FORM 1-1 RESIDENT POPULATION

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Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	130
[2]	Number at end of fiscal year	137
[3]	Total Lines 1 and 2	267
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x,50
[5]	Mean number of costinuing care residents	133.5

All Residents

[6]	Number at beginning of fiscal year	130
[7]	Number at end of fiscal year	137
[8]	Total Lines 6 and 7	267
[9]	Multiply Line 8 by ".50" and enter result on Line 10,	x.50
[10]	Mean number of all residents	133.5
	Divide the mean number of continuing care residents (Line 5) by the	
[11]	mean number of all residents (Line 10) and enter the result (round to two decimal places).	100.00%

FORM 1-2 ANNUAL PROVIDER FEE

Line					TOTAL
[1]	Total Operating Expresses (including depreciation and debt service- inter	est ou	ly)	\$	15,249,000
[a]	Depreciation	S	2,622,000	, <u> </u>	
[b]	Debt Service (Interest Only)	\$	3,188,000	•	
[2]	Subtotal (add Line ia and 1b)			\$	5,810,000
[3]	Subtract Line 2 from Line 1 and enter result,			\$	9,439,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)				100.00%
[5]	Total Operating Expense for Continuing Care Residents				
	(multiply Line 3 by Line 4)			\$	9,439,000
[6]	Total Amount Due (multiply Line 5 by .001)				
					x .001
				\$	9,439

PROVIDER:	Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. DBA Brookdale Northridge
COMMUNITY:	Brookdale Northridge



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2016

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

SR ID: 13847190

BATCH: Batch #: 275066

AGENCY CUSTOMER ID:

LOC #:

Page 2 of 2

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ACORD
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ADDITIONAL REMARKS SCHEDULE

NAMED INSURED AGENCY Brookdale Senior Living, Inc. Willis of Illinois, Inc. 111 Westwood Place POLICY NUMBER Suite 400 See Page 1 Brentwood, TN 37027 CARRIER NAIC CODE See Page 1 EFFECTIVE DATE: See Page 1 See Page 1 ADDITIONAL REMARKS THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance LIMIT AMOUNT: TYPE OF INSURANCE: LIMIT DESCRIPTION: Employment Practices Liability Aggregate \$10,000,000 Defense Costs Limit Incl \$250,000 Retention INSURER AFFORDING COVERAGE: National Union Fire Insurance Company of Pittsburgh NAIC#: 19445 POLICY NUMBER: 03-571-04-23 EFF DATE: 12/31/2016 EXP DATE: 12/31/2017 TYPE OF INSURANCE: LIMIT DESCRIPTION: LIMIT AMOUNT: \$5,000,000 Limit Crime Deductible \$50,000 ADDITIONAL REMARKS: Coverages Included: Inside/Ontside Premises; Money Orders and Counterfeit Paper Currency; Depositors Forgery Coverage and Computer Coverage.

Qualifying Assets for Operating Reserves 2016

Listed qualifying assets of the provider to satisfy the reserve requirements are not pledged/designated for any other purposes.

	Qualifying I	Assets For:		
Community	Debt Service Reserve	Operating Reserve	Total	
Brookdale San Dimas	3,861,000	1,615,000	5,476,000	
Brookdale Northridge	3,188,000	1,940,000	5,128,000	
Brookdale Fountaingrove	3,594,000	1,782,000	5,376,000	
Brookdale Yorba Linda	3,363,000	2,117,000	5,480,000	
			21,460,000	Total Requirements
			216,400,000	Consolidated Brookdale Cash and Equivalents from 10-K (see below)
			194,940,000	Provider assets in excess of requirements

The following is a copy of the selected financial information from Brookdale Senior Living Inc's Form 10-K which is available at https://www.sec.gov/Archives/edgar/data/1332349/000133234917000005/form10-k.htm/SelectedFinancialData

			As of December 31.
	2016	2015	2014
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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Form 10-K

[X]ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 2016

or

TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934 D

Commission File Number 001-32641

BROOKDALE SENIOR LIVING INC.

(Exact name of registrant as specified in its charter)

Delaware (State or Other Jurisdiction of Incorporation or Organization)

20-3068069 (I.R.S. Employer Identification No.)

