 0	27,976 0	257,332 0	7,806 0
Kathryn Witta	(i) 72,768 (ii) 0	0 0	142,831 0	9,156 0	14,898 0	239,653 0	15,446 0
Sneha Patel	(i) 126,544 (ii) 0	0 0	30,185 0	9,281 0	17,955 0	183,965 0	6,413 0
Jeff Lundeen	(i) 154,839 (ii) 0	0 0	22,148 0	13,903 0	21,484 0	212,374 0	0 0
David A Fulcher	(i) 132,826 (ii) 0	0 0	16,815 0	5,436 0	28,507 0	183,584 0	0 0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> Covenant Retirement Communities Inc	<b>Employer identification number</b> 36-3478388
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**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To From		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
					Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

**Part III Grants or Assistance Benefitting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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**Part IV Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Grant Erickson	See Schedule O	108,762	See Schedule O		No

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

**2009**

**Open to Public Inspection**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
**▶ Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Covenant Retirement Communities Inc

**Employer identification number**  
36-3478388

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The members are the individual members of the Board of Benevolence
Form 990, Part VI, Section A, line 7a		The individual members of the Board of Benevolence elect the CRC Board of Directors
Form 990, Part VI, Section A, line 7b		§ 2.4 of Bylaws 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 bylaws
Form 990, Part VI, Section B, line 11		Management Review The draft Form 990 was reviewed 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 was provided to the Board of Directors at the Board meeting prior to filing Key provisions of the Form were discussed and reviewed with the members of the Board The final Form 990 was provided to each Board member prior to filing
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 acknowledging 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 acknowledgment, there is a follow-up with the individual until the signed acknowledgment is provided In addition to the above, a separate and more comprehensive questionnaire is sent to the board members, officers, key employees and other interested persons The completed questionnaires are reviewed by CRC's legal counsel to determine if any actual or potential conflicts exist If a person becomes an interested person, he or she may be considered in determining whether a quorum is present The interested person may make a short statement relating to the transaction or arrangement in question, but shall not be present during the discussion and shall not vote on the motion addressing the actual or potential conflict
Form 990, Part VI, Section B, line 15		CRC's 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 consists entirely of disinterested members of the Board, and the Committee works with an independent compensation 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
Form 990, Part VI, Section C, line 18		Form 990, Part VI, Section C, Line 18 A copy of the organization's Form 990 and Form 990-T are available upon request by contacting the CRC accounting department at 773-878-5744
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

Identifier	Return Reference	Explanation
Form 990 - Part VII - Section A	Related Organizations	Officers and Directors devote less than 1 hour per week to related organizations

Schedule L - Part IV Business Transactions Involving Interested Person a) Name of Person Grant Erickson b) Relationship Between Interested Person and Organization Family member of David Erickson (Vice President & Assistant Secretary) c) Amount of Transaction \$108,761 71 d) Description of Transaction Partner in a law firm that provides legal counsel to the organization e) Sharing of Organizations Revenues? = No Form 990 - Part III - Line 1  
Mission Statement As a ministry of the Evangelical Covenant Church, Covenant Retirement Communities celebrates 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 CRC, Inc is organized and operated for the benefit of, and to plan and support the charitable purposes of, several continuing care retirement communities, all nonprofit organizations, consisting of residential living, assisted living facilities, and skilled nursing homes, as well as other senior services organizations and services In addition to the program service accomplishments of each organization, Covenant Retirement Communities, Inc , provided \$5,304,826 of free or discounted services to those residents unable to pay all or a portion of their charges, and who meet certain eligibility requirements

**For Paperwork Reduction Act Notice, see the Instructions for Form 990**

Cat No 51056K

**Schedule O (Form 990) 2009**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

Covenant Retirement Communities Inc

**Employer identification number**

36-3478388

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Covenant Solutions Business and Development Support LLC 5700 Old Orchard Road Skokie, IL 60077 36-3478388	Building Development Services & Strategic Planning	IL	1,565,144	1,785,229	N/A
CRC Holdings One LLC 5700 Old Orchard Road Skokie, IL 60077 36-3478388	Property Management	IL	1,433,579	11,474,121	N/A
Covenant Holdings Two LLC 5700 Old Orchard Road Skokie, IL 60077 36-3478388	Rental Senior Housing	IL	462,318	6,869,158	N/A
Covenant Land Company LLC 5700 Old Orchard Road Skokie, IL 60077 36-3478388	Property Management	IL	10,139	0	N/A
Estates of Windsor Park 5700 Old Orchard Road Skokie, IL 60077 36-3478388	Residential Senior Services	IL	3,314,644	24,616,206	N/A

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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See Additional Data Table

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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		1,540,513	11,941,935	50.000 %
Covenant Trust Company 5215 Old Orchard Road Suite 725 Skokie, IL60077 36-3583163	Financial Services	IL	N/A	C			
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	C			

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

**1** During the tax year, did the organization 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
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		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	(b) Transaction type(a-r)	(c) Amount involved
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(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

