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

Line	Continuing Care Residents	TOTAL
[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 all 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
Line	FORM 1-2 <u>ANNUAL PROVIDER FEE</u>	TOTAL
[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 x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$14,034
PROVIDE	Front Porch Communities & Services	
COMMUN	Carlsbad by the Sea	

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[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

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$18,897,000
[a]	Depreciation \$2,922,000	
[b]	Debt Service (Interest Only) \$87,000	
[2]	Subtotal (add Line 1a and 1b)	\$3,009,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$15,888,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	39%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$6,175,734
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$6,176
PROVIDER	Front Porch Communities & Services	

COMMUNIT Sunny View Reirement Community

Line	Continuing Care Residents	TOTAL
[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 all 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
Line	FORM 1-2 <u>ANNUAL PROVIDER FEE</u>	TOTAL
[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
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$13,766
ROVIDER	Front Porch Communities & Services	

COMMUNIT Villa Gardens

Line	Continuing Care Residents	TOTAL
[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 all 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
T :	FORM 1-2 <u>ANNUAL PROVIDER FEE</u>	TOTAL
Line		TOTAL
[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
PROVIDE	Front Porch Communities & Services	

COMMUNI Vista del Monte

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$17,858,000
[a]	Depreciation \$3,912,000	ĺ
[b]	Debt Service (Interest Only) \$2,934,000	ĺ
[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 x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$10,897
PROVIDE	Front Porch Communities & Services	

PROVIDEF Front Porch Communities & Services

COMMUNI Walnut Village

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[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
PROVIDE	Front Porch Communities & Services	

COMMUNI Canterbury Woods

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[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
PROVIDE	Front Porch Communities & Services	

COMMUNI St. Paul's Towers

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$643,000
[a]	Depreciation \$0	
[b]	Debt Service (Interest Only) \$0	
[2]	Subtotal (add Line 1a and 1b)	\$0
[3]	Subtract Line 2 from Line 1 and enter result.	\$643,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	100%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$643,000
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$643
PROVIDE	Front Porch Communities & Services	

PROVIDEF Front Porch Communities & Services

COMMUNI Los Gatos Meadows (Outplaced)

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	THUISTE I ROVIDER I EE	TOTAL
[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
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$29,155
PROVIDE	Front Porch Communities & Services	ı

COMMUNI Spring Lake Village

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[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
PROVIDE	Front Porch Communities & Services	

COMMUNI San Francisco Towers

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$15,766,000
[a]	Depreciation \$850,000	I
[b]	Debt Service (Interest Only)	l
[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 x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$4,972
PROVIDE	Front Porch Communities & Services	

PROVIDEF Front Porch Communities & Services

COMMUNI Webster House

Line	Continuing Care Residents	TOTAL
[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 all 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	
Line	ANNUAL PROVIDER FEE	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$4,521,000
[a]	Depreciation \$785,000	
[b]	Debt Service (Interest Only)	I
[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
PROVIDE	Front Porch Communities & Services	

PROVIDEF Front Porch Communities & Services

COMMUNI Friends House

Part 2

Certification by Chief Executive Officer

Health and Safety Code Section 1790



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.

Seán Kelly

Chief Executive Officer

JMW:tp

Encl.



110 N. Elgin Avenue, Suite 400 / Tulsa, OK 74120 **P** 918.584.2900 / **F** 918.584.2931 **forvis.com**

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



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.

certificate does not confer rights to the	certif	icate	holder in lieu of such er					
PRODUCER				CON	NTACT Ur	nderwriting Ass	ociate	
Caring Communities Shared Services LTD					SNE	7-549-8225	FAX (A/C, No): 847-5	549-8095
1850 W. Winchester Road				(A/C	AII)49-0093
Suite 109 Libertyville IL	6	0048		ADD	ÖRESS: Ce	ertificates@car	ingcomm.org	
Libertyville	0	0046			INSURE	ER(S) AFFORD	DING COVERAGE	NAIC #
INSURED Front Porch Communities and Sei	vices			INSI	URER A: Caring	g Communities	, A Reciprocal RRG	12373
Alhambra Services Corporation				INSI	URER B:			
800 N. Brand Blvd., 19th Floor				INSI	URER C:			
Glendale		CA	91203	INSI	URER D:			
				INSI	URER E:			
COVERAGES CE	RTIFIC	ATE	NUMBER:				REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIES	O THE INSURE	D NAMED ABOVE FOR TH	E POLICY PERIOD					
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH P	PERTA	dΝ, Τ	HE INSURANCE AFFORDE	ED B	Y THE POLICIE	ES DESCRIBED		
INSR LTR TYPE OF INSURANCE	ADD'L INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	į
A X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024		\$ 1,000,000.00
CLAIMS MADE X OCCUR				.:::4. /			DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000.00
X PL/ML–Claims Made			Includes Management Liab	•			MED EXP (Any one person)	\$ _
				75,000 50,000			PERSONAL & ADV INJURY	,,
GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	
OTHER:								\$ 75,000.00
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
ANY AUTO							BODILY INJURY (Per person)	\$
ALL OWNED SCHEDULED AUTOS SCHEDULED							BODILY INJURY (Per accident)	\$
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
							\$	\$
A			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00
A UMBRELLA LIAB X OCCUR-GL			*Sublimits apply				AGGREGATE PL/GL	15,000,000.00
X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00
							*EMP BEN	0,000,000.00
DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$,,
X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER	
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	<u> </u>
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	•
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	j
OTHER								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH 12/16/2022 14:09:50	ICLES (ACORI	D 101, Additional Remarks Sche	dule, r	may be attached if	f more space is rec	quired)	
12/10/2022 14:09:30								
CERTIFICATE HOLDER				CAI	NCELLATION			
Alhambra Services Corporation							ESCRIBED POLICIES BE CA	
800 N. Brand Blvd., 19th Floor							EREOF, NOTICE WILL BE Y PROVISIONS.	- DELIVERED IN
Glendale			CA 91203	^`			1.0 1101010.	
Gieriuale		'	UA 31203	AUT	HORIZED REPRE	SENTATIVE		
				Sta a. Nagle				
				Sta G. Ragle				



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

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SUI	BROGATION IS WAIVED, subject to t tificate does not confer rights to the	he tern	ns a	nd conditions of the poli holder in lieu of such en	icy, d	certain policie sement(s).	es may require	an end	orsement. A state	ment on this
_	DUCER				CON	NTACT Ur	nderwriting Ass	ociate		
	ng Communities Shared Services LTD W. Winchester Road					NIE.	7-549-8225		FAX (A/C, No): 847-5	49-8095
	e 109				E-M	AlL	ertificates@cari	nacomn		
1	rtyville IL	60	048		ADE	JALOU.	ER(S) AFFORD			NAIC #
	Frant Banch Communities and Com				INICI		Communities,			12373
	RED Front Porch Communities and Ser any Center Senior Housing, Inc.	vices				URER B:	g Communices,	A IVECIL	DIOCAI NING	12373
	any Center Senior Housing				<u> </u>	URER C:				
	Capp Street					URER D:				
San	Francisco		CA	94110	-	URER E:				
COV	/ERAGES CEF	RTIFIC	ATE	NUMBER:				REVISION	ON NUMBER:	
INE CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH P	QUIREN PERTAI	MENT N, T	T, TERM OR CONDITION (HE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	TO WHICH THIS
INSR	TYPE OF INSURANCE	ADD'L S	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSR	VV V D	CCDDDC 0000 00		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O	CCURRENCE \$	1,000,000.00
	CLAIMS MADE X OCCUR			CCRRRG-0002-23		01/01/2023	01/01/2024		TO RENTED	, ,
	X PL/ML–Claims Made			Includes Management Liab	oility				ES (Ea occurrence) P (Any one person)	
					5,000			PERSON	IAL & ADV INJURY \$	1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5	0,000 5,000			GENERA	L AGGREGATE \$	3,000,000.00
	X POLICY PRO- JECT LOC			I Iddolary Sirk per Glaim V	0,000			PRODUC	CTS - COMP/OP AGG	incl
	OTHER:								SIR Per Claim	75,000.00
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT [\$	
	ANY AUTO							BODILY I	NJURY (Per person) \$	
	ALL OWNED SCHEDULED AUTOS								NJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPER (Per accid	TY DAMAGE gent)	
									\$	
				CCRRRG-0002-23		01/01/2023	01/01/2024	EACH O	CCURRENCE PL/GL \$	10,000,000.00
Α	UMBRELLA LIAB X OCCUR-GL			*Sublimits apply				AGGREG	SATE PL/GL \$	15,000,000.00
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO		6,000,000.00
	DEDUCTIBLE							*EMP I		5,000,000.00
	X RETENTION \$ 0								0&O (Occur&Aggr) \$ CIARY (Occur&Aggr) \$	10,000,000.00 5,000,000.00
	WORKERS COMPENSATION AND							PE	R OTH-	3,000,000.00
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								ATUTE ER	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							H ACCIDENT \$ EASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT \$	
-	OTHER							L.L. DISL	LAGE - POLICT LIMIT \$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (A	CORE	D 101, Additional Remarks Sche	dule, i	may be attached if	more space is req	uired)		
12/	16/2022 14:09:52									
L	TIEICATE HOLDER				C 4 1	NCELL ATION				
CER	RTIFICATE HOLDER				UΑ.	NCELLATION				
	and a second of the second of the second of				SI	HOULD ANY OF	THE ABOVE DI	ESCRIBE	D POLICIES BE CA	NCELLED BEFORE
Bethany Center Senior Housing									NOTICE WILL BE	DELIVERED IN
	80 Capp Street		^{A(}	CCORDANCE W	ITH THE POLICY	Y PROVIS	SIONS.			
l s	an Francisco	CA 94110	A117	HORIZED REPRE	SENTATIVE					
					401	ווטתובט מברמב:			>	
							Sta	a. Kagle	_	



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

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cer	tificate does not confer rights to the	certif	icate	holder in lieu of such en	dors	ement(s).	, ,				
	DUCER				CON	ITACT Ur	nderwriting Asso	ociate			
	ng Communities Shared Services LTD					NIE .	7-549-8225		FAX (A/C, No): 847-	549-8095	;
) W. Winchester Road				(A/C	ΛII				349-0090	,
	e 109	6	0048		ĀDD	RESS: Ce	ertificates@cari	ngcomn	n.org		
Libe	rtyville IL		0046			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC	#
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	g Communities,	A Recip	procal RRG	1237	3
	fornia Lutheran Homes				INSU	JRER B:					
	N. Brand Blvd., 19th Floor				INSU	JRER C:					
Gler	ndale		CA	91203	INSU	JRER D:					
					INSU	JRER E:					
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INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	EMEN ⁻ AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO W	HICH THIS
INSR	TYPE OF INSURANCE	ADD'L	SUBR			POLICY EFF	POLICY EXP		LIMIT		
LTR ^		INSR	WVD	FOLICT NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O			000 000 00
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE TO RENTED	•	,000,000.00
	CLAIMS MADE X OCCUR			Includes Management Liab	ility			PREMISE	ES (Ea occurrence)	\$	300,000.00
	X PL/ML–Claims Made			1	5,000				` , . ,	\$	-
					0,000				IAL & ADV INJURY		,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC			Fiduciary SIR per Claim \$	5,000				L AGGREGATE CTS - COMP/OP AGG	\$ 3 \$	00.000,000,
	JECT L									\$ \$	75.000.00
	OTHER:								SIR Per Claim ED SINGLE LIMIT	•	75,000.00
	ANY AUTO							(Ea accid	ent)	\$	
	ALL OWNED SCHEDULED								` ' '	\$	
	NON OWNED								NJURY (Per accident) TY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accid	dent)	\$ \$	
								EACH O	CCURRENCE PL/GL	-	000 000 00
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024				,000,000.00
'`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					DATETEOL	. 10	,000,000.00
	X LACESS LIAB X							*AUTO	'	, ,	,000,000.00
	DEDUCTIBLE							*EMP E			,000,000.00
	X RETENTION \$ 0								CIARY (Occur&Aggr)		,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE	R TOTH-	, ,	,000,000.00
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								ATUTE ER	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							H ACCIDENT EASE - EA EMPLOYEE	•	
	If yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT		
	OTHER							E.L. DISE	EASE - POLICY LIMIT	D	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (ACORI	D 101. Additional Remarks Sche	dule. r	nav be attached if	more space is req	uired)			
	16/2022 14:09:55			,	,	,		,			
CEF	RTIFICATE HOLDER				CAI	NCELLATION					
	California Lutheran Homes								ED POLICIES BE CA		
8	00 N. Brand Blvd., 19th Floor						ITH THE POLICY		NOTICE WILL B SIONS.	L DELIV	LIVED IIN
	Glendale			CA 91203	L						
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	Cha a. Tryle										



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

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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this			
_	DUCER				CON	ITACT Un	nderwriting Asso	ociate				
	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095			
	0 W. Winchester Road e 109				E-MA	AIL O	ertificates@cari	(A/C, NO).	0 0000			
	ertyville IL	6	0048		ADD							
						INSURE	R(S) AFFORD	ING COVERAGE	NAIC #			
	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373			
	nt Porch Communities and Services				INSL	JRER B:						
	terbury Woods Sinex Avenue				INSL	JRER C:						
	ific Grove		CA	93950		JRER D:						
					INSURER E:							
				NUMBER:	REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD							
INI CE EX	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICIE	EMENT AIN, T ES. LIN	T, TERM OR CONDITION (THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS			
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
	X PL/ML–Claims Made			Includes Management Liab	٠			MED EXP (Any one person) \$	-			
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$ 5				GENERAL AGGREGATE \$	3,000,000.00			
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl			
	OTHER:							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00			
	ANY AUTO							(Ea accident)				
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	HIPED ALITOS NON-OWNED							PROPERTY DAMAGE				
	AUTOS							(Per accident) \$				
						0.4.10.4.100.00	0.4/0.4/0.004	EACH OCCURRENCE PL/GL \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00			
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Subilifiles apply				*AUTO \$	6,000,000.00			
								*EMP BEN \$	5,000,000.00			
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00			
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00			
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$				
	OTHER							E.L. DISEASE - POLICY LIMIT \$				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Scheo	dule, n	nay be attached if	more space is req	uired)				
12/	/16/2022 14:09:59											
CEF	RTIFICATE HOLDER				CAN	NCELLATION						
					QL.	10111 D VVIA UE	THE AROVE DE	ESCRIBED POLICIES BE CAN	CELLED BEEODE			
(Canterbury Woods							REOF, NOTICE WILL BE				
6	51 Sinex Avenue						TH THE POLICY					
F	Pacific Grove		(CA 93950								
					AUTHORIZED REPRESENTATIVE							
				fra 9. nagle								



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

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ce	rtificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
	DUCE					CON	NTACT Ur	nderwriting Ass	ociate		
	_	Communities Shared Services LTD . Winchester Road				_	NIE.	7-549-8225	FAX (A/C, No): 847-5	49-8095	
	e 10						ΛII	ertificates@cari	•		
Libe	ertyv	ille IL	6	0048		ADL			DING COVERAGE	NAIC #	
INSL	IRFD	Front Porch Communities and Ser	vices			INSI	JRER A: Carino	Communities,	, A Reciprocal RRG	12373	
1		6 Housing Ministries, Inc.	*1000				JRER B:	,	, I -		
800	N. E	Brand Blvd., 19th Floor				INSI	JRER C:				
Gle	ndal	e		CA	91203	_	JRER D:				
						-	JRER E:				
CO	VFR	AGES CER	RTIFIC	CATE	NUMBER:				REVISION NUMBER:	l	
		S TO CERTIFY THAT THE POLICIES				/E BI	EEN ISSUED T			E POLICY PERIOD	
IN CE	DICA RTII	TED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH P	QUIRI PERTA	EMEN ⁻ AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICII	T OR OTHER DES DESCRIBED	DOCUMENT WITH RESPECT	TO WHICH THIS	
INSR LTR		TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	Х	COMMERCIAL GENERAL LIABILITY	INSK	WVD	000000000000000000000000000000000000000				EACH OCCURRENCE \$	1,000,000.00	
		CLAIMS MADE X OCCUR			CCRRRG-0002-23		01/01/2023	01/01/2024	DAMAGE TO RENTED	300,000.00	
	Х	PL/ML–Claims Made			Includes Management Liab	oility			PREMISES (Ea occurrence) MED EXP (Any one person) \$	· · · · · · · · · · · · · · · · · · ·	
						5,000			PERSONAL & ADV INJURY \$	1,000,000.00	
	GEI	N'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$	5,000			GENERAL AGGREGATE \$	3,000,000.00	
	Х	POLICY PRO- JECT LOC			I luuciary Sirk per Claim \$	5,000			PRODUCTS - COMP/OP AGG \$	incl	
		OTHER:							PL/GL SIR Per Claim \$	75,000.00	
	ΑU	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$		
		ANY AUTO							BODILY INJURY (Per person) \$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$;	
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$;	
									\$	i e	
					CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00	
A		UMBRELLA LIAB X OCCUR-GL			*Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00	
	Х	EXCESS LIAB X CLAIMS MADE-PL/ML			Cazimino appiy				*AUTO \$	6,000,000.00	
		1							*EMP BEN \$	5,000,000.00	
	_	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$,,	
L	X WC	RETENTION \$ 0 RKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00	
	I EM	PLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER		
	OF	FICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	lf ye	Indatory in NH) es, describe under							E.L. DISEASE - EA EMPLOYEE \$		
<u> </u>	-	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$		
	ОП	HER									
		TION OF OPEN TIONS / CONTIONS / VEI		(1000)	2404 4 1 11111 1 1 2 1 2 1						
		PTION OF OPERATIONS / LOCATIONS / VEHI 2022 14:10:01	ICLES ((ACORI	D 101, Additional Remarks Sche	auie, i	may be attached if	r more space is req	quirea)		
'-	101	2022 11.10.01									
CEI	RTIF	ICATE HOLDER				CA	NCELLATION				
(CAR	ING Housing Ministries, Inc.							ESCRIBED POLICIES BE CA EREOF, NOTICE WILL BE		
8	300	N. Brand Blvd., 19th Floor						/ITH THE POLIC		DELIVERED III	
		dale			CA 91203						
					-	AUT	HORIZED REPRE				
									La Drave		
Cfa a. Kayle											



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

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cer	tificate does not confer rights to the	certif	icate	holder in lieu of such en	dors	ement(s).	, ,				
	DUCER				CON	ITACT Ur	nderwriting Asso	ociate			
	ng Communities Shared Services LTD W. Winchester Road						7-549-8225		FAX (A/C, No): 847-	549-8095	
	e 109				E-M	A II	ertificates@cari	ngcomn			
Libe	rtyville IL	6	0048				R(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices			INSU	JRERA: Caring	Communities,	A Recip	orocal RRG	12373	
	at Porch Communities and Services				INSL	JRER B:	,				
Carl	sbad By The Sea Care Center					JRER C:					_
285	5 Carlsbad Blvd.					JRER D:					_
Carl	sbad		CA	92008		JRER E:					_
CO	/ERAGES CEI	RTIFIC	CATE	NUMBER:				REVISION	ON NUMBER:		
TH	IS IS TO CERTIFY THAT THE POLICIES	OF I	NSUR	ANCE LISTED BELOW HAV	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
CE		PERT	AIN, T	HE INSURANCE AFFORDE	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPEC DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	;	
A	X COMMERCIAL GENERAL LIABILITY	INOIN	1112	CCDDDC 0002 22						1,000,000	.00
	CLAIMS MADE X OCCUR			CCRRRG-0002-23		01/01/2023	01/01/2024		TO RENTED	300.000	00
	X PL/ML–Claims Made			Includes Management Liab	ility				ES (Ea occurrence) P (Any one person)	\$	_
				1 -	5,000				` ' '	1,000,000	.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$	0,000 5,000			GENERA	L AGGREGATE	3,000,000	.00
	X POLICY PRO- JECT LOC			Fiduciary SIR per Claim \$	5,000			PRODUC	CTS - COMP/OP AGG	i	incl
	OTHER:							PL/GL	SIR Per Claim	\$ 75,000.	.00
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT	\$	
	ANY AUTO							_		\$	
	ALL OWNED SCHEDULED AUTOS AUTOS								` ' '	.	
	HIRED AUTOS NON-OWNED AUTOS							PROPER	TY DAMAGE	S	
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				0000000000000		0.1/0.1/0.000	04/04/0004	EACH O	CCURRENCE PL/GL	10,000,000	.00
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREG	SATE PL/GL	15,000,000	
	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					*AUTO		6,000,000	
								*EMP		5,000,000	
	DEDUCTIBLE								&O (Occur&Aggr)		
	X RETENTION \$ 0							*FIDU	CIARY (Occur&Aggr)	5,000,000	.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE ST	R OTH- ATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A							H ACCIDENT	3	_
	(Mandatory in NH)	N/A							ASE - EA EMPLOYEE	3	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISE	ASE - POLICY LIMIT	3	
	OTHER								<u>'</u>		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (ACORI	D 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)			
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DATE (MM/DD/YYYY) 12/16/2022

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	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX (A/C, No): 847-54	19-8095					
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	e 109 ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	I					
	nty viiie i i	J	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #					
INSL	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373					
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INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00					
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00					
	X PL/ML–Claims Made			Includes Management Liab				MED EXP (Any one person) \$	-					
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00					
	JECT L							PRODUCTS - COMP/OP AGG \$	incl					
	OTHER:							PL/GL SIR Per Claim \$	75,000.00					
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$						
	ALL OWNED SCHEDULED													
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$						
	AUTOS							(Per accident) \$						
								EACH OCCURRENCE PL/GL \$	10,000,000.00					
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00					
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Subilifiles apply				*AUTO \$	6,000,000.00					
								*EMP BEN \$	5,000,000.00					
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00					
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00					
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER						
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$						
	OTHER							E.L. DISEASE - POLICY LIMIT						
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DATE (MM/DD/YYYY) 12/16/2022

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	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095			
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	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373			
	nt Porch Communities and Services				INSL	JRER B:						
_	a de Manana Coast Blvd.				INSL	JRER C:						
La J			CA	92037		JRER D:						
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INI CE EX	DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA OLICIE	EMENT AIN, T ES. LIN	T, TERM OR CONDITION (THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	TO WHICH THIS						
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
	X PL/ML–Claims Made			Includes Management Liab	٠			MED EXP (Any one person) \$	-			
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00			
	JECT L							PRODUCTS - COMP/OP AGG \$	incl			
	OTHER: AUTOMOBILE LIABILITY							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00			
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$				
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Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00			
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00			
								*EMP BEN \$	5,000,000.00			
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00			
	X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00			
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							STATUTE ER				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$				
	OTHER							E.L. DISEASE - POLICY LIMIT				
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La Jolla CA 92037						AUTHODITED DEDDESCRITATIVE						
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DATE (MM/DD/YYYY) 12/16/2022

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	DUCER			CONTA	^{ACT} Ur	nderwriting Ass	ociate			
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	IRED Front Porch Communities and Se	rvices		INSUR	RERA: Caring	g Communities,	, A Recip	orocal RRG	12373	
	nt Porch Communities and Services			INSUR	RER B:					
_	cil Pines 19 Lake Cove Ave.			INSUR	RER C:					
	ksonville	F	FL 32221	INSUR						
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INSF	TYPE OF INSURANCE	ADD'L SUI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY		CCRRRG-0002-23		01/01/2023	01/01/2024			\$ 1,000,000	.00
	CLAIMS MADE X OCCUR				01/01/2023	01/01/2024		TO RENTED ES (Ea occurrence)	\$ 300,000	.00
	X PL/ML–Claims Made		Includes Management Liab	, l					\$	_
				75,000 50,000			PERSON	AL & ADV INJURY	\$ 1,000,000	.00
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$ 5						\$ 3,000,000	.00
	X POLICY PRO- JECT LOC						PRODUC	TS - COMP/OP AGG	\$	incl
	OTHER:								\$ 75,000	.00
	AUTOMOBILE LIABILITY						(Ea accid	ED SINGLE LIMIT ent)	\$	
	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
	AUTOS AUTOS							,	\$	
	HIRED AUTOS NON-OWNED AUTOS						(Per accid	ient)	\$	
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l _A	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23	(01/01/2023	01/01/2024		CCURRENCE PL/GL	10,000,000	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE	ASE - POLICY LIMIT	5	
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	scription of operations / locations / vei /16/2022 14:10:39	HICLES (ACC	טאט 101, Additional Remarks Sche	edule, ma	ay be attached if	more space is req	juired)			
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DATE (MM/DD/YYYY) 12/16/2022

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	ring Communities Shared Services LTD				_	7-549-8225		FAX (A/C, No): 847-5	549-8095	
	50 W. Winchester Road te 109			E-MAIL					5-10 0000	
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	nter For Technology Innovation And Well	being		INSUR	ER B:					
	N. Brand Blvd., 19th Floor ndale	0	CA 91203	INSUR	ER C:					
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			TE NUMBER:	REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
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INSF	TYPE OF INSURANCE	ADD'L SUE			POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	IIION WV	CCRRRG-0002-23		01/01/2023	01/01/2024			\$ 1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2023	01/01/2024		FO RENTED S (Ea occurrence)	\$ 300,000.00	
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	If yes, describe under DESCRIPTION OF OPERATIONS below							SE - EA EMPLOYEES	•	
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1	Glendale	CA 91203								
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Fro	nt Porch Communities and Services				INSL	JRER B:				
_	emont Manor Care Center				INSL	JRER C:				
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INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A X COMMERCIAL GENERAL HABILITY						01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR			CCRRRG-0002-23		01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00	
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	OTHER:							PL/GL SIR Per Claim \$	75,000.00	
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$		
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	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
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Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00	
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Subilifiles apply				*AUTO \$	6,000,000.00	
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	X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$		
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	OTHER							E.L. DISEASE - POLICY LIMIT \$		
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	ng Communities Shared Services LTD				PHONE 047 F40 000F FAX 047 F40 000F						
	0 W. Winchester Road e 109				E-M/	AIL O	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADD						
						INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
	nt Porch Communities and Services				INSL	JRER B:					
	emont Manor Harrison Avenue				INSL	JRER C:					
	remont		CA	91711		JRER D:					
					INSL	JRER E:					
				NUMBER:	<u>/_ D</u>	EN IOOUED T		REVISION NUMBER:	DOLLOY DEDICE		
INI CE EX	DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA OLICIE	MENT AIN, T ES. LIN	I, TERM OR CONDITION OF THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	٠			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$ 5				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER: AUTOMOBILE LIABILITY							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00		
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIPED ALITOS NON-OWNED							PROPERTY DAMAGE			
	AUTOS							(Per accident) \$			
				000000000000000000000000000000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Oublinits apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
	OTHER							E.L. DISEASE - POLICY LIVIT			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)			
12/	/16/2022 14:10:49										
CEF	RTIFICATE HOLDER				CAN	NCELLATION					
					C		THE ADOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BETODE		
(Claremont Manor							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
6	550 Harrison Avenue						ITH THE POLICY				
	Claremont		(CA 91711							
					AUT	HORIZED REPRES					
					Sta a. Nagle						



