EXECUTIVE OFFICE OF ELDER AFFAIRS

Assisted Living Certification Unit
www.mass.gov/elder

Annual Financial Disclosure Statement

ALR Name: _____Sunrise of Arlington_____

Address: _1395 Massachusetts Avenue, Arlington, MA 02476___

I. General Information

As stated in 651 CMR 12.04(13)(a)(1), a Sponsor of an Assisted Living Residence is required to file annually, within 90 days following the end of the Residence's fiscal year, a financial disclosure form prescribed by Elder Affairs which sets forth a statement by the Sponsor based upon financial statements (audited, reviewed or compiled) prepared by a certified public accountant, sufficient to permit Elder Affairs to assess the Residence's fiscal condition and ability to meet the requirements of the service plans established for its Residents.

II. Please complete the following:

(A) On behalf of Sunrise of Arlington, MA Assisted Living LLC as the Sponsor of Sunrise of Arlington
(Corporate Name of Sponsor) (Name of Residence)

I attest that financial statements for the above named Assisted Living Residence were prepared by the following certified public accountant for the time period beginning ___01/01/22_____ and ending __12/31/22_____ :

Name of the Certified Public Accountant: ___Karen K. Smith, CPA_____

Name of the Firm of Certified Public Accountant: __CohnReznick LLP_____

Address: __1 Boston Place, Suite 500, Boston, MA 02108_____

_____

(B) The above named certified public accountant prepared financial statements for the above named

Residence based upon (check one):

___ an audit of the financial position of the Residence.
___ a review of the financial position of the Residence.
_X_ a compilation of the financial position of the Residence.

(C) Based upon financial statements that were prepared by a certified public accountant, I attest to the following (check one):

_X___ During the time period set forth above, the Residence was in sound fiscal condition and had sufficient financial resources to meet the requirements of the service plans that have been established for its Residents.

____ During the time period set forth above, the Residence was not in sound fiscal condition and did
not have sufficient financial resources to meet the requirements of the service plans that have been established for its Residents.

III. Signatures

I, __Keith Bown_____, hereby confirm that the statements contained in this financial disclosure statement have been based upon financial statements which were prepared by a certified public accountant and are true, complete and correct to the best of my knowledge and belief.

SRZ Arlington, MA Assisted Living LLC
Type or Print Name of Sponsor
(Individual, Corporation, Trust or Other)

Keith Bown
Signature of Person Authorized to sign for
Sponsor (Officer, Trustee or Individual)

Keith Bown, Chief Accounting
Officer of Sunrise Senior Living, LLC
Print Name & Title of Person Authorized

3-29-23
Date

Please return the completed form to: **annualreport@state.ma.us**