Continuing Care Retirement Community Disclosure Statement

FACILITY NAME: The Village

Date Prepared<u>: 04/26/22</u>

ADDRESS: 2200 W. Acacid	a Avenue, Hemet, CA		ZIP CODE: 925	545 PHONE	: (951) 658-3369
PROVIDER NAME: Freedo	m Properties - Hemet,	LLC	FACILITY O		lom Management Company
RELATED FACILITIES: Fre	edom Village		RELIGIOUS AFF	ILIATION: None	
YEAR #	‡ OF □ SIN	IGLE 🗵 MULTI-		MIL	ES TO SHOPPING CTR: 1/8
OPENED: <u>1989</u> A	CRES: <u>12</u> ST	ORY STORY	☑ OTHER: <u>HC is Single Story</u>		MILES TO HOSPITAL: 3
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NUMBER OF UNITS:		IAL LIVING		TH CARE	
	APARTMENTS — STUDI		8 ASSISTED LIVING		52
	APARTMENTS — 1 BDR		22 SKILLED NURSING		52
	APARTMENTS — 2 BDR		12 SPECIAL CAR		
	COTTAGES/HOUSE			ON: >	
RLU OCCUI	PANCY (%) AT YEAR EN	D: <u>82</u>	<u>%</u>		
TYPE OF OWNERSHIP:	□ NOT-FOR-PROFI	T ⊠ FOR-PRO	DFIT ACCREDITED?: □ YES	⊠ NO BY:	
FORM OF CONTRACT:	☑ CONTINUING CA		LIFE CARE 🗵 ENTRAN		☐ FEE FOR SERVICE
(Check all that apply)	☐ ASSIGNMENT OF	ASSETS	EQUITY	SHIP	□ RENTAL
REFUND PROVISIONS: ((Check all that apply)	⊠ Refundable	□ Repayable □ 90% ⊠	75 % ⊠ 50 %	⊠ OTHER: <u>Fully Amortized</u>
RANGE OF ENTRANCE F	EES: \$ 95,000	- \$ 336,000	LONG-TERM CARE INSUF	RANCE REQUIRE	ED? □ YES ⊠ NO
HEALTH CARE BENEFITS	INCLUDED IN CON	TRACT: 25%	Discount		
ENTRY REQUIREMENTS:	: MIN. AGE: <u>60</u>	PRIOR PROFESSION	ON: None	OTHER:	
RESIDENT REPRESEN			BER(S) ON, THE BOARD: one and residents' roles) >	resident, nomina	ited by the residents' council,
> joins the table at each	. 1				
	partnership meeting to	offer feedback, ac	dvice and resident perspective on	all agenda items.	
* * * * * * * * * * * *	partnership meeting to * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * * * * * *	all agenda items. * * * * * * * *	
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BEAUTY/BARBER SHOP	AVAILABLE	FACILITY SE FEE FOR SERVICE	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *
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BEAUTY/BARBER SHOP BILLIARD ROOM BOWLING GREEN	AVAILABLE	FACILITY SE FEE FOR SERVICE	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	D IN FEE FOR EXTRA CHARGE
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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.

ROVIDER NAME: <u>Freedom Properties - Hemet</u>	, LLC	
OTHER CCRCs	LOCATION (City, State)	PHONE (with area code)
MULTI-LEVEL RETIREMENT COMMUNITIES	LOCATION (City, State)	PHONE (with area code)
REE-STANDING SKILLED NURSING	LOCATION (City, State)	PHONE (with area code)
UBSIDIZED SENIOR HOUSING	LOCATION (City, State)	PHONE (with area code)

NOTE: PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.

	2019	2020	2021	2022
INCOME FROM ONGOING OPERATIONS OPERATING INCOME (Excluding amortization of entrance fee income)	12,213,580	11,271,302	11,585,437	12,643,649
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	-13,429,978	-13, 591,147	-14,645,552 	-15,373,930
NET INCOME FROM OPERATIONS	1,216,398	<u>-2,319,845</u>	<u>-3,060,115</u>	<u>-2,730,281</u>
LESS INTEREST EXPENSE	0	12,996	-33,330	-68,088
PLUS CONTRIBUTIONS			-	
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	-12,590	-589,155 ———————————————————————————————————	2,406,824	-5,498
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	1,228,988	<u>-1,743,686</u>	<u>-686,621</u>	<u>-2,803,867</u>
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	2,322,111	<u>2,056,304</u>	<u>2,051,505</u>	2,605,320

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

	OUTSTANDING	INTEREST	DATE OF	DATE OF	AMORTIZATION
LENDER	BALANCE	RATE	ORIGINATION	MATURITY	PERIOD
TV of CA Master Trust	7,770,000	0%	01/01/1989	03/31/2038	40 yrs.

FINANCIAL RATIOS (see next page for ratio formulas)

2015 CCAC Medians 50th Percentile

_	(optional)	2020		2022
DEBT TO ASSET RATIO		57%	52%	56%
OPERATING RATIO		121%	127%	122%
DEBT SERVICE COVERAGE RATIO		65%	266%	-25%
DAYS CASH ON HAND RATIO		111	84	76

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	2019	%	2020	%	2021	%	2022
STUDIO	1,934	3.9	2,009	0.0	2,009	4.9	2,108
ONE BEDROOM	2,539	3.9	2,638	0.0	2,638	4.9	2,767
TWO BEDROOM	3,149	3.9	3,272	0.0	3,272	4.9	3,432
COTTAGE/HOUSE							
ASSISTED LIVING	4,467	5.0	4,467	0.0	4,467	4.9	4,920
SKILLED NURSING	8,285	5.0	8,699	0.0	8,699	4.9	9,125
SPECIAL CARE							

COMMENTS FROM PROVIDER:

1. The Village's Resident Master Trust holds a first trust deed against the Retirement Center. Of the \$8MM note, approx.

\$1.1MM is refundable to residents. Therefore, the true liabilities represent a debt to asset ratio of 18%. 2. Non-Operating Income during 2020 and 2021 included financial support from the federal Provider Relief Program and the Payroll Protection Program.

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.