

Front Porch Communities & Services

March 31, 2023

Annual Reserve Report (Multi-CCRC Provider)

Presented to:
The State of California
Department of Social Services

Part 1

Resident Population – (Form 1-1)

Annual Provider Fee – (Form 1-2)

Health and Safety Code Section 1791

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	195
[2]	Number at end of fiscal year	195
[3]	Total Lines 1 and 2	390
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	195
All Residents		
[6]	Number at beginning of fiscal year	214
[7]	Number at end of fiscal year	228
[8]	Total Lines 6 and 7	442
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	221
[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).	0.88

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$19,429,000
[a]	Depreciation	\$3,319,000
[b]	Debt Service (Interest Only)	\$205,000
[2]	Subtotal (add Line 1a and 1b)	\$3,524,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$15,905,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	88%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$14,033,824
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$14,034

PROVIDER Front Porch Communities & Services
COMMUNI Carlsbad by the Sea

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	2
[2]	Number at end of fiscal year	1
[3]	Total Lines 1 and 2	3
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	1.5
All Residents		
[6]	Number at beginning of fiscal year	238
[7]	Number at end of fiscal year	219
[8]	Total Lines 6 and 7	457
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	228.5
[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).	0.01

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only) \$20,395,000
[a]	Depreciation \$3,152,000
[b]	Debt Service (Interest Only) \$672,000
[2]	Subtotal (add Line 1a and 1b) \$3,824,000
[3]	Subtract Line 2 from Line 1 and enter result. \$16,571,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11) 1%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4) \$108,781.18
[6]	Total Amount Due (multiply Line 5 by .001) x .001 \$109

PROVIDER: Front Porch Communities & Services

COMMUNIT Claremenot Manor

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	58
[2]	Number at end of fiscal year	59
[3]	Total Lines 1 and 2	117
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	58.5
All Residents		
[6]	Number at beginning of fiscal year	153
[7]	Number at end of fiscal year	148
[8]	Total Lines 6 and 7	301
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	150.5
[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).	0.39

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1]	\$18,897,000
[a]	\$2,922,000
[b]	\$87,000
[2]	\$3,009,000
[3]	\$15,888,000
[4]	39%
[5]	\$6,175,734
	x .001
[6]	\$6,176

PROVIDER: Front Porch Communities & Services

COMMUNIT Sunny View Reirement Community

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	182
[2]	Number at end of fiscal year	183
[3]	Total Lines 1 and 2	365
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	182.5
All Residents		
[6]	Number at beginning of fiscal year	268
[7]	Number at end of fiscal year	270
[8]	Total Lines 6 and 7	538
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	269
[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).	0.68

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$24,696,000
[a]	Depreciation	\$4,203,000
[b]	Debt Service (Interest Only)	\$202,000
[2]	Subtotal (add Line 1a and 1b)	\$4,405,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$20,291,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	68%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$13,766,199
		x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$13,766

PROVIDER: Front Porch Communities & Services
COMMUNIT Villa Gardens

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	100
[2]	Number at end of fiscal year	74
[3]	Total Lines 1 and 2	174
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	87
All Residents		
[6]	Number at beginning of fiscal year	195
[7]	Number at end of fiscal year	204
[8]	Total Lines 6 and 7	399
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	199.5
[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).	0.44

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$13,628,600
[a]	Depreciation	\$2,476,000
[b]	Debt Service (Interest Only)	\$105,000
[2]	Subtotal (add Line 1a and 1b)	\$2,581,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$11,047,600
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	44%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$4,817,750
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$4,818

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	191
[2]	Number at end of fiscal year	188
[3]	Total Lines 1 and 2	379
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	189.5
All Residents		
[6]	Number at beginning of fiscal year	193
[7]	Number at end of fiscal year	190
[8]	Total Lines 6 and 7	383
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	191.5
[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).	0.99

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$17,858,000
[a]	Depreciation	\$3,912,000
[b]	Debt Service (Interest Only)	\$2,934,000
[2]	Subtotal (add Line 1a and 1b)	\$6,846,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$11,012,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	99%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$10,896,992
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$10,897

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	66
[2]	Number at end of fiscal year	52
[3]	Total Lines 1 and 2	118
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	59
All Residents		
[6]	Number at beginning of fiscal year	152
[7]	Number at end of fiscal year	163
[8]	Total Lines 6 and 7	315
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	157.5
[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).	0.37

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$14,068,000
[a]	Depreciation	\$1,902,000
[b]	Debt Service (Interest Only)	\$0
[2]	Subtotal (add Line 1a and 1b)	\$1,902,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$12,166,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	37%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$4,557,422
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$4,557

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	229
[2]	Number at end of fiscal year	231
[3]	Total Lines 1 and 2	460
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	230
All Residents		
[6]	Number at beginning of fiscal year	249
[7]	Number at end of fiscal year	266
[8]	Total Lines 6 and 7	515
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	257.5
[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).	0.89

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$24,139,000
[a]	Depreciation	\$5,222,000
[b]	Debt Service (Interest Only)	\$0
[2]	Subtotal (add Line 1a and 1b)	\$5,222,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$18,917,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	89%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$16,896,738
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$16,897

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	9
[2]	Number at end of fiscal year	4
[3]	Total Lines 1 and 2	13
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	6.5
All Residents		
[6]	Number at beginning of fiscal year	9
[7]	Number at end of fiscal year	4
[8]	Total Lines 6 and 7	13
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	6.5
[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).	1.00

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1]	\$643,000
[a]	\$0
[b]	\$0
[2]	\$0
[3]	\$643,000
[4]	100%
[5]	\$643,000
	x .001
[6]	\$643

PROVIDER Front Porch Communities & Services
COMMUNITY Los Gatos Meadows (Outplaced)

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	408
[2]	Number at end of fiscal year	406
[3]	Total Lines 1 and 2	814
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	407
All Residents		
[6]	Number at beginning of fiscal year	426
[7]	Number at end of fiscal year	432
[8]	Total Lines 6 and 7	858
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	429
[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).	0.95

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$38,489,000
[a]	Depreciation	\$7,758,000
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$7,758,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$30,731,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	95%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$29,155,051 x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$29,155

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	308
[2]	Number at end of fiscal year	305
[3]	Total Lines 1 and 2	613
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	306.5
All Residents		
[6]	Number at beginning of fiscal year	319
[7]	Number at end of fiscal year	315
[8]	Total Lines 6 and 7	634
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	317
[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).	0.97

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$30,860,000
[a]	Depreciation	\$7,182,000
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$7,182,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$23,678,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	97%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$22,893,713
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$22,894

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	36
[2]	Number at end of fiscal year	32
[3]	Total Lines 1 and 2	68
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	34
All Residents		
[6]	Number at beginning of fiscal year	102
[7]	Number at end of fiscal year	102
[8]	Total Lines 6 and 7	204
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	102
[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).	0.33

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$15,766,000
[a]	Depreciation	\$850,000
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$850,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$14,916,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	33%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$4,972,000
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$4,972

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	76
[2]	Number at end of fiscal year	72
[3]	Total Lines 1 and 2	148
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	74
All Residents		
[6]	Number at beginning of fiscal year	80
[7]	Number at end of fiscal year	82
[8]	Total Lines 6 and 7	162
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	81
[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).	0.91

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$4,521,000
[a]	Depreciation	\$785,000
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$785,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$3,736,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	91%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$3,413,136
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$3,413

Part 2

Certification by Chief Executive Officer

Health and Safety Code Section 1790



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www.frontporch.net

CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER

July 28, 2023

I hereby certify that I have reviewed the accompanying March 31, 2022 Financial Statements and Supplementary Information for Front Porch. I further certify that:

1. These reports are complete and accurate to the best of my knowledge and belief.
2. Each continuing care contract form is used for new residents and has been approved by the Department of Social Services.
3. As of this date, Front Porch is maintaining the required liquid reserve and refund reserve.

Sean Kelly
Chief Executive Officer

JMW:tp

Encl.



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Independent Auditor's Report on Supplementary Information

Board of Directors
Front Porch Communities and Services
Glendale, California

We have audited the consolidated financial statements of Front Porch Communities and Services (the Corporation) as of and for the year ended March 31, 2023 and have issued our report thereon dated July 28, 2023, which contained an unmodified opinion on those consolidated financial statements. Our audit was performed for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Forms 5-1 through 5-5 of the accompanying Annual Reserve Report (Multi-CCRC Provider) is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements.

The information included in Forms 5-1 through 5-5 of the accompanying Annual Reserve Report (Multi-CCRC Provider) has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

The other forms and schedules in the Annual Reserve Report have not been subjected to the auditing procedures applied in the audits of the consolidated financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

This report is intended solely for the information and use of the Board of Directors and management of the Corporation and for filing with the State of California Department of Social Services and is not intended to be and should not be used by anyone other than these specified parties.

FORVIS,LLP

Tulsa, Oklahoma
August 3, 2023

Part 3

Evidence of Fidelity Bond

Health and Safety Code Section 1789.8



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Alhambra Services Corporation 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

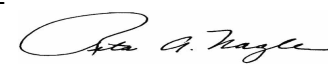
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:09:50

CERTIFICATE HOLDER**CANCELLATION**

Alhambra Services Corporation 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Bethany Center Senior Housing, Inc. Bethany Center Senior Housing 580 Capp Street San Francisco CA 94110	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

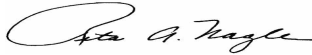
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:09:52

CERTIFICATE HOLDER**CANCELLATION**

Bethany Center Senior Housing 580 Capp Street San Francisco CA 94110	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services California Lutheran Homes 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

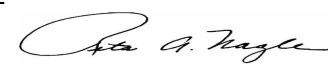
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:09:55

CERTIFICATE HOLDER**CANCELLATION**

California Lutheran Homes 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services Canterbury Woods 651 Sinex Avenue Pacific Grove CA 93950	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

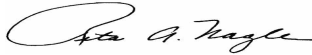
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:09:59

CERTIFICATE HOLDER**CANCELLATION**

Canterbury Woods 651 Sinex Avenue Pacific Grove CA 93950	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services CARING Housing Ministries, Inc. 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

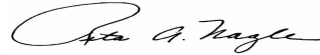
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:01

CERTIFICATE HOLDER**CANCELLATION**

CARING Housing Ministries, Inc. 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services Carlsbad By The Sea Care Center 2855 Carlsbad Blvd. Carlsbad CA 92008	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

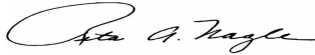
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:24

CERTIFICATE HOLDER**CANCELLATION**

Carlsbad By The Sea Care Center 2855 Carlsbad Blvd. Carlsbad CA 92008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Carlsbad By The Sea 2855 Carlsbad Blvd. Carlsbad CA 92008	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

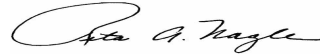
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:10:36

CERTIFICATE HOLDER**CANCELLATION**

Carlsbad By The Sea 2855 Carlsbad Blvd. Carlsbad CA 92008	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Casa de Manana 849 Coast Blvd. La Jolla CA 92037	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373 INSURER B: INSURER C: INSURER D: INSURER E:

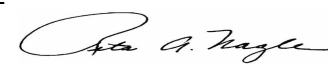
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:38

CERTIFICATE HOLDER**CANCELLATION**

Casa de Manana 849 Coast Blvd. La Jolla CA 92037	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Front Porch Communities and Services Cecil Pines 6009 Lake Cove Ave. Jacksonville FL 32221	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

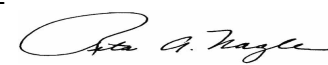
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:39

CERTIFICATE HOLDER**CANCELLATION**

Cecil Pines 6009 Lake Cove Ave. Jacksonville FL 32221	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Center For Technology Innovation And Wellbeing 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

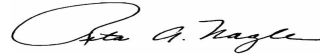
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:10:38

CERTIFICATE HOLDER**CANCELLATION**

Center For Technology Innovation And Wellbeing 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate		
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Front Porch Communities and Services Front Porch Communities and Services Claremont Manor Care Center 621 W. Bonita Ave. Claremont CA 91711	INSURER A: Caring Communities, A Reciprocal RRG		12373
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

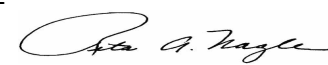
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:39

CERTIFICATE HOLDER**CANCELLATION**

Claremont Manor Care Center 621 W. Bonita Ave. Claremont CA 91711	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Claremont Manor 650 Harrison Avenue Claremont CA 91711	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

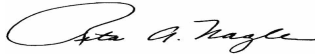
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:49

CERTIFICATE HOLDER**CANCELLATION**

Claremont Manor 650 Harrison Avenue Claremont CA 91711	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Community Housing, Inc. 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

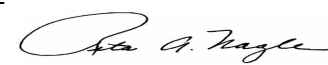
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:50

CERTIFICATE HOLDER**CANCELLATION**

Community Housing, Inc. 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Covia Affordable Communities 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

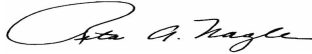
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:50

CERTIFICATE HOLDER**CANCELLATION**

Covia Affordable Communities 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services El Sombroso Oaks 15860 Poppy Lane Los Gatos CA 95030	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373 INSURER B: INSURER C: INSURER D: INSURER E:

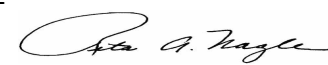
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:10:52

CERTIFICATE HOLDER**CANCELLATION**

El Sombroso Oaks 15860 Poppy Lane Los Gatos CA 95030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
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	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095	
	E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services England Oaks 6956 England Dr. Alexandria LA 71303	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

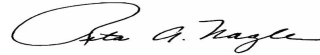
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:02

CERTIFICATE HOLDER**CANCELLATION**

England Oaks 6956 England Dr. Alexandria LA 71303	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services Fredericka Manor Care Center 111 Third Ave. Chula Vista CA 91910	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

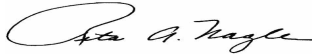
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	OTHER							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:07

CERTIFICATE HOLDER**CANCELLATION**

Fredericka Manor Care Center 111 Third Ave. Chula Vista CA 91910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Fredericka Manor 183 Third Ave. Chula Vista CA 91910	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

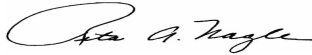
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:05

CERTIFICATE HOLDER**CANCELLATION**

Fredericka Manor 183 Third Ave. Chula Vista CA 91910	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Front Porch Communities and Services Friends House 684 Benicia Drive Santa Rosa CA 95409	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

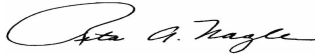
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:17

CERTIFICATE HOLDER**CANCELLATION**

Friends House 684 Benicia Drive Santa Rosa CA 95409	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Front Porch Communities and Services 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

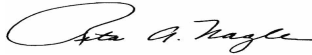
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:19

CERTIFICATE HOLDER**CANCELLATION**

Front Porch Communities and Services 2185 N. California Blvd., Suite 215 Walnut Creek CA 94596	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

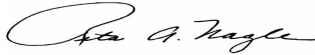
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:19

CERTIFICATE HOLDER**CANCELLATION**

Front Porch Communities and Services 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities Foundation 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

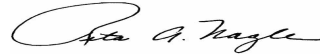
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:34

CERTIFICATE HOLDER**CANCELLATION**

Front Porch Communities Foundation 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Enterprises, Inc. 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

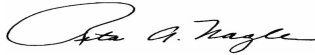
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:32

CERTIFICATE HOLDER**CANCELLATION**

Front Porch Enterprises, Inc. 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Jennings Senior Housing, Inc. Jennings Senior Housing 1080 Jennings Avenue Santa Rosa CA 95401	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

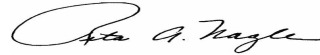
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:35

CERTIFICATE HOLDER**CANCELLATION**

Jennings Senior Housing 1080 Jennings Avenue Santa Rosa CA 95401	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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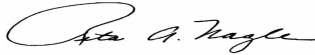
PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Caring Communities, A Reciprocal RRG		12373
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

INSURED Front Porch Communities and Services Front Porch Communities and Services Kingsley Manor Care Center 1055 N. Kingsley Dr. Los Angeles CA 90029	CERTIFICATE NUMBER:	REVISION NUMBER:
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INSTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:42

CERTIFICATE HOLDER Kingsley Manor Care Center 1055 N. Kingsley Dr. Los Angeles CA 90029	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Kingsley Manor 1055 N. Kingsley Dr. Los Angeles CA 90029	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

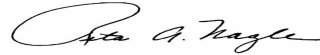
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:43

CERTIFICATE HOLDER**CANCELLATION**

Kingsley Manor 1055 N. Kingsley Dr. Los Angeles CA 90029	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Covia Communities Los Gatos Meadows 110 Wood Road Los Gatos CA 95939	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

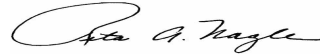
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability-Claims Made <input checked="" type="checkbox"/> PL Retro Date 01/01/2023 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CCRRRG-0002-23	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 1,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000.00
							MED EXP (Any one person)	\$ -
							PERSONAL & ADV INJURY	\$ 1,000,000.00
							GENERAL AGGREGATE	\$ 3,000,000.00
							PRODUCTS - COMP/OP AGG	\$ incl
							SIR Per Claim	\$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CCRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE	\$ 10,000,000.00
							AGGREGATE	\$ 15,000,000.00
							*AUTO	\$ 6,000,000.00
							*EMP BEN	\$ 5,000,000.00
								\$
								\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTIF-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
	OTHER							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:45

CERTIFICATE HOLDER**CANCELLATION**

Los Gatos Meadows 110 Wood Road Los Gatos CA 95939	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Community Housing, Inc. Lytton Gardens II 649 University Avenue Palo Alto CA 94301	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

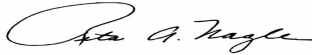
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:11:46

CERTIFICATE HOLDER**CANCELLATION**

Lytton Gardens II 649 University Avenue Palo Alto CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Community Housing, Inc. Lytton Gardens I 656 Lytton Avenue Palo Alto CA 94301	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

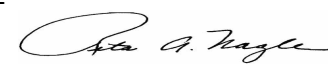
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:47

CERTIFICATE HOLDER**CANCELLATION**

Lytton Gardens I 656 Lytton Avenue Palo Alto CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Lytton IV Housing Corporation Lytton IV Housing Corp. 330 Everett Street Palo Alto CA 94301	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

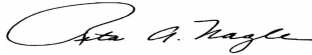
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:58

CERTIFICATE HOLDER**CANCELLATION**

Lytton IV Housing Corp. 330 Everett Street Palo Alto CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Oak Centers, L.P. Oak Center Towers 1515 Market Street Oakland CA 94607	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

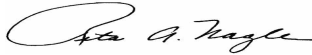
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:11:59

CERTIFICATE HOLDER**CANCELLATION**

Oak Center Towers 1515 Market Street Oakland CA 94607	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Presidio Gate Apartments 2770 Lombard Street San Francisco CA 94123	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

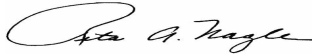
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:12:05

CERTIFICATE HOLDER**CANCELLATION**

Presidio Gate Apartments 2770 Lombard Street San Francisco CA 94123	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Shires Memorial Center 180 N. 4th Street San Jose CA 95112	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

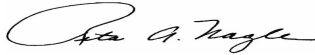
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:06

CERTIFICATE HOLDER**CANCELLATION**

Shires Memorial Center 180 N. 4th Street San Jose CA 95112	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate		
	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095	
	E-MAIL ADDRESS: Certificates@caringcomm.org		
	INSURER(S) AFFORDING COVERAGE		
INSURED Front Porch Communities and Services Front Porch Communities and Services Spring Lake Village 5555 Montgomery Avenue Santa Rosa CA 95409	INSURER A: Caring Communities, A Reciprocal RRG		NAIC # 12373
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

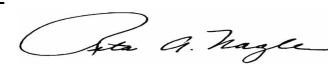
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:12:07

CERTIFICATE HOLDER**CANCELLATION**

Spring Lake Village 5555 Montgomery Avenue Santa Rosa CA 95409	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate		
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED Front Porch Communities and Services Front Porch Communities and Services St. Paul's Towers 100 Bay Place Oakland CA 94610	INSURER A: Caring Communities, A Reciprocal RRG		12373
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

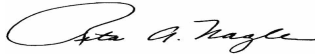
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
	OTHER							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:17

CERTIFICATE HOLDER**CANCELLATION**

St. Paul's Towers 100 Bay Place Oakland CA 94610	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Sunny View Manor 22445 Cupertino Rd. Cupertino CA 95014	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

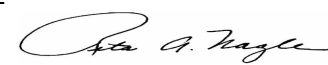
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:18

CERTIFICATE HOLDER**CANCELLATION**

Sunny View Manor 22445 Cupertino Rd. Cupertino CA 95014	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Sunny View Retirement Community 22445 Cupertino Rd. Cupertino CA 95014	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

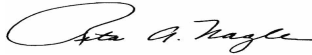
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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
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	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:20

CERTIFICATE HOLDER**CANCELLATION**

Sunny View Retirement Community 22445 Cupertino Rd. Cupertino CA 95014	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Sunny View Lutheran Home Sunny View West 800 N. Brand Blvd., 19th Floor Glendale CA 91203	INSURER A: Caring Communities, A Reciprocal RRG NAIC # 12373 INSURER B: INSURER C: INSURER D: INSURER E:

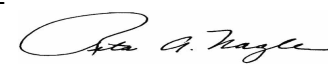
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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:12:18

CERTIFICATE HOLDER**CANCELLATION**

Sunny View West 800 N. Brand Blvd., 19th Floor Glendale CA 91203	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): 847-549-8225	FAX (A/C, No): 847-549-8095
E-MAIL ADDRESS: Certificates@caringcomm.org		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services Villa Gardens Health Care Unit 842 East Villa Street Pasadena CA 91101	INSURER A: Caring Communities, A Reciprocal RRG	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

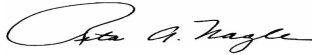
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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:29

CERTIFICATE HOLDER**CANCELLATION**

Villa Gardens Health Care Unit 842 East Villa Street Pasadena CA 91101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Front Porch Communities and Services Villa Gardens 842 East Villa Street Pasadena CA 91101	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

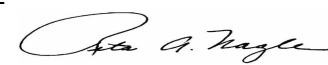
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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL/ML-Claims Made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CRRRRG-0002-23 Includes Management Liability EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ - PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 3,000,000.00 PRODUCTS - COMP/OP AGG \$ incl PL/GL SIR Per Claim \$ 75,000.00
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	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:31

CERTIFICATE HOLDER**CANCELLATION**

Villa Gardens 842 East Villa Street Pasadena CA 91101	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

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	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Vista Del Monte 3775 Modoc Rd. Santa Barbara CA 93105	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

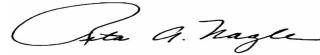
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0			CRRRRG-0002-23 *Sublimits apply	01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$ 10,000,000.00 AGGREGATE PL/GL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *EMP BEN \$ 5,000,000.00 EPLI/D&O (Occur&Aggr) \$ 10,000,000.00 *FIDUCIARY (Occur&Aggr) \$ 5,000,000.00
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:36

