		FOR BHF USE				

LL1

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0024943

Facility Name: Milestone, Inc. - Elmwood Heights

Address: 2662 Elmwood Road (Number) Rockford (City) 61103 (Zip Code)

County: Winnebago

Telephone Number: (815) 877-7001 **Fax #** (815) 654-6445

HFS ID Number:

Date of Initial License for Current Owners: 09/01/79

Type of Ownership:

	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

IRS Exemption Code 501 (c) 3

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/10 to 06/30/11 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider	(Signed)	(Date)
	(Type or Print Name)	Hugh W. Lippitt
	(Title)	Senior Vice President & C.F.O.
Paid Preparer	(Signed)	(Date)
	(Print Name and Title)	
	(Firm Name & Address)	
	(Telephone) ( )	Fax # ( )

MAIL TO: BUREAU OF HEALTH FINANCE
ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

In the event there are further questions about this report, please contact:
Name: Hugh W. Lippitt Telephone Number: (815) 654-6100
Email Address:

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	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	30,047			30,047	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	30,047			30,047	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 98.00%

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 [X]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

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 [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified ____________ and days of care provided ____________

Medicare Intermediary ____________

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 06/30/11 Fiscal Year: 06/30/11

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

Facility Name & ID Number: Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	127,188	17,162	640	144,990		144,990		144,990			1
2	Food Purchase		275,193		275,193		275,193		275,193			2
3	Housekeeping	118,915	194,427	9,721	323,063		323,063		323,063			3
4	Laundry		24,622		24,622		24,622		24,622			4
5	Heat and Other Utilities			173,321	173,321		173,321		173,321			5
6	Maintenance	166,533	204,874	20,911	392,318		392,318		392,318			6
7	Other (specify):*											7
8	**TOTAL General Services**	412,636	716,278	204,593	1,333,507		1,333,507		1,333,507			8
	B. Health Care and Programs											
9	Medical Director			21,000	21,000		21,000		21,000			9
10	Nursing and Medical Records	2,608,877	263,716	69,666	2,942,259		2,942,259		2,942,259			10
10a	Therapy											10a
11	Activities		37,789	300	38,089		38,089		38,089			11
12	Social Services											12
13	CNA Training											13
14	Program Transportation		42,541	2,553	45,094		45,094		45,094			14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,608,877	344,046	93,519	3,046,442		3,046,442		3,046,442			16
	C. General Administration											
17	Administrative	94,048			94,048		94,048		94,048			17
18	Directors Fees											18
19	Professional Services			16,187	16,187		16,187		16,187			19
20	Dues, Fees, Subscriptions & Promotions			15,564	15,564		15,564		15,564			20
21	Clerical & General Office Expenses	127,739	31,157	26,173	185,069		185,069		185,069			21
22	Employee Benefits & Payroll Taxes			715,011	715,011		715,011		715,011			22
23	Inservice Training & Education			7,890	7,890		7,890		7,890			23
24	Travel and Seminar			6,825	6,825		6,825		6,825			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			52,468	52,468		52,468		52,468			26
27	Other (specify):*											27
28	**TOTAL General Administration**	221,787	31,157	840,118	1,093,062		1,093,062		1,093,062			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,243,300	1,091,481	1,138,230	5,473,011		5,473,011		5,473,011			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, Inc. - Elmwood Heights #0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			229,346	229,346	4,896	234,242	(970)	233,272			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,662	5,662		5,662		5,662			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			14,619	14,619	(2,287)	12,332		12,332			35
36	Other (specify):* Alloc. Maint. Bldg			2,609	2,609	(2,609)						36
37	**TOTAL Ownership**			252,236	252,236		252,236	(970)	251,266			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			309,800	309,800		309,800		309,800			42
43	Other (specify):*											43
44	**TOTAL Special Cost Centers**			309,800	309,800		309,800		309,800			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	3,243,300	1,091,481	1,700,266	6,035,047		6,035,047	(970)	6,034,077			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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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.)**