111 Westwood Place, Suite 400 Brentwood, Tennessee 37027 (Address of Principal Executive Offices)

(Registrant's telephone number including area code)

(615) 221-2250

SECURITIES REGISTERED PURSUANT TO SECTION 12(b) OF THE ACT:

Title of Each Class Common Stock, \$0.01 Par Value Per Share Name of Each Exchange on Which Registered New York Stock Exchange

SECURITIES REGISTERED PURSUANT TO SECTION 12(g) OF THE ACT:

None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes [X] No []

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes [] No [X]

Indicate by check mark whether the registrant: (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes [X] No []

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every Interactive Data File required to be submitted and posted pursuant to Rule 405 of Regulation S-T (§ 232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit and post such files). Yes [X] No []

Indicate by check mark if disclosure of delinquent filers pursuant to Item 405 of Regulation S-K (\$229.405 of this chapter) is not contained herein, and will not be contained, to the best of registrant's knowledge, in definitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K. [X]

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer" and "smaller reporting company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer [X]

Accelerated filer []

Non-accelerated filer [] (Do not check if a smaller reporting company)

Smaller reporting company []

LBMC MAKE A GOOD BUSINESS BETTER

BLC Glenwood-Gardens AL-LH, LLC S-H OpCo Camarillo, LLC S-H OpCo Carlsbad, LLC S-H OpCo Carmel Valley, LLC S-H OpCo Rancho Mirage, LLC S-H OpCo San Juan Capistrano, LLC Emeritus Corporation d/b/a Brookdale Northridge, Brookdale Fountaingrove, Brookdale Yorba Linda and Brookdale San Dimas

2016 Client Service Communication

LBMC MAKE A GOOD BUSINESS BETTER

The Members and Board of Directors

BLC Glenwood-Gardens AL-LH, LLC; S-H OpCo Camarillo, LLC; S-H OpCo Carlsbad, LLC; S-H OpCo Carmel Valley, LLC; S-H OpCo Rancho Mirage, LLC; S-H OpCo San Juan Capistrano, LLC; and Emeritus Corporation d/b/a Brookdale Northridge, Brookdale Fountaingrove, Brookdale Yorba Linda and Brookdale San Dimas (collectively the "Companies")

Dear Members and Board of Directors:

We have audited the continuing care reports Forms 5-1 through 5-5 ("the Reports"), prepared pursuant to the requirements of the report preparation provisions of California Health and Safety Code Section 1792, of the Companies for the year ended December 31, 2016, and have issued our report thereon dated April 26, 2017. Professional standards require that we provide you certain information related to the planned scope and timing of our audits. We have communicated such information in our engagement letter dated September 15, 2016. Professional standards also require that we communicate to you certain other matters related to our audits.

This information is intended solely for the use of the Members and Board of Directors, management and others within the aforementioned companies and is not intended to be, and should not be used by anyone other than these specified parties.

We appreciate the confidence you place in LBMC as your business advisor. We strive to help you stay compliant. manage risk, and improve performance in every way as you grow your business.

LBMC.PC

Brentwood, Tennessee April 26, 2017

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Qualitative assessments	4
Corrected and uncorrected misstatements	5
Interaction with management, independence, and other matters	6
Internal control related matters	7
Client service is a priority	8

Qualitative Assessments

Area	Detail
Qualitative Aspects of Accounting Practices – Accounting Policies	Management is responsible for the selection and use of appropriate accounting policies. In accordance with the terms of our engagement letter, we will advise management about the appropriateness of accounting policies and their application. No new accounting policies were adopted and the application of existing policies was not changed during 2016. We are not aware of any transactions entered into by the Companies during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the Reports in the proper period.
Qualitative Aspects of Accounting Practices - Estimates	Accounting estimates are an integral part of the Reports prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive due to: (I) their significance to the Reports; and (ii) possibility that future events affecting them may differ significantly from those expected. The most sensitive estimates affecting the Reports relate to:
	 Calculation of revenue applicable to residents without a continuing care contract Depreciable lives of property and equipment Amortization period of resident leasehold intangibles
	statution and the statution of all account of the mean mean statution of the statution of the statution of the

We have reviewed and evaluated all areas where management's estimates significantly impact the Reports and have concluded that they are reasonable in the context of the Reports taken as a whole.

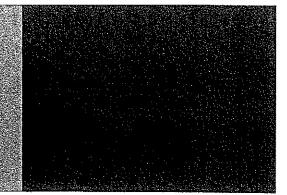
4

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. No misstatements were detected as a result of our audit procedures.

