

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	54,038	365	97	54,500	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	54,038	365	97	54,500	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 86.81%

D. How many bed reserve days during this year were paid by the Department?
450 (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: 12/31/18 Fiscal Year: 12/31/18

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

Facility Name & ID Number Mado Healthcare - Douglas Park # 0054106 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	286,011	26,257	18,546	330,814		330,814		330,814		1
2	Food Purchase		299,089		299,089	(35,891)	263,198		263,198		2
3	Housekeeping	223,891	55,965		279,856		279,856		279,856		3
4	Laundry	41,567	40,044		81,611		81,611		81,611		4
5	Heat and Other Utilities			88,503	88,503		88,503	612	89,115		5
6	Maintenance	98,313		497,075	595,388		595,388	(378,651)	216,737		6
7	Other (specify):*	430,644			430,644		430,644		430,644		7
8	TOTAL General Services	1,080,426	421,355	604,124	2,105,905	(35,891)	2,070,014	(378,039)	1,691,975		8
	B. Health Care and Programs										
9	Medical Director			10,200	10,200		10,200		10,200		9
10	Nursing and Medical Records	1,118,028	42,262	28,069	1,188,359		1,188,359		1,188,359		10
10a	Therapy										10a
11	Activities	238,843	20,106	32,999	291,948		291,948	(9,957)	281,991		11
12	Social Services	363,647	964	35,915	400,526		400,526		400,526		12
13	CNA Training										13
14	Program Transportation			7,998	7,998		7,998		7,998		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	1,720,518	63,332	115,181	1,899,031		1,899,031	(9,957)	1,889,074		16
	C. General Administration										
17	Administrative	53,022		839,232	892,254		892,254	(655,000)	237,254		17
18	Directors Fees										18
19	Professional Services			73,595	73,595		73,595	(7,651)	65,944		19
20	Dues, Fees, Subscriptions & Promotions			27,400	27,400		27,400	(980)	26,420		20
21	Clerical & General Office Expenses	161,438	22,652	84,909	268,999		268,999	393,424	662,423		21
22	Employee Benefits & Payroll Taxes			465,510	465,510	35,891	501,401		501,401		22
23	Inservice Training & Education			210	210		210		210		23
24	Travel and Seminar			7,657	7,657		7,657	(4,981)	2,676		24
25	Other Admin. Staff Transportation							1,705	1,705		25
26	Insurance-Prop.Liab.Malpractice			327,926	327,926		327,926	2,910	330,836		26
27	Other (specify):*							75,690	75,690		27
28	TOTAL General Administration	214,460	22,652	1,826,439	2,063,551	35,891	2,099,442	(194,883)	1,904,559		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,015,404	507,339	2,545,744	6,068,487		6,068,487	(582,879)	5,485,608		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.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY	
		Salary/Wage	Supplies	Other	Total					9	10
	D. Ownership	1	2	3	4	5	6	7	8		
30	Depreciation			59,743	59,743		59,743	71,815	131,558		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			104,587	104,587		104,587	123,346	227,933		32
33	Real Estate Taxes							263,379	263,379		33
34	Rent-Facility & Grounds			498,000	498,000		498,000	(498,000)			34
35	Rent-Equipment & Vehicles			4,535	4,535		4,535		4,535		35
36	Other (specify):*			258	258		258		258		36
37	TOTAL Ownership			667,123	667,123		667,123	(39,460)	627,663		37
	Ancillary Expense										
	E. Special Cost Centers										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers		6,486		6,486		6,486		6,486		39
40	Barber and Beauty Shops			800	800		800		800		40
41	Coffee and Gift Shops		2,784		2,784		2,784	(2,522)	262		41
42	Provider Participation Fee										42
43	Other (specify):*										43
44	TOTAL Special Cost Centers		9,270	800	10,070		10,070	(2,522)	7,548		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,015,404	516,609	3,213,667	6,745,680		6,745,680	(624,861)	6,120,819		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				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	(17,934)	21		18
19	Entertainment	(4,981)	24		19
20	Contributions	(24,353)	21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(17,081)	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	(827)	21		26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(328,117)			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (393,405)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(231,456)	VAR	34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (231,456)		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (624,861)		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

Mado Healthcare - Douglas Park

ID# 0054106

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	MISC INCOME	\$ 11,757	21	1
2	VENDING INCOME	(1,306)	41	2
3	BANK CHARGES	(1,671)	21	3
4	ACTIVITY-CIGARETTES	(9,957)	11	4
5	CIGARETTE PURCHASES	(1,216)	41	5
6	FINES	(1,580)	20	6
7	CAPITALIZED R&M	(381,512)	6	7
8	ADJ DEPR TO S/L DEPR	70,333	30	8
9	IOP RENTED SPACE-UTILITIES	(1,036)	5	9
10	IOP RENTED SPACE-MAINTENANCE	(1,352)	6	10
11	IOP RENTED SPACE-INSURANCE	(3,837)	26	11
12	IOP RENTED SPACE-DEPRECIATION	(2,629)	30	12
13	IOP RENTED SPACE-INTEREST	(1,224)	32	13
14	IOP RENTED SPACE-R/E TAXES	(2,887)	33	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	(328,117)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/18

Ending:

12/31/18

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	(1,036)	0	1,648	0	0	0	0	0	0	0	0	612	5
6	Maintenance	(382,864)	0	4,213	0	0	0	0	0	0	0	0	(378,651)	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	(383,900)	0	5,861	0	(378,039)	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	(9,957)	0	0	0	0	0	0	0	0	0	0	(9,957)	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	(9,957)	0	0	0	0	0	0	0	0	0	0	(9,957)	16
C. General Administration														
17	Administrative	0	0	(655,000)	0	0	0	0	0	0	0	0	(655,000)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(17,081)	0	9,430	0	0	0	0	0	0	0	0	(7,651)	19
20	Fees, Subscriptions & Promotions	(1,692)	0	712	0	0	0	0	0	0	0	0	(980)	20
21	Clerical & General Office Expenses	(33,028)	0	426,452	0	0	0	0	0	0	0	0	393,424	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	(4,981)	0	0	0	0	0	0	0	0	0	0	(4,981)	24
25	Other Admin. Staff Transportation	0	0	1,705	0	0	0	0	0	0	0	0	1,705	25
26	Insurance-Prop.Liab.Malpractice	(3,837)	0	6,747	0	0	0	0	0	0	0	0	2,910	26
27	Other (specify):*	0	0	75,690	0	0	0	0	0	0	0	0	75,690	27
28	TOTAL General Administration	(60,619)	0	(134,264)	0	(194,883)	28							
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(454,476)	0	(128,403)	0	(582,879)	29							

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mado Healthcare - Douglas Park # 0054106 Report Period Beginning: 1/1/18 Ending: 12/31/18

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 TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	67,704	0	4,111	0	0	0	0	0	0	0	0	71,815	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,224)	110,418	14,152	0	0	0	0	0	0	0	0	123,346	32
33	Real Estate Taxes	(2,887)	259,028	7,238	0	0	0	0	0	0	0	0	263,379	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	63,593	(128,554)	25,501	0	(39,460)	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	(2,522)	0	0	0	0	0	0	0	0	0	0	(2,522)	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	(2,522)	0	0	0	0	0	0	0	0	0	0	(2,522)	44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(393,405)	(128,554)	(102,902)	0	(624,861)	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%	110,418	110,418	2
3	V	33 Real Estate Tax		Long Term Care LP	100.00%	259,028	259,028	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			\$ 369,446	\$ * (128,554)	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%	\$ 1,648	\$ 1,648
16	V	6 Repairs & Maintenance		Mado Management	100.00%	4,213	4,213
17	V	19 Professional Fees		Mado Management	100.00%	9,430	9,430
18	V	20 Dues and Subscriptions		Mado Management	100.00%	712	712
19	V	21 Clerical and General		Mado Management	100.00%	426,452	426,452
20	V	25 Auto Expense		Mado Management	100.00%	1,705	1,705
21	V	26 Insurance		Mado Management	100.00%	6,747	6,747
22	V	27 Employee Benefits		Mado Management	100.00%	52,484	52,484
23	V	30 Depreciation		Mado Management	100.00%	4,111	4,111
24	V	32 Interest		Mado Management	100.00%	14,152	14,152
25	V	33 Real Estate Taxes		Mado Management	100.00%	7,238	7,238
26	V						
27	V	17 Management Fees	718,000	Mado Management	100.00%		(718,000)
28	V						
29	V	17 Salary - P. O'Brien		Mado Management	100.00%	63,000	63,000
30	V	27 Employee Benefits		Mado Management	100.00%	8,296	8,296
31	V						
32	V	17 Administrative Salary		Mado Management	100.00%		
33	V	27 Employee Benefits		Mado Management	100.00%	14,910	14,910
34	V						
35	V	17 Administrative Salary	121,232	Mado Management	100.00%	121,232	
36	V						
37	V						
38	V						
39	Total		\$ 839,232			\$ 736,330	\$ * (102,902)

* 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	\$ 18,546	MADO LLC	100.00%	\$ 18,546	\$	15
16	V	6 Maintenance	233,043			233,043		16
17	V	10 Nursing	26,869			26,869		17
18	V	11 Activities	5,489			5,489		18
19	V	12 Social Services	35,703			35,703		19
20	V	21 Office	20,919			20,919		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		\$ 340,569			\$ 340,569	\$ *	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: 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: 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	\$ *	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: 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: 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.

Facility Name & ID Number

Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/18

Ending:

12/31/18

VII. RELATED PARTIES

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

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

Facility Name & ID Number

Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/18

Ending:

12/31/18

VII. RELATED PARTIES

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

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

Facility Name & ID Number Mado Healthcare - Douglas Park # 0054106 Report Period Beginning: 1/1/18 Ending: 12/31/18

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	14.49	31.50	ALLOC SAL	\$ 63,000	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	\$ 63,000		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:

1/1/18

Ending: 12/31/18

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	172,988	4	\$ 5,231	\$ 54,500	\$ 1,648	1	
2	6	Repair & Maintenance	Patient Days	172,988	4	13,372	54,500	4,213	2	
3	19	Professional Fees	Patient Days	172,988	4	29,932	54,500	9,430	3	
4	20	Dues and Subscriptions	Patient Days	172,988	4	2,261	54,500	712	4	
5	21	Clerical and General	Patient Days	172,988	4	1,353,597	1,310,712	54,500	426,452	5
6	25	Auto Expense	Patient Days	172,988	4	5,411	54,500	1,705	6	
7	26	Insurance	Patient Days	172,988	4	21,416	54,500	6,747	7	
8	27	Employee Benefits	Patient Days	172,988	4	166,589	54,500	52,484	8	
9	30	Depreciation	Patient Days	172,988	4	13,049	54,500	4,111	9	
10	32	Interest	Patient Days	172,988	4	44,919	54,500	14,152	10	
11	33	Real Estate Taxes	Patient Days	172,988	4	22,974	54,500	7,238	11	
12									12	
13	17	Salary - P. O'Brien	Avg Hrs Worked			200,000	200,000	63,000	13	
14	27	Employee Benefits	Avg Hrs Worked			26,337		8,296	14	
15									15	
16	17	Administrative Salary	Direct Allocation			35,000	35,000		16	
17	27	Employee Benefits	Direct Allocation			44,602		14,910	17	
18									18	
19	17	Administrative Salary	Direct Allocation			392,290	392,290	121,232	19	
20									20	
21									21	
22									22	
23									23	
24									24	
25	TOTALS					\$ 2,376,980	\$ 1,938,002	\$ 736,330	25	

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/18

Ending: 12/31/18

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:

1/1/18

Ending: 12/31/18

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:

1/1/18

Ending: 12/31/18

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 _____

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:

1/1/18

Ending: 12/31/18

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:

1/1/18

Ending: 12/31/18

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:

1/1/18

Ending: 12/31/18

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 _____

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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:

1/1/18

Ending: 12/31/18

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 _____

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:

1/1/18

Ending: 12/31/18

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 _____

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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:

1/1/18

Ending: 12/31/18

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 _____

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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:

1/1/18

Ending:

12/31/18

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	Name of Lender	2		3	4	5	6		7	8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required					Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO											Original	Balance			
A. Directly Facility Related																		
Long-Term																		
1	SIGNATURE BANK		X	MORTGAGE			\$	2,140,038			\$	110,418						
2																		
3																		
4																		
5																		
Working Capital																		
6	BRIDGEVIEW		X	LINE OF CREDIT				667,608				55,547						
7	SIGNATURE		X	LINE OF CREDIT				206,355				49,040						
8																		
9	TOTAL Facility Related						\$	3,014,001			\$	215,005						
B. Non-Facility Related*																		
10																		
11																		
12																		
13	ALLOC FROM MADO MGT											14,152						
14	TOTAL Non-Facility Related						\$				\$	14,152						
15	TOTALS (line 9+line14)						\$	3,014,001			\$	229,157						

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.)

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 Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</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:

1/1/18

Ending:

12/31/18

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, \$ 22,077, 1. Row 2: 2, 2. Row 3: TOTALS, \$ 22,077, 3.

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				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			13,840	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			26,113	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			38,705	29
30	Various			1996	34,431		20			34,431	30
31	Various			1997	62,792		20			62,792	31
32	Various			1998	73,236		20	891	891	73,236	32
33	Various			1999	51,272		20	2,564	2,564	49,922	33
34	Various			2000	120,486		20	6,024	6,024	112,188	34
35	Various			2001	159,720		20	7,986	7,986	139,407	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:

1/1/18

Ending:

12/31/18

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	123,707	39
40	Various	2006	173,699		Various			173,699	40
41	Various	2007	134,430		10			134,430	41
42	Various	2008	72,586		20	3,629	3,629	37,770	42
43	Pump Motor & Thermostatic Valve	2009	4,579		20	229	229	2,252	43
44	Removal & Repaving Of Courtyard	2009	7,000		20	350	350	3,354	44
45	New Layer Of Hot Roofing Rubber	2009	4,700		20	235	235	2,233	45
46	Doors For Resident Rooms	2009	3,352		20	168	168	1,581	46
47	Hot Water Heater & Installation Supplies	2009	4,564		20	228	228	2,148	47
48	Removal Of Fire Escape	2009	32,500		20	1,625	1,625	15,302	48
49	Brickwork For Doorways & Windows	2009	4,500		20	225	225	2,100	49
50	Closure Of 12 Fire Exit Doors	2009	5,056		20	253	253	2,361	50
51	Replaced Broken Pipe; Paved Hole - Courtyard	2009	2,943		20	147	147	1,348	51
52	Upgrade Boiler Room & Sewer	2009	2,548		20	127	127	1,165	52
53	Labor - Conversion Of Hobby Room To Activity Room	2009	5,355		20	268	268	2,434	53
54	Labor - Electrical Work - Nurses Station Renovation	2009	16,040		20	802	802	7,285	54
55	2Nd & 3Rd Flr Bathrooms- Tiles, Shelves, Flushometer	2009	22,471		20	1,124	1,124	10,957	55
56	Coverion Of Hobby Room To Activiv Room- Flooring, Walls, Pai	2009	4,543		20	227	227	2,100	56
57	2Nd Flr Nurses Station& Activity Rm- Tiles, Paint, Ceiling	2009	16,020		20	801	801	7,276	57
58	2Nd Flr Nurses Station & Bathroom- Fixtures, Paint, Doors	2009	5,690		20	285	285	2,657	58
59	Install & Paint Iron Fence & Gate	2009	3,900		20	195	195	1,788	59
60	Upgrade 2Nd Floor Nurses Station- Flooring, Wall Work	2009	7,633		20	382	382	3,501	60
61	Upgrade Courtyard Gate	2009	2,754		20	138	138	1,253	61
62	Installation Of Exterior Lighting - Courtyard	2009	9,875		20	494	494	4,733	62
63	2Nd Flr Nurses Station- Flooring, New Wall, Cabinets/Counter To	2009	14,621		20	731	731	6,640	63
64	2Nd & 3Rd Floor Security System - Cameras & Monitor	2010	4,872		20	244	244	2,154	64
65	Water Heater For Laundry	2010	4,162		10	416	416	3,432	65
66	Fire Alarm System Work	2010	3,400		20	170	170	1,388	66
67	Furnished And Installed Terrazzo Flooring	2010	4,300		20	215	215	1,935	67
68	Smoke Detectors & Fire Panels	2010	26,847		20	1,342	1,342	11,967	68
69	Fire Rated Doors	2010	10,594		20	530	530	4,725	69
70	TOTAL (lines 4 thru 69)		\$ 2,484,453	\$		\$ 42,266	\$ 42,266	\$ 2,262,597	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:

1/1/18

Ending:

12/31/18**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	\$		\$ 42,266	\$ 42,266	\$ 2,262,597	1
2	Conversion Of Activity Room To Rehab Office	2010	5,843		20	292	292	2,580	2
3	Window Screens	2010	4,239		20	212	212	1,873	3
4	Compressor For Fire Pump	2010	3,705		20	185	185	1,635	4
5	Furnished & Installed Pedestrian Door	2010	2,828		20	141	141	1,247	5
6	Furnished & Replaced Broken Section Of Boiler	2010	15,125		20	756	756	6,616	6
7	Electric Upgrade & Outlets For A/C	2010	28,750		20	1,438	1,438	12,461	7
8	New Central Heating & A/C Unit	2010	18,715		20	936	936	8,267	8
9	Doors & Supplies For 1St Floor Bathroom & Stairs	2010	3,611		20	181	181	1,552	9
10	1St Floor Bathrooms - Plumbing	2010	12,300		20	615	615	5,279	10
11	Electrical Work On 2Nd & 3Rd Floors	2010	2,875		20	144	144	1,223	11
12	Upgrade Fire Sprinkler System	2010	10,842		20	542	542	4,562	12
13	Floor Tiles - Iop Project	2010	7,981		20	399	399	3,325	13
14	Ceiling Tiles And Doors For Iop Office	2010	4,007		20	200	200	1,667	14
15	Electrical Work For Iop Office	2010	5,075		20	254	254	2,095	15
16	New Hvac For Iop Office	2010	6,220		20	311	311	2,566	16
17	Upgrade Electrical Panel	2010	4,587		20	229	229	1,890	17
18	Bathroom Renovation - Walls, Plumbing, Showers, Tubs, Lighting	2010	72,577		20	3,629	3,629	29,334	18
19	Iop Office Conversion - Demolition, Drywall, Electrical, Flooring,	2010	78,375		20	3,919	3,919	31,678	19
20	Iop Office Bathroom - Doors & Supplies	2010	3,492		20	175	175	1,457	20
21	Sprinkler Head Installations	2010	2,945		20	147	147	1,201	21
22	2Nd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan,	2011	14,741		20	737	737	5,835	22
23	3Rd Floor Bathrooms - Frame, Drywall, Floor, Tile, Shower Pan,	2011	5,231		20	262	262	2,073	23
24	Janitor Closets - New Pipes, Walls, Tile, Sinks	2011	13,358		20	668	668	5,232	24
25	Reception & Conference Rm - Walls, Doors, Duct Work, Tile, Cab	2011	33,828		10	3,383	3,383	26,500	25
26	3Rd Floor Triage Unit - Walls, Floor, Electrical Fixtures, Doors, Si	2011	116,104		20	5,805	5,805	42,570	26
27	Fire Sprinklers - Elevator	2011	5,884		20	294	294	2,279	27
28	Fire Sprinklers - Reception & Lounge	2011	3,077		20	154	154	1,193	28
29	Additional Fire Sprinklers For State Compliance	2011	6,722		20	336	336	2,576	29
30	Fire Sprinklers - Janitor Closets	2011	3,716		20	186	186	1,426	30
31	Fire Sprinklers - Canopy	2011	2,708		20	135	135	1,036	31
32	New Windows	2011	6,924		20	346	346	2,566	32
33	Fire Sprinklers - Triage	2011	6,266		20	313	313	2,217	33
34	TOTAL (lines 1 thru 33)		\$ 2,997,104	\$		\$ 69,590	\$ 69,590	\$ 2,480,608	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:

1/1/18

Ending:

12/31/18

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 12B, Carried Forward		\$ 2,997,104	\$		\$ 69,590	\$ 69,590	\$ 2,480,608	1
2	Transitional Living Unit - Vents, Drains, Sewer Connect, Window	2011	89,875		20	4,494	4,494	35,577	2
3	Transitional Unit Construction Drawing & Permit	2011	13,959		20	698	698	5,002	3
4	Transitional Care Unit - Electrical Wiring	2012	32,285		Various	1,614	1,614	10,896	4
5	Transitional Care Unit - Fire Sprinkler System	2012	34,224		Various	1,711	1,711	11,264	5
6	Transitional Care Unit - Plumbing & Hvac	2012	10,014		Various	501	501	3,297	6
7	Transitional Care Unit - Labor & Materials	2012	98,849		Various	4,798	4,798	31,671	7
8	Transitional Care Unit - Doors	2012	9,580		27	355	355	2,595	8
9	Transitional Care Unit - Paint, Floor Tile, Adhesive Materials	2012	5,395		24	225	225	1,609	9
10	Transitional Care Unit - Fire Protection Windows	2012	4,285		Various	202	202	1,462	10
11	Transitional Care Unit - Additional Materials, Hvac, Lighting, Do	2012	39,920		Various	1,979	1,979	12,207	11
12	Water Heater	2012	9,865		Various	456	456	3,476	12
13	Granite Kitchen Top & Sink	2012	2,950		Various	141	141	969	13
14	Gas Pipes To Range Hood	2012	8,500		Various	411	411	2,749	14
15	Replace Hydraulic Valve	2012	2,638		20	132	132	917	15
16	Elevator Repair - Head Gaskets & Hydraulic Packing	2012	2,927		20	146	146	1,015	16
17	Roofing Work - South & Northwest Roof Of Bldg	2012	4,900		20	245	245	1,703	17
18	Addressable Fire Alarm System	2013	4,300		7	614	614	3,582	18
19	MATERIALS TO MAINTAIN 2ND FLOOR - ILP	2013	2,534		20	127	127	741	19
20	SUPPLIES FOR MAINTENANCE-ILP;TRIAGE,RESIDENTS' R	2013	2,639		20	132	132	726	20
21	MATERIALS FOR 2ND FLOOR; RESIDENTS' ROOM REPAIR	2013	2,759		20	138	138	816	21
22	FURNISHED & INSTALLED ONE NEW 230 VOLT IMPERIAL	2013	2,823		20	141	141	729	22
23	MATERIALS FOR 1ST FLOOR;BUILT 4 RESIDENTS BED&SI	2013	3,440		20	172	172	932	23
24	BATTERIES, TILE CEILINGS, FLOOR TILES; ELECTRICAL	2013	4,747		20	237	237	1,225	24
25	MATERIALS TO MAINTAIN-COURTYARD,TRIAGE&AROU	2013	5,776		20	289	289	1,613	25
26	FURNITURE	2013	2,645		7			2,645	26
27	TEN(0) AIRCONDITIONERS 6000 BTU & TEN(10) UNTS 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	644	29
30	ELECTRIC EYE PACKAGE FOR BACK DOOR	2014	1,158		10	116	116	551	30
31	SUPERVISORY ALARM PANEL	2014	3,900		10	390	390	1,853	31
32	IHP SNGL PAHSE AIR COMPRESSOR	2014	4,350		15	290	290	1,257	32
33	PAINTS AROUND THE BUILDING	2014	2,593		10	259	259	1,101	33
34	TOTAL (lines 1 thru 33)		\$ 3,422,928	\$		\$ 90,734	\$ 90,734	\$ 2,636,119	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:

1/1/18

Ending:

12/31/18

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 12C, Carried Forward		\$ 3,422,928	\$		\$ 90,734	\$ 90,734	\$ 2,636,119	1
2	REPAIRED FIRE SPRINKLER SYSTEM	2014	2,765		20	138	138	610	2
3	REPAIRED PASSENGER ELEVATOR	2014	3,334		20	167	167	751	3
4	ROOF IMPROVEMENT	2015	3,000		20	150	150	500	4
5	GAS FIRED STEAM BOILER	2015	57,554		20	2,878	2,878	9,353	5
6	MASONRY WORK TO 4 OPENINGS	2016	8,400		20	420	420	1,085	6
7	10 DUAL CATEGORY CABLED LOCATIONS	2016	3,095		20	155	155	374	7
8	FIRE SPRINKLER SYSTEM REPAIR	2016	10,344		20	517	517	1,250	8
9	WELDING-FIRE ESCAPE RAILING	2016	5,860		15	391	391	1,010	9
10	RADIATOR REPAIR & REPLACEMENT	2016	4,150		20	208	208	433	10
11	ROOF REPAIR	2017	29,000		20	1,450	1,450	1,692	11
12	ELEVATOR 1 REPAIR-NEW PUMP MOTORS & STARTER RI	2017	6,417		20	321	321	588	12
13	ELEVATOR 1 REPAIR-REPLACEMENT OF VALVES	2017	9,476		20	474	474	750	13
14	HEATING UNITS REPAIR	2017	4,501		15	300	300	550	14
15	IRON FENCE	2017	2,700		15	180	180	300	15
16	8 RPZ BACKFLOWS-LABOR & MATERIALS	2018	6,900		20	29	29	29	16
17	REMODEL ROOMS-NEW DOORS, UPGRADE ELECTRICAL	2018	317,162		20	1,322	1,322	1,322	17
18	TILE REPLACED, PAINTED-ROOMS 308-315, 317, 321								18
19	203, 204, 208-215, 217-222								19
20	ELECTRICAL WORK-3rd FLOOR, 2nd FLOOR NORTH& SO	2018	11,070		20	277	277	277	20
21	NEW RADIATORS-ROOMS 309-315,317-318,320-321,	2018	31,850		25	106	106	106	21
22	ROOMS 201,204,209,211,214-15,217-18,220-221								22
23	21 A/C UNITS	2018	5,830		10	243	243	243	23
24	NEW A/C FOR EXISTING FURNACE	2018	3,000		10	100	100	100	24
25	KITCHEN HOOD EXHAUST FAN	2018	5,700		10	238	238	238	25
26									26
27									27
28									28
29	F/S Depreciation			56,251			(56,251)		29
30									30
31	RENTED SPACE					(2,629)	(2,629)		31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 3,955,036	\$ 56,251		\$ 98,169	\$ 41,918	\$ 2,657,679	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:

1/1/18

Ending:

12/31/18

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		\$ 3,955,036	\$ 56,251		\$ 98,169	\$ 41,918	\$ 2,657,679	1
2	Related Party Information								2
3	Buildings:								3
4	MADO Management Allocation	1988	65,302		35	1,866	1,866	42,913	4
5									5
6									6
7									7
8									8
9	Leasehold Improvements:								9
10	MADO Management Allocation	1995	1,515		20			1,515	10
11	MADO Management Allocation	1993	24,873		20			24,873	11
12	MADO Management Allocation	2000	3,720		20	186	186	3,445	12
13	MADO Management Allocation	2001	1,611		20	80	80	1,348	13
14	MADO Management Allocation	2002	2,535		20			2,535	14
15	MADO Management Allocation	2004	713	8	20	36	28	510	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)		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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:

1/1/18

Ending:

12/31/18

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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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:

1/1/18

Ending:

12/31/18

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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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		\$ 4,055,305	\$ 56,259		\$ 100,337	\$ 44,078	\$ 2,734,818	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:

1/18

Ending:

12/31/18

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	\$ 3,492	\$ 21,490	\$ 17,998		\$ 284,210	71
72	Current Year Purchases							72
73	Fully Depreciated Assets	219,567						73
74								74
75	TOTALS	\$ 550,319	\$ 3,492	\$ 21,490	\$ 17,998		\$ 284,210	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	\$	76
77		Allocated from MADO Management		62,032	4,103	9,731	5,628	5	44,370	77
78										78
79										79
80	TOTALS			\$ 86,489	\$ 4,103	\$ 9,731	\$ 5,628		\$ 44,370	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)	\$ 4,714,190	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 63,854	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 131,558	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 67,704	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,063,398	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.

Facility Name & ID Number

Mado Healthcare - Douglas Park

0054106

Report Period Beginning: 1/1/18

Ending: 12/31/18

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.	_____ /2019	\$ _____
13.	_____ /2020	\$ _____
14.	_____ /2021	\$ _____

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: \$ 4,535 Description: Icemaker \$1,478; Copier \$3,057

(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				5,342		5,342	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>LAB</u>	39-02					1,144		1,144	12
13	Other (specify): _____									13
14	TOTAL			\$		\$	6,486		\$ 6,486	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 **12/31/18**

(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	\$ 37,121	\$	1
2	Cash-Patient Deposits	183,571		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	176,128		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,533		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Ex Account, Other	(8,371)		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 413,982	\$	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)	(2,083,195)		17
18	Deferred Charges	1,289		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(451)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	1,543,080		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,726,809	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 3,140,791	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 296,801	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	17,154		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,448		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)	\$ 386,403	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	1,345,125		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)	\$ 1,345,125	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 1,731,528	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$ 1,409,263	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 3,140,791	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 1,379,172	1
2	Restatements (describe):		2
3	PRIOR PERIOD ADJUSTMENT	(4,080)	3
4	ROUNDING	(1)	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 1,375,091	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	34,172	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)	\$ 34,172	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)	\$ 1,409,263	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning: 1/1/18

Ending: 12/31/18

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

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

		1	
I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 6,757,921	1
2	Discounts and Allowances for all Levels	(49,670)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 6,708,251	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	1,306	12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space	58,538	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)	\$ 59,844	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	11,757	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,757	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 6,779,852	30

		2	
II. Expenses		Amount	
A. Operating Expenses			
31	General Services	2,105,905	31
32	Health Care	1,899,031	32
33	General Administration	2,063,551	33
B. Capital Expense			
34	Ownership	667,123	34
C. Ancillary Expense			
35	Special Cost Centers	10,070	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)*	\$ 6,745,680	40
41	Income before Income Taxes (line 30 minus line 40)**	34,172	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 34,172	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 6,694,778	44
45	Private Pay - Net Inpatient Revenue	46,577	45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify) INSURANCE	39,200	47
48	Other-(specify) PRIOR YR ADJ/BAD DEBTS	(72,304)	48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 6,708,251	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:

1/1/18

Ending:

12/31/18

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	3,079	3,291	\$ 128,013	\$ 38.90	1
2	Assistant Director of Nursing					2
3	Registered Nurses	1,124	1,199	37,418	31.21	3
4	Licensed Practical Nurses	20,362	22,074	616,535	27.93	4
5	CNAs & Orderlies	23,208	24,537	306,588	12.49	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	3,707	4,285	65,265	15.23	9
10	Activity Assistants	12,859	14,034	173,578	12.37	10
11	Social Service Workers	19,176	20,765	363,647	17.51	11
12	Dietician					12
13	Food Service Supervisor	7,111	7,325	105,687	14.43	13
14	Head Cook					14
15	Cook Helpers/Assistants	13,432	14,494	180,324	12.44	15
16	Dishwashers					16
17	Maintenance Workers	5,600	5,895	98,313	16.68	17
18	Housekeepers	16,220	18,504	223,891	12.10	18
19	Laundry	3,148	3,519	41,567	11.81	19
20	Administrator					20
21	Assistant Administrator	2,037	2,286	53,022	23.19	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	10,866	11,914	161,438	13.55	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	2,140	2,269	29,474	12.99	31
32	Other Health Care(specify)					32
33	Other(specify) <u>SECURITY</u>	30,737	33,020	430,644	13.04	33
34	TOTAL (lines 1 - 33)	174,806	189,411	\$ 3,015,404 *	\$ 15.92	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	\$		35	
36	Medical Director	MONTHLY	10,200	9-03	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	MONTHLY	1,200	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	32	1,576	11-03	44
45	Social Service Consultant	7	212	12-03	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	39	\$ 13,188		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	746	\$ 26,869	10-03	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	746	\$ 26,869		53

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership	D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	%	Amount	Description	Amount	Description	Amount	
			\$	Workers' Compensation Insurance	\$ 59,348	IDPH License Fee	\$	
				Unemployment Compensation Insurance	32,902	Advertising: Employee Recruitment		
				FICA Taxes	225,700	Health Care Worker Background Check		
				Employee Health Insurance	138,760	(Indicate # of checks performed <u>1</u>)	36	
				Employee Meals	35,891	Patient Background Checks	6,976	
				Illinois Municipal Retirement Fund (IMRF)*		Advertising	112	
				401K	5,285	Licenses, Dues & Fees	18,696	
				MISC/TRAINING/INCENTIVES	3,515			
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$			MADO ALLOCATION	712	
B. Administrative - Other						Less: Public Relations Expense	()	
Description			Amount			Non-allowable advertising	(112)	
MANAGEMENT FEES			\$ 718,000			Yellow page advertising	()	
ADMINISTRATOR-MADO			121,232					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 839,232	TOTAL (agree to Schedule V, line 22, col.8)	\$ 501,401	TOTAL (agree to Sch. V, line 20, col. 8)	\$ 26,420	
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		\$ 9,800			\$	Out-of-State Travel	\$
MAEMAR	ARCHITECTURAL SERV		3,225					
PERSONNEL PLANNERS	UNEMPLOYMENT CONS		1,539				In-State Travel	
POWDERHORN CONSULTING	CARF ACCREDITATION		3,548					
SARAH BORNSTEIN	HR CONSULTING		559				Seminar Expense	2,676
	DATA PROCESSING		37,843					
	LEGAL (NONALLOWABLE)		17,081				Entertainment Expense	()
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 73,595	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 2,676

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Mado Healthcare - Douglas Park

0054106

Report Period Beginning:

1/1/18

Ending:

12/31/18

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. _____
- (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. \$ 2,527 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 benefit on Schedule V. \$ 35,891 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