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 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	(970)	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)**	$ (970)		$	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 Amount	2 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
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (970)		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 Yes	2 No	3 Amount	4 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

STATE OF ILLINOIS

Milestone, Inc. - Elmwood Heights

ID# 0024943

Report Period Beginning: 07/01/10

Ending: 06/30/11

	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 A

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	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	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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

	Capital Expense D. Ownership	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)	
30	Depreciation	(970)	0	0	0	0	0	0	0	0	0	0	(970)	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**	(970)	0	0	0	0	0	0	0	0	0	0	(970)	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)**	(970)	0	0	0	0	0	0	0	0	0	0	(970)	45

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
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			$			$	$	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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

VII. RELATED PARTIES

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

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

Facility Name & ID Number | Milestone, Inc. - Elmwood Heights | # 0024943 | Report Period Beginning: 07/01/10 | Ending: 06/30/11

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	2	3	4	5	6		7		8	
					Compensation Received From Other	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column	
	Name	Title	Function	Ownership Interest	Nursing Homes*	Hours	Percent	Description	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								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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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 [X] 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 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	1	Dietary Wages	Days	57,670	4	$ 239,234	$ 239,234	30,660	$ 127,188	1
2	1	Dietary Supplies	Days	117,530	33	65,788		30,660	17,162	2
3	2	Food Purchase	Days	117,530	33	1,054,907		30,660	275,193	3
4	3	Housekeeping Wages	Level of Care/Days	139,430	6	180,260	180,260	91,980	118,915	4
5	6	Maintenance Wages	Level of Care/Days	288,482	34	522,306	522,306	91,980	166,533	5
6	21	Clerical Wages	Level of Care/Days	9,117,888	36	565,791	565,791	2,207,520	136,983	6
7	21	Office Supplies	Level of Care/Days	9,117,888	36	128,689		2,207,520	31,157	7
8	21	Telephone	Level of Care/Days	9,117,888	36	108,104		2,207,520	26,173	8
9	22	Fringe Benefits	Wages	16,067,340	41	3,542,164		3,243,300	715,009	9
10	35	Rent-Computer	Level of Care/Days	9,117,888	36	9,445		2,207,520	2,287	10
11	36	Rent Maintenance Building	Level of Care/Days	9,117,888	36	10,778		2,207,520	2,609	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					$ 6,427,466	$ 1,507,591		$ 1,619,209	25

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	11/30/10	2,500,000		11/30/11	7.2500	5,662	6
7												7
8												8
9	TOTAL Facility Related						$ 2,500,000	$			$ 5,662	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	$			$ 5,662	15

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

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

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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 2010 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 2011 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:

Year		Line
2006		8
2007		9
2008		10
2009		11
2010		12

FOR BHF USE ONLY

13	FROM R. E. TAX STATEMENT FOR 2010	$	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.**

2010 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Milestone, Inc. - 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 2010 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 2010.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
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 2010 tax bills which were listed in Section A to this statement. Be sure to use the 2010 tax bill which is normally paid during 2011.

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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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? [X] (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? [X] (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 [X] 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	project	261,356	1978	$ 102,215	1
2	recreational land	304,947	1978		2
3	TOTALS	566,303		$ 102,215	3