CERTIFICATE HOLDER**CANCELLATION**

Vista Del Monte 3775 Modoc Rd. Santa Barbara CA 93105	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate	
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURED Front Porch Communities and Services Front Porch Communities and Services Walnut Village 891 S. Walnut Street Anaheim CA 92802	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		

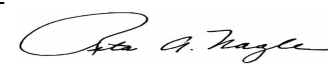
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:36

CERTIFICATE HOLDER**CANCELLATION**

Walnut Village 891 S. Walnut Street Anaheim CA 92802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2022

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PRODUCER Caring Communities Shared Services LTD 1850 W. Winchester Road Suite 109 Libertyville IL 60048	CONTACT NAME: Underwriting Associate
	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org
INSURER(S) AFFORDING COVERAGE	
INSURED Front Porch Communities and Services Front Porch Communities and Services Webster House 437 Webster Street Palo Alto CA 94301	INSURER A: Caring Communities, A Reciprocal RRG
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
NAIC # 12373	

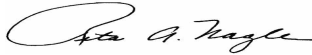
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 12/16/2022 14:12:37

CERTIFICATE HOLDER**CANCELLATION**

Webster House 437 Webster Street Palo Alto CA 94301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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	PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095 E-MAIL ADDRESS: Certificates@caringcomm.org	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Front Porch Communities and Services Front Porch Communities and Services Wesley Palms 2404 Loring Street San Diego CA 92109	INSURER A: Caring Communities, A Reciprocal RRG	12373
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

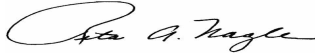
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	OTHER						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
12/16/2022 14:12:44

CERTIFICATE HOLDER**CANCELLATION**

Wesley Palms 2404 Loring Street San Diego CA 92109	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Part 4

Reconciliation From Reserve Report To Financial Statements

Health and Safety Code Section 1790

Front Porch
Reconciliation from Reserve Report to Financial Statements
March 31, 2023

	Carlsbad	Claremont	Sunny View	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	Front Porch	Total Audited Financial	
Forms 1-2 & 5-4 (Line 1)																
Operating Expenses from Consolidating Schedule-Statement of Operations Information	19,429,000	20,395,000	18,897,000	24,696,000	13,628,600	17,858,000	14,068,000	24,139,000	643,000	38,489,000	30,860,000	15,766,000	4,521,000	155,316,000	398,705,600	
Depreciation from Consolidating Schedule-Statement of Operations Information	3,319,000	3,321,000	2,922,000	4,203,000	2,476,000	3,912,000	1,902,000	5,222,000	-	7,758,000	7,182,000	850,000	785,000	26,977,000	70,829,000	
Amortization from Consolidating Schedule-Statement of Operations Information-Form 5-4 Line 2 (d)	3,000	37,000	1,000	3,000	1,000	40,000	-	-	-	-	-	-	-	187,000	272,000	
Form 5-1																
b. Principal paid during the year (Per Cash Flows)	-	-	-	-	-	-	-	-	-	-	-	-	-	(8,113,000)	(8,113,000)	
Principal payment Unamortized premium (See Note 8, Consolidated Financial Statements)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Repurchase of Certificates to reduce outstanding balance (See Note 8, Consolidated Financial Statements)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Principal paid per Statement of Cash Flows	-	-	-	-	-	-	-	-	-	-	-	-	-	(8,113,000)	(8,113,000)	
Interest Expense per Consol. Financial Statements	205,000	672,000	87,000	202,000	105,000	2,934,000	-	-	-	-	-	-	-	9,172,000	13,377,000	
Less Credit Enhancement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Less Accrued Interest & Amort. of Bond Premium														2,097,000	2,097,000	
Less Accretion of Asset Retirement			31,977												34,875	66,852
Sub total - Cash paid for interest	205,000	672,000	118,977	202,000	105,000	2,934,000	-	-	-	-	-	-	-	11,303,875	15,540,852	
Credit Enhancement	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
c & d. Cash paid for interest	205,000	672,000	118,977	202,000	105,000	2,934,000	-	-	-	-	-	-	-	11,303,875	15,540,852	
	205,000	672,000	118,977	202,000	105,000	2,934,000	-	-	-	-	-	-	-	11,303,875	15,540,852	
Cash received from non-contract residents per Statement of Cash Flows	3,643,000	19,683,000	11,553,000	12,298,000	10,816,000	311,000	8,649,000	3,161,000	86,000	4,017,000	2,199,000	10,130,000	259,000	88,732,000	175,537,000	
2e. Revenues received during the fiscal year for services to residents who did not have a continuing care contract	3,643,000	19,683,000	11,553,000	12,298,000	10,816,000	311,000	8,649,000	3,161,000	86,000	4,017,000	2,199,000	10,130,000	259,000	88,732,000	175,537,000	

Front Porch
 Reconciliation from Reserve Report to Financial Statements
 March 31, 2023

Form 5-4	Carlsbad	Claremont	Sunny View	Villa Gardens	Vista del Monte	Walnut Village							Front Porch	Total Audited Financial	
Provider's Operating Expense Reserve Amount from Form 5-4 line 6	2,517,534		894,247	1,647,945	68,219	2,207,055	723,493	3,239,589	114,452	5,490,000	4,416,164	984,452	713,630	-	23,016,781
Exclude negative operating expense															-
Adjusted provider's operating expense reserve amount	2,517,534	-	894,247	1,647,945	68,219	2,207,055	723,493	3,239,589	114,452	5,490,000	4,416,164	984,452	713,630	-	23,016,781

Recap to Form 5-5 Operating Reserves

Investment Securities-Short Term	
Investment Securities	14,857,092
Mutual Funds	74,370,804
Equities securities	295,574,450
Alternatives	15,968,867
Govt mort backed	10,923,343
Less Government Securities with a maturity date of five y	(3,371,059)
Total investments	408,323,496

Long-term investments per audited financials	464,576,001
Less Government Securities with a maturity date of five y	(3,371,059)
Less Investment not available for Operations	(52,728,477)
Add: Misclassified Treasury bill (passed audit entry)	
Back out: Joint Venture Investments	(152,968)
Total investments	408,323,496

Difference (due to rounding) -

Recap to Form 5-5 Debt Service Reserve

Assets whose use is limited or restricted, held by trustee under indenture agreements for bond fund and other reserves (per audited financials Note 3)	15,269,161
Less: Investments not available to service debt	
Debt Service reserve per Form 5-5	<u>15,269,161</u>

Debt Service interest fund	6,632,455
Debt Service project fund	76,706
Debt Service Reserve fund	
Debt Service principal fund	8,560,000
Debt Service Revenue fund	-
Debt Service reserve per form 5-5	<u>15,269,161</u>

**Annual Reserve Worksheet
March 31, 2023**

Debt Service Reserve	1	23,909,298		From Form 5-3 Line 4
Operating Exp Reserve	2	23,016,781		From Reconciliation from Reserve Report to Financials (Total of all CCRC from Form 5-4 line 6)
Total	3	46,926,079		

Qualifying Asset		Debt Service	Operating Reserve	
Cash	4	8,640,137	53,652,237.17	AuditC1All- Lead Sheet Cash & Cash Equivalent (Total) plus Govt securities 5yr or less maturity date (see breakdown below) less Cash
Investment Sec	5		12,464,891	See breakdown below L4 & L5
Equity Securities	6		369,945,254	See breakdown below L6
	7			
	8			
Debt Service	9	15,269,161		AwUL - Note 3 per Audited Financial
Other	10			

FS5	54,429	Cash and cash equivalents
	4,492	Money Market in Short term investments
	3,371	Govt Securites with a maturity date of five years or less
	62,292	

Total Amount of Qualifying Assets

Liquid Reserve	11	23,909,298	12	436,062,382
Total Amount Required	13	23,909,298	14	23,016,781
Surplus/Deficiency	15	-	16	413,045,601

Source: Footnotes #4 Investment Comparison -D6		ST Investments	ALATU-ST	ALATU-LT	
Cash	142,192				
Money Market	443,591		4,492,315		
Equity Mutual Funds	14,852,592	L6			
Fixed Income Mutual Funds	45,578,990	L6			
Commodity Mutual Funds	13,939,222	L6			
Equity Securities	294,367,631	L6			
Convertible Bonds	15,805,447				
Corporate bonds	25,673,780		1,643,971		
MLP	1,206,819	L6			
Govt Securities	14,271,308		1,564,642		
Non-govt asset backed	11,249,250				
Govt mort backed	10,923,343				
Alternatives	15,968,867				
Investments in joint ventures	152,968				
Sub total	464,576,001		7,700,928	15,403,687	58,177,000
				545,857,615.53	

Needs to tie to Footnote # 4 in audited financials

Source: Listing of Debt & Fixed Income Securities - E11.3

Govt Securites with a maturity date of five years or less
needs to be taken out of investments and added to Cash and Cash Equivalents

US Treasury Note	4/30/23	718,934
US Treasury Note	5/24/23	1,005,867
US Treasury Note	7/31/23	711,619
US Treasury Note	4/15/25	466,258
US Treasury Note	6/16/25	43,910
US Treasury Note	3/15/27	424,471
Total		3,371,059

L4 & (L5)

H&SC SECTION 1790(a)(2) and (3) DISCLOSURE

	MARCH 31,	
	2023	2022
<u>Funds Held by Trustee</u>		
Bank of NY - Interest Fund (17a Bonds)	\$ 2,155	\$ 2,179
Bank of NY - Principal Fund (17aBonds)	1,025	955
Bank of NY - Principal Fund (17b Bonds)		
Bank of NY - Interest (17b Bonds)		
Bank of NY - Interest (15 Bonds)		
Bank of NY - Wesley Palm Project Fund		
Bank of NY - Principal (15 Bonds)		
Bank of NY - Cost of Issuance (21a Bonds)	77	90
Bank of NY - Interest Fund (21a Bonds)	3,485	3,930
Bank of NY - Principal Fund (21aBonds)	1,125	670
Bank of NY - Interest Fund (21b Bonds)	992	1,132
Bank of NY - Principal Fund (21bBonds)	6,410	6,250
	<u>15,269</u>	<u>15,206</u>
 <u>Other Limited Uses</u>		
HUD facility reserves	18,266	16,433
Held by Trustee under indenture agreement	9,350	9,350
Kronos Payroll	16	25
Deposit subscriptions held in trust		1,793
90-day refundable accommodation fees		3,988
Restricted by donors for capital expenditures	10	10
Charitable remainder trust	9,783	4,872
Endowment fund	14,984	15,271
Foundations Funds	5,836	5,836
Beneficial interest in perpetual fund	968	1,122
Resident deposits held in trust	26	26
	<u>59,238</u>	<u>58,726</u>
	<u>\$ 74,508</u>	<u>\$ 73,932</u>

FRONT PORCH AND AFFILIATES
Consolidating Schedule – Statement of Financial Position
March 31, 2023
(Dollars in thousands)

Assets	Carlsbad	Claremont	Sunny View Manor	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	All other	Eliminations	Total
Current Assets																
Cash and cash equivalents	\$ 1	73	3	2	2	3		-		1	1	(1)	(94)	54,392		54,383
Short-term investments														7,701		7,701
Assets whose use is limited or restricted – required for current liabilities														15,404		15,404
Resident and patient accounts receivable	1,472	695	378	1,096	24	(1)	683	935	(83)	675	594	870	(80)	7,524		14,782
Prepaid expenses and other current assets	68	56	96	75	5	27	55	679	237	824	1,805	330	22	7,830		12,109
Intercompany receivables	42,561		28,275	148,772	43,794			16,462			8,200			(281,941)	(6,123)	-
Total current assets	44,102	824	28,752	149,945	43,825	29	738	18,076	154	1,500	10,600	1,199	(152)	(189,090)	(6,123)	104,379
Investments																
Assets whose use is limited, net of current portion														58,177		58,177
Long-term investments														466,123	(1,547)	464,576
Total investments	-	-	-	-	-	-	-	-	-	-	-	-	-	524,300	(1,547)	522,753
Property and Equipment, net	49,930	22,743	15,002	36,252	27,639	77,057	28,253	97,571	22,014	129,752	154,636	24,681	16,032	492,444	(25)	1,193,981
Receivable from supporting organization														850		850
ROU assets – operating leases														10,960	(2,149)	8,811
Other receivables														1,219		1,219
Other assets		104					98	1	30	7	68		1,013	14,561		15,882
In place leases							1,687	11,293		15,620	17,747	5,867		162		52,376
Net pension asset														4,031		4,031
Total other assets	-	104	-	-	-	-	1,785	11,294	30	15,627	17,815	5,867	1,013	31,783	(2,149)	83,169
Total assets	\$ 94,032	23,671	43,754	186,197	71,464	77,086	30,776	126,941	22,198	146,879	183,051	31,747	16,893	859,437	(9,844)	1,904,282
Liabilities and Net Assets																
Current Liabilities																
Current portion of long-term debt	\$													8,966		8,966
Current portion of operating leases														2,078	(114)	1,964
Accounts payable	1,000	544	506	753	332	2,090	458	764	73	1,335	2,141	434	339	13,163	(58)	23,874
Accrued payroll and related expenses	895	829	920	1,005	445	678	937	1,001	30	1,531	1,145	734	260	6,009		16,419
Intercompany payables		11,335				101,272	11,209		12,280	16,630		19,476	16	(166,132)	(6,086)	-
Accrued interest														6,645		6,645
Other accrued expenses	2,177	328	418	5,348	454	5,642	117	2,281	205	4,417	1,680	1,063	123	823		25,076
Total current liabilities	4,072	13,036	1,844	7,106	1,231	109,682	12,721	4,046	12,588	23,913	4,966	21,707	738	(128,448)	(6,258)	82,944

FRONT PORCH AND AFFILIATES
Consolidating Schedule – Statement of Financial Position
March 31, 2023
(Dollars in thousands)

Assets	Carlsbad	Claremont	Sunny View Manor	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	All other	Eliminations	Total
Asset retirement obligations		169	183											1,355		1,707
Accrued workers' compensation	477	131	271	298	120	316	812	255	70	522	453	200	109	2,080		6,114
Operating lease liabilities														9,863	(2,035)	7,828
Other accrued liabilities	132	997	559	391	600	36	5	87	1,950	249	516	31	93	14,311		19,957
Refundable entrance fees	1,745	228	(224)	38,386	579	33,943	1,361	8,203	-	24,429	8,298	3,845	(106)			120,687
Deferred revenue from entrance fees	29,119	7	5,827	15,214	7,802	5,831	2,796	29,235	53	62,347	68,354	6,671	5,755			239,011
Long-term debt														457,902	(1,075)	456,827
Total liabilities	<u>35,545</u>	<u>14,568</u>	<u>8,460</u>	<u>61,395</u>	<u>10,332</u>	<u>149,808</u>	<u>17,695</u>	<u>41,826</u>	<u>14,661</u>	<u>111,460</u>	<u>82,587</u>	<u>32,454</u>	<u>6,589</u>	<u>357,063</u>	<u>(9,368)</u>	<u>935,075</u>
Net Assets																
Without donor restriction	58,487	9,103	35,294	124,802	61,132	(72,722)	13,081	85,115	7,537	35,419	100,464	(707)	10,304	466,906	(476)	933,739
With donor restriction														35,468		35,468
Total net assets	<u>58,487</u>	<u>9,103</u>	<u>35,294</u>	<u>124,802</u>	<u>61,132</u>	<u>(72,722)</u>	<u>13,081</u>	<u>85,115</u>	<u>7,537</u>	<u>35,419</u>	<u>100,464</u>	<u>(707)</u>	<u>10,304</u>	<u>502,374</u>	<u>(476)</u>	<u>969,207</u>
Total liabilities and net assets	<u>\$ 94,032</u>	<u>23,671</u>	<u>43,754</u>	<u>186,197</u>	<u>71,464</u>	<u>77,086</u>	<u>30,776</u>	<u>126,941</u>	<u>22,198</u>	<u>146,879</u>	<u>183,051</u>	<u>31,747</u>	<u>16,893</u>	<u>859,437</u>	<u>(9,844)</u>	<u>1,904,282</u>
	(0)	(0)	0	(0)	-	-	-	-	-	-	-	-	0	0	-	(0)

FRONT PORCH AND AFFILIATES
Consolidating Schedule – Statement of Operations
March 31, 2023
(Dollars in thousands)

	Carlsbad by the Sea	Claremont Manor	Sunny View Manor	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	All Other	Group Eliminations	Consolidated
Revenues, Gains, and Other Support Without Donor Restrictions																
Resident and patient service revenue	\$ 17,075	\$ 20,077	\$ 17,732	\$ 25,828	\$ 16,669	\$ 12,407	\$ 13,278	\$ 23,136	\$ -	\$ 31,753	\$ 27,002	\$ 12,598	\$ 3,818	\$ 90,836	\$ (202)	\$ 312,007
Amortization of entrance fees	4,601	2	1,156	3,220	1,435	1,330	597	4,591	-	9,311	9,069	691	1,368	-	-	37,371
Affordable housing fees and rents	-	-	-	-	-	-	-	-	-	-	-	-	-	31,053	-	31,053
Other	-	-	-	-	-	-	2	31	-	7	31	77	-	2,478	(130)	2,496
Net assets released from restrictions used for operations	120	-	127	11	13	2	5	-	11	50	4	2	2	2,857	-	3,204
Total revenues, gains, and other support without donor restrictions	21,796	20,079	19,015	29,059	18,117	13,739	13,882	27,758	11	41,121	36,106	13,368	5,188	127,224	(332)	386,131
Expenses																
Medical services	4,672	5,783	5,576	7,442	1,987	1,690	3,884	5,940	-	9,353	5,907	6,465	770	25,755	(20)	85,204
Facility operating costs	2,781	2,013	1,681	2,249	2,119	1,890	1,496	2,934	657	5,794	4,515	1,522	640	17,671	-	47,962
Dietary services	3,294	3,240	3,656	3,922	2,841	3,643	2,845	3,850	-	6,492	5,915	2,450	646	14,498	(182)	57,110
Residential services	1,563	1,728	1,719	2,411	1,333	1,491	1,126	2,411	-	3,056	2,823	1,341	403	11,180	-	32,585
Administrative services	3,249	3,115	2,873	3,820	2,548	1,962	2,559	3,335	(161)	4,853	4,056	2,685	1,113	43,079	(55)	79,031
Depreciation	3,319	3,321	2,922	4,203	2,476	3,912	1,902	5,222	-	7,758	7,182	850	785	26,977	-	70,829
Amortization of deferred costs	3	37	1	3	1	40	-	-	-	-	-	-	-	187	-	272
Interest expense and other financing costs	205	672	87	202	105	2,934	-	-	-	-	-	-	-	9,172	-	13,377
Program expenses	-	-	-	-	-	-	-	-	-	-	-	-	-	4,272	(850)	3,422
Other	343	486	382	444	218	296	256	447	147	1,183	462	453	164	3,828	(195)	8,914
Total expenses	19,429	20,395	18,897	24,696	13,629	17,858	14,068	24,139	643	38,489	30,860	15,766	4,521	156,619	(1,302)	398,706
Operating Income (Loss) Before Other Operating Activities	2,367	(316)	118	4,363	4,488	(4,119)	(186)	3,619	(632)	2,632	5,246	(2,398)	667	(29,395)	970	(12,575)
Other Operating Activities																
COVID-19-related income	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	\$ -
COVID-19-related expenses	(57)	(106)	(115)	(80)	(25)	(22)	(10)	(7)	-	(57)	(7)	-	(8)	(1,054)	-	(1,548)
Amortization of acquired intangible assets and other	-	-	-	-	-	-	(307)	(2,197)	-	(3,274)	(3,372)	(1,123)	(100)	(28)	-	(10,401)
Total other operating activities	(57)	(106)	(115)	(80)	(25)	(22)	(317)	(2,204)	-	(3,331)	(3,379)	(1,123)	(108)	(1,082)	-	(11,949)
Operating Income (Loss)	2,310	(422)	3	4,283	4,463	(4,141)	(503)	1,415	(632)	(699)	1,867	(3,521)	559	(30,477)	970	(24,524)
Other Income (Expense)																
Investment return, net	-	-	-	-	-	-	-	(3)	-	-	-	1	(11)	(32,964)	-	(32,977)
Other components of net periodic benefit costs	-	-	-	-	-	-	-	-	-	-	-	-	-	1,910	-	1,910
Inherent contribution	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss on extinguishment of debt	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total other income (expense)	-	-	-	-	-	-	-	(3)	-	-	-	1	(11)	(31,054)	-	(31,067)
Excess of Revenues over Expenses	2,310	(422)	3	4,283	4,463	(4,141)	(503)	1,412	(632)	(699)	1,867	(3,520)	548	(61,531)	970	(55,591)
Contributions from Affiliates	-	-	-	-	-	-	-	-	-	138	-	-	13	10,587	(10,738)	-
Change in Pension Benefit Obligation	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,380)	-	(1,380)
Increase in Net Assets Without Donor Restrictions	\$ 2,310	\$ (422)	\$ 3	\$ 4,283	\$ 4,463	\$ (4,141)	\$ (503)	\$ 1,412	\$ (632)	\$ (561)	\$ 1,867	\$ (3,520)	\$ 561	\$(52,324)	\$(9,768)	\$(56,971)

FRONT PORCH AND AFFILIATES
Consolidating Schedule – Statement of Cash Flow
March 31, 2023
(Dollars in thousands)

	Carlsbad by the Sea	Claremont Manor	Sunny View	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	Other	Consolidated
Cash received from residents	12,372	-	6,383	13,619	5,814	12,181	4,042	19,507	-	27,619	24,734	2,666	3,542		132,479
Proceeds from entrance fees received	7,041		2,077	10,697	2,731	5,356		5,949		11,710	8,020	668	2,629		56,878
Cash received from and on behalf of noncontract residents	3,643	19,683	11,553	12,298	10,816	311	8,649	3,161	86	4,017	2,199	10,130	259	88,732	175,537
Refunds of entrance fees	(1,160)		(544)	(5,749)	(89)	(7,005)		(2,045)		(2,590)	(46)	(1,232)			(20,460)

Part 5

Liquid Reserves

Health and Safety Code Section 1792

**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	09/01/17	\$955,000	\$4,333,300		\$5,288,300
2	09/09/22	\$670,000	\$7,415,484		\$8,085,484
3	09/09/22	\$6,250,000	\$2,124,244		\$8,374,244
4					\$0
5					\$0
6					\$0
7					\$0
8					\$0
9					\$0
10					\$0
11					\$0
TOTAL:			\$13,873,028	\$0	\$21,748,028

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

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

PROVIDER: Front Porch Communities & Services

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

	(a)	(b)	(c)	(d)	(e)
Long-Term Debt Obligation	Date Incurred	Total Interest Paid During Fiscal Year	Amount of Most Recent Payment on the Debt	Number of Payments over next 12 months	Reserve Requirement (see instruction 5) (columns (c) x (d))
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: Front Porch Communities & Services

