

Facility Name: Paris Estates

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	65,377	63,554		128,931		128,931	1
2	Housekeeping, Laundry and Maintenance	23,609	4,617	21,676	49,902		49,902	2
3	Heat and Other Utilities			45,562	45,562		45,562	3
4	Other (specify): Miscellaneous			10,908	10,908		10,908	4
5	TOTAL General Services	88,986	68,171	78,146	235,303		235,303	5
B. Health Care and Programs								
6	Health Care/ Personal Care	75,361	251	13,383	88,995		88,995	6
7	Activities and Social Services		2,167		2,167		2,167	7
8	Other (specify): Legal			1,525	1,525		1,525	8
9	TOTAL Health Care and Programs	75,361	2,418	14,908	92,687		92,687	9
C. General Administration								
10	Administrative and Clerical	45,797	3,750	97,280	146,827		146,827	10
11	Marketing Materials, Promotions and Advertising			15,104	15,104		15,104	11
12	Employee Benefits and Payroll Taxes			25,437	25,437		25,437	12
13	Insurance-Property, Liability and Malpractice			56,597	56,597		56,597	13
14	Other (specify): Acquisitions Expenses			52,292	52,292		52,292	14
15	TOTAL General Administration	45,797	3,750	246,710	296,257		296,257	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	210,144	74,339	339,764	624,247		624,247	16
Capital Expenses								
D. Ownership								
17	Depreciation				301,473		301,473	17
18	Interest				294,585		294,585	18
19	Real Estate Taxes				57,710		57,710	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amorization			59,581	59,581		59,581	22
23	TOTAL Ownership			713,349	713,349		713,349	23
24	GRAND TOTAL (Sum of lines 16 and 23)	210,144	74,339	1,053,113	1,337,596		1,337,596	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	7.00	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.25	10
11	Laundry			11
12	Managers	2	11.00	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	\$ 23,157	1
2					2
3					3
4					4
5					5
Total				\$ 23,157	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Oakshire Senior Living	\$ 57,892 1
2		2
Total		\$ 57,892 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 of Vandalia	2 Vandalia
Brookstone Estates of Harrisburg	Harrisburg
Brookstone Estates of Tuscola	Tuscola
Brookstone Estates Suites	Effingham

OTHER RELATED BUSINESS ENTITIES

Name	City	Type of Business
3 Wilkinson Corporation	4 Yakima WA	5 Investment
The Terrace at Mountain Creek	Chattanooga TN	Assisted Living

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? \$ 23,167

(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 _____ 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		\$ 4,194,020	\$ 152,509	28	\$ 152,509	\$	\$ 158,864	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)				\$ 4,194,020	\$ 152,509		\$ 152,509	\$	\$ 158,864	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	\$ 1,085,243	\$ 72,349	\$ 81,393	21
22	Furniture and Fixtures	204,299	76,614	86,614	22
23	Goodwill and Loan Fees	929,665	59,581	64,545	23
24	TOTALS (lines 21, 22 and 23)	\$ 2,219,207	\$ 208,544	\$ 232,552	24

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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	\$ 4,336,648	\$ 4,269,978	/ /	6.0000	\$ 268,884
2	Mike Dietzen		X	Note	12 /13/04	277,716		/ /	12.0000	25,701
3	Fund VII	X		Note	12 /13/04		2,063,835	/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 4,614,364	\$ 6,333,813			\$ 294,585
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 4,614,364	\$ 6,333,813			\$ 294,585

* 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.

STATE OF ILLINOIS

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Report Period Beginning: 01/01/2005

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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	\$ 49,884	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	179,612		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,762		6
7	Other Prepaid Expenses	49,280		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 283,538	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	80,000		13
14	Buildings, at Historical Cost	4,194,020		14
15	Leasehold Improvements, at Historical Cost	1,085,243		15
16	Equipment, at Historical Cost	204,299		16
17	Accumulated Depreciation (book methods)	(387,553)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	928,534		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	1,131		22
23	Other(specify): <u>Monies Loaned to Funds</u>	(43,294)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,062,380	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,345,918	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 130,630	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	29,200		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	8,284		30
31	Accrued Taxes Payable	56,121		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)	\$ 224,235	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	6,333,814		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)	\$ 6,333,814	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,558,049	\$	45
46	TOTAL EQUITY	\$ (212,131)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,345,918	\$	47

*(See instructions.)

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Ending:

12/31/2005

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	\$ 1,157,857	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,157,857	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)	\$ 1,157,857	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	235,303	19
20	Health Care/ Personal Care	92,687	20
21	General Administration	296,257	21
B. Capital Expense			
22	Ownership	713,349	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)	\$ 1,337,596	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (179,739)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (179,739)	31