

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043 Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,000	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	200	TOTALS	200	73,000	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	28,938	9,459	20,977	59,374	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	28,938	9,459	20,977	59,374	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 81.33%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES NO

Note : Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES NO

I. On what date did you start providing long term care at this location?

Date started 03/01/2005

J. Was the facility purchased or leased after January 1, 1978?

YES Date 03/01/2005 NO

K. Was the facility certified for Medicare during the reporting year?

YES NO If YES, enter number of beds certified 200 and days of care provided 15,368

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRAUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/13 Fiscal Year: 12/31/13

* All facilities other than governmental must report on the accrual basis.

Facility Name & ID Number

Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	381,780	42,698	22,355	446,833		446,833		446,833		1
2	Food Purchase		435,017		435,017		435,017	(41,858)	393,159		2
3	Housekeeping	270,910	47,116		318,026		318,026		318,026		3
4	Laundry	68,817	23,302		92,119		92,119		92,119		4
5	Heat and Other Utilities			256,574	256,574		256,574	2,252	258,826		5
6	Maintenance	92,227	81,700	149,085	323,012		323,012	16,597	339,609		6
7	Other (specify):*										7
8	TOTAL General Services	813,734	629,833	428,014	1,871,581		1,871,581	(23,009)	1,848,572		8
	B. Health Care and Programs										
9	Medical Director			87,500	87,500		87,500		87,500		9
10	Nursing and Medical Records	4,406,525	265,333	26,179	4,698,037		4,698,037	24,367	4,722,404		10
10a	Therapy										10a
11	Activities	164,397	42,341	98,972	305,710		305,710	5,464	311,174		11
12	Social Services	47,462		86,112	133,574		133,574		133,574		12
13	CNA Training										13
14	Program Transportation							26,256	26,256		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,618,384	307,674	298,763	5,224,821		5,224,821	56,087	5,280,908		16
	C. General Administration										
17	Administrative	210,091		858,950	1,069,041		1,069,041	(811,323)	257,718		17
18	Directors Fees										18
19	Professional Services			105,298	105,298		105,298	(1,303)	103,995		19
20	Dues, Fees, Subscriptions & Promotions			70,472	70,472		70,472	(2,775)	67,697		20
21	Clerical & General Office Expenses	555,036	104,500	163,206	822,742		822,742	(24,427)	798,315		21
22	Employee Benefits & Payroll Taxes			983,537	983,537		983,537	41,858	1,025,395		22
23	Inservice Training & Education										23
24	Travel and Seminar			17,668	17,668		17,668	900	18,568		24
25	Other Admin. Staff Transportation			6,648	6,648		6,648	(1,182)	5,466		25
26	Insurance-Prop.Liab.Malpractice			379,920	379,920		379,920	1,493	381,413		26
27	Other (specify):* Home Office Benefits							43,232	43,232		27
28	TOTAL General Administration	765,127	104,500	2,585,699	3,455,326		3,455,326	(753,527)	2,701,799		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	6,197,245	1,042,007	3,312,476	10,551,728		10,551,728	(720,449)	9,831,279		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number

Claremont Rehab & Living Ctr

#0047043

Report Period Beginning:

01/01/13

Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			177,658	177,658	177,658	338,747	516,405				30
31	Amortization of Pre-Op. & Org.											31
32	Interest			131,479	131,479	131,479	300,788	432,267				32
33	Real Estate Taxes						296,756	296,756				33
34	Rent-Facility & Grounds			1,423,095	1,423,095	1,423,095	(1,136,187)	286,908				34
35	Rent-Equipment & Vehicles			136,065	136,065	136,065	5,253	141,318				35
36	Other (specify):* Mortgage Costs						10,823	10,823				36
37	TOTAL Ownership			1,868,297	1,868,297	1,868,297	(183,820)	1,684,477				37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		718,626	2,440,252	3,158,878	3,158,878	(35,094)	3,123,784				39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			373,041	373,041	373,041		373,041				42
43	Other (specify):* Non-Allowable Co			341,508	341,508	341,508	(341,508)					43
44	TOTAL Special Cost Centers		718,626	3,154,801	3,873,427	3,873,427	(376,602)	3,496,825				44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	6,197,245	1,760,633	8,335,574	16,293,452	16,293,452	(1,280,871)	15,012,581				45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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0047043

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(33,322)	30		9
10	Interest and Other Investment Income	(59,053)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(430)	43		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties	(2,765)	43		18
19	Entertainment	(516)	43		19
20	Contributions	(24,910)	43		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(168,297)	43		24
25	Fund Raising, Advertising and Promotional	(76,717)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Sch 5A	(286,518)	Var.		29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (652,528)		\$	30

BHF USE ONLY					
48		49		50	
				51	
					52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(628,343)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (628,343)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B)	\$ (1,280,871)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44						44
45	Other-Attach Schedule		X			45
46	Other-Attach Schedule		X			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

Claremont Rehab & Living Ctr

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Report Period Beginning: 01/01/13

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Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Cable	\$ (6,480)	43	1
2	To offset misc. income	(4,886)	21	2
3	To disallow non-allowable legal fees	(3,309)	19	3
4	To disallow lobbying expense	(4,482)	20	4
5	Disallow xray expense	(33,328)	43	5
6	Disallow laboratory fees	(28,064)	43	6
7	To reverse A/P Legal Accrual	(21,465)	19	7
8	To Offset Reclassed Salaries	(184,504)	43	8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total		(286,518)	49

