

Facility Name: Brookstone Estates-Mattoon

Report Period Beginning:

01-01-2006

Ending: 12-31-2006

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	77,480	74,472		151,952		151,952	1
2	Housekeeping, Laundry and Maintenance	19,591	6,085	17,245	42,921		42,921	2
3	Heat and Other Utilities			64,696	64,696		64,696	3
4	Other (specify): Miscellaneous			16,415	16,415		16,415	4
5	TOTAL General Services	97,071	80,557	98,356	275,984		275,984	5
B. Health Care and Programs								
6	Health Care/ Personal Care	85,345	891	10,259	96,495		96,495	6
7	Activities and Social Services		796		796		796	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	85,345	1,687	10,259	97,291		97,291	9
C. General Administration								
10	Administrative and Clerical	57,507	2,574	113,227	173,308		173,308	10
11	Marketing Materials, Promotions and Advertising			23,605	23,605		23,605	11
12	Employee Benefits and Payroll Taxes			51,746	51,746		51,746	12
13	Insurance-Property, Liability and Malpractice			38,392	38,392		38,392	13
14	Other (specify):							14
15	TOTAL General Administration	57,507	2,574	226,970	287,051		287,051	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	239,923	84,818	335,585	660,326		660,326	16
Capital Expenses								
D. Ownership								
17	Depreciation			384,414	384,414		384,414	17
18	Interest			327,912	327,912		327,912	18
19	Real Estate Taxes			49,864	49,864		49,864	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			762,190	762,190		762,190	23
24	GRAND TOTAL (Sum of lines 16 and 23)	239,923	84,818	1,097,775	1,422,516		1,422,516	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		\$ 20.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	3	8.23	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	11.50	6
7	Cook Helpers/Assistants	2	7.91	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.40	10
11	Laundry			11
12	Managers	2	12.62	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	\$ 25161	1
2					2
3					3
4					4
5					5
Total				\$ 25161	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Oakshire Senior Living	\$ 62,904 1
2		
Total		\$ 62,904 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			

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? \$ 25,161

(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	\$	\$ 299,784	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	\$	\$ 299,784	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	\$ 163,935	21
22	2004 Furniture and Fixtures	206,394	47,266	134,206	22
23	Goodwill and Loan Fees	2,036,032	112,975	122,384	23
24	TOTALS (lines 21, 22 and 23)	\$ 3,399,619	\$ 237,387	\$ 420,525	24

Facility Name: Brookstone Estates-Mattoon

Report Period Beginning: 01-01-2006

Ending: 2-31-2006

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	\$ 4,924,806	\$ 4,803,356	/ /	6.0000	\$ 292,687	1
2	GEMSA Loan Services		X	Mortgage	/ /	315,900	309,402	/ /	6.0000	34,460	2
3	Fund I Notes Payable	X		Note	/ /		3,861	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,240,706	\$ 5,116,619			\$ 327,147	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,240,706	\$ 5,116,619			\$ 327,147	10

* 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: 01-01-2006

Ending:

12-31-2006

12-31-2006

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12-31-2006

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 23,390	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	163,804		3
4	Supply Inventory (priced at)	1,948		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,121		6
7	Other Prepaid Expenses	70,754		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 266,017	\$	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-Vehicle	214,217		16
17	Accumulated Depreciation (book methods)	(597,926)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(235,553)		20
21	Restricted Funds			21
22	Other Long-Term Assets (Business Value	2,036,032		22
23	Other(specify): <u>Monies Loaned to Funds</u>	(1,052,203)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,739,667	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,005,684	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,272	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	28,141		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	11,228		30
31	Accrued Taxes Payable	5,403		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accrued Insurance</u>	1,650		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 96,694	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	5,116,621		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)	\$ 5,116,621	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,213,315	\$	45
46	TOTAL EQUITY	\$ 792,369	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,005,684	\$	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	\$ 1,258,088	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,258,088	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)	\$ 1,258,088	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	275,984	19
20	Health Care/ Personal Care	97,291	20
21	General Administration	287,051	21
B. Capital Expense			
22	Ownership	762,190	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)	\$ 1,422,516	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (164,428)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (164,428)	31