Interaction with Management, Independence, and Other Matters

Area	Detail
Difficulties Encountered in Performing the Audit	 For purposes of this report, "difficulties" may include matters such as: the unavailability of, or significant delays in management's providing information, an unreasonable time frame within which to complete the audit, extensive unexpected effort required to obtain audit evidence, or restrictions imposed on the auditor by management. We encountered no significant difficulties in performing and completing our audits.
Disagreements with Management	For purposes of this report, professional standards define "disagreements with management" as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the reports or the auditors' reports. We are pleased to report that no such disagreements arose during the course of our audits.
Management Consultations with other Independent Accountants	In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If consultation involves application of an accounting principle to the Companies' Reports or a determination of the type of auditors' opinion that may be expressed on those Reports, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.
Management Representations	We have requested certain representations from management that are included in the management representation letter dated April 26, 2017.
Independence	We are not aware of any relationships between our firm and the Companies that, in our professional judgment, may reasonably be thought to bear on our independence that have occurred during the period from January 1, 2016 through the date of this report.



Internal Control Related Matters

In planning and performing our audit of the Reports, we considered the Companies' internal control over accounting and financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the Reports, but not for the purpose of expressing an opinion on the effectiveness of the Companies' internal control. Accordingly, we do not express an opinion on the effectiveness of the Companies' internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Companies' Reports will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Client Service is a Priority

For additional information or if you have questions please contact the Audit Service Team Leader.

Andrew S. Bissonnette 615-309-2209 Direct 615-294-5502 Mobile abissonnette@lbmc.com

CONTINUING CARE RESERVE REPORT PART 5



101007



INDEPENDENT AUDITORS' REPORT

Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a Brookdale Northridge:

We have audited the accompanying continuing care reserve report Forms 5-1 through 5-5 (the "Reports") of Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a Brookdale Northridge (the "Company"), as of December 31, 2016. The Reports have been prepared by management using the report preparation provisions of California Health and Safety Code Section 1792.

Management's Responsibility

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

Auditors' Responsibility

Our responsibility is to express an opinion on the Reports based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Reports are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Reports. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the Reports, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the Reports in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating 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 Reports.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the Reports present fairly, in all material respects, the liquid reserve requirements of the Company as of December 31, 2016, in conformity with the report preparation provisions of California Health and Safety Code Section 1792.

Basis of Accounting

The accompanying Reports were prepared in accordance with the report preparation provisions 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. The Reports are not intended to be a complete presentation of the Company's assets, liabilities, revenues and expenses. Our opinion is not modified with respect to this matter.

Restriction on Use

Our report is intended solely for the information and use of the Company and for filing with the California Department of Social Services and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

LBMC, PC

Brentwood, Tennessee April 26, 2017

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Long-Term Debt	(a)	(b)	(C)	(d)	(e)
	Date	Principal Paid	Interest Paid	Credit Enhancement	Total Paid
Obligation	Incurred	During Fiscal Year	During Fiscal Year	Premiums Paid in Fiscal Year	(columns (b)+(c)+(d))
1					
2					
3					
4					
5					
6					
7					
8					
			\$0.00	\$0.00	\$0.00

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

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

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

PROVIDER: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a Brookdale Northridge

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

Long-Term Debt Obligation	(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))
1		· ·			
2		· · · · · · · · · · · · · · · · · · ·			an a
3		<u></u>			
4					
5		M ¹ 81- ¹⁸ 1 - 1914 - 191	<u>, , , , , , , , , , , , , , , , , , , </u>		
6			<u></u>		
7					
8	· · · · · · · · · · · · · · · · · · ·				
	TOT AL:	\$0.00	\$0.00	\$0.00	\$0.00

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

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

PROVIDER: <u>Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a</u> <u>Brookdale Northridge</u>

-	Line	TOTAL		
1	Total from Form 5-1 bottom of Column (e)			
2	Total from Form 5-2 bottom of Column (e)		5	#*
3	Facility leasehold or rental payment paid by provider during fiscal year. (including related payments such as lease insurance)		\$	3,188,000
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:		\$	3,188,000
			······································	

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

PROVIDER: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a Brookdale Northridge

