

ANNUAL REPORT CHECKLIST

FISCAL YEAR ENDED: 2024

PROVIDER(S):

Grand Chapter of California, Order of the Eastern Star

CCRC(S):

Senior Living Community for the Eastern Star

PROVIDER CONTACT PERSON:

John Lee

TELEPHONE NUMBER:

714-986-2380

E-MAIL ADDRESS:

controller@oesca.org

A complete annual report must consist of 3 copies of all of the following:

- Annual Report Checklist.
- Annual Provider Fee in the amount of: \$1,957
 - If applicable, late fee in the amount of: \$ _____
- Certification by the provider's **Chief Executive Officer** that:
 - The reports are correct to the best of his/her knowledge.
 - Each continuing care contract form in use or offered to new residents has been approved by the Department.
 - The provider is maintaining the required liquid reserves and, when applicable, the required refund reserve.
- Evidence of the provider's fidelity bond, as required by H&SC section 1789.8.
- Provider's audited financial statements, with an accompanying certified public accountant's opinion thereon.
- Provider's audited reserve reports (prepared on Department forms), with an accompanying certified public accountant's opinion thereon. (NOTE: Form 5-5 must be signed and have the required disclosures attached (H&SC section 1790(a)(2) and (3)).
- "Continuing Care Retirement Community Disclosure Statement" for **each** community.
- Form 7-1, "Report on CCRC Monthly Service Fees" for **each** community.
- Form 9-1, "Calculation of Refund Reserve Amount", if applicable.
- Key Indicators Report (signed by CEO or CFO (or by the authorized person who signed the provider's annual report)). The KIR may be submitted along with the annual report, but is not required until 30 days later.

California Premium:	\$	75,000.00
Amwins Service Fee:	\$	1,800.00
Market Policy Fee:	\$	
Market Inspection Fee:	\$	
Surplus Lines Tax:	\$	2,250.00
Stamping Fee:	\$	135.00



StarStone Specialty Insurance Company

Harborside 5
 185 Hudson Street, Suite 2600
 Jersey City, NJ 07311
 (855) 275-6041

LONG TERM CARE ORGANIZATION LIABILITY POLICY DECLARATIONS
NOTICE: THIS POLICY PROVIDES COVERAGE ON A CLAIMS-MADE BASIS AND, AS SUCH, IT ONLY COVERS CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR, IF APPLICABLE, THE EXTENDED REPORTING PERIOD. PLEASE READ THIS POLICY CAREFULLY.

POLICY NUMBER: 76712I232AHL

ITEM 1: FIRST NAMED INSURED AND ADDRESS

Eastern Star Homes of California
 16850 Bastanchury Road, Yorba Linda, CA, 92886

RENEWAL OF: 76712I221AHL

ITEM 2: POLICY PERIOD

(a) Effective Date: 10/01/23
 (b) Expiration Date: 10/01/24
 At 12:01 am Standard Time both dates at the
 Address stated in ITEM 1.

ITEM 3: RETROACTIVE DATES

A. Professional Liability: 10/01/19
 B. General Liability: 10/01/19
 C. Employee Benefits Liability: 10/01/19

ITEM 4: LIMITS OF LIABILITY

A. Professional Liability			
	Each Claim Limit of Liability	\$	1,000,000
	Aggregate Limit of Liability	\$	3,000,000
	Each Claim Deductible	\$	50,000
B. General Liability			
	Each Claim Limit of Liability	\$	1,000,000
	Fire Damage Limit of Liability	\$	100,000
	Fire Damage Aggregate Limit of Liability	\$	100,000
	Aggregate Limit of Liability	\$	3,000,000
	Each Claim Deductible	\$	50,000
C. Employee Benefits Liability			
	Each Claim Limit of Liability	\$	1,000,000
	Aggregate Limit of Liability	\$	3,000,000
	Each Claim Deductible	\$	1,000
D. Evacuation Expense Reimbursement			
	Each Evacuation Limit of Liability	\$	25,000
	Aggregate Limit of Liability	\$	25,000
	Each Claim Deductible	\$	5,000

