

Facility Name & ID Number Milestone-Elmwood Heights

0024943 Report Period Beginning: 07/01/07 Ending: 06/30/08

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	30,744	4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	84	TOTALS	84	30,744	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment			
		Medicaid Recipient	Private Pay	Other	
8	SNF				8
9	SNF/PED				9
10	ICF				10
11	ICF/DD	30,483			30,483
12	SC				12
13	DD 16 OR LESS				13
14	TOTALS	30,483			30,483

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 99.15%

D. How many bed-hold days during this year were paid by the Department?

202 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 06/30/08 Fiscal Year: 06/30/08

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

Facility Name & ID Number Milestone-Elmwood Heights # 0024943 Report Period Beginning: 07/01/07 Ending: 06/30/08

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	128,722	16,437	740	145,899		145,899	145,899			1
2	Food Purchase		278,671		278,671		278,671	278,671			2
3	Housekeeping	141,374	179,163	11,463	332,000		332,000	332,000			3
4	Laundry		39,510		39,510		39,510	39,510			4
5	Heat and Other Utilities			212,482	212,482		212,482	212,482			5
6	Maintenance	173,296	251,154	21,084	445,534		445,534	445,534			6
7	Other (specify):*										7
8	TOTAL General Services	443,392	764,935	245,769	1,454,096		1,454,096	1,454,096			8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000	18,000			9
10	Nursing and Medical Records	2,729,840	303,459	81,868	3,115,167		3,115,167	3,115,167			10
10a	Therapy										10a
11	Activities		40,118		40,118		40,118	40,118			11
12	Social Services										12
13	CNA Training										13
14	Program Transportation		42,147	2,547	44,694		44,694	44,694			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,729,840	385,724	102,415	3,217,979		3,217,979	3,217,979			16
	C. General Administration										
17	Administrative	70,211			70,211		70,211	70,211			17
18	Directors Fees										18
19	Professional Services			20,201	20,201		20,201	20,201			19
20	Dues, Fees, Subscriptions & Promotions			24,214	24,214		24,214	24,214			20
21	Clerical & General Office Expenses	141,910	34,940	21,834	198,684		198,684	198,684			21
22	Employee Benefits & Payroll Taxes			641,985	641,985		641,985	641,985			22
23	Inservice Training & Education			2,723	2,723		2,723	2,723			23
24	Travel and Seminar			20,757	20,757		20,757	20,757			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			50,697	50,697		50,697	50,697			26
27	Other (specify):*										27
28	TOTAL General Administration	212,121	34,940	782,411	1,029,472		1,029,472	1,029,472			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,385,353	1,185,599	1,130,595	5,701,547		5,701,547	5,701,547			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: 07/01/07 Ending: 06/30/08

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclassification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	D. Ownership										
30	Depreciation			274,588	274,588	4,986	279,574	(105,867)	173,707		30
31	Amortization of Pre-Op. & Org.										31
32	Interest			2,221	2,221		2,221		2,221		32
33	Real Estate Taxes										33
34	Rent-Facility & Grounds										34
35	Rent-Equipment & Vehicles			17,573	17,573	(2,634)	14,939		14,939		35
36	Other (specify):* Alloc. Maint Bldg			2,352	2,352	(2,352)					36
37	TOTAL Ownership			296,734	296,734		296,734	(105,867)	190,867		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			317,208	317,208		317,208		317,208		42
43	Other (specify):*										43
44	TOTAL Special Cost Centers			317,208	317,208		317,208		317,208		44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,385,353	1,185,599	1,744,537	6,315,489		6,315,489	(105,867)	6,209,622		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

0024943

Report Period Beginning: 07/01/07

Ending: 06/30/08

VI. ADJUSTMENT DETAIL

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

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

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(105,867)	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				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (105,867)		\$	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))	\$ (105,867)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44						44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	TOTAL (C): (sum of lines 38-46)			\$		47

BHF USE ONLY					
48		49		50	
				51	
					52

Milestone-Elmwood Heights

ID# 0024943

Report Period Beginning: 07/01/07

Ending: 06/30/08

Sch. V Line Reference

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
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	0	49

