

## Senior Housing & Healthcare Capital 1 NORTH LASALLE STREET 137TH FLOOR I CHICAGO, IL 60602 | M 312-357-1601 | F 312-357-1611

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## — DETAILED INFORMATION SIGNATURE MATRIX<sup>TM</sup>—

## Acquisition Materials Check List for Cambridge Realty Capital Companies for Independent Living and Assisted Living Facilities

— Privacy Statement —

We at Cambridge Realty Capital Companies ("Cambridge" or "we") understand the sensitivity of your personal and corporate

corporate financial information. Information order to perform their functions, to our clied requests. Cambridge uses reasonable effor	ds on your trust. Thus, we take steps to ensure the privation is not released to anyone except Cambridge empirit's personnel or to others as needed to fulfill our or you to establish and maintain administrative, technical and personal and corporate financial and other information	loyees who have our business ope nd physical safe	e a need to know rations and finance	in cial
Your Name:				
Name of Facility:				
City / State:				
		Attached	Received	Open
1.MANAGER INFORMATION		Анаспеа	Received	Open
Narrative of Management Company — The narrative shall include a summary of				
	sperience by project name, location, and			
number of units. The narrative should also include the Company's management				
strategies and strategic growth opportunities.				
Management Organizational Chart — The organizational chart should show				
names, titles and reporting structure	of the management company.			
Resume of President / CEO				
Resume of Chief Financial Officer				
Resume of Director of Operations				
Resume of Director of Marketing				
Copy of Existing Property Managem	nent Agreement			
Sample Reports of Facility Performa	nce			
Self-Auditing. Please discuss				
Mock Surveys. Please discuss freque	ency and share format.			
Quality Control Measures				
•	bers of ownership entity, senior officers of			
management company and all Guara				
	bridge will order standard credit reports on			
	officers of management company and all			
Guarantors.				
Corporate Brochure				
Corporate Financial Statement and E	Balance Sheet for last two years.			

2. FACILITY FINANCIAL INFORMATION:

Facility Name and Address: If more than one facility, please list.

	Attached	Received	Open
Ownership Type (LLC, LP, etc.)			
Tax ID Numbers for Borrowing Entities			
Neighborhood and Area Data – including description of market occupancy rates			
of similar facilities in the area.			
Detailed Property Description (for each facility) including the following:			
<ul> <li>Number of licensed and unlicensed beds</li> </ul>			
<ul><li>Number of units</li></ul>			
<ul><li>Number of buildings</li></ul>			
<ul><li>Number of floors</li></ul>			
<ul><li>Square footage</li></ul>			
<ul><li>Breakdown of private, semi-private, and wards</li></ul>			
<ul> <li>Age of facility</li> </ul>			
<ul> <li>Type of sprinkler system installed</li> </ul>			
■ Logo			
<ul> <li>Service marks registration (Federal or State)</li> </ul>			
<ul> <li>Website Service Contract</li> </ul>			
Rental Rates (if applicable).			
Copy of all licenses and any waivers or special clearances (e.g. egress).			
Existing mortgage note and loan agreement.			
Existing intercreditor agreement (if applicable).			
Marketing Materials – copies of all marketing materials and brochures related to			
the facility's products or services.			
Marketing strategy and special initiatives for last 3 years.			
<ul> <li>Current marketing responsibilities of staff</li> </ul>			
Current advertising methods and contracts (summary only)			
Copies of all contracts and leases to which the facility is party.			
Staffing Plans.			
Employee turnover statistics by title and by facility for last 2 years.			
<ul><li>percentage and absolute count</li></ul>			
<ul><li>open positions at present</li></ul>			
■ Recent 94 filing			
<ul><li>Employees on disability</li></ul>			
Schedule of accrued vacation/PTO			
Operating Statements (With breakout of revenues by payor type and breakout of			
expenses to show any management, corporate fees, or officers' salaries being			
paid).			
■ Fiscal Year End (FYE) 2017			
■ FYE 2018			
■ FYE 2019			
<ul> <li>Trailing 12 months on a month-by-month basis.</li> </ul>			
*updated T12 will be required every month of the underwriting			
process until closing			
Rent Roll – Illustrating	1 1		1
<ul><li>Unit Type(s)</li></ul>			
<ul><li>Lease start and end date(s)</li></ul>			
<ul><li>Rent amount(s)</li></ul>			
<ul> <li>Any additional services and / or care levels and how many residents</li> </ul>			
participate in each level			
<ul> <li>Detail of admissions and discharges by month</li> </ul>			
<ul> <li>Census Data (With patient days by payor type)</li> </ul>			
<b>2</b> 017			
<b>2</b> 018			
<b>•</b> 2019			
<ul> <li>Month by Month for Current Year</li> </ul>			

