

Facility Name: Brookstone Estates of Tuscola

Report Period Beginning:

1/1/08

Ending:

12/31/08

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	104,697	100,744		205,441		205,441	1
2	Housekeeping, Laundry and Maintenance	19,603	2,789	16,689	39,081		39,081	2
3	Heat and Other Utilities			70,002	70,002		70,002	3
4	Other (specify): Unallocated (shared maintenance)	20,446			20,446		20,446	4
5	TOTAL General Services	144,746	103,533	86,691	334,970		334,970	5
B. Health Care and Programs								
6	Health Care/ Personal Care	131,245			131,245		131,245	6
7	Activities and Social Services		1,728		1,728		1,728	7
8	Other (specify): Allocated							8
9	TOTAL Health Care and Programs	131,245	1,728		132,973		132,973	9
C. General Administration								
10	Administrative and Clerical	56,092	17,426	19,046	92,564		92,564	10
11	Marketing Materials, Promotions and Advertising			10,209	10,209		10,209	11
12	Employee Benefits and Payroll Taxes	26,452		45,889	72,341		72,341	12
13	Insurance-Property, Liability and Malpractice			14,359	14,359		14,359	13
14	Other (specify): Other income expense prior year			(1,641)	(1,641)		(1,641)	14
15	TOTAL General Administration	82,544	17,426	87,862	187,832		187,832	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	358,535	122,687	174,553	655,775		655,775	16
Capital Expenses								
D. Ownership								
17	Depreciation			3,733	3,733		3,733	17
18	Interest			1,091	1,091		1,091	18
19	Real Estate Taxes			74,264	74,264		74,264	19
20	Rent -- Facility and Grounds			418,554	418,554		418,554	20
21	Rent -- Equipment							21
22	Other (specify): Management Fees			62,576	62,576		62,576	22
23	TOTAL Ownership			560,218	560,218		560,218	23
24	GRAND TOTAL (Sum of lines 16 and 23)	358,535	122,687	734,771	1,215,993		1,215,993	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
4	Activity Director & Assistants			4
5	Social Service Workers	6.3	9.97	5
6	Head Cook			6
7	Cook Helpers/Assistants	5.6	9.01	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1.1	7.92	10
11	Laundry			11
12	Managers	1.2	14.15	12
13	Other Administrative	0.3	17.51	13
14	Clerical	0.3	12.82	14
15	Marketing			15
16	Other- Allocated	1.0	10.30	16
17	Total (lines 1 thru 16)	15.8	\$	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				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$

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 <u>1</u>	City <u>2</u>
_____	_____
_____	_____
_____	_____

OTHER RELATED BUSINESS ENTITIES		
Name <u>3</u>	City <u>4</u>	Type of Business <u>5</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____ If yes, what is the value of those services? \$ _____
 (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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
Improvement Type											
6		Leasehold Improvements			2,350	70	10		(70)	70	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)				\$ 2,350	\$ 70		\$	(70)	\$ 70	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	\$	\$	\$	\$	7	\$	18
19	Vehicles	19,950	3,663		(3,663)		3,663	19
20	TOTAL (lines 18 and 19)	\$ 19,950	\$ 3,663	\$	(3,663)		\$ 3,663	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		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Wakefield Capital

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					/ /	\$	\$	/ /			1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Security Deposits	2,100		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	106,407		3
4	Supply/Food Inventory (priced at 3 wks)	5,718		4
5	Short-Term Investments			5
6	Prepaid Insurance	7,583		6
7	Other Prepaid Expenses	1,910		7
8	Accounts Receivable (owners or related parties)	120,662		8
9	Other(specify): InterCo Bal Sheet True-up	45,112		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 289,492	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	2,350		15
16	Equipment, at Historical Cost	19,950		16
17	Accumulated Depreciation (book methods)	(3,733)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds-Negative Escrow Deposits	(35,591)		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ (17,024)	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 272,468	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 85,108	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	35,300		28
29	Short-Term Notes Payable			29
30	Accrued Salaries & Taxes Payable	13,316		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Comp- Accrued Vacation & PTO	9,697		33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accounts Payable- Interco			35
36	Property Taxes Payable	74,264		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 217,685	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	12,129		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)	\$ 12,129	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 229,814	\$	45
46	TOTAL EQUITY	\$ 6,983	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 236,797	\$	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	\$ 1,222,600	1
2	Discounts and Allowances	(4,178)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,218,422	3
	B. Other Operating Revenue		
4	Special Services- (Level of Care & Move in Fees)	25,070	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)	\$ 25,070	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	Food Stamp Revenue	6,692	15
16	Miscellaneous	871	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,563	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,251,055	18

		2	
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	334,970	19
20	Health Care/ Personal Care	132,973	20
21	General Administration	187,832	21
	B. Capital Expense		
22	Ownership	560,218	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Unallocated	(610)	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,215,383	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 35,672	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 35,672	31