

Facility Name & ID Number Milestone-Elmwood Heights

0024943 Report Period Beginning: 7/1/09 Ending: 6/30/10

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 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF					8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	30,380			30,380	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,380			30,380	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 99.09%

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

235 (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: 06/30/10 Fiscal Year: 06/30/10

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

Facility Name & ID Number

Milestone-Elmwood Heights

0024943

Report Period Beginning:

7/1/09

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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	128,503	16,874	472	145,849		145,849	145,849			1
2	Food Purchase		276,632		276,632		276,632	276,632			2
3	Housekeeping	119,768	196,570	2,266	318,604		318,604	318,604			3
4	Laundry		18,804		18,804		18,804	18,804			4
5	Heat and Other Utilities			187,499	187,499		187,499	187,499			5
6	Maintenance	169,080	265,474	22,733	457,287		457,287	457,287			6
7	Other (specify):*										7
8	TOTAL General Services	417,351	774,354	212,970	1,404,675		1,404,675	1,404,675			8
	B. Health Care and Programs										
9	Medical Director			18,000	18,000		18,000	18,000			9
10	Nursing and Medical Records	2,346,952	323,159	67,184	2,737,295		2,737,295	2,737,295			10
10a	Therapy		32,709		32,709		32,709	32,709			10a
11	Activities										11
12	Social Services										12
13	CNA Training	148,023			148,023		148,023	148,023			13
14	Program Transportation		35,962	2,960	38,922		38,922	38,922			14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,494,975	391,830	88,144	2,974,949		2,974,949	2,974,949			16
	C. General Administration										
17	Administrative	82,910			82,910		82,910	82,910			17
18	Directors Fees										18
19	Professional Services			9,404	9,404		9,404	9,404			19
20	Dues, Fees, Subscriptions & Promotions			14,153	14,153		14,153	14,153			20
21	Clerical & General Office Expenses	133,865	33,231	24,239	191,335		191,335	191,335			21
22	Employee Benefits & Payroll Taxes			668,062	668,062		668,062	668,062			22
23	Inservice Training & Education			5,365	5,365		5,365	5,365			23
24	Travel and Seminar			7,349	7,349		7,349	7,349			24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			50,542	50,542		50,542	50,542			26
27	Other (specify):*										27
28	TOTAL General Administration	216,775	33,231	779,114	1,029,120		1,029,120	1,029,120			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,129,101	1,199,415	1,080,228	5,408,744		5,408,744	5,408,744			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:

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Ending:

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			311,581	311,581	5,336	316,917	(101,092)	215,825			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			4,054	4,054		4,054		4,054			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			21,971	21,971	(2,220)	19,751		19,751			35
36	Other (specify):* Alloc. Maint. Bldg			3,116	3,116	(3,116)						36
37	TOTAL Ownership			340,722	340,722		340,722	(101,092)	239,630			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			313,256	313,256		313,256		313,256			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers			313,256	313,256		313,256		313,256			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,129,101	1,199,415	1,734,206	6,062,722		6,062,722	(101,092)	5,961,630			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	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	(101,092)	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)	\$ (101,092)		\$	30

BHF USE ONLY							
48		49		50		51	
							52

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

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	SUBTOTAL (B): (sum of lines 31-35)	\$		36
	(sum of SUBTOTALS			
37	TOTAL ADJUSTMENTS (A) and (B))	\$ (101,092)		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

Milestone-Elmwood Heights

ID# 0024943

Report Period Beginning: 7/1/09

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Sch. V Line

NON-ALLOWABLE EXPENSES

Amount

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 A

Facility Name & ID Number Milestone-Elmwood Heights

0024943

Report Period Beginning:

7/1/09

Ending:

6/30/10

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	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	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	0	0	0	0	0	0	0	0	0	0	0	0	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	0	28											
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	0	29											

STATE OF ILLINOIS

Summary B

Facility Name & ID Number

Milestone-Elmwood Heights

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Report Period Beginning:

7/1/09

Ending:

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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	(101,092)	0	0	0	0	0	0	0	0	0	0	(101,092) 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	(101,092)	0	0	0	0	0	0	0	0	0	0	(101,092) 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)	(101,092)	0	0	0	0	0	0	0	0	0	0	(101,092) 45

Facility Name & ID Number Milestone-Elmwood Heights

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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
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:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	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:

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Ending:

6/30/10

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									\$		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

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Ending: 6/30/10

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	57,670	4	\$ 241,707	\$ 241,707	30,660	\$ 128,502	1
2	1	Dietary Supplies	Days	117,530	33	64,682	0	30,660	16,874	2
3	2	Food Purchase	Days	117,530	33	1,060,422	0	30,660	276,632	3
4	3	Housekeeping Wages	Level of Care/Days	139,430	6	181,554	183,107	91,980	119,769	4
5	6	Maintenance Wages	Level of Care/Days	283,970	33	522,000	522,000	91,980	169,080	5
6	21	Clerical Wages	Level of Care/Days	9,009,600	35	541,615	541,615	2,207,520	132,706	6
7	21	Office Supplies	Level of Care/Days	9,009,600	35	135,627	0	2,207,520	33,231	7
8	21	Telephone	Level of Care/Days	9,009,600	35	98,927	0	2,207,520	24,239	8
9	22	Fringe Benefits	Wages	15,671,389	40	3,129,101		3,345,837	668,062	9
10	35	Rent-Computer	Level of Care/Days	9,009,600	35	9,062		2,207,520	2,220	10
11	36	Rent Maintenance Building	Level of Care/Days	9,009,600	35	12,718		2,207,520	3,116	11
12										12
13										13
14										14
15		See Addendum A								15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					\$ 5,997,415	\$ 1,488,429		\$ 1,574,431	25

Facility Name & ID Number

Milestone-Elmwood Heights

0024943

Report Period Beginning:

7/1/09

Ending:

6/30/10

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																			
2																			
3																			
4																			
5																			
Working Capital																			
6	Rockford Bank & Trust	X	Line of Credit	N/A	10/24/09	2,500,000		10/24/10	7.2500	4,054									
7																			
8																			
9	TOTAL Facility Related					\$ 2,500,000	\$			\$ 4,054									
B. Non-Facility Related*																			
10																			
11																			
12																			
13																			
14	TOTAL Non-Facility Related					\$	\$			\$									
15	TOTALS (line 9+line14)					\$ 2,500,000	\$			\$ 4,054									

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

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2009 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 2010 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:	2005	8
	2006	9
	2007	10
	2008	11
	2009	12

	FOR BHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2009	\$	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.

2009 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 () _____ FAX #: () _____

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2009 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 2009.

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

B. Real Estate Tax Cost Allocations

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

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2009 tax bills which were listed in Section A to this statement. Be sure to use the 2009 tax bill which is normally paid during 2010.

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:

7/1/09

Ending:

6/30/10

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>	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:

7/1/09

Ending:

6/30/10

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		20			2,930	28
29		Sidewalk Improvements		1990	5,490	205	20	205		5,490	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		3,595	32
33		Outdoor Drinking Fountain		1992	1,998	100	20	100		1,808	33
34		Telephone System		1992	9,600		12			9,600	34
35		Roof Repairs		1993	6,965	348	20	348		5,833	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

Report Period Beginning:

7/1/09

Ending:

6/30/10

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

1	3	4	5	6	7	8	9		
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Furnace	1994	\$ 40,882	\$ 2,044	20	\$ 2,044	\$	\$ 32,033	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		3,640	40
41	Concrete	1995	5,575	279	20	279		4,155	41
42	Furnace	1995	9,618	481	20	481		7,146	42
43	Roof	1995	1,290	65	20	65		952	43
44	Kitchen Sink	1995	1,300	65	20	65		954	44
45	Road Stone	1996	1,120		5			1,120	45
46	Air Conditioner	1996	2,476	124	20	124		1,703	46
47	Tile	1996	360		5			360	47
48	Sinks	1997	6,470	431	15	431		5,714	48
49	Flood Lights	1997	2,550	128	20	128		1,669	49
50	Air Conditioner	1997	4,055	203	20	203		2,653	50
51	Sidewalk	1997	6,691	335	20	335		4,349	51
52	Black Top Parking Lot	1997	85,125	5,675	15	5,675		73,776	52
53	Smoke Detectors	1997	16,100	1,073	15	1,073		13,774	53
54	Roof	1997	7,070	354	20	354		4,507	54
55	Counters	1997	3,706	247	15	247		3,109	55
56	Fire Alarm System	1998	3,660	183	20	183		2,272	56
57	Acoustical Ceiling	1998	1,650	83	20	83		1,025	57
58	Sidewalk Repair	1998	5,660	283	20	283		3,396	58
59	Duct Work	1998	1,017	51	20	51		611	59
60	Tile Repair	1998	650		5			650	60
61	Air Conditioner	1998	2,742	183	15	183		2,193	61
62	Carpet	1998	1,544		7			1,544	62
63	Driveway Repairs	1998	2,372	158	15	158		1,872	63
64	Roof	1998	2,000	100	20	100		1,175	64
65	Dry Valve	1998	1,540		10			1,540	65
66	Roof	1999	5,970	299	20	299		3,433	66
67	Dry Valve	1999	1,815	30	10	30		1,815	67
68	Tile	1999	2,600		5			2,600	68
69	Acoustical Ceiling	2000	6,750	338	20	338		3,401	69
70	TOTAL (lines 4 thru 69)		\$ 414,748	\$ 108,426		\$ 14,304	\$ (94,122)	\$ 363,010	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:

7/1/09

Ending:

6/30/10

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	10
	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	\$ 108,426		\$ 14,304	\$ (94,122)	\$ 363,010	1
2	<u>Carpet</u>	2000	12,538		5			12,538	2
3	<u>Counter Tops</u>	2000	1,622	108	15	108		1,045	3
4	<u>Automatic Doors</u>	2002	4,148		5			4,148	4
5	<u>Tile</u>	2002	2,760		5			2,760	5
6	<u>Water Heater</u>	2002	4,200	420	10	420		3,535	6
7	<u>Water Heater</u>	2002	8,135		5			8,135	7
8	<u>Carpet</u>	2002	2,232		5			2,232	8
9	<u>Tile</u>	2002	2,160		5			2,160	9
10	<u>Cabinets</u>	2003	2,449	163	15	163		1,157	10
11	<u>Sump Pump</u>	2003	7,218	722	10	722		5,113	11
12	<u>Carpet</u>	2003	8,950		5			8,950	12
13	<u>Air Conditioner</u>	2003	4,705	471	10	471		3,294	13
14	<u>Carpet</u>	2003	5,309		5			5,310	14
15	<u>Cabinets</u>	2003	2,409	161	15	161		1,111	15
16	<u>Water Heater</u>	2003	3,694		5			3,694	16
17	<u>Acoustical Ceilings</u>	2004	11,040	552	15	552		3,588	17
18	<u>Carpet</u>	2004	2,094	299	7	299		1,945	18
19	<u>Remove ceiling tile & install drywall ceilings</u>	2004	20,380	1,359	15	1,359		8,718	19
20	<u>Carpet</u>	2004	5,058	723	7	723		4,517	20
21	<u>Thermostatic control system for heat and air</u>	2004	29,322	1,466	20	1,466		9,164	21
22	<u>Heater</u>	2004	4,660	466	10	466		2,873	22
23	<u>Cabinets</u>	2004	8,204	547	15	547		3,327	23
24	<u>Carpet</u>	2004	27,534	3,933	7	3,933		22,706	24
25	<u>Smoke & Heat Detectors</u>	2004	6,945	695	10	695		4,052	25
26	<u>Vinyl Floor</u>	2004	7,242	1,035	7	1,035		5,948	26
27	<u>Vinyl Floor</u>	2005	5,102	729	7	729		4,008	27
28	<u>Cabinets</u>	2005	20,031	1,335	15	1,335		7,055	28
29	<u>Counter Tops</u>	2005	3,097	207	15	207		1,119	29
30	<u>Ceramic Tile</u>	2005	3,377	482	7	482		2,533	30
31	<u>Water Pipe Repair</u>	2005	8,955	358	25	358		1,791	31
32	<u>Roof</u>	2005	6,425	321	20	321		1,606	32
33	<u>Replace Sidewalk</u>	2005	10,808	540	20	540		2,612	33
34	TOTAL (lines 1 thru 33)		\$ 667,551	\$ 125,518		\$ 31,396	\$ (94,122)	\$ 515,754	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:

7/1/09

Ending:

6/30/10

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	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 667,551	\$ 125,518		\$ 31,396	\$ (94,122)	\$ 515,754	1
2	<u>Furnaces(8)</u>	2006	20,135	1,007	20	1,007		4,373	2
3	<u>Office Remodel</u>	2006	3,870	258	15	258		1,118	3
4	<u>Neo Flooring</u>	2006	9,476	1,354	7	1,354		5,866	4
5	<u>Cabinets</u>	2006	20,176	1,345	15	1,345		5,717	5
6	<u>Furnace & Air Conditioner</u>	2006	3,295	165	20	165		687	6
7	<u>Acoustical Ceiling</u>	2006	6,000	300	20	300		1,250	7
8	<u>Activity Room Remodel</u>	2006	8,980	599	15	599		2,495	8
9	<u>Vinyl Flooring</u>	2006	4,418	631	7	631		2,630	9
10	<u>Carpet</u>	2006	22,509	3,216	7	3,216		11,891	10
11	<u>Furnaces(4)</u>	2006	12,861	643	20	643		2,358	11
12	<u>Concrete Curb&Gutter</u>	2006	14,906	745	20	745		2,697	12
13	<u>Furnace</u>	2007	9,162	458	20	458		1,450	13
14	<u>Water Heater</u>	2007	3,396	679	5	679		2,094	14
15	<u>Carpet</u>	2007	18,229	2,604	7	2,604		7,498	15
16	<u>Vinyl Flooring</u>	2007	6,135	876	7	876		2,483	16
17	<u>Gas Water Heater</u>	2007	5,184	1,037	5	1,037		2,938	17
18	<u>Fire Suppression System</u>	2007	3,325	332	10	332		914	18
19	<u>Furnaces(4)</u>	2007	9,514	476	20	476		1,268	19
20	<u>Doors</u>	2007	16,161	1,077	15	1,077		2,783	20
21	<u>Carpet</u>	2008	5,429	775	7	775		1,874	21
22	<u>Blacktop Parking Lot</u>	2007	78,292	5,219	15	5,219		12,179	22
23	<u>Fans & Supplies</u>	2008	6,849	342	20	342		599	23
24	<u>Service Fire Alarm System</u>	2008	6,848	685	10	685		1,198	24
25	<u>Concrete Ramp</u>	2008	4,136	207	20	207		362	25
26	<u>Service Fire Alarm System</u>	2009	3,370	337	10	337		421	26
27	<u>Carpet</u>	2009	17,562	3,512	5	3,512		4,136	27
28	<u>Covered Walkway</u>	2009	850,010	34,000	25	34,000		36,800	28
29	<u>Blacktop Parking Lot</u>	2009	11,142	743	15	743		805	29
30	<u>Sidewalks</u>	2009	6,704	335	20	335		363	30
31	<u>Double Steel Doors</u>	2009	3,320	111	15	111		111	31
32	<u>Carpet</u>	2010	4,878	293	5	293		293	32
33	<u>Carpet</u>	2010	13,756	1,146	5	1,146		1,146	33
34	TOTAL (lines 1 thru 33)		\$ 1,877,579	\$ 191,025		\$ 96,903	\$ (94,122)	\$ 638,551	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	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		\$ 1,877,579	\$ 191,025		\$ 96,903	\$ (94,122)	\$ 638,551	1
2	2010	7,462	373	5	373		373	2
3	2010	12,481	624		624		624	3
4	2010	46,518	517		517		517	4
5			970			(970)		5
6			3,116		3,116			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		\$ 1,944,040	\$ 196,625		\$ 101,533	\$ (95,092)	\$ 640,065	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:

7/1/09

Ending:

6/30/10

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	\$ 401,161	\$ 46,677	\$ 46,677	\$	5-15 yrs	\$ 246,276	71
72	Current Year Purchases	26,093	1,997	1,997		5-10 yrs	1,997	72
73	Fully Depreciated Assets	37,488				5-15yrs	37,488	73
74	Allocated Computer System		2,220	2,220				74
75	TOTALS	\$ 464,742	\$ 50,894	\$ 50,894	\$		\$ 285,761	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			\$ 620,258	\$ 69,398	\$ 63,398	\$ (6,000)		\$ 464,713	76
77										77
78										78
79										79
80	TOTALS			\$ 620,258	\$ 69,398	\$ 63,398	\$ (6,000)		\$ 464,713	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)	\$ 3,131,255	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 316,917	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 215,825	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (101,092)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 1,390,539	85

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

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

G. Construction-in-Progress

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

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

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

Facility Name & ID Number

Milestone-Elmwood Heights

0024943

Report Period Beginning:

7/1/09

Ending: 6/30/10

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: \$ 11,658

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>8,093</u>	17
18					18
19					19
20					20
21	TOTAL		\$ 674.00	\$ 8,093	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. _____ /2011 \$ _____

13. _____ /2012 \$ _____

14. _____ /2013 \$ _____

* 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)	15,085	29,578		44,663
4	Clinical Wages (b)	26,578	59,156		85,734
5	In-House Trainer Wages (c)	9,225	8,401		17,626
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	\$ 50,888	\$ 97,135	\$	\$ 148,023
10	SUM OF line 9, col. 1 and 2 (e)	\$ 148,023			

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	79
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	51
2. From other facilities (f)	
TOTAL TRAINED	130

- (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	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5 Units 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: 7/1/09

Ending:

6/30/10

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/10

(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	\$ 2,800	\$ 1,333,031	1
2	Cash-Patient Deposits	58,288	245,998	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	479,402	4,124,861	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		2,947	6
7	Other Prepaid Expenses	500	35,541	7
8	Accounts Receivable (owners or related parties)		171,952	8
9	Other(specify): <u>A/R Other</u>	969	14,733	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 541,959	\$ 5,929,063	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	102,215	1,389,725	13
14	Buildings, at Historical Cost	4,782,253	19,756,823	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,435,176	5,045,199	16
17	Accumulated Depreciation (book methods)	(4,577,632)	(14,972,094)	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		1,090,500	21
22	Other Long-Term Assets (spec <u>Escrow & loan fees</u>)		340,836	22
23	Other(specify): <u>Value life ins. & Const. in prog</u>		192,476	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,742,012	\$ 12,843,465	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,283,971	\$ 18,772,528	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 8,600	\$ 579,110	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	58,288	245,998	28
29	Short-Term Notes Payable		1,025,000	29
30	Accrued Salaries Payable		886,125	30
31	Accrued Taxes Payable (excluding real estate taxes)		78,583	31
32	Accrued Real Estate Taxes(Sch.IX-B)		81	32
33	Accrued Interest Payable		70,526	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>Pension, Wrkmns Comp, Sec Dep, etc.</u>		501,417	36
37	<u>Intercompany A/P</u>	4,513,993		37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,580,881	\$ 3,386,840	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,793,344	40
41	Bonds Payable		2,490,000	41
42	Deferred Compensation		194,135	42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 5,477,479	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,580,881	\$ 8,864,319	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,296,910)	\$ 9,908,209	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,283,971	\$ 18,772,528	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (1,967,322)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (1,967,322)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(329,588)	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)	\$ (329,588)	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)	\$ (2,296,910)	24 *

* This must agree with page 17, line 47.

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	\$ 5,632,733	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,632,733	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	90,254	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	4,147	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 94,401	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</u>	6,000	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 6,000	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 5,733,134	30

		2	
Expenses		Amount	
A. Operating Expenses			
31	General Services	1,404,675	31
32	Health Care	2,974,949	32
33	General Administration	1,029,120	33
B. Capital Expense			
34	Ownership	340,722	34
C. Ancillary Expense			
35	Special Cost Centers		35
36	Provider Participation Fee	313,256	36
D. Other Expenses (specify):			
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 6,062,722	40
41	Income before Income Taxes (line 30 minus line 40)**	(329,588)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (329,588)	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:

7/1/09

Ending:

6/30/10

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	1,976	2,397	\$ 60,896	\$ 25.41	1
2	Assistant Director of Nursing					2
3	Registered Nurses	6,150	6,662	146,829	22.04	3
4	Licensed Practical Nurses	16,114	18,312	366,249	20.00	4
5	CNAs & Orderlies					5
6	CNA Trainees	15,814	15,814	148,023	9.36	6
7	Licensed Therapist	470	470	30,884	65.71	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	694	831	21,410	25.76	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,312	10,377	107,093	10.32	15
16	Dishwashers					16
17	Maintenance Workers	10,605	12,017	169,080	14.07	17
18	Housekeepers	10,592	12,386	119,768	9.67	18
19	Laundry					19
20	Administrator	1,430	1,631	61,774	37.87	20
21	Assistant Administrator					21
22	Other Administrative	284	293	21,136	72.14	22
23	Office Manager	4,387	5,042	111,570	22.13	23
24	Clerical	1,698	2,006	22,295	11.11	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	29,209	33,068	538,342	16.28	28
29	Resident Services Coordinator	64	80	2,304	28.80	29
30	Habilitation Aides (DD Homes)	107,573	118,603	1,201,448	10.13	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	216,372	239,989	\$ 3,129,101 *	\$ 13.04	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	12	\$ 472	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) Dental	245	12,264	10-3	46
47	Psychologist/Psychiatrist	500	52,820	10-3	47
48					48
49	TOTAL (lines 35 - 48)	937	\$ 85,656		49

C. CONTRACT NURSES

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

Facility Name & ID Number Milestone-Elmwood Heights

Report Period Beginning: 7/1/09

Ending:

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

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. \$ 313,256
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: Wipfli LLP
- (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? n/a
Attach invoices and a summary of services for all architect and appraisal fees.

SCHEDULE VII-A: BOARD MEMBER LISTING

<u>NAME</u>	<u>TITLE</u>	<u>TYPE OF SERVICE PROVIDED TO FACILITY</u>	<u>OWNERSHIP INTEREST IN</u>
Patrick Agnew	Director	Legal	Agnew Law Office
Ronald Alden	Vice Chairperson	Pension Accounting	McGladrey & Pullen
George Bass	Director	Insurance	Country Ins. & Financial Group
Thomas Budd	Chairperson	Financial	Rockford Bank & Trust
Alan W. Bjork	Director	N/A	
Lyla DeVerdi	Director	N/A	
James Hamilton	President	Administrative Services	
Peggy Hanson	Director	N/A	
Jack Kieckhefer	Director	Insurance	Kieckhefer & Nelson
Cyrus Oates	Director	N/A	
Randy L. Cooper	Secretary	Insurance	Williams Manny
Tom Sandquist	Director	Legal	Williams & McCarthy
Shawn Way	CEO	Administrative Services	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	Children's Group Home DD
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.	22	Rockford	C.I.L.A. Services
Oleson	9	Rockford	C.I.L.A. Services
Park Terrace	7	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	8	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
Stornway	5	Rockford	C.I.L.A. Services
Shiloh	6	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	7	Rockford	C.I.L.A. Services
Tulip	5	Rockford	C.I.L.A. Services
Packard	5	Rockford	C.I.L.A. Services
Southbridge	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	N/A	Rockford	Bingo

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. Elizabeth Oppold Linda Craig-Ellis Vicki Chandler Peggy Jones	Nurse Nurse Nurse Nurse	11/11/09	Rockford, IL	Swine Flu	Institute for Natural Resources	124567 123896	86.00 243.00
2. Melody Mills	Admin. Asst.	4/19/10	Madison, WI	The E-mail & Business Writing Workshop	Rockhurst University Cont. Education Center, Inc.	125289	199.00
3. Linda Thornbloom	Senior VP	3/9/10	Tinley Park, IL	Positive Strategies for Changing Behavior	The Arc of Illinois	125619	140.00
4. Deb Langan	Training Coord.	2/4/10	Rockford, IL	Lay Responder First Aid/CPR/AED Inst. Course	American Red Cross	125123	175.00
5. Linda Craig-Ellis Denise Sneek	Nurse Nurse	4/23/10	Schaumburg, IL	Challenging Geriatric Behaviors	PESI Healthcare	125366	348.00
6. Kari Schmidt	QSP	7/8/09	Rockford, IL	QMRP Training	Goldie Floberg Center	122419	700.00
7. Joanna Grahn Pat Buschnyj Kari Schmidt Terrie Garlow Dana Harmon	Administrator Director of Nursing QSP QSP QSP	7/22/10 & 7/23/10	Dixon, IL	Asperger's Conference	Future Horizons	124453	975.00
8. Monica Schubert	QSP	10/22/09	Skokie, IL	QMRP Course Training	Shore Community Services	123798	1,025.00
9. Pat Buschnyj Joanna Grahn Kari Schmidt	Director of Nursing Administrator QSP	8/13/09	Arlington Heights, IL	Responding to the Needs of Older Adults Developmental Disabilities and Their Families	ICAN	122734	477.00
10. Peggy Jones Vicki Chandler Linda Craig-Ellis	Nurse Nurse Nurse	10/7/09	Rockford, IL	Why we Worry: Understanding and treating Anxiety IBP Disorders		122959	210.00
11. Lauri Krull Kari Schmidt Peggy Brechon Cheri Poage Linda Hoffman Linda Craig Ellis	QSP QSP QSP Nurse Asst. Director of Nursing Nurse	6/8/10	Rockford, IL	Understanding Personality Disorders	IBP	126197	350.00
12. Amie Burke	Behavior Analyst	5/29/10	San Antonio, TX	2010 Annual Convention	Assoc. for Behavior Analysis Internatione	125625	447.80
13. Tabitha Jindrich Linda Thornbloom	Social Worker Senior VP	5/6/10	Rockford, IL	Creative Volunteerism	United Way	126034	90.00
14. Linda Thornbloom	Senior VP	6/18/10	Lake Carroll, IL	Conference	IL Nursing Home Admin Assoc	126363	183.43
15. Lauri Krull	QSP	8/10/10 - 8/13/10	New Orleans, LA	15th Annual Conference	National Association of QDDP's	126762 126685	225.00 800.92
26. Jim Hamilton	President & CEO		Springfield, IL Springfield, IL			122935 123572	256.42 <u>417.33</u>
						Total	<u>7,348.90</u>

RECLASSIFICATION - SCHEDULE V. COLUMN 5

SCHEDULE

V

Line #

Title

Amount

30 Depreciation 2,220.00

35 Equipment Rent (2,220.00)

0

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

30 Depreciation 3,116.00

36 Rent-Maintenance Building (3,116.00)

0

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

Schedule of Federal Form 990 Reconciliation

Page 19, Line 41	(\$329,588)
	\$309,028 Related Organizational Net Income
Federal Form 990 Net Income	<u>(\$20,560)</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>
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 Windstar	04/12/99	17,349.35	0.00	S/L - 3YR	0.00		17,349.35
02 Ford Van E-350	08/30/01	24,646.80	(B) 0.00	S/L - 3YR	0.00	(6,000.00) (C)	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 Van Lift	04/15/04	18,522.72	0.00	S/L - 3YR	0.00		18,522.72
Van Lift	06/17/04	3,735.00	0.00	S/L - 5YR	0.00		3,735.00
Van Lift	06/17/04	3,735.00	0.00	S/L - 5YR	0.00		3,735.00
04 Ford Freestar	08/25/04	18,347.26	0.00	S/L - 3YR	0.00		18,347.26
05 Ford Van E150	02/18/05	18,539.58	0.00	S/L - 3YR	0.00		18,539.58
2001 Jeep	05/02/05	9,629.00	0.00	S/L - 3YR	0.00		9,629.00
2006 Club Wagon	08/16/05	22,035.60	0.00	S/L - 3YR	0.00		22,035.60
05 Ford Eldorado	10/20/05	47,091.00	0.00	S/L - 3YR	0.00		47,091.00
06 Ford Mini Van	11/04/05	18,098.20	0.00	S/L - 3YR	0.00		18,098.20
97 Bus Repairs	11/30/05	10,152.19	0.00	S/L - 3YR	0.00		10,152.19
Bus Repairs	01/10/06	10,458.84	0.00	S/L - 3YR	0.00		10,458.84
06 Ford E350	10/11/06	22,040.40	1,836.81	S/L - 3YR	1,836.81		22,040.40
07 Ford Crown Vic	10/26/06	20,611.50	1,717.68	S/L - 3YR	1,717.68		20,611.50
06 Ford Eldorado	01/12/07	43,791.00	7,298.40	S/L - 3YR	7,298.40		43,791.00
99 GMC Truck	12/10/07	6,822.00	2,274.00	S/L - 3YR	2,274.00		5,874.50
08 Ford Econoline	05/30/08	23,420.00	7,806.72	S/L - 3YR	7,806.72		16,914.56
09 Ford Econoline	09/15/08	24,285.00	8,094.96	S/L - 3YR	8,094.96		14,840.76
09 Ford Econoline	09/26/08	25,679.00	8,559.72	S/L - 3YR	8,559.72		15,692.82
09 Ford Escape	10/06/08	22,741.00	7,580.28	S/L - 3YR	7,580.28		13,265.49
03 Jeep w/plow	02/10/09	12,155.00	4,051.68	S/L - 3YR	4,051.68		5,739.88
10 Ford Lift Van	01/21/10	54,594.00	9,099.00	S/L - 3YR	9,099.00		9,099.00
10 Ford Lift Van	01/21/10	54,594.00	9,099.00	S/L - 3YR	9,099.00		9,099.00
10 Ford Econoline	04/20/10	23,761.00	1,980.09	S/L - 3YR	1,980.09		1,980.09
Less: A) FY 1997 DMHDD Capital Grant - Equipment		(25,000.00)					(25,000.00)
B) Disposals		(24,646.80)					(24,646.80)
							0.00
							0.00
C) Gain on Sale of Fixed Assets					(6,000.00)		
D) Insurance Reimbursement							
TOTALS		<u>620,257.56</u>	<u>69,398.34</u>		<u>63,398.34</u>	<u>(6,000.00)</u>	<u>464,712.66</u>

Milestone, Inc. - ELMWOOD HEIGHTS # 0024943
 Schedule of In-Service Training
 FY 2010

<u>CHECK DATE</u>	<u>CHECK #</u>	<u>AMOUNT</u>	<u>VENDOR</u>	<u>DESCRIPTION</u>
01/15/10	124888	324.00	American Red Cross	CPR & First Aid Training Materials
09/01/09	123162	1,575.00	Alzheimer's Association	Seminar "Overview of Dementia,Communication,Activities,Bathing,Pain
9/18/09 & 10/23/09	123276 & 123694	3,200.00	Lorman Education Services	Understanding Asperger's Syndrome & Autism
06/18/10	126363	107.62	Holiday Inn Express	Seminar given by Shirley Stelbrink
05/21/10	126036	158.00	American Red Cross	CPR & First Aid Training Materials
	TOTAL	<u>\$ 5,364.62</u>		