Continuing Care Retirement Community Disclosure Statement

Date Pr	epared:	
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PROVIDER NAME	FACILITY NAME:									
RELATED FACILITIES:	ADDRESS:					ZIP CODE:		PHONE:		
RELIGIOUS AFFICIATION: RELIGIOUS AFFICIATION: RELIGIOUS AFFICIATION: RELIGIOUS AFFICIATION: RESIDENTIAL LIVING						FACIL	ITY OPERAT	OR:		
DENNED: ACRES: STORY STORY OTHER MILES TO HOSPITAL:	RELATED FACILITIES:					RELIGIOU	S AFFILIATI	ON:		
DENNED: ACRES: STORY STORY OTHER MILES TO HOSPITAL:	YEAR	# OF		NGLE MULTI-				MILES 1	O SHOPPING CTR	l:
NUMBER OF UNITS:	OPENED:	ACRES:	ST	ORY STORY	OTHER:			MI	LES TO HOSPITAL	.:
APARTMENTS — 1 BDRM: SKILLEN NURSING: APARTMENTS — 2 BDRM: SKILLEN NURSING: APARTMENTS — 2 BDRM: SPECIAL CARE: COTTAGES/HOUSES: DESCRIPTION: > RLU OCCUPANCY (%) AT YEAR END: OVERALL CCRC OCCUPANCY (%) AT YEAR END: 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 apphy) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL REFUND PROVISIONS: (Check all that apphy) Refundable Repayable 90% 75% 50% OTHER: REFUND PROVISIONS: (Check all that apphy) Refundable Repayable 90% 75% 50% OTHER: REALTH CARE BENEFITS INCLUDED IN CONTRACT: ENTRY REQUIREMENTS: MIN. AGE: PRIOR PROFESSION: OTHER: RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > FACILITY SERVICES AND AMENITIES RESULDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: BEAUTY/BARBER SHOP MEALS PRIOR PROFESSION: OTHER: BEAUTY/BARBER SHOP MEALS PRIOR PROFESSION: OTHER: COMMON AREA AMENITIES AVAILABLE FEE FOR SERVICE SERVICES AND AMENITIES COMMON AREA OMON ALL UTILITIES EXCEPT PHONE CARD ROOMS ALL UTILITIES EXCEPT PHONE CARD ROOMS ALL UTILITIES EXCEPT PHONE CARD ROOMS ALL UTILITIES EXCEPT PHONE CRAFT ROOMS ALL UTILITIES EXCEPT PHONE	* * * * * * * * * * * *	* * * *	* * * * * * *	* * * * * * * * *	* * * * * * * *	* * * * *	* * * * * *	* * * * * * *	* * * * * * * *	* * * * * *
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RANGE OF ENTRANCE FEES: \$										
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	OTHER				OTHER			_		_

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:		
OTHER CCRCs	LOCATION (City, State)	PHONE (with area code)
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)

PROVIDER NAME:		
OTHER CCRCs	LOCATION (City, State)	PHONE (with area code)
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)

INCOME FROM ONGOING OPERATIONS OPERATING INCOME (Excluding monitration of ontrance fee income) LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest) NET INCOME FROM OPERATIONS LESS INTEREST EXPENSE PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items) NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds) DESCRIPTION OF SECURED DEBT (as at most recent fiscal year and) OUTSTANDING INTEREST DATE OF DATE OF BALANCE (Total Deposits Less Refunds) FINANCIAL RATIOS (see next page for ratio formules) 2017 CCAC Medians 50° Percentile (optimal) DEBT TO ASSET RATIO OPERATING RATIO DEBT SERVICE COVERAGE RATIO DAYS CASH ON HAND RATIO HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage) 2017 % 2018 % 2019 % 2020 STUDIO ONE BEDROOM TWO BE	PROVIDER NAME:								
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STUDIO	DAYS CASH ON HAND RATIO								
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STUDIO						19 %	2020	%	
ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING SPECIAL CARE COMMENTS FROM PROVIDER: >		<u> </u>			70 20	7,0		70	
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FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

Total Excess of Revenues over Expenses
+ Interest, Depreciation, and Amortization Expenses
Amortization of Deferred Revenue + Net Proceeds from Entrance Fees
Annual Debt Service

DAYS CASH ON HAND RATIO

Unrestricted Current Cash & Investments
+ Unrestricted Non-Current Cash & Investments

(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.