

**Continuing Care Retirement Community  
Disclosure Statement  
General Information**

Date Prepared: 4/28/2022

FACILITY NAME: Regents Point  
 ADDRESS: 19191 Harvard Avenue, Irvine, CA ZIP CODE: 92612 PHONE: 949-854-9500  
 PROVIDER NAME: HumanGood California Obligated Group FACILITY OPERATOR: HumanGood California Obligated Group  
 RELATED FACILITIES: HumanGood RELIGIOUS AFFILIATION: Nonsectarian  
 YEAR OPENED: 1982 # OF ACRES: 15  SINGLE  MULTI- MILES TO SHOPPING CTR: 1  
 STORY STORY  OTHER: Both MILES TO HOSPITAL: 3

**NUMBER OF UNITS:**

<b>RESIDENTIAL LIVING</b>	<b>HEALTH CARE</b>
APARTMENTS — STUDIO: <u>40</u>	ASSISTED LIVING: <u>38</u>
APARTMENTS — 1 BDRM: <u>77</u>	SKILLED NURSING: <u>59</u>
APARTMENTS — 2 BDRM: <u>40</u>	SPECIAL CARE: <u>8</u>
COTTAGES/HOUSES: <u>77</u>	DESCRIPTION: > <u>Memory Care</u>
RLU OCCUPANCY (%) AT YEAR END: <u>83.8%</u>	> _____

**TYPE OF OWNERSHIP:**  NOT-FOR-PROFIT  FOR-PROFIT ACCREDITED?:  YES  NO BY: \_\_\_\_\_

**FORM OF CONTRACT:**  CONTINUING CARE  LIFE CARE  ENTRANCE FEE  FEE FOR SERVICE  
*(Check all that apply)*  ASSIGNMENT OF ASSETS  EQUITY  MEMBERSHIP  RENTAL

**REFUND PROVISIONS:** *(Check all that apply)*  90%  75%  50%  FULLY AMORTIZED  OTHER: \_\_\_\_\_

**RANGE OF ENTRANCE FEES:** \$ 95,000 - \$ 935,000 **LONG-TERM CARE INSURANCE REQUIRED?**  YES  NO

**HEALTH CARE BENEFITS INCLUDED IN CONTRACT:** Limited

**ENTRY REQUIREMENTS:** MIN. AGE: 60 PRIOR PROFESSION: None OTHER: \_\_\_\_\_

**RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD** (briefly describe provider's compliance and residents' role): > \_\_\_\_\_

> Resident Council Presidents from each of the CCRCs are invited to attend all meetings of the HumanGood Board and are provided with the related board materials in advance.  
The 9 member Board includes 1 resident from the CCRCs in the obligated group.

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<b>FACILITY SERVICES AND AMENITIES</b>					
<b>COMMON AREA AMENITIES</b>	<b>AVAILABLE</b>	<b>FEE FOR SERVICE</b>	<b>SERVICES AVAILABLE</b>	<b>INCLUDED IN FEE</b>	<b>FOR EXTRA CHARGE</b>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING ( <u>2</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS ( <u>1-3</u> /DAY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUTTING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>			

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.

