Continuing Care Retirement Community Disclosure Statement

Date Pr	epared:	
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FACILITY NAME:									
ADDRESS:					ZIP CODE:		PHONI	i:	
PROVIDER NAME:					FACI	LITY OPERAT	OR:		
RELATED FACILITIES:					RELIGIOU	JS AFFILIATI	UN:		
YEAR	# OF		NGLE 🗆 MULTI-				MIL	ES TO SHO	PPING CTR:
OPENED:	ACRES:	ST	ORY STORY	OTHER:				MILES TO	HOSPITAL:
	* * * * :			* * * * * * *				* * * * *	* * * * * * * * * *
NUMBER OF UNITS:	A D A DTAA	ENTS — STUDI	IAL LIVING			<u>IEALTH CA</u>			
			U:	<u>—</u>	ASSISTED NO	LIVINU:			
	APAKIM	ENTC 2 DDD ENTC 2 DDD	M:		SKILLED MC	JRSING:			
	AFAKIM	EN13 — Z DUK	M:		DEC.	L CARE:			
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TYPE OF OWNERSHIP:									
FORM OF CONTRACT:	((ONTINUING CA	RE 🗆	LIFE CARE	□ EN	TRANCE FEE		☐ FEE FO	R SERVICE
(Check all that apply)	□ A	SSIGNMENT OF	ASSETS	EQUITY	☐ ME	MBERSHIP		☐ RENTA	L
REFUND PROVISIONS:	(Check all	that apply)	☐ Refundable	□ Repayable	90 %	75 %	□ 50%	□ OTH	ER:
RANGE OF ENTRANCE	FEES: \$_		\$		LONG-TE	RM CARE	INSURAN	CE REQU	IRED? 🗆 YES 🗆 N
HEALTH CARE BENEFIT	'S INCLU	DED IN CON	TRACT:						
ENTRY REQUIREMENTS	S: MIN. A	GE:	PRIOR PROFESSI	ON:		0	THER:		
RESIDENT REPRESE	NTATIVE	(S) TO. AND	RESIDENT MEM	BER(S) ON. THI	E BOARD:				
			provider's complic						
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			FACILITY S	ERVICES AND A	MENITIES	S			
COMMON AREA AMEI	NITIES	<u> AVAILABLE</u>	FEE FOR SERVICE	SERVICE	S AVAILA	BLE	INCLUDE	D IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP				HOUSEKEEPING	(TIME	S/MONTH)		1	
BILLIARD ROOM				MEALS (_3_/D	AY))	
BOWLING GREEN				SPECIAL DIETS A	VAILABLE			1	
CARD ROOMS									
CHAPEL				24-HOUR EMERG		ONSE		=	
COFFEE SHOP				ACTIVITIES PRO					
CRAFT ROOMS				ALL UTILITIES EX					
EXERCISE ROOM				APARTMENT MA	INTENANCE				
GOLF COURSE ACCESS				CABLE TV				=	
LIBRARY			<u> </u>	LINENS FURNISH				=	
PUTTING GREEN			<u> </u>	LINENS LAUNDE				=	
SHUFFLEBOARD				MEDICATION MA				_	
SPA				NURSING/WELLN				=	
SWIMMING POOL-INDOOR	D			PERSONAL HOM					
SWIMMING POOL-OUTDOO	K			TRANSPORTATIO					
TENNIS COURT				TRANSPORTATIO	JIN-FKEAKKA	ANUED		=	
WORKSHOP				OTHER				ı	

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)

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FREE-STANDING SKILLED NURSING	LOCATION (City, State)	PHONE (with area code)
SUBSIDIZED SENIOR HOUSING	LOCATION (City, State)	PHONE (with area code)

LENDER BALANCE RATE ORIGINATION MATURITY PERIOD	PROVIDER NAME:									
OPERATING INCOME (Excluding depretation, entronce fee income) LESS OPERATING EXPENSES (Excluding depretation, amortization, and interest) NET INCOME FROM OPERATIONS LESS INTEREST EXPENSE PLUS CONTRIBUTIONS PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items) NET INCOME (ICOS) BEFORE ENTRANCE FLES, DEPRECIATION AND AMORTIZATION NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Retunds) DESCRIPTION OF SECURED DEBT (as of most recent fiscal year enal) OUTSTANDING INTEREST DATE OF MATURITY AMORTIZATION ENDE BALANCE RATE ORIGINATION MATURITY PERIOD FINANCIAL RATIOS (see next page for ratio formulas) 2017 CCAC Medians 50° Percentile (optional) 2018 2019 2020 DEBT TO ASSET RATIO OPERATING RATIO DEBT SERVICE COVERAGE RATIO DAYS CASH ON HAND RATIO HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage) STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM TWO BEDROOM SYLLED NURSING			20	17	2018		2019		2020	
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DEBT SERVICE COVERAGE RATIO	* * * * * * * * * * * * * * * * * * *	2017 CCAC 50 th Perc	Medians entile	* * * * * * *	* * * * * * *	* * * * *	2019	* * * * * * *	* * * * * * * 2020	
DAYS CASH ON HAND RATIO										
MISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage) 2017										
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STUDIO	* * * * * * * * * * * * * * *	* * * * * * * * *		* * * * * * *	* * * * * * *	* * * * * *	* * * * * * *	* * * * * * * *	* * * * * :	
STUDIO						2010	0/2	2020	0/2	
ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING SPECIAL CARE COMMENTS FROM PROVIDER: >		7		1010	70	2017	70	2020	70	
TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING SPECIAL CARE ***********************************										
COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING SPECIAL CARE ***********************************										
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SPECIAL CARE ***********************************										
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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.