	Attached	Received	Open
Payor Sources			
■ Private Pay %			
■ Third Party Payor, if any %			
<ul> <li>Names of third-party payors</li> </ul>			
■ Two contacts from each third-party payor and full contact information			
<ul> <li>Timing of payment by payor in days, from submitting billing and invoice</li> </ul>			
State healthcare association contact information; Executive Director			
States historic financial condition			
o Bond rating			
<ul><li>Time to pay bill</li><li>Reputation</li></ul>			
Balance sheet of the operating entity: The balance sheet should clearly identify all			
assets and liabilities. All statements need to be accompanied by documentation stating			
that the information is certified and true.			
Last three fiscal years			
Most recent interim period along with prior year's comparable interim period			
Income Statement and Balance Sheet of the Borrowing Entity (if different from the			
Operating Entity).			
Last three fiscal years			
Most recent interim period (along with prior year's comparable interim period)			
Budget of the operating entity for the current year showing variances from actual.			
Projections for the next two fiscal years.			
State Survey & Plan of Corrections for Years Ending			1
<b>•</b> 2017			
■ 2018			
<b>2</b> 019			
Life Safety inspections for last 5 years.			
Fire clearances – recent			
Sprinkler/Alarm/Smoke inspections - recent			
3. CAPITAL IMPROVEMENTS AND EXPENDITURES			1
Last five years			
Listing of recent upgrades			
Listing of recent upgrades     Listing of immediate repairs and maintenance			
Listing of infinediate repairs and maintenance     Listing of future pending improvements			
- Listing of future pending improvements			
4. COPIES OF ALL PERTINENT CONVEYANCE DOCUMENTS			
Title Reports			
Title Insurance Policies			
■ Title Exceptions			
<ul> <li>Release Docs for Existing loans</li> </ul>			
■ Easements			
<ul> <li>Legal Description</li> </ul>			
5. COPIES OF ALL BUILDING & SITE DRAWINGS & PLANS			
<ul> <li>Architectural drawings</li> </ul>			
<ul> <li>Engineering and construction drawings</li> </ul>			
■ Electrical / Alarm or Sprinkler drawings			
Site Plans			
<ul> <li>"As built" plans and specifications for the property including room types</li> </ul>			
& sizes			
35 0220	<u> </u>		<u>I                                    </u>

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6 SUR	VEYS AND APPRAISALS	Attached	Received	Open
••••••••••••••••••••••••••••••••••••••	ALTA Surveys			
•	Most recent Property Appraisals			
•	Market Study			
	Market Study			
7. PER	MITS, CLEARANCES, AND ZONING			
-	Certificate of Occupancy			
•	Construction and/or other warranties pertaining to Facility			
•	Conditional use permits			
•	Construction / Building Approvals & Permits (elevator / food service etc.)			
-	Engineering report			
•	Fire Clearances (fire, safety) - ambulatory vs. Non-ambulatory access			
•	Electrical / alarm certificates: sprinkler/alarm/smoke			
	•			•
<b>8.</b> ENV	TRONMENTAL DOCUMENTS	T		1
•	Phase I Environmental Study (Phase II, if completed)			
•	Citations/Notices of violations from federal, state re: Environmental			
<b>9.</b> Phy	SICAL PROPERTY CONDITION	T		1
-	PCNA (Current Ownership)			
•	Structural Inspection Reports			
•	Kitchen Inspection Reports			
•	Pest / Termite Inspection Reports			
•	Flood Plain Certification			
•	Property Condition Report and / or feasibility studies performed on the properties			
•	Citations/Notices of violations from federal, state re: Physical Condition			
•	Mold Report (If available)			
10 Cr	NERAL INFORMATION:			
10. GE	NERAL INFORMATION:  Detail of any accounts receivable financing that is in place (if applicable)			
	Residents Emergency Call List			
	List of full- and part-time employees			
	Three most recent payroll sheets			
•	Facility Employee Handbook			
•	Corporate Employee Handbook			
	Any payor contracts / rate letters, or any other optional plans available.			
•				
	Lifetime rate contracts? Community fees guaranteeing rents?			
	Future month free?			
	Any rent concessions			
	•			•
11. OT	HER INFORMATION:			
•	Notice of any violation of regulation governing the maintenance, operation, use or occupancy of the real estate.			
•	Municipal Police Report on Property			1
•	Lawsuits or regulatory claims filed in last 5 years (including resident care			
	ombudsman, employees EEOC, and all other)			1
:	Listing of all by date Settlements or verdicts			
•	What is your strategy for addressing future minimum wage increases? Please			1
	share your pro forma as to how it will address future minimum wage			1
ı	increased in the future.			

	Attached	Received	Open
<ul> <li>Photographs: Minimum of 12: 6 exterior, 6 interior. Digital pictures strongly preferred.</li> </ul>			
12. MEDICARE AND MEDICAID DOCUMENTS (IF APPLICABLE):			
<ul> <li>Medicare and Medicaid cost reports for the last two fiscal periods.</li> </ul>			
<ul> <li>Medicare and Medicaid survey and plan of correction for the last two years.</li> </ul>			
<ul> <li>Medicare Rate Letter and analysis of the rate following purchase (if applicable).</li> </ul>			
13. Insurance:			
<ul> <li>Proof of Property and Liability Insurance</li> </ul>			
<ul> <li>Claims history for last 60 months – property, liability, auto, umbrella</li> </ul>			
■ FEMA Form			
<ul> <li>Flood Insurance (if applicable)</li> </ul>			
14. TAXES			
Real Estate Tax Bill			

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