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	$	30	$	$	$ 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		20			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		3,794	32
33	Outdoor Drinking Fountain			1992	1,998	100	20	100		1,908	33
34	Telephone System			1992	9,600		12			9,600	34
35	Roof Repairs			1993	6,965	348	20	348		6,181	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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Furnace	1994	$ 40,882	$ 2,044	20	$ 2,044	$	$ 34,077	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		3,881	40
41	Concrete	1995	5,575	279	20	279		4,434	41
42	Furnace	1995	9,618	481	20	481		7,627	42
43	Roof	1995	1,290	65	20	65		1,017	43
44	Kitchen Sink	1995	1,300	65	20	65		1,019	44
45	Road Stone	1996	1,120		5			1,120	45
46	Air Conditioner	1996	2,476	124	20	124		1,827	46
47	Tile	1996	360		5			360	47
48	Sinks	1997	6,470	431	15	431		6,146	48
49	Flood Lights	1997	2,550	128	20	128		1,797	49
50	Air Conditioner	1997	4,055	203	20	203		2,856	50
51	Sidewalk	1997	6,691	335	20	335		4,684	51
52	Black Top Parking Lot	1997	85,125	5,675	15	5,675		79,451	52
53	Smoke Detectors	1997	16,100	1,073	15	1,073		14,847	53
54	Roof	1997	7,070	353	20	353		4,861	54
55	Counters	1997	3,706	247	15	247		3,356	55
56	Fire Alarm System	1998	3,660	183	20	183		2,455	56
57	Acoustical Ceiling	1998	1,650	83	20	83		1,108	57
58	Sidewalk Repair	1998	5,660	283	20	283		3,678	58
59	Duct Work	1998	1,017	51	20	51		662	59
60	Tile Repair	1998	650		5			650	60
61	Air Conditioner	1998	2,742	183	15	183		2,376	61
62	Carpet	1998	1,544		7			1,544	62
63	Driveway Repairs	1998	2,372	158	15	158		2,030	63
64	Roof	1998	2,000	100	20	100		1,275	64
65	Dry Valve	1998	1,540		10			1,540	65
66	Roof	1999	5,970	299	20	299		3,732	66
67	Dry Valve	1999	1,815		10			1,815	67
68	Tile	1999	2,600		5			2,600	68
69	Acoustical Ceiling	2000	6,750	338	20	338		3,739	69
70	TOTAL (lines 4 thru 69)		$ 414,748	$ 14,068		$ 14,068	$	$ 377,080	70

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 414,748	$ 14,068		$ 14,068	$	$ 377,080	1
2	Carpet	2000	12,538		5			12,538	2
3	Counter Tops	2000	1,622	108	15	108		1,153	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		3,955	6
7	Water Heater	2002	8,135		5			8,135	7
8	Carpet	2002	2,232		5			2,232	8
9	Tile	2002	2,160		5			2,160	9
10	Cabinets	2003	2,449	163	15	163		1,320	10
11	Sump Pump	2003	7,218	722	10	722		5,835	11
12	Carpet	2003	8,950		5			8,950	12
13	Air Conditioner	2003	4,705	471	10	471		3,764	13
14	Carpet	2003	5,310		5			5,310	14
15	Cabinets	2003	2,409	160	15	160		1,272	15
16	Water Heater	2003	3,694		5			3,694	16
17	Acoustical Ceilings	2004	11,040	552	15	552		4,140	17
18	Carpet	2004	2,094	149	7	149		2,094	18
19	Remove ceiling tile & install drywall ceilings	2004	20,380	1,359	15	1,359		10,077	19
20	Carpet	2004	5,058	542	7	542		5,058	20
21	Thermastatic control system for heat and air	2004	29,322	1,466	20	1,466		10,630	21
22	Heater	2004	4,660	466	10	466		3,339	22
23	Cabinets	2004	8,204	545	15	545		3,874	23
24	Carpet	2004	27,534	3,933	7	3,933		26,639	24
25	Smoke & Heat Detectors	2004	6,945	695	10	695		4,746	25
26	Vinyl Floor	2004	7,242	1,035	7	1,035		6,983	26
27	Vinyl Floor	2005	5,102	729	7	729		4,737	27
28	Cabinets	2005	20,031	1,335	15	1,335		8,390	28
29	Counter Tops	2005	3,097	207	15	207		1,325	29
30	Ceramic Tile	2005	3,377	482	7	482		3,015	30
31	Water Pipe Repair	2005	8,955	358	25	358		2,149	31
32	Roof	2005	6,425	321	20	321		1,928	32
33	Replace Sidewalk	2005	10,808	540	20	540		3,152	33
34	TOTAL (lines 1 thru 33)		$ 667,552	$ 30,826		$ 30,826	$	$ 546,582	34