FORM 5-4								
CALCULATION OF NET OPERATING	EXPENSES							

Line		Amounts		TOTAL
1 Total operating expenses from financial statements			\$	15,249,000
2 Deductions				
a Interest paid on long-term debt (see instructions)	\$	3,188,000		
b Credit enhancement premiums paid for long-term debt (see instructions)	\$	-		
c Depreciation	\$	2,622,000		
d Amortization	\$	-		
e Revenues received during the fiscal year for services to persons who did not have a				
continuing care contract	\$	-		
f Extraordinary expenses approved by the Department	\$	-		
3 Total Deductions			\$	5,810,000
4 Net Operating Expenses			\$	9,439,000
5 Divide Line 4 by 365 and enter the result.			S	25,860
6 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.			\$	1,940,000
PROVIDER: <u>Emeritus Corporation, EmeriCare, Inc., Brookdale</u> <u>d/b/a Brookdale Northridge</u>	<u>Sen:</u>	<u>ior Livin</u>	g, Ir	<u>1C.</u>

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COMMUNITY: Brookdale Northridge

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FORM 5-5 ANNUAL RESERVE CERTIFICATION

Provider Name: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. DBA Brookdale Northvidea Fiscal Year Ended: <u>December 31, 2016</u>

(Title)

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended <u>12/31/16</u> 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]	Deht Service Reserve Amount	\$	3,188,000
[2]	Operating Expense Reserve Amount	S	1,940,000
[3]	'L'otal Liquid Reserve Amount:	\$	5,128,000

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

Amount (market value at end of quarter)

Qualifying Asset Description		Debt Ser	vice Reserve		<u>Operat</u>	ing Reserve
[4] Cash and Cash Equivalents [5] Investment Securities		\$	3,188,000			1,940,000
[6] Equity Securities						
[7] Unused/Available Lines of Credit						
[8] Unused/Available Letters of Credit						
[9] Debt Service Reserve					(not app	licable)
[10] Other:						
(describe qualifying assot) See attached statement	_					
Total Amount of Qualifying Assets						
Listed for Liquid Reserve:	[11]	\$	3,188,000	[12]	\$	1,940,000
Total Amount Required:	[13]	\$	3,188,000	[14]		1,940,000
Surplas/(Deficiency):	[15]	\$	~	[16]	\$	-
Signature: (Authorized Representative)	_	L Date:	<i>1]27</i>])	7		
Joanne Leskowiez, Senior Vice President						

Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. d/b/a Brookdale Northridge Reconciliation Schedule

Income Statement

Operating Expenses	9,439,000	
Debt Service	3,188,000	A
Depreciation	2,622,000	

Total operating expense	15,249,000
All Other Brookdale Senior Living Communities	4,992,814,000
Brookdale Senior Living Total Operating Expense	5,008,063,000

A The master lease that governs these communities was signed in 2014. At the beginning of 2015, we exercised a purchase option on nine communities in the lease. The capital lease liability was reallocated among the remaining communities as a result of the purchase. Hence the difference between the amortized schedule and the IS.

The following is a copy of the selected financial information from Brookdale Senior Living Inc's Form 10-K which is available at https://www.sec.gov/Archives/edgar/data/1332349/f000133234917000005/form10-k.htm#SelectedFinancialData.

For the Years	Ended December 31.
	2014

			LOLOUGATEURS TUNER DECLINOS
	2016	. 2015	- 2014,
thousands, except per share and other operating data)			
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tal operating expense	5-1-1-1-1-5-00 5 ,063	0125 \$14	1999 - 1999 - 1999 3.916.6
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acome (loss) attributable to Brookfale Serior L forng inc. common stockhoffers	2.4404.397)	3 3 4 4 5 7 4 7 0	S
e and diluted net income (loss) per share attributable to Brookdale Senior Living Inc. common stockholders 👘 S	(2.18)	S	<u>s</u>
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thes average thates of countion stock used in computing basis and diluted art income (loss) per as are	185,653	en har er er en start i en i 184:333 y	Helfort Leonald Science (148)
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i The per capita costs of operation for Emeritus Corporation d/b/a Brookdale Northridge continuing care retirement community:

Form 1-21. Total Operating Expense\$15,249,000Form 1-17. Number at end of year137

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Total costs per resident \$111,307

The construction in progress was funded through for Emeritus Corporation d/b/a Brookdale Northridge own funds, no new financing were made in FY 2016 for construction. In addition, there were no funds set aside for future projects nor for any contingency amounts for Emeritus Corporation d/b/a Brookdale Northridge

In accordance with the Code, Emeritus Corporation d/b/a Brookdale Northridge has computed its liquid reserve requirement as of December 31, 2016, its most recent fiscal year end, and the reserve is based on Brookdale Senior Living, Inc.'s consolidated audited financial statements for that period.

