

CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Date Prepared: 12/31/2025

Facility Name: HumanGood Fresno (dba Terraces at San Joaquin Gardens)

Address: 5555 N. Fresno Street

Zip Code: 93710

Phone: 559-430-8211

Provider Name:

HumanGood California Obligated Group

Facility Operator: HumanGood California Obligated Group

Religious Affiliation: Nonsectarian

Year Opened: 1966 # of Acres: 25

Miles to Shopping Center: 1

Miles to Hospital: 2

 Single Story Multi-Story Other: Both**Number of Units:** 401

Residential Living	Number of Units	Health Care	Number of Units
Apartments – Studio:	_____	Assisted Living:	60
Apartments – 1 Bdrm:	97	Skilled Nursing:	54
Apartments – 2 Bdrm:	163	Special Care:	27
Cottages/Houses:	_____	Description:	Memory Support

RLU Occupancy (%) at Year End: 95.8%

Type of Ownership: Not for Profit For Profit**Accredited?** Yes By: No**Form of Contact:** Continuing Care Life Care Entrance Fee Fee for Service(Check all that apply) Assignment of Assets Equity Membership Rental**Refund Provisions:** Refundable 90% 50%(Check all that apply) Repayable 75% Other: Fully Amortized**Range of Entrance Fees:** \$ 103,000 - \$ 793,845**Long-Term Care Insurance Required?** Yes No**Health Care Benefits Included in Contract:** N/A**Entry Requirements:** Min Age: 62 Prior Profession: N/A Other: _____**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles):

See attachment note 1 and 2.

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

Facility Services and Amenities

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housekeeping (<u>2</u> Times/ Month at \$_____ each)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (<u>3</u> /Day)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chapel	<input type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exercise Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Library	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spa	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming Pool – Indoor	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming Pool – Outdoor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Personal Home Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Workshop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation – Prearranged	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: <u>Sauna</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Provider Name: HumanGood California Obligated Group

Affiliated CCRCs	Location (city, state)	Phone (with area code)
See attachment note 3.		

Multi-Level Retirement Communities	Location (city, state)	Phone (with area code)

Free-Standing Skilled Nursing	Location (city, state)	Phone (with area code)

Subsidized Senior Housing	Location (city, state)	Phone (with area code)

NOTE: Please indicate if the facility is a life care facility.

Provider Name: HumanGood California Obligated Group

Income and Expenses [Year]	2022	2023	2024	2025
Income from Ongoing Operations				
Operating Income (Excluding amortization of entrance fee income)	303,351,000	299,511,000	320,767,000	340,717,000
Less Operating Expenses (Excluding depreciation, amortization, and interest)	287,078,000	290,260,000	316,041,000	321,919,000
Net Income From Operations	16,273,000	9,251,000	4,726,000	18,798,000
Less Interest Expense	14,639,000	16,642,000	16,414,000	15,443,000
Plus Contributions	1,838,000	2,537,000	2,098,000	1,802,000
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(38,135,000)	48,116,000	22,813,000	54,187,000
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	(34,663,000)	43,262,000	13,223,000	59,344,000
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	70,319,000	70,904,000	61,526,000	89,570,000

Description of Secured Debt *(as of most recent fiscal year end)*

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period
See attachment note 4.					

Financial Ratios *(see last page for ratio formulas)*

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2023	2024	2025
Debt to Asset Ratio		39.84%	37.17%	30.61%
Operating Ratio		90.40%	92.59%	88.50%
Debt Service Coverage Ratio		3.69	3.54	5.39
Days Cash On Hand Ratio		463	515	679

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Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2022	%	2023	%	2024	%	2025	%
Studio								
One Bedroom	3,744	5.25%	4,006	7.00%	4,226	5.50%	4,391	3.90%
Two Bedroom	4,700	5.25%	5,029	7.00%	5,306	5.50%	5,513	3.90%
Cottage/House								
Assisted Living	6,997	5.50%	7,377	7.25%	7,969	5.50%	8,140	3.90%
Skilled Living	423/day	5.25%	454/day	7.25%	479/day	5.50%	498/day	3.90%
Special Care	8,159	5.50%	8,825	7.25%	10,400	5.50%	10,919	3.90%

Comments from Provider:

See attachment note 5 for additional information.

Financial Ratio Formulas

Long-Term Debt to Total Assets Ratio

$$\frac{\text{Long Term Debt, less Current portion}}{\text{Total Assets}}$$

Operating Ratio

$$\frac{\text{Total Operating Expenses - Depreciation Expense - Amortization Expense}}{\text{Total Operating Revenues - Amortization of Deferred Revenue}}$$

Debt Service Coverage Ratio

$$\frac{\text{Total Excess of Revenues Over Expenses + Interest, Depreciation, and Amortization Expenses + Amortization of Deferred Revenue + Net Proceeds from Entrance Fees}}{\text{Annual Debt Service}}$$

Days Cash On Hand Ratio

$$\frac{\text{Unrestricted Current Cash \& Investments + Unrestricted Non-Current Cash and Investments}}{(\text{Operating Expenses - Depreciation - Amortization})/365}$$

NOTE: These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.