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 667,552	$ 30,826		$ 30,826	$	$ 546,582	1
2	Furnaces(8)	2006	20,135	1,007	20	1,007		5,380	2
3	Office Remodel	2006	3,870	258	15	258		1,376	3
4	Neo Flooring	2006	9,476	1,354	7	1,354		7,219	4
5	Cabinets	2006	20,176	1,345	15	1,345		7,062	5
6	Furnace & Air Conditioner	2006	3,295	165	20	165		851	6
7	Acoustical Ceiling	2006	6,000	300	20	300		1,550	7
8	Activity Room Remodel	2006	8,980	599	15	599		3,093	8
9	Vinyl Flooring	2006	4,418	631	7	631		3,261	9
10	Carpet	2006	22,509	3,216	7	3,216		15,107	10
11	Furnaces(4)	2006	12,861	643	20	643		3,001	11
12	Concrete Curb&Gutter	2006	14,906	745	20	745		3,442	12
13	Furnace	2007	9,162	458	20	458		1,909	13
14	Water Heater	2007	3,396	679	5	679		2,773	14
15	Carpet	2007	18,229	2,604	7	2,604		10,102	15
16	Vinyl Flooring	2007	6,135	876	7	876		3,359	16
17	Gas Water Heater	2007	5,184	1,037	5	1,037		3,975	17
18	Fire Suppresion System	2007	3,325	333	10	333		1,247	18
19	Furnaces(4)	2007	9,514	476	20	476		1,744	19
20	Doors	2007	16,161	1,077	15	1,077		3,860	20
21	Carpet	2008	5,429	776	7	776		2,650	21
22	Blacktop Parking Lot	2007	78,292	5,220	15	5,220		17,398	22
23	Fans & Supplies	2008	6,849	343	20	343		942	23
24	Service Fire Alarm System	2008	6,848	685	10	685		1,883	24
25	Concrete Ramp	2008	4,136	207	20	207		569	25
26	Service Fire Alarm System	2009	3,370	337	10	337		758	26
27	Carpet	2009	17,562	3,512	5	3,512		7,648	27
28	Covered Walkway	2009	850,010	34,000	25	34,000		70,801	28
29	Blacktop Parking Lot	2009	11,142	743	15	743		1,548	29
30	Sidewalks	2009	6,704	335	20	335		698	30
31	Double Steel Doors	2009	3,320	221	15	221		332	31
32	Carpet	2010	4,878	585	5	585		878	32
33	Carpet	2010	13,756	2,751	5	2,751		3,898	33
34	TOTAL (lines 1 thru 33)		$ 1,877,580	$ 98,344		$ 98,344	$	$ 736,896	34

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 1,877,580	$ 98,344		$ 98,344	$	$ 736,896	1
2	Vinyl Flooring	2010	7,462	1,492	5	1,492		1,866	2
3	Carpet	2010	12,481	2,496	5	2,496		3,120	3
4	Walkway Lighting	2010	46,518	3,101	15	3,101		3,618	4
5	Shingles	2010	4,435	296	15	296		296	5
6	Blacktop	2010	8,348	418	15	418		417	6
7	Air Conditioner	2011	3,696	16	20	16		15	7
8	Pipe Repair	2011	15,085	63	20	63		63	8
9	Capital Grant Building			970			(970)		9
10	Allocated Maintenance Building			2,609		2,609			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	TOTAL (lines 1 thru 33)		$ 1,975,605	$ 109,805		$ 108,835	$ (970)	$ 746,291	34

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XI. OWNERSHIP COSTS (continued)