The restricted cash consists of reserve funds required by regulatory agencies for licensed continuing care retirement communities. As of December 31, 2016, the minimum liquid reserve ("MLR") funded by restricted cash was \$5.5 million. Of the \$5.5 million, \$3.9 million was for Debt Service Reserve, to service debt and \$1.6 million was for Operating Reserve, to cover operating expenses.

Note 1 to the Continuing Care Reserve Report (Part 5)

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.

Section 1792 of the Code indicates that the Company 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, the Company has computed its liquid reserve requirement as of December 31, 2016, its most recent fiscal year end, and the reserve is based on Brookdale Senior Living, Inc.'s consolidated audited financial statements for that period.

FORM 7-1 <u>REPORT_ON-CCRC_MONTHLY SERVICE FEES</u>

		RESIDENTIAL <u>LIVING</u>		ASSISTEÐ <u>LIVING</u>				KILLED <u>URSING</u>
[1]	Monthly Service Fees at beginning of reporting period: (indicate range, if applicable)	N/A	<u></u>	4,745	5	8,674		
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	N/A	3.	80%		5.70%		
	Check here if monthly service fccs at this community were <u>net</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: <u>1/1/16</u> (If more than 1 increase was implemented, indicate the dates for each increase.)							
[4]	Check each of the appropriate boxes:							
	X Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.							
	X All affected residents were given written notice of this fee increase at least 30 days							
	prior to its implementation.							
	X At least 30 days prior to the increase in monthly service fees, the designated representative of the provider convened a meeting that all residents were invited to attend.							
	X 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.							
	X The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.							
	X 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.							
[5]	On an attached page, provide a concise explanation for the increase in monthly service fees including the amount of the increase.							
	OVIDER: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. DBA Brookdale Northridge MMUNITY:Brookdale Northridge							

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Form 7-1 Note

[5] Monthly service fees increased due to rate changes from annual increases from both billing and market rate adjustments of 3.8-10%. Additional factors affecting average for the year include new or burning off incentives, resident turnover, and market evaluations.

Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. DBA
Brookdale Northridge

Statement of Cash Flows - Indirect Method

For the Period January 1, 2016 through December 31, 2016 (In Thousands)

	_	2016
Cash flows from operating activities:		
Net income (loss)	\$	(1,026)
Adjustments to reconcile net income (loss) to cash		
provided (used in) operations:		
Depreciation		2,622
Accounts receivable		(237)
Other current assets		(53)
A/P		(276)
Empl comp & benes		7
Property taxes		93
Accrued expenses		64
Other long term liabilities	_	(2,147)
Net cash provided by operating activities		(953)
Cash flows from investing activity:		
Change in property and equipment	-	(304)
Net cash used in investing activities		(304)
Cash flows from financing activity:		
Member contributions	_	1,256
Net cash provided by financing activities	_	1,256
Net decrease in cash and cash equivalents		(1)
Cash and cash equivalents at beginning of period	_	
Cash and cash equivalents at end of period	\$ _	(1)

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h Flows-Direct Method (in thousands)		
the Period January 1, 2016 through December 31, 2016		
Thousands)		2240
		2016
Cash Flows from operating activities	Ś	1,459
Cash received from residents	Ş	(2,412)
Cash paid to suppliers and employees		{ Z, 412}
Net cash provided by operating activities		(953)
Cash flows from investing activities		
Expenditures to purchase PP&E	\$	(304)
Net cash used in investing activities		(304)
Cash flows from financing activities - Principle Payments		1,256
Principle payments on long term debt	\$	1,256
· · · · · · · · · · · · · · · · · · ·		
Net change in cash		(1)
Cash at beginning of year		٠
Cash at end of Year	\$	(1)
Reconciliation of net income to net cash provided by		
operating activities:		
Net Income/(Loss)	\$	(1,026)
Adjustments to reconcile net income to net cash provided by		
(used in) operating activities:	1	
Depreciation and amortization	\$	2,622
(Increase) decrease in:		
A/R	\$	(237)
Other current assets	\$	(53)
Increase (decrease) in:		
A/P	\$	(276)
Empl comp & benes	Ş	7
Property taxes	Ş	93
Accrued expenses	÷ č	64 (2,147)
Other long term liabilities	* * *	
Net cash provided by operating activities	\$	(953)

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Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living. Inc. DBA Bro

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Continuing Care Retirement Community Disclosure Statement General Information

PROVIDER NAME: Brookdale Senior Living, Inc. RELATED FACILITIES: Please see below for other CCRCs RE YEAR # OF SINGLE MULTI- OPENED: 2001 ACRES: 6.08 STORY STORY OTHER: NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS – STUDIO: 0 ASS	LIGIOUS AFFILIATION:	None MILES TO SHO MILES TO * * * * * * * *	86-1616 er/Cere, Inc., Brookdale Senior Living, Inc. IPPING CTR: 1 HOSPITAL: 4 * * * * * * * * * * * * * * *
RELATED FACILITIES: Please see below for other CCRCs RE YEAR # OF SINGLE MULTI- OPENED: 2001 ACRES: 6.08 STORY STORY OTHER: NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS – STUDIO: 0 ASS	HEALTH CARE ISTED LIVING: 90 ber LED NURSING: 45 ber PECIAL CARE: 25 ber	None MILES TO SHO MILES TO * * * * * * * *	PPING CTR: 1 Hospital: 4
RELATED FACILITIES: Please see below for other CCRCs RE YEAR # OF SINGLE MULTI- OPENED: 2001 ACRES: 6.08 STORY STORY OTHER: NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS – STUDIO: 0 ASS	HEALTH CARE ISTED LIVING: 90 ber LED NURSING: 45 ber PECIAL CARE: 25 ber	MILES TO SHO MILES TO MILES TO	HOSPITAL: 4
OPENED: 2001 ACRES: 6.08 STORY STORY DTHER: NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS STUDIO: 0 ASS	HEALTH CARE ISTED LIVING: 90 ber LED NURSING: 45 ber PECIAL CARE: 25 ber	MILES TO * * * * * * * * ds	HOSPITAL: 4
NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS STUDIO: 0	HEALTH CARE ISTED LIVING: 90 ber LED NURSING: 45 ber PECIAL CARE: 25 ber	* * * * * * * * * 1s	
NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS STUDIO: 0	HEALTH CARE ISTED LIVING: 90 ber LED NURSING: 45 ber PECIAL CARE: 25 ber	is	* * * * * * * * * * * *
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	LED NURSING: 45 bed PECIAL CARE: 25 bed		
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RLU OCCUPANCY (%) AT YEAR END: 0 >		·····	* * * * * * * * * * * *
** * * * * * * * * * * * * * * * * * * *			
TYPE OF OWNERSHIP: INOT-FOR-PROFIT IF FOR-PROFIT ACCREDITED	e: co yes co no b	Y:	when any other hands and the second
FORM OF CONTRACT: 🛛 CONTINUING CARE 👘 🖓 LIFE CARE	🗆 ENTRANCE FEE	🗅 FEE FO	R SERVICE
<i>(Check all that apply)</i>	🗅 MEMBERSHIP	🗆 RENTA	L
REFUND PROVISIONS: (Check all that apply) 090% 075% 050% 0FULLY	AMORTIZED 🗆 OTHI	ER:	******
RANGE OF ENTRANCE FEES: \$2,000 _ \$4,000 LO	IG-TERM CARE INS	URANCE REQU	IRED? 🗆 YES 📾 NO
HEALTH CARE BENEFITS INCLUDED IN CONTRACT: None	, same says generative and g		
ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: N/A	OTHE	R: N/A	
RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOAR	D (briefly describe provider's co	ompliance ned residents' r	olo): >
> A resident representative meets with a representative of the governing body per	iodically to discuss t	oudgeting and of	her resident matters.
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * *	* * * * * * *	* * * * * * * * * * *
FACILITY SERVICES AND AME			
COMMON AREA AMENITIES AVAILABLE FEE FOR SERVICE SERVICES AV		<u>NCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP 🗹 HOUSEKEEPING (_ TIMES/MONTH)	I	
BILLIARD ROOM 🔲 MEALS (/DAY)		Г	
BOWLING GREEN 🗆 SPECIAL DIETS AVAIL	ABLE		
CARD ROOMS	· · · ·		
CHAPEL I 24-HOUR EMERGENC			
COFFEE SHOP			
CRAFT ROOMS		범	
EXERCISE ROOM	ANLE		
GOLF COURSE ACCESS			
PUTTING GREEN LINENS LAUNDERED SHUFFLEBOARD MEDICATION MANAG	FMTXIT		
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OTHER		ليسبيط	أحتنا
TENNIS COURT Image: Transportation-provided in tra	REARRANGED		

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.

Page 1 of 4

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PROVIDER NAME: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc. D/B/A Brookdale Northridge

			2013	2014		20)15	2016
NCOME FROM ONGOIN	IG OPERATIONS	121-5-02-0-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-			and an and a second			
OPERATING INCOME				10 (00 000		40 004 000		40.000.000
Excluding amortization of e	antrance fee income)	14,104,	000	13,483,000		12,834,000	•	13,309,000
ESS OPERATING EXPEN								
Excluding depreciation, amortization, and interest)		8,795,0	00	8,351,000		8,996,000		9,438,000
IET INCOME FROM OPE	INCOME FROM OPERATIONS		00	5,132,000	5,132,000		patra a secondaria a secondaria a secondaria da secondaria da secondaria da secondaria da secondaria da second	3,871,000
ESS INTEREST EXPENSE	r expense		00	3,094,000		3,179,000		3,914,000
LUS CONTRIBUTIONS			•	<u></u>				<u>. </u>
LUS NON-OPERATING A	, ,							<u></u>
IET INCOME (LOSS) BEF EES, DEPRECIATION AN		2,514,0	00	2,038,000		659,000		(43,000)
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	2015 Medic Perc	CCAC Ins 50 ^{sh}	* * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * *	* * * * * * * * * 2015	* * * * * *	2016
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EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG	2015 Medic Perc <i>(op)</i> GE RATIO	CCAC Ins 50 th entile	0.87 0.78	2014	0.85 1.20	2015		1.15
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG	2015 Medic Perc <i>(op)</i> GE RATIO	CCAC Ins 50 th entile	0.87	* * * * * * * * * * * * * * * * * * * *	0.85	* * * * * * *		1.15
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG	2015 Medic Perc <i>(op)</i> GE RATIO	CCAC Ins 50 th entile	0.87 0.78 13	2014	0.85 1.20	* * * * * * * *		1.15
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EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013	CCAC Ins 50 th entile <i>tional</i>	0.87 0.78 13	******	0.85 1.20	* * * * * * * * 2015 * * * * * * 2015		1.15
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY STUDIO	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013	CCAC ins 50 th entile <i>tional</i> <i>tional</i> See note	0.87 0.78 13 d Change Percent 2014 3,525	: * * * * * * * * * (dge)	0.85 1.20	* * * * * *	* * * * * 4	1.15 1.01 1.90
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY STUDIO	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,129	CCAC ins 50 th entile <i>tional</i> // <i>tional</i> // see note See note	0.87 0.78 13 d Change Percent 2914 3,525 4,645	: * * * * * * * * * (dge)	0.85 1.20	* * * * * *	* * * * * 4	1.15 1.01 1.90
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY ONE BEDROOM TWO BEDROOM	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,129 3,129 5,	CCAC ins 50 th entile <i>tional</i> // <i>tional</i> // <i>tio</i>	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345	: * * * * * * * * * (dge)	0.85 1.20	* * * * * *	* * * * * 4	1.15 1.01 1.90
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE	2015 Media Perc (<i>opi</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,129 4,373 2,545	CCAC ins 50 th entile vianal) in and vianal) in and vianal) in and vianal) in and in and	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A	: * * * * * * * * * (dge)	0.85 1.20 9 * * * *	2015	* * * * * * *	1.15 1.01 1.90 * * * * * * * * * * 2016
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING	2015 Media Perc (op) GE RATIO ATIO SERVICE FEES (Aver 2013 3,129 3,120 3,129 3,129 3,120 3	CCAC ins 50 th entile tional) in all in all ina	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A	lage) %	0.85 1.20 9 * * * *	2015	****** % 3.8	1.15 1.01 1.90 * * * * * * * * * * * 2016 4,745
PEBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG DAYS CASH ON HAND R HISTORICAL MONTHLY ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,	CCAC ins 50 th entile tional) tional tional) tional	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A 7,620	lage) %	0.85 1.20 9 * * * * * 4,572 8,209	2015	* * * * * * * * * * * * * * * * * * *	1.15 1.01 1.90 • • • • • • • • • • • • • • • • • • •
DEBT TO ASSET RATIO DPERATING RATIO DEBT SERVICE COVERAG DAYS CASH ON HAND R HISTORICAL MONTHLY STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,	CCAC ins 50 th entile tional) in all in all ina	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A	lage) %	0.85 1.20 9 * * * *	2015	****** % 3.8	1.15 1.01 1.90 * * * * * * * * * * * 2016 4,745
DEBT TO ASSET RATIO DEBT SERVICE COVERAG DAYS CASH ON HAND R HISTORICAL MONTHLY STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING	2015 Media Perc (<i>op</i>) GE RATIO ATIO <u>SERVICE FEES</u> (Avera 2013 3,129 3,	CCAC ins 50 th entile tional) tional tional) tional	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A 7,620	lage) %	0.85 1.20 9 * * * * * 4,572 8,209	2015	* * * * * * * * * * * * * * * * * * *	1.15 1.01 1.90 • • • • • • • • • • • • • • • • • • •
DEBT TO ASSET RATIO DEBT SERVICE COVERAG DAYS CASH ON HAND R HISTORICAL MONTHLY STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING	2015 Media Perc (0)) GE RATIO ATIO SERVICE FEES (Avera 2013 3,129 3,129 3,129 3,129 3,129 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 5 3,129 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CCAC ins 50 th entile tional) tional tional) tional	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A 7,620	lage) %	0.85 1.20 9 * * * * * 4,572 8,209	2015	* * * * * * * * * * * * * * * * * * *	1.15 1.01 1.90 • • • • • • • • • • • • • • • • • • •
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND R HISTORICAL MONTHLY ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING SPECIAL CARE	2015 Media Perc (0)) GE RATIO ATIO SERVICE FEES (Avera 2013 3,129 3,129 3,129 3,129 3,129 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 3,129 5 5 3,129 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	CCAC ins 50 th entile tional) tional tional) tional	0.87 0.78 13 d Change Percent 2014 3,525 4,645 6,345 N/A N/A 7,620	lage) %	0.85 1.20 9 * * * * * 4,572 8,209	2015	* * * * * * * * * * * * * * * * * * *	1.15 1.01 1.90 • • • • • • • • • • • • • • • • • • •