**PROVIDER NAME:** HumanGood California Obligated Group

**OTHER CCRCs**

**LOCATION (City, State)**

**PHONE (with area code)**

Piedmont Gardens

Oakland, CA

510-654-7172

Terraces at Los Altos

Los Altos, CA

650-948-8291

Plymouth Village

Redlands, CA

909-793-1233

Valle Verde

Santa Barbara, CA

805-687-1571

Rosewood

Bakersfield, CA

661-834-0620

Terraces of Los Gatos

Los Gatos, CA

408-356-1006

Terraces at San Joaquin Gardens

Fresno, CA

559-439-4770

Grand Lake Gardens

Oakland, CA

510-893-8897

**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

**OTHER CCRCs**

**LOCATION (City, State)**

**PHONE (with area code)**

Westminster Gardens

Duarte, CA

626-358-2569

White Sands La Jolla

La Jolla, CA

858-454-4201

Redwood Terrace

Escondido, CA

760-747-4306

Windsor

Glendale, CA

818-244-7219

Royal Oaks

Bradbury, CA

626-359-9371

Regents Point

Irvine, CA

949-854-9500

**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.

	<u>2018</u>	<u>2019</u>	<u>2020</u>	<u>2021</u>
<b>INCOME FROM ONGOING OPERATIONS</b>				
<b>OPERATING INCOME</b>				
(Excluding amortization of entrance fee income)	247,979,000	259,033,000	260,661,000	267,457,000
<b>LESS OPERATING EXPENSES</b>				
(Excluding depreciation, amortization, and interest)	235,387,000	245,565,000	246,893,000	260,942,000
<b>NET INCOME FROM OPERATIONS</b>	<u>12,592,000</u>	<u>13,468,000</u>	<u>13,768,000</u>	<u>6,515,000</u>
<b>LESS INTEREST EXPENSE</b>	19,095,000	17,411,000	12,946,000	11,288,000
<b>PLUS CONTRIBUTIONS</b>	1,361,000	1,184,000	1,361,000	1,142,000
<b>PLUS NON-OPERATING INCOME (EXPENSES)</b>				
(excluding extraordinary items)	(4,317,000)	24,986,000	20,567,000	13,881,000
<b>NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION</b>	<u>(9,459,000)</u>	<u>22,227,000</u>	<u>22,750,000</u>	<u>10,250,000</u>
<b>NET CASH FLOW FROM ENTRANCE FEES</b>				
(Total Deposits Less Refunds)	54,839,000	53,656,000	35,186,000	55,564,000

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**DESCRIPTION OF SECURED DEBT** (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
NorCal Series 2015	\$40,455,000	2% to 5%	5/28/2015	2045	30 years
SoCal Series 2015	\$42,210,000	1.6%	12/17/2015	2036	20 years
Series 2016 Construction Loan	\$1,070,000	2.89%	12/1/2016	2023	7 years
Series 2019	\$161,450,000	3% to 5%	8/1/2019	2044	25 years
Series 2020	\$80,090,000	1.2% to 1.6%	10/1/2020	2036 to 2047	16 to 27 years
Series 2021	\$120,000,000	3% to 5%	9/1/2021	2035 to 2049	14 to 28 years

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**FINANCIAL RATIOS** (see next page for ratio formulas)

**2017 CCAC Medians  
50<sup>th</sup> Percentile  
(optional)**

	<u>2019</u>	<u>2020</u>	<u>2021</u>
<b>DEBT TO ASSET RATIO</b>	40.31%	39.39%	44.29%
<b>OPERATING RATIO</b>	96.53%	97.17%	99.77%
<b>DEBT SERVICE COVERAGE RATIO</b>	2.56	2.67	3.91
<b>DAYS CASH ON HAND RATIO</b>	337	427	484

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**HISTORICAL MONTHLY SERVICE FEES** (Average Fee and Change Percentage)

	<u>2018</u>	<u>%</u>	<u>2019</u>	<u>%</u>	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>
STUDIO	2,669	3.90%	2,799	4.90%	2,908	3.90%	3,032	4.25%
ONE BEDROOM	3,003	3.90%	3,189	4.90%	3,475	3.90%	3,623	4.25%
TWO BEDROOM	4,744	3.90%	4,760	4.90%	5,209	3.90%	5,408	4.25%
COTTAGE/HOUSE	5,338	3.90%	5,600	4.90%	5,701	3.90%	5,943	4.25%
ASSISTED LIVING	6,776	4.20%	7,108	4.90%	7,320	4.40%	7,596	4.25%
SKILLED NURSING	315/day	4.20%	331/day	4.90%	345/day	4.40%	360/day	4.25%
SPECIAL CARE	7,233	4.20%	7,587	4.90%	7,919	4.40%	8,238	4.25%

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**COMMENTS FROM PROVIDER:** > Financial data is taken from the supplementary information in the audited combined financial statements of the HumanGood > California Obligated Group. Assisted Living and Memory Care includes a care component. Rates disclosed are actual averages for our contracted resident population. >

**FINANCIAL RATIO FORMULAS**

**LONG-TERM DEBT TO TOTAL ASSETS RATIO**

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

**OPERATING RATIO**

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

**DEBT SERVICE COVERAGE RATIO**

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

**DAYS CASH ON HAND RATIO**

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

**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.