E.	Public Relations Expense Reimbursement		
	Each Event Limit of Liability	\$	25,000
	Aggregate Limit of Liability	\$	25,000
	Each Claim Deductible	\$	5,000
F.	Resident Loss of Property Reimbursement		
	Each Loss of Property Limit of Liability	\$	5,000
	Aggregate Limit of Liability	\$	25,000
G.	Medical Payments		
	Medical Payments Each Claim Limit of Liability	\$	5,000
	Aggregate Limit of Liability	\$	25,000
H.	Employed Administrator		
	Supplemental Administrator Limit of Liability	\$	100,000
	Aggregate Limit of Liability	\$	100,000
I.	Policy Aggregate Limit of Liability	\$	6,000,000

ITEM 5: PREMIUM

\$	75,000.00
SURPLUS LINES TAXES	
\$	0.00
STAMPING FEE	
\$	0.00
FEES	
\$	0.00

ITEM 6: SURPLUS LINES PRODUCER INFORMATION

Amwins Insurance Brokerage LLC
4725 Piedmont Row Drive, Suite 600
Charlotte, NC 28210
CA# - 0F19710

There are certain circumstances in which you must be provided the opportunity to purchase an Extended Reporting Period for reporting claims. These are explained in your policy. If you have any questions regarding the cost of an Extended Reporting Period or the available options under the Extended Reporting Period, please contact your insurance company or your insurance agent.

These Declarations, the completed signed Application and the Policy with Endorsements shall constitute the contract between the Named Insured and the Company.

POLICY FORMS LIST

The Company and the Insured agree that the following Endorsements and/or Forms are added to and form a part of this Policy:

<u>Form Number</u>	<u>Form Name</u>
CS-HC-PRI-CM-CP (03-21)	Primary CM Policy - Cover Page
CS-HC-CCL (11-20)	Claims Cover Letter
CS-HC-CRF (11-20)	Claims Reporting Form
IL P 001 01 04	US Treasury Department
SL17896-08-04	Surplus Lines Notification
CS-HC-NOTICE-CW (07-17)	Policyholder Disclosure Notice of Terrorism Insurance
CS-NOT-CW (08-22)	Privacy Notice
CS-HC-PRI-CM-DEC (03-21)	Primary CM Dec Page
CS-HC-PRI-CM-FORMS (11-20)	Policy Forms List
CS-HC-PRI-CM-GTC-CW (03-21)	LONG TERM CARE ORGANIZATION LIABILITY POLICY
CS-HC-PRI-CM-END-001 (11-20)	Terrorism Endorsement
CS-HC-PRI-CM-END-003 (11-20)	Schedule of Locations
CS-HC-PRI-CM-END-004 (11-20)	Schedule of Named Insureds
CS-HC-PRI-CM-END-015 (11-20)	Blanket Additional Insured
CS-HC-PRI-CM-END-018 (11-20)	Disinfection Event Expense Reimbursement
CS-HC-PRI-CM-END-020 (11-20)	Limit Coverage to GL for Specific Locations
CS-HC-PRI-CM-END-047 (11-20)	Disciplinary Proceedings Defense Coverage
CS-HC-PRI-CM-END-060 (11-20)	Communicable Disease Exclusion
CS-NOT-CA (07-17)	CALIFORNIA NOTICE

CS-HC-PRI-CM-FORMS (11-20)

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	<u>Continuing Care Residents</u>	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	14
[2]	Number at end of fiscal year	14
[3]	Total Lines 1 and 2	28
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	14
All Residents		
[6]	Number at beginning of fiscal year	29
[7]	Number at end of fiscal year	32
[8]	Total Lines 6 and 7	61
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	30.5
[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).	0.46