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Pg6 Supp		See Pg6 Supp		See Pg6 Supp		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	19 Professional Fees	\$	Claremont Extended Healthcare Realty, LLC	100.00%	\$ 16,700	\$ 16,700	1
2	V	25 Interest Income	279	Claremont Extended Healthcare Realty, LLC	100.00%		(279)	2
3	V	27 Rental Income	1,136,590	Claremont Extended Healthcare Realty, LLC	100.00%		(1,136,590)	3
4	V	20 Dues, Subscriptions, Licenses		Claremont Extended Healthcare Realty, LLC	100.00%	250	250	4
5	V	22 Insurance		Claremont Extended Healthcare Realty, LLC	100.00%	10,823	10,823	5
6	V	30 Depreciation & Amortization		Claremont Extended Healthcare Realty, LLC	100.00%	363,815	363,815	6
7	V	32 Interest		Claremont Extended Healthcare Realty, LLC	100.00%	355,762	355,762	7
8	V	34 Rental of Land, Build, Equip		Claremont Extended Healthcare Realty, LLC	100.00%	291,167	291,167	8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 1,136,869			\$ 1,038,517	\$ * (98,352)	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	<u>5</u> Utilities	\$	NuCare Services Corp.		\$ 2,252	\$ 2,252 15
16	V	<u>6</u> Repairs and Maintenance		NuCare Services Corp.		6,184	6,184 16
17	V	<u>17</u> Management Fees	858,950	NuCare Services Corp.			(858,950) 17
18	V	<u>19</u> Professional Fees		NuCare Services Corp.		6,771	6,771 18
19	V	<u>20</u> Dues, Subscriptions		NuCare Services Corp.		1,457	1,457 19
20	V	<u>21</u> Office Expense		NuCare Services Corp.		211,707	211,707 20
21	V	<u>24</u> Education and Seminars		NuCare Services Corp.		900	900 21
22	V	<u>25</u> Other Admin Transportation		NuCare Services Corp.		1,713	1,713 22
23	V	<u>26</u> Insurance		NuCare Services Corp.		1,493	1,493 23
24	V	<u>27</u> Employee Benefits		NuCare Services Corp.		43,232	43,232 24
25	V	<u>30</u> Depreciation Expense		NuCare Services Corp.		12,461	12,461 25
26	V	<u>32</u> Interest & Amortization		NuCare Services Corp.		1,558	1,558 26
27	V	<u>33</u> Real Estate Taxes		NuCare Services Corp.		5,589	5,589 27
28	V	<u>34</u> Facility Rent		NuCare Services Corp.		403	403 28
29	V	<u>35</u> Auto Lease		NuCare Services Corp.		3,235	3,235 29
30	V	<u>35</u> Equipment Rental		NuCare Services Corp.		2,018	2,018 30
31	V	<u>10</u> Nursing and Medical Records		NuCare Services Corp.		5,545	5,545 31
32	V	<u>30</u> Depreciation Expense		NuCare Services Corp.		(1,408)	(1,408) 32
33	V	<u>17</u> Administrative		NuCare Services Corp.		34,742	34,742 33
34	V	<u>11</u> Activities		NuCare Services Corp.		840	840 34
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 858,950			\$ 340,692	\$ * (518,258) 39

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 DME and Medical Supplies	\$ 101,362	Integra Healthcare Equipment	95.61%	\$ 96,916	\$ (4,446)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 101,362			\$ 96,916	\$ * (4,446)

* Total must agree with the amount recorded on line 34 of Schedule VI.

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Respiratory	\$ 36,300	Integra Respiratory Services	79.93%	\$ 29,013	\$ (7,287)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 36,300			\$ 29,013	\$ * (7,287)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

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VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1	Ross Bottner	4	Bronzeville Park	Chicago	Nucare Services Corp.	Lincolnwood	Bookeeping Mgmt	1
2	Nancy Bottner	1	California Gardens Corp.	Chicago	7527 N. Lincoln Ave, I	Lincolnwood	Building Rental	2
3	Jonah Bruck	4	Claremont Rehab. & Living	Buffalo Grove	Diamond Insurance	Northbrook	Work Comp Ins.	3
4	Jo Bruck	1	Claremont - Hanover Park	Hanover Park	Mapleleaf Insurance	Grand Cayman	Liab/Work Comp In	4
5	Barry Carr	4	Claridge Imperial, LTD.	Chicago	Seasons Hospice	Park Ridge	Hospice	5
6	Randi S. Carr	4	Jackson Corp	Chicago	JLR Financial Service	Lincolnwood	Management Co.	6
7	Ryan A. Carr	1	Monroe Pavillion	Chicago	KFT Services, LLC	Lincolnwood	Management Co.	7
8	Jared S. Carr	1	Renaissance at 87th Street	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co.	8
9	David Hartman	40	Renaissance at Midway	Chicago	Integra Healthcare Eq	Elmhurst	DME & Medical Su	9
10	Robert Hartman Dynasty Trust	9.5	Renaissance at South Shore	Chicago	Lifeline Ambulance, L	Chicago	Ambulance	10
11	Robert Hartman Family Trust	9.5	Renaissance at Park South	Chicago				11
12	Robert and Debra Hartman Family Found	6.75	Aria Post Acute Care	Hillside				12
13	Robert Hartman	4.25	Seven Oaks	Glendale, Wiscosin				13
14	Gerry Jenich	4	Renaissance East	Mesa, Arizona				14
15	Dawn Jenich	1	Renaissance West	Mesa, Arizona				15
16	Leonard Weiss	4	Renaissance Village IL	Mesa, Arizona				16
17	Jessica Weiss	1	Renaissance Village AL	Mesa, Arizona				17
18								18
19								19
20			Symphony Aspen Ridge, LLC D/B/A Symphony Decatur		Symphony Healthcare	Morton Grove	Sub Lessor	20
21			Symphony Countryside, LLC D/B/A Countrysid Aurora		Symphony M.L., LLC	Morton Grove	Main Lessor	21
22			Symphony Crestwood, LLC D/B/A Symphony of Crestwood		Symphony HMG, LLC	Morton Grove	Sub Lessor	22
23			Symphony Deerbrook, LLC D/B/A Symphony of Joliet		Symphony Financial S	Morton Grove	Mgmt Co.	23
24			Symphony Maple Crest, LLC D/B/A Maple Crest Belvidere					24
25			Symphony Maple Ridge, LLC D/B/A Symphony Lincoln					25
26			Symphony McKinley, LLC D/B/A McKinley Co Decatur					26
27			Symphony Northwoods, LLC D/B/A Northwood Belvidere					27
28								28
29								29
30								30