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

Line		TOTAL
1	Total from Form 5-1 bottom of Column (e)	<u>\$21,748,028</u>
2	Total from Form 5-2 bottom of Column (e)	<u>\$0</u>
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	<u>\$2,161,270</u>
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	<u><u>\$23,909,298</u></u>

PROVIDER: Front Porch Communities & Services

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$19,422,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$205,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	<u>\$3,319,000</u>	
	d. Amortization	<u>\$3,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$3,643,000</u>	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$7,170,000</u>
4	Net Operating Expenses		<u>\$12,252,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$33,567.12</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$2,517,534.25</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Carlsbad by the Sea

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

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$20,403,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$673,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)	<u></u>	
	c. Depreciation	<u>\$3,152,000</u>	
	d. Amortization	<u>\$37,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$19,683,000</u>	
	f. Extraordinary expenses approved by the Department	<u></u>	
3	Total Deductions		<u>\$23,545,000</u>
4	Net Operating Expenses		<u>-\$3,142,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>-\$8,608.22</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$0.00</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Claremenot Manor

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$18,914,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$86,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	<u>\$2,922,000</u>	
	d. Amortization	<u>\$1,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$11,553,000</u>	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$14,562,000</u>
4	Net Operating Expenses		<u>\$4,352,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$11,923</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$894,247</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Sunny View Reirement Community

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$24,727,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$202,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)	<u></u>	
	c. Depreciation	<u>\$4,204,000</u>	
	d. Amortization	<u>\$3,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$12,298,000</u>	
	f. Extraordinary expenses approved by the Department	<u></u>	
3	Total Deductions		<u>\$16,707,000</u>
4	Net Operating Expenses		<u>\$8,020,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$21,973</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$1,647,945</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Villa Gardens

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$13,729,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$105,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)	<u></u>	
	c. Depreciation	<u>\$2,475,000</u>	
	d. Amortization	<u>\$1,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$10,816,000</u>	
	f. Extraordinary expenses approved by the Department	<u></u>	
3	Total Deductions		<u>\$13,397,000</u>
4	Net Operating Expenses		<u>\$332,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$910</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$68,219</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Vista del Monte

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$17,939,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)	<u>\$2,935,000</u>	
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	<u>\$3,912,000</u>	
	d. Amortization	<u>\$40,000</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$311,000</u>	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$7,198,000</u>
4	Net Operating Expenses		<u>\$10,741,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$29,427</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$2,207,055</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Walnut Village

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$14,073,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)		
b.	Credit enhancement premiums paid for long-term debt (see instructions)		
c.	Depreciation	<u>\$1,903,000</u>	
d.	Amortization	<u>\$0</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$8,649,000</u>	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$10,552,000</u>
4	Net Operating Expenses		<u>\$3,521,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$9,647</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u>\$723,493</u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Canterbury Woods

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$24,149,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)		
b.	Credit enhancement premiums paid for long-term debt (see instructions)		
c.	Depreciation	<u>\$5,222,000</u>	
d.	Amortization	<u>\$0</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$3,161,000</u>	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$8,383,000</u>
4	Net Operating Expenses		<u>\$15,766,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$43,195</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$3,239,589</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: St Paul's Towers

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		\$643,000
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)		
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	\$0	
	d. Amortization	\$0	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$86,000	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		\$86,000
4	Net Operating Expenses		\$557,000
5	Divide Line 4 by 365 and enter the result.		\$1,526
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		\$114,452

PROVIDER: Front Porch Communities & Services

COMMUNITY: Los Gatos Meadows (Outplaced)

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$38,492,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)		
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	<u>\$7,757,000</u>	
	d. Amortization	<u>\$0</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$4,017,000</u>	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$11,774,000</u>
4	Net Operating Expenses		<u>\$26,718,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$73,200</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$5,490,000</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Spring Lake Village

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		\$30,872,000
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)		
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	\$7,181,000	
	d. Amortization	\$0	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$2,199,000	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		\$9,380,000
4	Net Operating Expenses		\$21,492,000
5	Divide Line 4 by 365 and enter the result.		\$58,882
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		\$4,416,164

PROVIDER: Front Porch Communities & Services

COMMUNITY: San Francisco Towers

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

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$15,771,000</u>
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)		
b.	Credit enhancement premiums paid for long-term debt (see instructions)		
c.	Depreciation	<u>\$850,000</u>	
d.	Amortization	<u>\$0</u>	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$10,130,000</u>	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$10,980,000</u>
4	Net Operating Expenses		<u>\$4,791,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$13,126</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$984,452</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Webster House

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		<u>\$4,517,000</u>
2	Deductions:		
	a. Interest paid on long-term debt (see instructions)		
	b. Credit enhancement premiums paid for long-term debt (see instructions)		
	c. Depreciation	<u>\$785,000</u>	
	d. Amortization	<u>\$0</u>	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	<u>\$259,000</u>	
	f. Extraordinary expenses approved by the Department		
3	Total Deductions		<u>\$1,044,000</u>
4	Net Operating Expenses		<u>\$3,473,000</u>
5	Divide Line 4 by 365 and enter the result.		<u>\$9,515</u>
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		<u><u>\$713,630</u></u>

PROVIDER: Front Porch Communities & Services

COMMUNITY: Friends House

Cash Per Capita

	Carlsbad By the Sea	Claremont Manor	Sunny View	Villa Gardens	Vista Del Monte	Walnut Village	Canterbury Woods
Total operating expenses from financial statements	19,422,000	20,403,000	18,914,000	24,727,000	13,729,000	17,939,000	14,073,000
Mean number of continuing care residents	195.0	1.5	58.5	182.5	87.0	189.5	59.0

Cash Per Capita

99,600	13,602,000	323,316	135,490	157,805	94,665	238,525
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	St Paul's Tower	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House
Total operating expenses from financial statements	24,149,000	643,000	38,492,000	30,872,000	15,771,000	4,517,000
Mean number of continuing care residents	230.0	6.5	407.0	306.5	34.0	74.0

Cash Per Capita

104,996	98,923	94,575	100,724	463,853	61,041
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**FORM 5-5
ANNUAL RESERVE CERTIFICATION**

Provider Name: Front Porch Communities & Services

Fiscal Year Ended: March 31, 2023

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended March 31, 2023 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	\$23,909,298
[2] Operating Expense Reserve Amount	\$23,016,781
[3] Total Liquid Reserve Amount:	\$46,926,079

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

<u>Qualifying Asset Description</u>	<u>Amount</u> <u>(market value at end of quarter)</u>	
	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents	\$8,640,137	\$53,652,237
[5] Investment Securities		\$12,464,891
[6] Equity Securities		\$369,945,254
[7] Unused/Available Lines of Credit		
[8] Unused/Available Letters of Credit		
[9] Debt Service Reserve	\$15,269,161	(not applicable)
[10] Other:		
(describe qualifying asset)		
Total Amount of Qualifying Assets Listed for Reserve Obligation: [11]	\$23,909,298 [12]	\$436,062,382
Reserve Obligation Amount: [13]	\$23,909,298 [14]	\$23,016,781
Surplus/(Deficiency): [15]	\$0 [16]	\$413,045,601

Signature:



(Authorized Representative)

Date: 7/28/2023

CFO

(Title)

Disclosure Statement

FACILITY NAME: Carlsbad By The Sea
 ADDRESS: 2855 Carlsbad Blvd, Carlsbad, CA ZIP CODE: 92008 PHONE: (760) 720-4580
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: _____
 YEAR # OF SINGLE MULTI- MILES TO SHOPPING CTR: 1
 OPENED: 1998 ACRES: 3.8 STORY STORY OTHER: _____ MILES TO HOSPITAL: 5

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>15</u>	ASSISTED LIVING: <u>RES can be AL</u>
APARTMENTS — 1 BDRM: <u>77</u>	SKILLED NURSING: <u>33</u>
APARTMENTS — 2 BDRM: <u>65</u>	SPECIAL CARE: <u>0</u>
COTTAGES/HOUSES: <u>0</u>	DESCRIPTION: > _____
RLU OCCUPANCY (%) AT YEAR END: <u>98%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$ 119,000 - \$ 799,000 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: No OTHER: None

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) >
 Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

FACILITY SERVICES AND AMENITIES					
COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (___4 TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (___2/DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _Wi-Fi	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER _Personal Trainer__	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: FRONT PORCH

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT *(as of most recent fiscal year end)*

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

**2017 CCAC Medians
50th Percentile
*(optional)***

	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO	34.2%	23.7%	24.0%
OPERATING RATIO	88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO	4.42	6.34	4.27%
DAYS CASH ON HAND RATIO	834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES Carlsbad By The Sea (Average Fee and Change Percentage)

	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>	<u>2022</u>	<u>%</u>	<u>2023</u>	<u>%</u>
STUDIO	6455	4.50	4370	4.9	4610	3.9	4,864	5.5
ONE BEDROOM	4815	4.50	5,051	4.9	5,248	3.9	5,537	5.5
TWO BEDROOM	6255	4.50	6,561	4.9	6,817	3.9	7,192	5.5
COTTAGE/HOUSE	7025	4.50	0		0		0	
ASSISTED LIVING								
SKILLED NURSING	475/Day	4.50	490/Day	4.9	510/Day	3.9	537/Day	5.5
SPECIAL CARE	N/A							

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$1,600

>

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Disclosure Statement

FACILITY NAME: Claremont Manor
 ADDRESS: 650 W. Harrison Blvd, Claremont, CA ZIP CODE: 91711 PHONE: (909) 626-1227
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: _____
 YEAR 1949 # OF 15 SINGLE MULTI- OTHER: _____ MILES TO SHOPPING CTR: 3/4
 OPENED: 1949 ACRES: 15 STORY Both MILES TO HOSPITAL: 4

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>20</u>	ASSISTED LIVING: <u>Res Can be all AL</u>
APARTMENTS — 1 BDRM: <u>99</u>	SKILLED NURSING: <u>59 Beds</u>
APARTMENTS — 2 BDRM: <u>27</u>	SPECIAL CARE: <u>10</u>
COTTAGES/HOUSES: <u>65</u>	DESCRIPTION: <u>> Hospice</u>
RLU OCCUPANCY (%) AT YEAR END: <u>75%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: _____

RANGE OF ENTRANCE FEES: \$ N/A - \$ N/A **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 65 PRIOR PROFESSION: No OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) >
 Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

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>2</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>3</u> /DAY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER: Personal Trainer_	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: **FRONT PORCH**

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50 th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		34.2%	23.7%	24.0%
OPERATING RATIO		88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		4.42	6.34	4.27%
DAYS CASH ON HAND RATIO		834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES Claremont Manor (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	4193	4.50	4620.00 starting at	4.9	4840.00 starting at	3.9	5106	5.5
ONE BEDROOM	5390	4.50	5495.00 starting at	4.9	5540.00 starting at	3.9	5845	5.5
TWO BEDROOM	6205	4.50	6165.00 starting at	4.9	7210.00 starting at	3.9	7607	5.5
COTTAGE/HOUSE	6145	4.50	5050.00 starting at	4.9	5507.00 starting at	3.9	5810	5.5
ASSISTED LIVING						3.9		
SKILLED NURSING	397/Day	4.50	416.00 a day	4.9	433.00 a day	3.9	456	5.5
SPECIAL CARE	7319	4.50	7678.00	4.9	7977.00	3.9	8416	5.5

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$1,685.00 and Lodge building is \$1,875.00
>

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\text{Total Operating Expenses} \\ - \text{Depreciation Expense} \\ - \text{Amortization Expense}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Continuing Care Retirement Community

Date Prepared: 06/21/23

Disclosure Statement

FACILITY NAME: Sunny View Retirement Community
 ADDRESS: 22445 Cupertino Road, Cupertino, CA ZIP CODE: 95014 PHONE: (408) 454-5600
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: Lutheran-
 YEAR 1963 # OF 12 SINGLE MULTI- MILES TO SHOPPING CTR: 15
 OPENED: 1963 ACRES: 12 STORY 1 STORY OTHER: Both MILES TO HOSPITAL: 3.6

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>53</u>	ASSISTED LIVING: <u>Res is also AL</u>
APARTMENTS — 1 BDRM: <u>27</u>	SKILLED NURSING: <u>48</u>
APARTMENTS — 2 BDRM: <u>16</u>	SPECIAL CARE: <u>48</u>
COTTAGES/HOUSES: _____	DESCRIPTION: > <u>Summer House is Special Care/ Memory care</u>
RLU OCCUPANCY (%) AT YEAR END: <u>95%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$106,815-337,875 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: No OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) >
 Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

FACILITY SERVICES AND AMENITIES					
<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>4</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>3</u> /DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CABLE TV- (if upgrade extra)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED-towels only	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN-not on property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA-not on property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NURSING/WELLNESS CLINIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR-not on property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR-not on property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT-not on property	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	OTHER <u>WiFi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>personal trainer</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: **FRONT PORCH**

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME				
(Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES				
(Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	<u>(1,442)</u>	<u>147,840</u>	<u>70,770</u>	<u>1,555</u>
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES)				
(excluding extraordinary items)	(237)	(8,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	<u>(10,994)</u>	<u>134,961</u>	<u>697,067</u>	<u>(23,241)</u>
NET CASH FLOW FROM ENTRANCE FEES				
(Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	<u>2017 CCAC Medians 50th Percentile (optional)</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		34.2%	23.7%	24.0%
OPERATING RATIO		88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		4.42	6.34	4.27%
DAYS CASH ON HAND RATIO		834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES – Sunny View Retirement Community (Average Fee and Change Percentage)

	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>	<u>2022</u>	<u>%</u>	<u>2023</u>	<u>%</u>
STUDIO	4268	4.50	4477	4.9	4652	3.9	4908	5.5
ONE BEDROOM	6523	4.50	6843	4.9	7109	3.9	7501	5.5
TWO BEDROOM	5940	4.50	6231	4.9	6474	3.9	6830	5.5
COTTAGE/HOUSE	N/A		N/A					
ASSISTED LIVING	N/A		N/A					
SKILLED NURSING	537/Day	4.50	563	4.9	591	3.9	623	5.5
SPECIAL CARE	9193	4.50	9643	4.9	10020	3.9	10571	5.5

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$1040

> _____
 > _____
 > _____

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Continuing Care Retirement Community

Date Prepared: 6/21/23

Disclosure Statement

FACILITY NAME: Villa Gardens
 ADDRESS: 842 E. Villa St, Pasadena, CA ZIP CODE: 91101 PHONE: (626) 463-5300
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: _____
 YEAR # OF SINGLE MULTI- MILES TO SHOPPING CTR: 1
 OPENED: 1933 ACRES: 4.0 STORY STORY OTHER: Both MILES TO HOSPITAL: 2

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>18</u>	ASSISTED LIVING: <u>RES can be AL</u>
APARTMENTS — 1 BDRM: <u>83</u>	SKILLED NURSING: <u>#of beds 54</u>
APARTMENTS — 2 BDRM: <u>92</u>	SPECIAL CARE: <u>19</u>
COTTAGES/HOUSES: <u>2</u>	DESCRIPTION: <u>></u>
RLU OCCUPANCY (%) AT YEAR END: <u>96%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED? YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$239,000 — 1,000,000.00 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: No OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

FACILITY SERVICES AND AMENITIES					
<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (4 TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (1/DAY — 3 Offered)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	OTHER Wi-Fi	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER Personal Trainer	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: FRONT PORCH

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	<u>(1,442)</u>	<u>147,840</u>	<u>70,770</u>	<u>1,555</u>
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	<u>(10,994)</u>	<u>134,961</u>	<u>697,067</u>	<u>(23,241)</u>
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	<u>16,216</u>	<u>5,629</u>	<u>53,342</u>	<u>36,418</u>

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		34.2%	23.7%	24.0%
OPERATING RATIO		88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		4.42	6.34	4.27%
DAYS CASH ON HAND RATIO		834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES – Villa Gardens (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	5014	4.50	5260	4.9	5465	3.9	5765	5.5
ONE BEDROOM	4483	4.50	4703	4.9	4886	3.9	5155	5.5
TWO BEDROOM	5125	4.50	5376	4.9	5586	3.9	5893	5.5
COTTAGE/HOUSE	6648	4.50	6974	4.9	7246	3.9	7644	5.5
ASSISTED LIVING	N/A		N/A		N/A			
SKILLED NURSING	406/Day	4.50	420/Day	4.9	460/Day	3.9	485	5.5
SPECIAL CARE	8625	4.50	9048	4.9	9400	3.9	9918	5.5

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$ 710.00 IL - \$1,360.00 Summer House

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Disclosure Statement

FACILITY NAME: Vista del Monte
 ADDRESS: 3775 Modoc Road, Santa Barbara, CA ZIP CODE: 93105 PHONE: (805) 687-0793
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: None
 YEAR # OF SINGLE MULTI- MILES TO SHOPPING CTR: 3
 OPENED: 1964 ACRES: 9.5 STORY STORY OTHER: Both MILES TO HOSPITAL: 5

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>30</u>	ASSISTED LIVING: <u>RES can be AL</u>
APARTMENTS — 1 BDRM: <u>103</u>	SKILLED NURSING: <u>0</u>
APARTMENTS — 2 BDRM: <u>35</u>	SPECIAL CARE: <u>24</u>
COTTAGES/HOUSES: <u>0</u>	DESCRIPTION: <u>></u>
RLU OCCUPANCY (%) AT YEAR END: <u>93.8%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$114,000- \$714,000 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: No OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) >
 Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

FACILITY SERVICES AND AMENITIES					
<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (2 TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>1</u> /DAY)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>Wifi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Personal Trainer</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: FRONT PORCH

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME				
(Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES				
(Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES)				
(excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES				
(Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		34.2%	23.7%	24.0%
OPERATING RATIO		88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		4.42	6.34	4.27%
DAYS CASH ON HAND RATIO		834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES – Vista del Monte (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	6024	4.50	6319	4.9	6667	3.9	7034	5.5
ONE BEDROOM	7586	4.50	7958	4.9	8396	3.9	8858	5.5
TWO BEDROOM	9425	4.50	9887	4.9	10431	3.9	11005	5.5
COTTAGE/HOUSE								
ASSISTED LIVING								
SKILLED NURSING		4.50						
SPECIAL CARE	10106	4.50	101601	4.9	10923	3.9	11524	5.5

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$935

>

PROVIDER NAME: FRONT PORCH

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Disclosure Statement

FACILITY NAME: Walnut Village
 ADDRESS: 891 S. Walnut Street, Anaheim, CA ZIP CODE: 92802 PHONE: (714) 776-7150
 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch
 RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: _____
 YEAR OPENED: 1938 # OF ACRES: 10.3 SINGLE MULTI- MILES TO SHOPPING CTR: 3
 STORY STORY OTHER: Both MILES TO HOSPITAL: 2

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>3</u>	ASSISTED LIVING: <u>N/A</u>
APARTMENTS — 1 BDRM: <u>49</u>	SKILLED NURSING: <u>N/A</u>
APARTMENTS — 2 BDRM: <u>95</u>	SPECIAL CARE: <u>N/A</u>
COTTAGES/HOUSES: <u>9</u>	DESCRIPTION: > _____
RLU OCCUPANCY (%) AT YEAR END: <u>90%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$ 138,442 - \$ 620,900 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: No OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) >
 Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote.

FACILITY SERVICES AND AMENITIES					
<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (___ TIMES/MONTH)	<u>4</u>	<input type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (___/DAY)	<u>1</u>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>WiFi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Sundry/Gift Shop</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: FRONT PORCH

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: FRONT PORCH

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME				
(Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES				
(Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES)				
(excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES				
(Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGATION	DATE OF MATURITY	AMORTIZATION PERIOD
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50 th Percentile (optional)	2021	2022	2023
DEBT TO ASSET RATIO		34.2%	23.7%	24.0%
OPERATING RATIO		88.6%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		4.42	6.34	4.27%
DAYS CASH ON HAND RATIO		834.5	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES - Walnut Village (Average Fee and Change Percentage)

	2020	%	2021	%	2022	%	2023	%
STUDIO	3610	4.50	3790	4.90	3940	3.9	4157	5.5
ONE BEDROOM	4320	4.50	4795	4.90	4982	3.9	5256	5.5
TWO BEDROOM	5405	4.50	6085	4.90	6322	3.9	6670	5.5
COTTAGE/HOUSE	6218	4.50	6798	4.90	7063	3.9	7451	5.5
ASSISTED LIVING								
SKILLED NURSING	437/Day	4.50	459	4.90	N/A		N/A	
SPECIAL CARE	8295	4.50	8890	4.90	N/A		N/A	

COMMENTS FROM PROVIDER: > IL second person monthly fee is \$ 1,910

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: CANTERBURY WOODS
 ADDRESS: 651 SINEX AVE., PACIFIC GROVE, CA ZIP CODE: 93950 PHONE: 831-373-3111
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: ELVYRA ABARE
 RELATED FACILITIES: See attached RELIGIOUS AFFILIATION: Historically Episcopalian
 YEAR OPENED: 1965 # OF SINGLE MULTI-
 ACRES: 7 STORY STORY OTHER: _____ MILES TO SHOPPING CTR: .07
 MILES TO HOSPITAL: 3.5

NUMBER OF UNITS:	RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO:	<u>53</u>	ASSISTED LIVING: <u>18</u>
APARTMENTS — 1 BDRM:	<u>49</u>	SKILLED NURSING: <u>24</u>
APARTMENTS — 2 BDRM:	<u>18</u>	SPECIAL CARE: _____
COTTAGES/HOUSES:	<u>13</u>	DESCRIPTION: > _____
RLU OCCUPANCY (%) AT YEAR END:	<u>83.08%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized_

RANGE OF ENTRANCE FEES: \$ N/A - \$ N/A LONG-TERM CARE INSURANCE REQUIRED? YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Historic Life Care Contract: benefits included, Mo. Agreement: fee for service.

ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: _____ OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>4</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>3</u> /DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>Wifi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Parking</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: _____ Front Porch Communities and Services

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	<u>(1,442)</u>	<u>147,840</u>	<u>70,770</u>	<u>1,555</u>
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	<u>(10,994)</u>	<u>134,961</u>	<u>697,067</u>	<u>(23,241)</u>
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		26.60%	23.7%	24.0%
OPERATING RATIO		107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		2.44	6.34	4.27%
DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	\$4,822	4.95	\$5,063	5.00	\$5,329	5.25	\$5,622	5.5
ONE BEDROOM	\$6,212	4.95	\$6,523	5.00	\$6,865	5.25	\$7,243	5.5
TWO BEDROOM	\$7,723	4.95	\$8,109	5.00	\$8,535	5.25	\$9,004	5.5
COTTAGE/HOUSE	\$7,981	4.95	\$8,380	5.00	\$8,820	5.25	\$9,305	5.5
ASSISTED LIVING	\$5,452	4.95	\$5,724	5.00	\$6,025	5.25	\$6,356	5.5
SKILLED NURSING	\$4,981	4.95	\$5,230	5.00	\$5,505	5.25	\$5,808	5.5
SPECIAL CARE								

COMMENTS FROM PROVIDER: > _____

>

> _____

PROVIDER NAME: Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: St. Paul's Towers
 ADDRESS: 100 Bay Place, Oakland ZIP CODE: 94610 PHONE: 510-835-4700
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: Connie Yuen
 RELATED FACILITIES: See Attached RELIGIOUS AFFILIATION: Historically Episcopalian
 YEAR OPENED: 1966 # OF SINGLE MULTI-
 ACRES: 1.5 STORY OTHER: _____ MILES TO SHOPPING CTR: .1
 MILES TO HOSPITAL: 1

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>31</u>	ASSISTED LIVING: <u>21</u>
APARTMENTS — 1 BDRM: <u>94</u>	SKILLED NURSING: <u>43</u>
APARTMENTS — 2 BDRM: <u>70</u>	SPECIAL CARE: <u>12</u>
COTTAGES/HOUSES: _____	DESCRIPTION: > <u>Memory Care</u>
RLU OCCUPANCY (%) AT YEAR END: <u>89.74%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
(Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: *(Check all that apply)* Refundable Repayable 90% 75% 50% OTHER: Fully Amortizing_

RANGE OF ENTRANCE FEES: \$ 54,240 - \$ 2,775,161 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Life Care Contract benefits included. Continuing Contract; fee for service

ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: _____ OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>4</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (1-3 ___/DAY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>Wifi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Parking</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: _____ Front Porch Communities and Services

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2022</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	<u>(1,442)</u>	<u>147,840</u>	<u>70,770</u>	<u>1,555</u>
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	<u>(10,994)</u>	<u>134,961</u>	<u>697,067</u>	<u>(23,241)</u>
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		26.60%	23.7%	24.0%
OPERATING RATIO		107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		2.44	6.34	4.27%
DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>	<u>2022</u>	<u>%</u>	<u>2023</u>	<u>%</u>
STUDIO	\$4,620	4.00	\$4,828	4.50	\$5,069	5.00	\$5,348	5.5
ONE BEDROOM	\$6,444	4.00	\$6,734	4.50	\$7,071	5.00	\$7,460	5.5
TWO BEDROOM	\$8,027	4.00	\$8,388	4.50	\$8,807	5.00	\$9,291	5.5
COTTAGE/HOUSE								
ASSISTED LIVING	\$5,745	4.00	\$6,004	4.50	\$6,304	5.00	\$6,651	5.5
SKILLED NURSING	\$5,627	4.00	\$5,880	4.50	\$6,174	5.00	\$6,514	5.5
SPECIAL CARE	\$6,177	4.00	\$6,455	4.50	\$6,778	5.00	\$7,151	5.5

COMMENTS FROM PROVIDER: > _____

> _____

> _____

PROVIDER NAME: Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: Spring Lake Village
 ADDRESS: 5555 Montgomery Dr., Santa Rosa, CA ZIP CODE: 95409 PHONE: 707-538-8400
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: Jeanie Pressey
 RELATED FACILITIES: See Attached RELIGIOUS AFFILIATION: Historically Episcopalian
 YEAR 1986 # OF SINGLE MULTI- MILES TO SHOPPING CTR: 2
 OPENED: _____ ACRES: 33 STORY _____ STORY _____ OTHER: _____ MILES TO HOSPITAL: 3

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>26</u>	ASSISTED LIVING: <u>24</u>
APARTMENTS — 1 BDRM: <u>106</u>	SKILLED NURSING: <u>70</u>
APARTMENTS — 2 BDRM: <u>61</u>	SPECIAL CARE: <u>13</u>
COTTAGES/HOUSES: <u>131</u>	DESCRIPTION: > _____ <u>Memory Care</u>
RLU OCCUPANCY (%) AT YEAR END: <u>89.5%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$ 110,201 - \$ 2,820,994 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Life Care Contract; benefits included. Continuing Care Contract, fee for svc.

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: _____ OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>4</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>1</u> /DAY)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>Wifi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Parking</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: Front Porch Communities and Services

	<u>2019</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	<u>(1,442)</u>	<u>147,840</u>	<u>70,770</u>	<u>1,555</u>
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	<u>(10,994)</u>	<u>134,961</u>	<u>697,067</u>	<u>(23,241)</u>
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT *(as of most recent fiscal year end)*

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile <i>(optional)</i>	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		26.60%	23.7%	24.0%
OPERATING RATIO		107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		2.44	6.34	4.27%
DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>	<u>2022</u>	<u>%</u>	<u>2023</u>	<u>%</u>
STUDIO	\$4,146	4.25	\$4,333	4.50	\$4,545	4.90	\$4795	5.5
ONE BEDROOM	\$4,886	4.25	\$5,106	4.50	\$5,356	4.90	\$5651	5.5
TWO BEDROOM	\$6,109	4.25	\$6,384	4.50	\$6,697	4.90	\$7065	5.5
COTTAGE/HOUSE	\$6,225	4.25	\$6,505	4.50	\$6,824	4.90	\$7199	5.5
ASSISTED LIVING	\$4,786	4.25	\$5,001	4.50	\$5,246	4.90	\$5535	5.5
SKILLED NURSING	\$5,103	4.25	\$5,333	4.50	\$5,594	4.90	\$5902	5.5
SPECIAL CARE	\$6,401	4.25	\$6,689	4.50	\$7,017	4.90	\$7403	5.5

COMMENTS FROM PROVIDER: > _____
 > _____

PROVIDER NAME: _____ Front Porch Communities and Services _____

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: San Francisco Towers
 ADDRESS: 1661 Pine Street, San Francisco, CA ZIP CODE: 94109 PHONE: 415-776-0500
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: Mark Nitsche
 RELATED FACILITIES: See Attached RELIGIOUS AFFILIATION: Historically Episcopalian
 YEAR # OF SINGLE MULTI- MILES TO SHOPPING CTR: 0.2
 OPENED: 1997 ACRES: 1.3 STORY STORY OTHER: _____ MILES TO HOSPITAL: 0.2

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>14</u>	ASSISTED LIVING: <u>12</u>
APARTMENTS — 1 BDRM: <u>89</u>	SKILLED NURSING: <u>27</u>
APARTMENTS — 2 BDRM: <u>137</u>	SPECIAL CARE: <u>12</u>
COTTAGES/HOUSES: _____	DESCRIPTION: > <u>Memory Care</u>
RLU OCCUPANCY (%) AT YEAR END: <u>92.1%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
(Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: *(Check all that apply)* Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$134,249 - \$3,684,567 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Life Care Contract; benefits included. Continuing Care Contract; fee for service.

ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: _____ OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: *(briefly describe provider's compliance and residents' roles)* > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 PF communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES					
COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (___ TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (___/DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>WiFi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Secured Underground Parking</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: Front Porch Communities and Services

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT *(as of most recent fiscal year end)*

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians
50th Percentile
(optional)

	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO	26.60%	23.7%	24.0%
OPERATING RATIO	107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO	2.44	6.34	4.27%
DAYS CASH ON HAND RATIO	538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	<u>%</u>	<u>2021</u>	<u>%</u>	<u>2022</u>	<u>%</u>	<u>2023</u>	
STUDIO	\$4,568	4.00	\$4,751	4.00	\$4,965	4.50	\$5,238	5.5
ONE BEDROOM	\$5,536	4.00	\$5,757	4.00	\$6,016	4.50	\$6,347	5.5
TWO BEDROOM	\$7,073	4.00	\$7,356	4.00	\$7,687	4.50	\$8,110	5.5
COTTAGE/HOUSE	\$8,485	4.00	\$8,824	4.00	\$9,221	4.50	\$9,728	5.5
ASSISTED LIVING	\$5,298	4.00	\$5,510	4.00	\$5,758	4.50	\$6,075	5.5
SKILLED NURSING	\$5,196	4.00	\$5,404	4.00	\$5,647	4.50	\$5,958	5.5
SPECIAL CARE								

COMMENTS FROM PROVIDER: >

>

PROVIDER NAME: Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: Webster House
 ADDRESS: 401 Webster St., Palo Alto, CA ZIP CODE: 94301 PHONE: 650-327-4333
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: Tim Selleck
 RELATED FACILITIES: See Attached RELIGIOUS AFFILIATION: Historically Episcopalian
 YEAR 1989 # OF SINGLE MULTI- MILES TO SHOPPING CTR: .3
 OPENED: _____ ACRES: 1 STORY _____ STORY OTHER: _____ MILES TO HOSPITAL: 2

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>1</u>	ASSISTED LIVING: _____
APARTMENTS — 1 BDRM: <u>30</u>	SKILLED NURSING: <u>94*</u>
APARTMENTS — 2 BDRM: <u>7</u>	SPECIAL CARE: _____
COTTAGES/HOUSES: <u>0</u>	DESCRIPTION: > <u>*Note : 94 licensed beds (51 suspended)</u>
RLU OCCUPANCY (%) AT YEAR END: <u>89.5%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$ 433,000 - \$ 1,641,500 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Life Care Contract; benefits included. Continuing Care Contract; fee for service

ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: _____ OTHER: _____

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FC communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>4</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>1</u> /DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WORKSHOP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER <u>Wifi</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Parking</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: Front Porch Communities and Services

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		26.60%	23.7%	24.0%
OPERATING RATIO		107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		2.44	6.34	4.27%
DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	N/A		N/A		N/A		N/A	
ONE BEDROOM	\$5,915	4.75	\$6,181	4.50	\$6,459	5.25	\$6814	5.5
TWO BEDROOM	\$6,584	4.75	\$6,880	4.50	\$7,190	5.25	\$7585	5.5
COTTAGE/HOUSE								
ASSISTED LIVING								
SKILLED NURSING	\$4,819	4.75	\$5,036	4.50	\$5,300	5.25	\$5592	5.5
SPECIAL CARE								

COMMENTS FROM PROVIDER: > _____

> _____

> _____

PROVIDER NAME: _____ Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\text{Total Operating Expenses} - \text{Depreciation Expense} - \text{Amortization Expense}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

**Continuing Care Retirement Community
Disclosure Statement**

Date Prepared: 6/21/2023

FACILITY NAME: Friends House
 ADDRESS: 684 Benicia Drive, Santa Rosa, CA ZIP CODE: 95409 PHONE: 707-538-0152
 PROVIDER NAME: Front Porch Communities and Services FACILITY OPERATOR: Robert Rubio
 RELATED FACILITIES: See Attached RELIGIOUS AFFILIATION: Religious Society of Friends (Quakers)

YEAR 1984 # OF SINGLE MULTI- MILES TO SHOPPING CTR: .25
 OPENED: _____ ACRES: 7 STORY STORY MILES TO HOSPITAL: 3
 OTHER: _____

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>0</u>	ASSISTED LIVING: <u>19</u>
APARTMENTS — 1 BDRM: <u>48</u>	SKILLED NURSING: <u>0</u>
APARTMENTS — 2 BDRM: <u>15</u>	SPECIAL CARE: <u>0</u>
COTTAGES/HOUSES: <u>4</u>	DESCRIPTION: > _____
RLU OCCUPANCY (%) AT YEAR END: <u>85.1%</u>	

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% OTHER: Fully Amortized

RANGE OF ENTRANCE FEES: \$ 154,642 - \$ 424,109 **LONG-TERM CARE INSURANCE REQUIRED?** YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: Life Care Contract; benefits included. Continuing Care Contract; fee for service

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: n/a OTHER: Medical/Financial

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD: (briefly describe provider's compliance and residents' roles) > Directors is accomplished through the seating of one voting resident director, and one resident representative elected from each of the 10 FP communities who serve on the Board without vote

FACILITY SERVICES AND AMENITIES

<u>COMMON AREA AMENITIES</u>	<u>AVAILABLE</u>	<u>FEE FOR SERVICE</u>	<u>SERVICES AVAILABLE</u>	<u>INCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (<u>2</u> TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input type="checkbox"/>	<input type="checkbox"/>	MEALS (<u>1</u> /DAY)(2 for extra chg)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>
CARD ROOMS	<input type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	CABLE TV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SHUFFLEBOARD	<input type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LAUNDRY/COMMONS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER On site Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

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.

PROVIDER NAME: Front Porch Communities and Services

OTHER CCRCs

LOCATION (City, State)

PHONE (with area code)

See Attachment 1

MULTI-LEVEL RETIREMENT COMMUNITIES

LOCATION (City, State)

PHONE (with area code)

Casa de Manana

La Jolla, CA

(858) 454-2151

Fredericka Manor

Chula Vista, CA

(619) 422-9271

Kingsley Manor

Los Angeles, CA

(323) 661-1128

Wesley Palms

San Diego, CA

(858) 274-4110

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: Front Porch Communities and Services

	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	169,376	307,740	362,513	315,783
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	170,818	159,900	291,743	314,228
NET INCOME FROM OPERATIONS	(1,442)	147,840	70,770	1,555
LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	0	0	0	0
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(237)	(4,121)	641,022	(11,419)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(10,994)	134,961	697,067	(23,241)
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	16,216	5,629	53,342	36,418

DESCRIPTION OF SECURED DEBT (as of most recent fiscal year end)

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
CSCDA	198,940	5.0%	09/01/2021	2051	April 1
CSCDA	106,625	Variable	09/01/2021	2051	April 1
CSCDA	97,565	3.5% - 5%	09/06/2017	2047	April 1

FINANCIAL RATIOS (see next page for ratio formulas)

	2017 CCAC Medians 50th Percentile (optional)	<u>2021</u>	<u>2022</u>	<u>2023</u>
DEBT TO ASSET RATIO		26.60%	23.7%	24.0%
OPERATING RATIO		107.18%	91.7%	93.9%
DEBT SERVICE COVERAGE RATIO		2.44	6.34	4.27%
DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2020</u>	%	<u>2021</u>	%	<u>2022</u>	%	<u>2023</u>	%
STUDIO	N/A		N/A		N/A		N/A	
ONE BEDROOM	2,814.00	5.0	2,954.00	5.0	3,102	5.0	3,272	5.5
TWO BEDROOM	3,529.00	5.0	3,711.00	5.0	3,897	5.0	4,111	5.5
COTTAGE/HOUSE	3,679.00	5.0	3,862.00	5.0	4,055	5.0	4,278	5.5
ASSISTED LIVING	6,738.00	5.0	7,075.00	5.0	7,429	5.0	7,838	5.5
SKILLED NURSING	10,197.00	5.0	N/A	5.0	N/A			
SPECIAL CARE	N/A		N/A		N/A			

COMMENTS FROM PROVIDER: > _____

> _____

> _____

PROVIDER NAME: _____ Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{ Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

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.

Part 7

Report on CCRC Monthly Service Fees Form 7-1

Health and Safety Code Section 1789.1

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$5,106- \$7,607</u>	<u>N/A</u>	<u>\$456/per day</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u> </u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/25/2022 **Method of Notice:** Letter mailed to all residents and families/others handing resident account.
- 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:** 2/14/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 01/30/2022
- 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:** 01/31/2022 **Location of Posting:** bulletin board and touchdown on resident activity sheets

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Claremont Manor

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$4,157- \$7,451</u>	<u>N/A</u>	<u>N/A</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	_____	_____

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/44/2022 **Method of Notice:** Memo Front Porch distributed
- 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:** 2/23/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 02/04/2022
- 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:** 02/04/2022 **Location of Posting:** The Post

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Walnut Village

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	<u>RESIDENTIAL LIVING</u>	<u>ASSISTED LIVING</u>	<u>SKILLED NURSING</u>
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$7034- \$11,005</u>	<u>N/A</u>	<u>N/A</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	_____	_____

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/25/2022 **Method of Notice:** Written Letter placed in residents' cubbies
- 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:** 2/18/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 1/28/2022
- 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:** 01/28/2022 **Location of Posting:** Resident Library and main lobby

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Vista Del Monte

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$5,622-\$9,305</u>	<u>\$6,356</u>	<u>\$5,808</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u>5.5%</u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/25/2022 **Method of Notice:** Mailed Letters
- 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:** 2/23/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 1/27/2022
- 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:** 01/27/2022 **Location of Posting:** Vibrant/Communication Bd.

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Canterbury Woods

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	<u>RESIDENTIAL LIVING</u>	<u>ASSISTED LIVING</u>	<u>SKILLED NURSING</u>
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$5,348-\$9,291</u>	<u>\$6,651</u>	<u>\$6,514</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u>5.5%</u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/26/2022 **Method of Notice:** Letter
- 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:** 1/26/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 1/26/2022
- 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:** 1/26/20212 **Location of Posting:** Bulletin Bd. Mailroom/elevators

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: St. Paul's Towers

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$4,795-\$7,199</u>	<u>\$5,535</u>	<u>\$5,902</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u>5.5%</u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/26/2022 **Method of Notice:** Letter
- 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:** 2/24/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 1/26/2022
- 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:** 1/26/2022 **Location of Posting:** Village Cntr/Comm Bulletin

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Spring Lake Village

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$5,238-\$9,728</u>	<u>\$6,075</u>	<u>\$5,958</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u>5.5%</u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/25/2022 **Method of Notice:** Letter, Email, Bulletin, SFT Communication Site
- 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:** 2/16/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 1/25/2022
- 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:** 1/25/2022 **Location of Posting:** East/West Bulletin/Mailboxes/SFT Communications site.

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: San Francisco Towers

FORM 7-1
REPORT ON CCRC MONTHLY CARE FEES

	<u>RESIDENTIAL LIVING</u>	<u>ASSISTED LIVING</u>	<u>SKILLED NURSING</u>
[1] Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$6,814-\$7,585</u>	<u>N/A</u>	<u>\$5,592</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>5.5%</u>	<u></u>	<u>5.5%</u>

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.)

[3] Indicate the date the fee increase was implemented: 4/1/2022
(If more than one (1) increase was implemented, indicate the dates for each increase.)

[4] 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:** 1/25/2022 **Method of Notice:** Letter
- 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:** 2/21/2022
- 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 provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. **Date of Notice:** 2/6/2022
- 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:** 2/6/2022 **Location of Posting:** Resident Bulletin Bd

[5] On an attached page, provide a concise explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code. See **PART 7 REPORT ON CCRC MONTHLY CARE FEE** in the **Annual Report Instruction** booklet for further instructions.

PROVIDER: Front Porch Communities and Services
COMMUNITY: Webster House

FRONT PORCH
2023 Reserve Report
Basis of Monthly Care Fee Adjustments

Form 7-1

Report on CCRC monthly care fees

Every budget season the Senior Management team and the Financial Planning Group evaluate the company's expense structure with a specific focus on maintaining and delivering the very best service to our residents. Labor is the primary component to delivering first class service. With low unemployment and many minimum wage requirements throughout the city, Front Porch faces many labor challenges. The ability to attract and retain skilled labor is a priority for the company but this does not come at a low cost. As we evaluate different ways of operating, we must do what is necessary to stay relevant in the marketplace. Equally challenging are the regulated care center nursing staffing ratios that we must meet per Department of Social Services. Additionally, our Sales & Marketing group does extensive research to ensure our rates and services are competitive.

In order for our organization to operate as a first-class provider, we must continue to sustain a high level of service and the cost of labor is a major factor in delivering it. For FY23, we determined a 5.5% increase for our residential living, Summer House and Private beds (care centers) was justified.

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(12,495)		
2	F/Y 2022 Operating Expenses ¹		(13,980)	
3	Projected F/Y 2023 Operation Expenses ²			(14,931)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			21,189
5	Projected F/Y 2023 (Net) Operating Results without MCFI			6,258
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			22,152
6	Grand Total			7,221
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Carlsbad

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations represents operating expenses before operating contribution

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(17,236)		
2	F/Y 2022 Operating Expenses ¹		(17,243)	
3	Projected F/Y 2023 Operation Expenses ²			(17,713)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			22,034
5	Projected F/Y 2023 (Net) Operating Results without MCFI			4,321
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			23,313
6	Grand Total			5,600
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Claremont

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations represents operating expenses before operating contribution

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(14,628)		
2	F/Y 2022 Operating Expenses ¹		(15,085)	
3	Projected F/Y 2023 Operation Expenses ²			(16,630)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			20,089
5	Projected F/Y 2023 (Net) Operating Results without MCFI			3,459
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			21,199
6	Grand Total			4,569
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Sunny View

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations represents operating expenses before operating contribution

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(14,628)		
2	F/Y 2022 Operating Expenses ¹		(10,324)	
3	Projected F/Y 2023 Operation Expenses ²			(11,998)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			17,047
5	Projected F/Y 2023 (Net) Operating Results without MCFI			5,049
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			17,959
6	Grand Total			5,962
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Vista Del Monte

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations represents operating expenses before operating contribution

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(16,644)		
2	F/Y 2022 Operating Expenses ¹		(18,664)	
3	Projected F/Y 2023 Operation Expenses ²			(19,541)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			27,801
5	Projected F/Y 2023 (Net) Operating Results without MCFI			8,260
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			29,225
6	Grand Total			9,684
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Villa Gardens

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations represents operating expenses before operating contribution

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(17,034)		
2	F/Y 2022 Operating Expenses ¹		(13,608)	
3	Projected F/Y 2023 Operation Expenses ²			(12,009)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			13,326
5	Projected F/Y 2023 (Net) Operating Results without MCFI			1,316
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			14,031
6	Grand Total			2,022
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Walnut Village

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(11,132)		
2	F/Y 2022 Operating Expenses ¹		(10,811)	
3	Projected F/Y 2023 Operation Expenses ²			(10,279)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			12,694
5	Projected F/Y 2023 (Net) Operating Results without MCFI			2,415
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			13,398
6	Grand Total			3,119
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Canterbury

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(18,978)		
2	F/Y 2022 Operating Expenses ¹		(17,601)	
3	Projected F/Y 2023 Operation Expenses ²			(18,016)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			25,274
5	Projected F/Y 2023 (Net) Operating Results without MCFI			7,258
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			26,499
6	Grand Total			8,482
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

St Paul's Tower

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(28,999)		
2	F/Y 2022 Operating Expenses ¹		(30,809)	
3	Projected F/Y 2023 Operation Expenses ²			(28,402)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			39,433
5	Projected F/Y 2023 (Net) Operating Results without MCFI			11,031
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			41,257
6	Grand Total			12,855
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Spring Lake Village

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(21,241)		
2	F/Y 2022 Operating Expenses ¹		(22,669)	
3	Projected F/Y 2023 Operation Expenses ²			(21,940)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			35,252
5	Projected F/Y 2023 (Net) Operating Results without MCFI			13,312
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			36,724
6	Grand Total			14,784
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

San Francisco Towers

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(20,532)		
2	F/Y 2022 Operating Expenses ¹		(13,888)	
3	Projected F/Y 2023 Operation Expenses ²			(13,780)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			12,796
5	Projected F/Y 2023 (Net) Operating Results without MCFI			(983)
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			13,492
6	Grand Total			(288)
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Webster

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue

**Form 7-1 Attachment
Monthly Care Fee Increase**

**FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)
ANNUAL REPORTING FISCAL YEAR (F/Y) 2023**

Dollar Amounts in Thousands

Line	Fiscal Years	2021	2022	2023
1	F/Y 2021 Operating Expenses ¹	(6,391)		
2	F/Y 2022 Operating Expenses ¹		(4,604)	
3	Projected F/Y 2023 Operation Expenses ²			(3,680)
4	F/Y 2023 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI ³			5,098
5	Projected F/Y 2023 (Net) Operating Results without MCFI			1,418
6	Projected F/Y 2023 MCF Revenue including the MCFI 5.5% ³			5,335
6	Grand Total			1,655
	Monthly Care Fee Increase			5.5%

F/Y 2021 to FY 2023

Non-cash expenses such as depreciation and certain amortizations related to costs associated with loans and issuance debt have been eliminated

Friends House

¹ Total operating expenses from the independent audit of the Statement of Operations

² Results of Operations (net income) excludes non cash items such as depreciation and amortization.