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

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 349,180	$ 41,722	$ 41,722	$	5-15 yrs	$ 211,922	71
72	Current Year Purchases	22,079	372	372		10 yrs	372	72
73	Fully Depreciated Assets	440,738				5-15 yrs	440,738	73
74	Allocated Computer System		2,287	2,287				74
75	TOTALS	$ 811,997	$ 44,381	$ 44,381	$		$ 653,032	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	see page 30			$ 556,389	$ 80,056	$ 80,056	$		$ 480,900	76
77										77
78										78
79										79
80	TOTALS			$ 556,389	$ 80,056	$ 80,056	$		$ 480,900	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)	$ 3,446,206	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 234,242	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 233,272	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (970)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,880,223	85	

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

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

G. Construction-in-Progress

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

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

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

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. [ ] YES [ ] NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: [ ] YES [ ] NO Terms: *

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.	/2012	$
13.	/2013	$
14.	/2014	$

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	program	2007 Lexus Sedan	$ 674.00	$ 674	17
18					18
19					19
20					20
21	TOTAL		$ 674.00	$ 674	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.

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- COMMUNITY COLLEGE [ ]
- HOURS PER CNA 40

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [ ]
- HOURS PER CNA 80

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)	15,299	32,434		47,733
4	Clinical Wages (b)	24,524	64,867		89,391
5	In-House Trainer Wages (c)	6,485	11,515		18,000
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	TOTALS	$ 46,308	$ 108,816	$	$ 155,124
10	SUM OF line 9, col. 1 and 2 (e)	$ 155,124			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

$

D. NUMBER OF CNAs TRAINED

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

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
(e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	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 prescrpts							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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/11 (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	$ 2,148,340	1
2	Cash-Patient Deposits	51,594	234,847	2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	974,665	2,925,970	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		18,139	6
7	Other Prepaid Expenses		47,766	7
8	Accounts Receivable (owners or related parties)		156,187	8
9	Other(specify): A/R other		23,236	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,029,059	$ 5,554,485	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable		22,489	11
12	Long-Term Investments			12
13	Land	102,215	1,566,296	13
14	Buildings, at Historical Cost	4,813,817	19,867,267	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,393,386	5,159,265	16
17	Accumulated Depreciation (book methods)	(4,743,110)	(15,860,676)	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		1,235,000	21
22	Other Long-Term Assets (spe Escrow & loan fees		337,214	22
23	Other(specify): CIP & CSV Insurance	7,300	245,802	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 1,573,608	$ 12,572,657	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 2,602,667	$ 18,127,142	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 15,000	$ 548,722	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	51,594	234,847	28
29	Short-Term Notes Payable		185,000	29
30	Accrued Salaries Payable		945,807	30
31	Accrued Taxes Payable (excluding real estate taxes)		77,803	31
32	Accrued Real Estate Taxes(Sch.IX-B)		85	32
33	Accrued Interest Payable		66,137	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Accrued Pension,Hlth Plan, etc.		604,942	36
37	Intercompany Account Payable	5,082,943		37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 5,149,537	$ 2,663,343	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable		2,673,455	40
41	Bonds Payable		2,305,000	41
42	Deferred Compensation		273,994	42
	Other Long-Term Liabilities(specify):			
43	Deferred Revenue-HUD		1,794	43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$	$ 5,254,243	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 5,149,537	$ 7,917,586	46
47	**TOTAL EQUITY(page 18, line 24)**	$ (2,546,870)	$ 10,209,556	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 2,602,667	$ 18,127,142	48

*(See instructions.)

