

Facility Name: Fairfield Estates LLC

Report Period Beginning:

01/01/2005

Ending: 12/31/2005

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	61,275	66,127		127,402		127,402	1
2	Housekeeping, Laundry and Maintenance	15,620	2,000	19,081	36,701		36,701	2
3	Heat and Other Utilities			32,934	32,934		32,934	3
4	Other (specify): Miscellaneous			14,357	14,357		14,357	4
5	TOTAL General Services	76,895	68,127	66,372	211,394		211,394	5
B. Health Care and Programs								
6	Health Care/ Personal Care	86,342	322	4,477	91,141		91,141	6
7	Activities and Social Services		1,593		1,593		1,593	7
8	Other (specify): Legal				1,932		1,932	8
9	TOTAL Health Care and Programs	86,342	1,915	4,477	94,666		94,666	9
C. General Administration								
10	Administrative and Clerical	53,993	2,754	94,961	151,708		151,708	10
11	Marketing Materials, Promotions and Advertising			2,171	2,171		2,171	11
12	Employee Benefits and Payroll Taxes			25,321	25,321		25,321	12
13	Insurance-Property, Liability and Malpractice			56,597	56,597		56,597	13
14	Other (specify): Acquisition Expenses			7,436	7,436		7,436	14
15	TOTAL General Administration	53,993	2,754	186,486	243,233		243,233	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	217,230	72,796	257,335	549,293		549,293	16
Capital Expenses								
D. Ownership								
17	Depreciation			225,931	225,931		225,931	17
18	Interest			329,512	329,512		329,512	18
19	Real Estate Taxes			(2,645)	(2,645)		(2,645)	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amorization			6,088	6,088		6,088	22
23	TOTAL Ownership			558,886	558,886		558,886	23
24	GRAND TOTAL (Sum of lines 16 and 23)	217,230	72,796	816,221	1,108,179		1,108,179	24

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V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	3	7.25	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	9.00	6
7	Cook Helpers/Assistants	2	7.25	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	8.50	10
11	Laundry			11
12	Managers	2	12.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9	\$	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Wilkinson Corporation LLC Managing Member	30%	5	\$ 22626	1
2					2
3					3
4					4
5					5
Total				\$ 22626	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Oakshire Senior Living	\$ 56,565	1
2			2
Total		\$ 56,565	3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	City
1 Brookstone Estates Mattoon North	2 Mattoon

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
3 Wilkinson Corporation LLC	4 Yakima WA	5 Investment

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: Wilkinson Corporation, LLC If yes, what is the value of those services? \$ 22,626

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

Facility Name: Fairfield Estates LLC

Report Period Beginning: 01/01/2005

Ending: 12/31/2005

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

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

	1 Units*	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	
1	46		2004		\$ 2,937,288	\$ 110,847	28	\$ 110,847	\$	\$ 115,297	1
2											2
3											3
4											4
5											5
Improvement Type											
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,937,288	\$ 110,847		\$ 110,847	\$	\$ 115,297	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21	Land Improvement	\$ 857,576	\$ 57,171	\$ 61,936	21
22	Furniture and Fixtures	155,444	57,912	65,435	22
23	Goodwill and Loan Fees	87,587	6,088	6,590	23
24	TOTALS (lines 21, 22 and 23)	\$ 1,100,607	\$ 121,171	\$ 133,961	24

Facility Name: Fairfield Estates LLC

Report Period Beginning: 01/01/2005

Ending: 2/31/2005

IX. RENTAL COSTS

A. Building and Fixed Equipment

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? YES NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ _____

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2	3	4	6	7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance			
	A. Directly Facility Related Long-Term									
1	GEMSA Loan Service		X	Mortgage	12/13/04	\$ 4,860,037	\$ 4,785,321	/ /	6.0000	\$ 300,713
2	Mike Dietzen		X	Note	12/13/04	311,234		/ /	12.0000	28,799
3	Fund I	X		Note	12/13/04		3,803	/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,171,271	\$ 4,789,124			\$ 329,512
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,171,271	\$ 4,789,124			\$ 329,512

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: **Fairfield Estates LLC**Report Period Beginning: **01/01/2005**

Ending:

12/31/2005**12/31/2005****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2005**

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 125,334	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	243,340		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,762		6
7	Other Prepaid Expenses	36,099		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 409,535	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	70,000		13
14	Buildings, at Historical Cost	2,937,288		14
15	Leasehold Improvements, at Historical Cost	857,576		15
16	Equipment, at Historical Cost	155,444		16
17	Accumulated Depreciation (book methods)	(242,668)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	87,587		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Monies Loaned to Funds	900,020		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,765,247	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,174,782	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 124,719	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,700		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	10,938		30
31	Accrued Taxes Payable	(1,894)		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 170,463	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,789,124		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 4,789,124	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 4,959,587	\$	45
46	TOTAL EQUITY	\$ 215,195	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,174,782	\$	47

*(See instructions.)

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,131,306	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,131,306	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,131,306	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	211,394	19
20	Health Care/ Personal Care	94,666	20
21	General Administration	243,233	21
B. Capital Expense			
22	Ownership	558,886	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,108,179	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 23,127	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 23,127	31