³ MCF revenue includes monthly care fee & other revenue



Front Porch Communities and Services

Independent Auditor's Report and Consolidated Financial Statements

March 31, 2023 and 2022



Front Porch Communities and Services
March 31, 2023 and 2022

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Independent Auditor's Report

Board of Directors
Front Porch Communities and Services
Glendale, California

Opinion

We have audited the consolidated financial statements of Front Porch Communities and Services (the Corporation), which comprise the consolidated balance sheets as of March 31, 2023 and 2022 and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended and the related notes to the consolidated financial statements.

In our opinion, based on our audit and the report of the other auditors, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of March 31, 2023 and 2022 and the consolidated results of its operations, changes in its net assets, and its cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of Covia Affordable Communities, a wholly owned subsidiary, which statements reflect total assets constituting 17% and 16% of consolidated total assets at March 31, 2023 and 2022, respectively, and total revenues constituting 7% and 24% of consolidated total revenues for the years ended March 31, 2023 and 2022, respectively. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Covia Affordable Communities, is based solely on the report of the other auditors.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Consolidated Financial Statements" section of our report. We are required to be independent of the Corporation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's

ability to continue as a going concern within one year after the date that these consolidated financial statements are issued.

Auditor's Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are 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 GAAS 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 consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, 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 consolidated financial statements.
- 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 the Corporation'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 evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation'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.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS.

Board of Directors
Front Porch Communities and Services
Page 3

In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

FORVIS, LLP

Tulsa, Oklahoma
July 28, 2023

Front Porch Communities and Services
Consolidated Balance Sheets
March 31, 2023 and 2022
(In Thousands)

Assets

	2023	2022
Current Assets		
Cash and cash equivalents	\$ 54,383	\$ 58,539
Short-term investments	7,701	14,899
Assets limited as to use – required for current liabilities	15,404	17,059
Resident and patient accounts receivable	14,782	9,377
Prepaid expenses and other	12,109	11,801
Total current assets	104,379	111,675
Investments		
Assets limited as to use, net of current portion	58,177	52,885
Long-term investments	464,576	543,714
Total investments	522,753	596,599
Property and Equipment, Net	1,193,981	1,168,465
Other Assets		
Receivable from supporting organization	850	1,063
ROU assets – operating leases	8,811	9,941
Other receivables	1,219	1,588
Other assets	15,882	15,944
In-place leases	52,376	61,899
Net pension asset	4,031	3,373
Total other assets	83,169	93,808
Total assets	\$ 1,904,282	\$ 1,970,547

Front Porch Communities and Services
Consolidated Balance Sheets, continued
March 31, 2023 and 2022
(In Thousands)

Liabilities and Net Assets

	<u>2023</u>	<u>2022</u>
Current Liabilities		
Current maturities of long-term debt	\$ 8,966	\$ 8,951
Current portion of operating lease liabilities	1,964	2,120
Accounts payable	23,874	20,422
Accrued payroll and related expenses	16,419	15,863
Accrued interest	6,645	7,332
Other accrued expenses	<u>25,076</u>	<u>22,261</u>
Total current liabilities	82,944	76,949
Other Liabilities		
Asset retirement obligations	1,707	1,948
Accrued workers' compensation	6,114	7,124
Operating lease liabilities	7,828	9,070
Other accrued liabilities	19,957	21,386
Refundable entrance fees	120,687	136,872
Deferred revenue from entrance fees	239,011	225,133
Long-term debt	<u>456,827</u>	<u>466,093</u>
Total liabilities	<u>935,075</u>	<u>944,575</u>
Net Assets		
Without donor restrictions	933,739	990,710
With donor restrictions	<u>35,468</u>	<u>35,262</u>
Total net assets	<u>969,207</u>	<u>1,025,972</u>
Total liabilities and net assets	<u>\$ 1,904,282</u>	<u>\$ 1,970,547</u>

Front Porch Communities and Services
Consolidated Statements of Operations
Years Ended March 31, 2023 and 2022
(In Thousands)

	2023	2022
Revenues, Gains, and Other Support Without Donor Restrictions		
Resident and patient service revenue	\$ 312,007	\$ 297,061
Amortization of entrance fees	37,371	38,121
Affordable housing fees and rents	31,053	29,746
Other	2,496	3,462
Net assets released from restrictions used for operations	3,204	4,072
Total revenues, gains, and other support without donor restrictions	386,131	372,462
Expenses		
Medical services	85,204	78,035
Facility operating costs	47,962	40,257
Dietary services	57,110	54,462
Residential services	32,585	31,098
Administrative services	79,031	72,996
Depreciation	70,829	64,557
Amortization of deferred costs	272	272
Interest expense and other financing costs	13,377	14,725
Program expenses	3,422	3,528
Other	8,914	11,367
Total expenses	398,706	371,297
Operating Income (Loss) Before Other Operating Activities	(12,575)	1,165
Other Operating Activities		
COVID-19-related income	-	1,700
COVID-19-related expenses	(1,548)	(3,453)
Amortization of acquired intangible assets and other	(10,401)	(15,866)
Total other operating activities	(11,949)	(17,619)
Operating Loss	(24,524)	(16,454)
Other Income (Expense)		
Investment return, net	(32,977)	28,172
Other components of net periodic benefit cost	1,910	1,667
Inherent contribution	-	651,738
Loss on extinguishment of debt	-	(5,617)
Total other income (expense)	(31,067)	675,960
Excess (Deficiency) of Revenues over Expenses	(55,591)	659,506
Net Assets Released from Restrictions on Acquisition	-	8,527
Change in Pension Benefit Obligation	(1,380)	2,965
Increase (Decrease) in Net Assets Without Donor Restrictions	\$ (56,971)	\$ 670,998

Front Porch Communities and Services
Consolidated Statements of Changes in Net Assets
Years Ended March 31, 2023 and 2022
(In Thousands)

	2023	2022
Net Assets Without Donor Restrictions		
Excess (deficiency) of revenues over expenses	\$ (55,591)	\$ 659,506
Net assets released from restrictions on acquisition	-	8,527
Change in pension benefit obligation	(1,380)	2,965
Increase (decrease) in net assets without donor restrictions	(56,971)	670,998
Net Assets with Donor Restrictions		
Contributions received and investment return	3,824	6,558
Changes in split-interest gift agreements	(131)	85
Change in beneficial interest in perpetual trusts and annuities	(283)	418
Inherent contribution	-	11,024
Net assets released from restrictions on acquisition	-	(8,527)
Net assets released from restrictions used for operations	(3,204)	(4,072)
Increase in net assets with donor restrictions	206	5,486
Change in Net Assets	(56,765)	676,484
Net Assets, Beginning of Year	1,025,972	349,488
Net Assets, End of Year	\$ 969,207	\$ 1,025,972

Front Porch Communities and Services
Consolidated Statements of Cash Flows
Years Ended March 31, 2023 and 2022
(In Thousands)

	2023	2022
Operating Activities		
Cash received from residents	\$ 308,016	\$ 300,370
Proceeds from entrance fees received	56,878	75,406
Cash received from affordable housing services	29,831	30,688
Other receipts from operations	1,663	3,462
Unrestricted contributions received	4,133	4,237
Unrestricted investment income received	11,187	17,082
Cash paid to suppliers, employees, and others	(317,652)	(311,533)
Cash paid for interest on long-term debt, net of amounts capitalized	(15,541)	(11,774)
	<u>78,515</u>	<u>107,938</u>
Net cash provided by operating activities		
Investing Activities		
Capital expenditures	(94,700)	(87,776)
Proceeds from sale of trading investments	547,038	227,665
Purchase of trading investments	(512,023)	(208,737)
Purchase of assets limited as to use	(3,626)	(13,632)
Proceeds from sale of assets limited as to use	7,965	18,758
Repayment from Brookmore Apartment Corporation	-	200
Net cash acquired in acquisition of FPC Foundation	-	1,618
Net cash acquired in acquisition of Covia	-	32,466
	<u>(55,346)</u>	<u>(29,438)</u>
Net cash used in investing activities		
Financing Activities		
Refunds of entrance fees	(20,460)	(22,064)
Principal payments on long-term debt	(8,113)	(7,446)
Principal payments on refinancing of long-term debt	-	(329,255)
Proceeds from Series 2021 debt issuance	-	328,338
Costs of issuance of Series 2021A and 2021B bond financing	-	(3,107)
Debt extinguishment costs	-	(4,494)
Proceeds from contributions for purchases of property and equipment	1,248	1,899
	<u>(27,325)</u>	<u>(36,129)</u>
Net cash used in financing activities		
Increase (Decrease) in Cash and Cash Equivalents	(4,156)	42,371
Cash and Cash Equivalents, Beginning of Year	<u>58,539</u>	<u>16,168</u>
Cash and Cash Equivalents, End of Year	<u>\$ 54,383</u>	<u>\$ 58,539</u>

Front Porch Communities and Services
Consolidated Statements of Cash Flows, continued
Years Ended March 31, 2023 and 2022
(In Thousands)

	2023	2022
Cash Flows from Operating Activities		
Change in net assets	\$ (56,765)	\$ 676,484
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	70,829	64,557
Noncash operating lease expense	1,130	1,785
Gain on disposal of assets	-	231
Amortization of deferred costs	272	272
Accretion of asset retirement obligations	(67)	(88)
Amortization of bond premium included in interest expense	(1,410)	(950)
Amortization of acquired intangible assets and other	10,401	15,866
Entrance fees received	56,878	75,406
Amortization of entrance fees	(37,371)	(38,121)
Pension asset	(658)	(4,764)
Realized and unrealized gain on investments, net	43,345	(13,217)
Unrealized loss on derivative financial instruments, net	-	75
Change in receivable from supporting organization	213	66
Loss on extinguishment of debt	-	5,617
Proceeds from contributions restricted by donor	(1,248)	(1,899)
Inherent contribution in acquisitions	-	(662,762)
Changes in operating assets and liabilities		
Accounts receivable, net	(5,213)	4,443
Prepaid expenses and other	21	(2,202)
Accounts payable and accrued expenses	2,169	(11,172)
Operating leases	(1,398)	(2,011)
Other accrued liabilities	(2,613)	322
	<u>\$ 78,515</u>	<u>\$ 107,938</u>
Net cash provided by operating activities	<u>\$ 78,515</u>	<u>\$ 107,938</u>
Supplemental Cash Flows Information		
Property and equipment purchases included in accounts payable and other accrued expenses	\$ 12,379	\$ 10,734
Entrance fees included in accounts receivable	\$ 985	\$ 724
Operating lease obligations incurred for equipment and rental space	\$ 898	\$ 141

Front Porch Communities and Services
Consolidated Statements of Cash Flows, continued
Years Ended March 31, 2023 and 2022
(In Thousands)

In 2022, the Corporation acquired all of the assets of Covia through a change in control. In conjunction with the acquisition, liabilities were assumed as follows:

Fair value of assets acquired	\$ 1,129,071
Fair value of liabilities assumed	<u>472,303</u>
Inherent contribution	<u><u>\$ 656,768</u></u>

In 2022, the Corporation acquired all of the assets of FPC Foundation through a change in control. In conjunction with the acquisition, liabilities were assumed as follows:

Fair value of assets acquired	\$ 35,977
Fair value of the Corporation's previously held beneficial interest in FPC Foundation and receivables from supporting organizations	28,773
Fair value of liabilities assumed	<u>1,210</u>
Inherent contribution	<u><u>\$ 5,994</u></u>

OK Draft 7.12.23

Front Porch Communities and Services
Notes to Consolidated Financial Statements
March 31, 2023 and 2022
(In Thousands)

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations

Front Porch Communities and Services (the Corporation) is a California nonprofit public benefit corporation as described in Section 501(c)(3) of the Internal Revenue Code (the Code). The Corporation is exempt from federal income taxes on related income pursuant to Section 501 of the Code and is also exempt from state franchise taxes under similar provisions for the state of California. The Corporation owns and operates continuing care retirement communities (CCRC), other multilevel retirement communities, and other operations providing services that enhance the quality of life for those served through independent retirement living, assisted living, memory care, skilled nursing, social services, affordable housing, and contract management of subsidized housing.

Obligated Group

Certain operations of the Corporation, hereinafter referred to as the Obligated Group, are aggregated to facilitate long-term borrowings and include the following entities along with the Corporation:

Covia Communities

Covia Communities (the Communities) was a California nonprofit public benefit corporation that provides housing-related communities and services for elderly persons on a nonprofit, religious, and charitable basis. The Communities operated six active CCRCs. Effective April 1, 2022, the Communities was merged into the Corporation.

Covia Group

Covia Group (the Group) was a California nonprofit benefit corporation. The Corporation was the sole corporate member of the Group. Effective April 1, 2022, the Group was merged into the Corporation.

Front Porch Communities and Services
Notes to Consolidated Financial Statements
March 31, 2023 and 2022
(In Thousands)

Below is a recap of the communities included within the Obligated Group as of March 31, 2023:

Community	City	Type	Residential Living Units	Memory Care Units	Care Center Beds	Total Units/Beds
Front Porch Communities and Services						
Owned Communities						
Canterbury Woods	Pacific Grove, CA	CCRC	153	-	24	177
Carlsbad by the Sea	Carlsbad, CA	CCRC	159	-	33	192
Casa de Mañana	La Jolla, CA	Rental	182	-	-	182
Claremont Manor	Claremont, CA	Rental	218	17	59	294
Fredericka Manor	Chula Vista, CA	Rental	272	22	174	468
Friends House	Santa Rosa, CA	CCRC	92	-	-	92
Kingsley Manor	Los Angeles, CA	Rental	216	-	51	267
San Francisco Towers	San Francisco, CA	CCRC	253	12	23	288
Spring Lake Village	Santa Rosa, CA	CCRC	349	11	70	430
St. Paul's Towers	Oakland, CA	CCRC	216	7	43	266
Sunny View Retirement						
Community	Cupertino, CA	CCRC	93	23	48	164
Villa Gardens	Pasadena, CA	CCRC	195	19	54	268
Vista del Monte	Santa Barbara, CA	CCRC	169	24	-	193
Walnut Village	Anaheim, CA	CCRC	156	14	-	170
Webster House	Palo Alto, CA	CCRC	38	-	75	113
Wesley Palms	San Diego, CA	Rental	293	22	-	315
Leased Communities						
Cecil Pines	Jacksonville, FL	Rental	92	-	-	92
El Sombroso Oaks	Los Gatos, CA	Rental	22	-	-	22
England Oaks	Alexandria, LA	Rental	182	-	-	182
Total Obligated Group			3,350	171	654	4,175

Nonobligated Group

The following wholly owned subsidiaries of the Corporation are not members of the Obligated Group and are included under various other columns in the accompanying consolidating schedules (as noted below):

Front Porch Communities Foundation

Front Porch Communities Foundation (FPC Foundation) is a California nonprofit benefit corporation whose primary purpose is to raise funds on behalf of the Corporation and to administer those funds for the needs of the Corporation. The Corporation is the sole member of FPC Foundation. FPC Foundation is included as "Foundation" on the accompanying consolidating schedules.

Covia Foundation

Covia Foundation was a California nonprofit benefit corporation whose primary purpose was to raise funds on behalf of the Communities and to administer those funds for the needs of the

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Communities. The Communities was the sole member of the Foundation. Effective April 1, 2022, Covia Foundation was merged into FPC Foundation.

Covia Affordable Communities

Covia Affordable Communities (CAC) is the sole member of Community Housing, Inc. (CHI), which owns and operates a 220-apartment affordable senior residential community (Lytton I) and a 100-unit apartment complex, consisting of 50 residential care apartments and 50 independent living apartments (Lytton II). CAC is also the sole corporate member of Lytton IV Housing Corporation (Lytton IV), which owns and operates a 51-unit apartment affordable senior residential community. CHI and Lytton IV are California nonprofit public benefit corporations located in Palo Alto. CAC is also the sole member of five other California nonprofit public benefit corporations that own and operate affordable senior housing communities, namely, Oak Center Towers (OCT), a 196-unit apartment complex for elderly or disabled persons in Oakland (the Project); Presidio Gate Apartments (PGA), a 54-unit apartment complex for elderly or disabled persons in San Francisco; Jennings Senior Housing, Inc. (JSH), a 54-unit apartment complex for elderly or disabled persons in Santa Rosa; Bethany Center Senior Housing (BCSH), which operates a 135-unit apartment complex for low-income seniors located in San Francisco; and Shires Memorial Center (SMC), a 99-unit apartment complex for low-income and senior-restricted community in San Jose. OCT, PGA, and JSH are operated under regulatory agreements with the U.S. Department of Housing and Urban Development (HUD). OCT, in turn, is the general partner of Oak Centers, L.P. (OCLP), a California limited partnership organized as a low-income housing tax credit vehicle that purchased the Project from OCT in order to refinance, rehabilitate, own, and operate OCLP.

BCSH was the sole member of Bethany Center Foundation of San Francisco (BCF), a nonprofit public benefit corporation organized to provide financial, administrative, programmatic, and other forms of support to BCSH. Effective April 1, 2022, BCF was merged into FPC Foundation.

The Corporation is the sole corporate member of CAC. CAC is included in the “Affordable Housing” column on the accompanying consolidating schedules. Effective July 1, 2023, CAC was merged into CARING Housing Ministries, Inc. (CARING).

CARING Housing Ministries, Inc.

CARING manages 24 HUD-subsidized and tax credit facilities, which provide housing to approximately 2,300 residents. CARING’s managed facilities are located throughout California and in Glendale, Arizona. CARING’s management fees received from clients are based on a percentage of its clients’ operating revenues or are earned on a per-unit-per-month basis. CARING is a California nonprofit corporation, and the Corporation is the sole corporate member of CARING. CARING is included in the “Affordable Housing” column on the accompanying consolidating schedules.

Sunny View Lutheran Home

Sunny View Lutheran Home (Sunny View) (formerly, Sunny View West) is a California nonprofit corporation that owns a 100-unit, HUD-subsidized senior living facility located in Cupertino, California. Sunny View does not own or operate Sunny View Retirement Community, which is owned and operated by the Corporation. The Corporation is the sole corporate member of Sunny

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View. Sunny View is included in the “Affordable Housing” column on the accompanying consolidating schedules.

Related Parties

The following related parties are not consolidated into the Corporation:

Front Porch Enterprises, Inc.

Front Porch Enterprises, Inc. (FPE) was created as a California nonprofit corporation in July 2006. FPE was formed to provide support, financial and otherwise, to organizations engaged in housing, health and human services, education, and research and to sponsor affordable housing communities. FPE serves as the sole corporate member of Front Porch Active Adult Communities, LLC and the sole shareholder of Front Porch Development Company, Inc., described below. The Corporation and FPE are not affiliated, though there is overlap in the membership of the two boards. FPE is not included in the accompanying consolidated financial statements because the Corporation does not control FPE through majority ownership or control of the majority voting interest of the board.

Front Porch Active Adult Communities, LLC

Front Porch Active Adult Communities, LLC (Active Adult Communities) was created in January 2006 as a Delaware for-profit limited liability company to own and operate active adult communities in Mexico and elsewhere. FPE is the sole member of Active Adult Communities.

The boards of FPE and Active Adult Communities agreed to dissolve these entities on July 8, 2014. The dissolutions will be effective upon resolution of all outstanding liabilities and filing of the appropriate legal documents. Operations previously performed by these entities began to be performed by the Corporation effective July 1, 2014 and, therefore, are included with the Corporation effective July 1, 2014. These entities have not yet been legally dissolved as of March 31, 2023.

Center for Technology Innovation and Wellbeing

Center for Technology Innovation and Wellbeing (CTIW) was formed in June 2008 as a nonprofit entity for the purpose of exploring innovative uses of technology to empower individuals to live well, especially in their later years. CTIW’s bylaws provide that directors, officers, and employees of the Corporation are precluded from constituting a majority of CTIW’s directors. As a result, CTIW is not included in the accompanying consolidated financial statements because the Corporation does not control CTIW through majority ownership or control of the majority voting interest of the board.

The board of CTIW agreed to dissolve this entity on March 6, 2015. The dissolution will be effective upon filing of the appropriate legal documents. Operations previously performed by CTIW began to be performed by the Corporation effective April 1, 2015. However, CTIW has not yet been legally dissolved as of March 31, 2023.

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Common Control Transfers

On April 1, 2022, the Group, the Communities, Covia Foundation, and BCF legally dissolved. The Group and the Communities were subsumed into the Corporation; Covia Foundation and BCF were subsumed into FPC Foundation.

These events are considered to be under common control as the Corporation already had full control of all entities after the acquisition in 2022 (see *Note 2*).

All transferred assets, liabilities, and net assets were recorded at historical carrying value. The accompanying consolidated financial statements have been retrospectively adjusted to reflect the combination as of April 1, 2021. There is no impact on the consolidated financial statements. All significant intercompany accounts and transactions have been eliminated in consolidation for the year ended March 31, 2022.

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of the Obligated Group, CAC, CARING, FPC Foundation, and Sunny View. All significant intercompany transactions and balances have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash Equivalents

The Corporation considers all liquid investments with original maturities of three months or less to be cash equivalents. Uninvested cash and cash equivalents included in investment accounts, including assets limited as to use, are not considered to be cash and cash equivalents. At March 31, 2023 and 2022, cash equivalents consisted primarily of money market mutual funds of \$12,102 and \$11,549, respectively. These funds are not insured by the Federal Deposit Insurance Corporation (FDIC).

At March 31, 2023, the Corporation's cash accounts exceeded federally insured limits by approximately \$16,000.

Investments and Net Investment Return

The Corporation measures debt and equity securities at fair value. Investments in private equity funds and hedge funds are recorded at net asset value (NAV), as a practical expedient, to determine

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fair value of the investments. Gains and losses on the sale of securities are recorded on the trade date and are determined using the specific identification method.

Investment return includes dividend, interest, and other investment income; realized and unrealized gains and losses on investments carried at fair value; and realized gains and losses on other investments less external and direct internal investment expenses.

Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in net assets without donor restrictions. Other investment return is reflected in the accompanying consolidated statements of operations and changes in net assets with or without donor restrictions based upon the existence and nature of any donor or legally imposed restrictions.