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XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ (2,296,910)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ (2,296,910)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(249,960)	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)**	$ (249,960)	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)**	$ (2,546,870)	24 *

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

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	$ 5,609,716	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 5,609,716	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	164,874	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	3,255	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 168,129	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	93	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 93	26
	E. Other Revenue (specify):****		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	Vehicle Loss Insurance Recovery	7,149	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 7,149	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,785,087	30

2

	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,333,507	31
32	Health Care	3,046,442	32
33	General Administration	1,093,062	33
	B. Capital Expense		
34	Ownership	252,236	34
	C. Ancillary Expense		
35	Special Cost Centers		35
36	Provider Participation Fee	309,800	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 6,035,047	40
41	**Income before Income Taxes (line 30 minus line 40)****	(249,960)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (249,960)	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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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	1,600	1,758	$ 48,773	$ 27.74	1
2	Assistant Director of Nursing	1,792	2,056	48,722	23.70	2
3	Registered Nurses	5,991	6,580	150,754	22.91	3
4	Licensed Practical Nurses	14,719	16,786	331,555	19.75	4
5	CNAs & Orderlies					5
6	CNA Trainees	16,366	16,366	155,124	9.48	6
7	Licensed Therapist	523	523	34,257	65.50	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	673	829	21,359	25.76	13
14	Head Cook					14
15	Cook Helpers/Assistants	9,204	10,199	105,829	10.38	15
16	Dishwashers					16
17	Maintenance Workers	9,566	10,893	166,533	15.29	17
18	Housekeepers	10,549	12,068	118,915	9.85	18
19	Laundry					19
20	Administrator	1,384	1,632	62,399	38.23	20
21	Assistant Administrator					21
22	Other Administrative	423	436	31,649	72.59	22
23	Office Manager	4,187	4,867	105,333	21.64	23
24	Clerical	1,821	2,018	22,406	11.10	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)	30,661	34,283	550,954	16.07	28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)	112,528	124,430	1,288,738	10.36	30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	221,987	245,724	$ 3,243,300 *	$ 13.20	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	16	$ 640	1-3	35
36	Medical Director	120	21,000	9-3	36
37	Medical Records Consultant				37
38	Nurse Consultant	33	1,089	10-3	38
39	Pharmacist Consultant	119	7,140	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	496	49,173	10-3	47
48					48
49	TOTAL (lines 35 - 48)	1,029	$ 91,306		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, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Linda Thornbloom	Administrator		$ 62,399
Corp. Admin Salaries	Administrator		31,649
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			$ 94,048

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	$

C. Professional Services

Vendor/Payee	Type	Amount
RSM McGladrey	Pension Plan	$ 3,083
Peggy Brechon	Administrator Consultant	135
Various	Computer/Programmer Cslt.	2,766
Williams&McCarthy, DuaneMorris	Legal Fees	4,443
Wipfli LLP	Audit	5,759
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed $5,000, attach copy of invoices.)		$ 16,186

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 69,737
Unemployment Compensation Insurance	16,122
FICA Taxes	234,430
Employee Health Insurance	326,276
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Pension	50,464
Employee Physical Exams	2,565
Applicant Referral Expense	908
Other Employee Benefits	14,509
TOTAL (agree to Schedule V, line 22, col.8)	$ 715,011

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

* Attach copy of IMRF notifications

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	9,318
Health Care Worker Background Check	
(Indicate # of checks performed ____)	
Patient Background Checks	
Fees	5,375
Dues	100
Books & Periodicals	771
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 15,564

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
see page 26	6,825
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 6,825

**See instructions.

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
		Month & Year			Amount of Expense Amortized Per Year								
	Improvement Type	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		$		$	$	$	$	$	$	$	$	$

Facility Name & ID Number Milestone, Inc. - Elmwood Heights # 0024943 Report Period Beginning: 07/01/10 Ending: 06/30/11

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? **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. $ **309,800**
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

NAME	*TITLE*	*TYPE OF SERVICE PROVIDED TO FACILITY*	*OWNERSHIP INTEREST IN*
Ronald Alden	Vice Chairperson	Pension Accounting	McGladrey & Pullen
George Bass	Treasurer	Insurance	Country Ins. & Financial Group
Thomas Budd	Chairperson	Financial	Rockford Bank & Trust
Alan W. Bjork	Secretary	N/A	
Lyla DeVerdi	Director	N/A	
Judd Gastel	Director	N/A	
Peggy Hanson	Director	N/A	
Jack Kieckhefer	Director	Insurance	Kieckhefer & Nelson
Cyrus Oates	Director	N/A	
Randy L. Cooper	Vice Chairperson	Insurance	Williams Manny
Tom Sandquist	Director	Legal	Williams & McCarthy
Shawn Way	President & CEO	Administrative Services	Rockford Bank & Trust
Audrey Wickstrand	Director	N/A	

SCHEDULE VII-A: RELATED PARTIES

MILESTONE, INC.	RESIDENTIAL *BEDS*	*CITY*	TYPE OF *BUSINESS*
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 (closed 9/22/10)	9	Rockford	C.I.L.A. Services
South Mulford (opened 9/22/10)	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
HUD Project #071-HD160	N/A	Rockford	Housing
Bingo	N/A	Rockford	Bingo

SCHEDULE OF TRAVEL & SEMINAR EXPENSE

	EMPLOYEE NAME	JOB TITLE	DATES	SEMINAR LOCATION	SEMINAR TITLE	SEMINAR SPONSOR	CHECK# / Confirmation#	COST
1.	Gene Engelkes	QSP	July 27-30, 2010	Rockford, IL	Four-Day Instructor Certification Program	Crisis Prevention Intervention	W5631	1,529.00
2.	Carissa Cassady Lauri Krull	QSP QSP	Aug. 10-13, 2010	New Orleans, LA	15th Annual Conference	National Association of QDDP's	127348	1,009.36
3.	Jamie Toay Carrisa Cassady	QSP QSP	Dec. 8, 2010	Rockford, IL	How to Supervise People	Fred Pryor Seminars	W4197	198.00
4.	Carissa Cassady	QSP	Jan. 18-21, 2011	Morton Grove, IL	QMRP Training	SHORE Community Services	128544	525.00
5.	Gene Engelkes Becky Hines	QSP QSP	Jan. 26, 2011	Schamburg, IL	Alzheimers Conference	Alzheimers Association	175154	163.77
	Carissa Cassady	QSP	Jan. 18- 21, 2011	Morton Grove, IL	QMRP Training	SHORE Community Services	175154	116.40
6.	Joanna Grahm	Administrator	March 8, 2011	Tinley Park, IL	Welcome to the 21st Century	The Arc of Illinois	175247	130.50
7.	Linda Thornbloom	Senior VP	March 8, 2011	Tinley Park, IL	Welcome to the 21st Century	The Arc of Illinois	175408	145.00
8.	Patty Powers Vickie Chandler	RN LPN	March 25, 2011	South Beloit, IL	Nurses Expo '11	Nurses Expo 2011	175470	200.00
9.	Tania Jones Linda Hoffman Martha Nelson Bianchi	Nurse Nurse Nurse	April 7, 2011	Rockford, IL	Anger, Forgiveness, and The Healing Process	IBP	W2523	222.00
10.	Cherri Poage Linda Craig Ellis	Nurse Nurse	March 30, 2011	Rockford. IL	Geriatric Pharmacology: Maximizing Safety & Effectiveness	PESI HealthCare	175766	358.00
	Shalee Burton	Nurse	May 14-17, 2011	Windsor Locks, CT	Developmental Disabilities Nurses Association	Developmental Disabilities Nurses Association	175766	844.40
11.	Peggy Jones Denise Sneek	Nurse Nurse	May 25, 2011	Rockford, IL	The Ultimate One Day Seminar	PESI Healthcare	176130	378.00
12.	Linda Craig Ellis Martha Nelson Bianchi	Nurse Nurse	May 25, 2011	Rockford, IL	Developmental Disabilities Seminar for Nursing	PESI Healthcare	176400	378.00
13.	James Hamiltion	Director	May 11, 2011	Springfield, IL	Meeting		176400	627.18
14.		Emeritus	July 18, 2010				127047	
15.			Oct. 6, 2010				127993	
							Total	6,824.61

