

(C) THE DISCLOSURE STATEMENT SHALL INCLUDE:

(1) THE NAME, ADDRESS, AND DESCRIPTION OF THE FACILITY AND THE NAME AND ADDRESS OF ANY PARENT OR SUBSIDIARY PERSON;

(2) THE ORGANIZATIONAL STRUCTURE AND MANAGEMENT OF THE PROVIDER, INCLUDING:

(I) IF THE PROVIDER IS A CORPORATION OR LIMITED LIABILITY COMPANY, THE NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY, THE STATE IN WHICH THE CORPORATION IS INCORPORATED OR THE LIMITED LIABILITY COMPANY IS FORMED, AND THE NAME OF THE CHIEF EXECUTIVE OFFICER;

(II) IF THE PROVIDER IS A PARTNERSHIP, THE NAMES OF THE GENERAL PARTNERS, THE STATE GOVERNING THE FORMATION OF THE PARTNERSHIP, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR MANAGING THE PARTNERSHIP;

(III) IF THE PROVIDER IS AN UNINCORPORATED ASSOCIATION, THE NAMES OF THE MEMBERS, THE STATE GOVERNING THE ASSOCIATION'S ACTIVITIES, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR MANAGING THE ASSOCIATION;

(IV) IF THE PROVIDER IS A PARTNERSHIP HAVING A CORPORATION OR LIMITED LIABILITY COMPANY AS ONE OR MORE OF ITS GENERAL PARTNERS, THE NAME OF THE CORPORATION OR LIMITED LIABILITY COMPANY, THE STATE IN WHICH THE CORPORATION IS INCORPORATED OR THE LIMITED LIABILITY COMPANY IS FORMED, AND THE NAME OF THE CHIEF EXECUTIVE OFFICER;

(V) IF THE PROVIDER IS A TRUST, THE NAME OF THE TRUSTEE, THE NAMES OF THE OWNERS OF THE BENEFICIAL INTERESTS IN THE TRUST, THE STATE GOVERNING THE TRUST, AND THE NAME OF THE PRIMARY INDIVIDUAL RESPONSIBLE FOR OVERSEEING THE TRUST'S ACTIVITIES; AND

(VI) A STATEMENT REGARDING WHETHER THE PROVIDER IS QUALIFIED, OR INTENDS TO QUALIFY, AS A TAX-EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE;

(3) A STATEMENT REGARDING ANY AFFILIATION OF THE PROVIDER WITH A RELIGIOUS, CHARITABLE, OR OTHER NONPROFIT ORGANIZATION, AND THE EXTENT TO WHICH THE ORGANIZATION IS RESPONSIBLE FOR THE FINANCIAL AND CONTRACTUAL OBLIGATIONS OF THE PROVIDER;

(4) A DESCRIPTION OF ALL FEES, INCLUDING ENTRANCE FEES, HEALTH CARE FEES, AND PERIODIC FEES, COLLECTED BY THE PROVIDER FROM SUBSCRIBERS, SETTING FORTH THE AMOUNT AND FREQUENCY OF THE ANNUAL PERCENTAGE FEE CHANGES DURING EACH OF THE PREVIOUS 5 YEARS. IF THE FACILITY HAS BEEN IN OPERATION LESS THAN 5 YEARS, THEN THE DESCRIPTION SHALL BE FOR EACH YEAR THAT IT HAS BEEN IN OPERATION;

(5) A STATEMENT ~~THAT PROVISIONS~~ DESCRIBING PROVISIONS THAT HAVE BEEN OR WILL BE MADE TO COMPLY WITH THE OPERATING RESERVE