

Facility Name Brookstone Estates-Paris

Report Period Beginning: 01-01-2006 Ending: 12-31-2006

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	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	46	TOTALS	46	16,790	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	7,728	5,184		12,912	5
6	Double Unit	398	2,086		2,484	6
7	Other					7
8	TOTALS	8,126	7,270		15,396	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.70%

D. Indicate the number of paid bed-hold days the SLF had during this year 68 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 14 (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

ACCURAL 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? No 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	68,566	66,350		134,916		134,916	1
2	Housekeeping, Laundry and Maintenance	18,035	3,613	10,703	32,351		32,351	2
3	Heat and Other Utilities			42,314	42,314		42,314	3
4	Other (specify): Miscellaneous			16,050	16,050		16,050	4
5	TOTAL General Services	86,601	69,963	69,067	225,631		225,631	5
B. Health Care and Programs								
6	Health Care/ Personal Care	73,300	475	18,138	91,913		91,913	6
7	Activities and Social Services		1,056		1,056		1,056	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	73,300	1,531	18,138	92,969		92,969	9
C. General Administration								
10	Administrative and Clerical	50,926	2,964	109,707	163,597		163,597	10
11	Marketing Materials, Promotions and Advertising			10,088	10,088		10,088	11
12	Employee Benefits and Payroll Taxes			45,430	45,430		45,430	12
13	Insurance-Property, Liability and Malpractice			39,033	39,033		39,033	13
14	Other (specify):							14
15	TOTAL General Administration	50,926	2,964	204,258	258,148		258,148	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	210,827	74,458	291,463	576,748		576,748	16
Capital Expenses								
D. Ownership								
17	Depreciation			331,207	331,207		331,207	17
18	Interest			285,512	285,512		285,512	18
19	Real Estate Taxes			56,505	56,505		56,505	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			673,224	673,224		673,224	23
24	GRAND TOTAL (Sum of lines 16 and 23)	210,827	74,458	964,687	1,249,972		1,249,972	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		\$ 22.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	3	8.25	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	10.00	6
7	Cook Helpers/Assistants	2	7.42	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	7.12	10
11	Laundry			11
12	Managers	2	10.67	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	\$ 24379	1
2					2
3					3
4					4
5					5
Total				\$ 24379	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	Oakshire Senior Living	\$ 60,948 1
2		
Total		\$ 60,948 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? \$ 24,379

(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 80,000 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	46		2004	2001	\$ 4,194,020	\$ 152,509	28	\$ 152,509	\$	\$ 311,374	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	\$	\$ 311,374	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 Improvement	\$ 1,085,243	\$ 72,349	\$ 153,742	21
22	2004 Furniture and Fixtures	206,467	46,652	133,266	22
23	2004 Goodwill and Loan Fees	1,229,891	59,695	124,240	23
24	TOTALS (lines 21, 22 and 23)	\$ 2,521,601	\$ 178,696	\$ 411,248	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	\$ 4,336,648	\$ 4,221,130	/ /	6.0000	\$ 257,208
2	GEMSA Loan Services		X	Note	/ /	277,680	271,899	/ /		28,307
3	Fund VII	X		Note	/ /		1,949,636	/ /		
	Working Capital									
4					/ /			/ /		
5					/ /			/ /		
6					/ /			/ /		
7	TOTAL Facility Related					\$ 4,614,328	\$ 6,442,665			\$ 285,515
	B. Non-Facility Related									
8					/ /			/ /		
9					/ /			/ /		
10	TOTALS (lines 7, 8 and 9)					\$ 4,614,328	\$ 6,442,665			\$ 285,515

* 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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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	\$ 15,007	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	182,997		3
4	Supply Inventory (priced at)	1,692		4
5	Short-Term Investments			5
6	Prepaid Insurance	6,044		6
7	Other Prepaid Expenses	75,845		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Business Value	1,229,890		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,511,475	\$	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	206,467		16
17	Accumulated Depreciation (book methods)	(598,383)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(124,240)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Monies Loaned to Funds	(13,294)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,829,813	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,341,288	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 40,029	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	30,200		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	9,422		30
31	Accrued Taxes Payable	56,271		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Insurance	1,630		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 137,552	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	6,442,665		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)	\$ 6,442,665	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,580,217	\$	45
46	TOTAL EQUITY	\$ (238,929)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,341,288	\$	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	\$ 1,218,964	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,218,964	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)	\$ 1,218,964	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	225,631	19
20	Health Care/ Personal Care	92,969	20
21	General Administration	258,148	21
B. Capital Expense			
22	Ownership	673,224	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)	\$ 1,249,972	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (31,008)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (31,008)	31