RECLASSIFICATION - SCHEDULE V. COLUMN 5

SCHEDULE V Line #	Title	Amount
30	Depreciation	2,287.00
35	Equipment Rent	(2,287.00)
		0

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

SCHEDULE V Line #	Title	Amount
30	Depreciation	2,609.00
36	Rent-Maintenance Building	(2,609.00)
		0

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

Schedule of Federal Form 990 Reconciliation

Page 19, Line 41	($249,960)	
	$551,308	Related Organizational Net Income
Federal Form 990 Net Income	$301,348	

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

Description	*Date Acquired*	*Cost*		*Current Book Depreciation*	*Life in Years*	*Straight Line Depreciation*	*Adjustments*	*Accumulated Depreciation*
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
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		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
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		0.00	S/L - 3YR	0.00		22,040.40
07 Ford Crown Vic	10/26/06	20,611.50		0.00	S/L - 3YR	0.00		20,611.50
06 Ford Eldorado	01/12/07	43,791.00		0.00	S/L - 3YR	0.00		43,791.00
99 GMC Truck	12/10/07	6,822.00		947.50	S/L - 3YR	947.50		6,822.00
08 Ford Econoline	05/30/08	23,420.00		6,505.44	S/L - 3YR	6,505.44		23,420.00
09 Ford Econoline	09/15/08	24,285.00		8,094.96	S/L - 3YR	8,094.96		22,935.72
09 Ford Econoline	09/26/08	25,679.00		8,559.72	S/L - 3YR	8,559.72		24,252.54
09 Ford Escape	10/06/08	22,741.00		7,580.28	S/L - 3YR	7,580.28		20,845.77
03 Jeep w/plow	02/10/09	12,155.00		4,051.68	S/L - 3YR	4,051.68		9,791.56
10 Ford Lift Van	01/21/10	54,594.00		18,198.00	S/L - 3YR	18,198.00		27,297.00
10 Ford Lift Van	01/21/10	54,594.00		18,198.00	S/L - 3YR	18,198.00		27,297.00
10 Ford Econoline	04/20/10	23,761.00		7,920.36	S/L - 3YR	7,920.36		9,900.45
Less: A) FY 1997 DMHDD								
Capital Grant - Equipment		(25,000.00)						(25,000.00)
B) Disposals		0.00						0.00
								0.00
								0.00
C) Gain on Sale of Fixed Assets						0.00		
D) Insurance Reimbursement								
	TOTALS	556,389.36		80,055.94		80,055.94	0.00	480,900.40

Milestone, Inc. - ELMWOOD HEIGHTS # 0024943
Schedule of In-Service Training
FY 2011

CHECK DATE	*CHECK #*	*AMOUNT*	*VENDOR*	*DESCRIPTION*
01/21/11	128871	35.00	Samantha Feigenbaum	Staff Workshop
03/18/11	175478	272.00	American Red Cross	CPR & First Aid Training Materials
11/19/10	128073	225.00	American Red Cross	CPR & First Aid Training Materials
10/29/10	127819	330.00	A-Fire Extinguisher Sales & Service	Fire Extinguisher Training: Classroom and Hands On
10/08/10	127664	191.09	Barbara T. Doyle, MS Inc.	Mileage Reimbursement
09/28/10	127510	2,500.00	Barbara T. Doyle, MS Inc.	Training Seminar Program for staff and families
12/03/10	128234	1,300.00	Bethesda Lutheran Homes & Services	Presenter- Dementia Training
04/15/11	175766	556.34	CTB McGraw- Hill	Training Supplies
9/28-29/2010	127993	208.29	Holiday Inn	Holiday Inn for Barbara Doyle Seminar
07/26/10	127188	2,272.62	The Communicator's Workout	Learning Alliances Company, LLC
	TOTAL	$ 7,890.34		