



Reports of Independent Auditors on Supplementary Information and
Continuing Care Liquid Reserve Schedules with
Supplementary Schedules

Sequoia Living, Inc.

For the Year Ended December 31, 2022



MOSSADAMS

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Report of Independent Auditors on Supplementary Information

To the Board of Directors
Sequoia Living, Inc.

We have audited the consolidated financial statements of Sequoia Living, Inc. (the “Organization”), not presented herein, as of and for the year ended December 31, 2022, and issued our report thereon dated May 10, 2023, in which we indicated the extent of our reliance on the report of other auditors.

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The supplementary financial information on pages 3 through 5 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary financial information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

San Francisco, California
May 10, 2023

Financial Statements

Sequoia Living, Inc.
Details of Operations Sequoias – San Francisco
For the Year Ended December 31, 2022 (dollars in thousands)

	<u>2022</u>
Operating revenues and other income	
Resident fees	\$ 22,162
Amortization of entrance fees	6,311
Fees for services and other income	<u>4,570</u>
Total operating revenues and other income	<u>33,043</u>
Expenses	
Compensation and benefits	11,506
Purchased services	6,756
Medical services	783
Supplies	612
Repairs and maintenance	1,225
Utilities	1,508
Professional fees	380
Depreciation	4,137
Interest	947
Other operating	<u>3,735</u>
Total expenses	<u>31,589</u>
Excess of operating revenues and other income over expenses	<u>1,454</u>
Other changes	
Grants used for programs and facilities	<u>295</u>
Change in net assets without donor restrictions	<u><u>\$ 1,749</u></u>

Sequoia Living, Inc.
Details of Operations Sequoias – Portola Valley
For the Year Ended December 31, 2022 (dollars in thousands)

	2022
Operating revenues and other income	
Resident fees	\$ 18,942
Amortization of entrance fees	5,842
Fees for services and other income	4,903
	<u>29,687</u>
Support	
Contributions	58
	<u>58</u>
Total operating revenues, other income, and support	<u>29,745</u>
Expenses	
Compensation and benefits	7,852
Purchased services	9,943
Medical services	1,183
Supplies	543
Repairs and maintenance	800
Utilities	1,602
Professional fees	328
Depreciation	3,566
Interest	611
Other operating	3,257
	<u>29,685</u>
Total expenses	<u>29,685</u>
Excess of operating revenues, other income, and support over expenses	<u>60</u>
Other changes	
Grants used for programs and facilities	248
	<u>248</u>
Change in net assets without donor restrictions	<u>\$ 308</u>

Sequoia Living, Inc.
Details of Operations Sequoias - Tamalpais
For the Year Ended December 31, 2022 (dollars in thousands)

	2022
Operating revenues and other income	
Resident fees	\$ 17,877
Amortization of entrance fees	6,087
Fees for services and other income	<u>2,147</u>
	26,111
Support	
Contributions	<u>15</u>
	26,126
Total operating revenues, other income, and support	<u>26,126</u>
Expenses	
Compensation and benefits	11,117
Purchased services	6,144
Medical services	544
Supplies	543
Repairs and maintenance	797
Utilities	1,367
Professional fees	373
Depreciation	3,066
Interest	721
Other operating	<u>2,920</u>
Total expenses	<u>27,592</u>
Deficit of operating revenues, other income, and support over expenses	<u>(1,466)</u>
Other changes	
Grants used for programs and facilities	<u>372</u>
Change in net assets without donor restrictions	<u>\$ (1,094)</u>

Report of Independent Auditors

To the Board of Directors
Sequoia Living, Inc.

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of Sequoia Living, Inc., which comprise the continuing care liquid reserve schedules, Form 5-1 through Form 5-5, as of and for the year ended December 31, 2022, and the related note to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the continuing care liquid reserve schedules Form 5-1 through Form 5-5 of Sequoia Living, Inc. as of and for the year ended December 31, 2022, in conformity with the liquid reserve requirements of California Health and Safety Code Section 1792.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sequoia Living, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Basis of Accounting

We draw attention to the basis of accounting used to prepare the financial statements. The financial statements are prepared by Sequoia Living, Inc. on the basis of the liquid reserve requirements of California Health and Safety Code Section 1792, which is a basis of accounting other than accounting principles generally accepted in the United States of America, to meet the requirements of California Health and Safety Code Section 1792. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the liquid reserve requirements of California Health and Safety Code Section 1792. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether these financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on these financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sequoia Living, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sequoia Living, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Supplementary Schedule to Form 5-4: Required Disclosure Under Section 1790 (a)(2), Supplementary Schedule to Form 5-4: Reconciliation to Audit Report and Supplementary Schedule to Form 5-5: Reconciliation to Audit Report, presented as supplementary schedules, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements, taken as a whole.

The Supplementary Schedule – Additional Disclosures (Unaudited) for the year ended December 31, 2022, is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audits of the financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Restriction on Use

This report is intended solely for the information and use of the Board of Directors and management of Sequoia Living, Inc., and the California Department of Social Services, and is not intended to be, and should not be, used by anyone other than these specified parties.

A handwritten signature in dark ink that reads "Moss Adams LLP". The signature is written in a cursive, flowing style.

San Francisco, California
May 10, 2023

Sequoia Living, Inc.**Form 5-1****Long-Term Debt Incurred In A Prior Fiscal Year (Including Balloon Debt)
Year Ended December 31, 2022**

	(a)	(b)	(c)	(d)	(e)
Long-Term Debt Obligation	Date Incurred	Principal Paid During Fiscal Year	Interest Paid During Fiscal Year	Credit Enhancement Premiums Paid in Fiscal Year	Total Paid (columns (b) + (c) + (d))
1	4/15/2015	\$1,400,000	\$2,638,025	\$0	\$4,038,025
2	6/12/2015	\$181,422	\$758,620	\$0	\$940,042
3	10/1/2017	\$337,776	\$953,071	\$0	\$1,290,847
4	12/19/2019	\$0	\$2,761,891	\$0	\$2,761,891
5					
6					
7					
8					
TOTAL:		\$1,919,198	\$7,111,607	\$0	\$9,030,805

(Transfer this amount to
Form 5-3, Line 1)

NOTE: For column (b), do not include voluntary payments made to pay down principal.

