

Facility Name Mattoon Estates North LLC

Report Period Beginning: 01/01/2005 Ending: 12/31/2005

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	41	Single Unit Apartment	41	14,965	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	47	TOTALS	47	17,155	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	8,314	5,870		14,184	5
6	Double Unit	367	1,979		2,346	6
7	Other					7
8	TOTALS	8,681	7,849		16,530	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.36%

D. Indicate the number of paid bed-hold days the SLF had during this year 156 Also, indicate the number of unpaid bed-hold days the SLF had during this year. **(Do not include bed-hold days in Section B.)**

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES NO

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO

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

H. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: Dec Fiscal Year: Dec

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

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? No If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

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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	79,359	76,396		155,755		155,755	1
2	Housekeeping, Laundry and Maintenance	20,854	4,629	16,497	41,980		41,980	2
3	Heat and Other Utilities			64,192	64,192		64,192	3
4	Other (specify): Miscellaneous			15,998	15,998		15,998	4
5	TOTAL General Services	100,213	81,025	96,687	277,925		277,925	5
B. Health Care and Programs								
6	Health Care/ Personal Care	82,919	434	10,654	94,007		94,007	6
7	Activities and Social Services		1,117		1,117		1,117	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	82,919	1,551	10,654	95,124		95,124	9
C. General Administration								
10	Administrative and Clerical	53,872	2,857	105,608	162,337		162,337	10
11	Marketing Materials, Promotions and Advertising			6,474	6,474		6,474	11
12	Employee Benefits and Payroll Taxes			27,239	27,239		27,239	12
13	Insurance-Property, Liability and Malpractice			56,597	56,597		56,597	13
14	Other (specify): Acquisition Expenses			8,189	8,189		8,189	14
15	TOTAL General Administration	53,872	2,857	204,107	260,836		260,836	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	237,004	85,433	311,448	633,885		633,885	16
Capital Expenses								
D. Ownership								
17	Depreciation			300,919	300,919		300,919	17
18	Interest			334,663	334,663		334,663	18
19	Real Estate Taxes			48,273	48,273		48,273	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amorization of Loan Fees and Goodwill			112,975	112,975		112,975	22
23	TOTAL Ownership			796,830	796,830		796,830	23
24	GRAND TOTAL (Sum of lines 16 and 23)	237,004	85,433	1,108,278	1,430,715		1,430,715	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	8.00	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	11.00	6
7	Cook Helpers/Assistants	2	7.50	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.00	10
11	Laundry			11
12	Managers	2	13.00	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 Managing Member	30%	5	\$ 25103	1
2					2
3					3
4					4
5					5
Total				\$ 25103	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Oakshire Senior Living	\$ 62,758 1
2		
Total		\$ 62,758 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	1	City	2
Brookstone Estates of Fairfield		Fairfield Illinois	

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Wilkinson Corporation		Yakima WA		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 If yes, what is the value of those services? \$ 25,103

(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).

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VIII. OWNERSHIP COSTS

A. Purchase price of land 180,000 Year land was acquired 2004

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	47		2004		\$ 4,037,908	\$ 146,833	28	\$ 146,833	\$	\$ 152,951	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)				\$ 4,037,908	\$ 146,833		\$ 146,833	\$	\$ 152,951	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	2004 Land Improvements	\$ 1,157,193	\$ 77,146	\$ 86,789	21
22	2004 Furniture and Fixtures	206,394	76,940	86,940	22
23	2004 Goodwill and Loan Fees	1,690,800	119,063	128,975	23
24	TOTALS (lines 21, 22 and 23)	\$ 3,054,387	\$ 273,149	\$ 302,704	24

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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 Services		X	Mortgage	12/13/04	\$ 4,934,806	\$ 4,858,942	/ /	6.0000	\$ 305,388
2	Mike Dietzen		X	Note	12/13/04	316,022		/ /	12.0000	29,245
3	Fund I Notes Payable	X		Note	12/13/04		3,861	/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 5,250,828	\$ 4,862,803			\$ 334,633
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 5,250,828	\$ 4,862,803			\$ 334,633

* 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.

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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	\$ 103,989	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	148,532		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,865		6
7	Other Prepaid Expenses	41,040		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 298,426	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	180,000		13
14	Buildings, at Historical Cost	4,037,907		14
15	Leasehold Improvements, at Historical Cost	1,157,193		15
16	Equipment, at Historical Cost	206,394		16
17	Accumulated Depreciation (book methods)	(326,680)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	1,575,143		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Monies Loaned to Funds	(1,052,202)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,777,755	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,076,181	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 138,418	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,402		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	9,847		30
31	Accrued Taxes Payable	4,913		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)	\$ 181,580	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	4,862,803		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)	\$ 4,862,803	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,044,383	\$	45
46	TOTAL EQUITY	\$ 1,031,798	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,076,181	\$	47

*(See instructions.)

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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	\$ 1,255,382	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,255,382	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
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income		13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$	14
D. Other Revenue (specify):			
15			15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,255,382	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	277,925	19
20	Health Care/ Personal Care	95,124	20
21	General Administration	260,836	21
B. Capital Expense			
22	Ownership	796,830	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,430,715	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (175,333)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (175,333)	31