

Facility Name & ID Number Milestone-Elmwood Heights

0024943 Report Period Beginning: 07/01/05 Ending: 06/30/06

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		Intermediate (ICF)			3
4	84	Intermediate/DD	84	30,660	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	84	TOTALS	84	30,660	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment				5 Total
		3 Medicaid Recipient	4 Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	30,450			30,450	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,450			30,450	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 99.32%

D. How many bed-hold days during this year were paid by the Department? 180 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)

N/A

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 09/04/79

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

ACCURAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/06 Fiscal Year: 06/30/06

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

Facility Name & ID Number Milestone-Elmwood Heights # 0024943 Report Period Beginning: 07/01/05 Ending: 06/30/06

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

	Operating Expenses	Costs Per General Ledger				Reclassification 5	Reclassified Total 6	Adjustments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	134,980	13,703	577	149,260		149,260		149,260		1
2	Food Purchase		282,139		282,139		282,139		282,139		2
3	Housekeeping	147,774	108,114	14,321	270,209		270,209		270,209		3
4	Laundry		32,301		32,301		32,301		32,301		4
5	Heat and Other Utilities			174,939	174,939		174,939		174,939		5
6	Maintenance	163,799	292,465	19,812	476,076		476,076		476,076		6
7	Other (specify):*										7
8	TOTAL General Services	446,553	728,722	209,649	1,384,924		1,384,924		1,384,924		8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000		18,000		9
10	Nursing and Medical Records	2,304,393	275,793	73,199	2,653,385		2,653,385		2,653,385		10
10a	Therapy										10a
11	Activities		45,137		45,137		45,137		45,137		11
12	Social Services										12
13	CNA Training	178,574			178,574		178,574		178,574		13
14	Program Transportation		27,576	2,743	30,319		30,319		30,319		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,482,967	348,506	93,942	2,925,415		2,925,415		2,925,415		16
	C. General Administration										
17	Administrative	45,639		79,827	125,467	(32,599)	92,868		92,868		17
18	Directors Fees										18
19	Professional Services			15,546	15,546		15,546		15,546		19
20	Dues, Fees, Subscriptions & Promotions			20,689	20,689		20,689		20,689		20
21	Clerical & General Office Expenses	103,110	39,719	24,158	166,987	32,599	199,586	187	199,773		21
22	Employee Benefits & Payroll Taxes			641,376	641,376		641,376		641,376		22
23	Inservice Training & Education			2,231	2,231		2,231		2,231		23
24	Travel and Seminar			14,042	14,042		14,042		14,042		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			49,677	49,677		49,677		49,677		26
27	Other (specify):*										27
28	TOTAL General Administration	148,749	39,719	847,546	1,036,015		1,036,015	187	1,036,202		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,078,269	1,116,947	1,151,137	5,346,354		5,346,354	187	5,346,541		29

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

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

Facility Name & ID Number

Milestone-Elmwood Heights

#0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			242,906	242,906	4,925	247,831	(99,792)	148,039			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			3,807	3,807		3,807		3,807			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			18,383	18,383	(3,087)	15,296		15,296			35
36	Other (specify):* Alloc. Maint Bldg			1,838	1,838	(1,838)						36
37	TOTAL Ownership			266,934	266,934		266,934	(99,792)	167,142			37
	Ancillary Expense											
	E. Special Cost Centers											
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			316,236	316,236		316,236		316,236			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			316,236	316,236		316,236		316,236			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,078,269	1,116,947	1,734,307	5,929,524		5,929,524	(99,605)	5,829,919			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 Milestone-Elmwood Heights

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VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF 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	(99,792)	30		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				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional				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 page 5-A	187			29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (99,605)		\$	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)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (99,605)		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	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	
				51	
					52

Milestone-Elmwood Heights

ID# 0024943

Report Period Beginning: 07/01/05

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Correct Allocation	\$ 187	21	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				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	187		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Milestone-Elmwood Heights# 0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

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

	Operating Expenses	PAGES	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	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	187	0	0	0	0	0	0	0	0	0	0	187	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	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	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	187	0	187	28									
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	187	0	187	29									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Milestone-Elmwood Heights# 0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

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

	Capital Expense	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)	
	D. Ownership													
30	Depreciation	(99,792)	0	0	0	0	0	0	0	0	0	0	(99,792)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	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	(99,792)	0	0	0	0	0	0	0	0	0	0	(99,792)	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	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	TOTAL Special Cost Centers	0	0	0	0	0	0	0	0	0	0	0	0	44
	GRAND TOTAL COST													
45	(sum of lines 29, 37 & 44)	(99,605)	0	0	0	0	0	0	0	0	0	0	(99,605)	45

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
N/A	N/A	See Pages 24 & 25				

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	See Page 27	\$			\$	\$	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

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

Facility Name & ID Number Milestone-Elmwood Heights # 0024943 Report Period Beginning: 07/01/05 Ending: 06/30/06

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	N/A								\$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13								TOTAL	\$	13

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

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

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

Ending: 06/30/06

VIII. ALLOCATION OF INDIRECT COSTS

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

Name of Related Organization Milestone, Inc.-Central Office
 Street Address 4060 McFarland Road
 City / State / Zip Code Rockford, IL 61111
 Phone Number (815) 654-6100
 Fax Number (815) 654-6444

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

1	2	3	4	5	6	7	8	9		
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6		
1	1	Dietary Wages	Days	57,670	4	\$ 253,891	\$ 253,891	30,660	\$ 134,980	1
2	1	Dietary Supplies	Days	114,518	34	51,183		30,660	13,703	2
3	2	Food Purchase	Days	114,518	34	1,053,816		30,660	282,139	3
4	3	Housekeeping Wages	Level of Care/Days	139,430	6	224,007	224,007	91,980	147,774	4
5	6	Maintenance Wages	Level of Care/Days	277,946	34	494,969	494,969	91,980	163,799	5
6	17	Administrative-Other	Level of Care/Days	8,865,024	40	320,572		2,207,520	79,827	6
7	21	Clerical Wages	Level of Care/Days	8,865,024	40	266,397	266,397	2,207,520	66,337	7
8	21	Office Supplies	Level of Care/Days	8,865,024	40	160,256		2,207,520	39,906	8
9	21	Telephone	Level of Care/Days	8,865,024	40	97,015		2,207,520	24,158	9
10	22	Fringe Benefits	Wages	14,380,212	41	2,996,204		3,078,269	641,376	10
11	35	Rent-Computer	Level of Care/Days	8,865,024	40	12,395		2,207,520	3,087	11
12	36	Rent Maintenance Building	Level of Care/Days	8,865,024	40	7,380		2,207,520	1,838	12
13										13
14										14
15										15
16										16
17		See Addendum A								17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,938,085	\$ 1,239,264		\$ 1,598,924	25

Facility Name & ID Number

Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10										
										Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
										YES	NO				Original	Balance			
A. Directly Facility Related																			
Long-Term																			
1										1									
2										2									
3										3									
4										4									
5										5									
Working Capital																			
6	Amcore Bank N.A.,Rockford	X	Line of Credit	N/A	7/23/01	2,500,000		1/10/07	7.2500	3,807	6								
7											7								
8											8								
9	TOTAL Facility Related					\$ 2,500,000	\$			\$ 3,807	9								
B. Non-Facility Related*																			
10											10								
11											11								
12											12								
13											13								
14	TOTAL Non-Facility Related					\$	\$			\$	14								
15	TOTALS (line 9+line14)					\$ 2,500,000	\$			\$ 3,807	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.)

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

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06/30/06

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 40,570 B. General Construction Type: Exterior Brick Frame Cement Block Number of Stories One

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	<u>Project</u>	<u>261,356</u>	<u>1978</u>	<u>\$ 102,215</u>	<u>1</u>
2	<u>Recreational Land</u>	<u>304,947</u>	<u>1978</u>		<u>2</u>
3	TOTALS	566,303		\$ 102,215	3

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-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	84		1980	1979	\$ n/a	\$ 94,122	30	\$	\$ (94,122)	\$ n/a	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9		Kitchen Design Plan		1978	550		5			550	9
10		Intercom System		1978	12,716		10			12,716	10
11		Door Locking System		1978	14,081		10			14,081	11
12		Floor Tile		1979	2,870		10			2,870	12
13		Landscaping		1980	25,659		5			25,659	13
14		Sign		1980	725		5			725	14
15		Chain Link Fence		1980	1,377		5			1,377	15
16		Landscaping		1980	4,071		5			4,071	16
17		Storage Building		1980	8,471		5			8,471	17
18		Landscaping		1981	595		5			595	18
19		Bike Path, Parking Lot, Basketball Court		1982	22,944		15			22,944	19
20		Parking Lot Repairs		1982	2,216		15			2,216	20
21		Room Remodeling		1983	4,312		10			4,312	21
22		Concrete Slab for Shelter		1984	6,751		15			6,751	22
23		Park Shelter		1984	13,058		15			13,058	23
24		Driveway Maintenance		1984	2,201		5			2,201	24
25		Sewer Repair		1984	1,195		20			1,195	25
26		Landscaping-Trees		1985	1,677		5			1,677	26
27		Landscaping-Plantscape		1986	4,117		10			4,117	27
28		Sidewalk Concrete		1988	2,930	146	20	146		2,586	28
29		Sidewalk Improvements		1990	5,490	275	20	275		4,462	29
30		Parking Lot		1990	3,097		15			3,097	30
31		Parking Lot Repairs		1991	2,430	162	15	162		2,430	31
32		Roof		1992	3,969	198	20	198		2,802	32
33		Outdoor Drinking Fountain		1992	1,998	100	20	100		1,408	33
34		Telephone System		1992	9,600		12			9,600	34
35		Roof Repairs		1993	6,965	348	20	348		4,440	35
36		Sump Pumps		1993	4,721		10			4,721	36

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

See Page 12A, Line 70 for total

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

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

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Ending:

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XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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	Furnace	1994	\$ 40,882	\$ 2,044	20	\$ 2,044	\$	\$ 23,856	37
38	Telephones	1994	3,111	259	12	259		3,047	38
39	Air Handler	1995	1,668		7			1,668	39
40	Above Ground Tank	1995	4,825	241	20	241		2,675	40
41	Concrete	1995	5,575	279	20	279		3,040	41
42	Furnace	1995	9,618	481	20	481		5,223	42
43	Roof	1995	1,290	65	20	65		694	43
44	Kitchen Sink	1995	1,300	65	20	65		694	44
45	Road Stone	1996	1,120		5			1,120	45
46	Air Conditioner	1996	2,476	124	20	124		1,207	46
47	Tile	1996	360		5			360	47
48	Sinks	1997	6,470	431	15	431		3,989	48
49	Flood Lights	1997	2,550	128	20	128		1,159	49
50	Air Conditioner	1997	4,055	203	20	203		1,842	50
51	Sidewalk	1997	6,691	335	20	335		3,011	51
52	Black Top Parking Lot	1997	85,125	5,675	15	5,675		51,075	52
53	Smoke Detectors	1997	16,100	1,073	15	1,073		9,481	53
54	Roof	1997	7,070	353	20	353		3,093	54
55	Counters	1997	3,706	247	15	247		2,121	55
56	Fire Alarm System	1998	3,660	183	20	183		1,540	56
57	Acoustical Ceiling	1998	1,650	83	20	83		695	57
58	Sidewalk Repair	1998	5,660	283	20	283		2,264	58
59	Duct Work	1998	1,017	51	20	51		407	59
60	Tile Repair	1998	650		5			650	60
61	Air Conditioner	1998	2,742	183	15	183		1,462	61
62	Carpet	1998	1,544	18	7	18		1,544	62
63	Driveway Repairs	1998	2,372	158	15	158		1,239	63
64	Roof	1998	2,000	100	20	100		775	64
65	Dry Valve	1998	1,540	154	10	154		1,193	65
66	Roof	1999	5,970	299	20	299		2,239	66
67	Dry Valve	1999	1,815	182	10	182		1,241	67
68	Tile	1999	2,600		5			2,600	68
69	Acoustical Ceiling	2000	6,750	338	20	338		2,051	69
70	TOTAL (lines 4 thru 69)		\$ 414,748	\$ 109,386		\$ 15,264	\$ (94,122)	\$ 304,387	70

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

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-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		\$ 414,748	\$ 109,386		\$ 15,264	\$ (94,122)	\$ 304,387	1
2	Carpet	2000	12,538	481	5	481		12,538	2
3	Counter Tops	2000	1,622	108	15	108		613	3
4	Automatic Doors	2002	4,148	830	5	830		3,733	4
5	Tile	2002	2,760	552	5	552		2,438	5
6	Water Heater	2002	4,200	420	10	420		1,855	6
7	Water Heater	2002	8,135	1,627	5	1,627		6,843	7
8	Carpet	2002	2,232	446	5	446		1,749	8
9	Tile	2002	2,160		5			2,160	9
10	Cabinets	2003	2,449	163	15	163		504	10
11	Sump Pump	2003	7,218	722	10	722		2,226	11
12	Carpet	2003	8,950	1,790	5	1,790		5,370	12
13	Air Conditioner	2003	4,705	471	10	471		1,412	13
14	Carpet	2003	5,309	1,062	5	1,062		3,186	14
15	Cabinets	2003	2,409	161	15	161		469	15
16	Water Heater	2003	3,695	739	5	739		2,032	16
17	Acoustical Ceilings	2004	11,040	552	15	552		1,380	17
18	Carpet	2004	2,094	299	7	299		748	18
19	Remove ceiling tile & install drywall ceilings	2004	20,380	1,359	15	1,359		3,283	19
20	Carpet	2004	5,058	723	7	723		1,626	20
21	Thermostatic control system for heat and air	2004	29,322	1,466	20	1,466		3,299	21
22	Heater	2004	4,660	466	10	466		1,010	22
23	Cabinets	2004	8,204	547	15	547		1,139	23
24	Carpet	2004	27,534	3,933	7	3,933		6,972	24
25	Smoke & Heat Detectors	2004	6,945	695	10	695		1,273	25
26	Vinyl Floor	2004	7,242	1,034	7	1,034		1,810	26
27	Vinyl Floor	2005	5,102	729	7	729		1,093	27
28	Cabinets	2005	20,031	1,335	15	1,335		1,713	28
29	Counter Tops	2005	3,097	207	15	207		293	29
30	Ceramic Tile	2005	3,377	482	7	482		603	30
31	Water Pipe Repair	2005	8,955	358	25	358		358	31
32	Roof	2005	6,425	321	20	321		321	32
33	Replace Sidewalk	2005	10,808	450	20	450		450	33
34	TOTAL (lines 1 thru 33)		\$ 667,552	\$ 133,914		\$ 39,792	\$ (94,122)	\$ 378,886	34

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

XI. OWNERSHIP COSTS (continued)

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

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 667,552	\$ 133,914		\$ 39,792	\$ (94,122)	\$ 378,886	1
2	Furnaces(8)	2006	20,135	346	20	346		346	2
3	Office Remodel	2006	3,870	86	15	86		86	3
4	Neo Flooring	2006	9,476	451	7	451		451	4
5	Cabinets	2006	20,176	336	15	336		336	5
6	Furnace & Air Conditioner	2006	3,295	27	20	27		27	6
7	Acoustical Ceiling	2006	6,000	50	20	50		50	7
8	Activity Room Remodel	2006	8,980	100	15	100		100	8
9	Vinyl Flooring	2006	4,418	105	7	105		105	9
10	Capital Grant Building			970			(970)		10
11	Allocated Maintenance Building			1,838		1,838			11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 743,902	\$ 138,223		\$ 43,131	\$ (95,092)	\$ 380,387	34

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

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-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	\$ 352,778	\$ 42,792	\$ 42,792	\$	5-15 yrs	\$ 244,773	71
72	Current Year Purchases	64,633	6,852	6,852		5-10 yrs	6,852	72
73	Fully Depreciated Assets	442,540				5-15 yrs	442,540	73
74	Allocated Computer System		3,087	3,087				74
75	TOTALS	\$ 859,951	\$ 52,731	\$ 52,731	\$		\$ 694,165	75

D. Vehicle Depreciation (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	See Page 30			\$ 430,063	\$ 56,877	\$ 52,177	\$ (4,700)		\$ 315,678	76
77										77
78										78
79										79
80	TOTALS			\$ 430,063	\$ 56,877	\$ 52,177	\$ (4,700)		\$ 315,678	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 2,136,131	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 247,831	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 148,039	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (99,792)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,390,230	85

**

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

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

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

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

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: \$ 6,652

Description: Copier

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>Program</u>	<u>2005 Buick Park Avenue</u>	\$ <u>720.00</u>	\$ <u>8,644</u>	17
18					18
19					19
20					20
21	TOTAL		\$ <u>720.00</u>	\$ <u>8,644</u>	21

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. _____ /2007 \$ _____

13. _____ /2008 \$ _____

14. _____ /2009 \$ _____

* 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. CLASSROOM PORTION:</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>40</u></p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input checked="" type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA <u>80</u></p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility		3	4
		1	2		
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)	18,312	29,743		48,055
4	Clinical Wages (b)	46,115	59,486		105,601
5	In-House Trainer Wages (c)	9,750	15,168		24,918
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 74,177	\$ 104,397	\$	\$ 178,574
10	SUM OF line 9, col. 1 and 2 (e)	\$ 178,574			

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	81
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	90
2. From other facilities (f)	
TOTAL TRAINED	171

- (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	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$		\$	\$		\$	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.

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning: 07/01/05

Ending: 06/30/06

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/06 (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	\$ 7,225	\$ 1,720,006	1
2	Cash-Patient Deposits	32,492	137,945	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	924,390	1,915,601	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		2,783	6
7	Other Prepaid Expenses	6,348	40,494	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other A/R</u>		16,731	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 970,455	\$ 3,833,560	10
B. Long-Term Assets				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	102,215	1,334,254	13
14	Buildings, at Historical Cost	3,582,114	16,980,166	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,647,191	5,427,213	16
17	Accumulated Depreciation (book methods)	(4,203,954)	(12,731,849)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	81,448	115,573	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(81,448)	(115,573)	20
21	Restricted Funds		1,218,000	21
22	Other Long-Term Assets (spe <u>Escrow & loan fees</u>)		4,211,213	22
23	Other(specify): <u>Value Life Ins.</u>		45,472	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,127,566	\$ 16,484,469	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,098,021	\$ 20,318,029	25

		1	2	
		Operating	After Consolidation*	
C. Current Liabilities				
26	Accounts Payable	\$ 1,142	\$ 368,128	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	32,492	137,945	28
29	Short-Term Notes Payable		70,741	29
30	Accrued Salaries Payable		520,057	30
31	Accrued Taxes Payable (excluding real estate taxes)		215,606	31
32	Accrued Real Estate Taxes(Sch.IX-B)		1,104	32
33	Accrued Interest Payable		176,554	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
Other Current Liabilities(specify):				
36	<u>Pension,Wrkmsns Comp,Sec Dep,etc</u>		681,537	36
37	<u>Intercompany A/P</u>	3,333,494		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 3,367,128	\$ 2,171,672	38
D. Long-Term Liabilities				
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,959,618	40
41	Bonds Payable		6,505,000	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)	\$	\$ 9,464,618	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 3,367,128	\$ 11,636,290	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,269,106)	\$ 8,681,744	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,098,022	\$ 20,318,034	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (999,158)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (999,158)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(269,948)	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)	\$ (269,948)	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)	\$ (1,269,106)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning: 07/01/05

Ending: 06/30/06

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	
Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 5,407,292	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,407,292	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	225,171	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	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 225,171	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	Gain on Sale of Land	22,363	28
28a	Gain on Sale of Vehicles & Supplies	4,750	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 27,113	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,659,576	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,384,924	31
32	Health Care	2,925,415	32
33	General Administration	1,036,015	33
B. Capital Expense			
34	Ownership	266,934	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	316,236	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 5,929,524	40
41	Income before Income Taxes (line 30 minus line 40)**	(269,948)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (269,948)	43

* 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 Page 28

*** 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 **Milestone-Elmwood Heights**

0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

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	1,851	2,080	\$ 51,277	\$ 24.65	1
2	Assistant Director of Nursing					2
3	Registered Nurses	2,372	2,484	57,239	23.04	3
4	Licensed Practical Nurses	15,437	16,890	319,721	18.93	4
5	CNAs & Orderlies					5
6	CNA Trainees	18,758	18,758	178,574	9.52	6
7	Licensed Therapist	472	472	30,983	65.64	7
8	Rehab/Therapy Aides					8
9	Activity Director					9
10	Activity Assistants					10
11	Social Service Workers					11
12	Dietician					12
13	Food Service Supervisor	713	861	21,497	24.97	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,198	10,636	113,483	10.67	15
16	Dishwashers					16
17	Maintenance Workers	10,350	12,187	163,799	13.44	17
18	Housekeepers	14,040	16,221	147,774	9.11	18
19	Laundry					19
20	Administrator	1,291	1,544	45,639	29.56	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	3,535	3,999	66,337	16.59	23
24	Clerical	2,642	2,963	36,773	12.41	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	19,987	21,730	358,552	16.50	28
29	Resident Services Coordinator	772	857	14,385	16.79	29
30	Habilitation Aides (DD Homes)	130,254	142,521	1,472,236	10.33	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	231,672	254,203	\$ 3,078,269 *	\$ 12.11	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	19	\$ 578	1-3	35
36	Medical Director	120	18,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	60	2,100	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify) <u>Dental</u>	245	12,264	10-3	46
47	<u>Psychologist/Psychiatrist</u>	542	54,675	10-3	47
48					48
49	TOTAL (lines 35 - 48)	986	\$ 87,617		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	122	\$ 4,160	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	122	\$ 4,160		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	
Linda Thornbloom	Administrator	0	\$ 45,639	Workers' Compensation Insurance	\$ 83,284	IDPH License Fee	\$	
				Unemployment Compensation Insurance	4,110	Advertising: Employee Recruitment	14,809	
				FICA Taxes	225,648	Health Care Worker Background Check		
				Employee Health Insurance	260,099	(Indicate # of checks performed 189)	3,780	
				Employee Meals		Patient Background Checks		
				Illinois Municipal Retirement Fund (IMRF)*		Fees	1,838	
				Pension	53,516	Dues	25	
				Employee Physical Exams	3,103	Books & Periodicals	237	
				Applicant Referral Expense	1,584			
				Other Employee Benefits	10,032			
						Less: Public Relations Expense	()	
						Non-allowable advertising	()	
						Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 45,639	TOTAL (agree to Schedule V, line 22, col.8)		TOTAL (agree to Sch. V, line 20, col. 8)		
				\$ 641,376		\$ 20,689		
B. Administrative - Other				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**	
Description			Amount	Description	Line #	Amount	Description	Amount
Administrator			\$ 26,329			\$	Out-of-State Travel	\$
Assistant Administrator			20,899					
Accountant			23,988				In-State Travel	
Secretary			8,611					
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)			\$ 79,827				Seminar Expense	
							See page 26	14,042
C. Professional Services				TOTAL			Entertainment Expense	
Vendor/Payee	Type		Amount				()	
Peggy Brechon	Administrative Consultant		\$ 4,200					
Various	Computer/programming		1,114					
Williams & McCarthy	Legal Fees		4,094					
Lindgren, Callihan & VanOsdol	Audit		6,138					
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 15,546	\$			TOTAL (agree to Sch. V, line 24, col. 8)	
							\$ 14,042	

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/05

Ending:

06/30/06

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? 5 & 10 yrs
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ N/A Line _____
- (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. \$ 316,236
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? No If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? _____ 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? No-See page 29
- f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report?
- 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. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Lindgren, Callihan, VanOsdol Ltd. The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? Yes If no, please explain. _____
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.

SCHEDULE VII-A: BOARD MEMBER LISTING

<i><u>NAME</u></i>	<i><u>TITLE</u></i>	<i><u>TYPE OF SERVICE PROVIDED TO FACILITY</u></i>	<i><u>OWNERSHIP INTEREST IN</u></i>
Patrick Agnew	Director	Legal	Agnew Law Office
Ronald Alden	Treasurer	Pension Accounting	McGladrey & Pullen
George Bass	Director	Insurance	Country Ins. & Financial Group
Thomas Budd	Vice Chairperson	N/A	Rockford Bank & Trust
Lyla DeVerdi	Director	N/A	
Alan Furman	Director	N/A	
James Hamilton	President & C.E.O.	Administrative Services	
Peggy Hanson	Secretary	N/A	
Jack Kieckhefer	Director	Insurance	Kieckhefer & Nelson
Rick Powell	Director	N/A	
Randy L. Cooper	Director	Insurance	Williams Manny
Tom Sandquist	Chairperson	Legal	Williams & McCarthy
Shawn Way	Director	N/A	Rockford Bank & Trust
Audrey Wickstrand	Director	N/A	

SCHEDULE VII-A: RELATED PARTIES

<u>MILESTONE, INC.</u>	<u>RESIDENTIAL BEDS</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
Central Office	N/A	Rockford	Central Office
Elmwood Heights	84	Rockford	ICF/MR-SLC
Elmwood East	12	Rockford	ICF/DD<16 & Fewer
Searles	12	Rockford	ICF/DD<16 & Fewer
Sun Valley	8	Rockford	ICF/DD<16 & Fewer
Javelin I (closed 8/15/06)	8	Rockford	C.R.A. - Waiver/C.I.L.A. Services
Applewood	8	Loves Park	C.R.A. - Waiver/C.I.L.A. Services
Orchard	8	Rockford	C.R.A. - Waiver/C.I.L.A. Services
Training Center	N/A	Rockford	Developmental Training
Industries	N/A	Loves Park	Developmental Training
RocVale Childrens Home	50	Rockford	Child Care Institute/DCFS
Shattuck	5	Rockford	C.I.L.A. Services
Dierks	8	Rockford	C.I.L.A. Services
Geneva	5	Rockford	C.I.L.A. Services
C.I.L.A.	21	Rockford	C.I.L.A. Services
Auburn	9	Rockford	C.I.L.A. Services
Park Terrace	9	Rockford	C.I.L.A. Services
Windcloud	5	Rockford	C.I.L.A. Services
Prospect	5	Rockford	C.I.L.A. Services
Hanford	5	Rockford	C.I.L.A. Services
Rural	5	Rockford	C.I.L.A. Services
Flintridge	5	Rockford	C.I.L.A. Services
Old Golf	4	Loves Park	C.I.L.A. Services
Creekside	5	Rockford	C.I.L.A. Services
Hermitage	5	Rockford	C.I.L.A. Services
Javelin II	5	Rockford	C.I.L.A. Services
Windpoint	5	Rockford	C.I.L.A. Services
Riverside (closed 7/17/05)	5	Rockford	C.I.L.A. Services
Weymouth	5	Rockford	C.I.L.A. Services
Fleetwood	5	Rockford	C.I.L.A. Services
Stornway	5	Rockford	C.I.L.A. Services
Shiloh	4	Rockford	C.I.L.A. Services
Black Oak	5	Rockford	C.I.L.A. Services
Donna Drive	8	Rockford	C.I.L.A. Services
Respite Services	N/A	Rockford	Respite Services
Sawgrass	6	Rockford	C.I.L.A. Services
Crested Butte	6	Rockford	C.I.L.A. Services
Dental Program	N/A	Rockford	Dental Services
Thyme	6	Rockford	C.I.L.A. Services
Tulip	5	Rockford	C.I.L.A. Services
Packard	5	Rockford	C.I.L.A. Services
Country Club	5	Rockford	C.I.L.A. Services
HUD Project #071-EH003	N/A	Rockford	Housing
HUD Project #071-EH059	N/A	Rockford	Housing
HUD Project #071-EH178	N/A	Rockford	Housing
Bingo & Pull Tabs	N/A	Rockford	Bingo & Pull Tabs

SCHEDULE OF TRAVEL & SEMINAR EXPENSE

EMPLOYEE NAME	JOB TITLE	DATES	SEMINAR LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	CHECK #	COST
1. Mary Cook	receptionist	2/8/06 5/3/06	Rockford, IL Rockford, IL	The Outstanding Receptionist Mistake-Free Grammar & Proofreading	Career Track Career Track	97812 99240	79.00 99.00
2. Linda Thornbloom Joanna Grah	Vice President Administrator	4/3/06	Rockford, IL	Managing Emotions Under Pressure	Career Track	98931	198.00
3. Paola Cruz	RSC/QMRP	5/19/06	Chicago, IL	Field Instruction I, Generalist Practice I&II Survey of Learners w/disabilities	University of Illinois	100591 98295	864.00 612.00
4. Jean Douglas	Technician	7/15/05	Rockford, IL	Intermediate Excel	Rock Valley College	95754	125.00
5. Tom Cassidy	Technician	12/30/05 6/9/06	Rockford, IL DeKalb, IL	Educational Psychology Supervision in Healthcare	Rock Valley College Northern Illinois University	98379 100926	162.00 162.00
6. Marie Lindgren	RSD	1/12/06	Rockford, IL	Time Management	Padgett-Thompson	97848	169.00
7. Alex Ariri Linda Joseph Peggy Jones	LPN LPN LPN	4/23/06 4/25/06	Daytona Beach, FL	D.D.N.A. 2006	D.D.N.A.	100274	1,463.00
8. Peggy Jones Vickie Chandler	LPN LPN	9/21/05	Rockford, IL	Cardiac Diagnostics & interventions Course	PESI Healthcare	96450	318.00
9. Amie Moist	Instructor	8/5/05 10/7/05 12/9/05	Rockford, IL	Human Services, Cultural Diversity, Personal Wellness, Eval of Social Organizations Psych Tests & Measurement, Social Behavior	Judson College	96090 97081 98080	459.00 459.00 459.00
10. Ayisha Moore	Technician	12/23/05	Rockford, IL	English, Psychology	Rock Valley College	98327	306.00
11. Linda Miller	Cook	1/13/06	Belvidere, IL	Food Service Refresher Class	Boone County Health Dept.	98633	75.00
12. Kristi Martin Linda Joseph Cheri Pruitt Linda Hoffman	LPN LPN DON LPN	3/31/06	Rockford, IL	Nurses Expo '06	Nurses Expo	99300	280.00
13. Angela Golden	QMRP	5/8/06	Rockford, IL	Management Skills	National Seminars Group	99747	179.00
14. Marie Lindgren	RSD	9/21/05	Rockford, IL	Organizational Workshop	National Seminars Group	96444	179.00
15. Jacquelyn Johnson	technician	1/13/06	Rockford, IL	Intro to Humanities	Rock Valley College	98615	162.00
16. Lauri Krull Carol Bachhubber	Prog. Director Vice President	4/19/06	Elk Grove Village, IL	Beyond Medication, Restraint and Isolation	The Institute on Public Policy	99793 99821	198.00
17. Fred Dempsey	Direct Care	12/30/05	Rockford, IL	Speech & English	Rock Valley College	98388	324.00
18. Alex Ariri	LPN	12/30/05 5/26/06	Rockford, IL	Various Nursing Courses	Rock Valley College	98371 100696	486.00 486.00
19. Chelsea Harrington	Technician	8/5/05 12/30/05	Rockford, IL	American National Government, African History Phlebotomy, Intro Chemistry, Microbiology, Math	Rock Valley College		306.00 486.00
20. Amy Harris	Technician	5/26/06	DeKalb, IL	Intro Speech Science Lab, Intro to Audiology	Northern Illinois University	100734	216.00
21. Brian Scantlin	Cook	3/11/06	Rockford, IL	Food Service Refresher Course	Rock Valley College	99852	75.00
22. Brenda Wallace Cheri Pruitt	DON DON	1/26/06	Rockford, IL	Leadership Development & Teambuilding	Skillpath Seminars	97987	398.00
23. Yvonne Alexander	Social Services	5/27/06	Rockford, IL	Rev. 06 Inst. Update Class	American Red Cross	100845	15.00
24. Susan Cuevas	Personnel	4/27/06	Oakbrook Terr., IL	The Complete Course on Interviewing People	Seminars Nat'l Padgett	99289	139.00
25. Torrie Miles	Home Coord	3/15/06	Rockford, IL	Conference for Women	Skillpath Seminars	99289	298.00
26. Lizia Sanders Joanna Grah Terrie Sharp	Home Coord Asst. Admin. QMRP	1/24/06	Alsip, IL	QMRP Leadership	The Arc of Illinois	98855	220.00
27. Vickie Chandler Peggy Jones	LPN DON	4/3/06	Rockford, IL	The Essentials of Skin & Wound Care	PESI Healthcare Seminars	99734	636.00
28. Angela Derry Sheffield Willey Rachel Sims Amie Moist Terrie Sharp	RSC RSCQ RSC QMRP QMRP	2/6/06,2/13/06 2/20/06,2/27/06 3/6/06	Rockford, IL	QMRP Training	Goldie Floberg Center	98794	2,300.00
29. Paola Cruz	QMRP	6/7/06 & 6/8/06	Springfield, IL	Clinical Updates in Mental Health & Devlp. Disab.	SIU School of Medicine	101201	25.00
30. Jeanne Mayland	Receptionist	9/18/06	Rockford, IL	Managing the Front Desk	Careertrack	101565	149.00
31. Linda Thornbloom Joanna Grah	Vice President Administrator	12/14/05	Elk Grove Village, IL	Implementing Crisis Wraparound Services in the Community	The Institute on Public Policy	97834	158.00
32. Terrie Sharp	QMRP	8/9/06-8/11/06	San Antonio, TX	QMRP Conference	National Association of QMRP	101602	207.10
33. Charu Chitale-Meno Dir. Food Serv.	Food Serv.	4/1/06 & 4/2/06	Oakbrook,IL	IDA 2005 Spring Assembly	Illinois Dietetic Association	100462	111.00
Total							<u>14,042.10</u>

RECLASSIFICATION - SCHEDULE V. COLUMN 5

SCHEDULE
V

Line #	Title	Amount
17	Administrative	(32,599.00)
21	Clerical	32,599.00
		<u>0</u>

To reclassify accountant's & secretary's wages and payroll taxes on administrative personnel purchased at cost from Milestone Foundation, Inc.

30	Depreciation	3,087.00
35	Equipment Rent	(3,087.00)
		<u>0</u>

To reclassify rental of Computer from Milestone, Inc. Central Office.

30	Depreciation	1,838.00
36	Rent-Maintenance Building	(1,838.00)
		<u>0</u>

To reclassify rental of Maintenance Building from Milestone, Inc. Central Office.

Schedule of Federal Form 990 Reconciliation

Page 19, Line 41	(\$269,948)
	\$426,556 Related Organizational Net Income
Federal Form 990 Net Income	<u>\$156,608</u>

Schedule XX, Line 16 - E

Due to the varied hours worked by the administrator (early morning and late evening meetings) he is allowed to take the company vehicle home at night. Accordingly, he has a payroll deduction for any consequent personal use of the vehicle.

All other vehicles are stored at the facility when not in use.

Asset Listing - VEHICLES

<u>Description</u>	<u>Date Acquired</u>	<u>Cost</u>		<u>Current Book Depreciation</u>	<u>Life in Years</u>	<u>Straight Line Depreciation</u>	<u>Adjustments</u>		<u>Accumulated Depreciation</u>
96 Ford Club Wagon (Sold 10/05)	08/13/96	22,617.24	(B)	0.00	S/L - 3YR	0.00	(4,700.00)	(C)	22,617.24
97 Ford Eldorado Bus	04/01/97	45,770.00		0.00	S/L - 3YR	0.00			45,770.00
97 Ford Eldorado Bus	08/06/97	45,770.00	(A)	0.00	S/L - 3YR	0.00			45,770.00
99 Ford Pick-Up	12/22/98	15,659.20		0.00	S/L - 3YR	0.00			15,659.20
99 Ford Van	12/22/98	23,752.40		0.00	S/L - 3YR	0.00			23,752.40
99 Windstar	04/12/99	17,349.35		0.00	S/L - 3YR	0.00			17,349.35
2000 Ford Van E-350	02/17/00	24,268.65		0.00	S/L - 3YR	0.00			24,268.65
2000 Ford Van	04/13/00	24,382.80		0.00	S/L - 3YR	0.00			24,382.80
92 GMC Pick-Up	01/08/01	6,943.00		0.00	S/L - 3YR	0.00			6,943.00
02 Ford Van E-350	08/30/01	24,646.80		0.00	S/L - 3YR	0.00			24,646.80
02 Ford Van E-350	08/17/01	24,646.80		0.00	S/L - 3YR	0.00			24,646.80
04 Ford Crown Victoria	09/30/03	21,529.92		7,176.72	S/L - 3YR	7,176.72			19,735.98
04 Ford Truck F150	04/15/04	18,522.72		6,174.24	S/L - 3YR	6,174.24			13,892.04
Van Lift	06/17/04	3,735.00		747.00	S/L - 5YR	747.00			1,556.25
Van Lift	06/17/04	3,735.00		747.00	S/L - 5YR	747.00			1,556.25
04 Ford Freestar	08/25/04	18,347.26		6,115.80	S/L - 3YR	6,115.80			11,721.95
05 Ford Van E150	02/18/05	18,539.58		6,179.88	S/L - 3YR	6,179.88			8,754.83
2001 Jeep	05/02/05	9,629.00		3,209.64	S/L - 3YR	3,209.64			3,744.58
2006 Club Wagon	08/16/05	22,035.60		6,733.10	S/L - 3YR	6,733.10			6,733.10
05 Ford Eldorado	10/20/05	47,091.00		11,772.72	S/L - 3YR	11,772.72			11,772.72
06 Ford Mini Van	11/04/05	18,098.20		4,021.84	S/L - 3YR	4,021.84			4,021.84
97 Bus Repairs	11/30/05	10,152.19		2,256.08	S/L - 3YR	2,256.08			2,256.08
Bus Repairs	01/10/06	10,458.84		1,743.12	S/L - 3YR	1,743.12			1,743.12
Less: A) FY 1997 DMHDD									
Capital Grant - Equipment		(25,000.00)							(25,000.00)
B) Disposals		(22,617.24)							(22,617.24)
C) Gain on Sale of Fixed Assets						(4,700.00)			
TOTALS		<u>430,063.31</u>		<u>56,877.14</u>		<u>52,177.14</u>	<u>(4,700.00)</u>		<u>315,677.74</u>

SCHEDULE OF IN-SERVICE TRAINING

<u>CHECK DATE</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>
03/10/06	99441	287.00	American Red Cross	CPR & First Aid Training Materials
03/24/06	99734	1,944.00	Crisis Prevention Institute, Inc.	Training Materials-NCI Participant Workbooks
		<hr/>		
	Total	<u><u>2,231.00</u></u>		

**ADDENDUM
A**