Sequoia Living, Inc.
Form 5-2
Long-Term Debt Incurred During Fiscal Year (Including Balloon Debt)
Year Ended December 31, 2022

	(a)	(b)	(c)	(d)	(e)
Long-Term Debt Obligation	Date Incurred	Total Interest Paid During Fiscal Year	Amount of Most Recent Payment on the Debt	Number of Payments over next 12 months	Reserve Requirement (see instruction 5) (columns (c) x (d))
1					
2					
3					
4					
5					
6					
7					
8					
TOTAL:					\$0

(Transfer this amount to
Form 5-3, Line 2)

NOTE: For column (b), do not include voluntary payments made to pay down principal.

Sequoia Living, Inc.
Form 5-3
Calculation of Long-Term Debt Reserve Amount
Year Ended December 31, 2022

Line		TOTAL
1	Total from Form 5-1 bottom of Column (e)	<u>\$ 9,030,805</u>
2	Total from Form 5-2 bottom of Column (e)	<u>\$ -</u>
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	<u>\$ -</u>
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	<u><u>\$ 9,030,805</u></u>

Sequoia Living, Inc.
Form 5-4
Calculation of Net Operating Expenses
Year Ended December 31, 2022

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$ 31,589,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	<u>\$ 1,096,338</u>	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	<u>\$ -</u>	
c.	Depreciation	<u>\$ 4,137,000</u>	
d.	Amortization	<u>\$ -</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$ 2,151,337</u>	
f.	Extraordinary expenses approved by the Department	<u>\$ -</u>	
3	Total Deductions		<u>\$ 7,384,675</u>
4	Net Operating Expenses		<u>\$ 24,204,325</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$ 66,313</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$ 4,973,475</u></u>

PROVIDER: Sequoia Living, Inc.
COMMUNITY: Sequoias - San Francisco

Sequoia Living, Inc.
Form 5-4
Calculation of Net Operating Expenses
Year Ended December 31, 2022

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$ 29,685,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	<u>\$ 707,185</u>	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	<u>\$ -</u>	
c.	Depreciation	<u>\$ 3,566,000</u>	
d.	Amortization	<u>\$ -</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$ 2,357,028</u>	
f.	Extraordinary expenses approved by the Department	<u>\$ -</u>	
3	Total Deductions		<u>\$ 6,630,213</u>
4	Net Operating Expenses		<u>\$ 23,054,787</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$ 63,164</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$ 4,737,300</u></u>

PROVIDER: Sequoia Living, Inc.
COMMUNITY: Sequoias - Portola Valley

Sequoia Living, Inc.
Form 5-4
Calculation of Net Operating Expenses
Year Ended December 31, 2022

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$ 27,592,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	<u>\$ 834,502</u>	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	<u>\$ -</u>	
c.	Depreciation	<u>\$ 3,066,000</u>	
d.	Amortization	<u>\$ -</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$ 854,651</u>	
f.	Extraordinary expenses approved by the Department	<u>\$ -</u>	
3	Total Deductions		<u>\$ 4,755,153</u>
4	Net Operating Expenses		<u>\$ 22,836,847</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$ 62,567</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$ 4,692,525</u></u>

PROVIDER: Sequoia Living, Inc.
COMMUNITY: Tamalpais

Sequoia Living, Inc.
Form 5-5
Annual Reserve Certification
Year Ended December 31, 2022

FORM 5-5: ANNUAL RESERVE CERTIFICATION

Provider Name: Sequoia Living, Inc.
Fiscal Year Ended: 12/31/2022

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended 12/31/2022 and are in compliance with those requirements.

Our liquid reserve requirements, computed using the audited financial statements for the fiscal year are as follows:

	<u>Amount</u>
[1] Debt Service Reserve Amount	\$ 9,030,805
[2] Operating Expense Reserve Amount	\$ 14,403,300
[3] Total Liquid Reserve Amount:	\$ 23,434,105

Qualifying assets sufficient to fulfill the operating reserve and debt service requirements, based on market value at end of fiscal year where applicable, are held as follows:

<u>Qualifying Asset Description</u>	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents	\$ 9,030,805	\$ 21,084,195
[5] Investment Securities	\$ -	\$ 759,000
[6] Equity Securities	\$ -	\$ 76,554,000
[7] Unused/Available Lines of Credit	\$ -	\$ -
[8] Unused/Available Letters of Credit	\$ -	\$ -
[9] Debt Service Reserve	\$ -	(not applicable)
[10] Other:	\$ -	\$ -

Qualifying assets used in these reserves are described as follows:

Total Amount of Qualifying Assets

Listed for Reserve Obligation:	[11]	\$ 9,030,805	[12]	\$ 98,397,195
Reserve Obligation Amount:	[13]	\$ 9,030,805	[14]	\$ 14,403,300
Surplus/(Deficiency):	[15]	\$ -	[16]	\$ 83,993,895

Signature:



(Authorized Representative)

Date: 5/10/2023

CFO

(Title)

Supplementary Schedules

Sequoia Living, Inc.
Supplementary Schedule to Form 5-4: Required Disclosure Under Section 1790 (a)(2)
Year Ended December 31, 2022

Description	Sequoias - San Francisco	Sequoias - Portola Valley	Tamalpais
Total operating expenses (Form 5-4, Line 1)	\$ 31,589,000	\$ 29,685,000	\$ 27,592,000
Mean number of all residents (Form 1-1, Line 10)	324	291	256
Per capita cost of operations	\$ 97,497	\$ 102,010	\$ 107,781

Sequoia Living, Inc.
Supplementary Schedule to Form 5-4: Reconciliation to Audit Report
Year Ended December 31, 2022

Form 5-4 Reconciliation

Reconciliation to Audited Financial Statements

Cash received from services and other income	\$ 15,435,000
Less: Other revenues	<u>(10,071,984)</u>
	<u><u>\$ 5,363,016</u></u>

Sequoia Living, Inc.

Supplementary Schedule to Form 5-5: Reconciliation to Audit Report

Year Ended December 31, 2022

Financial Statements and Footnotes Description		Qualifying Asset Description (Form 5-5)
Cash and cash equivalents - Sequoia Living	\$ 11,601,195	
Cash and cash equivalents - Senior Services for Northern California	2,530,000	
Marketable securities - money market funds	6,953,000	
	<u>21,084,195</u>	Cash and cash equivalents
Marketable securities - corporate fixed income securities	759,000	Investment securities
Marketable securities - common stock	8,255,000	
Marketable securities - equity mutual funds	41,979,000	
Marketable securities - fixed income mutual funds	26,320,000	
	<u>76,554,000</u>	Equity securities
Total qualifying assets as filed for operating reserve	<u>\$ 98,397,195</u>	
Cash and cash equivalents - Sequoia Living	\$ 4,990,805	
Limited use assets - debt service reserve fund - Revenue Bond Series 2015	4,040,000	
Total qualifying assets as filed for debt service reserve	<u>\$ 9,030,805</u>	Debt service reserves
Reconciliation to Audited Financial Statements		
Cash and cash equivalents	\$ 19,226,000	
Marketable securities	84,266,000	
Investments, other	11,726,000	
Limited use assets, current portion	19,876,000	
Limited use assets, noncurrent portion	<u>52,336,000</u>	
	187,430,000	
Less:		
Cash and cash equivalents - Viamonte Senior Living 1	(104,000)	
Marketable securities - investment in real estate fund	(11,726,000)	
Limited use assets - project fund - Revenue Bond Series 2015	(514,000)	
Limited use assets - revenue fund - Revenue Bond Series 2015	(1,684,000)	
Limited use assets - principal and interest fund - Revenue Bond Series 2018	(1,862,000)	
Limited use assets - debt service reserve fund - Revenue Bond Series 2018	(5,924,000)	
Limited use assets - project fund - Revenue Bond Series 2018	(99,000)	
Limited use assets - revenue fund - Revenue Bond Series 2018	(36,000)	
Limited use assets - investments held by trustee in accordance with construction loan agreement	(600,000)	
Limited use assets - investments held by trustee for development	(1,164,000)	
Limited use assets - investments held by trustee for working capital	(15,721,000)	
Limited use assets - investments held by trustee for repayment of revenue bonds	<u>(40,568,000)</u>	
	<u>\$ 107,428,000</u>	
Total qualifying assets as filed for operating reserve	\$ 98,397,195	
Total qualifying assets as filed for debt service reserve	<u>9,030,805</u>	
	<u>\$ 107,428,000</u>	

Sequoia Living, Inc.
Additional Disclosures (Unaudited)
Year Ended December 31, 2022

Status Description and Amount of Reserves:

Sequoia Living's reserves consist of marketable securities, net of amounts designated for Foundation investments (restricted) of \$92,912,000. Sequoia Living invests approximately 46% of its reserves in equity investments.

Funds accumulated for specific projects and/or contingencies

Sequoia Living's reserves have not been designated for specific needs or projects. They are available to respond to contingencies; provide funding for projects which are internally financed and support Sequoia Living's efforts to grow and serve more seniors consistent with its tax-exempt purpose.

In 2022, Sequoia Living's cash flow from operations including entrance fees was not sufficient to cover its activities, so accumulated cash and marketable securities were required to fund projects. Projects in excess of \$250,000 completed in 2022 were as follows:

Sequoias San Francisco:

Apartment renovations	\$ 1,416,837
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Sequoias Portola Valley:

Solar project	\$ 1,838,000
Apartment renovations	\$ 3,677,911

Tamalpais:

Apartment renovations	\$ 7,419,427
Nurse call & wanderguard system	\$ 1,406,349
1st floor laundry renovation	\$ 344,755

Projects included in the 2023 capital budget which are greater than \$250,000 include the following:

Sequoias San Francisco:

Tower carpets paint electrical	\$ 314,771
AudStrobe fire alarm tower	\$ 1,227,608
Gym and storage project	\$ 1,013,563
Apartment renovations new program	\$ 2,000,000

Sequoia Living, Inc.
Additional Disclosures (Unaudited)
Year Ended December 31, 2022

Sequoias Portola Valley:

MCU warner design	\$	944,784
Sprinkler system for duplex	\$	839,808
Install fire alarm	\$	1,800,000
Apartment renovations new program	\$	1,900,000

Tamalpais:

Resident refresh	\$	304,123
Apartment renovations new program	\$	1,007,770
MC/AL - construction	\$	6,000,000
Fire pump replacement	\$	277,137

Sequoia Living, Inc.
Note 1 to the Continuing Care Reserve Report
For the Year Ended December 31, 2022

The continuing care reserve report included in Part 5 has been prepared in accordance with the report preparation provisions of the California Health and Welfare Code (the Code), Section 1792. The continuing care reserve report excludes the results of Viamonte Senior Living 1, Inc., which are included in a separate report.

Section 1792 of the Code indicates that Sequoia Living, Inc. should maintain at all times qualifying assets as a liquid reserve in an amount that equals or exceeds the sum of the following:

- The amount the provider is required to hold as a debt service reserve under Section 1792.3
- The amount the provider must hold as an operating expense reserve under Section 1792.4

In accordance with the Code, Sequoia Living, Inc. has computed its liquid reserve requirement as of and for the year ended December 31, 2022, Sequoia Living, Inc.'s most recent fiscal year end, and the reserve is based on audited financial statements for the period.

FORM 1-1:RESIDENT POPULATION

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	<hr/>
[2]	Number at end of fiscal year	<hr/>
[3]	Total Lines 1 and 2	<hr/>
		x.50
[4]	Multiply Line 3 by “.50” and enter result on Line 5.	
[5]	Mean number of continuing care residents	<div></div>
All Residents		
[6]	Number at beginning of fiscal year	<hr/>
[7]	Number at end of fiscal year	<hr/>
[8]	Total Lines 6 and 7	<hr/>
		x.50
[9]	Multiply Line 8 by “.50” and enter result on Line 10.	
[10]	Mean number of <i>all</i> residents	<div></div>
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	<div></div>

FORM 1-1:RESIDENT POPULATION

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	<hr/>
[2]	Number at end of fiscal year	<hr/>
[3]	Total Lines 1 and 2	<hr/>
		x.50
[4]	Multiply Line 3 by “.50” and enter result on Line 5.	
[5]	Mean number of continuing care residents	<div></div>
All Residents		
[6]	Number at beginning of fiscal year	<hr/>
[7]	Number at end of fiscal year	<hr/>
[8]	Total Lines 6 and 7	<hr/>
		x.50
[9]	Multiply Line 8 by “.50” and enter result on Line 10.	
[10]	Mean number of <i>all</i> residents	<div></div>
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	<div></div>

FORM 1-1:RESIDENT POPULATION

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	<hr/>
[2]	Number at end of fiscal year	<hr/>
[3]	Total Lines 1 and 2	<hr/>
		x.50
[4]	Multiply Line 3 by “.50” and enter result on Line 5.	
[5]	Mean number of continuing care residents	<div></div>
All Residents		
[6]	Number at beginning of fiscal year	<hr/>
[7]	Number at end of fiscal year	<hr/>
[8]	Total Lines 6 and 7	<hr/>
		x.50
[9]	Multiply Line 8 by “.50” and enter result on Line 10.	
[10]	Mean number of <i>all</i> residents	<div></div>
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	<div></div>

FORM 1-2: ANNUAL PROVIDER FEE

Line	TOTAL
[1] Total Operating Expenses (including depreciation and debt service - interest only)	
[a] Depreciation	
[b] Debt Service (Interest Only)	
[2] Subtotal (add Line 1a and 1b)	
[3] Subtract Line 2 from Line 1 and enter result.	
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	
[6] Total Amount Due (multiply Line 5 by .001)	

PROVIDER: _____

COMMUNITY: _____

FORM 1-2: ANNUAL PROVIDER FEE

Line	TOTAL
[1] Total Operating Expenses (including depreciation and debt service - interest only)	
[a] Depreciation	
[b] Debt Service (Interest Only)	
[2] Subtotal (add Line 1a and 1b)	
[3] Subtract Line 2 from Line 1 and enter result.	
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	
[6] Total Amount Due (multiply Line 5 by .001)	

PROVIDER: _____

COMMUNITY: _____

FORM 1-2: ANNUAL PROVIDER FEE

Line	TOTAL
[1] Total Operating Expenses (including depreciation and debt service - interest only)	
[a] Depreciation	
[b] Debt Service (Interest Only)	
[2] Subtotal (add Line 1a and 1b)	
[3] Subtract Line 2 from Line 1 and enter result.	
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	
[6] Total Amount Due (multiply Line 5 by .001)	

PROVIDER: _____

COMMUNITY: _____

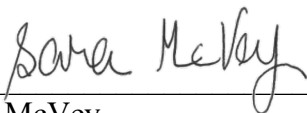
Part 2

**SEQUOIA LIVING, INC.
CERTIFICATION BY CHIEF EXECUTIVE OFFICER**

December 31, 2022

I hereby certify to the best of my knowledge and belief that:

1. The information included within this annual report is correct.
2. Each continuing care contract form now in use for new residents has been approved by the Department.
3. As of the date of this certification Sequoia living is maintaining the required liquid reserve and refund reserve.



Sara McVey

President & CEO
Title

5/25/2023
Date

Part 3

DECLARATIONS

Policy Number: 8167-4988

FEDERAL INSURANCE COMPANY

A stock insurance company, incorporated under the laws of Indiana, herein called the Company

Capital Center, 251 North Illinois, Suite 1100
Indianapolis, IN 46204-1927

THE EXECUTIVE LIABILITY, ENTITY LIABILITY, AND EMPLOYMENT PRACTICES LIABILITY, FIDUCIARY LIABILITY, AND OUTSIDE DIRECTORSHIP LIABILITY COVERAGE SECTIONS (WHICHEVER ARE PURCHASED) PROVIDE CLAIMS MADE COVERAGE, WHICH APPLIES ONLY TO "CLAIMS" FIRST MADE DURING THE "POLICY PERIOD", OR ANY EXTENDED REPORTING PERIOD. THE APPLICABLE LIMIT(S) OF LIABILITY TO PAY "LOSS" WILL BE REDUCED, AND MAY BE EXHAUSTED, BY "DEFENSE COSTS" UNLESS OTHERWISE SPECIFIED HEREIN. "DEFENSE COSTS" WILL BE APPLIED AGAINST THE RETENTION. IN NO EVENT WILL THE COMPANY BE LIABLE FOR "DEFENSE COSTS" OR OTHER "LOSS" IN EXCESS OF THE APPLICABLE LIMIT(S) OF LIABILITY. READ THE ENTIRE POLICY CAREFULLY.

Item 1. **Parent Organization:** Sequoia Living, Inc.

Principal Address: 1525 Post Street
San Francisco, CA 94109

Item 2. **Policy Period:** From 12:01 A.M. on March 5, 2023
To 12:01 A.M. on March 5, 2024
Local time at the address shown in Item 1.

Item 3. **Coverage Summary**
Description of Coverage(s) purchased:

Executive Liability and:	X
Optional Entity Coverage	X
Optional Employment Practices Liability Coverage	X
Optional Third Party Liability Coverage	X
Outside Directorship Liability Coverage	
Fiduciary Liability Coverage	X
Crime Coverage	X
Kidnap/Ransom and Extortion Coverage	

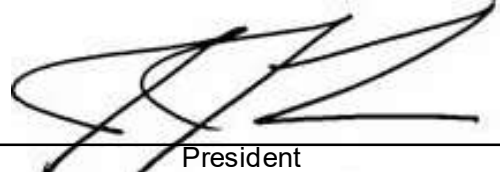
Item 4. **Termination of Prior Bonds or Policies:** 8167-4988 (Mar 5, 2022 - Mar 5, 2023)

In Witness Whereof, the Company issuing this policy has caused this policy to be signed by its Authorized Officers, but it shall not be valid unless also signed by a duly Authorized Representative of the Company.

FEDERAL INSURANCE COMPANY



Secretary



President

3/17/2023

Date



Authorized Representative

Part 6

**CONTINUING CARE RETIREMENT COMMUNITY
DISCLOSURE STATEMENT**

Date Prepared: _____

Facility Name: _____

Address: _____

Zip Code: _____

Phone: _____

Provider Name: _____

Facility Operator: _____

Religious Affiliation: _____

Year Opened: _____

of Acres: _____

Miles to Shopping Center: _____

Miles to Hospital: _____

☐ Single Story☐ Multi-Story☐ Other: _____**Number of Units:**

Residential Living	Number of Units	Health Care	Number of Units
Apartments – Studio:	_____	Assisted Living:	_____
Apartments – 1 Bdrm:	_____	Skilled Nursing:	_____
Apartments – 2 Bdrm:	_____	Special Care:	_____
Cottages/Houses:	_____	Description:	_____

RLU Occupancy (%) at Year End: _____

Type of Ownership: ☐ Not for Profit☐ For Profit**Accredited?** ☐ Yes By: _____☐ No**Form of Contact:**

(Check all that apply)

☐ Continuing Care☐ Life Care☐ Entrance Fee☐ Fee for Service☐ Assignment of Assets☐ Equity☐ Membership☐ Rental**Refund Provisions:**

(Check all that apply)

☐ Refundable☐ 90%☐ 50%☐ Repayable☐ 75%☐ Other: _____**Range of Entrance Fees:** \$ _____ - \$ _____**Long-Term Care Insurance Required?** ☐ Yes ☐ No**Health Care Benefits Included in Contract:** _____**Entry Requirements:** Min Age: _____ Prior Profession: _____ Other: _____**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles): _____

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 Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping (___Times/	<input type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input type="checkbox"/>	<input type="checkbox"/>	Month at \$_____each)		
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (___/Day)	<input type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input type="checkbox"/>	<input type="checkbox"/>
Chapel	<input type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Room	<input type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	<input type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Indoor			Personal Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor			Transportation – Prearranged	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Provider Name: _____

Affiliated 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please indicate if the facility is a life care facility.

Provider Name: _____

Income and Expenses [Year]

Income from Ongoing Operations

Operating Income

(Excluding amortization of entrance fee income)

Less Operating Expenses

(Excluding depreciation, amortization, and interest)

Net Income From Operations

Less Interest Expense

Plus Contributions

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 of most recent fiscal year end)

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period

Financial Ratios (see last page for ratio formulas)

CCAC Medians 50th Percentile (optional)

Financial Ratios [Year]

Debt to Asset Ratio

Operating Ratio

Debt Service Coverage Ratio

Days Cash On Hand Ratio

Provider Name: _____

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

Residence/Service [Year]		%		%		%		%
Studio								
One Bedroom								
Cottage/House								
Assisted Living								
Skilled Living								
Special Care								

Comments from Provider:

Financial Ratio Formulas

Long-Term Debt to Total Assets Ratio

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

Operating Ratio

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

Debt Service Coverage Ratio

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

Days Cash On Hand Ratio

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

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.

**CONTINUING CARE RETIREMENT COMMUNITY
DISCLOSURE STATEMENT**

Date Prepared: _____

Facility Name: _____

Address: _____

Zip Code: _____

Phone: _____

Provider Name: _____

Facility Operator: _____

Religious Affiliation: _____

Year Opened: _____

of Acres: _____

Miles to Shopping Center: _____

Miles to Hospital: _____

☐ Single Story☐ Multi-Story☐ Other: _____**Number of Units:**

Residential Living	Number of Units	Health Care	Number of Units
Apartments – Studio:	_____	Assisted Living:	_____
Apartments – 1 Bdrm:	_____	Skilled Nursing:	_____
Apartments – 2 Bdrm:	_____	Special Care:	_____
Cottages/Houses:	_____	Description:	_____

RLU Occupancy (%) at Year End: _____

Type of Ownership: ☐ Not for Profit☐ For Profit**Accredited?** ☐ Yes By: _____☐ No**Form of Contact:**

(Check all that apply)

☐ Continuing Care☐ Life Care☐ Entrance Fee☐ Fee for Service☐ Assignment of Assets☐ Equity☐ Membership☐ Rental**Refund Provisions:**

(Check all that apply)

☐ Refundable☐ 90%☐ 50%☐ Repayable☐ 75%☐ Other: _____**Range of Entrance Fees:** \$ _____ - \$ _____**Long-Term Care Insurance Required?** ☐ Yes ☐ No**Health Care Benefits Included in Contract:** _____**Entry Requirements:** Min Age: _____ Prior Profession: _____ Other: _____**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles): _____

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 Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping (___Times/	<input type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input type="checkbox"/>	<input type="checkbox"/>	Month at \$_____each)		
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (___/Day)	<input type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input type="checkbox"/>	<input type="checkbox"/>
Chapel	<input type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Room	<input type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	<input type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Indoor			Personal Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor			Transportation – Prearranged	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Provider Name: _____

Affiliated 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please indicate if the facility is a life care facility.

Provider Name: _____

Income and Expenses [Year]

Income from Ongoing Operations

Operating Income

(Excluding amortization of entrance fee income)

Less Operating Expenses

(Excluding depreciation, amortization, and interest)

Net Income From Operations

Less Interest Expense

Plus Contributions

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 of most recent fiscal year end)

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period

Financial Ratios (see last page for ratio formulas)

CCAC Medians 50th Percentile (optional)

Financial Ratios [Year]

Debt to Asset Ratio

Operating Ratio

Debt Service Coverage Ratio

Days Cash On Hand Ratio

Provider Name: _____

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

Residence/Service [Year]		%		%		%		%
Studio								
One Bedroom								
Cottage/House								
Assisted Living								
Skilled Living								
Special Care								

Comments from Provider:

Financial Ratio Formulas

Long-Term Debt to Total Assets Ratio

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

Operating Ratio

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

Debt Service Coverage Ratio

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

Days Cash On Hand Ratio

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

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.

**CONTINUING CARE RETIREMENT COMMUNITY
DISCLOSURE STATEMENT**

Date Prepared: _____

Facility Name: _____

Address: _____

Zip Code: _____

Phone: _____

Provider Name: _____

Facility Operator: _____

Religious Affiliation: _____

Year Opened: _____

of Acres: _____

Miles to Shopping Center: _____

Miles to Hospital: _____

☐ Single Story☐ Multi-Story☐ Other: _____**Number of Units:**

Residential Living	Number of Units	Health Care	Number of Units
Apartments – Studio:	_____	Assisted Living:	_____
Apartments – 1 Bdrm:	_____	Skilled Nursing:	_____
Apartments – 2 Bdrm:	_____	Special Care:	_____
Cottages/Houses:	_____	Description:	_____

RLU Occupancy (%) at Year End: _____

Type of Ownership: ☐ Not for Profit☐ For Profit**Accredited?** ☐ Yes By: _____☐ No**Form of Contact:**

(Check all that apply)

☐ Continuing Care☐ Life Care☐ Entrance Fee☐ Fee for Service☐ Assignment of Assets☐ Equity☐ Membership☐ Rental**Refund Provisions:**

(Check all that apply)

☐ Refundable☐ 90%☐ 50%☐ Repayable☐ 75%☐ Other: _____**Range of Entrance Fees:** \$ _____ - \$ _____**Long-Term Care Insurance Required?** ☐ Yes ☐ No**Health Care Benefits Included in Contract:** _____**Entry Requirements:** Min Age: _____ Prior Profession: _____ Other: _____**Resident Representative(s) to, and Resident Members on, the Board:**

(briefly describe provider's compliance and residents' roles): _____

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 Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<input type="checkbox"/>	<input type="checkbox"/>	Housekeeping (___Times/	<input type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input type="checkbox"/>	<input type="checkbox"/>	Month at \$_____each)		
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (___/Day)	<input type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input type="checkbox"/>	<input type="checkbox"/>
Chapel	<input type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input type="checkbox"/>	<input type="checkbox"/>
Exercise Room	<input type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Library	<input type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input type="checkbox"/>	<input type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input type="checkbox"/>	<input type="checkbox"/>
Indoor			Personal Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Pool –	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor			Transportation – Prearranged	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>			
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Provider Name: _____

Affiliated 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)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: Please indicate if the facility is a life care facility.

Provider Name: _____

Income and Expenses [Year]

Income from Ongoing Operations

Operating Income

(Excluding amortization of entrance fee income)

Less Operating Expenses

(Excluding depreciation, amortization, and interest)

Net Income From Operations

Less Interest Expense

Plus Contributions

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 of most recent fiscal year end)

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period

Financial Ratios (see last page for ratio formulas)

CCAC Medians 50th Percentile (optional)

Financial Ratios [Year]

Debt to Asset Ratio

Operating Ratio

Debt Service Coverage Ratio

Days Cash On Hand Ratio

Provider Name: _____

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

Residence/Service [Year]		%		%		%		%
Studio								
One Bedroom								
Cottage/House								
Assisted Living								
Skilled Living								
Special Care								

Comments from Provider:

Financial Ratio Formulas

Long-Term Debt to Total Assets Ratio

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

Operating Ratio

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

Debt Service Coverage Ratio

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

Days Cash On Hand Ratio

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

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.

Part 7

FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2]**. Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
4. Check *each* of the appropriate boxes.
5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: “projected costs, prior year per capita costs and economic indicators.” Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

NOTE: Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

FORM 7-1**REPORT ON CCRC MONTHLY CARE FEES**

RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING
-------------------------------	----------------------------	------------------------	----------------------------

1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable) _____
2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) _____
- ☐ Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)
3. Indicate the date the fee increase was implemented: _____
(If more than one (1) increase was implemented, indicate the dates for each increase.)
4. Check each of the appropriate boxes:
- ☐ Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.
- ☐ All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.
Date of Notice: _____ **Method of Notice:** _____
- ☐ At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. **Date of Meeting:** _____
- ☐ At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.
- ☐ The Provider distributed the documents to all residents by [Optional - check all that apply]:
- ☐ Emailed the documents to those residents for whom the provider had email addresses on file
 - ☐ Placed hard copies in resident cubby
 - ☐ Placed hard copies at designated locations
 - ☐ Provided hard copies to residents upon request, and/or
 - ☐ Other: [please describe] _____
 - ☐ **Date of Notice:** _____

- ☐ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

Date of Notice: _____

- ☐ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.

Date of Posting: _____ **Location of Posting:** _____

- ☐ Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.

Date of Posting: _____ **Location of Posting:** _____

5. On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.

PROVIDER: _____ **COMMUNITY:** _____

FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2]**. Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
4. Check *each* of the appropriate boxes.
5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: “projected costs, prior year per capita costs and economic indicators.” Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

NOTE: Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

FORM 7-1**REPORT ON CCRC MONTHLY CARE FEES**

	RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING
1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	_____	_____	_____	_____
2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	_____	_____	_____	_____
<input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)				
3. Indicate the date the fee increase was implemented: _____ (If more than one (1) increase was implemented, indicate the dates for each increase.)				
4. Check each of the appropriate boxes:				
<input type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.				
<input type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: _____ Method of Notice: _____				
<input type="checkbox"/> At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. Date of Meeting: _____				
<input type="checkbox"/> At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.				
<input type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:				
<input type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file				
<input type="checkbox"/> Placed hard copies in resident cubby				
<input type="checkbox"/> Placed hard copies at designated locations				
<input type="checkbox"/> Provided hard copies to residents upon request, and/or				
<input type="checkbox"/> Other: [please describe] _____				
<input type="checkbox"/> Date of Notice: _____				

- ☐ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

Date of Notice: _____

- ☐ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.

Date of Posting: _____ **Location of Posting:** _____

- ☐ Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.

Date of Posting: _____ **Location of Posting:** _____

5. On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.

PROVIDER: _____ **COMMUNITY:** _____

FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2]**. Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
4. Check *each* of the appropriate boxes.
5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: “projected costs, prior year per capita costs and economic indicators.” Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

NOTE: Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

FORM 7-1**REPORT ON CCRC MONTHLY CARE FEES**

	RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING
1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	_____	_____	_____	_____
2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	_____	_____	_____	_____
<input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)				
3. Indicate the date the fee increase was implemented: _____ (If more than one (1) increase was implemented, indicate the dates for each increase.)				
4. Check each of the appropriate boxes:				
<input type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.				
<input type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: _____ Method of Notice: _____				
<input type="checkbox"/> At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. Date of Meeting: _____				
<input type="checkbox"/> At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.				
<input type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:				
<input type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file				
<input type="checkbox"/> Placed hard copies in resident cubby				
<input type="checkbox"/> Placed hard copies at designated locations				
<input type="checkbox"/> Provided hard copies to residents upon request, and/or				
<input type="checkbox"/> Other: [please describe] _____				
<input type="checkbox"/> Date of Notice: _____				

- ☐ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

Date of Notice: _____

- ☐ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.

Date of Posting: _____ **Location of Posting:** _____

- ☐ Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.

Date of Posting: _____ **Location of Posting:** _____

5. On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.

PROVIDER: _____ **COMMUNITY:** _____

Sequoia Portola Valley (SPV)

FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2022

Line #	Fiscal Years
1	F/Y 2020 Operating Expenses ¹
2	F/Y 2021 Operating Expenses ² (Adjustments if any, Explained Below)
3	Projected F/Y 2022 Results of Operations (Adjustments ³ Explained Below)
4	F/Y 2022 Anticipated MCF Revenue ² Based on Current and Projected Occupancy and Other ⁴ without a MCFI
5	Projected F/Y 2022 (Net) Operating Results ² without a MCFI (Line 3 plus Line 4)
6	Projected F/Y 2022 Anticipated Revenue Based on Current and Projected Occupancy and Other ⁴ with MCFI 5.75%
7	Grand Total - Projected FY 2022 Net Operating Activity After 5.75% MCFI (Line 3 plus Line 6)

Dollar Amounts in Thousands		
2020	2021	2022
\$ (26,957)		
	\$ (25,143)	
		\$ (28,311)
		\$ 25,025
		\$ (3,286)
		\$ 26,464
		\$ (1,847)
		Increase/Decrease
Monthly Care Fee Increase 2022:		5.75%
Operating Expenses 2022 Budget:		12.60%
Occupancy projection 2022		5.00%

Adjustments Explained:

Line 1, 2, & 3
> Amounts in lines 1, 2, & 3 have been adjusted for Depreciation & Interest expenses (i.e. no depr. And Interest Exp included)

Line 3
Use the results from Line 2 to project operating costs for F/Y 2022. Provide a full narrative description of the methodology used. See "Part 7 - REPORT ON CCRC MONTHLY CARE FEES" line 5, in Annual Report Instructions
> Methodology used to project operating costs for FY 2022: [12.6% increase in 2022 from 2021 as per the '2022 SPV Budget'](#)

Line 4
Calculate anticipated MCF revenue for F/Y 2022- enter the result in the column labelled F/Y 2022. (Entrance fees are not allowed)
> [Occupancy in 2022 compared to 2021 is expected to increase by 5.0%](#)

Sequoia San Francisco (SSF)

FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2022

- Line # Fiscal Years
- 1 F/Y 2020 Operating Expenses¹
 - 2 F/Y 2021 Operating Expenses² (Adjustments if any, Explained Below)
 - 3 Projected F/Y 2022 Results of Operations (Adjustments³ Explained Below)
 - 4 F/Y 2022 Anticipated MCF Revenue- Based on Current and Projected Occupancy and Other⁴ without a MCFI
 - 5 Projected F/Y 2022 (Net) Operating Results² without a MCFI (Line 3 plus Line 4)
 - 6 Projected F/Y 2022 Anticipated Revenue Based on Current and Projected Occupancy and Other⁴ with MCFI 5.75%
 - 7 Grand Total - Projected FY 2022 Net Operating Activity After 5.75% MCFI (Line 3 plus Line 6)

Dollar Amounts in Thousands		
2020	2021	2022
\$ (28,139)		
	\$ (25,566)	
		\$ (26,870)
		\$ 27,114
		\$ 244
		\$ 28,673
		\$ 1,803

	Increase/Decrease
Monthly Care Fee Increase 2022:	5.75%
Operating Expenses 2022 Budget:	5.10%
Occupancy projection 2022	5.00%

Adjustments Explained:

Line 1, 2, & 3

> Balances adjusted for Depreciation & Interest expenses (i.e. no depr. And Interest Exp included)

Line 3

Use the results from Line 2 to project operating costs for F/Y 2022. Provide a full narrative description of the methodology used. See "Part 7 - REPORT ON CCRC MONTHLY CARE FEES" line 5, in Annual Report Instructions

> Methodology used to project operating costs for FY 2022: 10.5% Increase in 2022 operating costs from 2021 as per the "2022 SSF Budget"

Line 4

Calculate anticipated MCF revenue for F/Y 2022- enter the result in the column labelled F/Y 2022. (Entrance fees are not allowed)

> Occupancy in 2022 compared to 2021 is expected to increase by 5.0%

Tamalpais (TAM)

FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2022

Line	Fiscal Years
1	F/Y 2020 Operating Expenses ¹
2	F/Y 2021 Operating Expenses ² (Adjustments if any, Explained Below)
3	Projected F/Y 2022 Results of Operations (Adjustments ³ Explained Below)
4	F/Y 2022 Anticipated MCF Revenue ² Based on Current and Projected Occupancy and Other ⁴ without a MCFI
5	Projected F/Y 2022 (Net) Operating Results ² without a MCFI (Line 3 plus Line 4)
6	Projected F/Y 2022 Anticipated Revenue Based on Current and Projected Occupancy and Other ⁴ with MCFI 5.75%
7	Grand Total - Projected FY 2022 Net Operating Activity After 5.75% MCFI (Line 3 plus Line 6)

Dollar Amounts in Thousands		
2020	2021	2022
\$ (24,327)		
	\$ (22,410)	
		\$ (24,360)
		\$ 21,113
		\$ (3,246)
		\$ 22,327
		\$ (2,032)
		Increase/Decrease
Monthly Care Fee Increase 2022:		5.75%
Operating Expenses 2022 Budget:		8.70%
Occupancy projection 2022		5.00%

Adjustments Explained:

Line 1, 2, & 3
> Amounts in lines 1, 2, & 3 have been adjusted for Depreciation & Interest expenses (i.e. no depr. And Interest exp included)

Line 3
Use the results from Line 2 to project operating costs for F/Y 2022. Provide a full narrative description of the methodology used. See "Part 7 - REPORT ON CCRC MONTHLY CARE FEES" line 5, in Annual Report Instructions
> Methodology used to project operating costs for FY 2021: 8.7% increase in 2022 from 2021 as per the '2022 TAM Budget'

Line 4
Calculate anticipated MCF revenue for F/Y 2022- enter the result in the column labelled F/Y 2022. (Entrance fees are not allowed)
> Occupancy in 2022 compared to 2021 is expected to increase by 5.0%

FORM 7-1

Explanation for increase in monthly service fees: Sequoias Portola Valley (SPV)

Effective April 1st, 2022, Sequoia Living, Inc., increased the monthly care fees for independent living by 5.75%, while Assisted living, SNF, and Memory care fees increased between 5% -5.1%. These increases were determined during Sequoia Living's annual operating and capital budgeting process, which was completed and approved on December 1st, 2021, by the Board of Directors in conjunction with the Sequoia Living Finance Committee.

The monthly fees increase was as a result of labor market challenges which made it difficult to attract and retain talent. In addition, the overall wage cost of our workforce increased significantly due to inflation and other factors not controlled by Sequoia Living. Furthermore, direct costs associated with insurance, employee benefits (primarily healthcare costs), and utilities all increased by double digits during 2021. Lastly, significant increases in consumer prices or inflation affected all operating costs, this is evident by looking at the national trends resulting in the highest levels of Cost-of-Living Adjustments (COLA) by Social Security in over 30 years.

While Revenues were projected to increase in 2022 due to the increase in monthly fees, occupancy was still a challenge as the communities struggled to attract new residents to ensure they are running at full capacity. These challenges will continue into 2022 as the economy emerges from impact of COVID. Full occupancy is the best way to balance and manage the increase in costs, as some of the major costs are fixed and are not dependent on occupancy rates.

FORM 7-1

Explanation for increase in monthly service fees: Sequoias San Francisco (SSF)

Effective April 1st, 2022, Sequoia Living, Inc., increased the monthly care fees for independent living by 5.75%, while Assisted living, SNF, and Memory care fees increased by 5% effective January 1st, 2022. These increases were determined during Sequoia Living's annual operating and capital budgeting process, which was completed and approved on December 1st, 2021, by the Board of Directors in conjunction with the Sequoia Living Finance Committee.

The monthly fees increase was as a result of labor market challenges which made it difficult to attract and retain talent. In addition, the overall wage cost of our workforce increased significantly due to inflation and other factors not controlled by Sequoia Living. Furthermore, direct costs associated with insurance, employee benefits (primarily healthcare costs), and utilities all increased by double digits during 2021. Lastly, significant increases in consumer prices or inflation affected all operating costs, this is evident by looking at the national trends resulting in the highest levels of Cost-of-Living Adjustments (COLA) by Social Security in over 30 years.

While Revenues were projected to increase in 2022 due to the increase in monthly fees, occupancy was still a challenge as the communities struggled to attract new residents to ensure they are running at full capacity. These challenges will continue into 2022 as the economy emerges from impact of COVID. Full occupancy is the best way to balance and manage the increase in costs, as some of the major costs are fixed and are not dependent on occupancy rates.

FORM 7-1
Explanation for increase in monthly service fees: Tamalpais (TAM)

Effective April 1st, 2022, Sequoia Living, Inc., increased the monthly care fees for independent living and SNF by 5.75%, while Assisted living fees stayed the same as 2021. These increases were determined during Sequoia Living's annual operating and capital budgeting process, which was completed and approved on December 1st, 2021, by the Board of Directors in conjunction with the Sequoia Living Finance Committee.

The monthly fees increase was as a result of labor market challenges which made it difficult to attract and retain talent. In addition, the overall wage cost of our workforce increased significantly due to inflation and other factors not controlled by Sequoia Living. Furthermore, direct costs associated with insurance, employee benefits (primarily healthcare costs), and utilities all increased by double digits during 2021. Lastly, significant increases in consumer prices or inflation affected all operating costs, this is evident by looking at the national trends resulting in the highest levels of Cost-of-Living Adjustments (COLA) by Social Security in over 30 years.

While Revenues were projected to increase in 2022 due to the increase in monthly fees, occupancy was still a challenge as the communities struggled to attract new residents to ensure they are running at full capacity. These challenges will continue into 2022 as the economy emerges from impact of COVID. Full occupancy is the best way to balance and manage the increase in costs, as some of the major costs are fixed and are not dependent on occupancy rates.

Part 8

KEY INDICATORS REPORT

Date Prepared: _____

Provider Name: _____

Please attach an explanatory memo that summarizes significant trends or variances in the key operational indicators.



Chief Executive Officer Signature

					Projected	Forecast				Preferred Trend Indicator
OPERATIONAL STATISTICS										
1. Average Annual Occupancy by Site (%)										N/A
MARGIN (PROFITABILITY) INDICATORS										
2. Net Operating Margin (%)										↑
3. Net Operating Margin - Adjusted (%)										↓
LIQUIDITY INDICATORS										
4. Unrestricted Cash and Investments (\$000)										↑
5. Days Cash on Hand (Unrestricted)										↑
CAPITAL STRUCTURE INDICATORS										
6. Deferred Revenue from Entrance Fees (\$000)										N/A
7. Net Annual E/F proceeds (\$000)										N/A
8. Unrestricted Net Assets (\$000)										N/A
9. Annual Capital Asset Expenditure (\$000)										N/A
10. Annual Debt Service Coverage Revenue Basis (x)										↑
11. Annual Debt Service Coverage (x)										↑
12. Annual Debt Service/Revenue (%)										↓
13. Average Annual Effective Interest Rate (%)										↓
14. Unrestricted Cash & Investments/ Long-Term Debt (%)										↑
15. Average Age of Facility (years)										↓

KEY INDICATORS REPORT

Date Prepared: 3/27/2023

Sequoia Living

Please attach an explanatory memo that summarizes significant trends or variances in the key operational indicators.

OPERATIONAL STATISTICS

1. Average Annual Occupancy by Site (%)

					Projected	Forecast					Preferred Trend Indicator
2018	2019	2020	2021	2022	2023	2024	2025	2026	2027		
											N/A
97%	96%	92%	89%	83%	88%	92%	95%	95%	95%		
97%	96%	93%	87%	80%	85%	89%	92%	92%	92%		
94%	96%	92%	85%	84%	85%	89%	92%	92%	92%		