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VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

1	2	3	4	5	6		7		8	9	
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**				
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference		
1	No owners received compensation from this facility.										1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13							TOTAL	\$			13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

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VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization NuCare Services Corp.
 Street Address 7257 N. Lincoln #100
 City / State / Zip Code Lincolnwood, IL 60712
 Phone Number (847) 933-2600
 Fax Number (847) 933-2601

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	5	Utilities	Bed days available	1,205,960	13	\$ 37,199	\$ 73,000	\$ 2,252	1	
2	6	Repairs and Maintenance	Bed days available	1,205,960	13	102,157	12,620	73,000	6,184	2
3	19	Professional Fees	Bed days available	1,205,960	13	111,853	73,000	73,000	6,771	3
4	20	Dues, Subscriptions	Bed days available	1,205,960	13	24,065	73,000	73,000	1,457	4
5	21	Office Expense	Bed days available	1,205,960	13	3,497,400	3,139,005	73,000	211,707	5
6	24	Education and Seminars	Bed days available	1,205,960	13	14,876	73,000	73,000	900	6
7	25	Other Admin Transportation	Bed days available	1,205,960	13	28,298	73,000	73,000	1,713	7
8	26	Insurance	Bed days available	1,205,960	13	24,669	73,000	73,000	1,493	8
9	27	Employee Benefits	Bed days available	1,205,960	13	714,188	73,000	73,000	43,232	9
10	30	Depreciation Expense	Bed days available	1,205,960	13	205,852	73,000	73,000	12,461	10
11	32	Interest & Amortization	Bed days available	1,205,960	13	25,740	73,000	73,000	1,558	11
12	33	Real Estate Taxes	Bed days available	1,205,960	13	92,330	73,000	73,000	5,589	12
13	34	Facility Rent	Bed days available	1,205,960	13	6,664	73,000	73,000	403	13
14	35	Equipment Rental	Bed days available	1,205,960	13	53,447	73,000	73,000	3,235	14
15	35	Auto Lease	Bed days available	1,205,960	13	33,335	73,000	73,000	2,018	15
16	10	Nursing and Medical Records	Bed days available	1,205,960	13	91,606	91,606	73,000	5,545	16
17	30	Depreciation Expense	Direct Allocation						(1,408)	17
18	11	Activities	Bed days available	1,205,960	13	13,872	13,872	73,000	840	18
19	17	Administrative	Bed days available	1,205,960	13	573,931	573,931	73,000	34,742	19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,651,482	\$ 3,831,034	\$ 73,000	\$ 340,692	25

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization

Integra Healthcare Equipment, LLC

Street Address

747 Church Road

City / State / Zip Code

Elmhurst, IL

Phone Number

(630) 834-3700

Fax Number

(630) 834-1500

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	DME and Medical Supplies	Direct Allocation		\$			\$ 96,916	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 96,916	25

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/13

Ending: 12/31/13

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization Integra Respiratory Services
 Street Address 747 Church Road
 City / State / Zip Code Elmhurst, IL
 Phone Number (630) 834-3700
 Fax Number (630) 834-1500

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	39	Respiratory	Direct Allocation		\$	\$		\$ 29,013	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 29,013	25

Facility Name & ID Number

Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
A. Directly Facility Related																	
Long-Term																	
1	Greystone Funding Corp.		X	Mortgage	Variable	2/28/13	\$ 14,979,200	\$ 14,789,982	3/1/2048	0.0285	\$ 355,762						
2																	
3																	
4																	
5																	
Working Capital																	
6	Bank of America		X	Line of Credit	Interest Only	2/1/12	2,000,000		1/31/13	0.0325	92,265						
7	Bank of America		X	Line of Credit	Interest Only	2/1/12	500,000		1/31/13	0.0325	451						
8	The Private Bank		X	Line of Credit	Variable	2/1/13	2,500,000	2,264,542	2/27/14	Varies	38,763						
9	TOTAL Facility Related						\$ 19,979,200	\$ 17,054,524			\$ 487,241						
B. Non-Facility Related*																	
10											(59,332)						
11											1,558						
12											2,800						
13																	
14	TOTAL Non-Facility Related						\$	\$			\$ (54,974)						
15	TOTALS (line 9+line14)						\$ 19,979,200	\$ 17,054,524			\$ 432,267						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 10,823 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.																	
1. Real Estate Tax accrual used on 2012 report.			\$		1														
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	2012		\$	298,010	2														
3. Under or (over) accrual (line 2 minus line 1).			\$	298,010	3														
4. Real Estate Tax accrual used for 2013 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	313,000	4														
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		Allocated from Mgmt Co.		5,589															
			\$		5														
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		Credit Received from Closing		(319,843)															
			\$		6														
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	296,756	7														
Real Estate Tax History:																			
Real Estate Tax Bill for Calendar Year:	2008	<u>246,103</u>	8	<table border="1" style="width: 100%;"> <tr> <td colspan="2" style="text-align: center;">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2012 \$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5 \$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6 \$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION \$</td> <td>16</td> </tr> </table>		FOR BHF USE ONLY		13	FROM R. E. TAX STATEMENT FOR 2012 \$	13	14	PLUS APPEAL COST FROM LINE 5 \$	14	15	LESS REFUND FROM LINE 6 \$	15	16	AMOUNT TO USE FOR RATE CALCULATION \$	16
FOR BHF USE ONLY																			
13	FROM R. E. TAX STATEMENT FOR 2012 \$	13																	
14	PLUS APPEAL COST FROM LINE 5 \$	14																	
15	LESS REFUND FROM LINE 6 \$	15																	
16	AMOUNT TO USE FOR RATE CALCULATION \$	16																	
	2009	<u>257,582</u>	9																
	2010	<u>266,119</u>	10																
	2011	<u>284,805</u>	11																
	2012	<u>298,010</u>	12																
2013 Accrual= 298,010 * 5%=312,911. Round up to 313,000																			