OTHER CCRCs Brookdale Carlsbad	LOCATION (City, State) Carlsbad, CA	<u>PHONE (with area code)</u> (760) 720-9898
Brookdale Carmel Valley	San Diego, CA	(858) 259-2222
Brookdale Rancho Mirage	Rancho Mirage, CA	(760) 340-5999
Brookdale San Juan Capistrano	San Juan Capistrano, CA	(949) 248-8855
Brookdale Camarillo	Camarillo, CA	(805) 388-8086
Brookdale Riverwalk	Bakersfield, CA	(661) 587-0182
Brookdale Northridge	Northridge, CA	(818) 886-1616
Brookdale San Dimas	San Dimas, CA	(909) 394-0304
Brookdale Fountaingrove Brookdale Yorba Linda MULTI-LEVEL RETIREMENT COMMUNITIES N/A	Santa Rosa, CA Yorba Linda, CA LOCATION (City, State)	(707) 566-8600 (714) -777-9666 PHONE (with area code)
free-standing skilled nursing N/A	LOCATION (City, State)	<u>PHONE (with area code)</u>
subsidized senior housing N/A	LOCATION (City, State)	PHONE (with area code)
NOTE: PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY	·,	

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PROVIDER NAME: Emeritus Corporation, EmeriCare, Inc., Brookdale Senior Living, Inc., d/b/a Brookdale Northridge

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense

Amortization Expense

Total Operating Revenues – Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

Total Excess of Revenues over Expenses + Interest, Depreciation, and Amortization Expenses Amortization of Deferred Revenue + Net Proceeds from Entrance Fees Annual Debt Service

DAYS CASH ON HAND RATIO

Unrestricted Current Cash & Investments + Unrestricted Non-Current Cash & Investments

(Operating Expenses – Depreciation – Amortization)/365

NOTE: These formulas are also used by the Continuing Care Accreditation Commission. For each formula, that organization also publishes annual median figures for certain continuing care retirement communities.