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

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cer	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
-	DUCER				CON	CONTACT Underwriting Associate					
	ng Communities Shared Services LTD		NAME.					_			
) W. Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095						
	e 109	6	0048		ĀDD	RESS: Ce	ertificates@cari	ngcomn	n.org		_
Libe	rtyville IL			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC#			
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	g Communities,	A Recip	orocal RRG	12373	
	nmunity Housing, Inc.				INSU	JRER B:					
	5 N. California Blvd., Suite 215				INSU	JRER C:					
Wal	nut Creek		CA	94596	INSU	JRER D:					
					INSU	JRER E:					
CO	/ERAGES CEI	RTIFIC	CATE	NUMBER:				REVISI	ON NUMBER:	•	
INI	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY	QUIRE	EMEN	r, term or condition (OF A	NY CONTRACT	OR OTHER D	OCUME	NT WITH RESPEC	T TO WHICH THIS	
EX	CLUSIONS AND CONDITIONS OF SUCH P	OLICIE	ES. LIN	MITS SHOWN MAY HAVE BEE		EDUCED BY PA	ID CLAIMS.	TILIXLII		THE TERMO,	
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE TO RENTED	1,000,000.0	<u>)0</u>
	CLAIMS MADE X OCCUR								ES (Ea occurrence)	300,000.0	00
	X PL/ML–Claims Made			Includes Management Liab	· 1					\$	-
					5,000 0,000			PERSON	AL & ADV INJURY	1,000,000.0	00
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50				GENERA	L AGGREGATE	3,000,000.0	00
	X POLICY PRO- JECT LOC			Tradolary One por Olaim +	-,			PRODUC	TS - COMP/OP AGG	in in	ncl
	OTHER:							PL/GL	SIR Per Claim	75,000.0	00
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT	\$	
	ANY AUTO							_		\$	
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY I	NJURY (Per accident)	\$	_
	HIDED ALITOS NON-OWNED							PROPER	TY DAMAGE	S	_
	AUTOS							(Per accid	ient)	B	_
								EACH O	CCURRENCE PL/GL	10,000,000.0	<u></u>
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024			5 15,000,000.0	
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply							
	<u> </u>							*AUTO		6,000,000.0 5,000,000.0	_
	DEDUCTIBLE								&O (Occur&Aggr)		
	X RETENTION \$ 0								CIARY (Occur&Agar)	.0,000,000.0	_
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE	R TOTH-	0,000,000.0	~
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								ATUTE ER		_
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							H ACCIDENT		_
	If yes, describe under DESCRIPTION OF OPERATIONS below								ASE - EA EMPLOYEE		_
	OTHER							E.L. DISE	ASE - POLICY LIMIT	5	_
	OTHER										
											_
	CRIPTION OF OPERATIONS / LOCATIONS / VEH 16/2022 14:10:50	ICLES (ACORI	0 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)			
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	TIEICATE HOLDED				C 4 :	NCELL ATION					
CER	RTIFICATE HOLDER				CAI	NCELLATION					_
					SH	HOULD ANY OF	THE ABOVE DE	ESCRIBE	D POLICIES BE CA	NCELLED BEFORE	
	Community Housing, Inc.									E DELIVERED IN	
2	185 N. California Blvd., Suite 215						ITH THE POLICY				
١	Valnut Creek		(CA 94596							
					AUT	HORIZED REPRE					
									122		
					Ga a. Kagle						



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

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	tificate does not confer rights to the						s may require	an endorsement. A staten	ient on this	
_	DUCER				CONTACT Underwriting Associate					
	ng Communities Shared Services LTD W. Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095					
	e 109				E-M/	VII	ertificates@cari			
	rtyville IL	6	0048		ADD	. 1.200.			NAIC #	
								ING COVERAGE		
	RED Front Porch Communities and Ser	vices					Communities,	A Reciprocal RRG	12373	
_	ia Affordable Communities 5 N. California Blvd., Suite 215	-				JRER B:				
	nut Creek	CA 94596				JRER C: JRER D:				
						JRER E:				
CO	/ERAGES CEF	RTIFIC	:ATF	NUMBER:				REVISION NUMBER:		
	IS IS TO CERTIFY THAT THE POLICIES				/E BE	EN ISSUED TO			POLICY PERIOD	
CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	S DESCRIBED			
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00	
	X PL/ML–Claims Made			Includes Management Liab EPLI SIR per Claim \$ 75	5,000			MED EXP (Any one person) \$	-	
					0,000			PERSONAL & ADV INJURY \$	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC			Fiduciary SIR per Claim \$	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00	
	X POLICY FRO- JECT LOC							PL/GL SIR Per Claim \$	75,000.00	
	AUTOMOBILE LIABILITY		\vdash					COMBINED SINGLE LIMIT	73,000.00	
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$		
			<u> </u>					\$		
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00	
_	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				AGGREGATE PL/GL \$	15,000,000.00	
	X LAGESS EIAB X ==							*AUTO \$ *EMP BEN \$	6,000,000.00 5,000,000.00	
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00	
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00	
	EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$		
	DÉSCRIPTION OF OPERATIONS below OTHER							E.L. DISEASE - POLICY LIMIT \$		
	OTHER									
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	L D 101, Additional Remarks Scher	dule, n	nay be attached if	more space is req	uired)		
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CEF	RTIFICATE HOLDER				CAN	NCELLATION				
					<u></u>	1011110 41114 6-	THE ABOVE 5		OF LED DESCRE	
(Covia Affordable Communities							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE		
2	185 N. California Blvd., Suite 215						ITH THE POLICY			
١	Valnut Creek		(CA 94596						
					AUTI	HORIZED REPRES				
					Sta a. Nagle					



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

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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this
_	DUCER				CONTACT Underwriting Associate				
	ing Communities Shared Services LTD 0 W. Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095				
	e 109				E-M/	AIL O	ertificates@cari	(A/C, NO).	
	ertyville IL	6	0048		ADD				NA10 #
							• • •	ING COVERAGE	NAIC #
	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	g Communities,	A Reciprocal RRG	12373
	nt Porch Communities and Services ombroso Oaks					JRER B:			
	60 Poppy Lane					JRER C:			
	Gatos		CA	95030		JRER D:			
	/FDACEC	TIF16	\	NUMBER.	INSU	JRER E:		DEVICION NUMBER.	
	VERAGES CERTIFY THAT THE POLICIES			NUMBER:	/E BE	EN ISSUED TO		REVISION NUMBER:	POLICY PERIOD
INI CE	DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	DF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00
	X PL/ML-Claims Made			Includes Management Liab	, i			MED EXP (Any one person) \$	-
					5,000			PERSONAL & ADV INJURY \$	1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$ 5				GENERAL AGGREGATE \$	3,000,000.00
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl
	OTHER:							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00
	ANY AUTO							(Ea accident) \$	
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$	
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE &	
	AUTOS							(Per accident) \$	
								EACH OCCURRENCE PL/GL \$	10,000,000.00
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00
								*EMP BEN \$	5,000,000.00
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00
	EMPLOYERS' LIABILITY							PER STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
	OTHER								
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Scheo	dule, n	nay be attached if	more space is req	uired)	
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CEF	RTIFICATE HOLDER				CAN	NCELLATION			
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E	El Sombroso Oaks							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE	
1	5860 Poppy Lane						ITH THE POLICY		
	os Gatos		(CA 95030					
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PRO	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095						
	0 W. Winchester Road e 109				E-M	AIL a		•	13-0033		
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	12	Ŭ	00.0			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSU	JRER B:					
	land Oaks				INSU	JRER C:					
	6 England Dr. kandria		LA	71303	INSU	JRER D:					
Ale	Kanuna		LA	7 1303	INSU	JRER E:					
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	EMENT AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	٠,١			MED EXP (Any one person) \$	-		
				EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000				PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3,000,000.00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$			
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
								EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$			
	OTHER							E.L. DISEASE - POLICY LIMIT \$			
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Scher	dule, r	may be attached if	more space is req	uired)			
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CEI	RTIFICATE HOLDER				CAI	NCELLATION					
						10111 5 4451 6=	THE ADOLES	ECODIDED DOLLOISO DE COM	IOTILED DEFORE		
ı	England Oaks							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
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/	Alexandria		I	LA 71303							
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					Sa a. nagle						
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_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD				NAIVIE.						
	0 W. Winchester Road				(A/C, No, Ext): 047-349-0223 (A/C, No): 047-349-0093						
	e 109 ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
LIDE	ityviiie it	U	0040			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSL	RED Front Porch Communities and Ser	vices			INSL	JRERA: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSL	JRER B:					
Fre	dericka Manor Care Center				INSL	JRER C:					
	Third Ave.				INSL	JRER D:					
Chu	la Vista		CA	91910	INSL	JRER E:					
CO	VERAGES CER	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIES										
CE	DICATED. NOTWITHSTANDING ANY REI RTIFICATE MAY BE ISSUED OR MAY I	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	S DESCRIBED				
	CLUSIONS AND CONDITIONS OF SUCH PO				EN RE						
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2020	01/01/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
				EPLI SIR per Claim \$ 75,000 D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000				PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	3,000,000.00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident) \$			
								EACH OCCURRENCE PL/GL \$	40.000.000.00		
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024		10,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				AGGREGATETE/GE	15,000,000.00		
	X 2.0200 2 2 X							*AUTO \$ *EMP BEN \$	6,000,000.00 5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under	117.4						E.L. DISEASE - EA EMPLOYEE\$			
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
	OTHER										
	scription of operations / locations / vehi /16/2022 14:11:07	CLES (ACORI	D 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
12	10/2022 14.11.07										
CEI	RTIFICATE HOLDER				CAN	CELLATION					
					QL.		THE AROVE D	ESCRIBED POLICIES BE CAN	ICELLED BEEODE		
ı	Fredericka Manor Care Center							REOF, NOTICE WILL BE			
·	11 Third Ave.						ITH THE POLICY				
(Chula Vista		(CA 91910							
					AUT	HORIZED REPRES					
								Sa a. hage	_		
					l						



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.

	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this	
_	DUCER				CONTACT Underwriting Associate					
	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C No): 847-54	9-8095	
	0 W. Winchester Road e 109				E-M/	AIL O	ertificates@cari	(A/C, NO).		
	ertyville IL	6	0048		ADD					
						INSURE	R(S) AFFORD	ING COVERAGE	NAIC #	
	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373	
	nt Porch Communities and Services				INSL	JRER B:				
	dericka Manor Third Ave.				INSL	JRER C:				
	la Vista		CA	91910		JRER D:				
					INSU	JRER E:				
				NUMBER:	<u>/_ D</u>	EN IOOUED T		REVISION NUMBER:	DOLLOY DEDICE	
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICIE	MENT AIN, T ES. LIN	I, TERM OR CONDITION OF THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS	
INSR TYPE OF INSURANCE ADD'L SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS										
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00	
	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-	
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00	
	JECT L							PRODUCTS - COMP/OP AGG \$	incl	
	OTHER: AUTOMOBILE LIABILITY							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00	
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$		
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$		
	HIDED ALITOS NON-OWNED							PROPERTY DAMAGE		
	AUTOS							(Per accident) \$		
				000000000000000000000000000000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00	
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23 *Sublimits apply			01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00	
	X EXCESS LIAB X CLAIMS MADE-PL/ML		"Sublimits apply					*AUTO \$	6,000,000.00	
								*EMP BEN \$	5,000,000.00	
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00	
	X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00	
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							STATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
	OTHER							E.L. DISEASE - POLICY LIVIT		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)		
12/	/16/2022 14:11:05									
CEF	RTIFICATE HOLDER				CAN	NCELLATION				
					C		THE ADOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BETODE	
F	redericka Manor							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE		
1	83 Third Ave.					ITH THE POLICY				
	Chula Vista	(CA 91910							
					AUT	HORIZED REPRES				
					Sta a. Mayle					



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.

	tificate does not confer rights to the	S may require	an endorsement. A staten	ient on this							
_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	0 W. Winchester Road e 109				E-M/	AIL O	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADD						
	·					INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	g Communities,	A Reciprocal RRG	12373		
	nt Porch Communities and Services				INSL	JRER B:					
	nds House Benicia Drive				INSL	JRER C:					
	ta Rosa		CA	95409		JRER D:					
					INSU	JRER E:					
				NUMBER:	<u>/_ D</u>	EN IOOUED T		REVISION NUMBER:	DOLLOY DEDICE		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REIRTIFICATE MAY BE ISSUED OR MAY INCLUSIONS AND CONDITIONS OF SUCH PROPERTY.	QUIRE PERTA OLICIE	MENT AIN, T ES. LIN	T, TERM OR CONDITION (THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR TYPE OF INSURANCE ADD'L SUBR POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$ PI /GI SIR Per Claim \$	incl		
	OTHER: AUTOMOBILE LIABILITY							COMPINED SINGLE LIMIT	75,000.00		
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	HIPED ALITOS NON-OWNED							PROPERTY DAMAGE			
	AUTOS							(Per accident) \$			
				000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23 *Sublimits apply			01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML		"Sublimits apply					*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
	OTHER							E.L. DISEASE - POLICY LIMIT			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)			
12/	/16/2022 14:11:17										
CEF	RTIFICATE HOLDER				CAN	NCELLATION					
					C		THE ADOVE D	ESCRIPED DOLLOIFO DE CAN	CELLED BETODE		
F	Friends House							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
6	884 Benicia Drive					ITH THE POLICY					
5	Santa Rosa	(CA 95409								
					AUT	HORIZED REPRES					
					Sta G. Nagle						



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

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CLAIMS MADE X OCCUR X PL/ML—Claims Made X OCCUR X PL/ML—Claims Made PL/ML—Claims Made PL/ML—Claims Made PL/ML—Claims Made PREMISES (Ea occurrence) \$ 300,000.00		BROGATION IS WAIVED, subject to t tificate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this nendorsement(s).						
Carrigi Communities and Services LID Suite 109 Libertyville IL 60048 Suite 109 IL 60048 Suite 109 IL 60048 Suite 109 INSURER() A FFORDING COVERAGE NAIC # SUISSER. Carrificates@carlingcomm org NAIC # SUISSER. Carring Communities A Reciprocal RRG 12373 SUISSER. Carring Communities A Reciprocal					CON	TACT Ur	nderwriting Ass	ociate			
Suite 109		•					17-540-8225		FAX 847-	549-8095	
INSURER(S) AFFORING COVERAGE NAIC #					E-MA	AIL o		n a c c m n		540 0000	
BISURED FRONT POYCH Communities and Services FRONT POYCH Communities and Services 18.0 Realiforable BMV, Suite 215 Wainut Creek CA 94596 BISURER C BISURER			60048	3	ADDI	RESS: CE	erillicales@cari	ngcomm	1.019	1	
RECORD RECOMPTION RECOMPT						INSURE	ER(S) AFFORD	ING CO	VERAGE	NAIC #	
2185 N. California Blvd., Suite 215 Walnut Creek COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: REVISION NUMBE	INSU	RED Front Porch Communities and Ser	vices		INSU	JRERA: Carino	g Communities,	A Recip	orocal RRG	12373	
Walnut Creek CA 94596 MISURER D. MISURER D					INSU	JRER B:					
COVERAGES CERTIFICATE NUMBER: REVISION		•	C	\ 04506	INSU	JRER C:					
COVERAGES CERTIFICATE NUMBER: THIS IT O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ESSIED TO THE INSURED RANGE PORTHER POLICY PERIOD CONTROL OF THE POLICY PROVISION. AUTHORIZED REPRESENTATIVE CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE HOLDER CERTIFICATE POLICY PERIOD CONTR	vvaii	lut Creek	CF	4 94590	-						
THIS IS TO CERTIEY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURE NAMED ABOVE FOR THE POLICY PERIOD NOICATED. NOIVITHISTANDING ANY REQUIREMENT, TERM OROMOTION OF ANY CONTROL 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 REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPORTED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPOLICED BY THE POLICIES. DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REPOLICED BY THE POLICIES. DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSION AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSION AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSION AND CONTROL OF SUBJECT TO ALL THE TERMS, EXCLUSION AND					INSU	JRER E:					
INDICATED. NOTWITHSTANDING ANY RECUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. Recommended Control C											
A X COMMERCIAL GENERAL LIABILITY CARRES (ACCORD 101, Additional Remarks Schedule, may be attached if more space is required) CARRES (LARL CONTINUE POLICIES BE CANCELLED BEFORE THE POLICY POLICIES BE CANCELLED	INE CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY	QUIREMEN PERTAIN,	IT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF AN	NY CONTRACT	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS	
A COMMERCIAL GENERAL LIBRITY CANNIS MADE COCUR CANDIDATE CONTROL OF COMMENTARY CONTROL OF CONTROL O		TYPE OF INSURANCE							LIMITS	3	
CLAMS MADE X OCCUR CLAMS MADE X OCCUR EPU SIR par Claim \$ 75,000		X COMMERCIAL GENERAL LIABILITY								1,000,000.00	
X PLML-Claims Made		CLAIMS MADE X OCCUR				01/01/2023	01/01/2024			300,000.00	
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HIRED AUTOS NON-OWNED AUTOS PROPERTY DAMAGE \$ PROPERTY DAMAGE PROPERTY DAMAGE \$ PROPERTY DAMAGE									` ' '	-	
A UMBRELLALIAB X OCCUR-GL X EXCESS LIAB X OCCUR-GL X EXCHANG MADE-PL/ML DEDUCTIBLE X RETENTION \$ 0.000,000,000 (Madday in NH)		HIRED ALITOS NON-OWNED						PROPER	TY DAMAGE	•	
A UMBRELLALIAB X OCCUR-GL X EXCESS LIAB X CLAIMS MADE-PLINL DEDUCTIBLE X RETENTION \$ 0 S 0 SURRESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CANCELLATION CANCELLATION CANCELLATION 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 AGGREGATE PLUGL \$ 15,000,000.00 *AUTO \$ 6,000,000.00 *AUTO \$ 6,000,000.00 *AUTO \$ 5,000,000.00 *AUTO \$ 5,000,000.00 *AUTO \$ 5,000,000.00 *BELLD SCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.		AUTOS						(Per accid	Jeni)	•	
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X EXCESS LIAB X CLAIMS MADE-PL/ML DEDUCTIBLE X RETENTION \$ 0 REPLI/D&O (Cocur&Aggr) \$ 10,000,000.00 PEPLI/D&O (Cocur&Aggr) \$ 10,000,000.00 PEPLI/D&O (Cocur&Aggr) \$ 5,000,000.00 PEPLI/D&O (Cocur&Aggr) \$ 5,000,000.00 PEPLI/D&O (Cocur&Aggr) \$ 5,000,000.00 PEPLI/D&O (Cocur&Aggr) \$ 5,000,000.00 PERTIFICE SILIBILITY REPLIFICATION SILIPING PER EXECUTIVE YIN OFFICER/MEMBER EXCLUDED? (Mandadory in MH) (Iyes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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	Α	UMBRELLA LIAB X OCCUR-GL				01/01/2023	01/01/2024	AGGREG	SATE PL/GL		
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DATE (MM/DD/YYYY) 12/16/2022

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	BROGATION IS WAIVED, subject to trificate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this nendorsement(s).						
	DUCER			CONTACT Underwriting Associate						
	ing Communities Shared Services LTD				ur_	7-549-8225		FAX (A/C, No): 847-	549-8095	
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	ertyville IL	60048	3	ADDF	RESS: CE	ertificates@cari	ngcomm	1.019		
	<u>, </u>				INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #	
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A	X COMMERCIAL GENERAL LIABILITY	INOR WWL	CCRRRG-0002-23		01/01/2023	01/01/2024			\$ 1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2023	01/01/2024		TO RENTED ES (Ea occurrence)	\$ 300,000.00	
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'	Glendale		CA 91203	A	JODIZED DEDEC	CENTATIVE				
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DATE (MM/DD/YYYY) 12/16/2022

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	ing Communities Shared Services LTD				\	7-549-8225		FAX (A/C, No): 847-5	549-8095	
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DATE (MM/DD/YYYY) 12/16/2022

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cer	rtificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
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	ng Communities Shared Services LTD					NIE.	7-549-8225		FAX (A/C, No): 847-	549-8095			
) W. Winchester Road				(A/C E-M/	ΛII				049-0090			
	e 109 rtyville IL	6	0048		ĀDD	RESS: Ce	ertificates@cari	ngcomn	n.org				
Libe	rtyville IL		0046			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC#			
INSU	RED Front Porch Communities and Ser	vices			INSU	URER A: Caring	g Communities,	A Recip	orocal RRG	12373			
	t Porch Enterprises, Inc.				INSU	JRER B:							
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	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX (A/C, No): 847-54	19-8095		
	0 W. Winchester Road e 109				E-M	AIL a		•	13-0033		
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	nty viiie i i	J	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSL	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
	nings Senior Housing, Inc.				INSU	JRER B:					
	nings Senior Housing				INSU	JRER C:					
	0 Jennings Avenue ta Rosa		CA	95401	INSURER D:						
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	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED										
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
								EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRG-0002-23			01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$			
	OTHER							E.L. DISEASE - POLICY LIMIT \$			
DES	L SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)			
12	/16/2022 14:11:35										
CEI	RTIFICATE HOLDER				CAI	NCELLATION					
	Jennings Senior Housing							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
	1080 Jennings Avenue					ITH THE POLICY		SECTIVETICES IIV			
	Santa Rosa	(CA 95401								
					AUT	HORIZED REPRES					
								Sa a. hazle	_		
L					Sta 4. nage						



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.

	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this			
_	DUCER				CONTACT Underwriting Associate							
	ng Communities Shared Services LTD W. Winchester Road					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095			
	e 109				E-M/	A 11	ertificates@cari					
	rtyville IL	6	0048		ADD				NAIC #			
							. ,	OING COVERAGE				
	RED Front Porch Communities and Ser nt Porch Communities and Services	vices					g Communities,	A Reciprocal RRG	12373			
	psley Manor Care Center				-	JRER B:						
_	5 N. Kingsley Dr.				INSURER C: INSURER D:							
Los	Angeles		CA	90029		JRER E:						
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:				
	IS IS TO CERTIFY THAT THE POLICIES											
CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	ES DESCRIBED					
INSR TYPE OF INSURANCE ADD'L SUBR INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2020	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
	X PL/ML–Claims Made			Includes Management Liab EPLI SIR per Claim \$ 75	5,000			MED EXP (Any one person) \$				
					0,000			PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER: PRO- LOC			Fiduciary SIR per Claim \$ 5	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00 incl			
	OTHER:							PL/GL SIR Per Claim \$	75,000.00			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	70,000.00			
	ANY AUTO							BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$				
								\$				
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00			
^	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					AGGREGATE PL/GL \$	15,000,000.00			
	X EXCESS LIAB X ======							*AUTO \$ *EMP BEN \$	6,000,000.00 5,000,000.00			
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00			
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00			
	EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
	DÉSCRIPTION OF OPERATIONS below OTHER							E.L. DISEASE - POLICY LIMIT \$				
	OTHER											
DES	 CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	L D 101, Additional Remarks Scher	dule, n	nay be attached if	more space is req	uired)				
12/	/16/2022 14:11:42					•		•				
CEF	RTIFICATE HOLDER				CANCELLATION							
							THE ABOVE T		OF LED DESCRE			
k	Kingsley Manor Care Center							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE				
1	055 N. Kingsley Dr.					ITH THE POLICY						
L	os Angeles	(CA 90029									
					AUT	HORIZED REPRES						
					Cha a. Tragle							



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

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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this		
_	DUCER				CONTACT Underwriting Associate						
	ng Communities Shared Services LTD W. Winchester Road					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	e 109				E-M/	A 11	ertificates@cari				
Libe	rtyville IL	6	0048		ADD				NAIC #		
							. ,	ING COVERAGE			
	RED Front Porch Communities and Ser at Porch Communities and Services	vices					g Communities,	A Reciprocal RRG	12373		
	Isley Manor				-	JRER B:					
٠ -	5 N. Kingsley Dr.				INSURER C: INSURER D:						
Los	Angeles		CA	90029		JRER E:					
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIES										
CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	ES DESCRIBED				
INSR TYPE OF INSURANCE ADD'L SUBR INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2020	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab EPLI SIR per Claim \$ 75	5,000			MED EXP (Any one person) \$			
					0,000			PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC			Fiduciary SIR per Claim \$ 5	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00 incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	70,000.00		
	ANY AUTO							BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$			
								\$			
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00		
^	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS EIAB X							*AUTO \$ *EMP BEN \$	6,000,000.00 5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$			
	DÉSCRIPTION OF OPERATIONS below OTHER							E.L. DISEASE - POLICY LIMIT \$			
	OTHER										
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	L D 101, Additional Remarks Scher	dule, n	nay be attached if	more space is req	uired)			
	16/2022 14:11:43	•				•		•			
CEF	RTIFICATE HOLDER				CAN	NCELLATION					
					C		THE ABOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BEFORE		
k	Cingsley Manor							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
1	055 N. Kingsley Dr.					ITH THE POLICY					
L	os Angeles	(CA 90029	AUTHORIZED REPRESENTATIVE							
					AUT	HUKIZED KEPRES					
					Sta a. Nagle						



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

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	rtificate does not confer rights to the					ies may require	an endorsement. A stater	ment on this			
_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD				DUONE	847-549-8225	FAX (A/C, No): 847-54	49-8095			
	0 W. Winchester Road e 109				E-MAIL			40-0000			
	ertyville IL	6	0048		ADDRESS:	Certificates@car	ingcomm.org	1			
		Ū	0010		INSUI	RER(S) AFFORD	ING COVERAGE	NAIC #			
INSU	IRED Front Porch Communities and Serv	/ices			INSURER A: Cari	ng Communities	, A Reciprocal RRG	12373			
_	ria Communities				INSURER B:						
	Gatos Meadows				INSURER C:						
	Wood Road Gatos		CA	95939	INSURER D:						
LUS	Galos		CA	90909	INSURER E:						
CO	VERAGES CER	TIFIC	CATE	NUMBER:			REVISION NUMBER:				
INI CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	EMENT AIN, T	T, TERM OR CONDITION (HE INSURANCE AFFORDE	OF ANY CONTRA D BY THE POLI	CT OR OTHER I	DOCUMENT WITH RESPECT	TO WHICH THIS			
INSR TYPE OF INSURANCE ADD'L SUBR INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS											
A	X COMMERCIAL GENERAL LIABILITY	UK		CCRRRG-0002-23	01/01/2023		EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR			CCRRG-0002-23	01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
	X Professional Liability-Claims Made						MED EXP (Any one person) \$	-			
	X PL Retro Date 01/01/2023						PERSONAL & ADV INJURY \$	1,000,000.00			
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	3,000,000.00			
	X POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG \$	incl			
	OTHER:						SIR Per Claim \$	75,000.00			
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$				
	ALL OWNED SCHEDULED						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	HIDED ALITOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$				
	AUTOS						(Per accident) \$				
							EACH OCCURRENCE \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23	01/01/2023	3 01/01/2024	AGGREGATE \$	15,000,000.00			
	X EXCESS LIAB X CLAIMS MADE-PL			*Sublimits apply			*AUTO \$	6,000,000.00			
							*EMP BEN \$	5,000,000.00			
	DEDUCTIBLE						\$				
	X RETENTION \$ 0						\$ PER OTH-				
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						STATUTE ER				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE\$				
	OTHER						E.L. DISEASE - POLICY LIMIT \$				
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	0 101, Additional Remarks Schee	dule, may be attached	d if more space is rec	juired)				
12	/16/2022 14:11:45										
CEI	RTIFICATE HOLDER				CANCELLATIO	N					
					SHOTH D VVIV		ESCRIBED DOLLOIDS DE CAN	NOELLED DEFORE			
L	Los Gatos Meadows						ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE				
,	110 Wood Road					WITH THE POLIC					
L	Los Gatos		(CA 95939	411711001770 0770707177177						
					AUTHORIZED REP						
					Cha a. Tragle						



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

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	ROGATION IS WAIVED, subject to t ficate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this endorsement(s).						
PRODU				CONTACT Underwriting Associate						
	g Communities Shared Services LTD				\	7-549-8225		FAX (A/C, No): 847-	549-8095	
	W. Winchester Road			E-MA	JL o				049-0093	
Suite Libert		6004	1/18	ADDF	RESS: CE	ertificates@cari	ngcomm	n.org	1	
Libert	yvine iL	000-	740		INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #	
INSURE	Front Porch Communities and Ser	vices		INSU	RERA: Caring	g Communities,	A Recip	rocal RRG	12373	
	nunity Housing, Inc.			INSU	RER B:					
	Gardens II			INSURER C:						
Palo A	niversity Avenue	(CA 94301	INSU	RER D:					
1 alo F	WIO .		——————————————————————————————————————	INSU	RER E:					
			TE NUMBER:					ON NUMBER:		
INDIC CER	IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH P	QUIREME PERTAIN,	ENT, TERM OR CONDITION (I, THE INSURANCE AFFORDE	OF AN	NY CONTRACT	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICI	H THIS
INSR LTR	TYPE OF INSURANCE	ADD'L SU	JBR POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
-	COMMERCIAL GENERAL LIABILITY		CCRRRG-0002-23		01/01/2023	01/01/2024			\$ 1,00	0,000.00
	CLAIMS MADE X OCCUR				01/01/2023	01/01/2024		TO RENTED ES (Ea occurrence)	\$ 30	0,000.00
)	PL/ML–Claims Made		Includes Management Liab	1					\$	-
				75,000 50,000			PERSON	AL & ADV INJURY	\$ 1,00	0,000.00
_	EN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$							0,000.00
)	POLICY PRO- JECT LOC								\$	incl
	OTHER:							SIR Per Claim ED SINGLE LIMIT	\$ 7	5,000.00
A	UTOMOBILE LIABILITY						(Ea accid	ent)	\$	
-	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
-	AUTOS AUTOS							, ,	\$	
<u> </u>	HIRED AUTOS AUTOS						(Per accid	ient)	\$	
-							EACH O		\$ 40.00	
A	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23		01/01/2023	01/01/2024			10,00	0,000.00
'	⊣		*Sublimits apply	AGGREGATE PL/GL						0,000.00
<u> </u>	<u> </u>						*AUTO *EMP E			0,000.00
	DEDUCTIBLE							&O (Occur&Aggr)		0,000.00
	RETENTION \$ 0							CIARY (Occur&Aggr)	,	0,000.00
I F	VORKERS COMPENSATION AND MPLOYERS' LIABILITY						PE		•	
A	NNY PROPRIETOR/PARTNER/EXECUTIVE Y / NDFFICER/MEMBER EXCLUDED?						-	H ACCIDENT	<u> </u>	
	Mandatory in NH)	N/A						ASE - EA EMPLOYEE	<u> </u>	
	f yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE	ASE - POLICY LIMIT	S	
	THER							<u>'</u>		
	RIPTION OF OPERATIONS / LOCATIONS / VEHI 6/2022 14:11:46	ICLES (AC	ORD 101, Additional Remarks Sche	dule, m	nay be attached if	more space is req	uired)			
12/1	0/2022 14.11.40									
CERT	IFICATE HOLDER			CAN	ICELLATION					
			eri		THE AROVE D	ESCDIDE	D POLICIES BE CA	NCELLED D	EEODE	
Lyt	ton Gardens II						NOTICE WILL B			
649	9 University Avenue				ITH THE POLICY					
Pa	lo Alto	CA 94301								
				AUTH	HORIZED REPRES					
							Sta	a. Wagle	_	



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

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	BROGATION IS WAIVED, subject to the title title to the state of the st				policy, certain policies may require an endorsement. A statement on this endorsement(s).						
_	DUCER				CON	ITACT Ur	nderwriting Asso	ociate			
	ng Communities Shared Services LTD					NIE .	7-549-8225		FAX (A/C, No): 847-	5/1	9-8095
	0 W. Winchester Road									-543	9-0093
	e 109 rtyville IL	6(0048		ĀDD	AIL RESS: CE	ertificates@cari	ngcom	m.org		
Libe	rtyville		JU40			INSURE	R(S) AFFORD	ING C	OVERAGE		NAIC #
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Rec	procal RRG		12373
	nmunity Housing, Inc.				INSURER B:						
	on Gardens I				INSURER C:						
	Lytton Avenue Alto		CA	94301	INSU	JRER D:					
Faic	Allo			94301	INSU	JRER E:					
CO	/ERAGES CER	₹TIFIC	ATE	NUMBER:				REVIS	ION NUMBER:		
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT	Γ, TERM OR CONDITION (ΤΗΕ INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUM	ENT WITH RESPEC	CT .	TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L INSR		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE	\$	1,000,000.00
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024		E TO RENTED SES (Ea occurrence)	\$	300,000.00
	X PL/ML–Claims Made			Includes Management Liab	٠,١				(P (Any one person)	\$	-
					5,000 0,000			PERSO	NAL & ADV INJURY	\$	1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50					AL AGGREGATE	\$	3,000,000.00
	X POLICY PRO- JECT LOC							PRODU	CTS - COMP/OP AGG	\$	incl
	OTHER:								SIR Per Claim	\$	75,000.00
	AUTOMOBILE LIABILITY							(Ea acc	NED SINGLE LIMIT ident)	\$	
	ANY AUTO ALL OWNED SCHEDULED								INJURY (Per person)	\$	
	AUTOS AUTOS								INJURY (Per accident)	\$	
	HIRED AUTOS AUTOS							(Per acc	RTY DAMAGE ident)	\$	
		\vdash	$\overline{}$		_			FACULO	2001 IDDENOE DI 101	\$	
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024		OCCURRENCE PL/GL	\$	10,000,000.00
^`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					GATE PL/GL	9	15,000,000.00
	X LACESS LIAB X							*AUTO		9	6,000,000.00
	DEDUCTIBLE								D&O (Occur&Aggr)	\$	5,000,000.00 10,000,000.00
	X RETENTION \$ 0								CIARY (Occur&Aggr)		5,000,000.00
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							P	ER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?								CH ACCIDENT	\$	
	(Mandatory in NH)	N/A							SEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DIS	SEASE - POLICY LIMIT	\$	
	OTHER								'		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORE	101 Additional Remarks School	dula r	nav he attached if	more enace le ren	uired)			
	16/2022 14:11:47	OLLS (A	TOOKL	7 101, Additional Remarks Sched	uuie, i	nay be attached if	more space is req	uli eu)			
L											
CEF	RTIFICATE HOLDER				CAI	NCELLATION					
] ,					SH	HOULD ANY OF	THE ABOVE DE	ESCRIB	ED POLICIES BE C	ANG	CELLED BEFORE
	ytton Gardens I				T⊦	E EXPIRATIO	N DATE THE	REOF,	NOTICE WILL E		
	556 Lytton Avenue				AC	CCORDANCE W	TH THE POLICY	/ PROV	ISIONS.		
F	Palo Alto	(CA 94301	A11-	HODIZED DEDEC	SENTATIVE					
					AUI	HORIZED REPRES					
					Sa a. Tragle						



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

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	cate does not confer rights to the					S may require	an endorsement. A staten	ient on this			
PRODUC					CON	ITACT Ur	nderwriting Asso	ociate			
U	Communities Shared Services LTD V. Winchester Road					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
Suite 1					E-M/	A 11	ertificates@cari	'			
Liberty	ville IL	6	0048		ADD			ING COVERAGE	NAIC#		
	Front Donah Communities and Com				INICI		• • •	A Reciprocal RRG	12373		
	 Front Porch Communities and Ser IV Housing Corporation 	vices				JRER B:	g Communities,	A Necipiocal NNG	12373		
1 1	IV Housing Corp.					JRER C:					
330 Ev	erett Street										
Palo Al	to		CA	94301	INSURER D: INSURER E:						
COVE	RAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
	IS TO CERTIFY THAT THE POLICIES										
CERT	ATED. NOTWITHSTANDING ANY REIFICATE MAY BE ISSUED OR MAY IUSIONS AND CONDITIONS OF SUCH PO	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	ES DESCRIBED				
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X	COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
X	PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	EN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
X	JECT L							PRODUCTS - COMP/OP AGG \$ PI /GI SIR Per Claim \$	incl		
A1	OTHER: JTOMOBILE LIABILITY							COMPINED SINGLE LIMIT	75,000.00		
A	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIDED ALITOS NON-OWNED							PROPERTY DAMAGE			
	AUTOS							(Per accident) \$			
				0000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
X	EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
X	RETENTION \$ 0 ORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
IA EI	MPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
0	FFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$			
Ìf '	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
	THER							E.L. DISEASE - POLICY LIMIT			
	IPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	0 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)			
12/16	/2022 14:11:58										
CERTI	FICATE HOLDER				CAN	NCELLATION					
					QL.	10111 D VVIA UE	THE AROVE D	ESCRIBED POLICIES BE CAN	CELLED BEEODE		
Lytt	on IV Housing Corp.							REOF, NOTICE WILL BE			
330	330 Everett Street						ITH THE POLICY				
Pale	Palo Alto CA 94301					AUTHORIZED DEPOSOFATATIVE					
					AUTHORIZED REPRESENTATIVE						
				Sta a. Nagle							



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

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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this		
_	DUCER				CON	ITACT Un	nderwriting Asso	ociate			
	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	0 W. Winchester Road e 109				E-M/	AIL O	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADD						
						INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
	Centers, L.P.				INSL	JRER B:					
_	Center Towers 5 Market Street				INSL	JRER C:					
	land		CA	94607	INSURER D:						
					INSU	JRER E:					
				NUMBER:	/C DC	EN ICCUED T		REVISION NUMBER:	DOLLOY DEDIOD		
INI CE EX	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICIE	EMENT AIN, T ES. LIN	T, TERM OR CONDITION (THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER: AUTOMOBILE LIABILITY							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00		
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIPED ALITOS NON-OWNED							PROPERTY DAMAGE			
	AUTOS							(Per accident) \$			
				0000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$			
	OTHER							E.L. DISEASE - POLICY LIVIT			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)			
12/	/16/2022 14:11:59										
CEF	RTIFICATE HOLDER				CAN	NCELLATION					
					C		THE ADOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BETODE		
(Oak Center Towers							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
1	1515 Market Street						ITH THE POLICY				
	Oakland CA 94607					WELDERED DEDDESCRIPTIONS					
					AUTHORIZED REPRESENTATIVE						
				Sta a. Tragle							



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

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cer	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
_	DUCER				CON	TACT Ur	nderwriting Asso	ociate				
	ng Communities Shared Services LTD					NIE .	7-549-8225		FAX (A/C, No): 847-	549-8095		
) W. Winchester Road				(A/C E-M/	ΛII				349-0090	,	
	e 109	6	0048		ĀDD	RESS: Ce	ertificates@cari	ngcomn	n.org			
Libe	rtyville IL		0046			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC	#	
INSU	RED Front Porch Communities and Sei	vices			INSU	JRER A: Caring	g Communities,	A Recip	orocal RRG	12373	3	
	sidio Gate Apartments				INSU	JRER B:						
) Lombard Street				INSU	JRER C:						
San	Francisco		CA	94123	INSU	JRER D:						
					INSURER E:							
CO	/ERAGES CE	RTIFIC	CATE	NUMBER:				REVISI	ON NUMBER:	•		
INI	DICATED. NOTWITHSTANDING ANY RE	QUIRE	EMEN	T, TERM OR CONDITION (VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT					T TO WH	HICH THIS	
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										E TERMS,		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	3		
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE	\$ 1	,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2020	01/01/2021		TO RENTED ES (Ea occurrence)	\$	300,000.00	
	X PL/ML–Claims Made			Includes Management Liab	· 1					\$	_	
					5,000			PERSON	AL & ADV INJURY	\$ 1	,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$	0,000 5,000			GENERA	L AGGREGATE	\$ 3	,000,000.00	
	X POLICY PRO- JECT LOC			I Iducially Silv per Claim v	0,000			PRODUC	CTS - COMP/OP AGG	\$	incl	
	OTHER:							PL/GL	SIR Per Claim	\$	75,000.00	
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT	\$		
	ANY AUTO							_		\$		
	ALL OWNED SCHEDULED AUTOS AUTOS								` ' '	\$		
	HIDED ALITOS NON-OWNED							PROPER	TY DAMAGE	\$ \$		
	AUTOS							(Per accid	dent)	\$ \$		
								FACH O	CCURRENCE PL/GL	T	,000,000.00	
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024			- 10	, ,	
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					JAIL I L/OL	· ເວ	,000,000.00	
	X 2xo2oc 2x 2							*AUTO		, 0	,000,000.00	
	DEDUCTIBLE										,000,000.00	
	X RETENTION \$ 0								CIARY (Occur&Aggr)		,000,000.00	
	WORKERS COMPENSATION AND							PE	R TOTH-	5 0	,000,000.00	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								ATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A								\$		
	If yes, describe under								ASE - EA EMPLOYEE	-		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISE	ASE - POLICY LIMIT	\$		
	OTHER											
	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (ACORI	D 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)				
12/	16/2022 14:12:05											
	TITIO ATT HOLDED											
CEF	RTIFICATE HOLDER			1	CAI	NCELLATION						
					SF	HOULD ANY OF	THE ABOVE DE	ESCRIRE	D POLICIES BE CA	NCELI FI	D BEFORF	
F	residio Gate Apartments								NOTICE WILL B			
2	770 Lombard Street			ACCORDANCE WITH THE POLICY PROVISIONS.								
5	San Francisco	CA 94123										
				AUT	HORIZED REPRE							
					Sta a. Mayle							
					Sta G. Rayle							



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

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certificate does not confer rights to the					equire an e	ndorsement. A stat	ement on this		
PRODUCER			CONTACT NAME:	Underwritir	g Associate	9			
Caring Communities Shared Services LTD			PHONE	847-549-82	25	FAX (A/C, No): 847-	549-8095		
1850 W. Winchester Road Suite 109			(A/C, No, Ext): E-MAIL				545-0035		
Libertyville IL	60048		ADDRESS:	Certificates	@caringco	mm.org	1		
Elbertyville	000-10		ll.	NSURER(S) AF	FORDING	COVERAGE	NAIC #		
INSURED Front Porch Communities and Ser	vices		INSURER A:	Caring Commu	ınities, A Re	eciprocal RRG	12373		
Shires Memorial Center			INSURER B:						
180 N. 4th Street		0.544.0	INSURER C:						
San Jose	CA	95112	INSURER D:						
			INSURER E:						
COVERAGES CEI	RTIFICATE	NUMBER:			REV	ISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN PERTAIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	OF ANY CONED BY THE	ITRACT OR OT POLICIES DESC	HER DOCU RIBED HER	MENT WITH RESPEC	T TO WHICH THIS		
INSR TYPE OF INSURANCE	ADD'L SUBR		POLIC (MM/DD			LIMIT	S		
A X COMMERCIAL GENERAL LIABILITY	INOK WVD	CCRRRG-0002-23	01/01/		EACH	H OCCURRENCE	\$ 1,000,000.00		
CLAIMS MADE X OCCUR				2023 01/01/2	DAIVI	AGE TO RENTED MISES (Ea occurrence)	\$ 300,000.00		
X PL/ML–Claims Made		Includes Management Liab	· 1			EXP (Any one person)	\$		
			5,000 0,000		PERS	SONAL & ADV INJURY	\$ 1,000,000.00		
GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$				ERAL AGGREGATE	\$ 3,000,000.00		
JECT L							\$ incl		
OTHER:						GL SIR Per Claim	\$ 75,000.00		
AUTOMOBILE LIABILITY ANY AUTO						BINED SINGLE LIMIT ccident)	\$		
ALL OWNED SCHEDULED						` ' '	\$ \$		
HIPED ALITOS NON-OWNED					PROF	PERTY DAMAGE	\$		
AUTOS					(Per a	accident)	\$		
					EACH	H OCCURRENCE PL/GL	\$ 10,000,000.00		
A UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23	01/01/	2023 01/01/2		REGATE PL/GL	\$ 15,000,000.00		
X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply			*AU	ТО	\$ 6,000,000.00		
							\$ 5,000,000.00		
DEDUCTIBLE						11 2 6 6 7	\$ 10,000,000.00		
X RETENTION \$ 0					*FIC	OUCIARY (Occur&Aggr)	\$ 5,000,000.00		
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						STATUTE ER			
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					EACH ACCIDENT	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below						DISEASE - EA EMPLOYEE	*		
OTHER					E.L. I	DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEH 12/16/2022 14:12:06	ICLES (ACOR	D 101, Additional Remarks Sche	dule, may be at	ached if more spac	e is required)				
CERTIFICATE HOLDER			CANCELL	ATION					
Shires Memorial Center 180 N. 4th Street San Jose		CA 95112	THE EXF		THEREOF	IBED POLICIES BE CA F, NOTICE WILL B OVISIONS.			
	San Jose CA 95112					AUTHORIZED REPRESENTATIVE AT A. Nagle			



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PRODUCER				CON	ITACT Ur	nderwriting Asso	ociate				
Caring Communities Shared Services LTD						7-549-8225	FAX (A/C, No): 847-54	9-8095			
1850 W. Winchester Road Suite 109				E-MA	ΛII	ertificates@cari	•	0 0000			
Libertyville IL	6	0048		ADD			ING COVERAGE	NAIC #			
woupen Front Borok Communities and Son	vioon			INICI		• • •	A Reciprocal RRG	12373			
INSURED Front Porch Communities and Ser Front Porch Communities and Services	vices				JRER B:	g Communities,	Artecipiocal tito	12373			
Spring Lake Village					JRER D: JRER C:						
5555 Montgomery Avenue											
Santa Rosa		CA	95409		JRER D: JRER E:						
COVERACES	TIEIC	ATE	NUMBED.	11100	JACA C.		DEVICION NUMBER:				
COVERAGES CERTIFY THAT THE POLICIES			NUMBER:	/E RE	EN ISSUED T		REVISION NUMBER:	POLICY PERIOD			
INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	EMENT AIN, T	Γ, TERM OR CONDITION (HE INSURANCE AFFORDE	OF AI	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS			
INSR TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00			
CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000.00			
X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-			
				5,000			PERSONAL & ADV INJURY \$	1,000,000.00			
GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50	0,000 5,000			GENERAL AGGREGATE \$	3,000,000.00			
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl			
OTHER:							PL/GL SIR Per Claim \$	75,000.00			
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$				
ANY AUTO							BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$				
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$				
							\$				
			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00			
A UMBRELLA LIAB X OCCUR-GL			*Sublimits apply		0.70.72020	0 1/0 1/202 1	AGGREGATE PL/GL \$	15,000,000.00			
X EXCESS LIAB X CLAIMS MADE-PL/ML			,				*AUTO \$	6,000,000.00			
							*EMP BEN \$	5,000,000.00			
DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00			
X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00			
EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER				
OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$				
OTHER							E.L. DISEASE - POLICY LIMIT \$				
J J J J J J J J J J J J J J J J J J J											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	101 Additional Remarks Sche	dule n	nav he attached if	more snace is red	uired)				
12/16/2022 14:12:07	,0220 (AGGILL	7 TO 1, Flacino Har Romanio Gonos	aaio, ii	nay be attached if	more space is req	unou)				
CERTIFICATE HOLDER				CAN	NCELLATION						
				QL	HOLLI D ANV OF	THE ABOVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE			
Spring Lake Village							REOF, NOTICE WILL BE				
5555 Montgomery Avenue				ACCORDANCE WITH THE POLICY PROVISIONS.							
Santa Rosa	Santa Rosa CA 95409										
				AUTHORIZED REPRESENTATIVE							
				Sea a. Tragle							



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	tificate does not confer rights to the				e policy, certain policies may require an endorsement. A statement on this ich endorsement(s).						
PRO	DUCER					ITACT LIE	nderwriting Asso	ociate			
	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX 847-5/	19-8095		
	0 W. Winchester Road e 109				E-MA	AIL a		[(A/C, NO).	+ 3-0033		
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	nty viiie in	Ū	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSL	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSL	JRER B:					
	Paul's Towers				INSL	JRER C:					
	Bay Place land		CA	94610	INSU	JRER D:					
Oar	lanu		CA	94010	INSURER E:						
CO	VERAGES CER	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	OF AI	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED							(p,			
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
								EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23 *Sublimits apply		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Subilifiles apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$			
	OTHER							E.L. DISEASE - POLICY LIMIT \$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
12	/16/2022 14:12:17										
CEI	RTIFICATE HOLDER				CAN	NCELLATION					
,	St. Paul's Towers							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
	100 Bay Place						TH THE POLICY		DELIVERSED III		
(Dakland		(CA 94610							
								Sa a. nagle			
L					Sta 4. Magle						



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

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	tificate does not confer rights to the				e policy, certain policies may require an endorsement. A statement on this ch endorsement(s).						
PRO	DUCER					TACT LIE	derwriting Asso	ociate			
	ng Communities Shared Services LTD					МЕ	7-549-8225	FAX 847-54	19-8095		
	0 W. Winchester Road e 109				E-MA	AIL 0		(A/C, No).	13-0033		
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	TE TE	Ū	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSL	JRER B:					
	ny View Manor				INSL	JRER C:					
	45 Cupertino Rd. ertino		CA	95014	INSU	JRER D:					
Cup	eruno		CA	95014	INSURER E:						
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT AIN, T	Γ, TERM OR CONDITION (HE INSURANCE AFFORDE	DF AI	NY CONTRACT THE POLICIE	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY	or		CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	, I			MED EXP (Any one person) \$	-		
					5,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
								EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$			
	OTHER							E.L. DISEASE - POLICY LIMIT \$			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
12	/16/2022 14:12:18										
CEI	RTIFICATE HOLDER				CAN	CELLATION					
							THE ASS		1051155 5		
5	Sunny View Manor							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
2	2445 Cupertino Rd.						ITH THE POLICY				
	Cupertino		(CA 95014	AUTHORIZED REPRESENTATIVE						
		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
								Sa a. hazle			
1					Sta 4. Magle						



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

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	BROGATION IS WAIVED, subject to t tificate does not confer rights to the					s may require	an end	orsement. A state	ement on this	
	DUCER			CON NAM	ITACT Ur	nderwriting Ass	ociate			
	ing Communities Shared Services LTD				NE	7-549-8225		FAX (A/C, No): 847-5	549-8095	
	0 W. Winchester Road e 109			E-MA	AIL a	ertificates@cari	n a c c m n		540 0000	
	ertyville IL	60048	3	ADD	racoo.				T	
					INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices		INSL	JRERA: Carino	g Communities,	A Recip	orocal RRG	12373	
	nt Porch Communities and Services			INSL	JRER B:					
	ny View Retirement Community			INSL	JRER C:					
	45 Cupertino Rd. ertino	CA	A 95014	INSL	JRER D:					
Cup	ei iiio			INSURER E:						
			NUMBER:					ON NUMBER:		
IN CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIREMEN PERTAIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF AI	NY CONTRACT	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBI			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY		CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE	1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2023	01/01/2024		E TO RENTED ES (Ea occurrence)	300,000.00	
	X PL/ML–Claims Made		Includes Management Liab	1				P (Any one person)	· · · · · · · · · · · · · · · · · · ·	
				75,000 50,000			PERSON	IAL & ADV INJURY	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$					L AGGREGATE S	3,000,000.00	
	X POLICY PRO- JECT LOC						PRODUC	CTS - COMP/OP AGG	incl incl	
	OTHER:								75,000.00	
	AUTOMOBILE LIABILITY						(Ea accid	ED SINGLE LIMIT (sent)	\$	
	ANY AUTO ALL OWNED SCHEDULED							NJURY (Per person)	\$	
	AUTOS AUTOS							NJURY (Per accident)	\$	
	HIRED AUTOS AUTOS						(Per accid	Jeni)	\$	
							FACULO	SOURDENIES DU (OL		
l _A	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-23		01/01/2023	01/01/2024		CCURRENCE PL/GL	10,000,000.00	
^`	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply	AGGREGATE PL/GL					15,000,000.00	
	X EXOLOG LIAD X						*AUTO		6,000,000.00 5,000,000.00	
	DEDUCTIBLE							O&O (Occur&Aggr)		
	X RETENTION \$ 0							CIARY (Occur&Aggr)	.0,000,000.00	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE		,	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?							H ACCIDENT S	3	
	(Mandatory in NH)	N/A						EASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE	EASE - POLICY LIMIT	3	
	OTHER									
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOF	RD 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
12	/16/2022 14:12:20									
CEI	RTIFICATE HOLDER			CAN	NCELLATION					
							F0.6=:-			
,	Sunny View Retirement Community							NCELLED BEFORE DELIVERED IN		
	22445 Cupertino Rd.					ITH THE POLIC			_ DELIVERSED IIV	
	Cupertino	CA 95014								
	•			AUTI	HORIZED REPRE			_		
							14	a. nagle		
I				1				0		



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

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certificate does not confer rights to the						s may require	an endorsement. A staten	nent on this			
PRODUCER					TACT LIE	nderwriting Ass	ociate				
Caring Communities Shared Services LTD					МЕ	7-549-8225	FAX (A/C, No): 847-54	9-8095			
1850 W. Winchester Road				E-MA	AIL 0		•	9-0093			
Suite 109 Libertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	I			
Libertyvine	U	0040			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #			
INSURED Front Porch Communities and Ser	vices			INSL	JRERA: Caring	Communities,	A Reciprocal RRG	12373			
Sunny View Lutheran Home				INSL	JRER B:						
Sunny View West				INSL	JRER C:						
800 N. Brand Blvd., 19th Floor			0.4000	INSL	JRER D:						
Glendale		CA	91203	INSL	JRER E:						
COVERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:							
INDICATED. NOTWITHSTANDING ANY RE	QUIRE PERTA	EMENT AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH I DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER EEN REDUCED BY PAID CLAIMS.							
INSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY	IIIOI		CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00			
CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
X PL/ML–Claims Made			Includes Management Liab	٠,١			MED EXP (Any one person) \$	-			
				5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00			
GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00			
X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl			
OTHER:							PL/GL SIR Per Claim \$	75,000.00			
AUTOMOBILE LIABILITY ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$				
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per person) \$				
NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
AUTOS							PROPERTY DAMAGE (Per accident) \$				
							EACH OCCURRENCE PL/GL \$	10,000,000.00			
A UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00			
X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00			
							*EMP BEN \$	5,000,000.00			
DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00			
X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00			
EMPLOYERS' LIABILITY							PER OTH- STATUTE ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$				
(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE \$				
DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
OTHER											
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	101 Additional Remarks Sche	dule n	nay he attached if	more snace is red	uired)				
12/16/2022 14:12:18	0220 (AGGIN	5 To 1, Additional Romania Cons.	uuio, ii	nay be attached if	more space is req	unou)				
CERTIFICATE HOLDER				C 4 1	ICEL LATION						
CERTIFICATE HOLDER				CAN	NCELLATION						
Supply View West		S⊦	OULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE CAN	CELLED BEFORE					
Sunny View West							REOF, NOTICE WILL BE	DELIVERED IN			
l '	800 N. Brand Blvd., 19th Floor					ACCORDANCE WITH THE POLICY PROVISIONS.					
Gleridale	Glendale CA 91203					AUTHORIZED REPRESENTATIVE					
							Cha a. Tragle				



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

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	tificate does not confer rights to the				e policy, certain policies may require an endorsement. A statement on this ch endorsement(s).						
_	DUCER					NTACT LIE	nderwriting Asso	ociate			
	ng Communities Shared Services LTD					NIE .	7-549-8225	FAX 9.17-5/	19-8095		
	0 W. Winchester Road				E-M	AIL		(A/C, NO).	+9-0093		
	e 109 ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	T		
LIDE	ityvine it	U	0040			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSU	JRER B:					
Villa	Gardens Health Care Unit				INSU	JRER C:					
_	East Villa Street				INSU	JRER D:					
Pas	adena		CA	91101	INSURER E:						
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
					AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS						
CE	RTIFICATE MAY BE ISSUED OR MAY	PERT/	AIN, T	HE INSURANCE AFFORDE	D B	Y THE POLICIE	ES DESCRIBED				
	CLUSIONS AND CONDITIONS OF SUCH P				EN RE						
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2020	0 1/0 1/202 1	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	٠,١			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS AUTOS							PROPERTY DAMAGE (Per accident) \$			
					_			\$			
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00		
'`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				AGGREGATE TEGE	15,000,000.00		
	X EXCESS LIAB X ==							*AUTO \$ *EMP BEN \$	6,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	5,000,000.00 10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-	.,,		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?							E.L. EACH ACCIDENT \$			
	(Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
	OTHER										
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	0 101, Additional Remarks Schee	dule, r	nay be attached if	more space is req	uired)			
12	/16/2022 14:12:29										
CEI	RTIFICATE HOLDER				CAI	NCELLATION					
Villa Gardens Health Care Unit								ESCRIBED POLICIES BE CAN			
	342 East Villa Street				THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Pasadena		(CA 91101							
l '		`		AUT	HORIZED REPRES	SENTATIVE					
								Sta a. nagle			
L								Sta G. Ragle			



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

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	tificate does not confer rights to the	an endorsement. A staten	ient on this								
_	DUCER				CON	ITACT Ur	nderwriting Asso	ociate			
	ng Communities Shared Services LTD W. Winchester Road					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	e 109				E-M/	A 11	ertificates@cari				
Libe	rtyville IL	6	0048		ADD			ING COVERAGE	NAIC#		
INGII	RED Front Porch Communities and Ser	vices			INSI		• • •	A Reciprocal RRG	12373		
	nt Porch Communities and Services	VICES				JRER B:	g communities,	711Cospicous 111C	12070		
	Gardens					JRER C:					
842	East Villa Street					JRER D:					
Pas	adena		CA	91101		JRER E:					
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
	IS IS TO CERTIFY THAT THE POLICIES										
CE		PERTA	AIN, T	HE INSURANCE AFFORDE	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2020	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML-Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-		
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50				GENERAL AGGREGATE \$	3,000,000.00		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$			
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	AUTOS AUTOS							BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$			
								\$			
_				CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			*Sublimits apply				AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00		
	DEDUCTIBLE							*EMP BEN \$	5,000,000.00		
	X RETENTION \$ 0							EPLI/D&O (Occur&Aggr) \$ *FIDUCIARY (Occur&Aggr) \$	10,000,000.00 5,000,000.00		
	WORKERS COMPENSATION AND							PER OTH-	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
	OTHER							E.L. DISEASE - POLICY LIVIT			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	3 101, Additional Remarks Scheo	dule, n	nay be attached if	more space is req	uired)			
12/	16/2022 14:12:31										
CEF	RTIFICATE HOLDER				CAN	NCELLATION					
١	/illa Gardens							ESCRIBED POLICIES BE CAN			
	842 East Villa Street						ITH THE POLIC	REOF, NOTICE WILL BE / PROVISIONS.	DELIVERED IN		
	Pasadena CA 91101										
'	addaona	sadena CA 91101					AUTHORIZED REPRESENTATIVE				
								Sta a. Kayle			
				Sta A. Rayle							



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

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	tificate does not confer rights to the				e policy, certain policies may require an endorsement. A statement on this ich endorsement(s).						
_	DUCER					TACT LIE	nderwriting Asso	ociate			
	ing Communities Shared Services LTD					МЕ	7-549-8225	FAX 847-54	19-8095		
	0 W. Winchester Road e 109				E-MA	AIL 0		(A/C, No):	+3-0033		
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	nty viiie in	Ū	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSL	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSU	JRER B:					
	a Del Monte				INSL	JRER C:					
-	5 Modoc Rd. ta Barbara		CA	93105	INSU	JRER D:					
Sai	та раграга		CA	93103	INSURER E:						
CO	VERAGES CER	RTIFIC	CATE	NUMBER:	REVISION NUMBER:						
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REI ERTIFICATE MAY BE ISSUED OR MAY I ICLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT AIN, T	T, TERM OR CONDITION (THE INSURANCE AFFORDE	DF AI	NY CONTRACT THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00		
	X PL/ML–Claims Made			Includes Management Liab	, I			MED EXP (Any one person) \$	-		
					5,000			PERSONAL & ADV INJURY \$	1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$ 5				GENERAL AGGREGATE \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$	incl		
	OTHER:							PL/GL SIR Per Claim \$	75,000.00		
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$			
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$			
	HIDED ALITOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
								EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-23		01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$			
	OTHER							E.L. DISEASE - POLICY LIMIT \$			
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI) 101, Additional Remarks Schee	dule, n	nay be attached if	more space is req	uired)			
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CEI	RTIFICATE HOLDER				CAN	CELLATION					
							THE ASS		1051155 5		
١	/ista Del Monte							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
(3775 Modoc Rd.						TH THE POLICY				
;	Santa Barbara CA 93105										
					AUTI	HORIZED REPRES					
								Sa a. hazle			
					Sta 4. Magle						



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

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SL	JBRO rtifica	GATION IS WAIVED te does not confer i	, subject to t rights to the	he ter certif	ms a	nd conditions of the poli holder in lieu of such en	olicy, certain policies may require an endorsement. A statement on this endorsement(s).										
	DUCER						CON	NTACT Ur	nderwriting Ass	ociate							
	•	ommunities Shared S	Services LTD					NIE.	7-549-8225		FAX (A/C, No): 847-	549)-8095				
	te 109	Winchester Road					E-M	AIL a	ertificates@cari	nacomm	(A/C, NO).						
	ertyvill		IL	6	0048		ADD		ER(S) AFFORD			Ti	NAIC #				
<u></u>		Frank Danah Camanan	-:4:				INICI		Communities,			_	12373				
		Front Porch Commur ch Communities and		vices				URER B:	g Communities,	Artecip	olocal IXIXO		12373				
	Inut Vi		COLVIOCO				-	URER C:				\dashv					
		alnut Street						URER D:				\dashv					
Ana	aheim				CA	92802	_	URER E:									
СО	VERA	GES	CEF	RTIFIC	CATE	NUMBER:											
IN CI	DICAT ERTIFI	ED. NOTWITHSTAND CATE MAY BE ISSUE	DING ANY RE ED OR MAY I	QUIRE PERTA	EMENT AIN, T	Γ, TERM OR CONDITION (HE INSURANCE AFFORDE	TERM OR CONDITION OF ANY			/E BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICE DOCUMENT WITH RESPECT TO ALL THE EN REDUCED BY PAID CLAIMS.							
INSF	R	TYPE OF INSURA	NCE	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMIT	s					
A	ΧI	COMMERCIAL GENERAL L	LIABILITY	INSK	VVVD	CCBBBC 0000 00		(MM/DD/YYYY)	(MM/DD/YYYY)			\$	1,000,000.00				
		CLAIMS MADE X	OCCUR			CCRRRG-0002-23		01/01/2023	01/01/2024		TO RENTED S (Ea occurrence)	\$	300,000.00				
	ΧI	PL/ML–Claims Made	_ }			Includes Management Liab	,					\$	-				
							5,000			PERSON	AL & ADV INJURY	\$	1,000,000.00				
	GEN'I	AGGREGATE LIMIT APPL	LIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50						\$	3,000,000.00				
	X	POLICY PRO- JECT	LOC									\$	incl				
	-	OTHER:										\$	75,000.00				
		MOBILE LIABILITY								(Ea accid	ent)	\$					
		ANY AUTO ALL OWNED	SCHEDULED AUTOS								` ' '	\$					
		ALL OWNED AUTOS	AUTOS NON-OWNED								TVDAMAGE	\$					
	Н'	HIRED AUTOS	AUTOS							(Per accid	lent)	\$					
										EACH OC		\$	10 000 000 00				
l _A	Ь,	UMBRELLA LIAB X OC	CCUR-GL			CCRRRG-0002-23	0	01/01/2023	01/01/2024			\$ \$	10,000,000.00				
	\vdash	⊢	AIMS MADE-PL/ML			*Sublimits apply					,, (1 E 1 E/OE	ψ ¢	15,000,000.00				
	Ħ,									*AUTO *EMP E		\$	6,000,000.00 5,000,000.00				
	l l	DEDUCTIBLE										\$	10,000,000.00				
	1 * * 1	RETENTION \$ 0									CIARY (Occur&Aggr)	\$	5,000,000.00				
	EMPL	KERS COMPENSATION A LOYERS' LIABILITY								PE							
	ANY I	PROPRIETOR/PARTNER/E CER/MEMBER EXCLUDED	EXECUTIVE Y / N	N/A							H ACCIDENT	\$					
	(Man	datory in NH)	, <u> </u>	N/A							ASE - EA EMPLOYEE	\$					
	DESC	, describe under CRIPTION OF OPERATION	IS below							E.L. DISE	ASE - POLICY LIMIT	\$					
	ОТНЕ	ER .															
			OCATIONS / VEHI	CLES (ACOR	0 101, Additional Remarks Schee	dule, r	may be attached if	more space is req	uired)							
12	/16/2	022 14:12:36															
CE	RTIFIC	CATE HOLDER					CANCELLATION										
	Walnu	t Village									D POLICIES BE CA						
		. Walnut Street					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.										
	Anahe				(CA 92802	′``			5 v /c							
'					`	0	AUTHORIZED REPRESENTATIVE										
											77.						
							Cha a. Mayle										



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

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	tificate does not confer rights to the				policy, certain policies may require an endorsement. A statement on this h endorsement(s).									
_	DUCER				CONTACT Underwriting Associate									
	ing Communities Shared Services LTD				PHONE 047 540 0005 FAX 047 540 0005									
	0 W. Winchester Road				(A/C	ΛII		(A/C, No): 047-32	+9-0095					
	e 109	0	0040		ADD	RESS: Ce	ertificates@cari	ngcomm.org						
LIDE	ertyville IL	ь	0048			INSURE	R(S) AFFORD	ING COVERAGE	NAIC#					
INSU	RED Front Porch Communities and Ser	vices			INSU	JRERA: Caring	Communities,	A Reciprocal RRG	12373					
Froi	nt Porch Communities and Services				INSU	JRER B:		·						
Wel	oster House				INSU	JRER C:								
-	Webster Street				INSU	JRER D:								
Palo	o Alto		CA	94301	INSURER E:									
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:	•					
	IIS IS TO CERTIFY THAT THE POLICIES													
CE		PERT/	AIN, T	HE INSURANCE AFFORDE	OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THI DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EEN REDUCED BY PAID CLAIMS.									
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE \$	1,000,000.00					
	CLAIMS MADE X OCCUR					01/01/2023	01/01/2024	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00					
	X PL/ML–Claims Made			Includes Management Liab	٠,١			MED EXP (Any one person) \$	-					
					5,000			PERSONAL & ADV INJURY \$	1,000,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$	0,000 5.000			GENERAL AGGREGATE \$	3,000,000.00					
	X POLICY PRO- JECT LOC			riduolary on the ordinary	,,,,,,			PRODUCTS - COMP/OP AGG \$	incl					
	OTHER:							PL/GL SIR Per Claim \$	75,000.00					
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$						
	ANY AUTO							BODILY INJURY (Per person) \$						
	ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident) \$						
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident) \$						
								\$						
_				CCRRRG-0002-23		01/01/2023	01/01/2024	EACH OCCURRENCE PL/GL \$	10,000,000.00					
Α	UMBRELLA LIAB X OCCUR-GL			*Sublimits apply	01/01/2023		AGGREGATE PL/GL \$	15,000,000.00						
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00					
	DEDUCTING 5							*EMP BEN \$	5,000,000.00					
	X RETENTION \$ 0							EPLI/D&O (Occur&Aggr) \$ *FIDUCIARY (Occur&Aggr) \$	10,000,000.00 5,000,000.00					
	WORKERS COMPENSATION AND							PER OTH-	5,000,000.00					
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							STATUTE ER						
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE\$						
	OTHER							E.L. DISEASE - POLICY LIMIT \$						
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	D 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)						
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	RTIFICATE HOLDER				CAI	NCELLATION								
CEI	RIFICATE HOLDER			1	CAI	NCELLATION								
,	Nobetor House							ESCRIBED POLICIES BE CAN						
	Webster House							REOF, NOTICE WILL BE	DELIVERED IN					
	137 Webster Street			04.004	AC	JOORDANCE W	ITH THE POLICY	r PROVISIONS.						
	Palo Alto		(CA 94301	AUT	HORIZED REPRES	SENTATIVE							
					Sta a. Nagle									



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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this					
_	DUCER				CONTACT Underwriting Associate									
	ng Communities Shared Services LTD				PHONE (A/C, No, Ext): 847-549-8225 (A/C, No): 847-549-8095									
	0 W. Winchester Road e 109				E-MAIL ADDRESS: Certificates@caringcomm.org									
	ertyville IL	6	0048		ADD									
						INSURE	R(S) AFFORD	ING COVERAGE	NAIC #					
	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373					
	nt Porch Communities and Services				INSL	JRER B:								
	sley Palms 4 Loring Street				INSL	JRER C:								
	Diego		CA	92109		JRER D:								
					INSU	JRER E:								
				NUMBER:	REVISION NUMBER: AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOR									
INI CE EX	DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA OLICIE	EMENT AIN, T ES. LIN	T, TERM OR CONDITION (THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED ID CLAIMS.	ER DOCUMENT WITH RESPECT TO WHICH THIS IBED HEREIN IS SUBJECT TO ALL THE TERMS						
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS						
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	X PL/ML–Claims Made			Includes Management Liab	1			MED EXP (Any one person) \$	-					
					5,000 0,000			PERSONAL & ADV INJURY \$	1,000,000.00					
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00					
	JECT L							PRODUCTS - COMP/OP AGG \$ PI /GI SIR Per Claim \$	incl					
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	75,000.00					
	ANY AUTO							(Ea accident) \$ BODILY INJURY (Per person) \$						
	ALL OWNED SCHEDULED AUTOS AUTOS							BODILY INJURY (Per accident) \$						
	HIPED ALITOS NON-OWNED							PROPERTY DAMAGE						
	AUTOS							(Per accident) \$						
				0000000000000		04/04/0000	04/04/0004	EACH OCCURRENCE PL/GL \$	10,000,000.00					
Α	UMBRELLA LIAB X OCCUR-GL	CCRRRG-0002-23 *Sublimits apply				01/01/2023	01/01/2024	AGGREGATE PL/GL \$	15,000,000.00					
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO \$	6,000,000.00					
								*EMP BEN \$	5,000,000.00					
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$	10,000,000.00					
	X RETENTION \$ 0 WORKERS COMPENSATION AND							*FIDUCIARY (Occur&Aggr) \$	5,000,000.00					
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							STATUTE ER						
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT \$						
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$						
	OTHER							E.L. DISEASE - POLICY LIVIT						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACORI	101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)						
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CEF	RTIFICATE HOLDER				CANCELLATION									
					C		THE ADOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BETODE					
٧	Vesley Palms							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE						
2	2404 Loring Street						ITH THE POLICY							
5	San Diego		(CA 92109										
					AUTHORIZED REPRESENTATIVE									
					Sta G. Tragle									

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 Amortization from Consolidating Schedule-Statement	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
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) Principal payment: Unamortized premium (See Note 8,	=	-	-	-		-								(8,113,000)	(8,113,000)
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 Prem Less Accretion of Asset Retirement	ium		31,977											2,097,000 34,875	2,097,000 66,852
Sub total - Cash paid for interest Credit Enhancement	205,000	672,000	118,977	202,000	105,000	2,934,000	-	-	-	-	-	-	-	11,303,875	15,540,852
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
e a a cash para isi marasa	205,000	672,000	118,977	202,000	105,000	2,934,000				_			_	11,303,875	15,540,852
	200/000	0,2,000	110/377	202/000	100/000	2/33 1/000								11/505/075	15/5/10/052
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
Ze. 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

	Carlsbad	Claremont	Sunny View	Villa Gardens	Vista del Monte	Walnut Village							F	Front Porch	Total Audited Financial
Form 5-4															
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 Mutual Funds Equities securities Alternatives Govt mort backed Less Government Securities with a maturity date of five y Total investments	14,857,092 74,370,804 295,574,450 15,968,867 10,923,343 (3,371,059) 408,323,496
Long-term investments per audited financials Less Government Securities with a maturity date of five y Less Investment not available for Operations Add: Misclassified Treasury bill (passed audit entry) Back out: Joint Venture Investments	464,576,001 (3,371,059) (52,728,477) (152,968) 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) Less: Investments not available to service debt Debt Service reserve per Form 5-5	15,269,161
Debt Service interest fund Debt Service project fund Debt Service Reserve fund Debt Service principal fund Debt Service Revenue fund Debt Service reserve principal fund	6,632,455 76,706 8,560,000 - 15,269,161

Annual Reserve Worksheet March 31, 2023

Debt Service Reserve Operating Exp Reserve	1 2	23,909,298 23,016,781		From Form 5-3 Line 4 From Reconciliation from Reserve Report to F	Financials (Total of all CCRC from Form 5-4 line 6)
Total	3	46,926,079			
Qualifying Asset	<u>Debt</u> :	<u>Service</u>	Operating Reserve		
Cash Investment Sec	4 5	8,640,137	53,652,237.17 12,464,891	AuditC1All- Lead Sheet Cash & Cash Equivalence See breakdown below L4 & L5	ent (Total) plus Govt securities 5yr or less maturity date (see breakdown below) less Cash
Equity Securities	6 7 8		369,945,254	See breakdown below L6	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
Debt Service Other	9	15,269,161		AwUL - Note 3 per Audited Financial	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 Comparis	son -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	15,403,68	7 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						
Funds Held by Trustee									
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					
		15,269		15,206					
Other Limited Uses HUD facility reserves Held by Trustee under indenture agreement		18,266 9,350		16,433 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					
		59,238		58,726					
	\$	74,508	\$	73,932					

Consolidating Schedule - Statement of Financial Position

March 31, 2023

(Dollars in thousands)

			Sunny View	Villa	Vista	Walnut	Canterbury	St. Paul's	Los Gatos	Spring Lake	San Francisco	Webster	Friends			
Assets	Carlsba	d Claremont	Manor	Gardens	del Monte	Village	Woods	Towers	Meadows	Village	Towers	House	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 Assets whose use is limited or restricted – required for														7,701 15,404		7,701 15,404
current liabilities														13,404		13,404
Resident and patient accounts receivable	1,47		378	1,096	24	(1)	683	935	(83)	675	594	870	(80)	7,524		14,782
Prepaid expenses and other current assets	6		96	75	5	27	55	679	237	824	1,805	330	22	7,830		12,109
Intercompany receivables	42,56		28,275	148,772	43,794			16,462			8,200			(281,941)	(6,123)	-
Total current assets	44,10	2 824	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		_	<u> </u>	-										466,123	(1,547)	464,576
Total investments		-	-	-	-	-	-	-	-	-	-	-	-	524,300	(1,547)	522,753
Property and Equipment, net	49,93	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 Other assets		104					98	1	30	7	68		1.013	1,219 14,561		1,219 15,882
In place leases		104					98 1,687	11,293	30	15,620	17,747	5,867	1,013	14,361		52,376
Net pension asset							1,007	11,273		13,020	17,747	3,007		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	\$ 94,03	2 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	1,00		506	753	332	2,090	458	764	73	1,335	2,141	434	339	13,163	(58)	23,874
Accrued payroll and related expenses	89		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	2.17	7 220	410	5.240	454	5.640	117	2 201	205	4 415	1.700	1.063	100	6,645		6,645
Other accrued expenses	2,17		418	5,348	454	5,642	117	2,281	205	4,417	1,680	1,063	123	823		25,076
Total current liabilities	4,07	2 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

Consolidating Schedule – Statement of Financial Position

March 31, 2023

(Dollars in thousands)

San

									T 0		F :					
			Sunny View	Villa	Vista	Walnut	Canterbury	St. Paul's	Los Gatos	Spring Lake	Francisco	Webster	Friends			
Assets	Carlsbad	Claremont	Manor	Gardens	del Monte	Village	Woods	Towers	Meadows	Village	Towers	House	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	35,545	14,568	8,460	61,395	10,332	149,808	17,695	41,826	14,661	111,460	82,587	32,454	6,589	357,063	(9,368)	935,075
Net Assets																
Without donor restriction With 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 35,468	(476)	933,739 35,468
Total net assets	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	502,374	(476)	969,207
Total liabilities and net 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
	(0)	(0)	0	(0)	-	_	-	-	-	-	-	-	0	0	-	(0)

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 Amortization of entrance fees Affordable housing fees and rents	\$ 17,075 4,601	\$ 20,077 2	\$ 17,732 1,156	\$ 25,828 3,220	\$ 16,669 1,435	\$ 12,407 1,330	\$ 13,278 597	\$ 23,136 4,591	\$ -	\$ 31,753 9,311	\$ 27,002 9,069	\$ 12,598 691	\$ 3,818 1,368	\$ 90,836 31,053	\$ (202)	\$ 312,007 37,371 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	(0.50)	13,377
Program expenses Other	343	486	382	444	218	296	256	447	147	1,183	462	453	164	4,272 3,828	(850) (195)	3,422 8,914
Other	343	480	382	444	218	290	230	447	147	1,183	402	433	104	3,828	(193)	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																s -
COVID-19-related income	(57)	(106)	(115)	(80)	(25)	(22)	(10)	(7)	_	(57)	(7)	_	(8)	(1,054)		(1,548)
Amortization of acquired intangible assets and other	(37)	(100)	(113)	-	(23)	-	(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)
1 8			(- 7		(- /		`	() -)			(-,)		(/			
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 Other components of net periodic benefit costs Inherent contribution Loss on extinguishment of debt	-	-		-	-	-	-	(3)	-	-	-	1 -	(11)	(32,964) 1,910		(32,977) 1,910 - -
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)

Consolidating Schedule - Statement of Cash Flow

March 31, 2023

(Dollars in thousands)

								St.		Spring	San				
	Carlsbad	Claremont	Sunny	Villa	Vista del	Walnut	Canterbury	Paul's	Los Gatos	Lake	Francisco	Webster	Friends		
	by the Sea	Manor	View	Gardens	Monte	Village	Woods	Towers	Meadows	Village	Towers	House	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)

		(b)	(c)	(d)	(e)
	(a)			Credit Enhancement	
Long-Term		Principal Paid	Interest Paid	Premiums Paid	Total Paid
Debt Obligation	Date Incurred	During Fiscal Year	During Fiscal Year	in Fiscal Year	(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)

		(b)	(c)	(d)	(e)
	(a)				
				Number of	Reserve Requirement
Long-Term		Total Interest Paid	Amount of Most Recent	Payments over	(see instruction 5)
Debt Obligation	Date Incurred	During Fiscal Year	Payment on the Debt	next 12 months	(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)	\$21,748,028
2	Total from Form 5-2 bottom of Column (e)	\$0
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	\$2,161,270
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	\$23,909,298

PROVIDER: Front Porch Communities & Services

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

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

PROVIDER: Front Porch Communities & Services
COMMUNITY: Claremenot Manor

Line		Amounts	TOTAL
1 Total open	rating expenses from financial statements	_	\$18,914,000
2 Deduction	ns:		
a. Interest pa	aid on long-term debt (see instructions)	\$86,000	
b. Credit enh	nancement premiums paid for long-term debt (see instructions)		
c. Depreciat	ion	\$2,922,000	
d. Amortizat	ion	\$1,000	
	received during the fiscal year for services to persons who did not have a g care contract	\$11,553,000	
f. Extraordi	nary expenses approved by the Department		
3 Total Ded	uctions		\$14,562,000
4 Net Opera	ating Expenses		\$4,352,000
5 Divide Lin	ne 4 by 365 and enter the result.	_	\$11,923
6 Multiply	Line 5 by 75 and enter the result. This is the provider's operating expense	reserve amount.	\$894,247
	rch Communities & Services		
COMMUNITY: Sunny Vi	ew Reirement Community		

Line		Amounts	TOTAL
1	Total operating expenses from financial statements	_	\$24,727,000
2	Deductions:		
a	Interest paid on long-term debt (see instructions)	\$202,000	
b	. Credit enhancement premiums paid for long-term debt (see instructions)		
c	. Depreciation	\$4,204,000	
d	. Amortization	\$3,000	
e	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$12,298,000	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions	_	\$16,707,000
4	Net Operating Expenses	_	\$8,020,000
5	Divide Line 4 by 365 and enter the result.	_	\$21,973
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense 1	reserve amount.	\$1,647,945
PROVIDER:	Front Porch Communities & Services		
COMMUNITY	7: Villa Gardens		

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

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

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

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

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	<u> </u>	\$86,000
4	Net Operating Expenses	_	\$557,000
5	Divide Line 4 by 365 and enter the result.	<u> </u>	\$1,526
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expe	ense reserve amount.	\$114,452
PROVIDER			
COMMON	TY: Los Gatos Meadows (Outplaced)		

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

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 Total Deductions \$9,380,0 4 Net Operating Expenses \$21,492,0 5 Divide Line 4 by 365 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1	Line			Amounts	TOTAL
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 Total Deductions \$9,380,0 4 Net Operating Expenses \$21,492,0 5 Divide Line 4 by 365 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1	1		Total operating expenses from financial statements		\$30,872,000
b. Credit enhancement premiums paid for long-term debt (see instructions) c. Depreciation d. Amortization e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract f. Extraordinary expenses approved by the Department Total Deductions Net Operating Expenses Divide Line 4 by 365 and enter the result. This is the provider's operating expense reserve amount. Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.	2		Deductions:		
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 Total Deductions \$9,380,0 Net Operating Expenses \$21,492,0 Divide Line 4 by 365 and enter the result. \$58,8 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1		a.	Interest paid on long-term debt (see instructions)		
d. Amortization \$0 e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract f. Extraordinary expenses approved by the Department Total Deductions \$9,380,0 Net Operating Expenses \$21,492,0 Divide Line 4 by 365 and enter the result. \$558,8 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1		b.	Credit enhancement premiums paid for long-term debt (see instructions)		
e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract f. Extraordinary expenses approved by the Department Total Deductions Net Operating Expenses Divide Line 4 by 365 and enter the result. Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$2,199,000 \$9,380,0 \$21,492,0 \$58,8		c.	Depreciation	\$7,181,000	
f. Extraordinary expenses approved by the Department Total Deductions Net Operating Expenses Divide Line 4 by 365 and enter the result. This is the provider's operating expense reserve amount. \$2,199,000 \$9,380,0 \$9,380,0 \$21,492,0 \$21,492,0 \$5 Multiply Line 5 by 75 and enter the result. \$58,8		d.	Amortization	\$0	
Total Deductions \$9,380,0 Net Operating Expenses Divide Line 4 by 365 and enter the result. \$58,8 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1		e.		\$2,199,000	
Net Operating Expenses 5 Divide Line 4 by 365 and enter the result. 6 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1		f.	Extraordinary expenses approved by the Department		
Divide Line 4 by 365 and enter the result. S58,8 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1	3		Total Deductions		\$9,380,000
Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount. \$4,416,1	4		Net Operating Expenses		\$21,492,000
<u>\$4,410,1</u>	5		Divide Line 4 by 365 and enter the result.		\$58,882
PROVIDER: Front Porch Communities & Services	6		Multiply Line 5 by 75 and enter the result. This is the provider's operating expense res	serve amount.	\$4,416,164
	PROVIDER		Front Porch Communities & Services		
COMMUNITY: San Francisco Towers	COMMUNI	ITY:	San Francisco Towers		

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

COMMUNITY: Webster House

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

FORM 5-5 ANNUAL RESERVE CERTIFICATION

Provider Name: Fiscal Year Ended:	Front Porch Communities & Services March 31, 2023		
We have reviewed ou the period ended	r debt service reserve and operating expense March 31, 2023	reserve requirements as of, and for and are in compliance with tho	
Our liquid reserve require as follows:	uirements, computed using the audited finar	ncial statements for the fiscal year	
[1]	Debt Service Reserve Amount	<u>Amount</u> \$23,909	,298_
[2]	Operating Expense Reserve Amount	\$23,016	,781
[3]	Total Liquid Reserve Amount:	\$46,926	,079
- 440.4			
Qualifying assets suff	icient to fulfill the above requirements are he	An	nount
	Qualifying Asset Description	(market value a <u>Debt Service Reserve</u>	at end of quarter) <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
G:	Surplus/(Deficiency): [15]	\$0	[16] \$413,045,601
Signature:			
7/h 7. St	1/_	г	Octo: 7/28/2022
(Authorized Represen	ntative)	L	Pate: 7/28/2023
CEO			

(Title)

Continuing Care Retirement Community

Date Prepared: 6/21/23

commoning care norm	Dato 11 opurou: <u>0/21/20</u>
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: <u>1998</u> ACRES: <u>3.8</u> STORY STORY 🖵 OT	HER: MILES TO HOSPITAL: 5
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
NUMBER OF UNITS: <u>RESIDENTIAL LIVING</u>	HEALTH CARE
APARTMENTS — STUDIO: 15	ASSISTED LIVING: RES can be AL
APARTMENTS — 1 BDRM: 77	SKILLED NURSING: 33
APARTMENTS — 2 BDRM: 65	SPECIAL CARE: 0
COTTAGES/HOUSES: 0	DESCRIPTION: >
RLU OCCUPANCY (%) AT YEAR END: 98%	
· · · · · · · · · · · · · · · · · · ·	
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
TYPE OF OWNERSHIP: ⊠ NOT-FOR-PROFIT □ FOR- PROFIT	ACCREDITED?: □ YES ☒ NO BY:
FORM OF CONTRACT: ☑ CONTINUING CARE ☐ LIFE CAR (Check all that apply) ☐ ASSIGNMENT OF ASSETS ☐ EQUITY	RE ☑ ENTRANCE FEE ☑ FEE FOR SERVICE ☑ 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? \square YES \boxtimes 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

FACILITY SERVICES AND AMENITIES							
COMMON AREA AMENITIES	<u> AVAILABLE</u>	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE		
BEAUTY/BARBER SHOP		X	HOUSEKEEPING (4 TIMES/MONTH)	X			
BILLIARD ROOM	X		MEALS (2/DAY)	\boxtimes			
BOWLING GREEN			SPECIAL DIETS AVAILABLE	X			
CARD ROOMS	X						
CHAPEL	X		24-HOUR EMERGENCY RESPONSE	X			
COFFEE SHOP	X		ACTIVITIES PROGRAM	X			
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	X			
EXERCISE ROOM	X		APARTMENT MAINTENANCE	X			
GOLF COURSE ACCESS			CABLE TV	X			
LIBRARY	X		LINENS FURNISHED				
PUTTING GREEN			LINENS LAUNDERED		X		
SHUFFLEBOARD			MEDICATION MANAGEMENT		X		
SPA	X		NURSING/WELLNESS CLINIC	X			
SWIMMING POOL-INDOOR			PERSONAL HOME CARE		X		
SWIMMING POOL-OUTDOOR	X		TRANSPORTATION-PERSONAL	X			
TENNIS COURT			TRANSPORTATION-PREARRANGED	X			
WORKSHOP	X		OTHER _Wi-Fi	X			
OTHER _Personal Trainer		X					

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.

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.

	2020	2021	2022	2023
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,	(10.004)	104.041	(07.0/7	(00.041)
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
	<u> </u>	· <u> </u>			
		<u> </u>			

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th 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 Carlsbad By The Sea (Average Fee and Change Percentage)

	2020	%	2021	%	2022	%	2023	%
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

>_____

PROVIDER NAME: FRONT PORCH

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues – Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses – Depreciation – Amortization)/365

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

Continuing Care Retirement Community

Date Prepared: 06/21/23

	Co	minoing car	e kennemenn Commoni	i iy Daid	e rreparea: vo/z1/z3
Disclosure Statement	t				
FACILITY NAME: Claremont	t Manor				
ADDRESS: 650 W. Harrison	Blvd, Claremont, CA		ZIP CODE: 9	1711 PHONE: (909)	626-1227
PROVIDER NAME: Front Po	rch		FACILITY	OPERATOR: Front Porch	
RELATED FACILITIES: 11			RELIGIOUS A	AFFILIATION:	
YEAR #	OF SING	ILE MULTI-	⊠ OTHER:	MILES TO SHO	OPPING CTR: 3/4
	RES: <u>15</u> STO		Both) HOSPITAL: 4
* * * * * * * * * * * * *	* * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * * *
NUMBER OF UNITS:	<u>RESIDENTIA</u>	<u>LL LIVING</u>	<u>HEA</u>	LTH CARE	
A	APARTMENTS — STUDIO:	20	ASSISTED LIV	ING:	
			SKILLED NURS	AL	
	PARTMENTS — 1 BDRM:				
A	PARTMENTS — 2 BDRM:		SPECIAL CA		
	COTTAGES/HOUSES:		DESCRIF	PTION: > Hospice	
RLU OCCUP <i>i</i>	ANCY (%) AT YEAR END:	75%	<u></u>		
* * * * * * * * * * * * *	* * * * * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	* * * * * * * * * * *
TYPE OF OWNERSHIP:	⊠ NOT-FOR-PROFIT	☐ FOR- PRO	FIT ACCREDITED?: □ YES	S ⊠ NO BY:	
		_			
FORM OF CONTRACT:	CONTINUING CAR		LIFE CARE 🖵 ENTRA		OR SERVICE
(Check all that apply)	☐ ASSIGNMENT OF A	ASSETS 🗖	EQUITY 🗆 MEMBI	ERSHIP ⊠ RENT <i>i</i>	\L
REFUND PROVISIONS: (C)	heck all that apply)	□Refundable	□ Repayable □ 90% □	75% □ 50% □ OTHE	R:
	11 //		1 7		
RANGE OF ENTRANCE FE	ES: \$N/A	- \$	N/A LONG-TERN	I CARE INSURANCE REQU	IRED? □ YES ⊠ NO
HEALTH CARE BENEFITS	INCLUDED IN CONT	RACT: No			
ENTRY REQUIREMENTS:	MIN ACE. 45	PRIOR PROFESSION	ON: No	OTHER:	
ENIKI KEWUIKEMENIS:	MIN. AUE:UJ	LKIOK LKOLESSI	UN: NU	UTHEN:	
RESIDENT REPRESENTAT	IVE(S) TO, AND RES	IDENT MEMBER	R(S) ON, THE BOARD: (briefly	y describe provider's compliance ar	nd residents' roles) >
	the seating of one voting r	esident director, and	one resident representative elected	from each of the 10 FP communitie	s who serve on the
Board without vote.		* * * * * * * * *			
****		EACH ITY CO	DVICES AND AMENITIES		
COMMON ADEA AMENII	FIFE AVAILABLE		ERVICES AND AMENITIES	יים אלו ווחרה וא ררר	COD EVIDA CHADCE
COMMON AREA AMENIT		FEE FOR SERVICE	SERVICES AVAILABLE		FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	X	\boxtimes	HOUSEKEEPING (_2_ TIMES/M		\boxtimes
BILLIARD ROOM	X		MEALS (3/DAY)	X	X
BOWLING GREEN			SPECIAL DIETS AVAILABLE	X	
CARD ROOMS	X				
CHAPEL	X		24-HOUR EMERGENCY RESPONS	SE 🗵	
COFFEE SHOP	X		ACTIVITIES PROGRAM	X	X
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	X	
EXERCISE ROOM	X		APARTMENT MAINTENANCE	X	
GOLF COURSE ACCESS			CABLE TV		X
LIBRARY	X		LINENC FURNICHED	□	
			LINENS FURNISHED	\boxtimes	

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.

X

X

X

X

SHUFFLEBOARD

TENNIS COURT

WORKSHOP

SWIMMING POOL-INDOOR

SWIMMING POOL-OUTDOOR

OTHER: Personal Trainer_

SPA

MEDICATION MANAGEMENT

NURSING/WELLNESS CLINIC

TRANSPORTATION-PERSONAL

TRANSPORTATION-PREARRANGED

PERSONAL HOME CARE

X

X

X

X

X

X

X

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.

	2020	2021	2022	2023
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)	(007)	(4.101)	(4) 000	(11.410)
(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
	<u> </u>				
	<u> </u>	·		-	

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th 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 Claremont Manor (Average Fee and Change Percentage)

	2020	%	2021	%	2022	%	2023	%
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

 $\textbf{COMMENTS FROM PROVIDER:} \hspace{2.5cm} \textbf{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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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

Disclosure Statement FACILITY NAME Sunny View Retirement Community		Contin	ving Care Ro	etirement Commui	nity		Date Prepared: 06/21/23
ADDRESS: 22445 Cupertino Road, Cupertino, CA ZIP CODE: 95014 PHONE: (408) 454-5600 PROVIDER NAME: Front Porch RELATED FACILITY OPERATOR: Front Porch RELATED FACILITIES: 11 RELIGIOUS AFFILIATION: Lutheran- WILES TO SHOPPING CTR: 15 OPENED: 1963 ACRES: 12 STORY S	Disclosure Statement	•					
PROVIDER NAME: Front Porch RELATED FACILITY OPERATOR: Front Porch RELATED FACILITIES: 11 YEAR # 0F	FACILITY NAME: Sunny Vie	w Retirement Community					
RELIATED FACILITIES: # 0F	ADDRESS: 22445 Cupertino	Road, Cupertino, CA		ZIP CODE:	95014	PHONE:	(408) 454-5600
FORM OF CONTRACT: CONTINUING CARE Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEALTH CARE MEALTH CARE MEALTH CARE MILES TO HOSPITAL 15 MILES TO HOSPITAL 3.6 MILES TO HO	PROVIDER NAME: Front Po	rch		FACILI	TY OPERATOR	: Front Po	rch
OPENED: 1963 ACRES: 12 STORY STORY SOTHER: Both MILES TO HOSPITAL: 3.6 NUMBER OF UNITS: RESIDENTIAL LIVING APARTMENTS — STUDIO: 53 APARTMENTS — 1 BDRM: 27 SKILLED NURSING: 48 SPECIAL CARE: 48 COTTAGES/HOUSES: DESCRIPTION: Summer House is Special Care/ Memory care RLU OCCUPANCY (%) AT YEAR END: 95% TYPE OF OWNERSHIP: NOT-FOR-PROFIT	RELATED FACILITIES: 11			RELIGIOUS	AFFILIATION	: Luthera	1-
NUMBER OF UNITS: APARTMENTS - STUDIO: 53	YEAR # (OF 🗀 SINGLE	☐ MULTI-			MILES	TO SHOPPING CTR: <u>15</u>
NUMBER OF UNITS: APARTMENTS - STUDIO: 53	OPENED: <u>1963</u> ACF	RES: <u>12</u> Story	STORY 🗵	☑OTHER: <u>Both</u>		М	ILES TO HOSPITAL: 3.6
APARTMENTS — STUDIO: 53	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * * * * * *	* * * * * *	* * * * *	* * * * * * * * * * * * *
APARTMENTS — 1 BDRM: 27 SKILLED NURSING: 48 APARTMENTS — 2 BDRM: 16 SPECIAL CARE: 48 COTTAGES/HOUSES: DESCRIPTION: > Summer House is Special Care/ Memory care RLU OCCUPANCY (%) AT YEAR END: 95% TYPE OF OWNERSHIP: NOT-FOR-PROFIT						•	
APARTMENTS — 2 BDRM: 16 SPECIAL CARE: 48 COTTAGES/HOUSES: DESCRIPTION: > Summer House is Special Care/ Memory care RLU OCCUPANCY (%) AT YEAR END: 95% TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR- PROFIT ACCREDITED?: YES NO BY: FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FOR SERVICE (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% THER: Fully Amortized RANGE OF ENTRANCE FEES: \$106,815-337,875 LONG-TERM CARE INSURANCE REQUIRED? YES NO HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No							_
COTTAGES/HOUSES: RLU OCCUPANCY (%) AT YEAR END: 95% 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 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	Α.	DADTMENTS TODAM: 27					_
RLU OCCUPANCY (%) AT YEAR END: 95% TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY:	А	FAKIMENIS — 2 DUKM: 10	<u>'</u>	SPECIAL			_ use is Chesial Care / Memory
RLU OCCUPANCY (%) AT YEAR END: 95% 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 REPORTAL REFUND PROVISIONS: (Check all that apply) Refundable Repayable 90% 75% 50% 0THER: Fully Amortized RANGE OF ENTRANCE FEES: \$106,815-337,875 LONG-TERM CARE INSURANCE REQUIRED? YES NO HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No		COTTAGES/HOUSES:		DESCR	IFIIUN: >		use is special care/ memory
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 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	סו וו חררוום ו	NCV (0%) AT VEAD END. 04	:0/2			uie	
FORM OF CONTRACT: CONTINUING CARE LIFE CARE EQUITY MEMBERSHIP 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:	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * * * * * *	* * * * * *	* * * * *	* * * * * * * * * * * * * * *
(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	TYPE OF OWNERSHIP:	⊠ NOT-FOR-PROFIT	□ FOR- PROFIT	ACCREDITED?: 🗖 Y	ES 🗵 NO	BY:	
(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	FORM OF CONTRACT:	☑ CONTINUING CARE	□ LIFE	CARE ⊠ ENTI	RANCE FEE	X	FEE FOR SERVICE
RANGE OF ENTRANCE FEES: \$106,815-337,875 LONG-TERM CARE INSURANCE REQUIRED? YES NO							
HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No	REFUND PROVISIONS: (C)	<i>heck all that apply)</i> ⊠ Re	fundable 🗖 Repo	ayable 🗆 90% 🗅 75%	□ 50% □	⊠ OTHER: F	ully Amortized
	RANGE OF ENTRANCE FE	ES: \$106,815-337,875 Lo	ONG-TERM CAF	RE INSURANCE REQUI	RED? 🗆 YE	S 🗵 NO	
ENTRY REQUIREMENTS: MIN. AGE: 62 PRIOR PROFESSION: No OTHER:	HEALTH CARE BENEFITS	NCLUDED IN CONTRAC	T: <u>No</u>				
	ENTRY REQUIREMENTS:	MIN. AGE: 62 PRIO	OR PROFESSION:	No	OTH	ER:	

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

		IACILIII	SERVICES AND AMERICA		
COMMON AREA AMENITIES	<u>available</u>	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	X	X	HOUSEKEEPING (_4_ TIMES/MONTH)	X	\boxtimes
BILLIARD ROOM			MEALS (_3/DAY)	X	
BOWLING GREEN	X		SPECIAL DIETS AVAILABLE	X	
CARD ROOMS	X				
CHAPEL	X		24-HOUR EMERGENCY RESPONSE	X	
COFFEE SHOP	X		ACTIVITIES PROGRAM	X	
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	X	
EXERCISE ROOM	X		APARTMENT MAINTENANCE	X	
GOLF COURSE ACCESS	X	X	CABLE TV- (if upgrade extra)	X	\boxtimes
LIBRARY	X		LINENS FURNISHED-towels only	X	
PUTTING GREEN-not on property	X	X	LINENS LAUNDERED	X	\boxtimes
SHUFFLEBOARD			MEDICATION MANAGEMENT		\boxtimes
SPA-not on property	X	X	NURSING/WELLNESS CLINIC		\boxtimes
SWIMMING POOL-INDOOR-not on property	X	X	PERSONAL HOME CARE		\boxtimes
SWIMMING POOL-OUTDOOR-not on property	X	X	TRANSPORTATION-PERSONAL	X	\boxtimes
TENNIS COURT-not on property	X	X	TRANSPORTATION-PREARRANGED	X	\boxtimes
WORKSHOP			OTHER _WiFi	X	
OTHERpersonal trainer	X	X			

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.

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.

	2020	2021	2022	2023
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)	(8,121)	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)

OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD
198,940	5.0%	09/01/2021	2051	April 1
106,625	Variable	09/01/2021	2051	April 1
97,565	3.5% - 5%	09/06/2017	2047	April 1
77,505	0.570 570	07/00/2017		
_				-
	198,940 106,625	BALANCE RATE 198,940 5.0% 106,625 Variable	BALANCE RATE ORIGINATION 198,940 5.0% 09/01/2021 106,625 Variable 09/01/2021	BALANCE RATE ORIGINATION MATURITY 198,940 5.0% 09/01/2021 2051 106,625 Variable 09/01/2021 2051

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th 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 - Sunny View Retirement Community (Average Fee and Change Percentage)

	2020	%	2021	%	2022	%	2023	%
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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

	·	ontinuing Car	e Ketirement Community	Dat	e Preparea: <u>6/21/23</u>
Disclosure Statement					
FACILITY NAME: Villa Gardens					
ADDRESS: 842 E. Villa St, Pasa	dena, CA		ZIP CODE: 91101	PHONE: (626)	463-5300
PROVIDER NAME: Front Porch			FACILITY OPERA	TOR: Front Porch	
RELATED FACILITIES: 11			RELIGIOUS AFFILIAT	ION:	
YEAR # OF		NGLE MULTI-		MILES TO SHO	OPPING CTR: 1
OPENED: 1933 ACRES:	4.0 ST	ORY STORY	⊠OTHER: Both) HOSPITAL: 2
* * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * * * *
NUMBER OF UNITS:	<u>RESIDENT</u>	<u>IAL LIVING</u>	HEALTH CA	<u>\re</u>	
APAI	RTMENTS — STUDI	0: <u>18</u>	ASSISTED LIVING: _RE		
APAF	RTMENTS — 1 BDR	M: <u>83</u>	SKILLED NURSING: _#	of beds 54	
APAF	RTMENTS — 2 BDR	M: 92	SPECIAL CARE: 19)	
	COTTAGES/HOUSI	:S: 2	DESCRIPTION: >	•	
RLU OCCUPANC	Y (%) AT YEAR EN	D: 96%			
* * * * * * * * * * * * * *	* * * * * * * *	* * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * *
TYPE OF OWNERSHIP:	☑ NOT-FOR-PROF	IT 🗆 FOR-PRO	OFIT ACCREDITED? • YES • NO	BY:	
	CONTINUING C		LIFE CARE 🗵 ENTRANCE FEI		OR SERVICE
(Check all that apply)	ASSIGNMENT OI	ASSETS \Box	EQUITY	⊠ RENTA	AL
REFUND PROVISIONS: (Check	k all that apply)	⊠ Refundable □	⊠ Repayable ⊠ 90% □ 75% □	50% 🗵 OTHER: Fu	Illy Amortized
RANGE OF ENTRANCE FEES:	\$239,000 — 1,00	0,000.00 LONG -	TERM CARE INSURANCE REQUIRED)? □ YES ⊠ NO	
HEALTH CARE BENEFITS INC	LUDED IN CON	TRACT: No			
ENTRY REQUIREMENTS: MI	N. AGE: 60	PRIOR PROFESSI	ON: No	OTHER:	
	d through the sea	ting of one voting	R(S) ON, THE BOARD: (briefly descri		
		FACILITY S	ERVICES AND AMENITIES		
COMMON AREA AMENITIES	<u>AVAILABLE</u>	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	X	×	HOUSEKEEPING (4 TIMES/MONTH)	\boxtimes	
BILLIARD ROOM			MEALS (1/DAY — 3 Offered)	\boxtimes	\boxtimes
BOWLING GREEN			SPECIAL DIETS AVAILABLE	\boxtimes	
CARD ROOMS	X				
CHAPEL	X		24-HOUR EMERGENCY RESPONSE	\boxtimes	
COFFEE SHOP	X	X	ACTIVITIES PROGRAM	\boxtimes	
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	\boxtimes	
EXERCISE ROOM	X		APARTMENT MAINTENANCE	\boxtimes	
GOLF COURSE ACCESS		_	CABLE TV		×
LIBRARY	×	_	LINENS FURNISHED	\boxtimes	
PUTTING GREEN	×	ā	LINENS LAUNDERED	☒	\boxtimes
SHUFFLEBOARD		ō	MEDICATION MANAGEMENT		⊠
SPA	×	_	NURSING/WELLNESS CLINIC	×	

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.

SWIMMING POOL-INDOOR

OTHER Personal Trainer

TENNIS COURT

WORKSHOP

SWIMMING POOL-OUTDOOR

X

X

OTHER Wi-Fi

PERSONAL HOME CARE

TRANSPORTATION-PERSONAL

TRANSPORTATION-PREARRANGED

Х

X

X

X

Х

X

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.

_	2020	2021	2022	2023
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)

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

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th 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 — Villa Gardens (Average Fee and Change Percentage)

2022	% 2023	%
5465 3.9	5765	5.5
4886 3.9	5155	5.5
5586 3.9	5893	5.5
7246 3.9	7644	5.5
N/A		
460/Day 3.9	485	5.5
9400 3.9	9918	5.5
	5465 3.9 4886 3.9 5586 3.9 7246 3.9 N/A 460/Day 3.9	5465 3.9 5765 4886 3.9 5155 5586 3.9 5893 7246 3.9 7644 N/A 460/Day 3.9 485

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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

Continuing Care Retirement Community

Date Prepared: <u>06/21/23</u> **Disclosure Statement** FACILITY NAME: Vista del Monte ZIP CODE: ADDRESS: 3775 Modoc Road, Santa Barbara, CA 93105 PHONE: (805) 687-0793 PROVIDER NAME: Front Porch FACILITY OPERATOR: Front Porch RELIGIOUS AFFILIATION: None **RELATED FACILITIES:** # OF YEAR □ SINGLE □ MULTI-MILES TO SHOPPING CTR: OPENED: <u>1964</u> ACRES: 9.5 STORY STORY **⊠OTHER**: <u>Both</u> MILES TO HOSPITAL: 5 **NUMBER OF UNITS: RESIDENTIAL LIVING HEALTH CARE** APARTMENTS — STUDIO: 30 ASSISTED LIVING: RES can be AL APARTMENTS — 1 BDRM: 103 **SKILLED NURSING:** APARTMENTS - 2 BDRM: 35 SPECIAL CARE: 24 COTTAGES/HOUSES: 0 DESCRIPTION: > RLU OCCUPANCY (%) AT YEAR END: 93.8% TYPE OF OWNERSHIP: NOT-FOR-PROFIT □ FOR- PROFIT ACCREDITED?: □ YES ☒ NO BY: FORM OF CONTRACT: **区 CONTINUING CARE** ☐ LIFE CARE **区 ENTRANCE FEE IX** FEE FOR SERVICE ■ ASSIGNMENT OF ASSETS □ EQUITY **区** RENTAL (Check all that apply) □ MEMBERSHIP **REFUND PROVISIONS:** (Check all that apply) \boxtimes Refundable \boxtimes Repayable \boxtimes 90% \square 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

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.

OTHER:

PRIOR PROFESSION: No

ENTRY REQUIREMENTS: MIN. AGE: 60

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

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.

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.

			2020	2021		2022	2023
INCOME FROM ONGOING OPERATING INCOME	OPERATIONS	;					
Excluding amortization of er	ntrance fee incor	ne)	169,376		307,740	362,513	315,7
ESS OPERATING EXPENS	SES						
Excluding depreciation, amo	rtization, and in	terest)	170,818 159,900		159,900	291,743	314,2
IET INCOME FROM OPER	RATIONS		(1,442)	(1,442) 147,840		70,770	1,5
ESS INTEREST EXPENSE			(9,315)		(8,758)	(14,725)	(13,3)
PLUS CONTRIBUTIONS					0	0	
	NCOME /EVDEI		0		<u></u>	<u> </u>	
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)		(237)		(4,121)	641,022	(11,4	
NET INCOME (LOSS) BEFO		E FEES,	/10 004\		124.041	407.047	(22.2
PERRECIATION AND AMO	JKIIZAIION		(10,994)		134,961	697,067	(23,2
NET CASH FLOW FROM E Total Deposits Less Refunds		•	16,216		5,629	53,342	36,4
* * *	, ,	* * * * * * * * * * *		* * * * * * * * *	* * * * * * * * *	******	
ESCRIPTION OF SECURE	D DEBT (as of	most recent fiscal		DAT	E OF	DATE OF	AMODTIZATION
LENDER		BALANCE	G INTEREST Rate		E OF NATION	DATE OF MATURITY	AMORTIZATION PERIOD
SCDA	<u> </u>	98,940	5.0%	09/01/2		2051	April 1
SCDA		06,625	Variable	09/01/2		2051	April 1
SCDA		97,565	3.5% - 5%	09/06/20	_	2047	April 1
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * t page for ratio fo	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * *	* * * * * * * * :	* * * * * * * *	* * * * * * * * * * * *	* * * * * *
,		2017 CCAC Med 50th Percentil					
		(optional)		2021		2022	2023
				34.2%		23.7%	24.0%
DEBT TO ASSET RATIO	_		_	- 1.2 / 0		01.70/	00.00/
	_			88.6%		91.7%	93.9%
PERATING RATIO						6.34	4.27%
OPERATING RATIO DEBT SERVICE COVERAGE R	_			88.6%			
OPERATING RATIO DEBT SERVICE COVERAGE R	_			88.6% 4.42	* * * * * * * *	6.34	4.27%
OPERATING RATIO DEBT SERVICE COVERAGE FOR DAYS CASH ON HAND RATI	O * * * * * * * * * CE FEES — Vista d	, ,	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5	* * * * * * * * * * * * * * * * * * * *	6.34 730.3	4.27% 586.8% * * * * * *
DERATING RATIO DEBT SERVICE COVERAGE F DAYS CASH ON HAND RATI * * * * * * * * * * * * HISTORICAL MONTHLY SERVI	0 * * * * * * * * * CE FEES — Vista d 2020	<u></u> %	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 * * * * * * * * * *	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * *
PERATING RATIO PEBT SERVICE COVERAGE FOR PAYS CASH ON HAND RATION HAND RATION HISTORICAL MONTHLY SERVICES STUDIO	0 * * * * * * * * * * CE FEES — Vista d 2020 6024	4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 * * * * * * * * * * * * * * * * * * *	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 %
PERATING RATIO PEBT SERVICE COVERAGE FOR PAYS CASH ON HAND RATION HAND RATION HISTORICAL MONTHLY SERVICES ON THE PEDROOM ONE BEDROOM	CE FEES — Vista d 2020 6024 7586	% 4.50 4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 ************************************	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 5.5 5.5
PERATING RATIO DEBT SERVICE COVERAGE FOR PAYS CASH ON HAND RATION STUDIO ONE BEDROOM TWO BEDROOM	0 * * * * * * * * * * CE FEES — Vista d 2020 6024	4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 * * * * * * * * * * * * * * * * * * *	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 %
DPERATING RATIO DEBT SERVICE COVERAGE F DAYS CASH ON HAND RATI * * * * * * * * * * * HISTORICAL MONTHLY SERVI STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE	CE FEES — Vista d 2020 6024 7586	% 4.50 4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 ************************************	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 5.5 5.5
DPERATING RATIO DEBT SERVICE COVERAGE F DAYS CASH ON HAND RATI * * * * * * * * * * * HISTORICAL MONTHLY SERVI STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING	CE FEES — Vista d 2020 6024 7586	4.50 4.50 4.50 4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 ************************************	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 5.5 5.5
ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE	CE FEES — Vista d 2020 6024 7586	% 4.50 4.50	* * * * * * * * * * * * * * * * * * *	88.6% 4.42 834.5 ************************************	2022	6.34 730.3 * * * * * * * * * * * * * * * * * * *	4.27% 586.8% * * * * * * * 23 5.5 5.5

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

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

Continuing Care Retirement Community

Date Prepared: 06/21/23 **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: **RELIGIOUS AFFILIATION:** 11 YEAR # OF ☐ SINGLE ■ MULTI-MILES TO SHOPPING CTR: OPENED: STORY MILES TO HOSPITAL: ACRES: 10.3 STORY **⊠OTHER**: <u>Both</u> **NUMBER OF UNITS:** RESIDENTIAL LIVING **HEALTH CARE** APARTMENTS — STUDIO: 3 **ASSISTED LIVING:** N/A APARTMENTS - 1 BDRM: 49 **SKILLED NURSING:** N/A APARTMENTS - 2 BDRM: 95 SPECIAL CARE: COTTAGES/HOUSES: 9 DESCRIPTION: > RLU OCCUPANCY (%) AT YEAR END: 90% ACCREDITED?: □ YES ⊠ NO BY: TYPE OF OWNERSHIP: NOT-FOR-PROFIT ☐ FOR- PROFIT FORM OF CONTRACT: **区 ENTRANCE FEE ⋈** FEE FOR SERVICE **区** CONTINUING CARE ☐ LIFE CARE ■ ASSIGNMENT OF ASSETS □ EQUITY **□** MEMBERSHIP ☐ RENTAL (Check all that apply) **REFUND PROVISIONS:** (Check all that apply) ⊠ Refundable ⊠Repayable ⊠ 90% □ 75% ⊠ 50% **☒** OTHER: Fully Amortized 620,900 LONG-TERM CARE INSURANCE REQUIRED? ☐ YES ☒NO RANGE OF ENTRANCE FEES: \$ 138,442 - \$ HEALTH CARE BENEFITS INCLUDED IN CONTRACT: No OTHER: ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: No

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 SI	ERVICES AND AMENITIES		
COMMON AREA AMENITIES	<u> AVAILABLE</u>	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	X	X	HOUSEKEEPING (TIMES/MONTH)	_4_	
BILLIARD ROOM	X		MEALS (/DAY)	1	X
BOWLING GREEN			SPECIAL DIETS AVAILABLE	\boxtimes	
CARD ROOMS	X				
CHAPEL	X		24-HOUR EMERGENCY RESPONSE	\boxtimes	
COFFEE SHOP	X		ACTIVITIES PROGRAM	\boxtimes	X
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	\boxtimes	
EXERCISE ROOM	X		APARTMENT MAINTENANCE	\boxtimes	
GOLF COURSE ACCESS			CABLE TV	\boxtimes	
LIBRARY	X		LINENS FURNISHED		
PUTTING GREEN	X		LINENS LAUNDERED	\boxtimes	X
SHUFFLEBOARD			MEDICATION MANAGEMENT	\boxtimes	\boxtimes
SPA	X		NURSING/WELLNESS CLINIC	\boxtimes	\boxtimes
SWIMMING POOL-INDOOR	X		PERSONAL HOME CARE		X
SWIMMING POOL-OUTDOOR			TRANSPORTATION-PERSONAL		X
TENNIS COURT			TRANSPORTATION-PREARRANGED	\boxtimes	X
WORKSHOP	X		OTHER <u>Wifi</u>	\boxtimes	
OTHER <u>Sundry/Gift Shop</u>	X	X			

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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.

	2020	2021	2022	2023
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)

5.0% Variable	09/01/2021 09/01/2021	2051 2051	April 1 April 1
	09/01/2021	2051	April 1
3.5% - 5%	09/06/2017	2047	April 1
3.3% - 3%	09/00/2017	2047	Aprii i
			-
			-
	3.3% - 3%	3.3%0 - 3%0	3.3%0 - 3%0

FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th 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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

	JRY WOODS					
	, PACIFIC GROVE, CA		ZIP CODE:		PHONE: 831-3	73-3111
PROVIDER NAME: Front Po	orch Communities and	Services	FACILI	TY OPERATOR	: ELVYRA ABARE	
RELATED FACILITIES: See	attached		RELIGIOUS	AFFILIATION	: Historically Epi	scopalian
YEAR #	OF ✓ SIN	GLE ☑ MULTI-			MILES TO SHO	OPPING CTR:07
OPENED: 1905 AC	RES: _7 ST(ORY STORY	OTHER:		MILES TO	HOSPITAL:3.5
			* * * * * * * * * * * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * *
NUMBER OF UNITS:		AL LIVING	<u>HI</u>	ALTH CARE		
	APARTMENTS — STUDI	D:	53 ASSISTED LI 49 SKILLED NUF 18 SPECIAL		18	
	APARTMENTS — 1 BDR <i>i</i>	Λ:	49SKILLED NUF	ISING:	24	
I	APARTMENTS — 2 BDR/	Λ:	18 SPECIAL	CARE:		
	COTTAGES/HOUSE	S:	13 DESCR	IPTION: >		
RLU OCCUP	ANCY (%) AT YEAR EN	D: 83.08	%			
* * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * *	*******			* * * * * * * * * *
TYPE OF OWNERSHIP:	✓ NOT-FOR-PROFI	T □ FOR-PRO	FIT ACCREDITED?: 🗆 \	'ES ☑ NO I	BY:	
FORM OF CONTRACT:	CONTINUING CA			RANCE FEE		OR SERVICE
(Check all that apply)	☐ ASSIGNMENT OF	ASSETS	EQUITY	BERSHIP	☑ RENTA	L
REFUND PROVISIONS: (6	(heck all that apply)	☐ Refundable	□ Repayable □ 90%	□ 75% □	⊒ 50% ☑ OTH	IER: Fully Amortized_
RANGE OF ENTRANCE FE	EES: \$N/A	\$N/A_	LONG-TERM CA	RE INSURA	NCE REQUIRED	? □ YES ☑ NO
HEALTH CARE BENEFITS	INCLUDED IN CON	TRACT: Histo	ric Life Care Contract: ben	efits include	d, Mo. Agreeme	ent: fee for service.
ENTRY REQUIREMENTS:	MIN. AGE:62	PRIOR PROFESSI	ON:	ОТН	ER:	
			R(S) ON, THE BOARD : (bri			
			g resident director, and one re	esident repre	sentative elected	from each of the 10 FP
communities who serve on t	the Board without vot	9				
* * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * * *
COMMON AREA AMENI	TIES AVAILARLE	FEE FOR SERVICE	SERVICES AVAILAB	LE I	NCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP		<u>√</u>	HOUSEKEEPING (_4_ TIMES/		✓	
BILLIARD ROOM	_		MEALS (_3_/DAY)		<u> </u>	
BOWLING GREEN			SPECIAL DIETS AVAILABLE		<u> </u>	
CARD ROOMS					V	
			SI ECIAL DIEIS AVAILABLE		<u>V</u>	
	☑			NSF		
CHAPEL	$\overline{\checkmark}$		24-HOUR EMERGENCY RESPO	NSE		<u> </u>
CHAPEL COFFEE SHOP			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM		∀	
CHAPEL COFFEE SHOP CRAFT ROOMS		_ _ _	24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE		\ \ \	
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM		_ _ _	24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE		\ \ \ \ \ \	
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS		_ _ _ _	24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD SPA			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT NURSING/WELLNESS CLINIC			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD SPA SWIMMING POOL-INDOOR			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT NURSING/WELLNESS CLINIC PERSONAL HOME CARE			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD SPA SWIMMING POOL-INDOOR SWIMMING POOL-OUTDOOR			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT NURSING/WELLNESS CLINIC PERSONAL HOME CARE TRANSPORTATION-PERSONAL			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD SPA SWIMMING POOL-INDOOR SWIMMING POOL-OUTDOOR TENNIS COURT			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT NURSING/WELLNESS CLINIC PERSONAL HOME CARE TRANSPORTATION-PERSONAI TRANSPORTATION-PREARRAN			
CHAPEL COFFEE SHOP CRAFT ROOMS EXERCISE ROOM GOLF COURSE ACCESS LIBRARY PUTTING GREEN SHUFFLEBOARD SPA SWIMMING POOL-INDOOR SWIMMING POOL-OUTDOOR			24-HOUR EMERGENCY RESPO ACTIVITIES PROGRAM ALL UTILITIES EXCEPT PHONE APARTMENT MAINTENANCE CABLE TV LINENS FURNISHED LINENS LAUNDERED MEDICATION MANAGEMENT NURSING/WELLNESS CLINIC PERSONAL HOME CARE TRANSPORTATION-PERSONAL			

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 Serv	ices	_
OTHER CCRCs See Attachment 1	LOCATION (City, State)	PHONE (with area code)
MULTI-LEVEL RETIREMENT COMMUNITIES Casa de Manana	LOCATION (City, State) La Jolla, CA	<u>PHONE (with area code)</u> (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)

			2020		2021	202	22	2023
INCOME FROM ONGOI OPERATING INCOME Excluding amortization of		169,3	376	30	7,740	362,513		;
LESS OPERATING EXPE		est) <u>170,8</u>	170,818		9,900	291,743		;
IET INCOME FROM OPERATIONS		(1,44	(1,442)		7,840	70,770		
ESS INTEREST EXPENS	SE	(9,31	5)	(8,	758)	(14,725)		(
PLUS CONTRIBUTIONS		0		0		0		
PLUS NON-OPERATING excluding extraordinary i	•	(237)		(4,	21)	641,022		(
IET INCOME (LOSS) BE EES, DEPRECIATION A		N (10,9	94)	13	1,961	697,067		(
I ET CASH FLOW FROM Total Deposits Less Refun		16,21	6	5,6	29	53,342		
DESCRIPTION OF SECU	OUTS	* * * * * * <i>st recent fisc</i> TANDING LANCE	* * * * * * * cal year end) INTERE RATE	-	DATE OF ORIGINATION	DATI MATU	_	AMORTIZATION PERIOD
SCDA	198,940		5.0%		09/01/2021	20:		April 1
SCDA	106,625		Variable		09/01/2021	20:	51	April 1
SCDA	97,565		3.5% - 59	/ 0	09/06/2017	204	47	April 1
FINANCIAL RATIOS (se	2017 C 50 th	* * * * * * formulas) CAC Media Percentile optional)		2021		2022	* * * * * *	2023
EBT TO ASSET RATIO	<u>—</u>			26.609		23.7%		24.0%
PERATING RATIO EBT SERVICE COVERA	ACE DATIO		-	107.18 2.44	<u></u>	91.7% 6.34		93.9% 4.27%
				538		730.3		586.8%
PAYS CASH ON HAND			* * * * * * *	* * * *	* * * * * * * * *	* * * * * * * *	* * * * * *	* * * * * *
* * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * erage Fee ar %	nd Change Perce 2021	ntage) %	2022	0/0	202	3 %
* * * * * * * * * *	•	%	-			5.25	202 3	3 %
* * * * * * * * * * * * * * * * * * *	2020 \$4,822 \$6,212	% 4.95 4.95	2021 \$5,063 \$6,523	- 9/	\$5,329	5.25 5.25	\$5,622 \$7243	5.5 5.5
* * * * * * * * * * * * * * * * * * *	\$4,822 \$6,212 \$7,723	% 4.95 4.95 4.95	2021 \$5,063 \$6,523 \$8,109	5.00 5.00 5.00	\$5,329 \$6,865 \$8,535	5.25 5.25 5.25	\$5,622 \$7243 \$9004	5.5 5.5 5.5
ONE BEDROOM	2020 \$4,822 \$6,212	% 4.95 5 5 4.95 5 4.95 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	2021 \$5,063 \$6,523	5.00 5.00	\$5,329 \$6,865 \$8,535 \$8,820	5.25 5.25	\$5,622 \$7243	5.5 5.5

>_____

PROVIDER NAME: Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

FACILITY NAME: St. Paul's							
ADDRESS: 100 Bay Place,				ZIP CODE: 94610	PHONE: _510-8	35-4700	
PROVIDER NAME: Front P	orch Communities and	Services		FACILITY OPERATOR: Connie Yuen			
RELATED FACILITIES: See	Attached			RELIGIOUS AFFILIATI	ON: Historically Ep	iscopalian	
YEAR #	OF □SING	SLE ☑ MULTI-			MILES TO SHO	OPPING CTR:1	
OPENED: 1966 AC	CRES: _1.5_	ORY STORY	OTHER:	* * * * * * * * * * *	MILES TO	O HOSPITAL: _1	
* * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * * * * * * * *		* * * * * * * * * * * *	
NUMBER OF UNITS:	RESIDENTI	AL LIVING		HEALTH CA	<u>re</u>		
	APARTMENTS — STUDIO) _:	31	ASSISTED LIVING:	21		
	APARTMENTS — 1 BDRA	1 :	94	SKILLED NURSING:	43		
	APARTMENTS — 2 BDRA	N:	70	SPECIAL CARE:	12		
	COTTAGES/HOUSES		<u> </u>	DESCRIPTION: >		Memory Car	
RI II OCCIIP	ANCY (%) AT YFAR FNI). 89 74	0/0				
* * * * * * * * * * * * *	PANCY (%) AT YEAR END	* * * * * * * *	//	* * * * * * * * * * *		* * * * * * * * * * * * *	
TYPE OF OWNERSHIP:	☑ NOT-FOR-PROFIT	□ FOR- PRO	OFIT ACCREDI	TED?: 🗆 YES 🗅 NO	BY:		
FORM OF CONTRACT:	☑ CONTINUING CA	RE 🗹	LIFE CARE	☑ ENTRANCE FEE	✓ FEE F	OR SERVICE	
(Check all that apply)	☐ ASSIGNMENT OF	ASSETS \square	EQUITY	☐ MEMBERSHIP	□ RENTA	AL	
REFUND PROVISIONS: (6	Check all that apply)	$oxed{\square}$ Refundable	☑ Repayable	□ 90 % ☑ 75 %	□ 50% □ OT	HER: Fully Amortizing_	
RANGE OF ENTRANCE FI	E ES: \$_54,240	- \$2,775,161	LONG-1	ERM CARE INSURA	NCE REQUIRED?	□ YES ☑ NO	
HEALTH CARE BENEFITS	INCLUDED IN CON	TRACT: Life (Care Contract	benefits included.	Continuing Con	tract; fee for service	
ENTRY REQUIREMENTS:	MIN. AGE:62	PRIOR PROFESSI	ON:	0	THER:		
RESIDENT REPRESENTAT	TIVE(S) TO, AND RE	SIDENT MEMBEI	R(S) ON, THE BO	OARD: (briefly descri	be provider's compl	iance and residents'	
roles) > Directors is accomp							
communities who serve on	the Board without vote	}					
* * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * *	* * * * * * * * *	* * * * * * * * * * *	* * * * * * * * *	* * * * * * * * * *	
		FACILITY SI	ERVICES AND A	MENITIES			
COMMON AREA AMENI	TIES <u>AVAILABLE</u>	FEE FOR SERVICE		S AVAILABLE	<u>included in fee</u>	<u>for extra charge</u>	
BEAUTY/BARBER SHOP		\checkmark	HOUSEKEEPING (_4_ TIMES/MONTH)	\checkmark		
BILLIARD ROOM			MEALS (1-3/D	AY)	\checkmark	\checkmark	
BOWLING GREEN			SPECIAL DIETS A	VAILABLE	\checkmark		
CARD ROOMS	\checkmark						
CHAPEL			24-HOUR EMERG	ENCY RESPONSE	\checkmark		
COFFEE SHOP	\checkmark		ACTIVITIES PROG	RAM	\checkmark		
CRAFT ROOMS	\checkmark		ALL UTILITIES EX				
EXERCISE ROOM	\checkmark	_	APARTMENT MAI		\checkmark	_	
GOLF COURSE ACCESS		ō	CABLE TV		<u> </u>	ā	
LIBRARY		_	LINENS FURNISH	FN.	\square	_	
PUTTING GREEN			LINENS LAUNDER			_	
SHUFFLEBOARD			MEDICATION MA		oxdot	□	
SPA			NURSING/WELLN		<u>▼</u>	<u> </u>	
SWIMMING POOL-INDOOR			PERSONAL HOME		<u>v</u>	<u>v</u>	
SWIMMING POOL-OUTDOOR			TRANSPORTATIO				
TENNIS COURT			TRANSPORTATIO		7		
WORKSHOP	$\overline{\square}$		OTHERV	VITI	\checkmark		
OTHERParking		\checkmark					

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 S	Services	
OTHER CCRCs	LOCATION (City, State)	PHONE (with area code)
		<u>- 110112 (111111 11101 1010)</u>
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)
	<u></u>	

NOTE: PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.

			202	20		2021	202	2	202	22
INCOME FROM ONGOI OPERATING INCOME (Excluding amortization of			169,376		307,74	0	362,513			31.
LESS OPERATING EXPE (Excluding depreciation, a		d interest)	170,818		159,90	0	291,743			31
NET INCOME FROM OP	T INCOME FROM OPERATIONS		(1,442)		147,84	0	70,770			
LESS INTEREST EXPENS	SE		(9,315)		(8,758)		(14,725)			(13
PLUS CONTRIBUTIONS			0		0		0			
PLUS NON-OPERATING excluding extraordinary i	•	PENSES)	(237)		(4,121)		641,022			(1
• •	JET INCOME (LOSS) BEFORE ENTRANCE EES, DEPRECIATION AND AMORTIZATION		(10,994)		134,961		697,067		(23,7	
NET CASH FLOW FROM Total Deposits Less Refun		EES	16,216		5,629		53,342			;
DESCRIPTION OF SECU LENDER		OUTSTANI BALAN	DING	INTEREST RATE	0	DATE OF RIGINATION	DATE MATU	_	AMORTIZA PERIO	
CSCDA	19	98,940		5.0%	09	9/01/2021	205	<u> </u>	April 1	ı
SCDA		06,625		Variable		9/01/2021	205		April 1	
SCDA		97,565		3.5% - 5%	09	0/06/2017	204	<u> </u>	April 1	
* * * * * * * * * * * * * * * * * * *	2	ratio formu 017 CCAC 50 th Perce	Medians entile		* * * * * * • • • • • • • • • • • • • •		2022 23.7%	*****	2023 24.0%	* *
PERATING RATIO					7.18%		91.7%		93.9%	
DEBT SERVICE COVERA	AGE RATIO				2.44		6.34		4.27%	
DAYS CASH ON HAND	RATIO				538		730.3		586.8%	
* * * * * * * * * *	* * * * * * *	* * * * * *	* * * * *	* * * * * * *	* * * *	* * * * * * * * *	* * * * * * *	* * * * * *	* * * * * *	: * :
HISTORICAL MONTHLY	<u>Y SERVICE FEI</u> 2020	ES (Average %		ınge Percentaç 2021	je) %	2022	%	202	3	%
STUDIO	\$4,620	4.00			4.50	\$5,069	5.00	\$5,348	5	
	· ·				4.50	\$7,071	5.00	\$7460	5	5
ONE BEDROOM	\$6,444	4.00) \$6,73 [,]	4	4.JU	Ψ1,011	5.00	טטד / ע	J.,	,
ONE BEDROOM TWO BEDROOM	\$6,444 \$8,027	4.00			4.50	\$8,807	5.00	\$9,291	5	
			0 \$8,38	8						.5

	+-/		+-/		+-/···		T	
SPECIAL CARE	\$6,177	4.00	\$6,455	4.50	\$6,778	5.00	\$7151	5.5
•		•				•		<u> </u>
* * * * * * * * * * * * *	* * * * * * * * * *	* * * * *	* * * * * * * * *	* * * * *	. * * * * * * * * * *	* * * * *	* * * * * * * * * *	* * * * *
COMMENTS FROM PRO	VIDER: >							
>								

4.50

\$6,174

5.00

\$6514

5.5

\$5,880

4.00

SKILLED NURSING \$5,627

>				

PROVIDER NAME: Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

FACILITY NAME: Spring Lak	ce Village							
ADDRESS: 5555 Montgome	ry Dr., Santa Rosa, C	A		ZIP CODE:	95409	PHONE:	707-538-840	0
PROVIDER NAME: Front Po	rch Communities and	Services		FACIL	ITY OPERATOI	_ R: Jeanie F	ressey	
RELATED FACILITIES: See	Attached			RELIGIOU	IS AFFILIATION	N: Historic	ally Episcopali	an
YEAR 1986 #	OF ☑ SIN	GLE 🗹 MULTI-					TO SHOPPING	
OPENED: ACI	RES: _ 33 _	ORY STORY	OTHER:			М	NILES TO HOSPI	TAL: 3
* * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * *	* * * * * * :	* * * * * *	: * * * * *	* * * * * * * * *
NUMBER OF UNITS:	<u>RESIDENTI</u>	<u>AL LIVING</u>		<u>H</u>	EALTH CARI	<u> </u>		
	PARTMENTS — STUDIO		26_	ASSISTED L	.IVING:	24		
A	PARTMENTS — 1 BDRA	N:1	06	SKILLED NU	RSING:	7(<u>)</u>	
A	PARTMENTS — 2 BDRA	N:	61_	SPECIAL	. CARE:	13	3_	
	COTTAGES/HOUSES	S: <u> </u>	31_	DESC	RIPTION: >			Memory Car
RLU OCCUP <i>i</i>	ANCY (%) AT YEAR ENI): 89. 5	1%					
* * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * *	* * * * * * :	* * * * * *	: * * * * * *	* * * * * * * *
TYPE OF OWNERSHIP:	☑ NOT-FOR-PROFIT	☐ FOR-PRO	OFIT ACCRED	ITED?:	YES ☑ NO	ВҮ:		<u>—</u>
FORM OF CONTRACT:	☑ CONTINUING CA		LIFE CARE		TRANCE FEE	\checkmark	FEE FOR SERV	'ICE
(Check all that apply)	☐ ASSIGNMENT OF	ASSETS	EQUITY	☐ ME	MBERSHIP		RENTAL	
REFUND PROVISIONS: (Co	heck all that apply)	☑ Refundable	☑ Repayable	⊠ 90%	☑ 75%	⊠ 50%	OTHER: _	_Fully
RANGE OF ENTRANCE FE	ES: \$_110,201 \$_	2,820,994	LONG-TE	RM CARE	INSURANCE	REQUIRE	D? 🗆 YES	☑ NO
HEALTH CARE BENEFITS	INCLUDED IN CON	TRACT: Life (Care Contract; b	enefits inc	luded. Conti	inuing Car	e Contract, f	ee for svc.
ENTRY REQUIREMENTS:	MIN. AGE:60	PRIOR PROFESSI	ON:		OTH	IER:		
RESIDENT REPRESENTAT	IVE(S) TO, AND RE	SIDENT MEMBE	R(S) ON, THE B	OARD: (bri	iefly describe	provider's	compliance an	d residents'
roles) > Directors is accomp								
communities who serve on th	ne Board without vote	•						
* * * * * * * * * * * * * *	. * * * * * * * *	* * * * * * * * FACILITY SI	* * * * * * * * ERVICES AND A	* * * * * * MENITIES	* * * * * * * ')	* * * * *	* * * * * *	* * * * * * * *
COMMON AREA AMENIT	TIES AVAILABLE	FEE FOR SERVICE		S AVAILA		INCLUDED I	N FEE FOR	EXTRA CHARGE
BEAUTY/BARBER SHOP		\checkmark	HOUSEKEEPING	(_4_ TIMES	/MONTH)	\checkmark		
BILLIARD ROOM	\checkmark		MEALS (_1_/DA	(Y)		\checkmark		\checkmark
BOWLING GREEN	\checkmark		SPECIAL DIETS A	VAILABLE		\checkmark		\boxtimes
CARD ROOMS	\checkmark							
CHAPEL	\checkmark		24-HOUR EMERG	GENCY RESPO	ONSE	\checkmark		
COFFEE SHOP	\checkmark		ACTIVITIES PRO	GRAM		\checkmark		
CRAFT ROOMS	\checkmark		ALL UTILITIES EX	(CEPT PHON	E	\checkmark		
EXERCISE ROOM	\checkmark		APARTMENT MA	INTENANCE		\checkmark		
GOLF COURSE ACCESS			CABLE TV					
LIBRARY	\checkmark		LINENS FURNISH	IED		\checkmark		
PUTTING GREEN			LINENS LAUNDE	RED		\checkmark		
SHUFFLEBOARD	\checkmark		MEDICATION MA	NAGEMENT				
SPA	\checkmark		NURSING/WELLN	IESS CLINIC		\checkmark		
SWIMMING POOL-INDOOR	\checkmark		PERSONAL HOM	E CARE				\checkmark
SWIMMING POOL-OUTDOOR			TRANSPORTATIO			\checkmark		
TENNIS COURT			TRANSPORTATIO		NGED			
WORKSHOP	\checkmark		OTHERWif	i		\checkmark		
OTHERParking		\checkmark						

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 S	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.

			201	9		2021	202	2	2023
NCOME FROM ONGOII PERATING INCOME Excluding amortization of			69,376		307,7	40	362,513		
ESS OPERATING EXPE		rest)	170,818		159,900		291,743		
IET INCOME FROM OP	ERATIONS	<u>(1</u>			147,84	40	70,770		
ESS INTEREST EXPENS	S INTEREST EXPENSE		,315)		(8,758	3)	(14,725)		
LUS CONTRIBUTIONS		0			0		0		
LUS NON-OPERATING excluding extraordinary i	•	ES) (2	237)		(4,121	1)	641,022		
ET INCOME (LOSS) BE EES, DEPRECIATION A) (1	0,994)		134,90	61	697,067		
ET CASH FLOW FROM otal Deposits Less Refun		16	6,216		5,629		53,342		
ESCRIPTION OF SECO							DATI	:	AMORTIZATI
LENDER		TANDIN ALANCE	IG	INTEREST RATE		DATE OF ORIGINATION	DATI Matu	_	PERIOD
LENDER	198,940	ALANCE	IG 	RATE 5.0%		ORIGINATION 09/01/2021	MATU 20:	RITY 51	PERIOD April 1
LENDER CCDA	198,940 106,625	ALANCE)	IG 	FATE 5.0% Variable		ORIGINATION 09/01/2021 09/01/2021	205 205	RITY 51	PERIOD April 1 April 1
LENDER SCDA SCDA **********	198,940 106,625 97,565	ALANCE) ; ; * * * *	* * * * *	RATE 5.0%		ORIGINATION 09/01/2021	MATU 20:	RITY 51	PERIOD April 1
LENDER SCDA SCDA SCDA ***********************************	198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50 th	ALANCE) ; ; * * * *	* * * * * * * * * * * * * * * * * * *	8ATE 5.0% Variable 3.5% - 5%		ORIGINATION 09/01/2021 09/01/2021	205 205	RITY 51	PERIOD April 1 April 1
LENDER SCDA SCDA SCDA ************************************	198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50 th	* * * * formulas	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * *	(0 0 0 0	ORIGINATION 09/01/2021 09/01/2021	MATU 20: 20: 20: 20:	RITY 51	PERIOD April 1 April 1 April 1
LENDER SCDA SCDA SCDA * * * * * * * * * * * * * * * * * * *	198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50 th	* * * * formulas	* * * * * * * * * * * * * * * * * * *	8ATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10	2021 6.60% 17.18%	ORIGINATION 09/01/2021 09/01/2021	MATU 201 202 204 202 23.7% 91.7%	RITY 51	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9%
LENDER SCDA SCDA SCDA * * * * * * * * * * * * * * * * * * *	BA 198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50th	* * * * formulas	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10	2021 6.60% 7.18% 2.44	ORIGINATION 09/01/2021 09/01/2021	MATU 20: 20: 20: 20: 20: 20: 20: 20: 20: 20:	RITY 51	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27%
LENDER SCDA SCDA SCDA **************** INANCIAL RATIOS (Second Control of the control of th	BA 198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50th	* * * * formulas	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10	2021 6.60% 17.18%	ORIGINATION 09/01/2021 09/01/2021	MATU 201 202 204 202 23.7% 91.7%	RITY 51	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9%
LENDER SCDA SCDA SCDA SCDA SCDA SCDA SCDA SCD	BA 198,940 106,625 97,565 * * * * * * * * * * e next page for ratio 2017 (50th	* * * * formulas	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10	2021 6.60% 7.18% 2.44	ORIGINATION 09/01/2021 09/01/2021	MATU 20: 20: 20: 20: 20: 20: 20: 20: 20: 20:	RITY 51	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27%
LENDER SCDA SCDA SCDA * * * * * * * * * * * * * * * * * * *	BA 198,940 106,625 97,565 * * * * * * * * * * * e next page for ratio 2017 (50th AGE RATIO RATIO * * * * * * * * * * * * (SERVICE FEES (AV	* * * * formulas CCAC Me Percent (optional)	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10 * * * * * * * * *	2021 6.60% 7.18% 2.44 538 * * * * * ge)	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 ********* *************************	2022 23.7% 91.7% 6.34 730.3	RITY 51 51 47	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * *
LENDER CDA CDA CDA ************** INANCIAL RATIOS (Second Control	### ### ### ### ### ### ### ### ### ##	* * * * formulas CCAC Me Percent (optional)	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 10 * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *	2021 6.60% 7.18% 2.44 538 * * * * * ge)	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 ******* 2022	# * * * * * * * * * * * * * * * * * * *	RITY 51 51 17	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * * 3 %
LENDER CDA CDA CDA ***********************	### ### ##############################	* * * * formulas CCAC Me Percent (optional) * * * * verage Fe % 4.25	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * 20 10 * * * * * * * * Inge Percenta 2021	2021 6.60% 17.18% 2.44 538 * * * * * ge) % 4.50	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 ******* ******* 2022	# * * * * * * * * * * * * * * * * * * *	RITY 51 57 58 58 58 58 58 58 58 58 58 58 58 58 58	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * * 3 % 5.5
LENDER CDA CDA CDA CDA ******************	BA 198,940 106,625 97,565 * * * * * * * * * * * * e next page for ratio 2017 (50 th AGE RATIO RATIO * * * * * * * * * * * 7 SERVICE FEES (AV 2020 \$4,146 \$4,886	* * * * formulas CCAC Me Percent (optional) * * * * verage Fe % 4.25 4.25	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10 * * * * * * * * * singe Percenta 2021 3 5	2021 6.60% 7.18% 2.44 538 * * * * * ge) % 4.50 4.50	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 * * * * * * * * * * * 2022 \$4,545 \$5,356	### ##################################	RITY 51 51 47	PERIOD April 1 April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * * 3 % 5.5 5.5
LENDER SCDA SCDA SCDA * * * * * * * * * * * * * * * * * * *	### ### ### ### ### ### ### ### ### ##	* * * * * formulas CCAC Me Percent (optional) * * * * verage Fe % 4.25 4.25 4.25	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10 * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *	2021 6.60% 7.18% 2.44 538 * * * * * ge) % 4.50 4.50 4.50	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 * * * * * * * * * * * 2022 \$4,545 \$5,356 \$6,697	### ##################################	RITY 51 51 17	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * * 3 % 5.5 5.5 5.5
LENDER SCDA SCDA SCDA ***********************************	### ### ##############################	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10 * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *	2021 6.60% 17.18% 2.44 538 * * * * * * ge) % 4.50 4.50 4.50 4.50	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 ******* ****** 2022 \$4,545 \$5,356 \$6,697 \$6,824	### ##################################	RITY 51 51 17	PERIOD April 1 April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * 3 % 5.5 5.5 5.5 5.5
LENDER SCDA SCDA SCDA ***********************************	### ### ### ### ### ### ### ### ### ##	* * * * * formulas CCAC Me Percent (optional) * * * * verage Fe % 4.25 4.25 4.25	* * * * * * * * * * * * * * * * * * *	RATE 5.0% Variable 3.5% - 5% * * * * * * * * 20 10 ******************************	2021 6.60% 7.18% 2.44 538 * * * * * ge) % 4.50 4.50 4.50	ORIGINATION 09/01/2021 09/01/2021 09/06/2017 * * * * * * * * * * * 2022 \$4,545 \$5,356 \$6,697	### ##################################	RITY 51 51 17	PERIOD April 1 April 1 * * * * * * * * 2023 24.0% 93.9% 4.27% 586.8% * * * * * * * * 3 % 5.5 5.5 5.5

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PROVIDER NAME: _____Front Porch Communities and Services

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

FACILITY NAME: San Francisco						
ADDRESS: 1661 Pine Street, Sa	ın Francisco, CA		ZIP CODE: 9	4109	PHONE: 415-7	776-0500
PROVIDER NAME: Front Porch	Communities and	Services	FACILITY	OPERATOR:	Mark Nitsche	
RELATED FACILITIES: See Atta	ched		RELIGIOUS A	AFFILIATION:	Historically Ep	iscopalian
YEAR # OF		IGLE ☑ MULTI-			MILES TO SH	
		ORY STORY	□ OTHER:			O HOSPITAL: 0.2
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * * * * *
NUMBER OF UNITS:	RESIDENT	IAL LIVING	HEA	LTH CARE		
APAR	RTMENTS — STUDI	<u>0:</u>	14 ASSISTED LIV	NG:	12	
	TMENTS — 1 BDR		14 ASSISTED LIV 89 SKILLED NURS		27	
	TMENTS — 2 BDR		37 SPECIAL CA		12	
		:S:		PTION: > Mo		
	(%) AT YEAR EN			110II. > <u>III</u>	omory curo	
* * * * * * * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	/U * * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
TYPE OF OWNERSHIP:	I NOT-FOR-PROFI	T 🗖 FOR- PRO	FIT ACCREDITED?: 🗆 YE	S ☑ NO B	Y:	
	CONTINUING CA		LIFE CARE ☑ ENTRA			OR SERVICE
(Check all that apply)	I ASSIGNMENT OF	ASSETS	EQUITY	ERSHIP	☑RENTA	L
REFUND PROVISIONS: (Check	all that apply)	☑ Refundable	☑ Repayable 🖵 90% 🖪	☑ 75% □	□ 50% □ 01	THER: Fully Amortized
RANGE OF ENTRANCE FEES:	<u>\$134,249 - \$3,68</u>	<u>84,567</u> LONG-TE	RM CARE INSURANCE REQ	UIRED? 🗆	IYES ☑ NO	
HEALTH CARE BENEFITS INC	LUDED IN CON	ITRACT: Life C	Care Contract; benefits inclu	ded. Contin	uing Care Con	tract; fee for service.
ENTRY REQUIREMENTS: MIN	N. AGE: 62	PRIOR PROFESSI	ON:	OTHE	R:	
RESIDENT REPRESENTATIVE	(S) TO, AND RE	SIDENT MEMBEI	R(S) ON, THE BOARD: (brief	ly describe p	rovider's compli	iance and residents'
roles) > Directors is accomplishe						
communities who serve on the B	•	•	,	•		
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * *
		FACILITY SI	ERVICES AND AMENITIES			
COMMON AREA AMENITIES	<u>AVAILABLE</u>	FEE FOR SERVICE	SERVICES AVAILABL	<u>e</u> in	CLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP		\checkmark	HOUSEKEEPING (TIMES/N	IONTH)	\checkmark	
BILLIARD ROOM			MEALS (/DAY)			
BOWLING GREEN			SPECIAL DIETS AVAILABLE		\checkmark	
CARD ROOMS	\checkmark					
CHAPEL	\checkmark		24-HOUR EMERGENCY RESPONS	SE .	\checkmark	
COFFEE SHOP	$\overline{\checkmark}$		ACTIVITIES PROGRAM			
CRAFT ROOMS			ALL UTILITIES EXCEPT PHONE			
EXERCISE ROOM	$\overline{\checkmark}$		APARTMENT MAINTENANCE		$\overline{\checkmark}$	
GOLF COURSE ACCESS			CABLE TV			□
LIBRARY	□		LINENS FURNISHED		□	
PUTTING GREEN			LINENS LAUNDERED			
SHUFFLEBOARD			MEDICATION MANAGEMENT			
SPA	\square		NURSING/WELLNESS CLINIC			\square
SWIMMING POOL-INDOOR	✓		PERSONAL HOME CARE		✓	
SWIMMING POOL-OUTDOOR			TRANSPORTATION-PERSONAL			\checkmark
TENNIS COURT			TRANSPORTATION-PREARRANG	ED		
WORKSHOP	\checkmark		OTHER <u>Wifi</u>		\checkmark	
OTHER <u>Secured Underground Parking</u>	g 🗆	\checkmark				

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
-			

	2020	2021	2022	2023
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)

	OUTSTANDING	INTEREST	DATE OF	DATE OF	AMORTIZATION
LENDER	BALANCE	RATE	ORIGINATION	MATURITY	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 50th Percentile

	(optional)	2021	2022	2023
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)

	2020	%	2021	%	2022	%	2023	
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	\$6075	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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

FACILITY NAME: Webster H						
ADDRESS: 401 Webster St.,	<u>'</u>		ZIP CODE:		PHONE: 650-	327-4333
PROVIDER NAME: Front Poi	rch Communities and	Services			: Tim Selleck	
RELATED FACILITIES: See A	\ttached		RELIGIOUS	AFFILIATION:	: Historically E	piscopalian
YEAR 1989 # 0)F □ SIN	GLE ☑ MULTI-				IOPPING CTR:3
OPENED: ACR	ES:1_ STO	ORY STORY	OTHER:		MILES 1	TO HOSPITAL: _2
* * * * * * * * * * * * * *	* * * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * *	* * * * * *	* * * * * * *	* * * * * * * * * * * *
NUMBER OF UNITS:	<u>residenti</u>		<u>HE</u>	ALTH CARE		
A	PARTMENTS — STUDIO		1 ASSISTED LI	VING:		
A	PARTMENTS — 1 BDRA		30 SKILLED NUR	SING:	94*	
A	PARTMENTS — 2 BDRA	1 :	7 SPECIAL	CARE:		
	COTTAGES/HOUSES		0 DESCR	IPTION: >	*Note : 94 lice	nsed beds (51 suspended
RLU OCCUPA	NCY (%) AT YEAR END		%			
* * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	*********	* * * * * *	* * * * * * *	* * * * * * * * * * * * *
TYPE OF OWNERSHIP:	✓ NOT-FOR-PROFIT	☐ FOR-PRO	FIT ACCREDITED?: • Y	'ES ☑ NO E	BY:	
FORM OF CONTRACT:	✓ CONTINUING CA	RE 🗆	LIFE CARE 🗹 ENTE	RANCE FEE	☑ FEE I	FOR SERVICE
(Check all that apply)	☐ ASSIGNMENT OF	ASSETS \Box	EQUITY 🗆 MEM	BERSHIP	☐ RENT	AL
REFUND PROVISIONS: (Ch	eck all that apply)	☑ Refundable	□ Repayable □ 90%	□ 75% □	2 50% ☑ 0	THER: _Fully Amortized
RANGE OF ENTRANCE FEE	:S: \$_433,000	\$1,641,500	LONG-TERM	CARE INSU	RANCE REQUI	RED? □ YES ☑ NO
HEALTH CARE BENEFITS I	NCLUDED IN CON	TRACT: Life C	Care Contract; benefits incl	uded. Contir	nuing Care Co	ntract; fee for service
ENTRY REQUIREMENTS:	MIN. AGE: _62	PRIOR PROFESSI	ON:	OTHE	ER:	
RESIDENT REPRESENTATI	VE(S) TO, AND RE	SIDENT MEMBEI	R(S) ON, THE BOARD: (brid	eflv describe i	orovider's comp	liance and residents'
roles) > Directors is accompl						
communities who serve on th			,			
* * * * * * * * * * * * * *	* * * * * * * * *	* * ** * * * * *	* * * * * * * * * * * * * *	* * * * * *	* * * * * * * *	* * * * * * * *
		FACILITY SI	RVICES AND AMENITIES			
COMMON AREA AMENIT	IES AVAILABLE	FEE FOR SERVICE	SERVICES AVAILAB		NCLUDED IN FEE	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP		\checkmark	HOUSEKEEPING (_4_ TIMES/	MONTH)	\checkmark	
BILLIARD ROOM			MEALS (_1_/DAY)		\checkmark	
BOWLING GREEN			SPECIAL DIETS AVAILABLE		\checkmark	
CARD ROOMS	\checkmark					
CHAPEL			24-HOUR EMERGENCY RESPO	NSE	\checkmark	
COFFEE SHOP			ACTIVITIES PROGRAM		\checkmark	
CRAFT ROOMS	\checkmark		ALL UTILITIES EXCEPT PHONE		\checkmark	
EXERCISE ROOM	\checkmark		APARTMENT MAINTENANCE		\checkmark	
GOLF COURSE ACCESS			CABLE TV			\checkmark
LIBRARY	\checkmark		LINENS FURNISHED		\checkmark	
PUTTING GREEN			LINENS LAUNDERED			\checkmark
SHUFFLEBOARD			MEDICATION MANAGEMENT			\checkmark
SPA			NURSING/WELLNESS CLINIC		\checkmark	\checkmark
SWIMMING POOL-INDOOR			PERSONAL HOME CARE		\checkmark	\checkmark
SWIMMING POOL-OUTDOOR	$\overline{\checkmark}$	_	TRANSPORTATION-PERSONAL		\checkmark	\checkmark
TENNIS COURT		_	TRANSPORTATION-PREARRAN		\checkmark	
WORKSHOP	$\overline{\checkmark}$	_	OTHER Wifi		\checkmark	
OTHER Parkina		$\overline{\checkmark}$				

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.

OTHER ___Parking_

PROVIDER NAME:Front Porch Communiti	es ana Services	
OTHER CCRCs See Attachment 1	LOCATION (City, State)	PHONE (with area code)
MULTI-LEVEL RETIREMENT COMMUNITIES Casa de Manana	LOCATION (City, State) La Jolla, CA	PHONE (with area code) (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

	2020	2021	2022	2023
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)

	OUTSTANDING	INTEREST	DATE OF	DATE OF	AMORTIZATION
LENDER	BALANCE	RATE	ORIGINATION	MATURITY	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 50th Percentile

	(optional)	2021	2022	2023
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)

	2020	%	2021	%	2022	%	2023	%
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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

Continuing Care Retirement Community Disclosure Statement

Date Prepared: 6/21/2023

FACILITY NAME: Friends Hous						
ADDRESS: 684 Benicia Drive,		ZIP CODE: _9			707-538-0152	
PROVIDER NAME: Front Porch	n Communities and	Services		Y OPERATOR:		
RELATED FACILITIES: See Att	ached		RELIGIOUS A	AFFILIATION:	Religious	Society of Friends (Quakers)
YEAR 1984 # OF	⊠SING	GLE 🗆 MULTI-			MILES TO	O SHOPPING CTR: —.25
OPENED: ACRES		ORY STORY				ES TO HOSPITAL: —3—
OI LINED: ACKES	:/_ 310	JKI JIUKI	OTHER:		MIL	
* * * * * * * * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * *	* * * * * *	* * * * * * * * * * * * * *
NUMBER OF UNITS:		AL LIVING		ALTH CARE		
	ARTMENTS — STUDIO		O ASSISTED LIV		19	
	RTMENTS — 1 BDRA		48 SKILLED NURS		0	
APA	ARTMENTS — 2 BDRA		SPECIAL C		0	
	COTTAGES/HOUSES			PTION: >		
RLU OCCUPANO	CY (%) AT YEAR ENI): <u>85.1</u>	<u>%</u>			
TYPE OF OWNERSHIP:	* * * * * * * * * * NOT-FOR-PROFIT	* * * * * * * * * * * * * * * * * * *	FIT ACCREDITED?: • YE	* * * * * * S ☑ NO BY	* * * * * * Y:	
FORM OF CONTRACT:	☑ CONTINUING CA	RE 🗆	LIFE CARE ☑ ENTRA	ANCE FEE	□ F	FEE FOR SERVICE
(Check all that apply)	□ ASSIGNMENT OF	ASSETS 🔲	EQUITY 🗆 MEMB	ERSHIP	□ R	ENTAL
REFUND PROVISIONS: (Chec	ck all that apply)	☐ Refundable	🗆 Repayable 🕒 90% 🛚	□ 75% □	1 50% ☑	☑ OTHER: _Fully Amortized
RANGE OF ENTRANCE FEES	: \$_154,642	\$424,109_	LONG-TERM CA	ARE INSURA	NCE REQU	JIRED? □ YES ☑ NO
HEALTH CARE BENEFITS IN	CLUDED IN CON	TRACT: Life C	Care Contract; benefits inclu	ded. Contin	uing Care	Contract; fee for service
ENTRY REQUIREMENTS: M	IN. AGE:60	PRIOR PROFESSION	ON: n/a	OTHEI	R: <u>Medica</u>	l/Financial
RESIDENT REPRESENTATIV	E(S) TO, AND RE	SIDENT MEMBER	R(S) ON, THE BOARD: (brief	fly describe p	rovider's co	ompliance and residents'
roles) > Directors is accomplish						
communities who serve on the	Board without vote)				
* * * * * * * * * * * * * *	* * * * * * *	* * ** * * * *	* * * * * * * * * * * * * * * * * * * *	* * * * * **	* * * * *	* * * * * * * * * *
			ERVICES AND AMENITIES			
COMMON AREA AMENITIE		FEE FOR SERVICE	SERVICES AVAILABL		CLUDED IN	
BEAUTY/BARBER SHOP	$\overline{\checkmark}$	$\overline{\checkmark}$	HOUSEKEEPING (_2_ TIMES/M		$\overline{\checkmark}$	
BILLIARD ROOM			MEALS (_1_/DAY)(2 for extra	chg)	$\overline{\checkmark}$	$\overline{\checkmark}$
BOWLING GREEN			SPECIAL DIETS AVAILABLE			
CARD ROOMS					_	
CHAPEL		<u> </u>	24-HOUR EMERGENCY RESPONS	SE		<u> </u>
COFFEE SHOP			ACTIVITIES PROGRAM		\checkmark	
CRAFT ROOMS	<u> </u>	<u> </u>	ALL UTILITIES EXCEPT PHONE			☑ —
EXERCISE ROOM	\checkmark		APARTMENT MAINTENANCE		$\overline{\checkmark}$	
GOLF COURSE ACCESS			CABLE TV			$\overline{\checkmark}$
LIBRARY	$\overline{\checkmark}$		LINENS FURNISHED			
PUTTING GREEN			LINENS LAUNDERED			☑
SHUFFLEBOARD	<u> </u>	<u> </u>	MEDICATION MANAGEMENT		☑	✓
SPA	<u> </u>	<u> </u>	NURSING/WELLNESS CLINIC			
SWIMMING POOL-INDOOR			PERSONAL HOME CARE			☑ —
SWIMMING POOL-OUTDOOR		<u> </u>	TRANSPORTATION-PERSONAL			
TENNIS COURT		<u> </u>	TRANSPORTATION-PREARRANG		$\overline{\checkmark}$	☑
LAUNDRY/COMMONS	<u> </u>	<u> </u>	OTHER	_		
OTHER On site Physical Therapy	\checkmark	\checkmark				

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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	s ana Services	
OTHER CCRCs See Attachment 1	LOCATION (City, State)	PHONE (with area code)
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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.

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LESS INTEREST EXPENSE	(9,315)	(8,758)	(14,725)	(13,377)
PLUS CONTRIBUTIONS	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)

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CSCDA	106,625	Variable	09/01/2021	2051	April 1
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FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians 50th Percentile

	(optional)	2021	2022	2023
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OPERATING RATIO		107.18%	91.7%	93.9%
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DAYS CASH ON HAND RATIO		538	730.3	586.8%

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

_	2020	%	2021	%	2022	%	2023	%
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

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation — Amortization)/365

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

Part 7

Report on CCRC Monthly Service Fees Form 7-1

Health and Safety Code Section 1789.1

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING		
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	\$4,864- \$7,19 <u>2</u>	<u>N/A</u>	\$537/per day		
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%		5.5%		
	[•	-		ed during the reporting period. m and specify the names of the		
[3]		icate the date the fee increase was more than one (1) increase was			increase.)		
[4]	Che	eck each of the appropriate box	es:				
	X	Each fee increase is based on indicators.	the provider's projected	l costs, prior year	per capita costs, and economic		
	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 2/25/2022 Method of Notice: Letter mailed to all residents						
	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: 2/15/2022						
	X	At the meeting with residents, basis for determining the amo	-	-			
	X	The provider provided residenthe fee increases. Date of Not		advance notice of	f each meeting held to discuss		
	\boxtimes	The governing body of the proof, and the agenda for, the me the meeting. Date of Posting	eting in a conspicuous 1	place in the comm	• • •		
[5]	amo	an attached page, provide a conput of the increase and complicate the complicate of the increase and complicate of the computation of the computat	ance with the Health an	d Safety Code. Se	ee PART 7 REPORT ON		
	OVID MML	PER: <u>Front Porch Communi</u> JNITY: Carlsbad by the Sea	ties and Services				

		RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	Monthly Care Fees at beginning of reporting period:		27/1				
	(indicate range, if applicable)	\$5,106- \$7,607	<u>N/A</u>	\$456/per day			
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if						
	applicable)	5.5%		5.5%			
	_		-	ed during the reporting period. n and specify the names of the			
[3]	Indicate the date the fee increase was (If more than one (1) increase was			increase.)			
[4]	Check each of the appropriate box	es:					
Each fee increase is based on the provider's projected costs, prior year per capita costs, an indicators.							
	implementation. Date of Not	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 basis for determining the amo	•	-				
	* *	The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: <u>01/30/2022</u>					
		eeting in a conspicuous	place in the comm	f the provider posted the notice nunity at least 14 days prior to culletin board and touchdown on residen			
[5]	On an attached page, provide a conamount of the increase and complected MONTHLY CARE FEE	iance with the Health a	nd Safety Code. Se	ee PART 7 REPORT ON			
	OVIDER: <u>Front Porch Commun</u> MMUNITY: <u>Claremont Manor</u>	ities and Services					

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	<u>\$4,908- \$7,501</u>	<u>N/A</u>	\$623/per day			
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%		5.5%			
	_	☐ Check here if monthly care	e fees at this communit	=	eed during the reporting period. m and specify the names of the			
[3]		icate the date the fee increase was more than one (1) increase was			increase.)			
[4]	Che	eck each of the appropriate box	es:					
	X	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/25/2022 Method of Notice: Mail						
	X	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: 2/25/2022						
	\boxtimes	At the meeting with residents, basis for determining the amo						
	X	The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: <u>2/09/2022</u>						
	X	of, and the agenda for, the me	eting in a conspicuous	place in the comn	f the provider posted the notice nunity at least 14 days prior to Designated bulletin board across the			
[5]	amo	an attached page, provide a concurrence of the increase and complicate of the increase and complicate of the contract of the c	ance with the Health ar	nd Safety Code. So	ee PART 7 REPORT ON			
	OVID MMU	DER: <u>Front Porch Commun</u> JNITY: <u>Sunny View Manor</u>	ities and Services					

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING		
[1]	of	onthly Care Fees at beginning reporting period:					
	(1n	idicate range, if applicable)	\$5,765-\$7,644	<u>N/A</u>	\$485/day		
[2]	in	dicate percentage of increase fees imposed during reporting riod: (indicate range, if					
		plicable)	5.5%		5.5%		
	[•	ed during the reporting period.		
[3]		icate the date the fee increase was more than one (1) increase was			increase.)		
[4]	Che	eck each of the appropriate box	es:				
	X	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.					
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/26/2022 Method of Notice: Letter place in residents' cubbies and sent via USPS for residents with guarantors					
	X	• •	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: <u>2/17/2022</u>				
	X	At the meeting with residents, basis for determining the amo	*	•			
	X	The provider provided resider the fee increases. Date of Not	•	s advance notice of	each meeting held to discuss		
	X	The governing body of the proof, and the agenda for, the methe meeting. Date of Posting	eting in a conspicuous	place in the comm			
[5]	amo	an attached page, provide a con ount of the increase and compli RC MONTHLY CARE FEE	ance with the Health a	nd Safety Code. Se	e PART 7 REPORT ON		
	OVID MMU	DER: <u>Front Porch Communi</u> JNITY: <u>Villa Gardens</u>	ties and Services				

			RESIDENTIAL LIVING	ASSISTED LIVING	NURSING
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	<u>\$4,157- \$7,451</u>	<u>N/A</u>	N/A
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%		
	[_			d during the reporting period. and specify the names of the
[3]		icate the date the fee increase was more than one (1) increase was			ncrease.)
[4]	Che	eck each of the appropriate box	es:		
	X	Each fee increase is based on indicators.	the provider's projected	d costs, prior year p	per capita costs, and economic
	\boxtimes	All affected residents were given implementation. Date of Notion			ast 30 days prior to its e: Memo Front Porch distributed
	\boxtimes	At least 30 days prior to the in meeting that all residents were		=	
	X	At the meeting with residents, basis for determining the amo	-	-	-
	X	The provider provided residenthe fee increases. Date of Not	•	advance notice of	each meeting held to discuss
	X	The governing body of the proof, and the agenda for, the me the meeting. Date of Posting	eting in a conspicuous	*	unity at least 14 days prior to
[5]	amo	an attached page, provide a conput of the increase and complicated RC MONTHLY CARE FEE	ance with the Health an	d Safety Code. See	PART 7 REPORT ON
	OVID MMU	PER: <u>Front Porch Communi</u> JNITY: <u>Walnut Village</u>	ties and Services		<u> </u>

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	\$7034- \$11,00 <u>5</u>	N/A	N/A			
[2]	Inc in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%					
	[Check here if monthly care (If you checked this box, p provider and community.)		=				
[3]		icate the date the fee increase was more than one (1) increase was			increase.)			
[4]	Che	eck each of the appropriate box	es:					
	X	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/25/2022 Method of Notice: Written Letter placed in residents' cubbies						
	X	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: <u>2/18/2022</u>						
	\boxtimes	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.						
	\boxtimes	The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: <u>1/28/2022</u>						
	X	The governing body of the proof, and the agenda for, the methe meeting. Date of Posting	eting in a conspicuous	place in the comm		ys prior to		
[5]	amo	an attached page, provide a concurrence of the increase and complicate the contract of the con	ance with the Health ar	nd Safety Code. Se	ee <u>PART 7 REPO</u>	RT ON		
	OVID MML	DER: <u>Front Porch Communi</u> JNITY: <u>Vista Del Monte</u>	ties and Services					

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	of	onthly Care Fees at beginning reporting period: adicate range, if applicable)	\$5,622-\$9,305	<u>\$6,356</u>	<u>\$5,808</u>			
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%	5.5%	5.5%			
	[-	ed during the reporting period. n and specify the names of the			
[3]		icate the date the fee increase was			increase.)			
[4]	Che	eck each of the appropriate box	es:					
	X	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/25/2022 Method of Notice: Mailed Letters						
	X	At least 30 days prior to the ir meeting that all residents were	·	•	tive of the provider convened a 23/2022			
	X	At the meeting with residents, the provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.						
	\boxtimes	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						
	X	The governing body of the proof, and the agenda for, the methe meeting. Date of Posting	eting in a conspicuous	place in the comm	* *			
[5]	amo	an attached page, provide a concurrence ount of the increase and complicate the contract of th	ance with the Health a	nd Safety Code. Se	ee PART 7 REPORT ON			
		DER: <u>Front Porch Communi</u> JNITY: <u>Canterbury Woods</u>	ties and Services		<u></u>			

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	\$5,348-\$9,291	<u>\$6,651</u>	<u>\$6,514</u>			
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%	5.5%	5.5%			
				-	ed during the reporting period. n and specify the names of the			
[3]		icate the date the fee increase was	-		increase.)			
[4]	Che	eck each of the appropriate box	es:					
	X	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/26/2022 Method of Notice: Letter						
	X	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						
	\boxtimes		t the meeting with residents, the provider discussed and explained the reasons for the increase, the asis for determining the amount of the increase, and the data used for calculating the increase.					
	X	The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: 1/26/2022						
	X	The governing body of the proof, and the agenda for, the methe meeting. Date of Posting	eting in a conspicuous	s place in the comm				
[5]	amo	an attached page, provide a concurrence of the increase and complicate the contract of the con	ance with the Health a	and Safety Code. Se	ee PART 7 REPORT ON			
	OVID MMU	DER: <u>Front Porch Communi</u> JNITY: <u>St. Paul's Towers</u>	ties and Services		<u></u>			

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING			
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	\$4,795-\$7,199	<u>\$5,535</u>	<u>\$5,902</u>			
[2]	in pe	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%	5.5%	5.5%			
		_		-	ed during the reporting period. m and specify the names of the			
[3]		icate the date the fee increase was more than one (1) increase was			increase.)			
[4]	Che	eck each of the appropriate box	es:					
	\boxtimes	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation. Date of Notice: 1/26/2022 Method of Notice: Letter						
	X	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						
	X	At the meeting with residents, the provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.						
	X	The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: <u>1/26/2022</u>						
	X	The governing body of the proof, and the agenda for, the me the meeting. Date of Posting	eting in a conspicuous	place in the comm				
[5]	amo	an attached page, provide a concurrence of the increase and complicate RC MONTHLY CARE FEE	ance with the Health a	nd Safety Code. Se	ee PART 7 REPORT ON			
	OVID MMU	DER: <u>Front Porch Communi</u> JNITY: <u>Spring Lake Village</u>	ties and Services					

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1]	of r	onthly Care Fees at beginning reporting period:			
	(inc	dicate range, if applicable)	LIVING LIVING NURSING S5,238-\$9,728		
[2]	in f	icate percentage of increase fees imposed during reporting iod: (indicate range, if blicable)	5.5%	5.5%	5.5%
		3		-	
[3]			-		increase.)
[4]	Che	ck each of the appropriate boxe	es:		
	X	Each fee increase is based on indicators.	the provider's projecto	ed costs, prior year	per capita costs, and economic
	\boxtimes	All affected residents were given implementation. Date of Not Communication Site			
	X	~ *	-		*
	X		-	-	
	X	The provider provided residenthe fee increases. Date of Not	•	s advance notice of	each meeting held to discuss
	X		eting in a conspicuous : 1/25/2022 Loca	place in the comm	unity at least 14 days prior to
[5]	amo	unt of the increase and complia	ance with the Health a	nd Safety Code. Se	ee PART 7 REPORT ON
	OVID MMU	ER: <u>Front Porch Communi</u> NITY: <u>San Francisco Tower</u> s			<u>—</u>

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING		
[1]	of	onthly Care Fees at beginning reporting period: dicate range, if applicable)	\$6,814-\$7,585	N/A	\$5,592		
[2]	in per	dicate percentage of increase fees imposed during reporting riod: (indicate range, if plicable)	5.5%		5.5%		
	[Check here if monthly care (If you checked this box, pl provider and community.)		=			
[3]		cate the date the fee increase was more than one (1) increase was	-		increase.)		
[4]	Che	eck each of the appropriate box	es:				
	Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.						
	X	All affected residents were given implementation. Date of Not		is fee increase at lo Iethod of Notice:	• •	its	
	X	At least 30 days prior to the in meeting that all residents were		-	=	convened a	
	X	At the meeting with residents, basis for determining the amo	_	_			
	X	The provider provided residenthe fee increases. Date of Not		s advance notice of	feach meeting held	to discuss	
	X	The governing body of the proof, and the agenda for, the me the meeting. Date of Posting	eting in a conspicuous	place in the comm		ys prior to	
[5]	amo	an attached page, provide a conput of the increase and complicate the contract of the increase and complicate the contract of	ance with the Health a	nd Safety Code. Se	ee PART 7 REPOR	RT ON	
	OVID MMU	ER: <u>Front Porch Communi</u> INITY: Webster House	ties and Services				

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 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 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 MCFl 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 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 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 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 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 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 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 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 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 MCFl 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 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 MCFl 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 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

Independent Auditor's Report and Consolidated Financial Statements

March 31, 2023 and 2022

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



Board of Directors Front Porch Communities and Services Page 2

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

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	

Consolidated Balance Sheets, continued March 31, 2023 and 2022 (In Thousands)

Liabilities and Net Assets

	2023	2022
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	25,076	22,261
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	456,827	466,093
Total liabilities	935,075	944,575
Net Assets		
Without donor restrictions	933,739	990,710
With donor restrictions	35,468	35,262
Total net assets	969,207	1,025,972
Total liabilities and net assets	\$ 1,904,282	\$ 1,970,547

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	Ψ	37,371	Ψ	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	

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 Net assets released from restrictions on acquisition Change in pension benefit obligation	\$ (55,591) - (1,380)	\$ 659,506 8,527 2,965	
Increase (decrease) in net assets without donor restrictions	(56,971)	670,998	
Net Assets with Donor Restrictions Contributions received and investment return Changes in split-interest gift agreements Change in beneficial interest in perpetual trusts and annuities Inherent contribution Net assets released from restrictions on acquisition Net assets released from restrictions used for operations Increase in net assets with donor restrictions	3,824 (131) (283) - (3,204) 206	6,558 85 418 11,024 (8,527) (4,072)	
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	

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	Ψ	56,878	Ψ	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)	
Net cash provided by operating activities		78,515		107,938	
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	
Net cash used in investing activities		(55,346)		(29,438)	
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	
Net cash used in financing activities		(27,325)		(36,129)	
Increase (Decrease) in Cash and Cash Equivalents		(4,156)		42,371	
Cash and Cash Equivalents, Beginning of Year		58,539		16,168	
Cash and Cash Equivalents, End of Year	\$	54,383	\$	58,539	

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
Net cash provided by operating activities	\$	78,515	\$	107,938
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

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	472,303
Inherent contribution	\$ 656,768
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 Fair value of liabilities assumed	28,773 1,210
Inherent contribution	\$ 5,994

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.

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
-	•	. , pc	C III.C	- Cinto	2000	Omto/Boas
Front Porch Communities and Se	ervices					
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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
Conditional gifts, with or without restriction 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
Unconditional gifts, with or without restriction 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*.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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	 13,331
Total identifiable net assets – contribution received	\$ 656,768

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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		9,868
	_ \$	656,768

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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 Interes in FPC Foundation and Receivables from Supporting	t	
Organizations	\$	28,773
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		1,196
Total identifiable net assets – contribution received	\$	5,994

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 Inherent contribution with donor restrictions	\$ 4,838 1,156
	\$ 5,994

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

The mix of net receivables related to skilled nursing services from patients and third-party payors at March 31 was:

	2023	2022
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%
	100%	100%

Note 4: Investments and Investment Return

Investments and assets limited as to use at fair value consisted of the following at March 31:

	2023		2022	
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 commerical paper		59,031		91,600
Alternative investments		16,240		15,115
Beneficial interest in perpetual trust		968		1,122
	\$	545,858	\$	628,557

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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
	\$	73,581	\$	69,944

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)	
Investment return, net	\$	(32,977)	\$	28,172	

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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		
	1,684,307	1,721,005		
Less accumulated depreciation	490,326	552,540		
	\$ 1,193,981	\$ 1,168,465		

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		
Carrying basis Accumulated amortization	\$	76,985 (24,609)	\$	76,985 (15,086)
	<u>\$</u>	52,376	\$	61,899

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	2023		2022	
Estimated amounts expected to be paid Within one year, included in accrued payroll and related expenses In excess of one year, included in accrued workers' compensation	\$	2,746 6,114	\$	1,530 7,124
	\$	8,860	\$	8,654

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	2023	2022
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
	 443,340	 451,706
Plus unamortized premium	27,183	28,592
Less unamortized debt issuance costs	(4,730)	(5,254)
Less current maturities	 (8,966)	 (8,951)
	\$ 456,827	\$ 466,093

- (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,

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

- (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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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			M	lemory	
	 Center	Re	sidential		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
	\$ 73,202	\$	258,921	\$	17,255	\$ 349,378

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

	Care Center	Re	sidential	N	lemory 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
	\$ 71,700	\$	247,038	\$	16,444	\$ 335,182

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	Ac	dditions	R	efunds	Am	ortization	M	arch 31, 2023		
\$ 225,133	\$	54,292	\$	(3,043)	\$	(37,371)	\$	239,011		
 April 1, 2021	Entra from A	eferred ance Fees Acquisition Vote 2)	Ad	dditions	F	efunds	Am	ortization	M	larch 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	

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

Note 13: Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes or periods at March 31:

		2023	2022		
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		8,900		8,678	
	\$	35,468	\$	35,262	

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:

	 2023		
Resident assistance and operations	\$ 2,501	\$	987
Scholarships	106		97
Community fund and other	 597		2,988
	\$ 3,204	\$	4,072

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:

		2022		
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		45		45
	\$	22,657	\$	20,167

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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 Contributions	542 621
Endowment net assets, March 31, 2022	12,929
Investment return	(898)
Endowment net assets, March 31, 2023	\$ 12,031

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:

	2023			2022	
Cash and cash equivalents Investments	\$	54,383 472,277	\$	58,539 554,625	
Resident and patient accounts receivable Other receivables		14,782 1,219		9,377 1,588	
Financial assets available to meet general expenditures within one year	\$	542,661	\$	624,129	

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	and	esidential Healthcare Services	ogram ervices	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	
Total expenses	\$	316,706	\$ 3,422	\$	88,617	

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

	and	esidential Healthcare Services	ogram ervices	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	
Total expenses	\$	305,658	\$ 3,528	\$	81,430	

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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	(2,702)	(2,503)
End of year	48,427	55,742
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	(2,702)	(2,503)
End of year	52,458	59,115
Funded status at measurement date	\$ 4,031	\$ 3,373

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		
Interest cost Expected return on plan assets Amortization of net loss	\$ 1,982 (3,892)	\$	1,889 (3,946) 390
Net periodic benefit cost	\$ (1,910)	\$	(1,667)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

Other changes in plan assets and benefit obligations recognized in change in net assets:

Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions Net actuarial gain (loss)		2023	2022	
		1,380	\$	(2,575)
Amortization of net loss		<u>-</u>		(390)
Amount recognized in net assets without donor restrictions at measurement date		1,380		(2,965)
Total recognized in net periodic benefit cost and net assets without donor restrictions at measurement date	\$	(530)	\$	(4,632)

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:

	2023	2022
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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	2023	2022
Equity securities	65%	65%
Fixed income securities	30%	30%
Real estate	5%	5%
	100%	100%

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:

	2023	2022
Equity securities	70%	70%
Fixed income securities	25%	24%
Real estate securities	5%	6%
Total	100%	100%

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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 Measurements Using					
	Fai	r Value	in Mar Id A	ed Prices Active rkets for entical ssets evel 1)	Signifi Oth Observ Inpu (Leve	er ⁄able ıts	Signit Unobse Inp (Lev	ervable uts
2023 Mutual funds Small/midcap domestic equity International equity Fixed income	\$	2,804 18,218 13,249	\$	2,804 18,218 13,249	\$	- - -	\$	- - -
		34,271	\$	34,271	\$		\$	
Investments valued at NAV Pooled separate accounts Total assets at		18,187						
measurement date	\$	52,458						
2022 Mutual funds Small/midcap domestic equity International equity Fixed income	\$	2,937 18,605 14,251	\$	2,937 18,605 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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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 Measurements Using					
	Fair Value		Quoted Prices in Active Markets for Identical Assets Iue (Level 1)			nificant Other servable nputs evel 2)	Significant Unobservable Inputs (Level 3)	
2023								
Financial assets								
Equities – domestic	\$	190,136	\$	190,136	\$		\$	
Equities – domestic Equities – international	Ψ	122,473	Ψ	122,473	Ψ	_	Ψ	_
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		0.50						0.60
perpetual trust		968		<u>-</u>				968
		488,024	\$	455,992	\$	31,064	\$	968
Investments valued at NAV (A)								
Limited partnership		16,240						
Elimied partitership		10,240						
Cash and cash equivalents								
(at cost)		41,594						
		,						
Total investments and assets limited as to use	\$	545,858						
Dagairable from supporting								
Receivable from supporting organization	\$	850	\$	_	\$		\$	850

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

			Fair Value Measurements Using					
	Fair Value		ir Ma	ted Prices Active rkets for Assets Level 1)	ı	gnificant 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		1 100						1 100
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

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	<u>Fa</u>	ir 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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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:

	Su	ceivable from pporting anization	Inte Pe	neficial erest in rpetual Frust
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		(151)		(12)
Balance, March 31, 2022		1,063		1,122
Total realized and unrealized loss included in change in net assets		(213)		(154)
Balance, March 31, 2023	\$	850	\$	968
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	\$	(151)	\$	(12)
Year ended March 31, 2023	\$	(213)	\$	(154)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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 Change in estimate and accretion expense	\$ 1,948 (241)	\$ 2,067 (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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

- 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).

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

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.

Notes to Consolidated Financial Statements March 31, 2023 and 2022 (In Thousands)

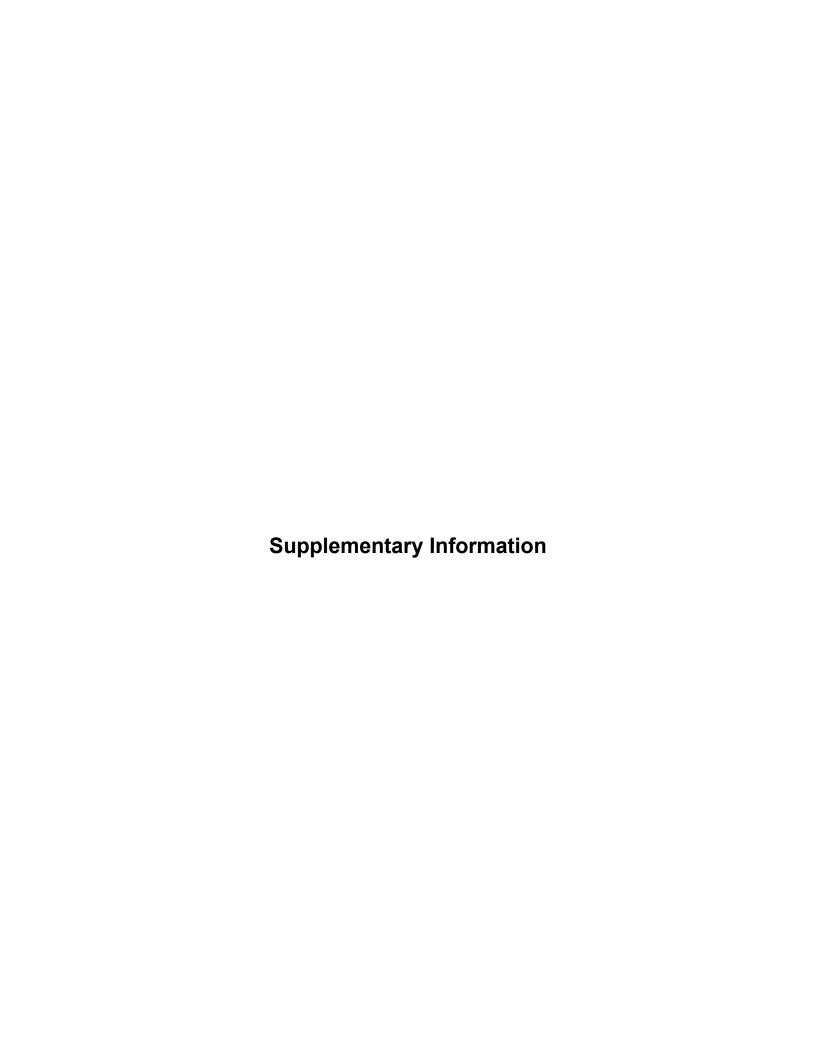
Quantitative Disclosures

The lease cost and other required information for the years ended March 31 are:

		2023	2022
Operating lease cost	\$	2,101	\$ 2,234
Short-term lease cost		1,510	 535
Total lease cost	\$	3,611	\$ 2,769
Other required information			
Cash paid for amounts included in the measurement of lease liabilitie	S		
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:

	Opera <u>Leas</u>	_
2024	\$	2,342
2025		1,470
2026		1,305
2027		1,268
2028		1,231
Thereafter		3,921
		11,537
Less interest		1,745
Operating lease liabilities	\$	9,792



Consolidating Schedule – Balance Sheet Information March 31, 2023 (In Thousands)

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		bligated Group	Fou	ındation		fordable lousing	Elim	ninations	Co	nsolidated
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		(6 122)		12,109
Intercompany receivables Total current assets		6,123	-	6,061		40,306	-	(6,123)		104 270
	_	64,135		0,001		40,300		(6,123)	_	104,379
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		456,154		49,401		18,745		(1,547)		522,753
Property and Equipment, Net		922,123		12		271,871		(25)	_	1,193,981
Other Assets										
Receivable from supporting organization		850		-		-		-		850
ROU assets – operating leases		8,811				2,149		(2,149)		8,811
Other receivables Other assets		471		748		-		-		1,219
In-place leases		11,620		-		4,262		-		15,882 52,376
Net pension asset		52,376 4,031		-		-		-		4,031
Total other assets		78,159		748		6,411		(2,149)		83,169
Total assets	•	1,520,571	•	56,222	•	337,333	•	(9,844)	•	1,904,282
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 Intercompany payables		15,656		2 000		763		((00()		16,419
Accrued interest		6,632		2,809		3,277 13		(6,086)		6,645
Other accrued expenses		23,857		13		1,206		_		25,076
Total current liabilities		79,305		2,873		7,024		(6,258)		82,944
		17,505		2,073		7,024		(0,230)		02,744
Other Liabilities Asset retirement obligations		1 707								1 707
Accrued workers' compensation		1,707 5,848		-		266		-		1,707 6,114
Operating lease liabilities		7,828		_		2,035		(2,035)		7,828
Other accrued liabilities		11,824		5,038		3,095		(2,033)		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		875,937		7,911		60,595		(9,368)	_	935,075
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		644,634		48,311		276,738		(476)		969,207
Total liabilities and net assets	\$	1,520,571	\$	56,222	\$	337,333	\$	(9,844)	\$	1,904,282

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	
Total revenues, gains, and other support						
without donor restrictions	351,164	3,118	32,181	(332)	386,131	
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	(33)	70,829	
Amortization of deferred costs	243	_	29	_	272	
Interest expense and other financing costs	11,979	_	1,398	_	13,377	
Program expenses	11,777	4,272	1,576	(850)	3,422	
Other	7,858	2	1,249	(195)	8,914	
Total expenses	368,027	4,291	27,690	(1,302)	398,706	
Operating Income (Loss) Before Other Operating Activities	(16,863)	(1,173)	4,491	970	(12,575)	
Other Operating Activities						
COVID-19-related expenses	(1,539)	-	(9)	-	(1,548)	
Amortization of acquired intangible assets and other	(10,401)				(10,401)	
Total other operating activities	(11,940)		(9)		(11,949)	
Operating Income (Loss)	(28,803)	(1,173)	4,482	970	(24,524)	
Other Income (Expense)						
Investment return, net	(31,639)	(1,524)	186		(32,977)	
Other components of net periodic benefit cost	1,910	(1,324)	-	-	1,910	
Other components of her periodic benefit cost	1,910				1,910	
Total other income (expense)	(29,729)	(1,524)	186		(31,067)	
Excess (Deficiency) of Revenues over Expenses	(58,532)	(2,697)	4,668	970	(55,591)	
Contributions from Affiliates	10,738	-	-	(10,738)	-	
Change in Pension Benefit Obligation	(1,380)				(1,380)	
Increase (Decrease) in Net Assets Without Donor Restrictions	s \$ (49,174)	\$ (2,697)	\$ 4,668	\$ (9,768)	\$ (56,971)	

ANNUAL REPORT CHECKLIST

FISCAL YEAR ENDED: 03/31/23

	ROVIDER(S):					
Γ	ront Porch Communities & Services					
_	ODO(O).					
C	CRC(S):					
PI	ROVIDER CONTACT PERSON:					
M	larie Hayrapet					
TI	ELEPHONE NUMBER:	E-MAIL ADDRESS:				
8	18-254-4126	mhayrapet@frontporch.net				
	A					
	A complete annual report must consist of 3	copies of all of the following:				
V	Annual Report Checklist.					
V	Annual Provider Fee in the amount of: \$132,3	29.07				
	☐ If applicable, late fee in the amount of: \$	<u> </u>				
Z	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 us the Department.	e or offered to new residents has been approved by				
	The provider is maintaining the required refund reserve.	liquid reserves and, when applicable, the required				
Z	Evidence of the provider's fidelity bond, as req	uired by H&SC section 1789.8.				
Ø	Provider's audited financial statements, with a opinion thereon.	n accompanying certified public accountant's				
Ø	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)).					
Z	"Continuing Care Retirement Community Discl	osure Statement" for <i>each</i> community.				
Z	Form 7-1, "Report on CCRC Monthly Service F	ees" for <i>each</i> community.				
	Form 9-1, "Calculation of Refund Reserve Amo	ount", if applicable.				
	·	, , , , , , , , , , , , , , , , , , ,				
∟	Key Indicators Report (signed by CEO or CFO provider's annual report)). The KIR may be su required until 30 days later.	bmitted along with the annual report, but is not				

Front Porch Fiscal Year End 3/31/23 Rent Payments 74385 - Rent

FY23

Reserve Report - Form 5-3

Amount
201,732.00
994,740.92
117,709.20
565,407.44
176,337.74
43,125.00
21,987.24
40,230.00
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

Form 5-1 & 5-2		Interest	Principal
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
Not Included on Form 5-1 & 5-2		Interest	Principal
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

CONSOLIDATED FORM 1-2 March 31, 2023

CALCULATION OF ANNUAL PROVIDER FEE

Li	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	(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
(2	"Source: "Recon to FS" Tab (Row 30 - Cash Pd for Int) (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	(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	(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		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	
	(multiply Line 3 by Line 4)														
(6	(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: