

Continuing Care Retirement Community

Date Prepared: 7/31/20

Disclosure Statement

FACILITY NAME: Friends Association of Services for the Elderly (FASE) dba: Friends House
 ADDRESS: 684 Benicia Drive, Santa Rosa, CA ZIP CODE: 95409 PHONE: 707-538-0152
 PROVIDER NAME: Friends House FACILITY OPERATOR: Covia Communities
 RELATED FACILITIES: n/a RELIGIOUS AFFILIATION: Religious Society of Friends (Quakers)
 YEAR OPENED: 1984 # OF SINGLE MULTI-
 ACRES: 7 STORY STORY OTHER: _____ MILES TO SHOPPING CTR: .25 miles
 MILES TO HOSPITAL: 3 miles

NUMBER OF UNITS:	RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO:	_____ <u>0</u>	ASSISTED LIVING: _____ <u>6</u>
APARTMENTS — 1 BDRM:	_____ <u>48</u>	SKILLED NURSING: _____ <u>34</u>
APARTMENTS — 2 BDRM:	_____ <u>15</u>	SPECIAL CARE: _____ <u>0</u>
COTTAGES/HOUSES:	_____ <u>4</u>	DESCRIPTION: > _____
RLU OCCUPANCY (%) AT YEAR END:	_____ <u>92.5%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Amort over 4 Years

RANGE OF ENTRANCE FEES: \$ 154,642 - \$ 424,109 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: _____

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: N/A OTHER: Medical/Financial

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: Each year, the resident association elects two
 (briefly describe provider's compliance and residents' roles) > _____
 > Residents to serve on the board for a one year term.

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (2__ TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (__1_/DAY) (2 for extra chg)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAUNDRY/COMMONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER On site Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract, or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

PROVIDER NAME: ____ Friends Association of Services for the Elderly (FASE) dba: Friends House _____

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

FREE-STANDING SKILLED NURSING

LOCATION (City, State)

PHONE (with area code)

SUBSIDIZED SENIOR HOUSING

LOCATION (City, State)

PHONE (with area code)

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

PROVIDER NAME: ___ Friends Association of Services for the Elderly (FASE) dba: Friends House _____

	2017	2018	2019	2020
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	6,685,348	6,843,283	6,667,620	6,682,392
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	6,805,132	6,862,989	7,265,921	7,107,346
NET INCOME FROM OPERATIONS	(119,784)	(19,706)	(598,301)	(424,954)
LESS INTEREST EXPENSE	20,120	13,590	14,864	13,749
PLUS CONTRIBUTIONS	932,441	132,020	160,354	162,379
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(2,266)	51,424	(7,946)	
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	790,271	150,148	(460,757)	(276,324)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	1,565,773	1,274,385	1,597,668	889,088

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

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGATION	DATE OF MATURITY	AMORTIZATION PERIOD
Non-institutional lenders	200,000	3%	3/2011	3/2021	Interest only

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50 th Percentile (optional)	2018	2019	2020
DEBT TO ASSET RATIO		2.3%	1.9%	0.7%
OPERATING RATIO		100.5%	107.4%	103.2%
DEBT SERVICE COVERAGE RATIO		69.92	112.94	16.18
DAYS CASH ON HAND RATIO		144	149	141

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	2017	%	2018	%	2019	%	2020	%
STUDIO	-		-		-		-	
ONE BEDROOM	2,460.00	4.0%	2,558.00	4.75%	2,680.00	5.0	2,814.00	5.0
TWO BEDROOM	3,216.00	4.0%	3,345.00	4.75%	3,361.00	5.0	3,529.00	5.0
COTTAGE/HOUSE	3,342.00	4.0%	3,476.00	4.75%	3,504.00	5.0	3,679.00	5.0
ASSISTED LIVING	5,948.00	0.0%	5,948.00	4.75%	6,417.00	5.0	6,738.00	5.0
SKILLED NURSING	8,942.00	0.0%	8,942.00	4.75%	9,711.00	5.0	10,197.00	5.0
SPECIAL CARE	N/A		N/A		N/A		N/A	

COMMENTS FROM PROVIDER: >

> Rate increases effective 5/1/2019 for FY2020
 >

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

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

OPERATING RATIO

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

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.