FOR BHF USE

LL1

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

2012
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2012)

I. IDPH License ID Number: 0047043

Facility Name: Claremont Rehab & Living Center

Address: 150 North Weiland (Number) | Buffalo Grove (City) | 60089 (Zip Code)

County: Lake

Telephone Number: (847) 465-0200 **Fax #** (847) 465-0400

HFS ID Number:

Date of Initial License for Current Owners: 3/1/05

Type of Ownership:

	VOLUNTARY,NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Amanda Springborn **Telephone Number:** (314) 925-3838
Email Address:

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/12 to 12/31/12 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) (Date)
(Print Name and Title)
(Firm Name & Address) McGladrey LLP, 20 N. Martingale Road, Ste. 500, Schaumburg, IL 60173
(Telephone) (847) 517-7070 Fax # (847) 517-7067

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	200	Skilled (SNF)	200	73,200	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	73,200	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	31,405	8,227	18,740	58,372	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	31,405	8,227	18,740	58,372	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 79.74%

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 [X] 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 [X]

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 [X] Date 03/01/2005 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 200 and days of care provided 13,170

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

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

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	338,796	32,359	18,348	389,503		389,503		389,503			1
2	Food Purchase		394,558		394,558		394,558	(36,453)	358,105			2
3	Housekeeping	234,774	46,115		280,889		280,889		280,889			3
4	Laundry	56,972	36,370		93,342		93,342		93,342			4
5	Heat and Other Utilities			238,564	238,564		238,564	2,218	240,782			5
6	Maintenance	167,061	77,160	138,026	382,247		382,247	5,761	388,008			6
7	Other (specify):*											7
8	TOTAL General Services	797,603	586,562	394,938	1,779,103		1,779,103	(28,474)	1,750,629			8
	B. Health Care and Programs											
9	Medical Director			47,000	47,000		47,000		47,000			9
10	Nursing and Medical Records	3,928,383	267,897	19,301	4,215,581		4,215,581	17,996	4,233,577			10
10a	Therapy											10a
11	Activities	199,897	20,840	107,532	328,269		328,269	444	328,713			11
12	Social Services	75,386		77,229	152,615		152,615		152,615			12
13	CNA Training											13
14	Program Transportation							23,481	23,481			14
15	Other (specify):*											15
16	TOTAL Health Care and Programs	4,203,666	288,737	251,062	4,743,465		4,743,465	41,921	4,785,386			16
	C. General Administration											
17	Administrative	124,257		691,773	816,030		816,030	(657,115)	158,915			17
18	Directors Fees											18
19	Professional Services			93,066	93,066		93,066	(17,977)	75,089			19
20	Dues, Fees, Subscriptions & Promotions			38,371	38,371		38,371	(6,990)	31,381			20
21	Clerical & General Office Expenses	438,866	79,598	307,424	825,888		825,888	167,185	993,073			21
22	Employee Benefits & Payroll Taxes			910,544	910,544		910,544	36,439	946,983			22
23	Inservice Training & Education											23
24	Travel and Seminar			11,851	11,851		11,851	352	12,203			24
25	Other Admin. Staff Transportation			14,045	14,045		14,045	1,397	15,442			25
26	Insurance-Prop.Liab.Malpractice			503,939	503,939		503,939	200	504,139			26
27	Other (specify):* Home Office Benefits							37,226	37,226			27
28	TOTAL General Administration	563,123	79,598	2,571,013	3,213,734		3,213,734	(439,283)	2,774,451			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,564,392	954,897	3,217,013	9,736,302		9,736,302	(425,836)	9,310,466			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 Center #0047043 **Report Period Beginning:** 01/01/12 **Ending:** 12/31/12

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			159,079	159,079		159,079	(14,139)	144,940			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			66,941	66,941		66,941	(11,114)	55,827			32
33	Real Estate Taxes							291,165	291,165			33
34	Rent-Facility & Grounds			1,641,859	1,641,859		1,641,859	(284,416)	1,357,443			34
35	Rent-Equipment & Vehicles			113,999	113,999		113,999	4,776	118,775			35
36	Other (specify):*											36
37	**TOTAL Ownership**			1,981,878	1,981,878		1,981,878	(13,728)	1,968,150			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		750,945	2,004,212	2,755,157		2,755,157	(23,481)	2,731,676			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			380,249	380,249		380,249		380,249			42
43	Other (specify):* **Non-Allowable Cos**			293,131	293,131		293,131	(293,131)				43
44	**TOTAL Special Cost Centers**		750,945	2,677,592	3,428,537		3,428,537	(316,612)	3,111,925			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	5,564,392	1,705,842	7,876,483	15,146,717		15,146,717	(756,176)	14,390,541			45

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 BHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(14)	2		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	(24,490)	30		9
10	Interest and Other Investment Income	(12,681)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(1,685)	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	(20,242)	43		18
19	Entertainment	(2,661)	43		19
20	Contributions	(28,435)	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	(122,000)	43		24
25	Fund Raising, Advertising and Promotional	(50,124)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising	95	43		28
29	Other-Attach Schedule See Pg 5A	(99,354)	Var.		29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (361,591)		$	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 Amount	2 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)	(394,585)		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ (394,585)		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (756,176)		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 Yes	2 No	3 Amount	4 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 Center

ID# 0047043

Report Period Beginning: 01/01/12

Ending: 12/31/12

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Cable	$ (5,592)	43	1
2	To offset misc. income	(1,014)	21	2
3	To disallow non-allowable legal fees	(1,100)	19	3
4	To disallow lobbying expense	(7,461)	20	4
5	Disallow xray expense	(37,118)	43	5
6	Disallow laboratory fees	(25,369)	43	6
7	Employee Meal Reclass	(36,439)	2	7
8	Employee Meal Reclass	36,439	22	8
9	Real Estate Taxes Included in Rent	284,805	33	9
10	Real Estate Taxes Included in Rent	(284,805)	34	10
11	To Reverse A/P Legal Accrual	(21,700)	19	11
12	Reclass Patient Transport	23,481	14	12
13	Reclass Patient Transport	(23,481)	39	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**	(99,354)		49

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	19	Professional Fees	$	Claremont Extended Healthcare Realty, LLC	100.00%	$ 1,775	$ 1,775	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$ 1,775	$ * 1,775	14

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	5	Utilities	$	NuCare Management Company	80.00%	$ 2,218	$ 2,218	15
16	V	6	Repairs and Maintenance		NuCare Management Company	80.00%	5,706	5,706	16
17	V	17	Management Fees	691,773	NuCare Management Company	80.00%	28,268	(663,505)	17
18	V	19	Professional Fees		NuCare Management Company	80.00%	3,048	3,048	18
19	V	20	Dues, Subscriptions		NuCare Management Company	80.00%	395	395	19
20	V	21	Office Expense		NuCare Management Company	80.00%	148,119	148,119	20
21	V	24	Education and Seminars		NuCare Management Company	80.00%	103	103	21
22	V	25	Other Admin Transportation		NuCare Management Company	80.00%	1,073	1,073	22
23	V	26	Insurance		NuCare Management Company	80.00%	114	114	23
24	V	27	Employee Benefits		NuCare Management Company	80.00%	35,479	35,479	24
25	V	30	Depreciation Expense		NuCare Management Company	80.00%	7,749	7,749	25
26	V	32	Interest & Amortization		NuCare Management Company	80.00%	1,485	1,485	26
27	V	33	Real Estate Taxes		NuCare Management Company	80.00%	6,360	6,360	27
28	V	34	Facility Rent		NuCare Management Company	80.00%	389	389	28
29	V	35	Equipment Rental		NuCare Management Company	80.00%	1,348	1,348	29
30	V	35	Auto Lease		NuCare Management Company	80.00%	3,116	3,116	30
31	V	10	Nursing and Medical Records		NuCare Management Company	80.00%	6,995	6,995	31
32	V	30	Depreciation Expense		NuCare Management Company	80.00%	2,449	2,449	32
33	V	17	Administrative		NuCare Management Company	80.00%	6,390	6,390	33
34	V	27	Employee Benefits		NuCare Management Company	80.00%	427	427	34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$ 691,773			$ 261,231	$ * (430,542)	39

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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. [X] 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 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V	6	Minor Equipment	$	Cinical Consulting Services, LLC		$ 55	$ 55	15
16	V	10	Nursing and Medical Records		Cinical Consulting Services, LLC		11,001	11,001	16
17	V	11	Activity Consultant		Cinical Consulting Services, LLC		444	444	17
18	V	20	Dues, Subscriptions		Cinical Consulting Services, LLC		76	76	18
19	V	21	Office Expense		Cinical Consulting Services, LLC		20,080	20,080	19
20	V	24	Education and Seminars		Cinical Consulting Services, LLC		249	249	20
21	V	25	Other Admin Transportation		Cinical Consulting Services, LLC		324	324	21
22	V	27	Employee Benefits		Cinical Consulting Services, LLC		1,320	1,320	22
23	V	30	Depreciation Expense		Cinical Consulting Services, LLC		113	113	23
24	V	32	Interest & Amortization		Cinical Consulting Services, LLC		82	82	24
25	V	26	Auto Insurance		Cinical Consulting Services, LLC		86	86	25
26	V	35	Auto Lease		Cinical Consulting Services,LLC		312	312	26
27	V	30	Depreciation Expense		Cinical Consulting Services LLC		40	40	27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$ 34,182	$ * 34,182	39

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Lincolnwood	Bookeeping Mgmt	1
2	Nancy Bottner	1	California Gardens Corp.	Chicago	7527 N. Lincoln Ave, L	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	Seasons Hospice	Park Ridge	Hospice	4
5	Barry Carr	4	Claridge Imperial, LTD.	Chicago	JLR Financial Service	Lincolnwood	Management Co.	5
6	Randi S. Carr	4	Jackson Corp	Chicago	KFT Services, LLC	Lincolnwood	Management Co.	6
7	Ryan A. Carr	1	Monroe Pavillion	Chicago	Drake Louis Enterpris	Lincolnwood	Management Co.	7
8	Jared S. Carr	1	Renaissance at 87th Street	Chicago	Clinical Consulting Se	Lincolnwood	Clinical Consult	8
9	David Hartman	40	Renaissance at Midway	Chicago	Quest Services Corp	Lincolnwood	Marketing	9
10	Robert Hartman Dynasty Trust	9.5	Renaissance at South Shore	Chicago	Integra Healthcare Eq	Elmhurst	DME & Medical Su	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 o	Crestwood	Symphony HMG, LLC	Morton Grove	Sub Lessor	22
23			Symphony Deerbrook, LLC D/B/A Symphony o	Joliet	Symphony Financial S	Morton Grove	Mgmt Co.	23
24			Symphony Maple Crest, LLC D/B/A Maple Cres	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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Gerry Jenich	Member	Owner	4.00	See Attached	See Att.	See Att.	Salary	$ 6,390	17(7)	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	$ 6,390		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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Bed days available	1,228,556	14	$ 37,226	$	73,200	$ 2,218	1
2	6	Repairs and Maintenance	Bed days available	1,228,556	14	95,768		73,200	5,706	2
3	17	Management Fees	Bed days available	1,228,556	14	474,443	474,443	73,200	28,268	3
4	19	Professional Fees	Bed days available	1,228,556	14	51,153		73,200	3,048	4
5	20	Dues, Subscriptions	Bed days available	1,228,556	14	6,629		73,200	395	5
6	21	Office Expense	Bed days available	1,228,556	14	2,485,957	2,260,083	73,200	148,119	6
7	24	Education and Seminars	Bed days available	1,228,556	14	1,734		73,200	103	7
8	25	Other Admin Transportation	Bed days available	1,228,556	14	18,004		73,200	1,073	8
9	26	Insurance	Bed days available	1,228,556	14	1,913		73,200	114	9
10	27	Employee Benefits	Bed days available	1,228,556	14	595,462		73,200	35,479	10
11	30	Depreciation Expense	Bed days available	1,228,556	14	130,061		73,200	7,749	11
12	32	Interest & Amortization	Bed days available	1,228,556	14	24,917		73,200	1,485	12
13	33	Real Estate Taxes	Bed days available	1,228,556	14	106,750		73,200	6,360	13
14	34	Facility Rent	Bed days available	1,228,556	14	6,532		73,200	389	14
15	35	Equipment Rental	Bed days available	1,228,556	14	22,618		73,200	1,348	15
16	35	Auto Lease	Bed days available	1,228,556	14	52,299		73,200	3,116	16
17	10	Nursing and Medical Records	Bed days available	1,228,556	14	117,394	117,394	73,200	6,995	17
18	30	Depreciation Expense	Direct Allocation		1	2,449			2,449	18
19	17	Administration	Hours		4	50,000	50,000		6,390	19
20	27	Employee Benefits	Hours		4	3,340	3,340		427	20
21										21
22										22
23										23
24										24
25	TOTALS					$ 4,284,649	$ 2,905,260		$ 261,231	25

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] NO [ ]

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

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

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	6	Minor Equipment	Bed days available	1,228,556	14	$ 920	$	73,200	$ 55	1
2	10	Nursing and Medical Records	Bed days available	1,228,556	14	184,643	184,643	73,200	11,001	2
3	11	Activity Consultant	Bed days available	1,228,556	14	7,452		73,200	444	3
4	20	Dues, Subscriptions	Bed days available	1,228,556	14	1,272		73,200	76	4
5	21	Office Expense	Bed days available	1,228,556	14	337,009	320,385	73,200	20,080	5
6	24	Education and Seminars	Bed days available	1,228,556	14	4,175		73,200	249	6
7	25	Other Admin Transportation	Bed days available	1,228,556	14	5,436		73,200	324	7
8	27	Employee Benefits	Bed days available	1,228,556	14	22,150		73,200	1,320	8
9	30	Depreciation Expense	Bed days available	1,228,556	14	1,892		73,200	113	9
10	32	Interest & Amortization	Bed days available	1,228,556	14	1,384		73,200	82	10
11	26	Auto Insurance	Bed days available	1,228,556	14	1,447		73,200	86	11
12	35	Auto Lease	Bed days available	1,228,556	14	5,242		73,200	312	12
13		Depreciation Expense	Direct Allocation		1	40			40	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					$ 573,062	$ 505,028		$ 34,182	25

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	2		3	4	5	6	7	8	9	10	
	Name of Lender	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							$	$			$	1
2												2
3												3
4												4
5												5
	Working Capital											
6	Bank of America		X	Line of Credit	Interest Only	2/1/12	2,000,000	1,976,491	1/31/13	0.0325	59,775	6
7	Bank of America		X	Line of Credit	Interest Only	2/1/12	500,000	156,239	1/31/13	0.0325	7,166	7
8												8
9	TOTAL Facility Related						$ 2,500,000	$ 2,132,730			$ 66,941	9
	B. Non-Facility Related*											
10								Interest Income Offset			(12,681)	10
11								Management Company Allocation			1,567	11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (11,114)	14
15	TOTALS (line 9+line14)						$ 2,500,000	$ 2,132,730			$ 55,827	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ N/A Line # N/A

*** 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.)**

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.	**Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost 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.)	2011	$ 284,805	2
3. Under or (over) accrual (line 2 minus line 1).		$ 284,805	3
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)		$	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.)		$	5
	Allocation from Management Company		
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.)		$ 6,360	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$ 291,165	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:			
	2007	234,552	8
	2008	246,103	9
	2009	257,582	10
	2010	266,119	11
	2011	284,805	12

Based on Prior Year amounts

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2011	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

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.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Claremont Rehab & Living Center 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 2011 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 2011.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.	15-33-404-140	Nursing Home	$ 284,805.22	$ 284,805.22
2.	10-27-319-028-0000	Management Company	$ 84,353.00	$ 6,360.00
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$ 369,158.22	$ 291,165.22

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 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

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 Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 [X] (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? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (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 [X] 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: N/A
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Allocation from management company - NuCare			$ 8,580	1
2	Allocation from management company - CCS			477	2
3	TOTALS			$ 9,057	3

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

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

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	Allocation		2005		$ 99,133	$	25	$ 2,832	$ 2,832	$ 25,844	4
5											5
6											6
7	HO Allocation - NuCare		2004		77,218		35	2,206	2,206	20,132	7
8	HO Allocation - CCS		2004		4,290		35	123	123	1,118	8
	Improvement Type**										
9	Data cables & jacks			2005	8,647		20	432	432	3,240	9
10	Electrical work			2005	4,050		20	203	203	1,522	10
11	Landscape architecture			2005	4,500		20	225	225	1,688	11
12	Alarm for door			2005	1,550		20	79	79	590	12
13	Flooring			2005	55,880		20	2,794	2,794	20,955	13
14	Heater			2005	1,578		20	78	78	585	14
15	Sewerline			2005	4,000		20	200	200	1,500	15
16	Nursing Station countertop and cabinet			2005	13,000		20	650	650	4,875	16
17	Draperies			2005	5,013		20	251	251	1,882	17
18	Modulator and DTV box			2005	750		20	37	37	278	18
19	Wireless TV satellite dish			2005	1,137		20	57	57	427	19
20	Concrete by parlor exit			2005	1,575		20	79	79	592	20
21	Microboard			2005	5,110		20	256	256	1,920	21
22	Electrical work			2005	1,720		20	86	86	645	22
23	Chair Rail			2006	4,293		20	215	215	1,288	23
24	Dining Room Remodel			2006	3,875		20	194	194	1,163	24
25	Door Repairs			2006	4,440		20	222	222	1,332	25
26	Electrical Work			2006	19,035		20	952	952	5,711	26
27	Elevator			2006	1,800		20	90	90	540	27
28	Fireproof Basement			2006	2,620		20	131	131	787	28
29	Flooring			2006	41,808		20	2,090	2,090	12,542	29
30	Kitchen Remodel			2006	23,800		20	1,190	1,190	7,140	30
31	Landscaping			2006	16,528		20	826	826	4,958	31
32	Play Area			2006	6,718		20	336	336	2,016	32
33	Remodel Dialysis Unit			2006	3,800		20	190	190	1,140	33
34	Remodel Resident Rooms			2006	22,640		20	1,132	1,132	6,792	34
35	Roof			2006	1,750		20	88	88	526	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 Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Motor	2006	$ 2,080	$	20	$ 104	$ 104	$ 624	37
38	Thermostat	2006	18,900		20	945	945	5,671	38
39	Wall Mural & Wallpaper	2006	5,860		20	293	293	1,759	39
40	Water Heater	2006	30,639		20	1,532	1,532	9,192	40
41	Window Treatments	2006	10,774		20	539	539	3,232	41
42	Compressor	2006	15,410		20	771	771	4,623	42
43	Therpy Rm - Plumbing, tile, & Paint	2007	17,096		20	855	855	4,702	43
44	Showers Demolish, Rebuild, Tiles	2007	22,654		20	1,133	1,133	6,230	44
45	Employee Lounge - Drywall & Paint	2007	8,200		20	410	410	2,255	45
46	Thermostats installed	2007	3,000		20	150	150	825	46
47	Therpy Rm - Cabinets installed	2007	4,300		20	215	215	1,183	47
48	Elevator Panels and repairs	2007	9,800		20	490	490	2,695	48
49	Thermostats installed	2007	3,975		20	199	199	1,093	49
50	Therpy Rm - Wall	2007	2,700		20	135	135	743	50
51	Window Installed	2007	15,484		20	774	774	4,258	51
52	Shower Tiles	2007	7,330		20	367	367	2,016	52
53	Door Installed	2007	12,420		20	621	621	3,416	53
54	Built-in Med Rec Shelves	2007	2,702		20	135	135	743	54
55	Door Installed	2007	3,355		20	168	168	923	55
56	Remove/Install Heating Elements	2007	8,100		20	405	405	2,228	56
57	Kitchen - Cooler Repaired & Tile Installed	2007	7,685		20	384	384	2,113	57
58	Elevator Valve	2007	2,800		20	140	140	770	58
59	Built-in Med Rec Shelves	2007	2,878		20	144	144	791	59
60	Motorized Hot/Cold Water Unit	2007	10,050		20	503	503	2,764	60
61	Generator and Water Heater	2007	3,314		20	166	166	912	61
62	Dish Washer Water Heater Booster	2007	3,635		20	182	182	1,000	62
63	2nd Flr Nurses Stat - Carpeting, Lights	2007	5,411		20	271	271	1,488	63
64	Alarm System Testing	2007	2,878		20	144	144	792	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$ 685,688	$		$ 30,415	$ 30,415	$ 202,766	70

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 685,688	$		$ 30,415	$ 30,415	$ 202,766	1
2	3 Hot/Clod Water Units	2008	9,500		20	475	475	2,138	2
3	Heating Units Fixed	2008	3,550		20	178	178	799	3
4	Patio & Landscaping	2008	31,693		20	1,585	1,585	7,131	4
5	Tube	2008	4,654		20	233	233	1,047	5
6	Kitchen Heating Tab & Dinning Blinds	2008	5,300		20	265	265	1,193	6
7	Doors Replaced & Fixed	2008	21,041		20	1,052	1,052	4,734	7
8	Painting & Wallpaper on 3rd floor	2008	38,894		20	1,945	1,945	8,751	8
9	Bathrooms - Toilets, Showers, Tile, etc	2008	62,000		20	3,100	3,100	18,625	9
10	Elevator Control Panel	2008	9,463		20	473	473	2,129	10
11	Shower Remodel - Remove walls, install heating units, etc	2009	10,071		20	504	504	1,763	11
12	Dinning Room - Replace carpet, wall coverings, etc	2009	85,987		20	4,299	4,299	15,047	12
13	Window Coverings	2009	3,651		20	183	183	639	13
14	Electrical repairs and Digital Thermostats	2009	18,756		20	938	938	3,282	14
15	Resident Room Reno. - Door Closers, Wall Base, Crown Mod.	2009	47,644		20	2,382	2,382	8,338	15
16	Landscaping and Signage	2009	25,617		20	1,281	1,281	4,483	16
17	Laundry Duct Work	2009	23,482		20	1,174	1,174	4,109	17
18	Roof Repair	2009	2,500		20	125	125	438	18
19	Computer Cabling Installed	2009	3,075		20	154	154	538	19
20									20
21	Magnetic Door Holders	2010	2,701		20	135	135	338	21
22	Fire Dampers in Ductwork	2010	7,614		20	381	381	952	22
23	Patio Door and Retaining Wall	2010	4,595		20	230	230	575	23
24	Cabinets Built-In Patient Rooms	2010	19,280		20	964	964	2,410	24
25	Flex Air Base Station Repeater	2010	3,234		20	162	162	405	25
26	Furnish & install - Hot Water Supply to Laundry	2010	2,615		20	131	131	327	26
27	New Paging System & Camera System	2010	23,818		20	1,191	1,191	2,977	27
28									28
29	Beauty Salon: Install cabinets, sink, flooring, wallpaper, blinds	2011	6,056		20	303	303	454	29
30	Building Masonry Sign	2011	13,832		20	692	692	1,038	30
31	Carpeting- Nursing Station	2011	4,422		20	221	221	332	31
32	Heating A/C	2011	3,848		20	192	192	288	32
33	Shower Room: Install stalls, cement boards, tiles, plumbing	2011	7,000		20	350	350	525	33
34	TOTAL (lines 1 thru 33)		$ 1,191,581	$		$ 55,710	$ 55,710	$ 298,572	34

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 1,191,581	$		$ 55,710	$ 55,710	$ 298,572	1
2	Exit Sign Flourescent Light	2011	2,386		20	119	119	179	2
3	Repair Parking Lot Asphalt	2011	2,750		20	138	138	207	3
4	Install Oak Chair Rail & Paint-Dining Room	2012	3,890		20	97	97	97	4
5	Furnished/install electrical parts for each Nurse Station	2012	5,570		20	139	139	139	5
6	Wire and labor to pull the wires - nursing stations, dining room, ha	2012	10,548		20	264	264	264	6
7	Furnish/Install 8 Solar Screen Collection	2012	2,852		20	71	71	71	7
8	Install Flooring	2012	5,519		20	138	138	138	8
9	Patch 4 Areas of Parking Lot - remove and install new asphalt	2012	3,300		20	83	83	83	9
10	Remove old carpeting and install new	2012	3,900		20	98	98	98	10
11	Re-wire 1st - 3rd Flrs TV Cable	2012	5,824		20	146	146	146	11
12	Fire Alarm Repair	2012	2,912		20	73	73	73	12
13									13
14									14
15									15
16	2012 Allocation from management company:								16
17	Alarm System	2003	698		20	35	35	318	17
18	Buildout of Offices	2004	14,169		20	709	709	6,178	18
19	Security & Fire Alarm System	2004	1,620		20	81	81	688	19
20	Data Cables, Lights & Heat Exchanger	2005	840		20	42	42	330	20
21	Fire Alarm System	2005	7,430		20	479	479	3,506	21
22	Cooling Unit	2006	1,139		20	57	57	362	22
23	Asphalt & Carpet	2008	1,201		20	60	60	256	23
24	Landscaping, 2nd Floor Reconst. (including Phone, Sprinklers,	2009	19,330		20	966	966	3,489	24
25	Alarm Systems, Kitchen Remodel, Wallcovings, etc..)								25
26	HVAC, Paint/Wallpaper, Electrical, Sprinkler, & Generator Repai	2010	2,970		20	149	149	373	26
27	Hot water Heater	2011	161		20	8	8	15	27
28	Paint 2nd Floor Windows	2012	179		20	7	7	7	28
29									29
30									30
31	Current Year Booked Depreciation (B&F and MME)	2012		159,079			(159,079)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 1,290,769	$ 159,079		$ 59,667	$ (99,412)	$ 315,588	34

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	$ 1,075,379	$	$ 74,869	$ 74,869	10	$ 369,405	71
72	Current Year Purchases	99,517		4,976	4,976	10	4,976	72
73	Fully Depreciated Assets							73
74	Allocation from management company	80,557		5,322	5,322	3-10	41,944	74
75	TOTALS	$ 1,255,453	$	$ 85,167	$ 85,167		$ 416,325	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			528		106	106		255	77
78										78
79										79
80	TOTALS			$ 4,893	$	$ 106	$ 106		$ 4,620	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)	$ 2,560,172	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 159,079	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 144,940	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (14,139)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 736,533	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.

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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. [X] 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:	1994	200		$ 1,357,054			3
4	Additions							4
5								5
6		Allocation from Management Company			389			6
7	TOTAL		200		$ 1,357,443 **			7

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: [X] YES [ ] NO Terms: $550,000 option can be exercised a *

10. Effective dates of current rental agreement:
Beginning 3/1/05
Ending 3/28/12

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

	Fiscal Year Ending	Annual Rent
12.	/2013	$ ########
13.	/2014	$
14.	/2015	$

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: $ 101,715 Description: Copier-17,297; Med eqpt-2,280; Beds-73,064; Storage-4,126; Parking-3,600; Mgmt Alloc.-1,348
(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	Patients	2008 Ford, E350	$ 500.00	$ 6,000	17
18	Administration	2010 Acrua, RDX	225.00	2,700	18
19	Administration	2009 Infiniti, M45	66.00	796	19
20	See Schedule 14A		345.00	7,564	20
21	TOTAL		$ #######	$ 17,060	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.

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center
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Schedule 14A

C. Vehicle Rental (See instructions.)			
	Model Year	**Montly Lease**	**Rental Expense**
Use	**& Make**	**Payment**	**For this Period**
Administration	2012 Infiniti M56	345	4,136
Management Allocation			3,428
		345	**7,564**

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

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.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER CNA ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER CNA ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
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.

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	L39, C3	hrs	$	8,322	$ 599,153	$	8,322	$ 599,153	1
2	Licensed Speech and Language Development Therapist	L39 C3	hrs		3,689	265,581		3,689	265,581	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	L39 C2 & 3	hrs		12,139	874,022	5,655	12,139	879,677	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	L39 C2	# of prescrpts				693,920		693,920	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify):									12
13	Other (specify): See Schedule 16A	Var.			4,623	265,456	51,370	4,623	316,826	13
14	TOTAL			$	28,773	$ 2,004,212	$ 750,945	28,773	$ 2,755,157	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 Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center
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Schedule 16A

XIV. SPECIAL SERVICES (Direct Cost) Line 14				
	Schedule V	**Outside Practitioner**		
Service	**Line & Col. Ref.**	**Units**	**Costs**	**Supplies**
Respiratory Therapy	L39 C3	720	46,816	900
Oxygen	L39 C3			50,470
Ambulance	L39 C3		23,481	
Hemodialysis	L39 C3	3,903	195,159	
		4,623	**265,456**	**51,370**

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12 (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	$ 3,750	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 249,204)	3,728,909	3,728,909	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	117,587	117,587	6
7	Other Prepaid Expenses	1,733	53,671	7
8	Accounts Receivable (owners or related parties)	3,111	3,111	8
9	Other(specify): See attached Sch 17A	(141,439)	508,561	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 3,712,901	$ 4,415,589	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		9,057	13
14	Buildings, at Historical Cost		180,641	14
15	Leasehold Improvements, at Historical Cost	1,052,189	1,110,128	15
16	Equipment, at Historical Cost	1,059,746	1,260,346	16
17	Accumulated Depreciation (book methods)	(693,232)	(736,533)	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)**	$ 1,418,703	$ 1,823,639	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,131,604	$ 6,239,228	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 657,314	$ 657,314	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	2,303	2,303	28
29	Short-Term Notes Payable	2,132,730	2,132,730	29
30	Accrued Salaries Payable	552,302	552,302	30
31	Accrued Taxes Payable (excluding real estate taxes)	39,639	39,639	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	See attached Sch 17A	581,997	1,342,911	36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 3,966,285	$ 4,727,199	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			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)**	$	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 3,966,285	$ 4,727,199	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 1,165,319	$ 1,512,029	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 5,131,604	$ 6,239,228	48

*(See instructions.)

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center
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Schedule 17A

Schedule 17A

XV. BALANCE SHEET - Unrestricted Operating Fund.
A. Current Assets

Other Current Assets (specify):	Operating	After Consolidation
Due from claremont Realty		650,000
Cash-Petty	2,150	2,150
Cash-Resident Trust	2,094	2,094
Employee Loans	750	750
Accrued Management Fees-Nucare	96,870	96,870
Accrued Management Fees-Quest	(190,683)	(190,683)
Accrued Management Fees-CCS	(52,620)	(52,620)
Due to Others		
Total Line 9 - Other Current Assets (specify):	**(141,439)**	**508,561**

C. Current Liabilities

Other Current Liabilities (specify):	Operating	After Consolidation
Accrued Expenses		709,090
Nucare Services Corp		51,824
Cash in Bank - BoA	(168,620)	(168,620)
Due from Claremont Realty	(709,090)	(709,090)
Accrued Accounts Payable	595,683	595,683
Accrued Utilities	16,855	16,855
Due Employees - Old Payroll Checks	4,923	4,923
Accrued Deductions - Wage Assignments	(1,347)	(1,347)
Due to IHFS	69,499	69,499

Due to Bronzeville Park Expense	(77)	(77)
Due to Cal Gardens Expense	5,642	5,642
Due to Forest Villa Expense		
Due to Imperial Grove Expense	(77)	(77)
Due to Ivy Apartments Expense	(77)	(77)
Due to Jackson Square Expense	(253)	(253)
Due to Monroe Pavilion Expense	(77)	(77)
Due to Renaissance at Hillside Expense	(407)	(407)
Due to Renaissance at Midway Expense	4,743	4,743
Due to Renaissance at South Shore Expense	(77)	(77)
Due to Renaissance at 87th Street Expense	(77)	(77)
Due to Renaissance Park South Expense	(77)	(77)
Due to Quest Services Expense	220,473	220,473
Due to Clinical Consulting Expense	32,331	32,331
Due to Nucare Services Corp Expense	32,889	32,889
Due to Claremont of Hanover Park expense	(149,738)	(149,738)
Due Nuvision Holdings Expense	550,594	550,594
Due to Prior Owners	78,359	78,359
	581,997	**1,342,911**

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 1,340,648	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 1,340,648	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(175,329)	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)**	$ (175,329)	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)**	$ 1,165,319	24	*

*** This must agree with page 17, line 47.**

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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.

	I. Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 10,832,845	1
2	Discounts and Allowances for all Levels	(2,149,103)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 8,683,742	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	4,393,330	6
7	Oxygen	32,017	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 4,425,347	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	21,856	13
14	Non-Patient Meals	14	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	1,190,210	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	139,271	19
20	Radiology and X-Ray	58,343	20
21	Other Medical Services	437,608	21
22	Laundry	1,157	22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,848,459	23
	D. Non-Operating Revenue		
24	Contributions	145	24
25	Interest and Other Investment Income***	12,681	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 12,826	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Misc Income	1,014	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 1,014	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 14,971,388	30

	II. Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,779,103	31
32	Health Care	4,743,465	32
33	General Administration	3,213,734	33
	B. Capital Expense		
34	Ownership	1,981,878	34
	C. Ancillary Expense		
35	Special Cost Centers	3,048,288	35
36	Provider Participation Fee	380,249	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 15,146,717	40
41	**Income before Income Taxes (line 30 minus line 40)****	(175,329)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (175,329)	43

	III. Net Inpatient Revenue detailed by Payer Source		
44	Medicaid - Net Inpatient Revenue	$ 4,509,891	44
45	Private Pay - Net Inpatient Revenue	1,601,753	45
46	Medicare - Net Inpatient Revenue	2,093,548	46
47	Other-(specify) Hospice	428,190	47
48	Other-(specify) Managed Care	50,360	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	$ 8,683,742	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 Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	2,128	2,368	$ 121,578	$ 51.34	1
2	Assistant Director of Nursing	5,386	5,920	203,193	34.32	2
3	Registered Nurses	37,050	41,223	1,159,425	28.13	3
4	Licensed Practical Nurses	22,916	25,954	617,112	23.78	4
5	CNAs & Orderlies	73,220	80,976	953,661	11.78	5
6	CNA Trainees	27,868	28,559	325,842	11.41	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,984	2,200	29,700	13.50	9
10	Activity Assistants	17,448	19,103	170,197	8.91	10
11	Social Service Workers	3,702	3,856	75,386	19.55	11
12	Dietician	2,308	2,544	63,967	25.14	12
13	Food Service Supervisor	0	0			13
14	Head Cook	5,294	6,075	80,758	13.29	14
15	Cook Helpers/Assistants	20,258	21,611	194,071	8.98	15
16	Dishwashers	0	0			16
17	Maintenance Workers	4,435	4,762	167,061	35.08	17
18	Housekeepers	25,811	29,141	234,774	8.06	18
19	Laundry	6,171	6,759	56,972	8.43	19
20	Administrator	2,066	2,275	124,257	54.62	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	9,719	11,583	438,866	37.89	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	1,864	2,080	47,032	22.61	28
29	Resident Services Coordinator	5,727	6,843	230,481	33.68	29
30	Habilitation Aides (DD Homes)			0		30
31	Medical Records	8,979	9,646	270,059	28.00	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	284,331	313,475	$ 5,564,392 *	$ 17.75	34

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

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	$ 18,348	L1,C3	35
36	Medical Director	Monthly	46,000	L9,C3	36
37	Medical Records Consultant	Monthly	800	L10, C3	37
38	Nurse Consultant	79	3,769	L10, C3	38
39	Pharmacist Consultant	Monthly	9,756	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	5	280	L11, C3	44
45	Social Service Consultant	9	550	L12,C3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	93	$ 79,503		49

C. CONTRACT NURSES

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

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Jeff Baker	Administrator	0	$ 33,768
Gina McCarthy	Administrator	0	32,310
Todd Tedrow	Administrator	0	58,179
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 124,257

B. Administrative - Other

Description	Amount
Management Fees (Adjusted in Col. 7)	$ 691,773
TOTAL (agree to Schedule V, line 17, col. 3)	$ 691,773
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
RSM/McGladrey & Pullen	Accounting	$ 31,659
Frost,Ruttenburg & Rothblatt	Accounting	6,000
A/P Accrual -	Accounting	(7,500)
Much Shelist	Legal	16,908
POLSINELLI SHUGHART	Legal	434
Stone,Pogrund & Korey Llc	Legal	8,379
Stone,Mcguire&Siegel	Legal	13,259
US Legal Support Inc	Legal	133
A/P Accrual -	Legal	21,700
Personal Planners, Inc	Unemployment Consult.	2,094
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $5,000, attach copy of invoices.)		$ 93,066

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 232,156
Unemployment Compensation Insurance	74,502
FICA Taxes	458,911
Employee Health Insurance	116,064
Employee Meals	36,439
Illinois Municipal Retirement Fund (IMRF)*	
Miscellaneous Employee Benefits	15,957
Life Insurance	(3,050)
401 (K)	6,333
Employee Physicals	4,733
Employee Awards	
Uniform Exp	4,938
TOTAL (agree to Schedule V, line 22, col.8)	$ 946,983

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
N/A		
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$ 1,761
Advertising: Employee Recruitment	1,242
Health Care Worker Background Check	
(Indicate # of checks performed 370)	3,700
Patient Background Checks 190	2,919
Misc. Licenses & Inspections	8,389
IHCA Dues	20,040
Misc. Dues & Subscriptions	320
Less: Lobbying portion of IHCA dues	(7,461)
Allocation of management company	471
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 31,381

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	11,851
Allocation from management company	352
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 12,203

* Attach copy of IMRF notifications

**See instructions.

Claremont Extended Healthcare, LLC D/B/A Claremont Rehab and Living Center
Provider #: 0047043
1/1/2012 to 12/31/2012

Schedule 21C

XIX. SUPPORT SCHEDULE
C. Professional Services

Total (agree to Schedule V, line 19, column 3)	93,066
Plus: Home Office Allocation	4,823
Less: Non-Allowable Legal	(22,800)
Total (agree to Schedule V, line 19, column 8)	75,089

Facility Name & ID Number Claremont Rehab & Living Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	Amount of Expense Amortized Per Year								
					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 Center # 0047043 Report Period Beginning: 01/01/12 Ending: 12/31/12

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 $20,040 (Lobby offset of $ 7,461)**

(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**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **986** Line **10**

(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. $ **380,249**
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. $ **36,439** Has any meal income been offset against related costs? **No** Indicate the amount. $ **14**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
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.