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/07 Ending:

06/30/08

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

	Capital Expense	PAGES	PAGE	SUMMARY										
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
30	Depreciation	(105,867)	0	0	0	0	0	0	0	0	0	0	(105,867)	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	(105,867)	0	(105,867)	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
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	(105,867)	0	(105,867)	45									

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/07

Ending:

06/30/08

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 page 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: 07/01/07 Ending: 06/30/08

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: 07/01/07

Ending: 06/30/08

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 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

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	57,828	4	\$ 242,120	\$ 242,119	30,744	\$ 128,722	1
2	1	Dietary Supplies	Days	117,026	33	62,568	0	30,744	16,437	2
3	2	Food Purchase	Days	117,026	33	1,060,753	0	30,744	278,671	3
4	3	Housekeeping Wages	Level of Care/Days	139,812	6	214,305	214,305	92,232	141,374	4
5	6	Maintenance Wages	Level of Care/Days	283,096	33	531,914	531,914	92,232	173,296	5
6	21	Clerical Wages	Level of Care/Days	8,992,992	35	509,143	509,143	2,213,568	125,322	6
7	21	Office Supplies	Level of Care/Days	8,992,992	35	141,951	0	2,213,568	34,940	7
8	21	Telephone	Level of Care/Days	8,992,992	35	88,704	0	2,213,568	21,834	8
9	22	Fringe Benefits	Wages	15,531,479	40	2,945,326	0	3,385,353	641,984	9
10	35	Rent-Computer	Level of Care/Days	8,992,992	35	10,700	0	2,213,568	2,634	10
11	36	Rent Maintenance Building	Level of Care/Days	8,992,992	35	9,556	0	2,213,568	2,352	11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,817,040	\$ 1,497,481		\$ 1,567,566	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

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

1	2	3	4	5	6	7	8	9	10											
										Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
											YES	NO				Original	Balance			
A. Directly Facility Related																				
Long-Term																				
1										1										
2										2										
3										3										
4										4										
5										5										
Working Capital																				
6	Rockford Bank & Trust		X	Line of Credit	N/A	07/27/07	2,500,000		07/24/08	7.2500	2,221	6								
7												7								
8												8								
9	TOTAL Facility Related						\$ 2,500,000	\$			\$ 2,221	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	\$			\$ 2,221	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

1. Real Estate Tax accrual used on 2007 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2008 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:				
2003	_____	8		
2004	_____	9		
2005	_____	10		
2006	_____	11		
2007	_____	12		
			FOR BHF USE ONLY	
13	FROM R. E. TAX STATEMENT FOR 2007	\$		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.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2007 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2007 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2007.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2007 real estate tax bill to Healthcare and Family Services, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2008 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2007 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Milestone-Elmwood Heights COUNTY Winnebago

FACILITY IDPH LICENSE NUMBER 0024943

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE (815) 654-6100 FAX #: (815) 654-6444

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2007 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 2007.

(A)	(B)	(C)	(D)
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
	TOTALS	\$ _____	\$ _____

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES X NO

If YES, attach an explanation & 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 2007 tax bills which were listed in Section A to this statement. Be sure to use the 2007 tax bill which is normally paid during 2008.

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 Milestone-Elmwood Heights

0024943 Report Period Beginning:

07/01/07 Ending:

06/30/08

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:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	<u>Project</u>	<u>261,356</u>	<u>1978</u>	<u>\$ 102,215</u>	1
2	<u>Recreational Land</u>	<u>304,947</u>	<u>1978</u>		2
3	TOTALS	566,303		\$ 102,215	3

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

07/01/07

Ending:

06/30/08

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	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		2,879	28
29		Sidewalk Improvements		1990	5,490	275	20	275		5,011	29
30		Parking Lot		1990	3,097		15			3,097	30
31		Parking Lot Repairs		1991	2,430		15			2,430	31
32		Roof		1992	3,969	198	20	198		3,199	32
33		Outdoor Drinking Fountain		1992	1,998	100	20	100		1,608	33
34		Telephone System		1992	9,600		12			9,600	34
35		Roof Repairs		1993	6,965	348	20	348		5,137	35
36		Sump Pumps		1993	4,721		10			4,721	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 Milestone-Elmwood Heights

0024943

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07/01/07

Ending:

06/30/08

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	\$	\$ 27,945	37
38	Telephones	1994	3,111		12			3,111	38
39	Air Handler	1995	1,668		7			1,668	39
40	Above Ground Tank	1995	4,825	241	20	241		3,157	40
41	Concrete	1995	5,575	279	20	279		3,597	41
42	Furnace	1995	9,618	481	20	481		6,184	42
43	Roof	1995	1,290	65	20	65		823	43
44	Kitchen Sink	1995	1,300	65	20	65		824	44
45	Road Stone	1996	1,120		5			1,120	45
46	Air Conditioner	1996	2,476	124	20	124		1,455	46
47	Tile	1996	360		5			360	47
48	Sinks	1997	6,470	431	15	431		4,852	48
49	Flood Lights	1997	2,550	128	20	128		1,414	49
50	Air Conditioner	1997	4,055	203	20	203		2,248	50
51	Sidewalk	1997	6,691	335	20	335		3,680	51
52	Black Top Parking Lot	1997	85,125	5,675	15	5,675		62,425	52
53	Smoke Detectors	1997	16,100	1,073	15	1,073		11,627	53
54	Roof	1997	7,070	353	20	353		3,800	54
55	Counters	1997	3,706	247	15	247		2,615	55
56	Fire Alarm System	1998	3,660	183	20	183		1,906	56
57	Acoustical Ceiling	1998	1,650	82	20	82		860	57
58	Sidewalk Repair	1998	5,660	283	20	283		2,830	58
59	Duct Work	1998	1,017	51	20	51		509	59
60	Tile Repair	1998	650		5			650	60
61	Air Conditioner	1998	2,742	183	15	183		1,828	61
62	Carpet	1998	1,544		7			1,544	62
63	Driveway Repairs	1998	2,372	158	15	158		1,555	63
64	Roof	1998	2,000	100	20	100		975	64
65	Dry Valve	1998	1,540	154	10	154		1,501	65
66	Roof	1999	5,970	299	20	299		2,836	66
67	Dry Valve	1999	1,815	181	10	181		1,604	67
68	Tile	1999	2,600		5			2,600	68
69	Acoustical Ceiling	2000	6,750	338	20	338		2,726	69
70	TOTAL (lines 4 thru 69)		\$ 414,748	\$ 108,945		\$ 14,823	\$ (94,122)	\$ 334,097	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:

07/01/07

Ending:

06/30/08

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	\$ 108,945		\$ 14,823	\$ (94,122)	\$ 334,097	1
2	Carpet	2000	12,538		5			12,538	2
3	Counter Tops	2000	1,622	108	15	108		829	3
4	Automatic Doors	2002	4,148		5			4,148	4
5	Tile	2002	2,760		5			2,760	5
6	Water Heater	2002	4,200	420	10	420		2,695	6
7	Water Heater	2002	8,135		5			8,135	7
8	Carpet	2002	2,232	36	5	36		2,232	8
9	Tile	2002	2,160		5			2,160	9
10	Cabinets	2003	2,449	163	15	163		830	10
11	Sump Pump	2003	7,218	722	10	722		3,669	11
12	Carpet	2003	8,950	1,790	5	1,790		8,950	12
13	Air Conditioner	2003	4,705	471	10	471		2,353	13
14	Carpet	2003	5,309	1,062	5	1,062		5,309	14
15	Cabinets	2003	2,409	161	15	161		790	15
16	Water Heater	2003	3,695	739	5	739		3,510	16
17	Acoustical Ceilings	2004	11,040	552	15	552		2,484	17
18	Carpet	2004	2,094	299	7	299		1,346	18
19	Remove ceiling tile & install drywall ceilings	2004	20,380	1,359	15	1,359		6,001	19
20	Carpet	2004	5,058	723	7	723		3,071	20
21	Thermastatic control system for heat and air	2004	29,322	1,466	20	1,466		6,231	21
22	Heater	2004	4,660	466	10	466		1,942	22
23	Cabinets	2004	8,204	547	15	547		2,233	23
24	Carpet	2004	27,534	3,933	7	3,933		14,839	24
25	Smoke & Heat Detectors	2004	6,945	695	10	695		2,663	25
26	Vinyl Floor	2004	7,242	1,035	7	1,035		3,879	26
27	Vinyl Floor	2005	5,102	729	7	729		2,551	27
28	Cabinets	2005	20,031	1,335	15	1,335		4,384	28
29	Counter Tops	2005	3,097	207	15	207		706	29
30	Ceramic Tile	2005	3,377	482	7	482		1,568	30
31	Water Pipe Repair	2005	8,955	358	25	358		1,075	31
32	Roof	2005	6,425	321	20	321		964	32
33	Replace Sidewalk	2005	10,808	540	20	540		1,531	33
34	TOTAL (lines 1 thru 33)		\$ 667,552	\$ 129,664		\$ 35,542	\$ (94,122)	\$ 452,473	34

**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	
1	Totals from Page 12B, Carried Forward		\$ 667,552	\$ 129,664		\$ 35,542	\$ (94,122)	\$ 452,473	1
2	Furnaces(8)	2006	20,135	1,007	20	1,007		2,360	2
3	Office Remodel	2006	3,870	258	15	258		602	3
4	Neo Flooring	2006	9,476	1,354	7	1,354		3,158	4
5	Cabinets	2006	20,176	1,345	15	1,345		3,026	5
6	Furnace & Air Conditioner	2006	3,295	165	20	165		357	6
7	Acoustical Ceiling	2006	6,000	300	20	300		650	7
8	Activity Room Remodel	2006	8,980	599	15	599		1,297	8
9	Vinyl Flooring	2006	4,418	631	7	631		1,368	9
10	Carpet	2006	22,509	3,216	7	3,216		5,460	10
11	Furnaces(4)	2006	12,861	643	20	643		1,072	11
12	Concrete Curb&Gutter	2006	14,906	745	20	745		1,207	12
13	Furnace	2007	9,162	458	20	458		534	13
14	Water Heater	2007	3,396	679	5	679		736	14
15	Carpet	2007	18,229	2,289	7	2,289		2,289	15
16	Vinyl Flooring	2007	6,135	730	7	730		730	16
17	Gas Water Heater	2007	5,184	864	5	864		864	17
18	Fire Suppression System	2007	3,325	249	10	249		249	18
19	Furnaces(4)	2007	9,514	317	20	317		317	19
20	Doors	2007	16,161	628	15	628		628	20
21	Carpet	2008	5,429	323	7	323		323	21
22	Blacktop Parking Lot	2007	78,292	1,740	15	1,740		1,740	22
23	Capital Grant Building			970			(970)		23
24	Allocated Maintenance Building			2,352		2,352			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)		\$ 949,005	\$ 151,526		\$ 56,434	\$ (95,092)	\$ 481,440	34

**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: 07/01/07 Ending: 06/30/08

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	\$ 343,132	\$ 40,933	\$ 40,933	\$ (0)	5-15 yrs	\$ 224,806	71
72	Current Year Purchases	114,454	8,811	8,811		5-10 yrs	8,811	72
73	Fully Depreciated Assets	559,561				5-15 yrs	559,561	73
74	Allocated Computer System		2,634	2,634				74
75	TOTALS	\$ 1,017,147	\$ 52,378	\$ 52,378	\$ (0)		\$ 793,178	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			\$ 476,011	\$ 75,670	\$ 64,895	\$ (10,775)		\$ 397,941	76
77										77
78										78
79										79
80	TOTALS			\$ 476,011	\$ 75,670	\$ 64,895	\$ (10,775)		\$ 397,941	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)	\$ 2,544,378	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 279,574	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 173,707	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (105,867)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,672,559	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

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.	_____ /2009	\$ _____
13.	_____ /2010	\$ _____
14.	_____ /2011	\$ _____

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: \$ 6,996

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>2007 Lexus Sedan</u>	\$ <u>674.00</u>	\$ <u>7,943</u>	17
18					18
19					19
20					20
21	TOTAL		\$ 674.00	\$ 7,943	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. 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)	17,811	30,942		48,753
4	Clinical Wages (b)	53,532	61,885		115,417
5	In-House Trainer Wages (c)	8,175	9,451		17,626
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 79,518	\$ 102,278	\$	\$ 181,796
10	SUM OF line 9, col. 1 and 2 (e)	\$ 181,796			

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	83
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	91
2. From other facilities (f)	
TOTAL TRAINED	174

- (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	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: 07/01/07 Ending: 06/30/08

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/08 (last day of reporting year)

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

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 2,500	\$ 835,354	1
2	Cash-Patient Deposits	53,044	206,477	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,262,827	2,936,308	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		1,895	6
7	Other Prepaid Expenses	822	25,720	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Other A/R</u>		11,130	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,319,193	\$ 4,016,884	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	102,215	1,524,861	13
14	Buildings, at Historical Cost	3,787,217	17,903,027	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,850,334	5,768,947	16
17	Accumulated Depreciation (book methods)	(4,676,468)	(14,395,995)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	81,448	110,273	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(81,448)	(110,273)	20
21	Restricted Funds		1,245,000	21
22	Other Long-Term Assets (spe Escrow & loan fees)		575,545	22
23	Other(specify): <u>Value Life Ins. & Const in Prog</u>	183,785	1,002,257	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,247,083	\$ 13,623,642	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,566,276	\$ 17,640,526	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 575,869	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	53,044	206,477	28
29	Short-Term Notes Payable		197,547	29
30	Accrued Salaries Payable		689,484	30
31	Accrued Taxes Payable (excluding real estate taxes)		144,098	31
32	Accrued Real Estate Taxes(Sch.IX-B)		440	32
33	Accrued Interest Payable		81,272	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Pension,Wrkms Comp,Sec Dep,etc.</u>		531,051	36
37	<u>Intercompany A/P</u>	4,474,847		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,527,891	\$ 2,426,238	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		3,118,339	40
41	Bonds Payable		2,830,000	41
42	Deferred Compensation		197,738	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 6,146,077	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,527,891	\$ 8,572,315	46
47	TOTAL EQUITY(page 18, line 24)	\$ (1,961,615)	\$ 9,068,211	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,566,276	\$ 17,640,526	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,448,863)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,448,863)	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(512,752)	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)	\$ (512,752)	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)	\$ (1,961,615)	24 *

* This must agree with page 17, line 47.

Facility Name & ID Number Milestone-Elmwood Heights# 0024943Report Period Beginning: 07/01/07Ending: 06/30/08**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	\$ 5,601,297	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,601,297	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	186,433	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	3,732	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 190,165	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	<u>Gain on sale of Vehicle & Equipment</u>	11,275	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 11,275	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,802,737	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,454,096	31
32	Health Care	3,217,979	32
33	General Administration	1,029,472	33
B. Capital Expense			
34	Ownership	296,734	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	317,208	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,315,489	40
41	Income before Income Taxes (line 30 minus line 40)**	(512,752)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (512,752)	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: 07/01/07

Ending:

06/30/08

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	1,819	2,070	\$ 56,538	\$ 27.31	1
2	Assistant Director of Nursing					2
3	Registered Nurses	5,879	6,222	147,130	23.65	3
4	Licensed Practical Nurses	15,742	17,471	351,323	20.11	4
5	CNAs & Orderlies					5
6	CNA Trainees	18,695	18,695	181,796	9.72	6
7	Licensed Therapist	498	498	32,808	65.88	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	786	834	21,459	25.73	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,059	10,141	107,263	10.58	15
16	Dishwashers					16
17	Maintenance Workers	10,846	12,075	173,296	14.35	17
18	Housekeepers	13,015	14,992	141,374	9.43	18
19	Laundry					19
20	Administrator	1,694	2,056	70,211	34.15	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	4,671	5,172	106,907	20.67	23
24	Clerical	2,986	3,256	35,003	10.75	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	25,338	28,980	482,869	16.66	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	128,019	141,041	1,477,376	10.47	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	239,047	263,503	\$ 3,385,353 *	\$ 12.85	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	21	\$ 740	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>	509	56,378	10-3	47
48					48
49	TOTAL (lines 35 - 48)	955	\$ 89,482		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	411	\$ 11,126	10-3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	411	\$ 11,126		53

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. \$ 317,208
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? yes
- 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 \$5,000, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

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
Cyrus Oates	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
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
Eggleston	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
Weymouth	5	Rockford	C.I.L.A. Services
Fleetwood	5	Rockford	C.I.L.A. Services
Stomway	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

<u>EMPLOYEE NAME</u>	<u>JOB TITLE</u>	<u>DATES</u>	<u>SEMINAR LOCATION</u>	<u>SEMINAR TITLE</u>	<u>SEMINAR SPONSOR</u>	<u>CHECK #</u>	<u>COST</u>
1. Gene Engelkes	QMRP	11/14/07	River Grove, IL	Basic Investigative Skills Training	The Arc of Illinois	114908	134.48
2. Amie Moist	QMRP	12/8/07	Rockford, IL	Day Program Training	Pathway Services	114473	318.00
Linda Thornbloom	Senior V.P. of Programs						
3. Linda Thornbloom	Senior V.P. of Programs	7/17/08 - 7/18/07	Dixon, IL	Autism/Asperger's Syndrome	Future Horizons	114021	825.00
Joanna Grahn	Administrator						
Tennie Sharp	QMRP						
Amie Moist	QMRP						
Lauri Krull	QMRP						
4. Joanna Grahn	Administrator	8/7/07 - 8/11/07	Atlanta, GA	12th Annual NAQ Conference	National Assoc. for QMRP's	113743	655.02
Lauri Krull	QMRP					113331	159.85
						107097	96.00
5. Linda Thornbloom	Senior V.P. of Programs	3/11/08	Rockford, IL	Memory Loss Conference	Alzheimers Assoc	122033	320.00
Amie Moist	QMRP						
Lauri Krull	QMRP						
Joanna Grahn	Administrator						
Rebecca Nilson	QMRP						
Gene Engelkes	QMRP						
6. Shelly Dieter	Home Coordinator	5/7/08	Rockford, IL	Conflict Management & Confrontational Skills	Fred Pryor / Caretrack	115296	796.00
Laura Van	Home Coordinator						
Dolores Robinson	Home Coordinator						
Estella Dandridge	Home Coordinator						
7. Linda Thornbloom	Senior V.P. of Programs	4/20-4/23/08	Clearwater, FL	2008 9th Annual Transforming Fall Prevention Practices	University of South Florida	115296	261.00
						115067	485.00
						115982	46.00
						116511	90.00
						115852	911.52
8. Amie Moist	QMRP	5/20/08	Carbondale, IL	Behavior Analysis	Southern IL University	116076	1,073.00
		11/8/08				121534	341.00
		12/28/07				114857	732.00
9. Dolores Robinson	Home Coordinator	3/28/08	Arlington Heights, IL	Therapeutic Activities for People with Severe and Profound Disabilities	ICAN	114999	954.00
Estella Dandridge	Home Coordinator						
Brittany Roth	Habilitation Aide						
Priscilla Macki	Receptionist						
Shelly Dieter	Home Coordinator						
Laura Van	Home Coordinator						
10. Linda Thornbloom	Senior V.P. of Programs	4/3/08 - 4/4/08	East Peoria, IL	INHAA Conference	INHAA	122060	170.00
Joanna Grahn	Administrator					115982	412.82
Amie Moist	QMRP						
Lauri Krull	QMRP						
11. Gene Engelkes	QMRP	9/20/07	Rockton, IL	Q Training	Goldie Floberg Center	113494	1,400.00
Rebecca Nilson	QMRP						
12. Cheri Poage	LPN	6/7/08 - 6/10/08	Farmwoods Resort, CT	DDNA 2008 Conference	DDNA	115219	967.50
David Shields	RN					116511	336.00
Alexander Ames	RN					116910	1,930.80
13. Amie Moist	QMRP	9/17/07	Rockford, IL	Mistake Free Grammar & Proofreading workshop	Caretrack Seminars	107075	99.00
14. Alex Anri	RN	1/25/08	Bourbonnais, IL	English, History, Nursing, Art, Community Health	Olivet Nazarene	121544	549.00
		5/18/08				115976	549.00
15. Tim Demmo	Habilitation Aide	1/11/08	Rockford, IL	Biology, Chemistry	Rock Valley College	121335	427.00
16. Gene Engelkes	QMRP	2/28/08	Madison, WI	Disability and Dementia: Best Practice Assessment and Screening Instruments	UW-Madison	121519	90.00
17. Tom Cassidy	QMRP	12/28/07	DeKalb, IL	Psychology, Geology, English, Intro to Persuasion	Northern Illinois University	114820	427.00
		5/23/08				116091	488.00
18. Tyrone Burnell	Team Leader	1/11/08	Rockford, IL	Speech, Business, Human Resource Mgmt	Rockford Business College	121323	549.00
19. Becky Nilson	QMRP	11/5/08	Rockford, IL	Unacceptable Employee Behavior	Fred Pryor Seminars	113629	149.00
20. Tania Jones	Unit Clerk	3/28/08	Rockford, IL	The Conference for Women	Skill Path Seminars	122000	556.00
Becky Nilson	QMRP						
Cheri Poage	LPN						
Brenda Wallace	LPN						
21. Shelly Godwin	RN	6/6/08-6/10/08	Nashville, TN	DDNA 2008 Conference	DDNA	115584	1,137.96
Alexandra Ames	LPN						
David Shields	RN						
Cheri Poage	LPN						
22. Cheri Poage	LPN	5/14/08	Rockford, IL	The Ultimate one-day Diabetes Course	PESI Healthcare	115030	492.00
Vickie Chandler	LPN						
Peggy Jones	RN						
23. Diana Stralow	Cook	4/22/08	Rockford, IL	Managing Objectives & Unacceptable Behavior	Skillpath on-site	116511	400.00
Dolores Robinson	Home Coordinator						
Ashlie Judd	Team Leader						
Estella Dandridge	Home Coordinator						
Annette Dunlap	Home Coordinator						
Liz Sanders	Home Coordinator						
Joanna Grahn	Administrator						
Charu Menon	Director of Food Service						
Brenda Wallace	DNV						
24. Lauri Krull	QMRP	10/26/07	Rockford, IL	Building your technology skills	Rockford College	114107	366.00
25. Brenda Wallace	DON	7/21/08	Rockford, IL	Managing Emotions Under Pressure	Caretrack Seminars	115986	198.00
Cheri Poage	LPN						
26. Priscilla Macki	Secretary	7/28/08	Rockford, IL	Microsoft Office	Caretrack Seminars	116090	39.00
27. Amie Moist	QMRP	5/23/08	Kalamazoo, MI	Annual Convention 2008 Seminar registration Fee	Assoc. for Behavior Analysis	116133	76.00
28. Jim Hamilton	President & CEO		Springfield, IL			114021	402.93
						115296	347.10

Total 20,757.08

RECLASSIFICATION - SCHEDULE V. COLUMN 5

SCHEDULE
V

Line #	Title	Amount
30	Depreciation	2,634.00
35	Equipment Rent	<u>(2,634.00)</u>
		<u>0</u>

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

30	Depreciation	2,352.00
36	Rent-Maintenance Building	<u>(2,352.00)</u>
		<u>0</u>

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

Schedule of Federal Form 990 Reconciliation

Page 19, Line 41	(\$512,752)
	\$385,769 Related Organizational Net Income
Federal Form 990 Net Income	<u>(\$126,983)</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

<i>Description</i>	<i>Date Acquired</i>	<i>Cost</i>		<i>Current Book Depreciation</i>	<i>Life in Years</i>	<i>Straight Line Depreciation</i>	<i>Adjustments</i>		<i>Accumulated Depreciation</i>
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	(B)	0.00	S/L - 3YR	0.00	(950.00)	(C)	15,659.20
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	(B)	0.00	S/L - 3YR	0.00	(9,025.06)	(D)	24,382.80
92 GMC Pick-Up	01/08/01	6,943.00	(B)	0.00	S/L - 3YR	0.00	(800.00)	(C)	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		0.00	S/L - 3YR	0.00			21,529.92
04 Ford Truck F150	04/15/04	18,522.72		0.00	S/L - 3YR	0.00			18,522.72
Van Lift	06/17/04	3,735.00		747.00	S/L - 5YR	747.00			3,050.25
Van Lift	06/17/04	3,735.00		747.00	S/L - 5YR	747.00			3,050.25
04 Ford Freestar	08/25/04	18,347.26		509.51	S/L - 3YR	509.51			18,347.26
05 Ford Van E150	02/18/05	18,539.58		3,604.87	S/L - 3YR	3,604.87			18,539.58
2001 Jeep	05/02/05	9,629.00		2,674.78	S/L - 3YR	2,674.78			9,629.00
2006 Club Wagon	08/16/05	22,035.60		7,345.20	S/L - 3YR	7,345.20			21,423.50
05 Ford Eldorado	10/20/05	47,091.00		15,696.96	S/L - 3YR	15,696.96			43,166.64
06 Ford Mini Van	11/04/05	18,098.20		6,032.76	S/L - 3YR	6,032.76			16,087.36
97 Bus Repairs	11/30/05	10,152.19		3,384.12	S/L - 3YR	3,384.12			9,024.32
Bus Repairs	01/10/06	10,458.84		3,486.24	S/L - 3YR	3,486.24			8,715.60
06 Ford E350	10/11/06	22,040.40		7,346.76	S/L - 3YR	7,346.76			12,856.83
07 Ford Crown Vic	10/26/06	20,611.50		6,870.48	S/L - 3YR	6,870.48			12,023.34
06 Ford Eldorado	01/12/07	43,791.00		14,597.04	S/L - 3YR	14,597.04			21,895.56
99 GMC Truck	12/10/07	6,822.00		1,326.50	S/L - 3YR	1,326.50			1,326.50
08 Ford Econoline	05/30/08	23,420.00		1,301.12	S/L - 3YR	1,301.12			1,301.12
Less: A) FY 1997 DMHDD									
Capital Grant - Equipment		(25,000.00)							(25,000.00)
B) Disposals		(15,659.20)							(15,659.20)
		(24,382.80)							(24,382.80)
		(6,943.00)							(6,943.00)
C) Gain on Sale of Fixed Assets						(950.00)			
						(800.00)			
D) Insurance Reimbursement						(9,025.06)			
TOTALS		<u>476,010.81</u>		<u>75,670.34</u>		<u>64,895.28</u>		<u>(10,775.06)</u>	<u>397,941.35</u>

Milestone, Inc. - ELMWOOD HEIGHTS # 0024943
Schedule of In-Service Training
FY 2008

<u>CHECK DATE</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>
08/10/07	113155	394.00	American Red Cross	CPR & First Aid Training Materials
01/25/08	121553	2,160.00	Crisis Prevention Institution	Training Program NCI Participation Workbooks
08/23/07	113331	151.95	YAI/NIPD	Training video "Is this abuse?"
04/18/08	107703	17.00	GE Video Productions	Convert Training VHS tape to DVD
	TOTAL	<u><u>\$2,722.95</u></u>		

SCHEDULE OF LEGAL FEES

Duane Morris LLP

<u>Date</u>	<u>Check #</u>	<u>Amount</u>
09/28/07	113775	186.00
11/23/07	114437	<u>46.50</u>
		232.50

Williams & McCarthy

<u>Date</u>	<u>Check #</u>	<u>Amount</u>
08/23/07	113304	2,306.10
08/27/07	113803	2,460.00
10/19/07	114074	12.72
11/23/07	114457	160.00
12/21/07	114813	360.00
02/22/08	122015	252.00
04/25/08	115763	480.00
05/02/08	115861	120.00
06/06/08	116362	100.00
07/18/08	116991	<u>80.00</u>
		6,330.82

Total Legal Fees	<u><u>6,563.32</u></u>
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Copies of invoices are attached, see addendum B

**ADDENDUM
A**

ADDENDUM
B