**Software ID:**  
**Software Version:**  
**EIN:** 36-3478388  
**Name:** Covenant Retirement Communities Inc

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) 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	Assisted Living & Skilled Nursing Facility	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	CT	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	Services for at-risk families	IL	501(c)(3)	9	Covenant Ministries of Benevolence
Covenant Enabling Residences of Illinois 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	Assisted Living Facility	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	CT	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 of the Great Lakes Conference 2520 Lake Michigan Drive NW Grand Rapids, MI49504 38-3244636	Continuing Care Retirement Community	MI	501(c)(3)	9	Covenant Retirement Communities Inc
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 Village of Colorado 9153 Yarrow Street Westminster, CO80021 84-1084331	Continuing Care Retirement Community	CO	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	Swedish 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

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Bethany Covenant Home	O	330,863
(2)	Bethany Covenant Home	B	50,000
(3)	Bethany Covenant Home	P	330,863
(4)	Bethany Covenant Home	A	196,854
(5)	Covenant Home Inc	P	1,996,092
(6)	Covenant Home Inc	A	199,212
(7)	Covenant Healthcare Centers Inc	P	406,428
(8)	Covenant Healthcare Centers Inc	A	414,800
(9)	Covenant Home of Chicago	P	216,986
(10)	Covenant Home of Chicago	A	194,820
(11)	Covenant Housing Corporation	O	532,558
(12)	Covenant Ministries of Benevolence	P	2,690,143
(13)	Covenant Ministries of Benevolence	O	4,375,384
(14)	Covenant Ministries of Benevolence	C	2,700,000
(15)	Covenant Ministries of Benevolence	L	1,742,168
(16)	Covenant Ministries of Benevolence	K	98,385
(17)	Covenant Retirement Communities West	P	9,037,557
(18)	Covenant Trust Company	L	30,690
(19)	Covenant Village of Colorado	P	120,522
(20)	Covenant Village of Colorado	A	38,198
(21)	Covenant Village of Florida Inc	P	180,307
(22)	Covenant Village of Florida Inc	B	300,000
(23)	Covenant Village of Florida Inc	A	303,172
(24)	Colonial Acres Home Inc	P	1,656,686
(25)	Colonial Acres Home Inc	B	350,000
(26)	Colonial Acres Home Inc	A	445,529
(27)	Covenant Retirement Communities of the Great Lakes Conference	P	1,640,892
(28)	Covenant Retirement Communities of the Great Lakes Conference	A	541,264
(29)	Covenant Home Illinois	O	8,884,078
(30)	The Holmstad	O	294,349
(31)	The Holmstad	A	57,591
(32)	Windsor Park Manor	O	1,761,071
(33)	Windsor Park Manor	A	793,407
(34)	Covenant Home Services	O	2,772,716
(35)	Covenant Home Services	A	38,014

**TY 2009 Category 3 filer statement**

**Name:** Covenant Retirement Communities Inc

**EIN:** 36-3478388

<b>Amount Of Indebtedness</b>	<b>Type Of Indebtedness</b>	<b>Name</b>	<b>Address</b>	<b>Identifying Number</b>	<b>Number Of Shares</b>
		Covenant Retirement Communities Inc	5700 Old Orchard Road Skokie, IL 60077		880
		Covenant Ministries of Benevolence	5145 N California Ave Chicago, IL 60625		120

## TY 2009 Itemized Other Assets Schedule

**Name:** Covenant Retirement Communities Inc

**EIN:** 36-3478388

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Covenant International Insurance Company		Accrued Interest	96,588	119,148
		Accounts Receivable/Prepaid Expenses	0	844,050
		Deferred Reinsurance Premiums	167,610	164,315
		Claims Escrow Account	20,000	14,000

## TY 2009 Other Deductions Schedule

**Name:** Covenant Retirement Communities Inc

**EIN:** 36-3478388

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Losses and Loss Expenses Incurred	1,958,541	1,958,541
General & Administrative Expense	193,555	193,555

## TY 2009 Itemized Other Investments Schedule

**Name:** Covenant Retirement Communities Inc

**EIN:** 36-3478388

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Covenant International Insurance Company		Equity Funds	1,574,684	2,361,978
		Fixed Income Funds	7,027,841	8,075,939
		Unquoted Investments	80,124	95,728

## TY 2009 Itemized Other Liabilities Schedule

**Name:** Covenant Retirement Communities Inc

**EIN:** 36-3478388

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
Covenant International Insurance Company		Reserve for Losses/Loss Expense	3,766,929	4,877,261
		Unearned Premium	305,115	535,869

**TY 2009 Other Income Statement****Name:** Covenant Retirement Communities Inc**EIN:** 36-3478388

<b>Description</b>	<b>Foreign Amount</b>	<b>Amount</b>
Interest and Dividend Income	397,608	397,608
Gain/Loss on Sale of Investments	-13,151	-13,151
Amortization	-35,402	-35,402
Investment Management Fees	-78,806	-78,806
Impairment of Unquoted Investments	10,164	10,164
Miscellaneous Income	5,058	5,058
Unrealized Investment Income	858,368	858,368

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 36-3478388  
**Name:** Covenant Retirement Communities Inc

**Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.**

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Colonial Acres Home Inc	418041150	9	Yes		Yes		Yes		350000
Bethany Covenant Home	410706103	9	Yes		Yes		Yes		50000
Covenant Village of Florida	521115870	9	Yes		Yes		Yes		300000
Covenant Home Illinois	362643638	9	Yes		Yes		Yes		0
Covenant Healthcare Centers Inc	521115873	9	Yes		Yes		Yes		0
The Holmstad	362835154	9	Yes		Yes		Yes		0
Covenant Home of Chicago	363095932	9	Yes		Yes		Yes		0
Covenant Home Inc Connecticut	131740015	9	Yes		Yes		Yes		300000
Covenant Retirement Communities West	953472345	9	Yes		Yes		Yes		0
Covenant Village of Colorado	841084331	9	Yes		Yes		Yes		0
Windsor Park Manor	363385581	9	Yes		Yes		Yes		0
Covenant Retirement Communities of the Great Lakes Conference	383244636	9	Yes		Yes		Yes		0
Covenant Home Services	260744025	9	Yes		Yes		Yes		0

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-3478388

**Name:** Covenant Retirement Communities Inc

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

The organization was involved in various community benefits projects which include the following - Staff members volunteered a total of 75 hours of their time to various places/activities in the community such as the Greater Chicago Food Depository, North Park Friendship Center and others (equivalent to \$84,325) - Provided space for meetings for Evanston School District 65 and National Covenant Properties (NCP) (equivalent to \$7,000) - Monetary Donations to North Park University for their Axelson Symposium and to Swedish Covenant Hospital for their Benefit Gala (total of \$11,000) - In-kind donations to North Park Friendship Center and to a classroom (\$558 estimated total)

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Curtis B Anderson Director	1 00	X						0	0	0
Rev Richard B Berry Director	1 00	X						0	0	0
Wendell Danielson Director	1 00	X						0	0	0
Rev Harvey Drake Director	1 00	X						0	0	0
Mark C Eastburg Director	1 00	X						0	0	0
James Elving Director	1 00	X						0	0	0
Marc E Espinosa Director	1 00	X						0	0	0
Lorene G Flewellen Director	1 00	X						0	0	0
Beverly A Freeman Director	1 00	X						0	0	0
Rhoda Friesen Director	1 00	X						0	0	0
Donald Holt Director	1 00	X						0	0	0
Cletus J Moll Director	1 00	X						0	0	0
Rev Mark Nilson Director	1 00	X						0	0	0
Joyce Peterson Director	1 00	X						0	0	0
Norton Richards Director	1 00	X						0	0	0
Walter Schiller Director	1 00	X						0	0	0
Jean A Stebinger Director	1 00	X						0	0	0
John C Swanson Director	1 00	X						0	0	0
David A Dwight Ex-Officio	1 00	X						0	575,999	112,334
Rick K Fisk Ex-Officio/President	40 00	X		X				0	397,291	58,594
Robert K Johnston Ex-Officio	1 00	X						0	0	0
Gary Walter Ex-Officio	1 00	X						0	142,332	103,795
Steven P Anderson Senior VP/Asst Secretary	40 00			X				152,488	0	42,935
Elizabeth B Bukema Senior VP/CFO/Treasurer	40 00			X				219,851	0	37,142
Moraine M Byrne Senior VP/Asst Secretary	40 00			X				167,448	0	42,079

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Terri S Cunliffe EVP of Oper/Asst Sec	40 00			X				156,690	0	26,444
John R Harriff Senior VP/Asst Secretary	40 00			X				158,705	0	31,370
Oliver Walker Senior VP/Asst Secretary	40 00			X				142,163	0	23,330
David G Erickson VP/Asst Secretary	40 00			X				166,119	0	27,589
Kathleen Jenkins Dir Admin Svcs/Asst Sec	40 00			X				97,750	0	57,008
Lawrence P Anderson CMB EVP/Asst Secretary	1 00			X				0	363,767	108,531
Karl N Klockars CMB EVP/Asst Secretary	1 00			X				0	288,818	73,737
Rebecca N Townsend Vice President	40 00						X	192,089	0	62,389
Kathryn Witta Interim Administrator	40 00						X	215,599	0	23,183
Sneha Patel Chief Information Office	40 00						X	156,729	0	24,453
Jeff Lundeen Cov Sol - President	40 00						X	176,987	0	32,475
David A Fulcher Col Sol - Vice President	40 00						X	149,641	0	33,943

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

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
Management Fees	561,000	14,125,331	14,125,331		
Routine Services	623,000	2,310,049	2,310,049		
Entrance Fee	623,000	2,098,407	2,098,407		
Development Services	541,900	1,560,947	1,151,217	409,730	
Ancillary Service	623,000	1,969	1,969		

**Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses**

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Related Party Payments	2,346,198	1,159,470	156,038	1,030,690
Admin & General	907,324	849,256	58,068	
Taxes	721,902	318,337	403,565	
Resident Care Services	348,475	348,475		
Maintenance	288,589	59,292	229,297	