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

2012 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Claremont Rehab & Living Ctr COUNTY Lake
 FACILITY IDPH LICENSE NUMBER 0047043
 CONTACT PERSON REGARDING THIS REPORT Jay Flatt
 TELEPHONE (847) 933-2600 x 23 FAX #: (847) 745-0915

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2012 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2012.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>15-33-404-140</u>	<u>Nursing Home</u>	\$ <u>298,009.67</u>	\$ <u>298,009.67</u>
2. <u>10-27-319-028-0000</u>	<u>Management Company</u>	\$ <u>42,421.61</u>	\$ <u>5,589.00</u>
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
TOTALS		\$ <u><u>340,431.28</u></u>	\$ <u><u>303,598.67</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? X YES NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home.
(Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2012 tax bills which were listed in Section A to this statement. Be sure to use the 2012 tax bill which is normally paid during 2013.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment tax bill.**

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043 Report Period Beginning:

01/01/13 Ending:

12/31/13

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 86,000 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 3

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

N/A

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: N/A 2. Number of Years Over Which it is Being Amortized: N/A
 3. Current Period Amortization: N/A 4. Dates Incurred: N/A

Nature of Costs:
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Allocated from Purchase Price</u>	<u>181,210</u>	<u>2013</u>	<u>\$ 588,636</u>	1
2	<u>Allocated from NuCare Services Corp</u>			<u>9,685</u>	2
3	TOTALS	181,210		\$ 598,321	3

Facility Name & ID Number Claremont Rehab & Living Ctr# 0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9		
Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	Allocated from Purchase Price	2013		\$ 14,760,145	\$	35	\$ 4,459	\$ 4,459	\$ 4,459	4
5										5
6										6
7	HO Allocation - NuCare	2004		87,167		35	2,490	2,490	25,216	7
8										8
	Improvement Type**									
9	Data cables & jacks		2005	8,647		20	432	432	3,672	9
10	Electrical work		2005	4,050		20	203	203	1,725	10
11	Landscape architecture		2005	4,500		20	225	225	1,913	11
12	Alarm for door		2005	1,550		20	79	79	669	12
13	Flooring		2005	55,880		20	2,794	2,794	23,749	13
14	Heater		2005	1,578		20	78	78	663	14
15	Sewerline		2005	4,000		20	200	200	1,700	15
16	Nursing Station countertop and cabinet		2005	13,000		20	650	650	5,525	16
17	Draperies		2005	5,013		20	251	251	2,133	17
18	Modulator and DTV box		2005	750		20	37	37	315	18
19	Wireless TV satellite dish		2005	1,137		20	57	57	484	19
20	Concrete by parlor exit		2005	1,575		20	79	79	671	20
21	Microboard		2005	5,110		20	256	256	2,176	21
22	Electrical work		2005	1,720		20	86	86	731	22
23	Chair Rail		2006	4,293		20	215	215	1,502	23
24	Dining Room Remodel		2006	3,875		20	194	194	1,357	24
25	Door Repairs		2006	4,440		20	222	222	1,554	25
26	Electrical Work		2006	19,035		20	952	952	6,663	26
27	Elevator		2006	1,800		20	90	90	630	27
28	Fireproof Basement		2006	2,620		20	131	131	918	28
29	Flooring		2006	41,808		20	2,090	2,090	14,632	29
30	Kitchen Remodel		2006	23,800		20	1,190	1,190	8,330	30
31	Landscaping		2006	16,528		20	826	826	5,784	31
32	Play Area		2006	6,718		20	336	336	2,352	32
33	Remodel Dialysis Unit		2006	3,800		20	190	190	1,330	33
34	Remodel Resident Rooms		2006	22,640		20	1,132	1,132	7,924	34
35	Roof		2006	1,750		20	88	88	614	35
36										36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name & ID Number Claremont Rehab & Living Ctr# 0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	Motor	2006	\$ 2,080	\$	20	\$ 104	\$ 104	\$ 728	37
38	Thermostat	2006	18,900		20	945	945	6,616	38
39	Wall Mural & Wallpaper	2006	5,860		20	293	293	2,052	39
40	Water Heater	2006	30,639		20	1,532	1,532	10,724	40
41	Window Treatments	2006	10,774		20	539	539	3,771	41
42	Compressor	2006	15,410		20	771	771	5,394	42
43	Therpy Rm - Plumbing, tile, & Paint	2007	17,096		20	855	855	5,556	43
44	Showers Demolish, Rebuild, Tiles	2007	22,654		20	1,133	1,133	7,363	44
45	Employee Lounge - Drywall & Paint	2007	8,200		20	410	410	2,665	45
46	Thermostats installed	2007	3,000		20	150	150	975	46
47	Therpy Rm - Cabinets installed	2007	4,300		20	215	215	1,398	47
48	Elevator Panels and repairs	2007	9,800		20	490	490	3,185	48
49	Thermostats installed	2007	3,975		20	199	199	1,292	49
50	Therpy Rm - Wall	2007	2,700		20	135	135	878	50
51	Window Installed	2007	15,484		20	774	774	5,032	51
52	Shower Tiles	2007	7,330		20	367	367	2,383	52
53	Door Installed	2007	12,420		20	621	621	4,037	53
54	Built-in Med Rec Shelves	2007	2,702		20	135	135	878	54
55	Door Installed	2007	3,355		20	168	168	1,091	55
56	Remove/Install Heating Elements	2007	8,100		20	405	405	2,633	56
57	Kitchen - Cooler Repaired & Tile Installed	2007	7,685		20	384	384	2,497	57
58	Elevator Valve	2007	2,800		20	140	140	910	58
59	Built-in Med Rec Shelves	2007	2,878		20	144	144	935	59
60	Motorized Hot/Cold Water Unit	2007	10,050		20	503	503	3,267	60
61	Generator and Water Heater	2007	3,314		20	166	166	1,077	61
62	Dish Washer Water Heater Booster	2007	3,635		20	182	182	1,182	62
63	2nd Flr Nurses Stat - Carpeting, Lights	2007	5,411		20	271	271	1,759	63
64	Alarm System Testing	2007	2,878		20	144	144	935	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 15,352,359	\$		\$ 32,203	\$ 32,203	\$ 210,601	70