Assets Limited as to Use

Assets limited as to use represent: (a) funds held by a trustee that are legally restricted for bond reserve accounts; (b) deposit subscriptions held in trust; (c) entrance fees refundable within the first 90 days of residency in accordance with state law; (d) assets restricted by the donor for specific purposes; (e) HUD facility reserves and tenant deposits held in accordance with regulatory agreements governing the operations of certain entities included in CAC and Sunny View requiring HUD approval prior to any withdrawals; and (f) assets held in escrow for payment of property taxes and insurance, debt service, owner repairs, and reserves for replacements pursuant to the loan agreements insured by HUD for certain entities included in CAC. Amounts required to meet certain current liabilities of the Corporation are classified as current assets.

Resident and Patient Accounts Receivable

Resident accounts receivable reflect the outstanding amount of consideration to which the Corporation expects to be entitled in exchange for providing resident care. These amounts are due from residents, third-party payors (including health insurers and government programs), and others. As a service to the resident, the Corporation bills third-party payors directly and bills the resident when the resident's responsibility for co-pays, co-insurance, and deductibles is determined. Resident accounts receivable are due in full when billed.

The Corporation performs individual credit risk assessments that evaluate the individual circumstances, abilities, and intentions of each resident prior to providing the patient care services. If, subsequent to providing the services, the Corporation becomes aware of patient-specific events, facts, or circumstances indicating patients no longer have the ability or intent to pay the amount of consideration to which the Corporation expects to be entitled for providing the patient care services, then the related patient receivable balances are written off as bad debt expense. There was no material bad debt expense recorded during the years ended March 31, 2023 and 2022.

Property and Equipment

Property and equipment acquisitions by the Corporation exceeding \$1 with an estimated life of three or more years and property and equipment acquisitions by Covia (consisting of the Group, the

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Communities, CAC, and Covia Foundation) exceeding \$7.5 with an estimated life of three or more years are recorded at cost and depreciated on a straight-line basis over the estimated useful life of each asset. Assets under leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	2–40 years
Buildings and building and leasehold improvements	5–50 years
Equipment	3–25 years

Donations of property and equipment are reported at fair value as an increase in net assets without donor restrictions unless use of the assets is restricted by the donor. Monetary gifts that must be used to acquire property and equipment are reported as restricted support. The expiration of such restrictions is reported as an increase in net assets without donor restrictions when the donated asset is placed in service.

Long-Lived Asset Impairment

The Corporation evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recorded during the years ended March 31, 2023 and 2022.

Receivable from Supporting Organization

The Corporation recognizes its rights to assets held by a recipient organization in accordance with Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*. Such rights are recognized as an asset unless the donor has explicitly granted the recipient organization variance power, that is, the unilateral power to redirect the use of the assets. Those rights are either an interest in the net assets of the recipient organization, a beneficial interest in the recipient organization, or a receivable. The Corporation accounts for the rights related to California Lutheran Homes and Community Services as a receivable based on this guidance.

Debt Issuance Costs

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. The Corporation records these costs as direct deductions from the related debt consistent with debt discounts or premiums. Such costs are being amortized over the term of the respective debt using the straight-line method, which is not materially different from using the effective interest method.

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Deferred Revenue from Entrance Fees

Fees paid by residents upon entering into a continuing care contract, net of the portion thereof that is refundable to the resident, are recorded as deferred revenue and are amortized into income using the straight-line method over the estimated remaining life expectancy of the resident.

Estimated Future Service Obligation

Annually, the Corporation calculates the present value of the net cost of future services and the use of facilities to be provided to current residents by contract type and compares those amounts with the balance of deferred revenue from entrance fees. If the present value of the net cost of future services and the use of facilities exceeds the deferred revenue from entrance fees, a liability is recorded (estimated future service obligation) with a corresponding charge to income. While honoring previously issued contract types, the Corporation discontinued the use of all other contract types with the exception of Type B contracts. Type A contracts previously stipulated that the amount charged to the resident would not change when the resident's level of care changes; Type B contracts stipulate that the amount charged to the resident will change if the resident's level of care changes. The obligations for Type A and Type B contracts are discounted based on the Corporation's weighted-average borrowing rate. As of March 31, 2023 and 2022, there was no estimated future service obligation related to Type A or Type B contracts.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor restrictions. The governing board has designated, from net assets without donor restrictions, net assets for certain specified purposes, as detailed in *Note 14*.

Net assets with donor restrictions are subject to donor restrictions. Some restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Excess (Deficiency) of Revenues over Expenses

The accompanying consolidated statements of operations include excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions, which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include contributions to affiliates, inherent contributions associated with acquisitions (*Note 2*), and the change in pension benefit obligation.

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Resident and Patient Service Revenue

Resident and patient service revenue includes monthly fees from residents and patient service revenue. Monthly resident fees are recognized as revenue in the related month of occupancy. Patient service revenue is recognized as the Corporation satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care to patients and others for services rendered. The Corporation determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors.

Benefits to the Broader Community

The Corporation's retirement communities provide many benefits to the broader community. Most of these services are provided at no charge. Examples of these services include:

- Adult education classes
- Community centers used for other groups
- Retired Senior Volunteer Program
- Polling place for elections
- Adult literacy assistance services
- Meals on Wheels Program
- Training sites for various colleges, universities, and regional occupational programs
- Alzheimer's support groups

Contributions

Contributions are provided to the Corporation either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions.

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The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
<i>Conditional gifts, with or without restriction</i>	
Gifts that depend on the Corporation overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor-imposed barrier is met
<i>Unconditional gifts, with or without restriction</i>	
Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment, and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor-stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of operations as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment, and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income having donor stipulations that are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

Conditional contributions having donor stipulations that are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

Professional Liability and Workers' Compensation Claims

The Corporation recognizes an accrual for claim liabilities based on estimated ultimate losses and costs associated with settling claims and a receivable to reflect the estimated insurance recoveries, if any. Professional liability claims are described more fully in *Note 8*. Workers' compensation claims are described more fully in *Note 9*.

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Income Taxes

The Corporation is a nonprofit organization as described in Section 501(c)(3) of the Code and has been recognized as exempt from federal income and state franchise taxes on related income pursuant to Section 509(a)(2) of the Code and similar provisions of the California Franchise Tax Code. However, the Corporation is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purposes for which it was granted exemption. For the fiscal years ended March 31, 2023 and 2022, no income tax provision has been recorded as the net income from any unrelated trade or business, in the opinion of management, is not material to the accompanying consolidated financial statements taken as a whole. The Corporation files tax returns in the U.S. federal jurisdiction.

Revisions

An immaterial revision has been made to the 2022 consolidated balance sheet to correct the classification of \$10,927 related to refundable entrance fees. This revision did not have a significant impact on the financial statement line items impacted.

An immaterial revision has been made to *Note 18* to correct the functional classification of \$9,686 in expenses. This revision did not have an impact on the consolidated balance sheet or the consolidated statement of changes in net assets.

An immaterial revision has been made to the 2022 consolidated statement of cash flows to break out \$1,785 of noncash operating lease expense from the changes in operating lease liabilities. There was no change to the overall cash provided by operating activities based on this revision.

Reclassification

A reclassification has been made to the 2022 consolidated financial statements to conform to the 2023 financial statement presentation. This reclassification had no effect on the change in net assets.

Subsequent Events

Subsequent events have been evaluated through July 28, 2023, which is the date the consolidated financial statements were issued.

Note 2: Acquisitions

Covia

On April 1, 2021, the Corporation acquired the net assets of the Group, the Communities, CAC, and Covia Foundation (collectively, Covia). Covia is a nonprofit organization that owns and operates CCRCs, other multilevel retirement communities, and other operations providing services

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that enhance the quality of life for those served through independent retirement living, assisted living, memory care, skilled nursing, social services, affordable housing, and contract management of subsidized housing. As a result of the acquisition, the Corporation will have an opportunity to expand its service area to include northern California. This acquisition was executed in order to improve service lines, expand the Corporation's and Covia's respective missions, and enhance corporate support functions. The acquisition was accomplished by the Corporation becoming the sole member of the acquired organizations, and no consideration was or will be transferred for the acquisition.

Acquisition-related costs incurred during the year ended March 31, 2022 were not significant and are included in administrative services on the accompanying consolidated statement of operations.

The following table summarizes the amounts of the assets acquired and liabilities assumed recognized at April 1, 2021:

Recognized Amounts of Identifiable Assets Acquired and Liabilities Assumed	
Current assets	\$ 233,080
Assets limited as to use	33,424
Property, plant, and equipment	764,038
Identifiable intangible assets	76,985
Other noncurrent assets	21,544
Current liabilities	22,839
Long-term debt and lease liabilities	204,942
Repayable and refundable entrance fees	61,453
Deferred revenue from entrance fees	168,347
Pension benefit obligation	1,391
Other noncurrent liabilities	<u>13,331</u>
Total identifiable net assets – contribution received	<u><u>\$ 656,768</u></u>

Acquired assets include accounts receivable recorded at their estimated fair value of \$8,391. None of these accounts receivable were deemed to be uncollectible at the acquisition date.

The Corporation elected the accounting alternative provided in Accounting Standards Update 2019-06, *Intangibles – Goodwill and Other (Topic 350)*, *Business Combinations (Topic 805)*, and *Not-for-Profit Entities (Topic 958)*. Under this alternative, certain customer-related intangible assets and noncompetition agreements are no longer required to be recognized separately in the accounting for a business combination.

The weighted-average amortization period of acquired intangible assets (in-place leases) is seven years.

The acquisition resulted in an inherent contribution received of \$656,768, which represents the net recognized amount of the identifiable assets acquired over the liabilities assumed. This amount has

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been included as inherent contribution on the accompanying consolidated statement of changes in net assets.

This inherent contribution is recorded in net assets without and with donor restrictions based on the underlying assets acquired and is as follows:

Inherent contribution without donor restrictions	\$	646,900
Inherent contribution with donor restrictions		<u>9,868</u>
		<u>\$ 656,768</u>

Covia contributed revenues of \$186,590, deficiency of revenues over expenses of \$18,577, and changes in net assets without and with donor restrictions of \$(15,612) and \$1,100, respectively, to the Corporation for the period from April 1, 2021 to March 31, 2022.

Front Porch Communities Foundation

Pacific Homes Foundation (PH Foundation), FACT Foundation (FACT), and Sunny View Lutheran Communities and Services (SVLCS) are supporting organizations established for the charitable purpose of promoting and supporting the work of the Corporation and the retirement communities. Effective April 1, 2021, these three supporting foundations merged, with PH Foundation as the surviving entity. In connection with the merger, PH Foundation changed its name to Front Porch Communities Foundation.

On April 1, 2021, the Corporation acquired the net assets of Front Porch Communities Foundation (FPC Foundation). FPC Foundation is a nonprofit organization established for the charitable purpose of promoting and supporting the work of the Corporation and the retirement communities. As a result of the acquisition, the Corporation will better align the organizations that support the Corporation. The acquisition was accomplished by the Corporation becoming the sole member of FPC Foundation, and no consideration was or will be transferred for the acquisition.

Through March 31, 2021, the Corporation recorded a beneficial interest in PH Foundation and receivables from supporting organizations related to FACT and SVLCS.

Acquisition-related costs incurred during the year ended March 31, 2022 were not significant.

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The following table summarizes the amounts of the assets acquired and liabilities assumed recognized at April 1, 2021:

Fair Value of the Corporation's Previously Held Beneficial Interest in FPC Foundation and Receivables from Supporting Organizations		<u>\$ 28,773</u>
Recognized Amounts of Identifiable Assets Acquired and Liabilities Assumed		
Cash and cash equivalents		1,618
Contributions receivable		322
Prepaid expenses and other		31
Investments		10,170
Externally restricted and board-designated investments		22,702
Beneficial interest in perpetual trust		1,134
Accounts payable and designated by donors for other beneficiaries		14
Annuities and trusts payable		<u>1,196</u>
Total identifiable net assets – contribution received		<u><u>\$ 5,994</u></u>

The acquisition resulted in an inherent contribution received of \$5,994, which represents the net recognized amount of the identifiable assets acquired over the liabilities assumed. This amount has been included as inherent contribution on the accompanying consolidated statement of changes in net assets.

This inherent contribution is recorded in net assets without and with donor restrictions based on the underlying assets acquired and is as follows:

Inherent contribution without donor restrictions	\$ 4,838
Inherent contribution with donor restrictions	<u>1,156</u>
	<u><u>\$ 5,994</u></u>

FPC Foundation contributed revenues of \$4,084, excess of revenues over expenses of \$3,199, and changes in net assets without and with donor restrictions of \$3,199 and \$1,718, respectively, for the period from April 1, 2021 to March 31, 2022.

Note 3: Concentration of Credit Risk

The Corporation grants credit without collateral to its skilled nursing patients, most of whom are area residents and are insured under third-party payor agreements.

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The mix of net receivables related to skilled nursing services from patients and third-party payors at March 31 was:

	<u>2023</u>	<u>2022</u>
Medicare	26%	26%
Medi-Cal (including Medi-Cal managed care payors)	45%	40%
PPO/HMO (other contracted payors)	15%	20%
Patients and other	14%	14%
	<u>100%</u>	<u>100%</u>

Note 4: Investments and Investment Return

Investments and assets limited as to use at fair value consisted of the following at March 31:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 41,594	\$ 47,593
Money market mutual funds	5,025	5,265
Certificates of deposit	1,957	841
Commodity mutual funds	14,176	17,043
Other mutual funds	64,849	73,465
U.S. Treasury and U.S. agency securities	28,111	9,145
Equity securities – domestic	190,136	254,812
Equity securities – international	122,473	112,556
Municipal securities	1,298	-
Corporate bonds and commercial paper	59,031	91,600
Alternative investments	16,240	15,115
Beneficial interest in perpetual trust	968	1,122
	<u>\$ 545,858</u>	<u>\$ 628,557</u>

The Corporation invests in certain mutual funds that have required holding periods and varying redemption penalties if sold prior to the end of the holding period. However, at March 31, 2023 and 2022, none of the mutual funds held by the Corporation were subject to any redemption provisions.

FPC Foundation is the beneficiary under a perpetual trust administered by an outside party. Under the terms of the trust, FPC Foundation has the irrevocable right to receive income earned on the trust assets in perpetuity but never receives the assets held in trust. The estimated value of the expected future cash flows at March 31, 2023 and 2022 is \$968 and \$1,122, respectively, which represents the fair value of FPC Foundation's portion of the trust assets and is included in assets limited as to use on the accompanying consolidated balance sheets.

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Assets limited as to use consisted of amounts with restrictions for the following purposes as of March 31:

	2023	2022
Held by trustee under indenture agreements for bond fund and other reserves	\$ 15,269	\$ 15,206
HUD facility reserves	22,749	22,269
Held by trustee under indenture agreements for construction	9,350	9,350
Other held by trustee	-	25
Deposit subscriptions held in trust	-	1,793
Restricted by donors for capital expenditures	-	10
Charitable remainder trusts and gift annuities	10,261	4,872
Endowment funds	14,984	15,271
Beneficial interest in perpetual trust	968	1,122
Resident deposits held in trust	-	26
	<u>\$ 73,581</u>	<u>\$ 69,944</u>

Total investment return is comprised of the following for the years ended March 31 and is included in net assets without donor restrictions:

	2023	2022
Interest and dividend income	\$ 12,154	\$ 17,082
Realized gains on sales of securities, net	15,520	30,863
Unrealized losses on investments valued at fair value, net	(58,865)	(17,646)
Unrealized losses on derivative financial instruments, net	-	(2)
Investment fees	(1,786)	(2,125)
	<u>\$ (32,977)</u>	<u>\$ 28,172</u>
Investment return, net	<u>\$ (32,977)</u>	<u>\$ 28,172</u>

The change in net assets with donor restrictions for the years ended March 31, 2023 and 2022 includes investment return of \$(979) and \$648, respectively.

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Note 5: Property and Equipment

A summary of property and equipment at March 31 follows:

	2023	2022
Land and land improvements	\$ 376,781	\$ 371,788
Buildings and building improvements	1,012,172	1,043,882
Leasehold improvements	11,388	14,819
Equipment	236,368	261,636
Construction in progress	47,598	28,880
	<u>1,684,307</u>	<u>1,721,005</u>
Less accumulated depreciation	<u>490,326</u>	<u>552,540</u>
	<u>\$ 1,193,981</u>	<u>\$ 1,168,465</u>

Note 6: Receivable from Supporting Organization

California Lutheran Homes (CLH) is a nonprofit corporation established for the charitable purpose of promoting and supporting the work of the Corporation and the retirement communities. CLH has a separate board of directors over which the Corporation does not exercise control.

CLH is not organized solely for the benefit of the Corporation and, upon dissolution, the net assets may be directed to other nonprofit organizations. Consequently, the Corporation records a receivable from CLH related only to those net assets restricted by the donor for the benefit of the Corporation.

As of March 31, 2023 and 2022, the receivable from supporting organization related to CLH is \$850 and \$1,063, respectively.

Note 7: Acquired Intangible Assets

The carrying basis and accumulated amortization of recognized intangible assets (in-place leases) at March 31 was:

	2023	2022
Carrying basis	\$ 76,985	\$ 76,985
Accumulated amortization	<u>(24,609)</u>	<u>(15,086)</u>
	<u>\$ 52,376</u>	<u>\$ 61,899</u>

Amortization expense for the years ended March 31, 2023 and 2022 was \$9,523 and \$15,086, respectively. Estimated amortization expense for each of the following five years is \$9,523.

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Note 8: Professional Liability Claims

The Corporation purchases professional and general liability insurance under claims-made policies. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Corporation also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Corporation's claims experience, no accrual had been made for the Corporation's portion of malpractice costs as of March 31, 2023 and 2022. It is reasonably possible this estimate could change materially in the near term.

Note 9: Workers' Compensation

The Corporation self-insures its workers' compensation claims in California. In addition, for the year ended March 31, 2023, the Corporation had an excess workers' compensation policy in place for individual claims exceeding \$1,000. This policy had a maximum coverage limit of \$25,000. For the year ended March 31, 2022, the Corporation had an excess workers' compensation policy in place for individual claims exceeding \$750 and Covia had an excess workers' compensation policy in place for individual claims exceeding \$1,500. The Corporation's and Covia's policies had a maximum coverage limit of \$25,000 and \$10,000, respectively, for the year ended March 31, 2022.

Amounts accrued to cover potential workers' compensation claims, based on actuarial valuation, as of March 31 are as follows:

	<u>2023</u>	<u>2022</u>
Estimated amounts expected to be paid		
Within one year, included in accrued payroll and related expenses	\$ 2,746	\$ 1,530
In excess of one year, included in accrued workers' compensation	<u>6,114</u>	<u>7,124</u>
	<u>\$ 8,860</u>	<u>\$ 8,654</u>

While the ultimate amount of claims to be incurred is dependent on future developments, the Corporation's management believes the aggregate accrual is adequate to cover such amounts. However, by their nature, the amounts recorded are estimates and actual results could differ from the amounts recorded.

The liability for expected workers' compensation claims is presented excluding expected insurance recoveries. Estimated insurance recovery receivables of \$471 and \$840 are included as other receivables in the accompanying consolidated balance sheets at March 31, 2023 and 2022, respectively.

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Note 10: Trusts and Annuities Payable

FPC Foundation and Covia Foundation have been the recipient of several charitable remainder trusts and gift annuities that require future payments to the donor or their named beneficiaries. The assets received from the donor are recorded at fair value and included in assets limited as to use on the accompanying consolidated balance sheets. FPC Foundation and Covia Foundation have recorded a liability at March 31, 2023 and 2022 of \$5,459 and \$4,622, respectively, which represents the present value of the remaining payment obligations. This liability is included in other accrued liabilities on the accompanying consolidated balance sheets. The liability has been determined using a discount rate of 3.65% to 6.00% in 2023 and 2022.

Note 11: Long-Term Debt

The following is a summary of long-term debt at March 31:

	<u>2023</u>	<u>2022</u>
Series 2021A Revenue Bonds (A)	\$ 198,270	\$ 198,940
Series 2021B Revenue Bonds (B)	100,375	106,625
Series 2017A Revenue Bonds (C)	96,610	97,565
HUD Section 202 Capital Advance – Lytton IV (D)	5,739	5,739
City of Palo Alto note – Lytton IV (E)	460	460
Mortgage payable – PGA (F)	4,685	4,803
HUD Section 202 Capital Advance – JSH (G)	6,871	6,871
Housing Authority of the City of Santa Rosa note – JSH (H)	4,985	4,985
Affordable Housing Program subsidy – JSH (I)	216	216
Multifamily Housing Revenue Bonds 2005 Series L – OCT (J)	2,720	2,820
HUD Section 221(d)(4) mortgage – BCSH (K)	22,409	22,682
	<u>443,340</u>	<u>451,706</u>
Plus unamortized premium	27,183	28,592
Less unamortized debt issuance costs	(4,730)	(5,254)
Less current maturities	<u>(8,966)</u>	<u>(8,951)</u>
	<u>\$ 456,827</u>	<u>\$ 466,093</u>

(A) Series 2021A Revenue Bonds issued by California Statewide Communities Development Authority (CSCDA); interest at 2.50% to 5.00%, paid semiannually; principal due in varying installments through 2051, paid annually. Unamortized debt issuance costs were \$1,928 and \$1,990 at March 31, 2023 and 2022, respectively. The effective interest rate was 3.55% and 2.00% for the years ended March 31, 2023 and 2022, respectively.

(B) Series 2021B Revenue Bonds (Federally Taxable) issued by CSCDA; interest at 0.52% to 2.64%, paid semiannually; principal in varying installments through 2036, paid annually. Unamortized debt issuance costs were \$889 and \$1,009 at March 31, 2023 and 2022,

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respectively. The effective interest rate was 2.00% and 1.07% for the years ended March 31, 2023 and 2022, respectively.

The bonds issued in (A) and (B) above were issued to refinance certain previously outstanding debt of the Corporation, including debt that was acquired from Covia (*Note 2*). The bonds were used to refinance \$336,034 of previously outstanding debt, provide \$10,000 in project funds, and pay costs of issuance.