FORM 1-2
ANNUAL PROVIDER FEE

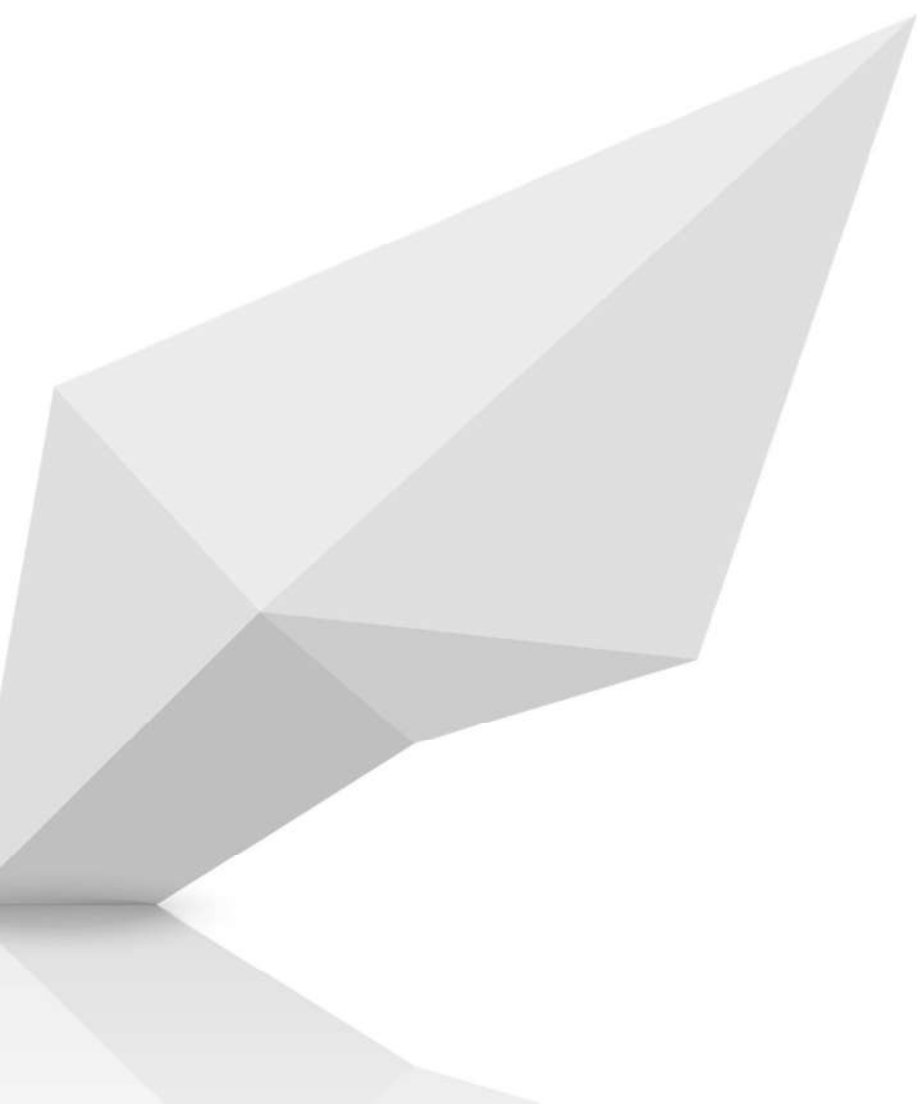
<u>Line</u>	<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only) \$4,667,080
[a]	Depreciation \$402,673
[b]	Debt Service (Interest Only) \$0
[2]	Subtotal (add Line 1a and 1b) \$402,673
[3]	Subtract Line 2 from Line 1 and enter result. \$4,264,407
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11) 46%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4) \$1,957,433
[6]	Total Amount Due (multiply Line 5 by .001) \$1,957

PROVIDER Grand Chapter of California, Order of the Eastern Star
COMMUNITY Senior Living Community for the Eastern Star

Eastern Star Homes of California

CCRC Reporting

Year Ended September 30, 2024



Independent Auditor's Report

To the Audit Committee
Grand Chapter of California, Order of the Eastern Star and
Endowment Fund of the Grand Chapter of California,
Order of the Eastern Star and
To the Board of Trustees
Eastern Star Homes of California

Opinion

We have audited the liquid reserve requirements in the accompanying continuing care reserve report of Eastern Star Homes of California (a California nonprofit organization), which comprise the Forms 5-1 through 5-5 (the "Report") as of and for the year ended September 30, 2024.