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Claremont Rehab & Living Ctr# 0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 15,352,359	\$		\$ 32,203	\$ 32,203	\$ 210,601	1
2	3 Hot/Clod Water Units	2008	9,500		20	475	475	2,613	2
3	Heating Units Fixed	2008	3,550		20	178	178	977	3
4	Patio & Landscaping	2008	31,693		20	1,585	1,585	8,716	4
5	Tube	2008	4,654		20	233	233	1,280	5
6	Kitchen Heating Tab & Dinning Blinds	2008	5,300		20	265	265	1,458	6
7	Doors Replaced & Fixed	2008	21,041		20	1,052	1,052	5,786	7
8	Painting & Wallpaper on 3rd floor	2008	38,894		20	1,945	1,945	10,696	8
9	Bathrooms - Toilets, Showers, Tile, etc	2008	62,000		20	3,100	3,100	21,725	9
10	Elevator Control Panel	2008	9,463		20	473	473	2,602	10
11	Shower Remodel - Remove walls, install heating units, etc	2009	10,071		20	504	504	2,266	11
12	Dinning Room - Replace carpet, wall coverings, etc	2009	85,987		20	4,299	4,299	19,347	12
13	Window Coverings	2009	3,651		20	183	183	822	13
14	Electrical repairs and Digital Thermostats	2009	18,756		20	938	938	4,220	14
15	Resident Room Reno. - Door Closers, Wall Base, Crown Mod.	2009	47,644		20	2,382	2,382	10,720	15
16	Landscaping and Signage	2009	25,617		20	1,281	1,281	5,764	16
17	Laundry Duct Work	2009	23,482		20	1,174	1,174	5,283	17
18	Roof Repair	2009	2,500		20	125	125	563	18
19	Computer Cabling Installed	2009	3,075		20	154	154	692	19
20									20
21	Magnetic Door Holders	2010	2,701		20	135	135	473	21
22	Fire Dampers in Ductwork	2010	7,614		20	381	381	1,333	22
23	Patio Door and Retaining Wall	2010	4,595		20	230	230	805	23
24	Cabinets Built-In Patient Rooms	2010	19,280		20	964	964	3,374	24
25	Flex Air Base Station Repeater	2010	3,234		20	162	162	567	25
26	Furnish & install - Hot Water Supply to Laundry	2010	2,615		20	131	131	458	26
27	New Paging System & Camera System	2010	23,818		20	1,191	1,191	4,168	27
28									28
29	Beauty Salon: Install cabinets, sink, flooring, wallpaper, blinds	2011	6,056		20	303	303	757	29
30	Building Masonry Sign	2011	13,832		20	692	692	1,729	30
31	Carpeting- Nursing Station	2011	4,422		20	221	221	553	31
32	Heating A/C	2011	3,848		20	192	192	481	32
33	Shower Room: Install stalls, cement boards, tiles, plumbing	2011	7,000		20	350	350	875	33
34	TOTAL (lines 1 thru 33)		\$ 15,858,252	\$		\$ 57,498	\$ 57,498	\$ 331,701	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 15,858,252	\$		\$ 57,498	\$ 57,498	\$ 331,701	1
2	Exit Sign Flourescent Light	2011	2,386		20	119	119	298	2
3	Repair Parking Lot Asphalt	2011	2,750		20	138	138	344	3
4	Install Oak Chair Rail & Paint-Dining Room	2012	3,890		20	195	195	292	4
5	Furnished/install electrical parts for each Nurse Station	2012	5,570		20	279	279	418	5
6	Wire and labor to pull the wires - nursing stations, dining room, ha	2012	10,548		20	527	527	791	6
7	Furnish/Install 8 Solar Screen Collection	2012	2,852		20	143	143	214	7
8	Install Flooring	2012	5,519		20	276	276	414	8
9	Patch 4 Areas of Parking Lot - remove and install new asphalt	2012	3,300		20	165	165	248	9
10	Remove old carpeting and install new	2012	3,900		20	195	195	293	10
11	Re-wire 1st - 3rd Flrs TV Cable	2012	5,824		20	291	291	437	11
12	Fire Alarm Repair	2012	2,912		20	146	146	219	12
13									13
14	Repair Elevator Air Conditioner	2013	9,837		20	246	246	246	14
15	Interior Design- Master Plan	2013	2,905		20	73	73	73	15
16	Install New Door and Frame	2013	4,855		20	121	121	121	16
17	Resurface Parking lot	2013	73,120		20	1,828	1,828	1,828	17
18	R/E Allocated from Purchase Price	2013	53,513		20	49,053	49,053	49,053	18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31	Current Year Booked Depreciation (B&F and MME)	2013		177,658			(177,658)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,051,933	\$ 177,658		\$ 111,291	\$ (66,367)	\$ 386,989	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 16,051,933	\$ 177,658		\$ 111,291	\$ (66,367)	\$ 386,989	1
2									2
3	2013 Allocation from management company:								3
4	Alarm System	2003	709		20	36	36	359	4
5	Buildout of Offices	2004	14,395		20	721	721	6,999	5
6	Security & Fire Alarm System	2004	1,732		20	87	87	824	6
7	Data Cables, Lights & Heat Exchanger	2005	853		20	43	43	378	7
8	Fire Alarm System	2005	7,946		20	503	503	4,252	8
9	Cooling Unit	2006	1,157		20	58	58	426	9
10	Asphalt & Carpet	2008	1,220		20	61	61	321	10
11	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers, Alarm Systems, Kitchen Remodel, Wallcoverings, etc.)	2009	19,638		20	982	982	4,526	11
12									12
13	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repair	2010	3,018		20	151	151	529	13
14	Hot water Heater	2011	163		20	8	8	24	14
15	Paint 2nd Floor Windows	2012	182		20	9	9	16	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 16,102,946	\$ 177,658		\$ 113,950	\$ (63,708)	\$ 405,643	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,063,173	\$	\$ 84,819	\$ 84,819	10	\$ 347,477	71
72	Current Year Purchases	84,516		4,226	4,226	10	4,226	72
73	Fully Depreciated Assets	111,723					111,723	73
74	See Sch 13C	674,497		313,302	313,302	10	355,915	74
75	TOTALS	\$ 1,933,910	\$	\$ 402,347	\$ 402,347		\$ 819,341	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Facility	Bus	2006	\$ 4,365	\$	\$	\$	5	\$ 4,365	76
77	Allocation from management company			536		107	107		366	77
78										78
79										79
80	TOTALS			\$ 4,901	\$	\$ 107	\$ 107		\$ 4,731	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 18,640,078	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 177,658	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 516,405	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 338,747	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,229,715	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	N/A	\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92	N/A	\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center