- (C) Series 2017A Revenue Bonds issued by CSCDA; interest at 3.50% to 5.00%, paid semiannually; principal due in varying installments through 2047, paid annually. Unamortized debt issuance costs were \$1,334 and \$1,395 at March 31, 2023 and 2022, respectively. The effective interest rate was 4.52% and 4.48% for the years ended March 31, 2023 and 2022, respectively.
- (D) HUD Section 202 Capital Advance; dated November 26, 1993; secured by first deed of trust on real property; bearing no interest. The advance is essentially a forgivable loan and shall only be repayable if the Lytton IV project fails to remain available to very low-income households as approved by HUD through June 1, 2035.
- (E) City of Palo Alto note dated November 30, 1993, bearing 5% simple interest per annum beginning December 1, 1995. Payments may only be made from residual receipts with the approval of HUD. The balance of principal and accrued interest is due at maturity on June 1, 2035. The term is designed to coincide with the closing of the HUD Capital Advance period. At this time, the City of Palo Alto has an option to acquire the Lytton IV project in exchange for cancellation of the principal and accrued interest outstanding at that date.
- (F) Mortgage loan payable; insured by the Federal Housing Administration under the provisions of Section 207, pursuant to Section 223(f) of the *National Housing Act*; dated June 1, 2013 with an initial term of 35 years; secured by first deed of trust on real property; bearing interest at 3.22% per annum. Principal and interest are payable in monthly installments of \$23; due in full June 1, 2048.
- (G) HUD Section 202 Capital Advance dated February 1, 2007; secured by first deed of trust on the property; bearing no interest. The advance is essentially a forgivable loan and shall only be repayable if the JSH project fails to remain available to very low-income households as approved by HUD for a 40-year period from March 2008 through February 2048.
- (H) Housing Authority of the City of Santa Rosa note dated February 10, 2006; secured by second deed of trust on the property; bearing 3% simple interest per annum from the date of each advance beginning February 2004. Payment of principal and interest is to be made from 75% of annual "Surplus Cash," if any (as defined by the loan agreement), paid only from residual receipts and only with the approval of HUD. The balance of principal and accrued interest is due at maturity in February 2048. The 42-year term is designed to coincide with the closing of the HUD Capital Advance period. At this time, the City of Santa Rosa has an option to acquire the JSH project in exchange for cancellation of the principal and accrued interest outstanding at that date.

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- (I) Affordable Housing Program (AHP) direct subsidy repayment to Sonoma National Bank dated November 1, 2006; secured by third deed of trust on the property; bearing no interest. The subsidy will be forgiven in full on June 1, 2023 as long as the property has maintained affordability limits as required by the AHP.
- (J) CSCDA Variable Rate Demand Multifamily Housing Revenue Bonds 2005 Series L dated June 1, 2005 in the original amount of \$11,450, which was reduced to \$3,820 on November 15, 2007. The bonds bear variable rates of interest determined weekly by the remarketing agent; payable monthly and mature on December 15, 2037; secured by the borrower's leasehold interest in land and ownership of improvements. The interest rate at December 31, 2022 and 2021 was 3.37% and 0.37%, respectively.
- (K) HUD Section 221(d)(4) mortgage loan agreement for borrowings up to \$23,533 for the construction and rehabilitation of BCSH. Note dated January 1, 2017 with an initial term of 41 years; bearing interest of 4.11% per annum. Principal and accrued interest are due in full on October 1, 2058.

The Master Indenture for (A), (B), and (C) above contains various restrictive covenants, which, among other things, require the maintenance of certain financial ratios, including a debt service coverage ratio of 1.20. All outstanding bonds are collateralized by the gross revenues of the Obligated Group.

Under the terms of HUD-insured mortgages, certain entities included in CAC are required to maintain reserve accounts for replacements that are included in assets limited as to use on the accompanying consolidated balance sheets. These entities are also subject to restrictions on acquisition, use, and disposition of the mortgaged property and revenues derived therefrom.

Scheduled annual principal payments on long-term debt at March 31, 2023 are as follows:

Year Ending March 31,	
2024	\$ 8,966
2025	9,152
2026	9,349
2027	9,586
2028	9,837
Thereafter	396,450
	\$ 443,340

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Note 12: Revenue Recognition

Resident and Patient Service Revenue

Resident service revenue is the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for standing ready to provide services to the residents under a continuing care contract. The nonrefundable portion of the entrance fee payment is recognized on a straight-line basis over the expected life of the resident(s), which is when the performance obligations are satisfied. The monthly service fees are billed monthly and are recognized as performance obligations are satisfied.

Patient service revenue is reported at the amount that reflects the consideration to which the Corporation expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews, and investigations. Generally, the Corporation bills the patients and third-party payors monthly after the services are performed or the patient is discharged from the care center, and patient accounts receivable are due in full when billed. Revenue is recognized as performance obligations are satisfied.

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Corporation. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected charges. The Corporation believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. The Corporation measures performance obligations for resident service revenue from admission to the care center to the point when it is no longer required to provide services to that resident, which is generally at the time of discharge. The Corporation measures performance obligations for resident service revenue and resident fee revenue as a series of distinct services that are considered one performance obligation that is satisfied over time.

Transaction Price

The Corporation determines the transaction price based on standard charges for goods and services provided reduced by explicit price concessions, which consist of contractual adjustments provided to third-party payors. The Corporation determines its estimates of contractual adjustments and discounts based on contractual agreements, discount policies, and historical experience. The Corporation determines its estimate of implicit price concessions based on its historical collection experience with this class of residents.

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Third-Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare – Services rendered to Medicare program beneficiaries for skilled nursing are reimbursed under a prospective methodology, and no additional settlement will be made on the difference between the per diem rates paid and actual cost.

Medi-Cal – Reimbursements for Medi-Cal services are generally paid at prospectively determined rates per day.

Other – Payment agreements with certain commercial insurance carriers provide for payment using prospectively determined rates per day.

Laws and regulations concerning government programs, including Medicare and Medi-Cal, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Corporation's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Corporation. In addition, the contracts the Corporation has with commercial payors also provide for retroactive audit and review of claims.

Revenue Composition

The Corporation has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors and service lines.

Details of these factors for the years ended March 31 are presented below:

	Care Center	Residential	Memory Care	Total
2023				
Medicare	\$ 23,957	\$ -	\$ -	\$ 23,957
Medi-Cal	25,075	-	-	25,075
Other third-party payors	7,248	-	-	7,248
Private	16,922	221,550	17,255	255,727
Amortization of entrance fees	-	37,371	-	37,371
	<u>\$ 73,202</u>	<u>\$ 258,921</u>	<u>\$ 17,255</u>	<u>\$ 349,378</u>

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	Care Center	Residential	Memory Care	Total
2022				
Medicare	\$ 23,619	\$ 532	\$ -	\$ 24,151
Medi-Cal	23,258	-	-	23,258
Other third-party payors	7,036	-	-	7,036
Private	17,787	208,385	16,444	242,616
Amortization of entrance fees	-	38,121	-	38,121
	<u>\$ 71,700</u>	<u>\$ 247,038</u>	<u>\$ 16,444</u>	<u>\$ 335,182</u>

Contract Balances

Amounts related to healthcare services provided to patients that have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. As of March 31, 2023 and 2022, there are no contract assets.

Amounts received related to services that have not yet been provided to residents or patients are contract liabilities. Contract liabilities consist of deferred revenues from entrance fees received from residents.

Significant changes in contract liabilities (deferred revenues from entrance fees) during each period are as follows:

April 1, 2022	Additions	Refunds	Amortization	March 31, 2023		
\$ 225,133	\$ 54,292	\$ (3,043)	\$ (37,371)	\$ 239,011		
Deferred Entrance Fees from Acquisition (Note 2)						
April 1, 2021	Additions	Refunds	Amortization	March 31, 2022		
\$ 41,102	\$ 168,347	\$ 75,957	\$ (22,152)	\$ (38,121)	\$ 225,133	

The following table provides information about the Corporation's receivables from contracts with customers:

	2023	2022
Resident and patient accounts receivable, beginning of year	\$ 9,377	\$ 5,836
Resident and patient accounts receivable, end of year	\$ 14,782	\$ 9,377

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Financing Component

The Corporation has elected the practical expedient allowed under ASC 606-10-32-18 and does not adjust the promised amount of consideration from patients and third-party payors for the effects of a significant financing component due to the Corporation's expectation that the period between the time the service is provided to a patient and the time the patient or a third-party payor pays for that service will be one year or less. However, the Corporation does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

Contract Costs

The Corporation has applied the practical expedient provided by ASC 340-40-25-4, and all incremental resident contract acquisition costs are expensed as they are incurred, as the amortization period of the asset that the Corporation otherwise would have recognized is one year or less in duration. However, incremental costs incurred to obtain resident contracts for which the amortization period of the asset that the Corporation otherwise would have recognized is longer than one year are capitalized and amortized over the life of the contract based on the pattern of revenue recognition from these contracts. The Corporation regularly evaluates its resident contract costs and considers whether they should be capitalized over the life of the contract. These amounts are not considered to be significant to the overall consolidated financial statements and are expensed as incurred since they have a minimal effect on operations.

Affordable Housing Fees and Rents

Affordable housing fees and rents consist of rental income and contract services revenue. Rental income is shown at its maximum gross potential. Rental income is derived from rental rates subject to HUD approval. Vacancy loss is shown as a reduction in rental income. Rental units occupied by employees are included in rental income and as an expense of operations. Other income includes fees for late payments, cleaning, damages, laundry facilities, and other charges and is recorded when earned. Contract services revenue is received when customers simultaneously receive and consume the benefits provided by CAC's performance required under various agreements that entail providing Resource Service Coordinators to support residents at the customer locations. The revenue is recorded as earned when services are provided. CAC recognizes revenue for services under the resident agreements in accordance with the provisions of ASC Topic 842, *Leases*, which is recognized as services are performed.

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Note 13: Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes or periods at March 31:

	<u>2023</u>	<u>2022</u>
Resident assistance and special projects	\$ 13,045	\$ 16,762
Scholarships	769	828
Trusts and annuities	4,240	1,474
Other	8,514	7,520
Investments to be held in perpetuity, the income is expendable	<u>8,900</u>	<u>8,678</u>
	<u>\$ 35,468</u>	<u>\$ 35,262</u>

Net assets with donor restrictions are held by supporting organizations and releases are not subject solely to the Corporation meeting the restriction.

Net assets with donor restrictions were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified as follows:

	<u>2023</u>	<u>2022</u>
Resident assistance and operations	\$ 2,501	\$ 987
Scholarships	106	97
Community fund and other	<u>597</u>	<u>2,988</u>
	<u>\$ 3,204</u>	<u>\$ 4,072</u>

Note 14: Net Assets Without Donor Restrictions

A portion of net assets without donor restrictions at March 31 is designated by the board for the following purposes:

	<u>2023</u>	<u>2022</u>
Innovation Fund	\$ 800	\$ 800
Affordable Housing Fund	1,995	1,995
Dr. Darby Betts Fund	1,428	1,493
Resident assistance and special projects	5,394	3,497
Restricted deposits and funded reserves	12,995	12,337
Other funds	<u>45</u>	<u>45</u>
	<u>\$ 22,657</u>	<u>\$ 20,167</u>

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Note 15: Endowment

The Corporation's endowment consists of numerous individual funds established for a variety of purposes. The endowment includes only donor-restricted endowment funds. As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds, including board-designated endowment funds, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Corporation's board of directors has interpreted the *State of California's Prudent Management of Institutional Funds Act* (SPMIFA) as requiring preservation of the fair value of the original gift as of the date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result, the Corporation classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time-restricted until the governing body appropriates such amounts for expenditures. Most of these net assets also are subject to purpose restrictions that must be met before being reclassified as net assets without donor restrictions. In accordance with SPMIFA, the Corporation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

1. Duration and preservation of the fund
2. Purposes of the Corporation and the fund
3. General economic conditions
4. Possible effect of inflation and deflation
5. Expected total return from investment income and appreciation or depreciation of investments
6. Other resources of the Corporation
7. Investment policies of the Corporation

The endowment funds at March 31, 2023 and 2022 were entirely donor-restricted endowment funds and are reflected in the accompanying consolidated balance sheets as net assets with donor restrictions of \$12,031 and \$12,929, respectively.

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Changes in endowment net assets for the years ended March 31, 2023 and 2022 were:

Endowment net assets, April 1, 2021	\$ 11,766
Investment return	542
Contributions	<u>621</u>
Endowment net assets, March 31, 2022	12,929
Investment return	<u>(898)</u>
Endowment net assets, March 31, 2023	<u><u>\$ 12,031</u></u>

The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchase power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Corporation must hold in perpetuity or for donor-specified periods as well as those of board-designated endowment funds, if any. Under the Corporation's policies, endowment assets are invested in a manner that is intended to produce results over time that provide sufficient growth of principal to endow the long-term operations of the Corporation. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both current yield (investment income, such as dividends and interest) and capital appreciation (both realized and unrealized). The Corporation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Note 16: Liquidity and Availability

The Corporation's financial assets available to meet general expenditures within one year of the balance sheet date are:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 54,383	\$ 58,539
Investments	472,277	554,625
Resident and patient accounts receivable	14,782	9,377
Other receivables	<u>1,219</u>	<u>1,588</u>
Financial assets available to meet general expenditures within one year	<u><u>\$ 542,661</u></u>	<u><u>\$ 624,129</u></u>

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The Corporation has certain board-designated assets that are available for general expenditures within one year in the normal course of operations (see *Note 14*). Accordingly, these assets have been included in the information above for financial assets available to meet general expenditures within one year.

The Corporation has assets limited as to use for debt service, deposit subscriptions held in trust, refundable entrance fees, donor restriction, and various required reserves. These assets limited as to use, which are more fully described in *Notes 1* and *4*, are not available for general expenditure within the next year. The Corporation does not have a specific liquidity policy.

Note 17: Uncompensated Community Benefits

Each year, the Corporation provides services to residents with limited means and benefits to the broader community. The cost of such services is reported on the Corporation's IRS Form 990. Additionally, the Corporation accepts Medi-Cal patients for which it is reimbursed at amounts that do not cover the cost of healthcare services provided. The estimated cost, based on historical cost-to-revenue ratios by community, of providing such under-reimbursed care in excess of reimbursements received was \$5,998 and \$762 for the years ended March 31, 2023 and 2022, respectively.

Note 18: Functional Expenses

The Corporation provides residential and healthcare services to residents. Certain costs attributable to more than one function have been allocated among the residential and healthcare services, program services, and general and administrative functional expense classifications based on direct assignment, expenses, and other methods.

The following schedules present the natural classification of expenses by function as follows for the years ended March 31:

	Residential and Healthcare Services	Program Services	General and Administrative
2023			
Salaries and wages	\$ 102,472	\$ -	\$ 36,238
Employee benefits	31,715	-	9,471
Professional services	23,919	-	13,365
Supplies and other	73,579	3,422	19,957
Depreciation and amortization	75,854	-	5,376
Interest and other financing costs	9,167	-	4,210
	<u> </u>	<u> </u>	<u> </u>
Total expenses	<u>\$ 316,706</u>	<u>\$ 3,422</u>	<u>\$ 88,617</u>

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	Residential and Healthcare Services	Program Services	General and Administrative
2022			
Salaries and wages	\$ 97,659	\$ -	\$ 34,210
Employee benefits	33,870	-	12,227
Professional services	20,155	-	10,818
Supplies and other	67,260	3,528	15,741
Depreciation and amortization	73,509	-	6,914
Interest and other financing costs	13,205	-	1,520
	<u>\$ 305,658</u>	<u>\$ 3,528</u>	<u>\$ 81,430</u>
Total expenses	<u>\$ 305,658</u>	<u>\$ 3,528</u>	<u>\$ 81,430</u>

Note 19: Pension and Other Employee Benefit Plans

403(b) Defined Contribution Plans and Supplemental Retirement Plan

The Corporation sponsors a 403(b) defined contribution plan for its employees. Under the current plan, all employees with at least one year of service are eligible to participate, and the Corporation contributes an amount equal to 3% of each participant's compensation. Additionally, the Corporation provides an executive supplemental retirement plan and contributes 4.5% of each participant's compensation. Expense for all retirement plans, equal to the contributions, totaled \$2,495 and \$2,565 for the years ended March 31, 2023 and 2022, respectively.

The Communities sponsors a separate 403(b) defined contribution plan for its employees and employees of CAC. Under the current plan, all employees with more than 1,000 hours of service within the first year of employment are eligible to participate. The Communities contributes an amount equal to 5% of each participant's compensation for all Communities employees hired prior to January 1, 2021 and all CAC employees hired before January 1, 2022. The Communities contributes 3% of each participant's compensation for employees hired after these dates. Expense for this retirement plan, equal to the contribution, totaled \$2,002 and \$2,930 for the years ended March 31, 2023 and 2022, respectively.

Deferred Compensation Plans

The Corporation offers a nonqualified deferred compensation plan to a select group of management that provides the opportunity to defer a specified percentage of their cash compensation. Participants may elect to defer up to 30% of their annual base salary. In addition, the Corporation offers an at-risk compensation plan that requires a mandatory 30% of any at-risk pay awarded to be held as deferred compensation. Participants may elect to defer the remaining 70% of their award. The Corporation's obligations under this plan are unfunded for tax purposes and for purposes of Title 1 of the *Employee Retirement Income Security Act of 1974* and are unsecured general obligations of the Corporation to pay in the future the value of the deferred compensation adjusted

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to reflect the performance, whether positive or negative, of selected investment measurement options chosen by each participant during the deferral period. As of March 31, 2023 and 2022, \$636 and \$1,129, respectively, of deferred compensation is accrued and included in other accrued liabilities in the accompanying consolidated balance sheets.

The Communities also maintains, for certain key employees, a nonqualified supplementary deferred compensation plan that provides a defined contribution benefit pursuant to Sections 409A and 457(f) of the Code. All participants are awarded an annual retention benefit annually. Each award vests on the earlier of the participant's death or disability, reaching the age of 65, or five years after the award is made. As of March 31, 2023 and 2022, \$1,044 and \$1,053, respectively, of deferred compensation is accrued and included in other accrued liabilities in the accompanying consolidated balance sheets.

Defined Benefit Plan

The Communities has a noncontributory defined benefit pension plan that provides benefits under retirement annuity contracts. Salaried and hourly employees who have attained the age of 21 and have performed 1,000 hours of service in the plan year are eligible to participate in the plan upon completion of one year of continuous employment. The Communities' funding policy is to make the actuarially determined annual contribution. The defined benefit pension plan was frozen effective December 31, 2020.

The Communities uses a March 31 measurement date for the plan. The plan was acquired by the Corporation as a part of the acquisition of Covia (*Note 2*). Beginning balances in 2022 noted below are the assets acquired and liabilities assumed.

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Information about the plan's funded status follows:

	2023	2022
Change in benefit obligation		
Beginning of year	\$ 55,742	\$ 61,614
Interest cost	1,982	1,889
Actuarial gains	(6,595)	(5,258)
Benefits paid	<u>(2,702)</u>	<u>(2,503)</u>
End of year	<u>48,427</u>	<u>55,742</u>
Change in fair value of plan assets		
Beginning of year	59,115	60,222
Actual return on plan assets	(3,955)	1,396
Benefits paid	<u>(2,702)</u>	<u>(2,503)</u>
End of year	<u>52,458</u>	<u>59,115</u>
Funded status at measurement date	<u>\$ 4,031</u>	<u>\$ 3,373</u>

The net pension asset is recognized in the accompanying consolidated balance sheets as a noncurrent asset.

Amounts recognized in the change in net assets not yet recognized as components of net periodic benefit cost consist of unrecognized net loss of \$7,073 and \$5,821 during 2023 and 2022, respectively. The accumulated benefit obligation for the plan was \$48,427 and \$55,742 at March 31, 2023 and 2022, respectively.

Components of net periodic benefit cost are:

	2023	2022
Interest cost	\$ 1,982	\$ 1,889
Expected return on plan assets	(3,892)	(3,946)
Amortization of net loss	<u>-</u>	<u>390</u>
Net periodic benefit cost	<u>\$ (1,910)</u>	<u>\$ (1,667)</u>

The components of net periodic benefit cost other than the service cost component are included in other income (expense) in the accompanying consolidated statements of operations.

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Other changes in plan assets and benefit obligations recognized in change in net assets:

	<u>2023</u>	<u>2022</u>
Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions		
Net actuarial gain (loss)	\$ 1,380	\$ (2,575)
Amortization of net loss	<u>-</u>	<u>(390)</u>
Amount recognized in net assets without donor restrictions at measurement date	<u>1,380</u>	<u>(2,965)</u>
Total recognized in net periodic benefit cost and net assets without donor restrictions at measurement date	<u>\$ (530)</u>	<u>\$ (4,632)</u>

The estimated net gain or loss that will be amortized into net periodic benefit cost over the next fiscal year is \$0. Significant assumptions include:

	<u>2023</u>	<u>2022</u>
Actuarial present value of the benefit obligation		
Weighted-average discount rate	4.85%	3.65%
Rate of increase in future compensation levels	N/A	N/A
Long-term rate of return on plan assets	N/A	N/A
Net periodic benefit cost		
Weighted-average discount rate	3.65%	3.15%
Rate of increase in future compensation levels	N/A	N/A
Long-term rate of return on plan assets	6.75%	6.75%

The Communities has estimated the long-term rate of return on plan assets based primarily on historical returns on plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information.

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid as of March 31, 2023:

2024	\$ 3,030
2025	\$ 2,870
2026	\$ 2,920
2027	\$ 2,980
2028	\$ 3,050
2029–2033	\$ 15,610

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Plan assets are held by a bank-administered trust fund, which invests the plan assets in accordance with the provisions of the plan's investment policy statement. The plan's investment policy statement permits investment in common stocks, corporate bonds and debentures, U.S. government securities, certain insurance contracts, real estate, and other specified investments based on certain target allocation percentages. The investment policy statement also contains provisions requiring diversification of investments.

Asset allocation is primarily based on a strategy to provide stable earnings while still permitting the plan to recognize potentially higher returns through a limited investment in equity securities. The target asset allocation percentages are as follows:

	<u>2023</u>	<u>2022</u>
Equity securities	65%	65%
Fixed income securities	30%	30%
Real estate	<u>5%</u>	<u>5%</u>
	<u>100%</u>	<u>100%</u>

Equity securities primarily include investments in mutual funds invested in small and midcap companies located in the United States and internationally and pooled separate accounts invested in similar securities. Fixed income securities include mutual funds invested in corporate bonds of companies from diversified industries, mortgage-backed securities, and U.S. Treasury securities. Real estate securities include pooled separate accounts invested in real assets.

Plan assets are rebalanced quarterly. At March 31, plan assets by class are as follows:

	<u>2023</u>	<u>2022</u>
Equity securities	70%	70%
Fixed income securities	25%	24%
Real estate securities	<u>5%</u>	<u>6%</u>
Total	<u>100%</u>	<u>100%</u>

Pension Plan Assets

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include small and midcap domestic equity mutual funds, international equity mutual funds, and fixed income mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of

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plan assets with similar characteristics, or discounted cash flows. In certain cases where Level 1 or Level 2 inputs are not available, plan assets are classified within Level 3 of the hierarchy. There were no Level 2 or Level 3 plan assets at March 31, 2023 and 2022.

The fair values of the Communities' pension plan assets at March 31 by asset class are as follows:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2023				
Mutual funds				
Small/midcap domestic equity	\$ 2,804	\$ 2,804	\$ -	\$ -
International equity	18,218	18,218	-	-
Fixed income	13,249	13,249	-	-
	34,271	\$ 34,271	\$ -	\$ -
Investments valued at NAV				
Pooled separate accounts	18,187			
Total assets at measurement date	\$ 52,458			
2022				
Mutual funds				
Small/midcap domestic equity	\$ 2,937	\$ 2,937	\$ -	\$ -
International equity	18,605	18,605	-	-
Fixed income	14,251	14,251	-	-
	35,793	\$ 35,793	\$ -	\$ -
Investments valued at NAV				
Pooled separate accounts	23,322			
Total assets at measurement date	\$ 59,115			

Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts

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included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the accompanying consolidated balance sheets.