In our opinion, the continuing care reserve report Forms 5-1 through 5-5 referred to above presents fairly, in all material respects, the liquid reserve requirements of Eastern Star Homes of California as of and for the year ended September 30, 2024, in conformity with the report preparation provision 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. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Report section of our report. We are required to be independent of Eastern Star Homes of California 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

The Report is prepared for the purpose of complying with California Health and Safety Code Section 1792 and is not intended to be a complete presentation of the assets, liabilities, revenues and expenses of Eastern Star Homes of California and as such is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Report

Management is responsible for the preparation and fair presentation of the Report in accordance with the report preparation provision of California Health and Safety Code Section 1792 and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a Report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibilities for the Audit of the Report

Our objectives are to obtain reasonable assurance about whether the Report as a whole is 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 generally accepted auditing standards 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 the Report.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the Report, 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 Report.
- 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 Eastern Star Homes of California'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 evaluating the overall presentation of the Report.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Eastern Star Homes of California'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.

Report on the Audit of the Financial Statements

We have audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of Eastern Star Homes of California as of and for the year ended September 30, 2024, and our report thereon dated January 31, 2025, expressed an unmodified opinion on those financial statements.

Other Information

Our audit was conducted for the purpose of forming an opinion on the Report. The Annual Report Checklist, Certificate of Liability Insurance, Form 1-1, Form 7-1, and Disclosure Statement, which are the responsibility of management, are presented for the purposes of additional analysis and are not a required part of the Report. Such information has not been subjected to the auditing procedures applied in the audit of Forms 5-1 through 5-5, and accordingly, we do not express an opinion or provide any assurance on them.

Restriction on Use

This Report is intended solely for the information of the Audit Committee, Finance Committee, Eastern Star Homes of California Board of Trustees, management of the Grand Chapter of California Order of the Eastern Star and Eastern Star Homes of California, 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. However, the Report is a matter of public record and its distribution is not limited.



Wipfli LLP

January 31, 2025
St. Louis, Missouri

**FORM 5-1
LONG-TERM DEBT INCURRED
IN A PRIOR FISCAL YEAR
(Including Balloon Debt)**

Long-Term Debt Obligation	(a) Date Incurred	(b) Principal Paid During Fiscal Year	(c) Interest Paid During Fiscal Year	(d) Credit Enhancement Premiums Paid in Fiscal Year	(e) Total Paid (columns (b) + (c) + (d))
1					\$0
2					\$0
3					\$0
4					\$0
5					\$0
6					\$0
7					\$0
8					\$0
TOTAL:					\$0

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

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

PROVIDER: Grand Chapter of California, Order of the Eastern Star

FORM 5-2
LONG-TERM DEBT INCURRED
DURING FISCAL YEAR
(Including Balloon Debt)

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

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

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

PROVIDER: Grand Chapter of California, Order of the Eastern Star

**FORM 5-3
CALCULATION OF LONG-TERM DEBT RESERVE AMOUNT**

Line		TOTAL
1	Total from Form 5-1 bottom of Column (e)	\$0
2	Total from Form 5-2 bottom of Column (e)	\$0
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	\$0

PROVIDER: Grand Chapter of California, Order of the Eastern Star

**FORM 5-4
CALCULATION OF NET OPERATING EXPENSES**

Line	Amounts	TOTAL
1	Total operating expenses from financial statements	\$4,667,080
2	Deductions:	
	a. Interest paid on long-term debt (see instructions)	\$0
	b. Credit enhancement premiums paid for long-term debt (see instructions)	\$0
	c. Depreciation	\$402,673
	d. Amortization	\$0
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$1,076,349
	f. Extraordinary expenses approved by the Department	\$0
3	Total Deductions	\$1,479,022
4	Net Operating Expenses	\$3,188,058
5	Divide Line 4 by 365 and enter the result.	\$8,734
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.	\$655,050

PROVIDER: Grand Chapter of California, Order of the Eastern Star

COMMUNITY: Senior Living Community for the Eastern Star

Provider Name: Grand Chapter of California, Order of the Eastern Star
Community: Senior Living Community for the Eastern Star
Fiscal Year Ended: 9/30/2024

Form 5-4 Detail

Detailed explanation of the deductions on Line 2e

<u>Line 2e:</u>		<u>Additional Comments</u>
\$	678,361	Private Pay residents pay a basic care rate, plus a level of care rate to cover costs of the services provided.
	6,000	Private pay resident application fees
	378,557	Private Pay Memory Care residents pay a basic care rate, plus a level of care rate to cover costs of the services provided.
	-	Respite Care based on a per diem rate, at the appropriate level of care provided
	1,150	Guest stays
	12,281	Transportation Fees received for personal requests
	<hr/>	
\$	<u>1,076,349</u>	Revenues received during the fiscal year for services to persons who did not have a continuing care contract

**FORM 5-5
ANNUAL RESERVE CERTIFICATION**

Provider Name: Grand Chapter of California, Order of the Eastern Star
 Fiscal Year Ended: 30-Sep-24

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended 30-Sep-24 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	\$0	
[2] Operating Expense Reserve Amount	\$655,050	
[3] Total Liquid Reserve Amount:	\$655,050	

Qualifying assets sufficient to fulfill the above requirements are held as follows:

<u>Qualifying Asset Description</u>	Amount (market value at end of quarter)	
	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents		\$203,068
[5] Investment Securities		\$19,639,492
[6] Equity Securities		
[7] Unused/Available Lines of Credit		
[8] Unused/Available Letters of Credit		
[9] Debt Service Reserve		(not applicable)
[10] Other: <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> <div style="border: 1px solid black; height: 15px; width: 100%; margin-bottom: 2px;"></div> (describe qualifying asset)		
Total Amount of Qualifying Assets Listed for Reserve Obligation: [11]	\$0 [12]	\$19,842,560
Reserve Obligation Amount: [13]	\$0 [14]	\$655,050
Surplus/(Deficiency): [15]	\$0 [16]	\$19,187,510

Signature: _____

(Authorized Representative)

Grand Secretary
(Title)

Date: _____

Provider Name: Grand Chapter of California, Order of the Eastern Star
Community: Senior Living Community for the Eastern Star
Fiscal Year Ended: 9/30/2024

Form 5-5 Detail
Description of Reserves under SB 1212

Total Qualifying Assets as Filed:		Additional Comments
Cash and Cash Equivalents	\$ 203,068	Total cash in the Eastern Star Homes of California financial statements.
Investment Securities	<u>19,639,492</u>	Investments are held in the Endowment fund of the Grand Chapter of California, Order of the Eastern Star, but exclude any permanently restricted amounts.
Total Qualifying Assets as Filed	19,842,560	

Reservations and Designations:

Liquid Reserve Obligation per Form 5-5, line 3	<u>655,050</u>	All qualifying assets, less liquid reserve obligation are unreserved and undesignated, and are available to support the Eastern Star Homes of California.
Remaining Liquid Reserves	<u>\$ 19,187,510</u>	

Per Capita Cost of Operations	
Operating Expenses (Form 5-4, line 1)	\$ 4,667,080
Mean # of all Residents (Form 1-1, line 10)	<u>29.5</u>
Per Capita Cost of Operations	<u>\$ 158,206</u>

CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Date Prepared: 1/10/2025

 Facility Name: Senior Living Community for the Eastern Star

Address: 16850 Bastanchury Rd, Yorba Linda

Zip Code: 92886

Phone: 714-577-9281

Provider Name:

Grand Chapter of California, Order of Eastern Star

 Facility Operator: Kat Farris, Executive Director

Religious Affiliation: All

Year Opened: 1998 # of Acres: 5

Miles to Shopping Center: 0.5

Miles to Hospital: 0.5

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

Residential Living	Number of Units	Health Care	Number of Units
Apartments – Studio:	9	Assisted Living:	0
Apartments – 1 Bdrm:	29	Skilled Nursing:	0
Apartments – 2 Bdrm:	9	Special Care:	17
Cottages/Houses:	0	Description:	

