Date Prepared: 4/5/2023

# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

| Facility Name: Stoner  | idge Creek Pleas  | anton CC         | CRC, LLC            |                      |  |
|--|---|------------------|---------------------|----------------------|--|
| Address: 3300 Stoneridge Creek Way   Zip Code:94588   Phone:925-201-4000 |   |                  |                     |                      | Phone:925-201-4000                       |
| Provider Name:   |   |                  |                     |                      | •  |
| Stoneridge Creek Plea  | santon CCRC. LL   | .C               |                     |                      |  |
|  | ,   |                  |                     |                      |  |
| Facility Operators Office  | anidas Onsala Disa                                      |                  | 2000 110            |                      |  |
| Facility Operator: Ston  | _   | asanton (        | JCRC, LLC           |                      |  |
| Religious Affiliation: N/  |   | Miles to         | Chambina Ca         |                      | Miles to Heavital O.                     |
| <u> </u>   | # of Acres: 46  |                  | Shopping Ce         | <u>•nter:&lt;2</u>   | Miles to Hospital:2.2                    |
|  | <b>☑</b> Multi-Story                                    | ☐ Other          | :                   |                      |  |
| Number of Units:   |   |                  |                     |                      |  |
| Residential Living   | Number of U   | Jnits            | Health Ca           |                      | Number of Units                          |
| Apartments – Studio:   | -   |                  | Assisted L          |                      |  |
| Apartments – 1 Bdrm:   | 171   |                  | Skilled Nui         | rsing:               |  |
| Apartments – 2 Bdrm:   | 291   |                  | Special Ca          | are:                 |  |
| Cottages/Houses:   | 90  |                  | Description         | n:                   |  |
| RLU Occupancy (%) at   | t Year End:99.8%  |                  |                     |                      |  |
| Type of Ownership:   | <ul><li>□ Not for Profit</li><li>☑ For Profit</li></ul> |                  | Ac                  | credited? [          | ⊒ Yes By:<br>⊒ No                        |
| Form of Contact: (Check all that apply)                                  |   |                  | _                   | ☑ Entrance ☐ Members | e Fee □ Fee for Service<br>ship □ Rental |
| Refund Provisions:<br>(Check all that apply)                             | □ Refundable<br>☑ Repayable                             |                  | □ 90%<br>☑ 75%      | <ul><li></li></ul>   | 5%                                       |
| Range of Entrance F  | ees: \$ <u>432,000</u>                                  |                  | - \$ <u>3,038</u> , | ,000                 |  |
| Long-Term Care Insu  | ırance Required   | ? □ Ye           | s 🛭 No              |                      |  |
| Health Care Benefits   | Included in Con   | tract: <u>As</u> | sisted Living,      | Skilled Nur          | sing, Memory Care                        |
| Entry Requirements:  | Min Age: 60   | Prior            | Profession: N       | I/A                  | Other: N/A                               |
| Resident Representa<br>(briefly describe                                 | • • •   |                  |                     | •                    | d:<br>dent representative from           |
| the Resident Council   | (RC) is involved in                                     | n monthly        | / managemer         | nt (mgmt) m          | eetings to serve as                      |
| liaison between RC a   | nd mgmt and to p  | rovide in        | put and sugge       | estions to m         | igmt and ownership.                      |

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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.

# Facility Services and Amenities

| Common Area<br>Amenities | Available | Fee for<br>Service | Services Available           | Included<br>in Fee | For Extra<br>Charge |
|--------------------------|-----------|--------------------|------------------------------|--------------------|---------------------|
| Beauty/Barber Shop       |           |                    | Housekeeping (2_Times/       |                    |                     |
| Billiard Room            |           |                    | Month at \$each)             |                    |                     |
| Bowling Green            |           |                    | Meals ( <u>1_</u> /Day)      | Ø                  |                     |
| Card Rooms               | <b>∡</b>  |                    | Special Diets Available      | <u></u>            |                     |
| Chapel                   |           |                    |                              | _                  | _                   |
| Coffee Shop              |           |                    | 24-Hour Emergency Response   |                    |                     |
| Craft Rooms              | <b>∡</b>  |                    |                              | Ø                  |                     |
| Exercise Room            |           |                    | Activities Program           |                    |                     |
| Golf Course Access       |           |                    | All Utilities Except Phone   |                    |                     |
| Library                  |           |                    | Apartment Maintenance        | <b>2</b>           |                     |
| Putting Green            |           |                    | Cable TV                     |                    | <b>A</b>            |
| Shuffleboard             |           |                    | Linens Furnished             |                    |                     |
| Spa                      | <b>∠</b>  |                    | Linens Laundered             | <b>Z</b>           |                     |
| Swimming Pool –          |           |                    | Medication Management        |                    | <b>4</b>            |
| Indoor                   |           |                    | Nursing/Wellness Clinic      | <b>2</b>           |                     |
| Swimming Pool –          |           |                    | Personal Home Care           |                    | $\blacksquare$      |
| Outdoor                  |           |                    | Transportation – Personal    |                    | ∡                   |
| Tennis Court             |           |                    | Transportation – Prearranged | <b>∡</b><br>–      |                     |
| Workshop                 |           |                    | Other:                       | _ 🗆                |                     |
| Other: Bocce Ball        |           |                    |                              |                    |                     |

