



Facility Name & ID Number Mulberry Manor, Inc

# 0025411 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** 51

	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		Intermediate (ICF)			3
4	<u>51</u>	Intermediate/DD	<u>51</u>	<u>18,615</u>	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>51</u>	TOTALS	<u>51</u>	<u>18,615</u>	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				
		2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>15,381</u>			<u>15,378</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>15,381</u>			<u>15,378</u>	14

**C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.)** 82.61%

**D. How many bed reserve days during this year were paid by the Department?**  
0 (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 01/01/1972

**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 \_\_\_\_\_

**IV. ACCOUNTING BASIS**

ACCRUAL  MODIFIED CASH\*  CASH\*

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

Tax Year: 12/31/2018 Fiscal Year: 12/31/2018

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

Facility Name & ID Number Mulberry Manor, Inc # 0025411 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
	<b>A. General Services</b>										
1	Dietary	85,013	7,991	2,263	95,267		95,267		95,267		1
2	Food Purchase		113,041		113,041		113,041		113,041		2
3	Housekeeping	48,301	14,240	613	63,154		63,154	279	63,433		3
4	Laundry		5,953		5,953		5,953		5,953		4
5	Heat and Other Utilities			69,657	69,657		69,657	825	70,482		5
6	Maintenance	40,319	18,878	14,874	74,071		74,071	14,537	88,608		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	173,633	160,103	87,407	421,143		421,143	15,641	436,784		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			7,192	7,192		7,192		7,192		9
10	Nursing and Medical Records	1,053,465	24,183	20,820	1,098,468		1,098,468	3,844	1,102,312		10
10a	Therapy		2,297	6,915	9,212		9,212		9,212		10a
11	Activities	26,812		426	27,238		27,238		27,238		11
12	Social Services		3,524	2,725	6,249		6,249	(1,364)	4,885		12
13	CNA Training	22,722		3,150	25,872		25,872		25,872		13
14	Program Transportation		7,642	3,197	10,839		10,839	1,404	12,243		14
15	Other (specify):* <b>DT Services</b>			513,070	513,070		513,070	(513,070)			15
16	<b>TOTAL Health Care and Programs</b>	1,102,999	37,646	557,495	1,698,140		1,698,140	(509,186)	1,188,954		16
	<b>C. General Administration</b>										
17	Administrative	10,675			10,675		10,675	15,634	26,309		17
18	Directors Fees			600	600		600		600		18
19	Professional Services			83,925	83,925		83,925	(81,789)	2,136		19
20	Dues, Fees, Subscriptions & Promotions			4,553	4,553		4,553	(121)	4,432		20
21	Clerical & General Office Expenses	39,282	6,622	14,103	60,007		60,007	36,467	96,474		21
22	Employee Benefits & Payroll Taxes			165,452	165,452		165,452	7,340	172,792		22
23	Inservice Training & Education			452	452		452		452		23
24	Travel and Seminar			231	231		231		231		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			12,004	12,004		12,004	342	12,346		26
27	Other (specify):* <b>Late Fee</b>			441	441		441	(391)	50		27
28	<b>TOTAL General Administration</b>	49,957	6,622	281,761	338,340		338,340	(22,518)	315,822		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	1,326,589	204,371	926,663	2,457,623		2,457,623	(516,063)	1,941,560		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			29,839	29,839		29,839	6,186	36,025		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			5,025	5,025		5,025	(1,607)	3,418		32
33	Real Estate Taxes			36,020	36,020		36,020	611	36,631		33
34	Rent-Facility & Grounds			135,000	135,000		135,000	(134,405)	595		34
35	Rent-Equipment & Vehicles			2,947	2,947		2,947	473	3,420		35
36	Other (specify):* See Pg. 25			297	297		297	(297)			36
37	<b>TOTAL Ownership</b>			209,128	209,128		209,128	(129,039)	80,089		37
	<b>Ancillary Expense</b>										
	<b>E. Special Cost Centers</b>										
38	Medically Necessary Transportation										38
39	Ancillary Service Centers										39
40	Barber and Beauty Shops										40
41	Coffee and Gift Shops										41
42	Provider Participation Fee			119,261	119,261		119,261		119,261		42
43	Other (specify):*										43
44	<b>TOTAL Special Cost Centers</b>			119,261	119,261		119,261		119,261		44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	1,326,589	204,371	1,255,052	2,786,012		2,786,012	(645,102)	2,140,910		45

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

Facility Name & ID Number Mulberry Manor, Inc

# 0025411

Report Period Beginning:

1/1/18

Ending:

12/31/18

**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	\$ (513,070)	15	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(1,157)	22		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	3,595	30		9
10	Interest and Other Investment Income	(1,607)	32		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	(51)	36		17
18	Fines and Penalties	(441)	27		18
19	Entertainment				19
20	Contributions	(225)	20		20
21	Owner or Key-Man Insurance	(246)	36		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(56)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule See Pg. 5A	(1,364)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (514,622)		\$	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)	(130,480)		34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$ (130,480)		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (645,102)		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	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

BHF USE ONLY							
48		49		50		51	52

Mulberry Manor, Inc

ID# 0025411

Report Period Beginning: 1/1/18

Ending: 12/31/18

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	Sch. V Line
1	Clothing/Gifts Clients	\$ (954)	12	1
2	Funeral Flowers	(300)	12	2
3	Cigarettes	(110)	12	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				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	<b>Total</b>	(1,364)		49

## STATE OF ILLINOIS

Summary A

Facility Name & ID Number Mulberry Manor, Inc# 0025411

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 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
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	279	0	0	0	0	0	0	0	0	0	279	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	825	0	0	0	0	0	0	0	0	0	825	5
6	Maintenance	0	129	14,408	0	0	0	0	0	0	0	0	14,537	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	0	1,233	14,408	0	0	0	0	0	0	0	0	15,641	8
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	3,844	0	0	0	0	0	0	0	0	3,844	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	(1,364)	0	0	0	0	0	0	0	0	0	0	(1,364)	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	1,404	0	0	0	0	0	0	0	0	0	1,404	14
15	Other (specify):*	(513,070)	0	0	0	0	0	0	0	0	0	0	(513,070)	15
16	<b>TOTAL Health Care and Programs</b>	(514,434)	1,404	3,844	0	0	0	0	0	0	0	0	(509,186)	16
	<b>C. General Administration</b>													
17	Administrative	0	0	15,634	0	0	0	0	0	0	0	0	15,634	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	211	(82,000)	0	0	0	0	0	0	0	0	(81,789)	19
20	Fees, Subscriptions & Promotions	(281)	160	0	0	0	0	0	0	0	0	0	(121)	20
21	Clerical & General Office Expenses	0	4,978	31,489	0	0	0	0	0	0	0	0	36,467	21
22	Employee Benefits & Payroll Taxes	(1,157)	8,497	0	0	0	0	0	0	0	0	0	7,340	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	342	0	0	0	0	0	0	0	0	0	342	26
27	Other (specify):*	(441)	50	0	0	0	0	0	0	0	0	0	(391)	27
28	<b>TOTAL General Administration</b>	(1,879)	14,238	(34,877)	0	0	0	0	0	0	0	0	(22,518)	28
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	(516,313)	16,875	(16,625)	0	0	0	0	0	0	0	0	(516,063)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Mulberry Manor, Inc # 0025411 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	3,595	2,591	0	0	0	0	0	0	0	0	0	6,186	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(1,607)	0	0	0	0	0	0	0	0	0	0	(1,607)	32
33	Real Estate Taxes	0	0	611	0	0	0	0	0	0	0	0	611	33
34	Rent-Facility & Grounds	0	0	(134,405)	0	0	0	0	0	0	0	0	(134,405)	34
35	Rent-Equipment & Vehicles	0	0	473	0	0	0	0	0	0	0	0	473	35
36	Other (specify):*	(297)	0	0	0	0	0	0	0	0	0	0	(297)	36
37	<b>TOTAL Ownership</b>	<b>1,691</b>	<b>2,591</b>	<b>(133,321)</b>	<b>0</b>	<b>(129,039)</b>	<b>37</b>							
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
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	0	0	0	0	0	0	0	0	0	0	0	0	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	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
45	<b>GRAND TOTAL COST</b> <b>(sum of lines 29, 37 &amp; 44)</b>	<b>(514,622)</b>	<b>19,466</b>	<b>(149,946)</b>	<b>0</b>	<b>(645,102)</b>	<b>45</b>							

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
JoAnn Keller	50			kel-Tech Mgmt. Co.	Anna	Mgmt. Company
James K. Keller Family Trust	50			JR's Centre	Anna	Workshop
				Independent Living Ser	Anna & Metropolis	CILA
				Krypton	Metropolis	CILA
				Lincoln Square	Jonesboro & Dongola	CILA
				Pilot House of Cairo	Cairo	CILA
				Glenbrook of Vienna	Vienna	CILA

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

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

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:		
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V	3 Houskeeping	\$	kel-Tech Management Co.	25.00%	\$ 279	\$	279	1
2	V	5 Heat & Other Utilities		kel-Tech Management Co.	25.00%	825		825	2
3	V	6 Maintenance		kel-Tech Management Co.	25.00%	129		129	3
4	V	14 Program Transportation		kel-Tech Management Co.	25.00%	1,404		1,404	4
5	V	19 Professional Services		kel-Tech Management Co.	25.00%	211		211	5
6	V	20 Dues, Fees, & Subscriptions		kel-Tech Management Co.	25.00%	160		160	6
7	V	21 Clerical & General		kel-Tech Management Co.	25.00%	5,323		4,978	7
8	V	22 Employee Benefits		kel-Tech Management Co.	25.00%	8,497		8,497	8
9	V	26 Insurance		kel-Tech Management Co.	25.00%	342		342	9
10	V	27 Late Fee/Finance Charge		kel-Tech Management Co.	25.00%	50		50	10
11	V	30 Depreciation		kel-Tech Management Co.	25.00%	2,591		2,591	11
12	V								12
13	V								13
14	Total		\$			\$ 19,811	\$ *	19,466	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	33 Real Estate Taxes	\$	kel-Tech Management Co.	25.00%	\$ 611	\$	611	15
16	V	34 Rent-Facility		kel-Tech Management Co.	25.00%	595		595	16
17	V	35 Rent-Equipment		kel-Tech Management Co.	25.00%	473		473	17
18	V								18
19	V								19
20	V	10 Nursing		kel-Tech Management Co.	25.00%	3,844		3,844	20
21	V	17 Administration		kel-Tech Management Co.	25.00%	15,634		15,634	21
22	V	21 Clerical		kel-Tech Management Co.	25.00%	31,489		31,489	22
23	V	6 Maintenance		kel-Tech Management Co.	25.00%	14,408		14,408	23
24	V								24
25	V								25
26	V	19 Professional Services	82,000	kel-Tech Management Co.	25.00%			(82,000)	26
27	V	34 Building Lease	67,500	JoAnn Keller	50.00%			(67,500)	27
28	V	34 Building Lease	67,500	James K. Keller Family Trust	50.00%			(67,500)	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		\$ 217,000			\$ 67,054	\$ *	(149,946)	39

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

Facility Name &amp; ID Number

Mulberry Manor, Inc

# 0025411

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	James A. Keller	50			Glen Brook of Vienna	Vienna	CILA's	1
2	Norine Keller	50			Glen Brook of Vienna	Vienna	CILA's	2
3	Don Pippins	50			CIL	Anna	CILA's	3
4	Denise Pippins	50			CIL	Anna	CILA's	4
5	Don Pippins	25			kel-Tech Mgmt. Co.	Anna	Mgmt. Services	5
6	Jacob L. Alley	25			kel-Tech Mgmt. Co.	Anna	Mgmt. Services	6
7	James A. Keller	25			kel-Tech Mgmt. Co.	Anna	Mgmt. Services	7
8	James K. Keller Family Trust	25			kel-Tech Mgmt. Co.	Anna	Mgmt. Services	8
9	Jacob L. Alley	25			ILS	Anna & Metropolis	CILA's	9
10	James A. Keller	25			ILS	Anna & Metropolis	CILA's	10
11	James K. Keller Family Trust	25			ILS	Anna & Metropolis	CILA's	11
12	JoAnn Keller	25			ILS	Anna & Metropolis	CILA's	12
13	JoAnn Keller	25			ILS Land Trust	Anna	Land Trust	13
14	Jacob L. Alley	25			ILS Land Trust	Anna	Land Trust	14
15	James A. Keller	25			ILS Land Trust	Anna	CILA's	15
16	James K. Keller Family Trust	25			ILS Land Trust	Anna	CILA's	16
17	Josh Alley	27.5			Krypton	Metropolis	CILA's	17
18	Jacob L. Alley	22.5			Krypton	Metropolis	CILA's	18
19	Diana Alley	22.5			Krypton	Metropolis	CILA's	19
20	Jacob L. Alley, II	27.5			Krypton	Metropolis	CILA's	20
21	Jacob L. Alley	30			Lincoln Square	Jonesboro & Dongola	CILA's	21
22	Diana Alley	30			Lincoln Square	Jonesboro & Dongola	CILA's	22
23	JoAnn Keller	50			Pilot House of Cairo	Cairo	CILA's	23
24	James K. Keller Family Trust	50			Pilot House of Cairo	Cairo	CILA's	24
25	Denise Pippins	16			JR's Centre	Anna	Workshop	25
26	Don Pippins	16			JR's Centre	Anna	Workshop	26
27	JoAnn Keller	16			JR's Centre	Anna	Workshop	27
28								28
29								29
30								30

Facility Name &amp; ID Number

Mulberry Manor, Inc

# 0025411

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	JoAnn Keller	Owner/Admin	Adminitrator	50.00		10	50.00	ADMIN	\$ 3,462	17-1	1
2	Ashley Alley	QIDP	QIDP	0.00		5	10.00	QIDP	3,803	10-1	2
3	Diana Alley	DON	DON	0.00		20	80.00	DON	23,420	10-1	3
4											4
5											5
6											6
7	kel-Tech Allocation										7
8	Diana Alley							Nursing	3,844		8
9	Jacob Alley							Maintenance	14,408		9
10	James A. Keller							Administration	15,634		10
11	Ashley Alley							Clerical	11,966		11
12											12
13								TOTAL	\$ 76,537		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 Mulberry Manor, Inc

# 0025411

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 kel-Tech Management Co  
 Street Address 158 E. Vienna  
 City / State / Zip Code Anna, IL 62906  
 Phone Number ( 618) 833-5070  
 Fax Number ( 618) 833-4993

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	3	Houskeeping Supplies	Management Fee	330,786	8	\$ 1125	\$ 82,000	\$ 279	1
2	5	Utilities Gas	Management Fee	330,786	8	2883	82,000	715	2
3	5	Utilities Water	Management Fee	330,786	8	443	82,000	110	3
4	6	Maint. Building	Management Fee	330,786	8	59	82,000	15	4
5	6	Maint. Supplies	Management Fee	330,786	8	34	82,000	8	5
6	6	Grounds Maint.	Management Fee	330,786	8	428	82,000	106	6
7	14	Repairs Vehicle	Management Fee	330,786	8	835	82,000	207	7
8	14	Transportation	Management Fee	330,786	8	2951	82,000	732	8
9	14	Insurance Vehicles	Management Fee	330,786	8	744	82,000	184	9
10	14	Maint. Vehicle	Management Fee	330,786	8	1133	82,000	281	10
11	19	Legal & Accounting	Management Fee	330,786	8	850	82,000	211	11
12	20	Dues Fees Subscriptions	Management Fee	330,786	8	632	82,000	157	12
13	20	Taxes & Licenses	Management Fee	330,786	8	14	82,000	3	13
14	21	Copier Expense Supplies	Management Fee	330,786	8	99	82,000	25	14
15	21	G & A Misc.	Management Fee	330,786	8	581	82,000	144	15
16	21	G & A Supplies	Management Fee	330,786	8	5819	82,000	1,442	16
17	21	Postage	Management Fee	330,786	8	1350	82,000	335	17
18	21	Software Expense	Management Fee	330,786	8	5335	82,000	1,323	18
19	21	Contract Services	Management Fee	330,786	8	599	82,000	148	19
20	21	IT Services	Management Fee	330,786	8	2129	82,000	528	20
21	21	Copier Expense Service Call	Management Fee	330,786	8	198	82,000	49	21
22	21	Cell Phone Expense	Management Fee	330,786	8	257	82,000	64	22
23	21	Telephone	Management Fee	330,786	8	2,249	82,000	558	23
24									24
25	TOTALS					\$ 30,747	\$	\$ 7,624	25

Facility Name & ID Number Mulberry Manor, Inc

# 0025411

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 kel-Tech Management Co  
 Street Address 158 E. Vienna  
 City / State / Zip Code Anna, IL 62906  
 Phone Number ( 618) 833-5070  
 Fax Number ( 618) 833-4993

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	21	Utilities - Internet	Mgmt Fee Contribution	330,786	8	\$ 1,466	\$ 82,000	\$ 363	1
2	22	Ins. Emp. Group	Mgmt Fee Contribution	330,786	8	603	82,000	149	2
3	22	Ins. W/C	Mgmt Fee Contribution	330,786	8	6,595	82,000	1,635	3
4	22	Payroll Tax Expense	Mgmt Fee Contribution	330,786	8	20,140	82,000	4,993	4
5	22	Misc Emp Benefits	Mgmt Fee Contribution	330,786	8	1,246	82,000	309	5
6	22	Staff Meals	Mgmt Fee Contribution	330,786	8	183	82,000	45	6
7	22	Travel & Entertainment	Mgmt Fee Contribution	330,786	8	40	82,000	10	7
8	26	Insurance Bldg & Liab	Mgmt Fee Contribution	330,786	8	1,381	82,000	342	8
9	27	Late Fee/Finance Charge	Mgmt Fee Contribution	330,786	8	202	82,000	50	9
10	30	Depreciation	Mgmt Fee Contribution	330,786	8	10,452	82,000	2,591	10
11	33	Real Estate Taxes	Mgmt Fee Contribution	330,786	8	2,464	82,000	611	11
12	34	Lease Bldg	Mgmt Fee Contribution	330,786	8	2,400	82,000	595	12
13	35	Lease Equip	Mgmt Fee Contribution	330,786	8	1,906	82,000	472	13
14	10	Nursing	Mgmt Fee Contribution	330,786	8	15,506	82,000	3,844	14
15	17	Administration	Mgmt Fee Contribution	330,786	8	63,067	82,000	15,634	15
16	21	Clerical	Mgmt Fee Contribution	330,786	8	127,024	82,000	31,489	16
17	6	Maintenance	Mgmt Fee Contribution	330,786	8	58,118	82,000	14,407	17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 312,793	\$ 263,715	\$ 77,539	25

Facility Name & ID Number

Mulberry Manor, Inc

# 0025411

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			
<b>A. Directly Facility Related</b>																		
<b>Long-Term</b>																		
1	AJ National Bank		X	2010 E-350 Van Loan	\$357.49	4/30/13	\$ 18,489	\$	4/30/18	6.0000	\$ 35	1						
2	SIU Credit Union		X	2016 Ford Transit	\$605.78	4/28/17	20,915	9,497	4/28/22	2.7500	362	2						
3												3						
4												4						
5												5						
<b>Working Capital</b>																		
6	Southern Bank LOC		X	Line of Credit		8/25/18	150,000	69,494	9/20/19	5.5000	4,628	6						
7												7						
8												8						
9	<b>TOTAL Facility Related</b>				\$963.27		\$ 189,404	\$ 78,991			\$ 5,025	9						
<b>B. Non-Facility Related*</b>																		
10												10						
11												11						
12												12						
13												13						
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$	14						
15	<b>TOTALS (line 9+line14)</b>						\$ 189,404	\$ 78,991			\$ 5,025	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ \_\_\_\_\_ 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 2017 report.		\$	<b>34,400</b>	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.)		\$	<b>34,870</b>	2
3. Under or (over) accrual (line 2 minus line 1).		\$	<b>470</b>	3
4. Real Estate Tax accrual used for 2018 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<b>35,550</b>	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. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$		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. <b>TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<b>36,020</b>	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	2013	<b>32,394</b>	<b>8</b>	
	2014	<b>35,692</b>	<b>9</b>	
	2015	<b>33,716</b>	<b>10</b>	
	2016	<b>35,135</b>	<b>11</b>	
	2017	<b>34,041</b>	<b>12</b>	
<b>Sch. IX, Line 7</b>		<b>36,020</b>		
<b>kel-Tech Mgmt. Alloc</b>		<b>611</b>		
<b>Sch V. Line 33, Col 8</b>		<b>36,631</b>		

<b>FOR BHF USE ONLY</b>			
13	FROM R. E. TAX STATEMENT FOR 2017	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

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

**2017 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Mulberry Manor, Inc COUNTY Union

FACILITY IDPH LICENSE NUMBER 0025411

CONTACT PERSON REGARDING THIS REPORT Ashley Alley

TELEPHONE (618) 833-5070 x111 FAX #: (618) 833-4993

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2017 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 2017.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>05-20-03-681</u>	<u>S PT W 1/2 SE S OF RD</u>	\$ <u>943.48</u>	\$ <u>943.48</u>
2. <u>05-20-03-683</u>	<u>S PT W 1/2 SE S OF RD</u>	\$ <u>1,370.88</u>	\$ <u>1,370.88</u>
3. <u>05-20-03-682</u>	<u>S PT W 1/2 SE S OF RD</u>	\$ <u>32,555.18</u>	\$ <u>32,555.18</u>
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>34,869.54</u></u>	\$ <u><u>34,869.54</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 2017 tax bills which were listed in Section A to this statement. Be sure to use the 2017 tax bill which is normally paid during 2018.

**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 Mulberry Manor, Inc

# 0025411

Report Period Beginning:

1/1/18

Ending:

12/31/18

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 19,715 B. General Construction Type: Exterior Brick/Block Frame Metal Stud Number of Stories 1

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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:**

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Healthcare	76,230	1967	\$ 8,687	1
2	Healthcare	45,000	1976	2,700	2
3	TOTALS	121,230		\$ 11,387	3

Facility Name & ID Number **Mulberry Manor, Inc**# **0025411**

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		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	30		1972		\$ 172,058	\$	30	\$	\$	\$ 172,058	4
5	28		1975		151,678		27			151,678	5
6	6		1979		4,663		23			4,663	6
7			1979		40,400		15			40,400	7
8			1987		16,300		30			16,300	8
	<b>Improvement Type**</b>										
9	Gazebo		1986		2,561		5			2,561	9
10	Laundry Room		1990		18,146		31.5	454	454	12,899	10
11	Landscaping		1990		505	576	15		(576)	505	11
12	Central A/C		1990		9,323		10			9,050	12
13	Improvements - Blue House		1991		4,817	153	31.5	120	(33)	3,261	13
14	Blacktop Driveway		1992		3,260		15			3,260	14
15	New Roof		1992		8,055		15			8,055	15
16	Remodeled Living Room		1992		1,203		15			1,203	16
17	Remodeling		1985		1,867		15			1,867	17
18	Remodeling - Rest Room		1988		10,790		15			10,790	18
19	Seamless Gutters		1993		1,536		15			1,536	19
20	A/C & Heaters		1993		8,823		15			8,823	20
21	Dining Room Improvements		1995		9,127		15			9,127	21
22	Bath, Carpet & Fencing		1995		4,428		15			4,428	22
23	Carpet		1997		1,684		7			1,684	23
24	Smoking Room Addition		1997		46,392	1,189	39	1,160	(29)	24,457	24
25	Smoking Room Equipment		1998		952		7			952	25
26	A/C - C Wing		1998		2,446		15			2,446	26
27	Kitchen Cabnets		1998		779		7			779	27
28	A/C Office		1998		1,059		15			1,059	28
29	Storage Building		1999		3,857		15			3,857	29
30	Water Garden		2001		2,922		15			2,922	30
31	A/C Compressor		2001		1,027		15			1,027	31
32	Fire Supression System		2003		1,716	41	15	15	(26)	1,716	32
33	Jo ann's Office Remodel		2003		8,543	195	15	136	(59)	8,543	33
34	A/C Laundry Room		2003		1,068	12	15	38	26	1,068	34
35	Furnace - Blue House		2004		2,213	65	15	148	83	2,207	35
36	Stopper II Fire Alarm		2004		637		7			637	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 Mulberry Manor, Inc# 0025411

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	Vinyl Fence	2004	\$ 5,350	\$ 158	15	\$ 357	\$ 199	\$ 5,117	37
38	A/C Unit Roof Mount	2004	2,473	73	15	165	92	2,420	38
39	Vinyl Windows	2005	411	27	15	27		376	39
40	Carpet Office	2006	954		7			954	40
41	Flooring - Blue House	2006	1,397	93	15	93		1,132	41
42	Lumber - Blue House	2006	1,742	116	15	116		1,402	42
43	Drainage System	2006	8,909	594	15	594		7,177	43
44	Base Board - Carpet	2006	96		7			96	44
45	Door Alarm / Bumber Guard	2007	1,315	88	15	88		1,012	45
46	Windows	2008	783	26	15	52	26	553	46
47	Roof - Laundry Room	2008	1,239	41	15	83	42	882	47
48	New Wall	2009	598	18	15	40	22	370	48
49	Fire Doors	2010	1,491	44	15	99	55	858	49
50	Door Knobs & Keys	2010	835	25	15	56	31	485	50
51	Sprinkler System	2011	9,462	723	7	1,350	627	9,462	51
52	Shower	2011	998	59	15	67	8	497	52
53	Gravel	2011	185	11	15	12	1	84	53
54	Sprinkler System	2012	60,000		7	8,571	8,571	59,283	54
55	Water System Upgrade	2012	10,460	309	15	697	388	4,821	55
56	Sprinkler System	2012	1,206		7	172	172	1,161	56
57	Compressor Unit	2012	2,090		5	299	299	1,918	57
58	Door Alarm	2012	1,374		5			1,374	58
59	Security System	2012	2,115		5			2,115	59
60	Sprinkler System	2013	7,000		7	1,000	1,000	5,500	60
61	Metal Carport	2015	82	6	5	16	10	50	61
62	Metal Carport	2015	795	54	5	159	105	497	62
63	Guttering	2017	6,850	651	15	457	(194)	876	63
64	Roof Improvements	2018	6,693	6,693	15	409	(6,284)	409	64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$ 681,738	\$ 12,040		\$ 17,050	\$ 5,010	\$ 626,699	70

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

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 34,304	\$ 6,714	\$ 7,254	\$ 540		\$ 26,517	71
72	Current Year Purchases	1,294	1,294	189	(1,105)		189	72
73	Fully Depreciated Assets	169,477					159,119	73
74								74
75	TOTALS	\$ 205,075	\$ 8,008	\$ 7,443	\$ (565)		\$ 185,825	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	Healthcare	1993 Ford Van	1993	\$ 25,942	\$	\$	\$	5	\$ 25,942	76
77	Healthcare	1998 Ford Van	1999	29,272				5	29,272	77
78	Healthcare	See Pg 24		93,954	9,791	8,941	(850)	5	74,566	78
79										79
80	TOTALS			\$ 149,168	\$ 9,791	\$ 8,941	\$ (850)		\$ 129,780	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)	\$ 1,047,368	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 29,839	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 33,434	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 3,595	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 942,304	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 Mulberry Manor, Inc

# 0025411

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: Related Party

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	<b>TOTAL</b>				\$			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: \$ 2,947 Description: See Breakdown Pg. 24

(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	<b>TOTAL</b>		\$	\$	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 checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA <u>44</u></p>	<p>3. <u>CLINICAL PORTION:</u></p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>86</u></p>
--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)	263	3,202		3,465
4	Clinical Wages (b)	512	6,245		6,757
5	In-House Trainer Wages (c)	947	11,553		12,500
6	Transportation				
7	Contractual Payments	350	2,800		3,150
8	CNA Competency Tests				
9	TOTALS	\$ 2,072	\$ 23,800	\$	\$ 25,872
10	SUM OF line 9, col. 1 and 2 (e)	\$ 25,872			

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	6
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	3
2. From other facilities (f)	
<b>TOTAL TRAINED</b>	<b>9</b>

- (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		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): _____									12
13	Other (specify): _____									13
14	<b>TOTAL</b>			\$		\$	\$		\$	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.

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

		1	2	
		Operating	After	
			Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 180,768	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	186,783		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,547,403		8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 1,914,954	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	176,000		12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	283,982		15
16	Equipment, at Historical Cost	354,245		16
17	Accumulated Depreciation (book methods)	(569,995)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 244,232	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 2,159,186	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 94,648	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,016		30
31	Accrued Taxes Payable (excluding real estate taxes)	4,780		31
32	Accrued Real Estate Taxes(Sch.IX-B)	35,550		32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36	<u>DT Payable</u>	40,135		36
37	<u>Payroll Deductions Payable</u>	4,531		37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 225,660	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	9,384		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43	<u>Operating Capital Payable</u>	290,494		43
44	<u>Lease Payments Payable</u>	37,500		44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 337,378	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 563,038	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 1,596,146	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 2,159,184	\$	48

\*(See instructions.)

**XVI. STATEMENT OF CHANGES IN EQUITY**

		<b>1 Total</b>	
<b>1</b>	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ <b>1,831,316</b>	<b>1</b>
<b>2</b>	Restatements (describe):		<b>2</b>
<b>3</b>			<b>3</b>
<b>4</b>	<b>2017 Adjusted Rental Expense</b>	<b>2,376</b>	<b>4</b>
<b>5</b>			<b>5</b>
<b>6</b>	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ <b>1,833,692</b>	<b>6</b>
	<b>A. Additions (deductions):</b>		
<b>7</b>	NET Income (Loss) (from page 19, line 43)	<b>(249,906)</b>	<b>7</b>
<b>8</b>	Aquisitions of Pooled Companies		<b>8</b>
<b>9</b>	Proceeds from Sale of Stock		<b>9</b>
<b>10</b>	Stock Options Exercised		<b>10</b>
<b>11</b>	Contributions and Grants		<b>11</b>
<b>12</b>	Expenditures for Specific Purposes		<b>12</b>
<b>13</b>	Dividends Paid or Other Distributions to Owners	( )	<b>13</b>
<b>14</b>	Donated Property, Plant, and Equipment		<b>14</b>
<b>15</b>	Other (describe) <b>FYE 17 Adj. in Net Income</b>	<b>12,360</b>	<b>15</b>
<b>16</b>	Other (describe)		<b>16</b>
<b>17</b>	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ <b>(237,546)</b>	<b>17</b>
	<b>B. Transfers (Itemize):</b>		
<b>18</b>			<b>18</b>
<b>19</b>			<b>19</b>
<b>20</b>			<b>20</b>
<b>21</b>			<b>21</b>
<b>22</b>			<b>22</b>
<b>23</b>	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	<b>23</b>
<b>24</b>	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ <b>1,596,146</b>	<b>24</b> *

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

Facility Name & ID Number Mulberry Manor, Inc

# 0025411

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	
<b>A. Inpatient Care</b>			
1	Gross Revenue -- All Levels of Care	\$ 2,006,464	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 2,006,464	3
<b>B. Ancillary Revenue</b>			
4	Day Care	513,070	4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 513,070	8
<b>C. Other Operating Revenue</b>			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements	15,972	11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		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	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 15,972	23
<b>D. Non-Operating Revenue</b>			
24	Contributions		24
25	Interest and Other Investment Income***	1,607	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,607	26
<b>E. Other Revenue (specify):****</b>			
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	<u>Misc. Income</u>	1,369	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 1,369	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 2,538,482	30

2			
II. Expenses		Amount	
<b>A. Operating Expenses</b>			
31	General Services	421,143	31
32	Health Care	1,698,140	32
33	General Administration	338,340	33
<b>B. Capital Expense</b>			
34	Ownership	209,128	34
<b>C. Ancillary Expense</b>			
35	Special Cost Centers		35
36	Provider Participation Fee	119,261	36
<b>D. Other Expenses (specify):</b>			
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 2,786,012	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(247,530)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (247,530)	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$	44
45	Private Pay - Net Inpatient Revenue		45
46	Medicare - Net Inpatient Revenue		46
47	Other-(specify)		47
48	Other-(specify)		48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	\$	49

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

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

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

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

Facility Name & ID Number Mulberry Manor, Inc

# 0025411

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	2,080	2,120	\$ 69,906	\$ 32.97	1
2	Assistant Director of Nursing					2
3	Registered Nurses	573	573	14,879	25.97	3
4	Licensed Practical Nurses	10,239	10,527	248,202	23.58	4
5	CNAs & Orderlies					5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,951	2,015	26,811	13.31	9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	2,112	2,184	24,867	11.39	14
15	Cook Helpers/Assistants	4,504	4,768	60,143	12.61	15
16	Dishwashers					16
17	Maintenance Workers	2,080	2,136	40,318	18.88	17
18	Housekeepers	2,958	3,054	48,300	15.82	18
19	Laundry					19
20	Administrator	520	520	3,410	6.56	20
21	Assistant Administrator	880	880	7,265	8.26	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	2,000	2,000	39,281	19.64	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	2,640	2,789	66,955	24.01	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	48,784	50,251	676,252	13.46	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	81,321	83,817	\$ 1,326,589 *	\$ 15.83	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	41	\$ 2,263	1-3	35
36	Medical Director	104	7,192	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	10	300	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	73	2,600	10a-3	43
44	Activity Consultant				44
45	Social Service Consultant	68	2,725	10a-3	45
46	Other(specify) <u>Psychiatric Consultan</u>	7	500	10a-3	46
47	<u>Psychologist Consultant</u>	90	3,615	10a-3	47
48	<u>Behavior Therapist</u>	2	200	10a-3	48
49	TOTAL (lines 35 - 48)	395	\$ 19,395		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	50	
51	Licensed Practical Nurses	186	7,979	10-3	51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	186	\$ 7,979		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		
JoAnn Keller	Admin	50	\$ 3,410	Workers' Compensation Insurance	\$ 31,359	IDPH License Fee	\$		
Susan Middleton	Asst. Admin	0	7,265	Unemployment Compensation Insurance	12,987	Advertising: Employee Recruitment	805		
				FICA Taxes	101,696	Health Care Worker Background Check (Indicate # of checks performed <u>21</u> )	1,050		
				Employee Health Insurance	15,353	Patient Background Checks <u>8</u>	128		
				Employee Meals	1,157	See Pg. 24	2,289		
				Illinois Municipal Retirement Fund (IMRF)*		kel-Tech Allocation	160		
				Misc. Employee Benefits	2,900				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 10,675	kel-Tech Allocation	8,497	Less: Public Relations Expense	( )		
B. Administrative - Other						Non-allowable advertising	( )		
Description			Amount	Employee Meals	(1,157)	Yellow page advertising	( )		
			\$	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)			
					\$ 172,792		\$ 4,432		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount			\$	Out-of-State Travel	\$	
Barnett & Levine	CPA		\$ 1,925						
kel-Tech Management Co.	Accounting Services		82,000				In-State Travel		
							Seminar Expense		
							Admin CEU	231	
							Entertainment Expense	( )	
TOTAL (agree to Schedule V, line 19, column 3) (For legal fee disclosure, see page 39 of instructions)			\$ 83,925	TOTAL		\$	TOTAL (agree to Sch. V, line 24, col. 8)		\$ 231

\* Attach copy of IMRF notifications

\*\*See instructions.

Facility Name & ID Number Mulberry Manor, Inc# 0025411

Report Period Beginning:

1/1/18

Ending:

12/31/18**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? 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? 7 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 5,331 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (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. \$ 119,261  
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? Yes 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? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit on Schedule V. \$ 1,157 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? 100%  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
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

Mulberry Manor, Inc.  
 Sch. V, Line 20, Col. 8  
 Analysis of Dues, Fees & Subscriptions  
 2018

Subscriptions	\$	215
Contributions		225
Annual Fees		131
Secretary of State		403
Advertising		56
Food License & Permit		355
Resident Surety Bond		1,020
Memberships		165
Less		
Advertising		(56)
Contributions		(225)
	\$	<u>2,289</u>

Mulberry Manor, Inc.  
 Reconciliation Sch. XI, Col. 6, Line 83 to  
 Sch. V, Line 30, Col. 8  
 2018

Sch. XI, Col. 6, Line 83	\$	33,434
kef-Tech Mgmt Allocation		2,591
Sch. V, Line 30, Col. 8	\$	<u>36,025</u>

Mulberry Manor, Inc.  
 Sch. V Line 36, Col. 3  
 2018

Insurance - Officers's Life	246
Tax Penalties	51
Total	\$ <u>297</u>

Mulberry Manor, Inc.  
 Details for Sch. XI, Line 79  
 2018

Use	Model, Make and Year	Year Acquired	Cost	Current Book Deprec	S/L Deprec.	Adjust.	Life In Yrs	Acc. Deprec.
Healthcare		2007	35001	1775		-1775	5	35001
	2007 Buick Terraza							
Healthcare		2008	1880				5	1880
	1999 Ford Transmission							
Healthcare		2013	24723		2471	2471	5	24723
	2010 Ford Econoline							
Healthcare		2015	4466	305	893	588	5	2791
	United Access Lift							
Healthcare		2016	5414	520	1083	563	5	2707
	Wheelchair Lift							
Healthcare		2017	20915	6693	4183	-2510	5	6972
	2016 Ford Transit							
Healthcare		2017	1555	493	311	-187	5	492
	Motor							
			93954	9786	8941	-850		74566

Mulberry Manor  
 Analysis Allocated Hours & Wages  
 Sch18, Line 29 & 30, Col 1-4  
 2018

Susan Middleton, QSP, Assistant Administrator  
 Allocation of wages:

QSP	60%	10,899
Asst. Admin.	40%	7,265
Total	100%	<u>\$18,164</u>

Sonia Rhymer, QSP, DON  
 Allocation of wages:

DON	80%	46,486
QSP	20%	11,621
Total	100%	<u>\$58,107</u>

Mulberry Manor  
 XII Rental Costs  
 B, 16 Description Breakdown  
 2018

Copy Machine Rental	1,748
Dishwasher Rental	1,199
	<u>\$2,947</u>