RLU Occupancy (%) at Year End: 50%

Type of Ownership: Not for Profit For ProfitAccredited? Yes By: NoForm of Contact: Continuing Care Life Care Entrance Fee Fee for Service(Check all that apply) Assignment of Assets Equity Membership RentalRefund Provisions: Refundable 90% 50%(Check all that apply) Repayable 75% Other:

Range of Entrance Fees: \$0 _____ - \$500 _____

Long-Term Care Insurance Required? Yes NoHealth Care Benefits Included in Contract: Life CareEntry Requirements: Min Age: 60 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housekeeping (<u>4</u> Times/	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Billiard Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Month at \$_____each)		
Bowling Green	<input type="checkbox"/>	<input type="checkbox"/>	Meals (<u>3</u> /Day)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Card Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Special Diets Available	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chapel	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Coffee Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-Hour Emergency Response	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Craft Rooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activities Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exercise Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Utilities Except Phone	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Golf Course Access	<input type="checkbox"/>	<input type="checkbox"/>	Apartment Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Library	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable TV	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Putting Green	<input type="checkbox"/>	<input type="checkbox"/>	Linens Furnished	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shuffleboard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linens Laundered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spa	<input type="checkbox"/>	<input type="checkbox"/>	Medication Management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming Pool – Indoor	<input type="checkbox"/>	<input type="checkbox"/>	Nursing/Wellness Clinic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming Pool – Outdoor	<input type="checkbox"/>	<input type="checkbox"/>	Personal Home Care	<input type="checkbox"/>	<input type="checkbox"/>
Tennis Court	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Personal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Workshop	<input type="checkbox"/>	<input type="checkbox"/>	Transportation – Prearranged	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

Provider Name: Grand Chapter of California, Order of Eastern Star

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: Grand Chapter of California, Order of Eastern Star

Income and Expenses [Year]	2021	2022	2023	2024
Income from Ongoing Operations				
Operating Income (Excluding amortization of entrance fee income)	3,529,311	3,838,657	3,913,154	4,562,726
Less Operating Expenses (Excluding depreciation, amortization, and interest)	3,516,703	3,824,097	3,932,720	4,237,120
Net Income From Operations	12,608	14,560	(19,566)	325,606
Less Interest Expense				
Plus Contributions	71,659	95,870	142,150	118,641
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	0	0	0	0
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	84,267	110,430	122,584	444,247
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)*

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio				
Operating Ratio		100.50%	100.50%	92.86%
Debt Service Coverage Ratio				
Days Cash On Hand Ratio				

Provider Name: Grand Chapter of California, Order of Eastern Star

Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	3,600	0%	3,600	0%	4,475	24%	4,700	5%
One Bedroom	4,500	0%	4,500	0%	5,395	20%	5,665	5%
Two Bedroom	6,375	0%	6,375	0%	7,885	24%	8,300	5%
Cottage/House								
Assisted Living	3,600	0%	3,600	0%	4,475	24%	4,700	5%
Skilled Living								
Special Care	6,000	0%	6,000	0%	7,600	24%	8,000	5%

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

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

Days Cash On Hand Ratio

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

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.

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
	\$4,700-8,300	\$4,700-8,300	\$8,000	
	5%	5%	5%	

- Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)
- 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.)
- Indicate the date the fee increase was implemented: November 2024
 (If more than one (1) increase was implemented, indicate the dates for each increase.)
- 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: 8/21/2024 **Method of Notice:** Letter (hand delivered)
 - 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:** 9/5/2024
 - 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] notified POA if applicable
 - Date of Notice:** 8/21/2024

The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.
Date of Notice: 8/1/2024

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: 8/21/2024 **Location of Posting:** "Tower room" Resident information location

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: Grand Chapter of CA, Order of Eastern Star **COMMUNITY:** Senior Living Community for the Eastern Star