Provider #: 0047043

1/1/2013 to 12/31/2013

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Allocated from Purchase Pr	\$ 588,636	\$	\$ 307,503	\$ 307,503	10	\$ 307,503	71
72	Allocation from management compan	85,861		5,799	5,799	10	48,412	72
73					0			73
74					0			74
75	TOTALS	\$ 674,497	\$ 0	\$ 313,302	\$ 313,302		\$ 355,915	75

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: Claremont Extended Healthcare, LLC

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions. YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:	<u>1994</u>	<u>200</u>		\$ <u>286,505</u>			3
4	Additions							4
5								5
6		<u>Allocation from Management Company</u>			<u>403</u>			6
7	TOTAL		200		\$ <u>286,908</u>			7

10. Effective dates of current rental agreement:

Beginning 3/1/05

Ending 2/28/13

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ \$ _____

13. _____ \$ _____

14. _____ \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A.

9. Option to Buy: YES NO Terms: On or after 10/09*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? YES NO

16. Rental Amount for movable equipment: \$ 117,249 Description: Copier-16,733; Med eqpt-7,296; Beds-82,040; Storage-5,562; Parking-3,600; Mgmt Alloc.-\$2,018

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Administration</u>	<u>2013 Infinity M56</u>	<u>939.00</u>	<u>11,268</u>	17
18	<u>Administration</u>	<u>2013 GoshenGC12 12+2</u>	<u>797.00</u>	<u>9,566</u>	18
19	<u>Mgmt Allocation</u>			<u>3,235</u>	19
20					20
21	TOTAL		\$ <u>1,736.00</u>	\$ <u>24,069</u>	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Claremont Rehab & Living Ctr # 0047043 Report Period Beginning: 01/01/13 Ending: 12/31/13
XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

<p>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>It is the policy of this facility to only hire certified nurses aides. If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED		
1. From this facility		
2. From other facilities (f)		
DROP-OUTS		
1. From this facility		
2. From other facilities (f)		
TOTAL TRAINED		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39(3)	hrs	\$	10,461	\$ 753,163	\$	10,461	\$ 753,163	1
2	Licensed Speech and Language Development Therapist	39(3)	hrs		4,567	328,859		4,567	328,859	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39(2) & (3)	hrs		15,282	1,100,278	11,095	15,282	1,111,373	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				630,254		630,254	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): <u>See Schedule 16A</u>	Var.			4,179	257,952	77,277	4,179	335,229	13
14	TOTAL			\$	34,489	\$ 2,440,252	\$ 718,626	34,489	\$ 3,158,878	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Claremont Rehab & Living Center

FYE: 12/31/13

Medicaid Cost Report

-

Provider Number - 0047043

SPECIAL SERVICES (Ancillary Costs) - Schedule 16A

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center

PROVIDER #0047043

1/1/13 - 12/31/13

Schedule 16A

Service	Line & Col. Ref.	Units	Costs	Supplies
XIV. SPECIAL SERVICES (Direct Cost) Line 14				
	Schedule V	Outside Practitioner		
Respiratory Therapy	L39 C3	540	35,080	
Oxygen	L39 C3			47,208
Ambulance	L39 C3		23,361	
Wound Care	L39 C3		17,583	30,069
Hemodialysis	L39 C3	3,639	181,928	
		4,179	257,952	77,277

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning: 01/01/13

Ending:

12/31/13

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
A. Current Assets				
1	Cash on Hand and in Banks	\$ 3,000	\$ 355,296	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>285,890</u>)	5,088,390	5,088,390	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,271	2,271	6
7	Other Prepaid Expenses	1,655	23,086	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>See attached Sch 17A</u>	1,524,550	2,458,107	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 6,619,866	\$ 7,927,150	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		598,321	13
14	Buildings, at Historical Cost		14,847,312	14
15	Leasehold Improvements, at Historical Cost	1,142,907	1,255,634	15
16	Equipment, at Historical Cost	1,144,262	1,938,811	16
17	Accumulated Depreciation (book methods)	(870,081)	(1,229,715)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,417,088	\$ 17,410,363	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,036,954	\$ 25,337,513	25

		1 Operating	2 After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 811,699	\$ 811,699	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,303	2,303	28
29	Short-Term Notes Payable	2,264,542	2,264,542	29
30	Accrued Salaries Payable	560,501	560,501	30
31	Accrued Taxes Payable (excluding real estate taxes)	33,611	33,611	31
32	Accrued Real Estate Taxes(Sch.IX-B)		313,000	32
33	Accrued Interest Payable		35,000	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>See attached Sch 17A</u>	2,336,393	4,095,483	36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 6,009,049	\$ 8,116,139	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		14,789,982	40
41	Bonds Payable			41
42	Deferred Compensation			42
Other Long-Term Liabilities(specify):				
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 14,789,982	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 6,009,049	\$ 22,906,121	46
47	TOTAL EQUITY(page 18, line 24)	\$ 2,027,905	\$ 2,431,392	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 8,036,954	\$ 25,337,513	48

*(See instructions.)

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center

PROVIDER #0047043

1/1/13 - 12/31/13

Description	Operating	After Consolidation
DUE FROM CLAREMONT REALTY	0	0
Escrow-Replacement Reserve	0	691,528
Escrow-Insurance	0	1,927
Escrow- MIP	0	27,463
Escrow- Real Estate Taxes	0	97,829
Loan Fees	0	114,810
Cash - Petty	2,150	2,150
Cash - Resident Trust	2,094	2,094
Employee Loans	0	0
Accrued Management Fees - Nucare	47,921	47,921
Accrued Management Fees - Quest	0	0
Due from Claremont Realty	709,090	709,090
Accrued Management Fees - CCS	0	0
Due Claremont Extended Healthcare Realty	763,295	763,295
	<u>1,524,550</u>	<u>2,458,107</u>

Description	Operating	After Consolidation
ACCRUED EXPENSES	0	904,090
DUE NUCARE SERVICES CORP.	0	0
Members Contribution	0	855,000
Cash in Bank - BoA	(29,840)	(29,840)
Accrued Accounts Payable	609,762	609,762
Professional Claims Liability	866,545	866,545
Accrued Utilities	25,509	25,509
Due Employees - Old Payroll Checks	4,923	4,923
Accrued Interest	38,763	38,763
Accrued Deductions - Wage Assignments	0	0
Due to IHFS	69,243	69,243
Due to Bronzeville Park Expense	0	0
Due to Cal Gardens Expense	0	0
Due Landlord - Claremont	568,295	568,295

Due to Imperial Grove Expense	0	0
Due to Ivy Apartments Expense	0	0
Due to Jackson Square Expense	0	0
Due to Monroe Pavilion Expense	0	0
Due to Renaissance at Hillside Expense	0	0
Due to Renaissance at Midway Expense	0	0
Due to Renaissance at South Shore Expense	0	0
Due to Renaissance at 87th Street Expense	0	0
Due to Renaissance Park South Expense	0	0
Due to Quest Services Expense	0	0
Due to Clinical Consulting Expense	0	0
Due to NuCare Services Corp Expense	89,425	89,425
Due to Claremont of Hanover Park Expense	0	0
Due to Aria Post Acute Care, LLC EXPENSE	2,706	2,706
Due NuVision Holdings Expense	12,703	12,703
Due to Prior Owners	78,359	78,359
	<u>2,336,393</u>	<u>4,095,483</u>

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,165,319	1
2	Restatements (describe):		2
3	Prior Period Adjustment	(47,152)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,118,167	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	909,738	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 909,738	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 2,027,905	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 11,721,557	1
2	Discounts and Allowances for all Levels	(2,563,124)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,158,433	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	5,908,149	6
7	Oxygen	17,657	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 5,925,806	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	25,571	13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,383,797	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	188,740	19
20	Radiology and X-Ray	56,281	20
21	Other Medical Services	400,623	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 2,055,012	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***	59,053	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 59,053	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	<u>Misc Income</u>	4,886	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 4,886	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 17,203,190	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,871,581	31
32	Health Care	5,224,821	32
33	General Administration	3,455,326	33
B. Capital Expense			
34	Ownership	1,868,297	34
C. Ancillary Expense			
35	Special Cost Centers	3,500,386	35
36	Provider Participation Fee	373,041	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 16,293,452	40
41	Income before Income Taxes (line 30 minus line 40)**	909,738	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 909,738	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,523,086	44
45	Private Pay - Net Inpatient Revenue	4,032,296	45
46	Medicare - Net Inpatient Revenue	(1,799,140)	46
47	Other-(specify) <u>Hospice</u>	428,292	47
48	Other-(specify) <u>Managed Care</u>	(26,101)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 9,158,433	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? No^ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

^ - Entity is a cash basis taxpayer.

Facility Name & ID Number Claremont Rehab & Living Ctr

0047043

Report Period Beginning:

01/01/13

Ending:

12/31/13

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

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	4,346	4,923	\$ 245,509	\$ 49.87	1
2	Assistant Director of Nursing	3,882	4,523	166,845	36.89	2
3	Registered Nurses	34,437	37,797	1,127,440	29.83	3
4	Licensed Practical Nurses	23,219	26,272	666,972	25.39	4
5	CNAs & Orderlies	80,877	89,379	1,168,931	13.08	5
6	CNA Trainees	30,447	31,270	390,305	12.48	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,195	1,247	21,270	17.06	9
10	Activity Assistants	11,001	11,725	143,127	12.21	10
11	Social Service Workers	2,273	2,394	47,462	19.83	11
12	Dietician	2,807	3,359	93,264	27.77	12
13	Food Service Supervisor		0			13
14	Head Cook	7,333	8,004	105,593	13.19	14
15	Cook Helpers/Assistants	18,608	20,079	182,923	9.11	15
16	Dishwashers		0			16
17	Maintenance Workers	3,187	3,353	92,227	27.51	17
18	Housekeepers	22,176	25,004	270,910	10.83	18
19	Laundry	7,033	8,052	68,817	8.55	19
20	Administrator	2,602	2,788	210,091	75.36	20
21	Assistant Administrator					21
22	Other Administrative		0			22
23	Office Manager		0			23
24	Clerical	3,392	4,617	555,036	120.22	24
25	Vocational Instruction		0			25
26	Academic Instruction		0			26
27	Medical Director		0			27
28	Qualified MR Prof. (QMRP)	1,881	2,183	60,924	27.91	28
29	Resident Services Coordinator	5,873	6,526	247,046	37.86	29
30	Habilitation Aides (DD Homes)		0	0		30
31	Medical Records	10,628	10,989	332,553	30.26	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	277,197	304,484	\$ 6,197,245 *	\$ 20.35	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	Monthly	\$ 22,355	L1,C3	35
36	Medical Director	Monthly	87,500	L9,C3	36
37	Medical Records Consultant	Monthly		L10, C3	37
38	Nurse Consultant	37	2,042	L10, C3	38
39	Pharmacist Consultant	Monthly	11,719	L10, C3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant	12	702	L12,C3	45
46	Other(specify) <u>Medical Consultant</u>	Monthly	11,985	L10, C3	46
47					47
48					48
49	TOTAL (lines 35 - 48)	49	\$ 136,303		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	Monthly	\$ 241	L10,C3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides	8	192	L10,C3	52
53	TOTAL (lines 50 - 52)	8	\$ 433		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Jennifer Bebinger	Administrator	0	\$ 79,527	Workers' Compensation Insurance	\$ 278,105	IDPH License Fee	\$ 2,393	
Todd Tedrow	Administrator	0	95,759	Unemployment Compensation Insurance	68,758	Advertising: Employee Recruitment	21,025	
Andrew Burke	Assistant Admin	0	34,805	FICA Taxes	485,781	Health Care Worker Background Check		
				Employee Health Insurance	114,586	(Indicate # of checks performed)		
				Employee Meals	41,858	Patient Background Checks	434 5,615	
				Illinois Municipal Retirement Fund (IMRF)*		Misc. Licenses & Inspections	28,094	
				Miscellaneous Employee Benefits	20,244	IHCA Dues	12,040	
				401 (K)	10,371	Misc. Dues & Subscriptions	1,555	
				Employee Physicals	1,804	Less: Lobbying portion of IHCA dues	(4,482)	
				Uniform Exp	3,888	Allocation of management company	1,457	
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)				TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
\$ 210,091				\$ 1,025,395		\$ 67,697		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description	Amount			Description	Line #	Amount	Description	Amount
Management Fees (Adjusted in Col. 7)	\$ 858,950			N/A		\$	Out-of-State Travel	\$
							In-State Travel	
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				TOTAL			Seminar Expense	
\$ 858,950				\$			17,668	
C. Professional Services							Allocation from management company	
Vendor/Payee	Type	Amount					900	
McGladrey LLP	Accounting	\$ 19,992					Entertainment Expense	
CitiBank/McGladrey	Accounting	5,000					()	
Frost Ruttenberg	Accounting	6,200					(agree to Sch. V, line 24, col. 8)	
McGladrey LLP	Accounting	11,325					\$ 18,568	
Much Shelist	Legal	23,804						
Stone,Pogrund & Korey Llc	Legal	5,100						
Stone,Mcguire&Siegel	Legal	15,735						
Vedder Price PC	Legal	36,556						
A/P Accrual -	Legal	(20,265)						
Personal Planners, Inc	Unemployment Consult.	1,469						
Ashman & Stein	Legal	382						
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)				TOTAL				
\$ 105,298				\$				

* Attach copy of IMRF notifications

**See instructions.

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center

Provider #: 0047043

1/1/2013 to 12/31/2013

Schedule 21C

XIX. SUPPORT SCHEDULE

C. Professional Services

Total (agree to Schedule V, line 19, column 3)	105,298
Plus: Home Office Allocation	6,771
Less: Legal Accrual	(21,465)
Plus: Real Estate Entity	16,700
Less: Non-Allowable Legal	(3,309)
Total (agree to Schedule V, line 19, column 8)	<u>103,995</u>

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3										N/A		
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Claremont Rehab & Living Ctr# 0047043Report Period Beginning: 01/01/13Ending: 12/31/13**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. IHCA \$12,040
- (3) Did the nursing home make political contributions or payments to a political action organization? Yes If YES, have these costs been properly adjusted out of the cost report? Yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? N/A
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 1,879 Line 10(2)
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. N/A
- (9) Are you presently operating under a sublease agreement? YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over. N/A
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 373,041
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 41,858 Has any meal income been offset against related costs? No Indicate the amount. \$ N/A
- (16) Travel and Transportation
- a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation. N/A
- b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ N/A
- c. What percent of all travel expense relates to transportation of nurses and patients? N/A
- d. Have vehicle usage logs been maintained? Adequate records have been maintained.
- e. Are all vehicles stored at the nursing home during the night and all other times when not in use? No
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? No
- g. Does the facility transport residents to and from day training? No**
Indicate the amount of income earned from providing such transportation during this reporting period. \$ N/A
- (17) Has an audit been performed by an independent certified public accounting firm? No
Firm Name: N/A
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.