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Provider Name: Stoneridge Creek Pleasanton CCRC, LLC

| Affiliated CCRCs                      | Location (city, state)   | Phone (with area code) |  |  |  |
|---------------------------------------|--------------------------|------------------------|--|--|--|
| N/A                                   |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          | -                      |  |  |  |
| Multi-Level Retirement Communities    | Location (city, state)   | Phone (with area code) |  |  |  |
| N/A                                   |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
|                                       |                          |                        |  |  |  |
| 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. |                        |  |  |  |

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| Provider Name: Stoneridge Creek Pleasanton, CCRC, LLC   |            |            |            |            |  |  |  |
|---|------------|------------|------------|------------|--|--|--|
| Income and Expenses [Year]  | 2019       | 2020       | 2021       | 2022       |  |  |  |
| Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income) | 41,438,483 | 44,066,621 | 45,802,848 | 48,856,973 |  |  |  |
| Less Operating Expenses (Excluding depreciation, amortization, and interest)                    | 27,194,991 | 29,549,826 | 30,855,847 | 34,844,192 |  |  |  |
| Net Income From Operations  | 14,243,492 | 14,516,795 | 14,947,001 | 14,012,781 |  |  |  |
| Less Interest Expense   |            |            |            |            |  |  |  |
| Plus Contributions  |            |            |            |            |  |  |  |
| Plus Non-Operating Income (Expenses) (Excluding extraordinary items)                            | 1,024,912  | 493,453    | 1,699,403  | (864,389)  |  |  |  |
| Net Income (Loss) Before Entrance<br>Fees, Depreciation And Amortization                        | 15,268,404 | 15,010,248 | 16,646,404 | 13,148,392 |  |  |  |
| Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)                                  | 17,420,815 | 15,907,647 | 30,667,243 | 24,620,028 |  |  |  |

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

| Lender                     | Outstanding<br>Balance | Interest<br>Rate | Date of<br>Origination | Date of<br>Maturity | Amortization Period |
|----------------------------|------------------------|------------------|------------------------|---------------------|---------------------|
| Stoneridge Creek Master TR | 418,331,074            | 0%               | 11/28/2011             | 12/31/2061          | 40 Years            |
|                            |                        |                  |                        |                     |                     |
|                            |                        |                  |                        |                     |                     |
|                            |                        |                  |                        |                     |                     |

Financial Ratios (see last page for ratio formulas)

| Financial Ratios [Year]     | CCAC Medians 50th Percentile (optional) | 2020   | 2021   | 2022   |
|-----------------------------|---|--------|--------|--------|
| Debt to Asset Ratio         |   | 0%     | 0%     | 0%     |
| Operating Ratio             |   | 67.16% | 67.37% | 71.32% |
| Debt Service Coverage Ratio |   | 0%     | 0%     | 0%     |
| Days Cash On Hand Ratio     |   | 132.69 | 251.59 | 194.60 |

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Provider Name: Stoneridge Creek Pleasanton CCRC, LLC

## Historical Monthly Service Fees (Average Fee and Change Percentage)

| Residence/Service [Year] | 2019  | %   | 2020  | %   | 2021  | %   | 2022  | <u>%</u> |
|--------------------------|-------|-----|-------|-----|-------|-----|-------|----------|
| Studio                   | 3,239 | 3.8 | 3,378 | 4.3 | 3,509 | 3.9 | 3,709 | 5.7      |
| One Bedroom              | 3,963 | 3.8 | 4,133 | 4.3 | 4,295 | 3.9 | 4,540 | 5.7      |
| Cottage/House            | 6,004 | 3.8 | 6,262 | 4.3 | 6,506 | 3.9 | 6,877 | 5.7      |
| Assisted Living          |       |     |       |     |       |     |       |          |
| Skilled Living           |       |     |       |     |       |     |       |          |
| Special Care             |       |     |       |     |       |     |       |          |

#### **Comments from Provider:**

#### 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 and
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.

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