

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 _____

	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		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	172	Intermediate (ICF)	172	62,780	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	172	TOTALS	172	62,780	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					8
9	SNF/PED					9
10	ICF	53,106	365	38	53,509	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	53,106	365	38	53,509	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 85.23%

D. How many bed reserve days during this year were paid by the Department?
NONE (Do not include bed reserve 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

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 7/1/1971

J. Was the facility purchased or leased after January 1, 1978?
YES Date _____ NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary N/A

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/17 Fiscal Year: 12/31/17

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

Facility Name & ID Number Mado Healthcare - Douglas Park # 0054106 Report Period Beginning: 1/1/17 Ending: 12/31/17

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	298,984	23,933	7,133	330,050		330,050		330,050		1
2	Food Purchase		312,002		312,002	(37,440)	274,562		274,562		2
3	Housekeeping	241,723	66,177		307,900		307,900		307,900		3
4	Laundry	39,213	49,225		88,438		88,438		88,438		4
5	Heat and Other Utilities			95,754	95,754		95,754	(1,357)	94,397		5
6	Maintenance	91,691		314,126	405,817		405,817	(53,024)	352,793		6
7	Other (specify):*	407,915		525	408,440		408,440		408,440		7
8	TOTAL General Services	1,079,526	451,337	417,538	1,948,401	(37,440)	1,910,961	(54,381)	1,856,580		8
	B. Health Care and Programs										
9	Medical Director			9,150	9,150		9,150		9,150		9
10	Nursing and Medical Records	1,151,181	58,137	11,534	1,220,852		1,220,852		1,220,852		10
10a	Therapy										10a
11	Activities	207,159	12,405	46,336	265,900		265,900	(5,564)	260,336		11
12	Social Services	361,425	663	37,000	399,088		399,088		399,088		12
13	CNA Training										13
14	Program Transportation			14,545	14,545		14,545		14,545		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,719,765	71,205	118,565	1,909,535		1,909,535	(5,564)	1,903,971		16
	C. General Administration										
17	Administrative	50,795		821,750	872,545		872,545	(644,608)	227,937		17
18	Directors Fees										18
19	Professional Services			92,003	92,003		92,003	(32,243)	59,760		19
20	Dues, Fees, Subscriptions & Promotions			23,278	23,278		23,278	384	23,662		20
21	Clerical & General Office Expenses	224,480	33,053	37,974	295,507		295,507	354,606	650,113		21
22	Employee Benefits & Payroll Taxes			505,841	505,841	37,440	543,281		543,281		22
23	Inservice Training & Education										23
24	Travel and Seminar			8,949	8,949		8,949	(4,282)	4,667		24
25	Other Admin. Staff Transportation							1,494	1,494		25
26	Insurance-Prop.Liab.Malpractice			236,493	236,493		236,493	996	237,489		26
27	Other (specify):*							67,638	67,638		27
28	TOTAL General Administration	275,275	33,053	1,726,288	2,034,616	37,440	2,072,056	(256,015)	1,816,041		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,074,566	555,595	2,262,391	5,892,552		5,892,552	(315,960)	5,576,592		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

Mado Healthcare - Douglas Park

#0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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			62,225	62,225		62,225	78,421	140,646			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			103,982	103,982		103,982	87,950	191,932			32
33	Real Estate Taxes							244,438	244,438			33
34	Rent-Facility & Grounds			498,000	498,000		498,000	(498,000)				34
35	Rent-Equipment & Vehicles			3,097	3,097		3,097		3,097			35
36	Other (specify):*											36
37	TOTAL Ownership			667,304	667,304		667,304	(87,191)	580,113			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		13,024		13,024		13,024		13,024			39
40	Barber and Beauty Shops			2,232	2,232		2,232		2,232			40
41	Coffee and Gift Shops		19,977		19,977		19,977	(16,120)	3,857			41
42	Provider Participation Fee											42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		33,001	2,232	35,233		35,233	(16,120)	19,113			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,074,566	588,596	2,931,927	6,595,089		6,595,089	(419,271)	6,175,818			45

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

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				9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest	(1,859)	32		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	(3,380)	21		18
19	Entertainment	(4,282)	24		19
20	Contributions	(121)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(42,999)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(112)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(1,511)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(36,096)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (90,360)		\$	30

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)	(329,211)		34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (329,211)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (419,571)		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.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY							
48		49		50		51	52

Mado Healthcare - Douglas ParkID# 0054106Report Period Beginning: 1/1/17Ending: 12/31/17

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MISC INCOME	\$ (12,908)	21	1
2	VENDING MACHINE	(3,027)	41	2
3	BANK CHARGES	(1,682)	21	3
4	MISC-CLIENT CLOTHING	(4,763)	21	4
5	ACTIVITY-CIGARETTES	(5,564)	11	5
6	CIGARETTE PURCHASES	(13,093)	41	6
7	ADJ DEPR TO S/L DEPR	76,606	30	7
8	IOP RENTED SPACE-UTILITIES	(2,898)	5	8
9	IOP RENTED SPACE-MAINTENANCE	(3,891)	6	9
10	IOP RENTED SPACE-INSURANCE	(4,443)	26	10
11	IOP RENTED SPACE-DEPRECIATION	(5,258)	30	11
12	IOP RENTED SPACE-INTEREST	(2,907)	32	12
13	IOP RENTED SPACE-R/E TAXES	(174)	33	13
14	CAPITALIZED R&M	(52,094)	6	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	(36,096)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mado Healthcare - Douglas Park# 0054106 Report Period Beginning:

1/1/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(2,898)	0	1,541	0	0	0	0	0	0	0	0	(1,357)	5
6	Maintenance	(55,985)	0	2,961	0	0	0	0	0	0	0	0	(53,024)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(58,883)	0	4,502	0	(54,381)	8							
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(5,564)	0	0	0	0	0	0	0	0	0	0	(5,564)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(5,564)	0	0	0	0	0	0	0	0	0	0	(5,564)	16
	C. General Administration													
17	Administrative	0	0	(644,608)	0	0	0	0	0	0	0	0	(644,608)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(42,999)	0	10,756	0	0	0	0	0	0	0	0	(32,243)	19
20	Fees, Subscriptions & Promotions	(112)	0	496	0	0	0	0	0	0	0	0	384	20
21	Clerical & General Office Expenses	(24,365)	0	378,971	0	0	0	0	0	0	0	0	354,606	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	(4,282)	0	0	0	0	0	0	0	0	0	0	(4,282)	24
25	Other Admin. Staff Transportation	0	0	1,494	0	0	0	0	0	0	0	0	1,494	25
26	Insurance-Prop.Liab.Malpractice	(4,443)	0	5,439	0	0	0	0	0	0	0	0	996	26
27	Other (specify):*	0	0	67,638	0	0	0	0	0	0	0	0	67,638	27
28	TOTAL General Administration	(76,201)	0	(179,814)	0	(256,015)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(140,648)	0	(175,312)	0	(315,960)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mado Healthcare - Douglas Park# 0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS (to Sch V, col.7)	
30	Depreciation	71,348	0	7,073	0	0	0	0	0	0	0	0	78,421	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(4,766)	76,621	16,095	0	0	0	0	0	0	0	0	87,950	32
33	Real Estate Taxes	(174)	238,075	6,537	0	0	0	0	0	0	0	0	244,438	33
34	Rent-Facility & Grounds	0	(498,000)	0	0	0	0	0	0	0	0	0	(498,000)	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	TOTAL Ownership	66,408	(183,304)	29,705	0	(87,191)	37							
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	(16,120)	0	0	0	0	0	0	0	0	0	0	(16,120)	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	TOTAL Special Cost Centers	(16,120)	0	0	0	0	0	0	0	0	0	0	(16,120)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(90,360)	(183,304)	(145,607)	0	(419,271)	45							

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
PETER O'BRIEN	100	MADO HEALTHCARE - OLD TOWN	CHICAGO	Long Term Care LP	CHICAGO	REAL ESTATE
		MADO HEALTHCARE - BUENA PARK	CHICAGO	Mado Management	CHICAGO	BOOKKEEPING/M
		MADO HEALTHCARE - UPTOWN	CHICAGO	Mado LLC	CHICAGO	

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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
1	V	34 Rent	\$ 498,000	Long Term Care LP	100.00%	\$	(498,000)	1
2	V	32 Interest		Long Term Care LP	100.00%	76,621	76,621	2
3	V	33 Real Estate Tax		Long Term Care LP	100.00%	238,075	238,075	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		\$ 498,000			\$ 314,696	\$ * (183,304)	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	5 Utilities	\$	Mado Management	100.00%	\$ 1,541	\$	1,541	15
16	V	6 Repairs & Maintenance		Mado Management	100.00%	2,961		2,961	16
17	V	19 Professional Fees		Mado Management	100.00%	10,756		10,756	17
18	V	20 Dues and Subscriptions		Mado Management	100.00%	496		496	18
19	V	21 Clerical and General		Mado Management	100.00%	378,971		378,971	19
20	V	25 Auto Expense		Mado Management	100.00%	1,494		1,494	20
21	V	26 Insurance		Mado Management	100.00%	5,439		5,439	21
22	V	27 Employee Benefits		Mado Management	100.00%	46,675		46,675	22
23	V	30 Depreciation		Mado Management	100.00%	7,073		7,073	23
24	V	32 Interest		Mado Management	100.00%	16,095		16,095	24
25	V	33 Real Estate Taxes		Mado Management	100.00%	6,537		6,537	25
26	V								26
27	V	17 Management Fees	718,000	Mado Management	100.00%			(718,000)	27
28	V								28
29	V	17 Salary - P. O'Brien		Mado Management	100.00%	73,392		73,392	29
30	V	27 Employee Benefits		Mado Management	100.00%	7,319		7,319	30
31	V								31
32	V	17 Administrative Salary		Mado Management	100.00%				32
33	V	27 Employee Benefits		Mado Management	100.00%	13,644		13,644	33
34	V								34
35	V	17 Administrative Salary	103,750	Mado Management	100.00%	103,750			35
36	V								36
37	V								37
38	V								38
39	Total		\$ 821,750			\$ 676,143	\$ *	(145,607)	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	1 Dietary	\$ 7,133	MADO LLC	100.00%	\$ 7,133	\$	15
16	V	6 Maintenance	114,965			114,965		16
17	V	10 Nursing	10,334			10,334		17
18	V	12 Social Services	37,000			37,000		18
19	V	21 Office	7,537			7,537		19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$ 176,969			\$ 176,969	\$ *	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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

* 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		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							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		\$			\$	0	\$ *

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

Facility Name & ID Number Mado Healthcare - Douglas Park # 0054106 Report Period Beginning: 1/1/17 Ending: 12/31/17

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 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	PETER O'BRIEN	OWNER	ADMINISTRATIV	100.00	SEE ATTACHED	14.07	23.45	ALLOC SAL	\$ 73,392	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	\$ 73,392		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 Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization MADO MANAGEMENT
 Street Address 1541 N. WELLS ST.
 City / State / Zip Code CHICAGO, IL 60610
 Phone Number (312) 787-9400
 Fax Number (312) 787-9434

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	Patient Days	174,994	4	\$ 5,041	\$ 53,509	\$ 1,541	1
2	6	Repair & Maintenance	Patient Days	174,994	4	9,685	53,509	2,961	2
3	19	Professional Fees	Patient Days	174,994	4	35,176	53,509	10,756	3
4	20	Dues and Subscriptions	Patient Days	174,994	4	1,623	53,509	496	4
5	21	Clerical and General	Patient Days	174,994	4	1,239,374	1,202,338	378,971	5
6	25	Auto Expense	Patient Days	174,994	4	4,886	53,509	1,494	6
7	26	Insurance	Patient Days	174,994	4	17,788	53,509	5,439	7
8	27	Employee Benefits	Patient Days	174,994	4	152,643	53,509	46,675	8
9	30	Depreciation	Patient Days	174,994	4	23,129	53,509	7,073	9
10	32	Interest	Patient Days	174,994	4	52,635	53,509	16,095	10
11	33	Real Estate Taxes	Patient Days	174,994	4	21,380	53,509	6,537	11
12									12
13	17	Salary - P. O'Brien	Avg Hrs Worked		4	240,000	240,000	73,392	13
14	27	Employee Benefits	Avg Hrs Worked		4	23,933		7,319	14
15									15
16	17	Administrative Salary	Direct Allocation			10,850	10,850		16
17	27	Employee Benefits	Direct Allocation			52,472		13,644	17
18									18
19	17	Administrative Salary	Direct Allocation			356,119	356,119	103,750	19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,246,734	\$ 1,809,307	\$ 676,143	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number (_____

Fax Number (_____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

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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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

VIII. ALLOCATION OF INDIRECT COSTS

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106 Report Period Beginning: 1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number () _____
 Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending: 12/31/17

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

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

Name of Related Organization _____

Street Address _____

City / State / Zip Code _____

Phone Number () _____

Fax Number () _____

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					\$	\$		\$	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				\$	\$		\$	25

Facility Name & ID Number

Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	SIGNATURE BANK		X	MORTGAGE			\$	2,207,821		\$	76,621	1								
2												2								
3												3								
4												4								
5												5								
Working Capital																				
6	BRIDGEVIEW		X	LINE OF CREDIT				710,800			59,294	6								
7	SIGNATURE		X	LINE OF CREDIT				209,775			42,829	7								
8												8								
9	TOTAL Facility Related						\$	3,128,396		\$	178,744	9								
B. Non-Facility Related*																				
10	RE TAX INTEREST										1,859	10								
11												11								
12												12								
13	ALLOC FROM MADO MGT										16,095	13								
14	TOTAL Non-Facility Related						\$			\$	17,954	14								
15	TOTALS (line 9+line14)						\$	3,128,396		\$	196,698	15								

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

* 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 2016 report.		\$	228,738	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.)		\$	235,275	2
3. Under or (over) accrual (line 2 minus line 1).		\$	6,537	3
4. Real Estate Tax accrual used for 2017 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	237,839	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
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
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	244,376	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:	2012	6,908	8
	2013	7,002	9
	2014	7,142	10
	2015	7,228	11
	2016	228,738	12

ALLOCATED FROM MADO MANAGEMENT - \$6,537

RE TAXES ADJ ON PG 5A (\$174)

FOR BHF USE ONLY			
13	FROM R. E. TAX STATEMENT FOR 2016	\$	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:

- Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.**
- 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.**

2016 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mado Healthcare - Douglas Park COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0054106

CONTACT PERSON REGARDING THIS REPORT PETER O'BRIEN

TELEPHONE (312) 787-9400 FAX #: (312) 787-9434

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2016 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 2016.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>16-24-106-035</u>	<u></u>	\$ <u>1,344.90</u>	\$ <u>1,344.90</u>
2.	<u>16-24-106-036</u>	<u></u>	\$ <u>2,555.48</u>	\$ <u>2,555.48</u>
3.	<u>16-24-106-037</u>	<u></u>	\$ <u>8,165.38</u>	\$ <u>8,165.38</u>
4.	<u>16-24-106-032</u>	<u></u>	\$ <u>58,759.91</u>	\$ <u>58,759.91</u>
5.	<u>16-24-106-033</u>	<u></u>	\$ <u>157,912.36</u>	\$ <u>157,912.36</u>
6.	<u>17-04-204-012</u>	<u>Home Office (see attachment)</u>	\$ <u>21,379.66</u>	\$ <u>6,537.39</u>
7.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
8.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
9.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
10.	<u></u>	<u></u>	\$ <u></u>	\$ <u></u>
TOTALS			\$ <u><u>250,117.69</u></u>	\$ <u><u>235,275.42</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 2016 tax bills which were listed in Section A to this statement. Be sure to use the 2016 tax bill which is normally paid during 2017.

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.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
RE: 2015 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2015 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2015.

Please complete the Real Estate Tax Statement below and include it in the 2016 cost report along with a copy of your 2015 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2015 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Mado Healthcare - Douglas Park COUNTY Cook
 FACILITY IDPH LICENSE NUMBER 0054106
 CONTACT PERSON REGARDING THIS REPORT PETER O'BRIEN
 TELEPHONE () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2015 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 2015.

	(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.	_____	_____	\$ _____	\$ _____
2.	_____	_____	\$ _____	\$ _____
3.	_____	_____	\$ _____	\$ _____
4.	_____	_____	\$ _____	\$ _____
5.	_____	_____	\$ _____	\$ _____
6.	_____	_____	\$ _____	\$ _____
7.	_____	_____	\$ _____	\$ _____
8.	_____	_____	\$ _____	\$ _____
9.	_____	_____	\$ _____	\$ _____
10.	_____	_____	\$ _____	\$ _____
		TOTALS	\$ _____	\$ _____

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? _____ 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 2015 tax bills which were listed in Section A to this statement. Be sure to use the 2015 tax bill which is normally paid during 2016.

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 Mado Healthcare - Douglas Park

0054106 Report Period Beginning:

1/1/17 Ending:

12/31/17

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 79,940 B. General Construction Type: Exterior Frame 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).

Blank lines for listing other business entities.

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: 2. Number of Years Over Which it is Being Amortized: 3. Current Period Amortization: 4. Dates Incurred:

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

XI. OWNERSHIP COSTS:

A. Land.

Table with 5 columns: Use, Square Feet, Year Acquired, Cost, and a final column with values 1, 2, 3. Row 1: FACILITY, Row 2: (blank), Row 3: TOTALS.

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	172			1971	\$ 140,000	\$		\$	\$	\$ 140,000	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1973	9,000		20			9,000	9
10	Various			1975	16,880		20			16,880	10
11	Various			1976	4,234		20			4,234	11
12	Various			1977	43,234		20			43,234	12
13	Various			1978	50,867		20			50,867	13
14	Various			1979	40,393		20			40,393	14
15	Various			1980	4,392		20			4,392	15
16	Various			1981	15,817		20			15,817	16
17	Various			1982	15,180		20			15,180	17
18	Various			1984	7,505		20			7,505	18
19	Various			1985	60,377		20			60,377	19
20	Various			1986	41,792		20			41,792	20
21	Various			1987	17,344		20			17,344	21
22	Various			1988	13,840		20			13,824	22
23	Various			1989	10,568		20			10,568	23
24	Various			1990	48,324		20			48,324	24
25	Various			1991	26,113		20			25,972	25
26	Various			1992	105,671		20			105,671	26
27	Various			1993	14,487		20			14,487	27
28	Various			1994	37,950		20			37,950	28
29	Various			1995	38,705		20			38,703	29
30	Various			1996	34,431		20			34,431	30
31	Various			1997	62,792		20	1,702	1,702	62,792	31
32	Various			1998	73,236		20	3,662	3,662	72,345	32
33	Various			1999	51,272		20	2,564	2,564	47,358	33
34	Various			2000	120,486		20	6,024	6,024	106,164	34
35	Various			2001	159,720		20	7,986	7,986	131,421	35
36	Various			2002	148,315		20			148,315	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 Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	Various	2003	\$ 140,910	\$	10	\$	\$	\$ 140,910	37
38	Various	2004	159,051		10			159,051	38
39	Various	2005	156,033		Various	9,221	9,221	114,486	39
40	Various	2006	173,699		Various	5,707	5,707	173,699	40
41	Various	2007	134,430		10	6,392	6,392	134,430	41
42	Various	2008	72,586		20	3,629	3,629	34,141	42
43	Pump Motor & Thermostatic Valve	2009	4,579		20	229	229	2,023	43
44	Removal & Repaving Of Courtyard	2009	7,000		20	350	350	3,004	44
45	New Layer Of Hot Roofing Rubber	2009	4,700		20	235	235	1,998	45
46	Doors For Resident Rooms	2009	3,352		20	168	168	1,413	46
47	Hot Water Heater & Installation Supplies	2009	4,564		20	228	228	1,920	47
48	Removal Of Fire Escape	2009	32,500		20	1,625	1,625	13,677	48
49	Brickwork For Doorways & Windows	2009	4,500		20	225	225	1,875	49
50	Closure Of 12 Fire Exit Doors	2009	5,056		20	253	253	2,108	50
51	Replaced Broken Pipe; Paved Hole - Courtyard	2009	2,943		20	147	147	1,201	51
52	Upgrade Boiler Room & Sewer	2009	2,548		20	127	127	1,038	52
53	Labor - Conversion Of Hobby Room To Activity Room	2009	5,355		20	268	268	2,166	53
54	Labor - Electrical Work - Nurses Station Renovation	2009	16,040		20	802	802	6,483	54
55	2Nd & 3Rd Flr Bathrooms- Tiles, Shelves, Flushometer	2009	22,471		20	1,124	1,124	9,833	55
56	Coverion Of Hobby Room To Activiv Room- Flooring, Walls, Pai	2009	4,543		20	227	227	1,873	56
57	2Nd Flr Nurses Station& Activity Rm- Tiles, Paint, Ceiling	2009	16,020		20	801	801	6,475	57
58	2Nd Flr Nurses Station & Bathroom- Fixtures, Paint, Doors	2009	5,690		20	285	285	2,372	58
59	Install & Paint Iron Fence & Gate	2009	3,900		20	195	195	1,593	59
60	Upgrade 2Nd Floor Nurses Station- Flooring, Wall Work	2009	7,633		20	382	382	3,119	60
61	Upgrade Courtyard Gate	2009	2,754		20	138	138	1,115	61
62	Installation Of Exterior Lighting - Courtyard	2009	9,875		20	494	494	4,239	62
63	2Nd Flr Nurses Station- Flooring, New Wall, Cabinets/Counter To	2009	14,621		20	731	731	5,909	63
64	2Nd & 3Rd Floor Security System - Cameras & Monitor	2010	4,872		20	244	244	1,910	64
65	Water Heater For Laundry	2010	4,162		10	416	416	3,016	65
66	Fire Alarm System Work	2010	3,400		20	170	170	1,218	66
67	Furnished And Installed Terrazzo Flooring	2010	4,300		20	215	215	1,720	67
68	Smoke Detectors & Fire Panels	2010	26,847		20	1,342	1,342	10,625	68
69	Fire Rated Doors	2010	10,594		20	530	530	4,195	69
70	TOTAL (lines 4 thru 69)		\$ 2,484,453	\$		\$ 58,838	\$ 58,838	\$ 2,220,172	70

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

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	
1	Totals from Page 12A, Carried Forward		\$ 2,484,453	\$		\$ 58,838	\$ 58,838	\$ 2,220,172	1
2	Conversion Of Activity Room To Rehab Office	2010	5,843		20	292	292	2,288	2
3	Window Screens	2010	4,239		20	212	212	1,661	3
4	Compressor For Fire Pump	2010	3,705		20	185	185	1,450	4
5	Furnished & Installed Pedestrian Door	2010	2,828		20	141	141	1,106	5
6	Furnished & Replaced Broken Section Of Boiler	2010	15,125		20	756	756	5,860	6
7	Electric Upgrade & Outlets For A/C	2010	28,750		20	1,438	1,438	11,023	7
8	New Central Heating & A/C Unit	2010	18,715		20	936	936	7,331	8
9	Doors & Supplies For 1St Floor Bathroom & Stairs	2010	3,611		20	181	181	1,371	9
10	1St Floor Bathrooms - Plumbing	2010	12,300		20	615	615	4,664	10
11	Electrical Work On 2Nd & 3Rd Floors	2010	2,875		20	144	144	1,079	11
12	Upgrade Fire Sprinkler System	2010	10,842		20	542	542	4,020	12
13	Floor Tiles - Iop Project	2010	7,981		20	399	399	2,926	13
14	Ceiling Tiles And Doors For Iop Office	2010	4,007		20	200	200	1,467	14
15	Electrical Work For Iop Office	2010	5,075		20	254	254	1,841	15
16	New Hvac For Iop Office	2010	6,220		20	311	311	2,255	16
17	Upgrade Electrical Panel	2010	4,587		20	229	229	1,661	17
18	Bathroom Renovation - Walls, Plumbing, Showers, Tubs, Lighting	2010	72,577		20	3,629	3,629	25,705	18
19	Iop Office Conversion - Demolition, Drywall, Electrical, Flooring,	2010	78,375		20	3,919	3,919	27,759	19
20	Iop Office Bathroom - Doors & Supplies	2010	3,492		20	175	175	1,282	20
21	Sprinkler Head Installations	2010	2,945		20	147	147	1,054	21
22	2Nd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan,	2011	14,741		20	737	737	5,098	22
23	3Rd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan,	2011	5,231		20	262	262	1,811	23
24	Janitor Closets - New Pipes, Walls, Tile, Sinks	2011	13,358		20	668	668	4,564	24
25	Reception & Conference Rm - Walls, Doors, Duct Work, Tile, Cab	2011	33,828		10	3,383	3,383	23,117	25
26	3Rd Floor Triage Unit - Walls, Floor, Electrical Fixtures, Doors, Si	2011	116,104		20	5,805	5,805	36,765	26
27	Fire Sprinklers - Elevator	2011	5,884		20	294	294	1,985	27
28	Fire Sprinklers - Reception & Lounge	2011	3,077		20	154	154	1,039	28
29	Additional Fire Sprinklers For State Compliance	2011	6,722		20	336	336	2,240	29
30	Fire Sprinklers - Janitor Closets	2011	3,716		20	186	186	1,240	30
31	Fire Sprinklers - Canopy	2011	2,708		20	135	135	901	31
32	New Windows	2011	6,924		20	346	346	2,220	32
33	Fire Sprinklers - Triage	2011	6,266		20	313	313	1,904	33
34	TOTAL (lines 1 thru 33)		\$ 2,997,104	\$		\$ 86,162	\$ 86,162	\$ 2,410,859	34

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

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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		\$ 2,997,104	\$		\$ 86,162	\$ 86,162	\$ 2,410,859	1
2	Transitional Living Unit - Vents, Drains, Sewer Connect, Window	2011	89,875		20	4,494	4,494	31,083	2
3	Transitional Unit Construction Drawing & Permit	2011	13,959		20	698	698	4,304	3
4	Transitional Care Unit - Electrical Wiring	2012	32,285		Various	1,614	1,614	9,282	4
5	Transitional Care Unit - Fire Sprinkler System	2012	34,224		Various	1,711	1,711	9,553	5
6	Transitional Care Unit - Plumbing & Hvac	2012	10,014		Various	501	501	2,796	6
7	Transitional Care Unit - Labor & Materials	2012	98,849		Various	4,798	4,798	26,873	7
8	Transitional Care Unit - Doors	2012	9,580		27	355	355	2,240	8
9	Transitional Care Unit - Paint, Floor Tile, Adhesive Materials	2012	5,395		24	225	225	1,384	9
10	Transitional Care Unit - Fire Protection Windows	2012	4,285		Various	202	202	1,260	10
11	Transitional Care Unit - Additional Materials, Hvac, Lighting, Do	2012	39,920		Various	1,979	1,979	10,228	11
12	Water Heater	2012	9,865		Various	456	456	3,020	12
13	Granite Kitchen Top & Sink	2012	2,950		Various	141	141	828	13
14	Gas Pipes To Range Hood	2012	8,500		Various	411	411	2,338	14
15	Replace Hydraulic Valve	2012	2,638		20	132	132	785	15
16	Elevator Repair - Head Gaskets & Hydraulic Packing	2012	2,927		20	146	146	869	16
17	Roofing Work - South & Northwest Roof Of Bldg	2012	4,900		20	245	245	1,458	17
18	Addressable Fire Alarm System	2013	4,300		7	614	614	2,968	18
19	MATERIALS TO MAINTAIN 2ND FLOOR - ILP	2013	2,534		20	127	127	614	19
20	SUPPLIES FOR MAINTENANCE-ILP;TRIAGE,RESIDENTS' R	2013	2,639		20	132	132	594	20
21	MATERIALS FOR 2ND FLOOR; RESIDENTS' ROOM REPAIR	2013	2,759		20	138	138	678	21
22	FURNISHED & INSTALLED ONE NEW 230 VOLT IMPERIAL	2013	2,823		20	141	141	588	22
23	MATERIALS FOR 1ST FLOOR;BUILT 4 RESIDENTS BED&SI	2013	3,440		20	172	172	760	23
24	BATTERIES, TILE CEILINGS, FLOOR TILES; ELECTRICAL	2013	4,747		20	237	237	988	24
25	MATERIALS TO MAINTAIN-COURTYARD,TRIAGE&AROU	2013	5,776		20	289	289	1,324	25
26	FURNITURE	2013	2,645		7			2,645	26
27	TEN(10) AIRCONDITIONERS 6000 BTU & TEN(10) UNITS 8MI	2013	3,592		5			3,591	27
28	FOUR(4) UNITS OF AIRCONDITIONERS	2013	7,097		5			7,097	28
29	ARMSTRONG PUMP	2014	1,305		10	131	131	513	29
30	ELECTRIC EYE PACKAGE FOR BACK DOOR	2014	1,158		10	116	116	435	30
31	SUPERVISORY ALARM PANEL	2014	3,900		10	390	390	1,463	31
32	IHP SNGL PAHSE AIR COMPRESSOR	2014	4,350		15	290	290	967	32
33	PAINTS AROUND THE BUILDING	2014	2,593		10	259	259	842	33
34	TOTAL (lines 1 thru 33)		\$ 3,422,928	\$		\$ 107,306	\$ 107,306	\$ 2,545,226	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	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 12C, Carried Forward		\$ 3,422,928	\$		\$ 107,306	\$ 107,306	\$ 2,545,226	1
2	REPAIRED FIRE SPRINKLER SYSTEM	2014	2,765		20	138	138	472	2
3	REPAIRED PASSENGER ELEVATOR	2014	3,334		20	167	167	584	3
4	ROOF IMPROVEMENT	2015	3,000		20	150	150	350	4
5	GAS FIRED STEAM BOILER	2015	57,554		20	2,878	2,878	6,475	5
6	MASONRY WORK TO 4 OPENINGS	2016	8,400		20	420	420	665	6
7	10 DUAL CATEGORY CABLED LOCATIONS	2016	3,095		20	155	155	219	7
8	FIRE SPRINKLER SYSTEM REPAIR	2016	10,344		20	517	517	733	8
9	WELDING-FIRE ESCAPE RAILING	2016	5,860		15	391	391	619	9
10	RADIATOR REPAIR & REPLACEMENT	2016	4,150		20	208	208	225	10
11	ROOF REPAIR	2017	29,000		20	242	242	242	11
12	ELEVATOR 1 REPAIR-NEW PUMP MOTORS & STARTER RI	2017	6,417		20	267	267	267	12
13	ELEVATOR 1 REPAIR-REPLACEMENT OF VALVES	2017	9,476		20	276	276	276	13
14	HEATING UNITS REPAIR	2017	4,501		15	250	250	250	14
15	IRON FENCE	2017	2,700		15	120	120	120	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	F/S Depreciation			57,068			(57,068)		29
30									30
31	RENTED SPACE					(5,258)	(5,258)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,573,524	\$ 57,068		\$ 108,227	\$ 51,159	\$ 2,556,723	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	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 12D, Carried Forward		\$ 3,573,524	\$ 57,068		\$ 108,227	\$ 51,159	\$ 2,556,723	1
2	Related Party Information								2
3	Buildings:								3
4	MADO Management Allocation	1988	63,380	2,369	35	1,811	(558)	39,839	4
5									5
6									6
7									7
8									8
9	Leasehold Improvements:								9
10	MADO Management Allocation	1995	1,470		20			1,470	10
11	MADO Management Allocation	1993	24,141		20			24,141	11
12	MADO Management Allocation	2000	3,610		20	180	180	3,163	12
13	MADO Management Allocation	2001	1,564		20	78	78	1,230	13
14	MADO Management Allocation	2002	2,460		20			2,460	14
15	MADO Management Allocation	2004	692	8	20	35	27	461	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)		\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1		\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	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								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$ 3,670,841	\$ 59,445		\$ 110,331	\$ 50,886	\$ 2,629,487	34

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

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	\$ 330,752	\$ 5,157	\$ 21,490	\$ 16,333		\$ 262,720	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	219,567					219,567	73
74								74
75	TOTALS	\$ 550,319	\$ 5,157	\$ 21,490	\$ 16,333		\$ 482,287	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		1997 Jeep Grand Cherokee	1998	\$ 24,457	\$	\$	\$	5	\$ 24,457	76
77		Allocated from MADO Management		55,598	4,696	8,825	4,129	5	33,312	77
78										78
79										79
80	TOTALS			\$ 80,055	\$ 4,696	\$ 8,825	\$ 4,129		\$ 57,769	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)	\$ 4,323,292	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 69,298	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 140,646	83**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 71,348	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,169,543	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		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	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.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

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:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

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

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12.	_____ /2018	\$ _____
13.	_____ /2019	\$ _____
14.	_____ /2020	\$ _____

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 _____.

9. Option to Buy: YES NO Terms: _____*

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: \$ 3,097 Description: Ice Machine \$1,478; Copier \$1,619

(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			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	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.

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>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. <u>CLASSROOM PORTION:</u></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. <u>CLINICAL PORTION:</u></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			
		1	2	3	4
		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.

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

	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$			\$	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39-02	# of prescripts				13,024		13,024	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB</u>	39-02								12
13	Other (specify): _____									13
14	TOTAL			\$		\$	13,024		\$ 13,024	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.

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of **12/31/17**

(last day of reporting year)

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

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 83,959	\$	1
2	Cash-Patient Deposits	26,739		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	656,964		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,899		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Ex Acct	(23,758)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 760,803	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,734,346		15
16	Equipment, at Historical Cost	531,740		16
17	Accumulated Depreciation (book methods)	(2,023,450)		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): Due Others	1,461,290		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,703,926	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,464,729	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 677,335	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	6,055		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,250		30
31	Accrued Taxes Payable (excluding real estate taxes)			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				36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 743,640	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,341,917		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)	\$ 1,341,917	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 2,085,557	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,379,172	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,464,729	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1	
		Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,787,642	1
2	Restatements (describe):		2
3	PRIOR PERIOD ADJUSTMENT	(192,289)	3
4	ROUNDING	1	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,595,354	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(216,182)	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)	\$ (216,182)	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)	\$ 1,379,172	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning: 1/1/17

Ending:

12/31/17

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		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,309,879	1
2	Discounts and Allowances for all Levels	(10,049)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,299,830	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$	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	3,027	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	63,142	16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 66,169	23
D. Non-Operating Revenue			
24	Contributions		24
25	Interest and Other Investment Income***		25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	MISC INCOME	12,908	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 12,908	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,378,907	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,948,401	31
32	Health Care	1,909,535	32
33	General Administration	2,034,616	33
B. Capital Expense			
34	Ownership	667,304	34
C. Ancillary Expense			
35	Special Cost Centers	35,233	35
36	Provider Participation Fee		36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,595,089	40
41	Income before Income Taxes (line 30 minus line 40)**	(216,182)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (216,182)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,280,060	44
45	Private Pay - Net Inpatient Revenue	45,946	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) INSURANCE	13,300	47
48	Other-(specify) PRIOR YR ADJ/BAD DEBT EXPENSE	(39,476)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,299,830	49

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

** Does this agree with taxable income (loss) per Federal Income Tax Return? N/A 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.

Facility Name & ID Number **Mado Healthcare - Douglas Park**

0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17

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	2,950	3,220	\$ 124,061	\$ 38.53	1
2	Assistant Director of Nursing					2
3	Registered Nurses	2,100	2,226	71,153	31.96	3
4	Licensed Practical Nurses	20,504	21,857	560,785	25.66	4
5	CNAs & Orderlies	28,436	30,100	352,346	11.71	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	2,260	2,530	36,769	14.53	9
10	Activity Assistants	13,288	14,438	170,390	11.80	10
11	Social Service Workers	18,068	19,774	361,425	18.28	11
12	Dietician					12
13	Food Service Supervisor	7,620	8,005	114,251	14.27	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,927	15,306	177,993	11.63	15
16	Dishwashers	632	632	6,740	10.66	16
17	Maintenance Workers	5,248	5,563	91,691	16.48	17
18	Housekeepers	19,000	20,806	241,723	11.62	18
19	Laundry	3,202	3,580	39,213	10.95	19
20	Administrator					20
21	Assistant Administrator	1,983	2,190	50,795	23.19	21
22	Other Administrative	1,843	2,046	63,498	31.04	22
23	Office Manager					23
24	Clerical	11,122	12,163	160,982	13.24	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,151	3,337	42,836	12.84	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SECURITY</u>	32,040	34,249	407,915	11.91	33
34	TOTAL (lines 1 - 33)	187,374	202,022	\$ 3,074,566 *	\$ 15.22	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		1-03	35
36	Medical Director	MONTHLY 9,150	9-03	36
37	Medical Records Consultant			37
38	Nurse Consultant	MONTHLY 250	10-03	38
39	Pharmacist Consultant	MONTHLY 950	10-03	39
40	Physical Therapy Consultant			40
41	Occupational Therapy Consultant			41
42	Respiratory Therapy Consultant			42
43	Speech Therapy Consultant			43
44	Activity Consultant	37 2,083	11-03	44
45	Social Service Consultant		12-03	45
46	Other(specify)			46
47			12-03	47
48				48
49	TOTAL (lines 35 - 48)	37 \$ 12,433		49

C. CONTRACT NURSES

	1	2	3	
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	267 \$ 10,334	10-03	50
51	Licensed Practical Nurses			51
52	Certified Nurse Assistants/Aides			52
53	TOTAL (lines 50 - 52)	267 \$ 10,334		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	
			\$	Workers' Compensation Insurance	\$ 69,117	IDPH License Fee	\$	
				Unemployment Compensation Insurance	49,571	Advertising: Employee Recruitment		
				FICA Taxes	229,908	Health Care Worker Background Check		
				Employee Health Insurance	146,861	(Indicate # of checks performed 307)	3,276	
				Employee Meals	37,440	Patient Background Checks	2,241	
				Illinois Municipal Retirement Fund (IMRF)*		Advertising	112	
				401K	5,594	Licenses, Dues & Fees	17,649	
				MISC/TRAINING/INCENTIVES	4,790			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$			MADO ALLOCATION	496	
B. Administrative - Other						Less: Public Relations Expense	()	
Description			Amount			Non-allowable advertising	(112)	
MANAGEMENT FEES			\$ 718,000			Yellow page advertising	()	
ADMINISTRATOR-MADO			103,750					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 821,750	TOTAL (agree to Schedule V, line 22, col.8)	\$ 543,281	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 23,662	
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
BKD, LLP	ACCOUNTING		\$ 10,466			\$	Out-of-State Travel	\$
PERSONNEL PLANNER	UNEMPLOYMENT CONS		1,314					
POWDERHORN CONSULTING			601				In-State Travel	
	LEGAL (NONALLOW)		42,999					
	DATA PROCESSING		36,623				Seminar Expense	4,667
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 92,003	TOTAL		\$	Entertainment Expense	()
							(agree to Sch. V, line 24, col. 8)	
							TOTAL	\$ 4,667

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Mado Healthcare - Douglas Park# 0054106

Report Period Beginning:

1/1/17

Ending:

12/31/17**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? YES
- (2) Are there any dues to nursing home associations included on the cost report? NO
If YES, give association name and amount. NO
- (3) Did the nursing home make political contributions or payments to a political action organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (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? _____
- (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? N/A
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 2,218 Line 10-02
- (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.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 0
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? N/A
- (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? YES 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. \$ 37,440 Has any meal income been offset against related costs? N/A Indicate the amount. \$ _____
- (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. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? _____
d. Have vehicle usage logs been maintained? N/A
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
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: _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. N/A
Attach invoices and a summary of services for all architect and appraisal fees