Pooled separate accounts (PSA) include investments in large and small cap funds that invest mainly in domestic equity and a real estate fund. The PSAs can be redeemed at NAV as of the measurement date, redeemed on a daily basis, and unfunded commitments are not applicable to PSAs. The Corporation has determined that the PSAs do not have a readily determinable fair value. At March 31, 2023 and 2022, the timing of liquidation of these assets and the date when restrictions on redemption might lapse are unknown.

Note 20: Disclosures About Fair Value of Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- Level 3** Unobservable inputs supported by little or no market activity and significant to the fair value of the assets

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Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31:

	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2023				
Financial assets				
Equities – domestic	\$ 190,136	\$ 190,136	\$ -	\$ -
Equities – international	122,473	122,473	-	-
Money market mutual funds	5,025	5,025	-	-
Certificates of deposit	1,957	-	1,957	-
Commodity mutual funds	14,176	14,176	-	-
Other mutual funds	64,849	64,849	-	-
U.S. Treasury and U.S. agency securities	28,111	17,002	11,109	-
Corporate bonds and commercial paper	59,031	42,331	16,700	-
Municipal securities	1,298	-	1,298	-
Beneficial interest in perpetual trust	968	-	-	968
	488,024	\$ 455,992	\$ 31,064	\$ 968
Investments valued at NAV (A)				
Limited partnership	16,240			
Cash and cash equivalents (at cost)	41,594			
Total investments and assets limited as to use	\$ 545,858			
Receivable from supporting organization	\$ 850	\$ -	\$ -	\$ 850

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	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Assets (Level 1)	Significant Other Inputs (Level 2)	Significant Inputs (Level 3)
2022				
Financial assets				
Equities – domestic	\$ 254,812	\$ 254,812	\$ -	\$ -
Equities – international	112,556	112,556	-	-
Money market mutual funds	5,265	5,265	-	-
Certificates of deposit	841	-	841	-
Commodity mutual funds	17,043	17,043	-	-
Other mutual funds	73,465	73,465	-	-
U.S. Treasury and U.S. agency securities	9,145	6,698	2,447	-
Corporate bonds and commercial paper	91,600	67,035	24,565	-
Beneficial interest in perpetual trust	1,122	-	-	1,122
	565,849	\$ 536,874	\$ 27,853	\$ 1,122
Investments valued at NAV (A) Limited partnership	15,115			
Cash and cash equivalents (at cost)	47,593			
Total investments and assets limited as to use	\$ 628,557			
Receivable from supporting organization	\$ 1,063	\$ -	\$ -	\$ 1,063

(A) Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts included above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the accompanying consolidated balance sheets.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended March 31, 2023. For

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assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include various mutual funds, certain corporate bonds and commercial paper, U.S. Treasury and U.S. agency securities, and exchange-traded equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics, or discounted cash flows. Level 2 investments include certain corporate bonds and commercial paper, U.S. Treasury and U.S. agency securities, and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy.

Alternative Investments

Investments in certain entities measured at fair value using the NAV per share as a practical expedient consisted of the following at March 31:

	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
2023				
Limited partnership	\$ 16,240	\$ -	Quarterly	60 days
2022				
Limited partnership	\$ 15,115	\$ -	Quarterly	60 days

Limited partnerships invest in multi-asset classes – common stocks that are traded on a national securities exchange; fixed income securities, including bank loans, high-yield corporate bonds, and restricted high-yield corporate bonds; and forward foreign currency contracts entered for hedging against fluctuations in foreign exchange rates. The fair values of investments in this category have been estimated using NAV per share of investments at the percentage of the Corporation’s ownership shares, which was 1.42% at March 31, 2023 and 2022. At March 31, 2023 and 2022, the timing of liquidation of these assets and the date when restrictions from redemption might lapse are unknown.

Beneficial Interest in Perpetual Trust

Fair value is estimated at the Corporation’s percentage of the fair value of the underlying assets held in trust. Due to the perpetual existence of the trust, the beneficial interest is classified within Level 3 of the hierarchy.

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Receivable from Supporting Organization

Fair value is estimated at the present value of the future distributions from the supporting organization. Due to the nature of the valuation inputs, the receivable from supporting organization is classified within Level 3 of the hierarchy.

Level 3 Reconciliation

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying consolidated balance sheets using significant unobservable (Level 3) inputs:

	Receivable from Supporting Organization	Beneficial Interest in Perpetual Trust
Balance, April 1, 2021	\$ 15,199	\$ -
Settlement of receivable on acquisition (see <i>Note 2</i>)	(13,985)	-
Acquisition of beneficial interest in perpetual trust	-	1,134
Total realized and unrealized loss included in change in net assets	<u>(151)</u>	<u>(12)</u>
Balance, March 31, 2022	1,063	1,122
Total realized and unrealized loss included in change in net assets	<u>(213)</u>	<u>(154)</u>
Balance, March 31, 2023	<u>\$ 850</u>	<u>\$ 968</u>
Total losses for the period included in change in net assets attributable to the change in unrealized gains or losses related to assets and liabilities still held at the reporting date		
Year ended March 31, 2022	<u>\$ (151)</u>	<u>\$ (12)</u>
Year ended March 31, 2023	<u>\$ (213)</u>	<u>\$ (154)</u>

Note 21: Asset Retirement Obligations

ASC 410, *Asset Retirement and Environmental Obligations*, requires that an asset retirement obligation (ARO) associated with the retirement of a tangible long-lived asset be recognized as a liability in the period in which it is incurred or becomes determinable (as defined by the standard) even when the timing and/or method of settlement may be conditional on a future event.

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The Corporation has AROs arising from regulatory requirements to perform asbestos abatement at the time certain property is disposed of. The liability, included in asset retirement obligations in the accompanying consolidated balance sheets, was initially measured at fair value based upon historical removal costs per square foot applied to assets identified as requiring asbestos abatement and is subsequently adjusted for accretion expense and changes in the amount or timing of the estimated cash flows. The corresponding asset retirement costs are capitalized as part of the carrying amount of the related long-lived asset and depreciated over the asset's useful life. The following table presents the activity for the AROs for the years ended March 31:

	2023	2022
Balance, beginning of year	\$ 1,948	\$ 2,067
Change in estimate and accretion expense	(241)	(119)
Balance, end of year	\$ 1,707	\$ 1,948

Note 22: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Variable Consideration

Estimates of variable consideration in determining the transaction price for resident and patient service revenue are described in *Notes 1* and *12*.

Investments

The Corporation invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets.

Self-Insurance Claims

Estimates related to the accrual for self-insured workers' compensation claims are described in *Notes 1* and *9*.

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Litigation

In the normal course of business, the Corporation is, from time to time, subject to allegations that may or do result in litigation. The Corporation evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of counsel, and an independent actuary with respect to workers' compensation claims, management records an estimate of the amount of ultimate expected loss, if any, for each of these matters. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Regulatory Matters

The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, and reimbursement for patient services. Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. In addition, changes to the regulatory environment could negatively impact the Corporation's consolidated financial position.

Asset Retirement Obligations

As discussed in *Note 21*, the Corporation has recorded a liability for its conditional AROs related to asbestos abatement.

Note 23: Refundable and Amortized Entrance Fees and Deferred Revenue

Entrance fee arrangements apply to 12 of the Corporation's facilities as of March 31, 2023 and 2022. For the right to occupy a unit for life and to receive certain services at these facilities, residents are required to pay an upfront entrance fee. The entrance fee is based upon the type of unit rented and the monthly payment plan selected by the resident. In addition, residents are charged monthly service fees. Service fees are established at the inception of residency and may be increased by the Corporation, provided a 60-day advance notice is given to the resident.

The resident may voluntarily withdraw from the facility upon rendering proper notification. Upon voluntary withdrawal, a repayment of part or all of the entrance fees and monthly care fees may occur.

The following is a summary of the withdrawal clauses:

- If the resident voluntarily withdraws within the first seven days, all amounts will be repaid.

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- If voluntary withdrawal or death occurs within 90 days of the contract date, an amount equal to the entrance fee and the monthly care fee, less any amounts used to care for the resident during the time of the residency, will be repaid to the resident, estate, trust, heirs, or representatives.
- For amortized contracts, if voluntary withdrawal occurs subsequent to the 90-day period, the amount repaid shall be equal to the entrance fee, less an amount amortized on a basis ranging from 60 to 67 months from the date of the agreement. If voluntary withdrawal occurs after the “amortization period,” as defined in the resident contract, no repayment shall be awarded. If death occurs more than 90 days after the contract date, entrance fees are either retained by the Corporation or partially refunded based upon the individual facility’s contracts.
- For repayable contracts, upon withdrawal of a resident for any reason subsequent to the 90-day period, the repayable percentage of the entrance fee will be repaid to the resident, estate, trust, heirs, or representatives within 14 calendar days of the Corporation’s receipt of a new entrance fee or, in certain circumstances, monthly fee contract for the unit.

The estimated amount of entrance fees expected to be repaid to current residents within one year totaled \$21,674 and \$19,351 at March 31, 2023 and 2022, respectively, and is recorded as current other accrued expenses in the accompanying consolidated balance sheets. These estimates are based on the Corporation’s historical repayment experience and the Corporation’s repayment policy. At March 31, 2023 and 2022, \$142,361 and \$155,834, respectively, is contractually repayable under these agreements, which represents the amount due to residents if all residents were to cancel their contracts at that date based on the repayment policies above. The contractually repayable amount, net of estimated repayable entrance fees described above, is included in refundable entrance fees and deferred revenue from entrance fees in the accompanying consolidated balance sheets.

Entrance fees subject to refund or reoccupancy and actual refunds disbursed as of and for the year ended March 31, 2023 are \$205,864 and \$19,809, respectively. Entrance fees subject to refund or reoccupancy and actual refunds disbursed as of and for the year ended March 31, 2022 are \$208,952 and \$18,440, respectively.

Note 24: Leases

Nature of Leases

The Corporation has entered into the following operating lease arrangements:

The Corporation has certain leases with related parties, which are eliminated in the accompanying consolidated financial statements. See *Note 1* for further description of these leases.

The Corporation has leases for office space at various locations that expire in various years through 2038. These leases generally contain renewal options for periods ranging from 5 to 10 years and require the Corporation to pay all executory costs (property taxes, maintenance, and insurance).

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Lease payments are based on a fair value cost per square foot. Termination of the lease is generally prohibited unless there is a violation under the lease agreement.

The Corporation has certain other operating leases, including leases with expected lease terms of less than 12 months, for various equipment, vehicles, and space that are not material at March 31, 2023 and 2022.

Accounting Policies

The Corporation determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of right-of-use (ROU) assets and lease liabilities on the accompanying consolidated balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease measured on a discounted basis. The Corporation determines lease classification as operating or finance at the lease commencement date.

The Corporation combines lease and nonlease components, such as common area and other maintenance costs, in calculating the ROU assets and lease liabilities for its office buildings and equipment.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Corporation has made a policy election to use a risk-free rate (the rate of a zero-coupon U.S. Treasury instrument) for the initial and subsequent measurement of all lease liabilities. The risk-free rate is determined using a period comparable with the lease term.

The lease term may include options to extend or terminate the lease that the Corporation is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Corporation has elected not to record leases with an initial term of 12 months or less on the accompanying consolidated balance sheets. Lease expense on such leases is recognized on a straight-line basis over the lease term.

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Quantitative Disclosures

The lease cost and other required information for the years ended March 31 are:

	<u>2023</u>	<u>2022</u>
Operating lease cost	\$ 2,101	\$ 2,234
Short-term lease cost	<u>1,510</u>	<u>535</u>
Total lease cost	<u>\$ 3,611</u>	<u>\$ 2,769</u>
Other required information		
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	\$ 2,528	\$ 2,617
ROU assets obtained in exchange for new operating lease liabilities	\$ 898	\$ 141
Weighted-average remaining lease term		
Operating leases	6.72 years	7.27 years
Weighted-average discount rate		
Operating leases	4.2%	4.2%

Future minimum lease payments and reconciliation to the accompanying consolidated balance sheet at March 31, 2023 are as follows:

	<u>Operating Leases</u>
2024	\$ 2,342
2025	1,470
2026	1,305
2027	1,268
2028	1,231
Thereafter	<u>3,921</u>
	11,537
Less interest	<u>1,745</u>
Operating lease liabilities	<u>\$ 9,792</u>

Supplementary Information

Front Porch Communities and Services
Consolidating Schedule – Balance Sheet Information
March 31, 2023
(In Thousands)

Assets

	Obligated Group	Foundation	Affordable Housing	Eliminations	Consolidated
Current Assets					
Cash and cash equivalents	\$ 13,097	\$ 4,714	\$ 36,572	\$ -	\$ 54,383
Short-term investments	6,974	727	-	-	7,701
Assets limited as to use – required for current liabilities	15,285	-	119	-	15,404
Resident and patient accounts receivable	12,321	-	2,461	-	14,782
Prepaid expenses and other	10,335	620	1,154	-	12,109
Intercompany receivables	6,123	-	-	(6,123)	-
Total current assets	<u>64,135</u>	<u>6,061</u>	<u>40,306</u>	<u>(6,123)</u>	<u>104,379</u>
Investments					
Assets limited as to use, net of current portion	9,350	30,561	18,266	-	58,177
Long-term investments	446,804	18,840	479	(1,547)	464,576
Total investments	<u>456,154</u>	<u>49,401</u>	<u>18,745</u>	<u>(1,547)</u>	<u>522,753</u>
Property and Equipment, Net	<u>922,123</u>	<u>12</u>	<u>271,871</u>	<u>(25)</u>	<u>1,193,981</u>
Other Assets					
Receivable from supporting organization	850	-	-	-	850
ROU assets – operating leases	8,811	-	2,149	(2,149)	8,811
Other receivables	471	748	-	-	1,219
Other assets	11,620	-	4,262	-	15,882
In-place leases	52,376	-	-	-	52,376
Net pension asset	4,031	-	-	-	4,031
Total other assets	<u>78,159</u>	<u>748</u>	<u>6,411</u>	<u>(2,149)</u>	<u>83,169</u>
Total assets	<u>\$ 1,520,571</u>	<u>\$ 56,222</u>	<u>\$ 337,333</u>	<u>\$ (9,844)</u>	<u>\$ 1,904,282</u>

Liabilities and Net Assets

Current Liabilities					
Current maturities of long-term debt	\$ 8,560	\$ -	\$ 406	\$ -	\$ 8,966
Current portion of operating lease liabilities	1,964	-	114	(114)	1,964
Accounts payable	22,636	51	1,245	(58)	23,874
Accrued payroll and related expenses	15,656	-	763	-	16,419
Intercompany payables	-	2,809	3,277	(6,086)	-
Accrued interest	6,632	-	13	-	6,645
Other accrued expenses	23,857	13	1,206	-	25,076
Total current liabilities	<u>79,305</u>	<u>2,873</u>	<u>7,024</u>	<u>(6,258)</u>	<u>82,944</u>
Other Liabilities					
Asset retirement obligations	1,707	-	-	-	1,707
Accrued workers' compensation	5,848	-	266	-	6,114
Operating lease liabilities	7,828	-	2,035	(2,035)	7,828
Other accrued liabilities	11,824	5,038	3,095	-	19,957
Refundable entrance fees	120,687	-	-	-	120,687
Deferred revenue from entrance fees	239,011	-	-	-	239,011
Long-term debt	409,727	-	48,175	(1,075)	456,827
Total liabilities	<u>875,937</u>	<u>7,911</u>	<u>60,595</u>	<u>(9,368)</u>	<u>935,075</u>
Net Assets					
Without donor restrictions	642,950	14,731	276,534	(476)	933,739
With donor restrictions	1,684	33,580	204	-	35,468
Total net assets	<u>644,634</u>	<u>48,311</u>	<u>276,738</u>	<u>(476)</u>	<u>969,207</u>
Total liabilities and net assets	<u>\$ 1,520,571</u>	<u>\$ 56,222</u>	<u>\$ 337,333</u>	<u>\$ (9,844)</u>	<u>\$ 1,904,282</u>

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Consolidating Schedule – Statement of Operations Information
Year Ended March 31, 2023
(In Thousands)

	Obligated Group	Foundation	Affordable Housing	Eliminations	Consolidated
Revenues, Gains, and Other Support Without Donor Restrictions					
Resident and patient service revenue	\$ 312,209	\$ -	\$ -	\$ (202)	\$ 312,007
Amortization of entrance fees	37,371	-	-	-	37,371
Affordable housing fees and rents	-	-	31,053	-	31,053
Other	1,395	103	1,128	(130)	2,496
Net assets released from restrictions used for operations	189	3,015	-	-	3,204
	<u>351,164</u>	<u>3,118</u>	<u>32,181</u>	<u>(332)</u>	<u>386,131</u>
Expenses					
Medical services	84,502	-	722	(20)	85,204
Facility operating costs	41,431	-	6,531	-	47,962
Dietary services	57,177	-	115	(182)	57,110
Residential services	29,070	-	3,515	-	32,585
Administrative services	71,068	17	8,001	(55)	79,031
Depreciation	64,699	-	6,130	-	70,829
Amortization of deferred costs	243	-	29	-	272
Interest expense and other financing costs	11,979	-	1,398	-	13,377
Program expenses	-	4,272	-	(850)	3,422
Other	7,858	2	1,249	(195)	8,914
	<u>368,027</u>	<u>4,291</u>	<u>27,690</u>	<u>(1,302)</u>	<u>398,706</u>
Operating Income (Loss) Before Other Operating Activities	<u>(16,863)</u>	<u>(1,173)</u>	<u>4,491</u>	<u>970</u>	<u>(12,575)</u>
Other Operating Activities					
COVID-19-related expenses	(1,539)	-	(9)	-	(1,548)
Amortization of acquired intangible assets and other	(10,401)	-	-	-	(10,401)
	<u>(11,940)</u>	<u>-</u>	<u>(9)</u>	<u>-</u>	<u>(11,949)</u>
Operating Income (Loss)	<u>(28,803)</u>	<u>(1,173)</u>	<u>4,482</u>	<u>970</u>	<u>(24,524)</u>
Other Income (Expense)					
Investment return, net	(31,639)	(1,524)	186	-	(32,977)
Other components of net periodic benefit cost	1,910	-	-	-	1,910
	<u>(29,729)</u>	<u>(1,524)</u>	<u>186</u>	<u>-</u>	<u>(31,067)</u>
Excess (Deficiency) of Revenues over Expenses	<u>(58,532)</u>	<u>(2,697)</u>	<u>4,668</u>	<u>970</u>	<u>(55,591)</u>
Contributions from Affiliates	<u>10,738</u>	<u>-</u>	<u>-</u>	<u>(10,738)</u>	<u>-</u>
Change in Pension Benefit Obligation	<u>(1,380)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(1,380)</u>
Increase (Decrease) in Net Assets Without Donor Restrictions	<u>\$ (49,174)</u>	<u>\$ (2,697)</u>	<u>\$ 4,668</u>	<u>\$ (9,768)</u>	<u>\$ (56,971)</u>

ANNUAL REPORT CHECKLIST

FISCAL YEAR ENDED: 03/31/23

PROVIDER(S):

Front Porch Communities & Services

CCRC(S):

PROVIDER CONTACT PERSON:

Marie Hayrapet

TELEPHONE NUMBER:

818-254-4126

E-MAIL ADDRESS:

mhayrapet@frontporch.net

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

- Annual Report Checklist.
- Annual Provider Fee in the amount of: \$ 132,329.07
 - 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.

Front Porch
Fiscal Year End 3/31/23
Rent Payments
74385 - Rent

FY23

Reserve Report - Form 5-3

	Amount
Kingsley Manor - Parking Lot	201,732.00
Corporate -Office Rent	994,740.92
CARING	117,709.20
England Oaks	565,407.44
Cecil Pines	176,337.74
Vista del Monte - Parking Lot	43,125.00
Community Service	21,987.24
Webster	40,230.00
	<hr/>
	2,161,269.54

Source: Rent Form 5-3 Line 3-2022

Front Porch
 Reconciliation from Forms 5-1 and 5-2 to Financial Statements
 March 31, 2023

<u>Form 5-1 & 5-2</u>		<u>Interest</u>	<u>Principal</u>	
Interest Paid During Fiscal Year		13,873,028		
Credit Enhancement Premiums Paid		-		
Principal Payments			7,875,000	
Total Principal & Interest Paid and Credit Enhancement Premium Paid	Form 5-1 & 5-2	13,873,028	7,875,000	

<u>Not Included on Form 5-1 & 5-2</u>		<u>Interest</u>	<u>Principal</u>	<u>Explanation</u>
Affordable debt		1,668,000	238,000	

	Subtotal	1,668,000	238,000	
	Interest, Principal & Other Financing Costs Reconciled to Cash Flow	15,541,028	8,113,000	
		15,541.03	8,113.00	
	FS	15,541	8,113	
		0	-	rounding

CALCULATION OF ANNUAL PROVIDER FEE

Line		Carlsbad	Claremont	Sunny View	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St Paul's Tower	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webste House	Friends House	Total
(1)	Total Operating Expense	19,429,000	20,395,000	18,897,000	24,696,000	13,628,600	17,858,000	14,067,000	24,138,000	643,000	38,489,000	30,860,000	15,766,000	4,521,000	243,387,600
[a]	Depreciation	3,319,000	3,152,000	2,922,000	4,203,000	2,476,000	3,912,000	1,902,000	5,222,000	-	7,758,000	7,182,000	850,000	785,000	43,683,000
[b]	Debt Service (Interest Only)	205,000	672,000	87,000	202,000	105,000	2,934,000	-	-	-	-	-	-	-	4,205,000
	<small>*Source: "Recon to FS" Tab (Row 30 - Cash Pd for Int)</small>														
(2)	Subtotal (add Line 1a and 1b)	3,524,000	3,824,000	3,009,000	4,405,000	2,581,000	6,846,000	1,902,000	5,222,000	-	7,758,000	7,182,000	850,000	785,000	47,888,000
(3)	Subtract Line 2 from Line 1 and enter result.	15,905,000	16,571,000	15,888,000	20,291,000	11,047,600	11,012,000	12,165,000	18,916,000	643,000	30,731,000	23,678,000	14,916,000	3,736,000	195,499,600
(4)	Percentage allocated to continuing care residents (Form 1-1, Line 11)	88%	1%	39%	68%	44%	99%	37%	89%	100%	95%	97%	33%	91%	
(5)	Total Operating Expense of Continuing Care Residents (multiply Line 3 by Line 4)	14,033,824	108,781	6,175,734	13,766,199	4,817,750	10,896,992	4,557,048	16,895,845	643,000	29,155,051	22,893,713	4,972,000	3,413,136	
(6)	Total Amount Due (multiply Line 5 by .001)	14,033.82	108.78	6,175.73	13,766.20	4,817.75	10,896.99	4,557.05	16,895.84	643.00	29,155.05	22,893.71	4,972.00	3,413.14	132,329.07

PROVIDER: Front Porch Communities & Services

COMMUNITY: