# **Front Porch Communities & Services**

March 31, 2024

# 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	198
[3]	Total Lines 1 and 2	393 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.30
[5]	Mean number of continuing care residents	197
	All Residents	
[6]	Number at beginning of fiscal year	228
[7]	Number at end of fiscal year	231
[8]	Total Lines 6 and 7	459 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	XIO C
[10]	Mean number of all residents	230
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	20,467,346.30
[a]	Depreciation	3,881,903.35
[b]	Debt Service (Interest Only)	199,363.56
[2]	Subtotal (add Line 1a and 1b)	4,081,266.91
[3]	Subtract Line 2 from Line 1 and enter result.	16,386,079.39
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.86
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	14,029,911.11
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 14,029.91
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Carlsbad by the Sea	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	2
[2]	Number at end of fiscal year	2
[3]	Total Lines 1 and 2	4
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x.50
[5]	Mean number of continuing care residents	2
	All Residents	
[6]	Number at beginning of fiscal year	219
[7]	Number at end of fiscal year	296
[8]	Total Lines 6 and 7	515 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	Alec
[10]	Mean number of all residents	258
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	23,802,386.45
[a]	Depreciation	3,426,796.59
[b]	Debt Service (Interest Only)	662,208.00
[2]	Subtotal (add Line 1a and 1b)	4,089,004.59
[3]	Subtract Line 2 from Line 1 and enter result.	19,713,381.86
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.01
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	153,113.65
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 153.11
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Claremont Manor	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	59
[2]	Number at end of fiscal year	47
[3]	Total Lines 1 and 2	106 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.00
[5]	Mean number of continuing care residents	53
	All Residents	
[6]	Number at beginning of fiscal year	148
[7]	Number at end of fiscal year	155
[8]	Total Lines 6 and 7	303 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[10]	Mean number of all residents	152
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	19,599,125.11
[a]	Depreciation	2,823,460.56
[b]	Debt Service (Interest Only)	89,509.44
[2]	Subtotal (add Line 1a and 1b)	2,912,970.00
[3]	Subtract Line 2 from Line 1 and enter result.	16,686,155.11
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.35
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	5,837,400.80
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 5,837.40
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Sunny View Retirement Community	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	183
[2]	Number at end of fiscal year	187
[3]	Total Lines 1 and 2	370 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.OO
[5]	Mean number of continuing care residents	185
	All Residents	
[6]	Number at beginning of fiscal year	270
[7]	Number at end of fiscal year	275
[8]	Total Lines 6 and 7	545 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	Alec
[10]	Mean number of <i>all</i> residents	273
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	26,790,896.82
[a]	Depreciation	4,040,358.13
[b]	Debt Service (Interest Only)	195,760.69
[2]	Subtotal (add Line 1a and 1b)	4,236,118.82
[3]	Subtract Line 2 from Line 1 and enter result.	22,554,778.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.68
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	15,312,418.09
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 15,312.42
PROV	DER: Front Porch Communities & Services	
COMM	IUNITY: Villa Gardens	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	74
[2]	Number at end of fiscal year	88
[3]	Total Lines 1 and 2	162 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.00
[5]	Mean number of continuing care residents	81
	All Residents	
[6] [7]	Number at beginning of fiscal year  Number at end of fiscal year	<u>204</u> <u>212</u>
[8]	Total Lines 6 and 7	416 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[10]	Mean number of <i>all</i> residents	208
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	15,266,438.00
[a]	Depreciation	3,028,814.00
[b]	Debt Service (Interest Only)	102,254.00
[2]	Subtotal (add Line 1a and 1b)	3,131,068.00
[3]	Subtract Line 2 from Line 1 and enter result.	12,135,370.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.39
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	4,725,793.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 4,726.00
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Vista Del Monte	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	188
[2]	Number at end of fiscal year	151
[3]	Total Lines 1 and 2	339 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.50
[5]	Mean number of continuing care residents	170
	All Residents	
[6]	Number at beginning of fiscal year	190
[7]	Number at end of fiscal year	176
[8]	Total Lines 6 and 7	366 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[10]	Mean number of all residents	183
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	18,224,120.77
[a]	Depreciation	4,162,134.16
[b]	Debt Service (Interest Only)	2,659,722.03
[2]	Subtotal (add Line 1a and 1b)	6,821,856.00
[3]	Subtract Line 2 from Line 1 and enter result.	11,402,265.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.93
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	10,561,114.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 10,561.00
PROVI	DER: Front Porch Communities & Services	
COMM	IUNITY: _Walnut Village	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	52
[2]	Number at end of fiscal year	38
[3]	Total Lines 1 and 2	90 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.30
[5]	Mean number of continuing care residents	45
	All Residents	
[6]	Number at beginning of fiscal year	163
[7]	Number at end of fiscal year	149
[8]	Total Lines 6 and 7	312 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[10]	Mean number of all residents	156
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	14,163,473.00
[a]	Depreciation	2,419,215.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	2,419,215.00
[3]	Subtract Line 2 from Line 1 and enter result.	11,744,258.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.29
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	3,387,767.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 3,388.00
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Canterbury Woods	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	231
[2]	Number at end of fiscal year	247
[3]	Total Lines 1 and 2	478
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x.50
[5]	Mean number of continuing care residents	239
	All Residents	
		000
[6]	Number at beginning of fiscal year	266
[7]	Number at end of fiscal year	272
[8]	Total Lines 6 and 7	538 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	, and a
[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).	1

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	27,543,061.00
[a]	Depreciation	6,412,286.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	6,412,286.00
[3]	Subtract Line 2 from Line 1 and enter result.	21,130,775.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.89
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	18,774,183.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 18,774.00
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: St. Paul's Towers	

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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	888,274.00
[a]	Depreciation	21,582.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	21,582.00
[3]	Subtract Line 2 from Line 1 and enter result.	866,691.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	100.00
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	866,691.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 867.00
PROVI	DER: Front Porch Communities & Services	
COMM	IUNITY: Los Gatos Meadows	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	406
[2]	Number at end of fiscal year	403
[3]	Total Lines 1 and 2	809 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.30
[5]	Mean number of continuing care residents	405
	All Residents	
[6]	Number at beginning of fiscal year	432
[7]	Number at end of fiscal year	438
[8]	Total Lines 6 and 7	870 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	, and a
[10]	Mean number of all residents	435
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	39,425,603.00
[a]	Depreciation	8,582,502.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	8,582,502.00
[3]	Subtract Line 2 from Line 1 and enter result.	30,843,101.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.93
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	28,679,907.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 28,680.00
PROVI	DER: Front Porch Communities & Services	
COMM	UNITY: Spring Lake Village	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	305
[2]	Number at end of fiscal year	294
[3]	Total Lines 1 and 2	599
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x.50
[5]	Mean number of continuing care residents	300
	All Residents	
[6]	Number at beginning of fiscal year	315
[7]	Number at end of fiscal year	305
[8]	Total Lines 6 and 7	620 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[10]	Mean number of all residents	310
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	33,069,588.00
[a]	Depreciation	7,958,157.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	7,958,157.00
[3]	Subtract Line 2 from Line 1 and enter result.	25,111,431.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.97
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	24,260,882.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 24,261.00
PROVI	DER: Front Porch Communities & Services	
СОММ	UNITY: San Francisco Towers	

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	32
[2]	Number at end of fiscal year	30
[3]	Total Lines 1 and 2	62 x.50
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	X.30
[5]	Mean number of continuing care residents	31
	All Residents	
[6] [7]	Number at beginning of fiscal year  Number at end of fiscal year	<u>102</u> <u>102</u>
[8]	Total Lines 6 and 7	204 x.50
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	
[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

Line		TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	16,643,458.00
[a]	Depreciation	901,799.00
[b]	Debt Service (Interest Only)	0.00
[2]	Subtotal (add Line 1a and 1b)	901,799.00
[3]	Subtract Line 2 from Line 1 and enter result.	15,741,659.00
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.30
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	4,784,230.00
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 4,784.00
PROVI	DER: Front Porch Communities & Services	
COMM	IUNITY: Webster House	

Line	Continuing Care Residents	TOTAL		
[1]	Number at beginning of fiscal year	72		
[2]	Number at end of fiscal year	77		
[3]	Total Lines 1 and 2	149 x.50		
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	, and a		
[5]	Mean number of continuing care residents	75		
	All Residents			
[6] [7]	Number at beginning of fiscal year  Number at end of fiscal year	<u>82</u> <u>80</u>		
[8]	Total Lines 6 and 7	162 x.50		
[9]	Multiply Line 8 by ".50" and enter result on Line 10.			
[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).	1		

Line		TOTAL							
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	4,750,580.00							
[a]	Depreciation	988,956.00							
[b]	Debt Service (Interest Only)	0.00							
[2]	Subtotal (add Line 1a and 1b)	988,956.00							
[3]	Subtract Line 2 from Line 1 and enter result.	3,761,624.00							
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	0.92							
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	3,459,765.00							
[6]	Total Amount Due (multiply Line 5 by .001)	\$ 3,460.00							
PROV	PROVIDER: Front Porch Communities & Services								
COMM	IUNITY: Friends House								

CONSOLIDATED FORM 1-2 March 31, 2024

CALCULATION OF ANNUAL PROVIDER FEE

Li	ine		Carlsbad By The Sea	Claremont Manor	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	20,467,346	23,802,386	19,599,125	26,790,897	15,266,438	18,224,121	14,163,473	27,543,061	888,274	39,425,603	33,069,588	16,643,458	4,750,580	260,634,350
	[a] I	Depreciation	3,881,903	3,426,797	2,823,461	4,040,358	3,028,814	4,162,134	2,419,215	6,412,286	21,582	8,582,502	7,958,157	901,799	988,956	48,647,963
	[b] I	Debt Service (Interest Only)	199,364	662,208	89,509	195,761	102,254	2,659,722	-	-	-	-	-	-	-	3,908,818
(2	2)	Subtotal (add Line 1a and 1b)	4,081,267	4,089,005	2,912,970	4,236,119	3,131,068	6,821,856	2,419,215	6,412,286	21,582	8,582,502	7,958,157	901,799	988,956	52,556,781
(3	3)	Subtract Line 2 from Line 1 and enter result.	16,386,079	19,713,382	16,686,155	22,554,778	12,135,370	11,402,265	11,744,258	21,130,775	866,691	30,843,101	25,111,431	15,741,659	3,761,624	208,077,569
(4	1)	Percentage allocated to continuing care residents (Form 1-1, Line 11)	85.62%	0.78%	34.98%	67.89%	38.94%	92.62%	28.85%	88.85%	100.00%	92.99%	96.61%	30.39%	91.98%	
(5	′	Total Operating Expense of Continuing Care Residents	14,029,911	153,114	5,837,401	15,312,418	4,725,793	10,561,114	3,387,767	18,774,183	866,691	28,679,907	24,260,882	4,784,230	3,459,765	
	(	(multiply Line 3 by Line 4)														
(6	3)	Total Amount Due (multiply Line 5 by .001)	14,029.91	153.11	5,837.40	15,312.42	4,725.79	10,561.11	3,387.77	18,774.18	866.69	28,679.91	24,260.88	4,784.23	3,459.77	134,833.18

PROVIDER: Front Porch Communities & Services

COMMUNITY:

# Part 2

# **Certification by Chief Executive Officer**

Health and Safety Code Section 1790

#### CERTIFICATION BY THE CHIEF EXECUTIVE OFFICER

July 29, 2024

I hereby certify that I have reviewed the accompanying March 31, 2024 Financial Statements and Supplementary Information for Front Porch. I further certify that:

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

Sean Kelly

Chief Executive Officer

JMW:tp

Encl.

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110 N. Elgin Avenue, Suite 400
Tulsa, OK 74120
P 918.584.2900 | F 918.584.2931
forvismazars.us



#### **Independent Auditor's Report on Supplementary Information**

Board of Directors Front Porch Communities & Services Glendale, California

We have audited the consolidated financial statements of Front Porch Communities & Services (Corporation) as of and for the year ended March 31, 2024 and have issued our report thereon dated July 24, 2024, 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 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 Mazars, LLP

Tulsa, Oklahoma July 29, 2024

# Part 3

# **Evidence of Fidelity Bond**

Health and Safety Code Section 1789.8



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/21/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If

	JBROGATION IS WAIVED, subject to rtificate does not confer rights to the						s may require	an end	orsement. A state	ment on this	
PRO	DDUCER				CONTACT Underwriting Associate						
	ring Communities Shared Services LTD 50 W. Winchester Road		BUONE				49-8095				
	te 109				E-MAIL ADDRESS: Certificates@caringcomm.org						
Lib	ertyville IL	ADL		R(S) AFFORD			NAIC #				
INICI	INSURED Front Porch Communities and Services						Communities				
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	N. Brand, 19th Floor				-	URER C:					
Gle	endale		CA	91203		URER D:					
					_	URER E:					
co	VERAGES CE	NUMBER:	1			REVISI	ON NUMBER:				
IN C	DICATED. NOTWITHSTANDING ANY RE	QUIRE PERTA	EMENT AIN, T	F, TERM OR CONDITION ( HE INSURANCE AFFORDE	AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,						
INSF			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
-::K	COMMERCIAL GENERAL LIABILITY	INOR	****			(MINI/DUTITI)	(WINDO/TTTT)	EACH O	CCURRENCE \$		
	CLAIMS MADE OCCUR							-	E TO RENTED \$		
									ES (Ea occurrence)  P (Any one person) \$		
									NAL & ADV INJURY \$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERA	AL AGGREGATE \$		
	POLICY PRO- JECT LOC							PRODUC	CTS - COMP/OP AGG \$		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT stent)		
	ANY AUTO  ALL OWNED SCHEDULED							BODILY I	NJURY (Per person) \$		
	AUTOS AUTOS								NJURY (Per accident) \$		
	HIRED AUTOS NON-OWNED AUTOS							PROPER (Per acci	RTY DAMAGE start)		
									\$		
								EACH O	CCURRENCE \$		
	UMBRELLA LIAB							AGGRE	GATE \$		
	EXCESS LIAB								\$		
	PERMOTINE								\$		
	DEDUCTIBLE RETENTION \$								\$		
$\vdash$	WORKERS COMPENSATION AND							PE	R OTH-		
	EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	1							TATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							CH ACCIDENT \$  EASE - EA EMPLOYEE \$		
	If yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT \$		
Α	OTHER Commercial Crime			CCIC-0002-24		01/01/2024	01/01/2025		Loss Limit \$5	5,000,000 10,000	
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 12/21/2023 23:41:14										
CE	RTIFICATE HOLDER				CA	NCELLATION					
Front Porch Communities and Services 800 N. Brand, 19th Floor Glendale CA 91203						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
			AUTHORIZED REPRESENTATIVE  for A. Nagle								



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2023

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

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

ce	certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
	DUCE					CONTACT Underwriting Associate						
	_	Communities Shared Services LTD  . Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095					9-8095	
	e 10					E-MAIL ADDRESS: Certificates@caringcomm.org						
Libe	ertyv	ille IL	6	0048		INSURER(S) AFFORDING COVERAGE					NAIC #	
INSL	INSURED Front Porch Communities and Services						JRER A: Caring	g Communities,	A Reciprocal RRG	i	12373	
		ra Services Corporation				INSI	JRER B:		· ·			
800	N. E	Brand Blvd., 19th Floor				INSI	JRER C:					
Gle	ndal	e		CA 91203			JRER D:					
						INSI	JRER E:					
co	VER	AGES CEI	RTIFIC	CATE	NUMBER:				REVISION NUMBI	ER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RE CERTIFICATE MAY BE ISSUED OR MAY				EMEN <sup>-</sup> AIN, T	T, TERM OR CONDITION	OF A	NY CONTRACT Y THE POLICII	T OR OTHER DES DESCRIBED	OCUMENT WITH F	RESPECT	TO WHICH THIS	
INSR		TYPE OF INSURANCE	ADD'L	SUBR			POLICY EFF	POLICY EXP		LIMITS		
LTR A	X	COMMERCIAL GENERAL LIABILITY	INSR	WVD			(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE	\$	1,000,000.00	
^	_	CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025	DAMAGE TO RENTED	¢	•	
	X	PL/ML–Claims Made			Includes Management Liab	oility			PREMISES (Ea occurre MED EXP (Any one pe	ence) '	300,000.00	
		- I LANIE Glaine Made			EPLI SIR per Claim \$ 7	5,000			PERSONAL & ADV INJ	_ ' ·	1,000,000.00	
	GEI	I ————————————————————————————————————			D&O SIR per Claim \$ 50,000 Fiduciary SIR per Claim \$ 5,000				GENERAL AGGREGAT		3,000,000.00	
	X	POLICY PRO- JECT LOC							PRODUCTS - COMP/O		incl	
		OTHER:							PL/GL SIR Per Cl	aim \$	75,000.00	
	AU <sup>-</sup>	TOMOBILE LIABILITY							COMBINED SINGLE LI (Ea accident)	MIT \$	<u> </u>	
		ANY AUTO							BODILY INJURY (Per po	erson) \$		
		ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per ad	ccident) \$		
		HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
		A0100							(Fer accident)	\$		
					CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE	PL/GL \$	10,000,000.00	
Α		UMBRELLA LIAB X OCCUR-GL			*Sublimits apply		01/01/2024	01/01/2025	AGGREGATE PL/GL	\$	15,000,000.00	
	Х	EXCESS LIAB X CLAIMS MADE-PL/ML			Савінню арріу				*AUTO	\$	6,000,000.00	
		1							*EMP BEN	\$	5,000,000.00	
	_	DEDUCTIBLE							EPLI/D&O (Occurs		10,000,000.00	
	X	RETENTION \$ 0  RKERS COMPENSATION AND							*FIDUCIARY (Occu	ır&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 EM			
	-	SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT  \$		
	011	HER										
DE	CDIE	PTION OF OPERATIONS / LOCATIONS / VEH	ICI ES	(ACOPI	D 101 Additional Pomarks Scho	dula i	may be attached if	moro enaco le ron	uirod)			
		2023 1:08:54	ICLL3 (	(ACOKI	D 101, Additional Remarks Sche	uuie, i	nay be attached in	illore space is req	ulleuj			
'-												
CEI	RTIF	ICATE HOLDER				CAI	NCELLATION					
						SH	HOLLI D. ANY OF	THE ABOVE D	ESCRIBED POLICIES	S BE CAN	CELLED BEFORE	
/	Alha	mbra Services Corporation							REOF, NOTICE V			
8	300	N. Brand Blvd., 19th Floor						ITH THE POLIC				
(	Glen	dale			CA 91203							
						AUT	HORIZED REPRE					
									Sa a. h.	agle	-	



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/22/2023

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If

	SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
	DUCER				CONTACT Underwriting Associate						
	ng Communities Shared Services LTD				IVAIVIL.						
	W. Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095  E-MAIL ADDRESS: Certificates@caringcomm.org						
	e 109	0	0040		ADD						
Libe	rtyville IL	О	0048			INSURE	NAIC#				
INSURED Front Porch Communities and Services						JRERA: Caring	12373				
Beth	any Center Senior Housing, Inc.				INSU	JRER B:					
	any Center Senior Housing				INSU	JRER C:					
	Capp Street		0.4	04440	INSU	JRER D:					
San	Francisco		CA	94110	INSU	JRER E:					
CO	ZERAGES 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 ( ΤΗΕ INSURANCE AFFORDE	DF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	T TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	;		
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000.00		
	X PL/ML–Claims Made			Includes Management Liabil EPLI SIR per Claim \$ 75, D&O SIR per Claim \$ 50, Fiduciary SIR per Claim \$ 5,				MED EXP (Any one person)	<b>.</b>		
								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			
	OTHER:							PL/GL SIR Per Claim	75,000.00		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)			
	ANY AUTO ALL OWNED SCHEDULED							- , , ,	\$		
	AUTOS AUTOS							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE			
	HIRED AUTOS AUTOS							(Per accident)			
								EACH OCCURRENCE PL/GL \$	•		
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025		10,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				AGGREGATE TE/GE	15,000,000.00		
	X 2/6266 2m2 X							*AUTO \$ *EMP BEN \$	6,000,000.00 5,000,000.00		
	DEDUCTIBLE							EPLI/D&O (Occur&Aggr) \$			
	X RETENTION \$ 0							*FIDUCIARY (Occur&Aggr) \$	, ,		
	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 \$	i		
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	j		
	OTHER										
DE0	ODIDION OF ODED ATIONS // COATIONS ///EI	01.50.7	100D	Add Additional Remarks Oaks	de de la						
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI 22/2023 1:08:55	CLES (	ACORI	J 101, Additional Remarks Sched	auie, r	nay be attached if	more space is req	uirea)			
'-'	22/2020 1.00.00										
CEF	TIFICATE HOLDER				CAI	NCELLATION					
					SE	HOLLI D ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CA	NCELLED REFORE		
E	ethany Center Senior Housing							REOF, NOTICE WILL BE			
5	80 Capp Street						ITH THE POLICY				
	an Francisco		(	CA 94110							
					AUT	HORIZED REPRES					
					Sta a. Nagle						



DATE (MM/DD/YYYY) 12/22/2023

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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					NIE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	e 109				E-MA	AIL O	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADDI	. 1200.			NA10 #		
							• • •	ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSU	IRER A: Caring	g Communities,	A Reciprocal RRG	12373		
-	fornia Lutheran Homes					IRER B:					
	N. Brand Blvd., 19th Floor ndale		CA	91203		IRER C:					
0.0.			٠.	0.200	-	JRER D: JRER E:					
	VED 4 0 5 0	TIE16		AU IMPED	INSU	IRER E.		DEVICION NUMBER			
				NUMBER:	REVISION NUMBER:  AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INI CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	EMENT AIN, T	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT ' 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			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2020	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 \$ 5	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$ PL/GL SIR Per Claim \$	75,000.00		
	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) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE			
	Autos							(Per accident) \$			
				CCBBBC 0002 24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24 *Sublimits apply			01/01/2024	01/01/2025	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Cubiiiiiic appiy				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE X RETENTION \$ 0							EPLI/D&O (Occur&Aggr) \$	10,000,000.00 5,000,000.00		
	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 \$  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	) 101, Additional Remarks Sched	dule, m	nay be attached if	more space is req	uired)			
12	/22/2023 1:08:56										
CE	RTIFICATE HOLDER				CAN	ICELLATION					
					임니	IOUI D ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE		
	California Lutheran Homes							REOF, NOTICE WILL BE			
	300 N. Brand Blvd., 19th Floor			ACCORDANCE WITH THE POLICY PROVISIONS.							
(	Glendale CA 91203					AUTHORIZED REPRESENTATIVE					
					AUII	IORIZED REPRES		<u> </u>			
					Sea a. Nayle				-		



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the				ne policy, certain policies may require an endorsement. A statement on this ich endorsement(s).						
_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD					МЕ	7-549-8225	FAX (A/C, No): 847-54	l9-8095		
	0 W. Winchester Road e 109				E-MA	AIL 0			13-0033		
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	nty vine 12	Ū	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
Fro	nt Porch Communities and Services				INSL	JRER B:					
	terbury Woods				INSU	JRER C:					
	Sinex Avenue ific Grove		CA	93950	INSL	JRER D:					
Fac	ilic Grove		CA	93930	INSU	JRER E:					
CO	VERAGES CER	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
INI CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY IN CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	EMENT AIN, T	Γ, TERM OR CONDITION ( HE INSURANCE AFFORDE	OF AI	NY CONTRACT THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	LIMITS									
A	X COMMERCIAL GENERAL LIABILITY	UK	WVD	CCRRRG-0002-24		(MM/DD/YYYY) 01/01/2024	(MM/DD/YYYY) 01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025	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) +			
	HIPED 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-0002-24			01/01/2024	01/01/2025	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 \$			
L_		01.50	100=	101 1111 1- 1-1							
	CCRIPTION OF OPERATIONS / LOCATIONS / VEHI 22/2023 1:09:06	CLES (	ACORL	J 101, Additional Remarks Sche	aule, n	nay be attached if	more space is req	uirea)			
'-	22/2020 1.00.00										
<u></u>	TIEIRATE HOLDED					10511 451011					
CE	RTIFICATE HOLDER				CAN	NCELLATION					
,	Contorbury Woods				SH	OULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CAN	ICELLED BEFORE		
	Canterbury Woods							REOF, NOTICE WILL BE	DELIVERED IN		
	651 Sinex Avenue	,	A 02050	ACCORDANCE WITH THE POLICY PROVISIONS.							
'	Pacific Grove	(	CA 93950	AUTI	HORIZED REPRES	SENTATIVE					
								7 27			
					Sta a. Nagle						



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the				n endorsement(s).						
_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD  0 W. Winchester Road					NIE	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	e 109				E-MA	AIL O	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADDI	. 1200.			NA10 #		
							• • •	ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSU	IRER A: Caring	g Communities,	A Reciprocal RRG	12373		
	RING Housing Ministries, Inc. N. Brand Blvd., 19th Floor					IRER B:					
	ndale		CA	91203		IRER C:					
0.0.			٠	0.200	-	JRER D: JRER E:					
	VEDACES OF	TIFIC	\	NUMBER.	INSU	IRER E:		DEVICION NUMBER.			
				NUMBER:	REVISION NUMBER:  AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
INI CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	MENT AIN, T	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT ' THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2020	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 \$ 5	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$ PL/GL SIR Per Claim \$	75,000.00		
	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) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE			
	Autos							(Per accident) \$			
				CCBBBC 0002 24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24 *Sublimits apply			01/01/2024	01/01/2023	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Cazimine apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE X RETENTION \$ 0							EPLI/D&O (Occur&Aggr) \$	10,000,000.00		
	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 \$  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	101, Additional Remarks Scheo	dule, m	nay be attached if	more space is req	uired)			
12	/22/2023 1:09:06										
CEI	RTIFICATE HOLDER				CAN	CELLATION					
					Qμ	10111 D ANV OF	THE AROVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE		
(	CARING Housing Ministries, Inc.						REOF, NOTICE WILL BE				
8	300 N. Brand Blvd., 19th Floor				ACCORDANCE WITH THE POLICY PROVISIONS.						
(	Glendale CA 91203					AUTHORIZED REPRESENTATIVE					
					AUT	NUKIZED KEPRES					
					Sta a. Nagle				-		



DATE (MM/DD/YYYY) 12/22/2023

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.

SU	BROGATION IS WAIVED, subject to tifficate does not confer rights to the	he ter certifi	ms a cate	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	ement on this
	DUCER				CON	NTACT Ur	nderwriting Ass	ociate		
	ng Communities Shared Services LTD  W. Winchester Road					NIE.	17-549-8225		FAX (A/C, No): 847-5	549-8095
	e 109				E-M	AII	ertificates@cari	nacomm		
	rtyville IL	60	0048		ADL		ER(S) AFFORD			NAIC #
INSI	RED Front Porch Communities and Ser	vices			INSI		Communities,			12373
	nt Porch Communities and Services	VICCS				URER B:	9 00	7		
Car	sbad By The Sea Care Center				-	URER C:				
	5 Carlsbad Blvd.				INSI	URER D:				
Car	sbad		CA	92008	-	URER E:				
CO	/ERAGES CEI	RTIFIC	ATE	NUMBER:				REVISION	ON NUMBER:	
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	MENT	T, TERM OR CONDITION ( HE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THIS
INSR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	<b>3</b>
LTR A	X COMMERCIAL GENERAL LIABILITY	INSK	WVD	CCDDDC 0000 04		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O	CCURRENCE	\$ 1,000,000.0
	CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED S (Ea occurrence)	\$ 300,000.0
	X PL/ML–Claims Made			Includes Management Liab	oility					\$
					5,000			PERSON	AL & ADV INJURY	\$ 1,000,000.0
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$	0,000 5,000			GENERA	L AGGREGATE :	\$ 3,000,000.0
	X POLICY PRO- JECT LOC			I Iddolary Sirk per Glaim V	0,000			PRODUC	TS - COMP/OP AGG	\$ ind
	OTHER:							PL/GL	SIR Per Claim	\$ 75,000.0
	AUTOMOBILE LIABILITY							COMBIN (Ea accid	ED SINGLE LIMIT ent)	\$
	ANY AUTO							BODILY I	NJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS								NJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS							PROPER (Per accid	TY DAMAGE (sent)	\$
										\$
١,				CCRRRG-0002-24		01/01/2024	01/01/2025	EACH O	CCURRENCE PL/GL	10,000,000.0
Α	UMBRELLA LIAB X OCCUR-GL			*Sublimits apply				AGGREG	SATE PL/GL	15,000,000.0
	X EXCESS LIAB X CLAIMS MADE-PL/ML							*AUTO		6,000,000.0
	DEDUCTIBLE							*EMP E		5,000,000.0
	X RETENTION \$ 0								&O (Occur&Aggr) \$	5,000,000.0 5,000,000.0
-	WORKERS COMPENSATION AND							PE	R OTH-	5,000,000.0
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							<b>-</b>	ATUTE ER	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							H ACCIDENT SEASE - EA EMPLOYEES	
	If yes, describe under DESCRIPTION OF OPERATIONS below								ASE - POLICY LIMIT	
<u> </u>	OTHER							L.L. DISL	ASE - FOLICT LIMIT	,
DES	L CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (A	ACORE	D 101, Additional Remarks Sche	dule, ı	may be attached if	i f more space is req	uired)		
12	/22/2023 1:09:07									
	OTIEICATE HOLDER				CA	NCELL ATION				
CEI	RTIFICATE HOLDER				CA	NCELLATION				
,	Carlehad By The Sea Care Conter				ı					NCELLED BEFORE
	Carlsbad By The Sea Care Center							E DELIVERED IN		
	2855 Carlsbad Blvd.	24 00000	A(	CCORDANCE W	/ITH THE POLIC	r PROVIS	DIUNS.			
'	Carlsbad	CA 92008	AUTHORIZED REPRESENTATIVE							
					~~'				· _	
				Sta a. Nagle						



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the	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-MA	AIL O	ertificates@cari	(A/C, NO).	0 0000	
	rtyville 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:				
	sbad By The Sea 5 Carlsbad Blvd.				INSL	JRER C:				
	sbad		CA	92008		JRER D:				
					INSURER E:					
	/ERAGES CEF IS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/F DF	TN ICCUED TO		REVISION NUMBER:	DOLICY DEDIOD	
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.	OCUMENT WITH RESPECT	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L INSR	POLICY EXP (MM/DD/YYYY)	LIMITS						
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		(MM/DD/YYYY) 01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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) \$		
				00000000000		04/04/0004	04/04/0005	EACH OCCURRENCE PL/GL \$	10,000,000.00	
Α	UMBRELLA LIAB X OCCUR-GL		*Sublimits apply			01/01/2024	01/01/2025	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  \$		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	) 101, Additional Remarks Scheo	dule, n	nay be attached if	more space is req	uired)		
12/	/22/2023 1:09:18									
CEF	RTIFICATE HOLDER				CANCELLATION					
					CI.	10111 D ANV OF	THE AROVE D	ESCRIBED POLICIES BE CAN	CELLED BEEODE	
(	Carlsbad By The Sea							REOF, NOTICE WILL BE		
2	855 Carlsbad Blvd.					ITH THE POLICY				
(	Carlsbad CA 92008					AUTHORIZED DEDDECENTATIVE				
					AUT	HORIZED REPRES				
					Sta G. Nagle					



DATE (MM/DD/YYYY) 12/22/2023

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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					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).	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:				
_	a de Manana Coast Blvd.				INSL	JRER C:				
La J			CA	92037		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	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 WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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) \$		
				00000000000		04/04/0004	04/04/0005	EACH OCCURRENCE PL/GL \$	10,000,000.00	
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24 *Sublimits apply			01/01/2024	01/01/2025	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 (	ACOR	101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)		
12/	/22/2023 1:09:19									
CEF	RTIFICATE HOLDER				CANCELLATION					
					C		THE ADOVE D	ESCRIPED DOLLOIDO DE CANA	CELLED BEFORE	
C	Casa de Manana						ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
8	49 Coast Blvd.			ACCORDANCE WITH THE POLICY PROVISIONS.						
L	La Jolla CA 92037									
					AUTHORIZED REPRESENTATIVE					
					Sta a. Kayle					



DATE (MM/DD/YYYY) 12/22/2023

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	JBROGATION IS WAIVED, subject t rtificate does not confer rights to t						es may require	an end	orsement. A state	ement on this	
	DUCER				CONTACT Underwriting Associate						
	ring Communities Shared Services LT	D				NIE.	17-549-8225		FAX (A/C, No): 847-	549-8095	
	50 W. Winchester Road te 109				E-M	AlL		n a c c m n		5-10 0000	
		L 6	0048		ADD		ertificates@cari				
							ER(S) AFFORD			NAIC #	
	JRED Front Porch Communities and S	Services			INSI	URER A: Carino	g Communities,	A Recip	orocal RRG	12373	
	nt Porch Communities and Services				INSI	URER B:					
_	cil Pines 19 Lake Cove Ave.				INS	URER C:					
	ksonville		FL	32221	-	URER D:					
				-	INS	URER E:					
				NUMBER:	REVISION NUMBER: HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD						
IN CE	DICATED. NOTWITHSTANDING ANY ERTIFICATE MAY BE ISSUED OR MA KCLUSIONS AND CONDITIONS OF SUCI	REQUIRE Y PERTA	EMEN <sup>-</sup> AIN, T	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICII	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THI	IS
INSF		ADD'L INSR	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	<b>3</b>	
A	X COMMERCIAL GENERAL LIABILITY	11101	1.,,,,	CCRRRG-0002-24		01/01/2024	01/01/2025			1,000,000	00.0
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	300,000	00.0
	X PL/ML–Claims Made			Includes Management Liab	•					\$	_
					5,000			PERSON	IAL & ADV INJURY	1,000,000	00.0
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$ 5						3,000,000	0.00
	X POLICY PRO- JECT LOC							PRODUC	CTS - COMP/OP AGG	\$	incl
	OTHER:									75,000	).00
	AUTOMOBILE LIABILITY							(Ea accid	ED SINGLE LIMIT lent)	\$	
	ANY AUTO ALL OWNED SCHEDULE	,							` ' '	\$	
	AUTOS AUTOS								NJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNE							(Per acci	uent)	\$	
								FACULO			
l <sub>A</sub>	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24	01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,000		
'`	X EXCESS LIAB X CLAIMS MADE-PL	/ML		*Sublimits apply					GATE PL/GL	15,000,000	
	X EXCESS EMB X							*AUTC		6,000,000 5,000,000	
	DEDUCTIBLE							-	)&O (Occur&Aggr)		
	X RETENTION \$ 0								CIARY (Occur&Aggr)		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE		,	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	/ N N / A						<b>-</b>	CH ACCIDENT S		
	(Mandatory in NH)	<b>\</b> '\^							EASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISI	EASE - POLICY LIMIT	3	
	OTHER								•		
<u></u>	CODIDTION OF OPEN TIONS	FINC:	1000	D 404 A Jahr. 15	4. •		<u> </u>				
	SCRIPTION OF OPERATIONS / LOCATIONS / V 2/22/2023 1:09:19	EHICLES (	ACORI	ייטו, Additional Remarks Sche	dule, i	may be attached if	r more space is req	uired)			
'-	1,22,2020 1.03.13										
CE	RTIFICATE HOLDER		CA	NCELLATION							
					SI	HOULD ANY OF	THE ABOVE D	ESCRIRE	ED POLICIES BE CA	NCELLED REFOR	ŧΕ
	Cecil Pines		T⊦	HE EXPIRATION	N DATE THE	REOF,	NOTICE WILL B				
'	6009 Lake Cove Ave.			A	CCORDANCE W	/ITH THE POLIC	Y PROVI	SIONS.			
'	Jacksonville	FL 32221	AUTHORIZED REPRESENTATIVE								
					AUT	HURIZED REPRE			>		
				Cha a. Tragle							



DATE (MM/DD/YYYY) 12/22/2023

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	BROGATION IS WAIVED, subject to t tificate does not confer rights to the						s may require	an endorsement. A statem	ient on this			
PROI	DUCER				CONTACT Underwriting Associate							
	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095			
	) W. Winchester Road e 109				E-MA	AIL a		•	9-0093			
	rtyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	<u> </u>			
Libo	TE TE	Ŭ	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			
	ter For Technology Innovation And Well	being			INSU	JRER B:						
	N. Brand Blvd., 19th Floor			0.4000	INSU	JRER C:						
Gier	ndale		CA	91203	INSL	JRER D:						
					INSU	JRER E:						
				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	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AI	NY CONTRACT / THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS			
INSR LTR TYPE OF INSURANCE ADD'L SUBR INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY) LIMITS												
A	X COMMERCIAL GENERAL LIABILITY	INSK	WVD					EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025	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 \$ 5				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							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	HIDED ALITOS NON-OWNED						BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$					
	AUTOS							(Per accident) \$				
				00000000000		04/04/0004	04/04/0005	EACH OCCURRENCE PL/GL \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24 *Sublimits apply	01/01/2024	01/01/2025	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 \$  E.L. DISEASE - EA EMPLOYEE\$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
	OTHER							2.2. 3.02. to 2.0 1 2 y				
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	101, Additional Remarks Schee	dule, n	nay be attached if	more space is req	uired)				
12/	22/2023 1:09:19											
CEF	TIFICATE HOLDER				CAN	NCELLATION						
	Center For Technology Innovation And V	Vellbe	ing		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN							
8	00 N. Brand Blvd., 19th Floor						TH THE POLICY					
	Siendale		(	CA 91203								
					AUT	HORIZED REPRES						
					Sea a. Nagle							



DATE (MM/DD/YYYY) 12/22/2023

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ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
PRODUCER				CONTACT Underwriting Associate								
Caring Communities Shared Services LT 1850 W. Winchester Road	נ					7-549-8225	FAX (A/C, No): 847-54	9-8095				
Suite 109				E-MA	ΛII	ertificates@cari	•					
	_ 6	0048		ADD			ING COVERAGE	NAIC #				
INSURED Front Porch Communities and S	oniooo			INICI		. ,	A Reciprocal RRG	12373				
Front Porch Communities and Services	ervices				JRER B:	g Communities,	Artecipiocal riro	12070				
Claremont Manor Care Center					JRER C:							
621 W. Bonita Ave.												
Claremont		CA	91711		JRER D: JRER E:							
COVERAGES C	EDTIE	ATE	NUMBER:	11100	JILIN E.		REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICI				/F BF	FN ISSUED T			POLICY PERIOD				
INDICATED. NOTWITHSTANDING ANY I CERTIFICATE MAY BE ISSUED OR MA EXCLUSIONS AND CONDITIONS OF SUCH	REQUIRI PERT	EMEN <sup>-</sup> AIN, T	Γ, TERM OR CONDITION ( ΤΗΕ INSURANCE AFFORDE	OF AI	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS				
INSR TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
A X COMMERCIAL GENERAL LIABILITY	IIIOIX	1000	CCRRRG-0002-24		01/01/2024		EACH OCCURRENCE \$	1,000,000.00				
CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00				
X PL/ML–Claims Made			Includes Management Liab	ility			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 \$ 5 Fiduciary SIR per Claim \$	0,000 5.000			GENERAL AGGREGATE \$	3,000,000.00				
X POLICY PRO- JECT LOC			raddary 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-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00				
A UMBRELLA LIAB X OCCUR-GL			*Sublimits apply	017017202	01/01/2024	0 1/0 1/2020	AGGREGATE PL/GL \$	15,000,000.00				
X EXCESS LIAB X CLAIMS MADE-PL/	ИL						*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?	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 / V	HICLES	ACORI	101 Additional Remarks Scho	dule n	may he attached if	more enace le rec	uired)					
12/22/2023 1:09:20	IIICLLS	ACORI	7 101, Additional Remarks Sche	uuie, ii	nay be attached in	more space is req	ulleuj					
CERTIFICATE HOLDER				CAN	NCELLATION							
				e.		THE ABOVE DE	ESCRIBED POLICIES BE CAN	CELLED BEEODE				
Claremont Manor Care Center							REOF, NOTICE WILL BE	-				
621 W. Bonita Ave.				ACCORDANCE WITH THE POLICY PROVISIONS.								
Claremont	Claremont CA 91711											
			AUTHORIZED REPRESENTATIVE									
				Cha a. Tragle								
				Sta 4. Magie								



DATE (MM/DD/YYYY) 12/22/2023

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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-	549-8095	
	0 W. Winchester Road e 109			E-MA	AIL o		n a c c m n		5-10 0000	
	ertyville IL	60048	8	ADD		ertificates@cari			T	
					INSURE	ER(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices		INSL	JRERA: Carino	g Communities,	A Recip	orocal RRG	12373	
1	nt Porch Communities and Services			INSL	JRER B:					
	remont Manor			INSL	JRER C:					
	Harrison Avenue remont	C	A 91711	INSL	JRER D:					
Olai	CHIOTIC	<u> </u>		INSL	JRER E:					
			E 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 PO	QUIREMEN PERTAIN,	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AI	NY CONTRACT	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY		CCRRRG-0002-24		01/01/2024	01/01/2025			\$ 1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	\$ 300,000.00	
	X PL/ML-Claims Made		Includes Management Liab	1					\$ _	
				75,000 50,000			PERSON	IAL & ADV INJURY	\$ 1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$						\$ 3,000,000.00	
	X POLICY PRO- JECT LOC						PRODUC	CTS - COMP/OP AGG	\$ incl	
	OTHER:								\$ 75,000.00	
	AUTOMOBILE LIABILITY						(Ea accid	ED SINGLE LIMIT lent)	\$	
	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
	AUTOS AUTOS							TV DAMAGE	\$	
	HIRED AUTOS AUTOS						(Per accid	Jeni)	\$	
							FACULO			
l <sub>A</sub>	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24	01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,000.00		
``	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					GATE PL/GL	15,000,000.00	
	X EXOLOG EN D						*AUTO		6,000,000.00 5,000,000.00	
	DEDUCTIBLE							0&O (Occur&Aggr)		
	X RETENTION \$ 0							CIARY (Occur&Aggr)	-,,	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE		•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						H ACCIDENT S	<u> </u>	
	(Mandatory in NH)	N / A						EASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE	EASE - POLICY LIMIT	5	
	OTHER							•		
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACO	RD 101, Additional Remarks Sche	dule, n	nay be attached if	f more space is req	uired)			
12	/22/2023 1:09:33									
CEI	RTIFICATE HOLDER			CAN	NCELLATION					
							F0.6=:-			
(	Claremont Manor							NCELLED BEFORE E DELIVERED IN		
6	650 Harrison Avenue					ITH THE POLIC			L DELIVERED III	
	Claremont	CA 91711								
				AUTI	HORIZED REPRE					
							/4	) a Zu-1-		
1				Sea a. Tragle						



DATE (MM/DD/YYYY) 12/22/2023

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ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER				CON	ITACT Ur IE:	nderwriting Asso	ociate				
Caring Communities Shared Services LTD					NIE.	7-549-8225	FAX (A/C, No): 847-54	9-8095			
1850 W. Winchester Road Suite 109				E-M	AIL a	ertificates@cari	•	0 0000			
Libertyville IL	6	0048		ADD			DING COVERAGE	NAIC #			
INSURED Front Porch Communities and Se	nicos			INICI		. ,	A Reciprocal RRG	12373			
Community Housing, Inc.	rvices				JRER B:	g Communities,	Artecipiocal tito	12373			
2185 N. California Blvd., Suite 215					JRER D: JRER C:						
Walnut Creek		CA	94596								
					JRER D: JRER E:						
COVERACES	DTIE	· ATE	NUMBER:	11400	JACA C.		DEVICION NUMBER:				
COVERAGES CE THIS IS TO CERTIFY THAT THE POLICIE			=	/E BE	EN ISSUED T		REVISION NUMBER:	POLICY PERIOD			
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	EMENT AIN, T	Γ, TERM OR CONDITION ( ΤΗΕ INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS			
INSR TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00			
CLAIMS MADE X OCCUR					01/01/2021	0 1/0 1/2020	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			
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) \$				
	+						\$				
A UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00			
			*Sublimits apply				AGGREGATE PL/GL \$	15,000,000.00			
X EXCESS LIAB X CLAIMS MADE-PL/M							*AUTO \$	6,000,000.00			
DEDUCTIBLE							*EMP BEN \$ 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-	0,000,000.00			
ANY PROPRIETOR/PARTNER/EXECUTIVE Y / I	4						STATUTE ER  E.L. EACH ACCIDENT \$				
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE\$				
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
OTHER	+										
DESCRIPTION OF OPERATIONS / LOCATIONS / VE	IICLES (	ACORI	D 101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)				
12/22/2023 1:09:33											
CERTIFICATE HOLDER				CAI	NCELLATION						
OLIVIII IOATE HOLDER				CAI	TOLLLATION						
Community Housing Inc				SH	HOULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE			
Community Housing, Inc.							REOF, NOTICE WILL BE	DELIVERED IN			
2185 N. California Blvd., Suite 215			04.00	ACCORDANCE WITH THE POLICY PROVISIONS.							
Walnut Creek	(	CA 94596	AUTHORIZED REPRESENTATIVE								
							Sta A. Nagle				
							Sta a. hagle				



DATE (MM/DD/YYYY) 12/22/2023

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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-MA	VII.	ertificates@cari			
Libe	rtyville IL	6	0048		ADD	. 1.200.			NAIC#	
							. ,	ING COVERAGE		
	RED Front Porch Communities and Ser It Porch Communities and Services	vices					g Communities,	A Reciprocal RRG	12373	
	ombroso Oaks					JRER B:				
	60 Poppy Lane					JRER C: JRER D:				
Los	Gatos		CA	95030		JRER E:				
COV	/ERAGES CEF	RTIFIC	CATE	NUMBER:				REVISION 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	QUIRE PERTA	EMENT AIN, T	Γ, TERM OR CONDITION ( ΤΗΕ INSURANCE AFFORDE	OF AN	NY CONTRACT / 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	INSK	WVD	CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00	
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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	
	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 \$	incl 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) \$		
								\$		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025	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 2/0250 2.5.2							*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  ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							PER OTH- 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		
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI 22/2023 1:09:34	ICLES (	ACORI	0 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)		
12/	22/2023 1.09.34									
CEE	TIFICATE HOLDER				CAN	NCELLATION				
CER	TIFICATE HOLDER				CAI	ICELLATION				
F	Il Sombroso Oaks						ESCRIBED POLICIES BE CAN			
	5860 Poppy Lane			THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	Los Gatos CA 95030									
	200 04100					AUTHORIZED REPRESENTATIVE				
				Sta a. Nagle						



DATE (MM/DD/YYYY) 12/22/2023

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certificate does not confer rights to the						s may require	an endorsement. A staten	ient on this		
PRODUCER				CONTACT Underwriting Associate						
Caring Communities Shared Services LTD 1850 W. Winchester Road					NIE .	7-549-8225	FAX (A/C, No): 847-54	9-8095		
Suite 109				E-M	A II	ertificates@cari	· ·			
Libertyville IL	6	0048		ADD			ING COVERAGE	NAIC#		
				INICI		. ,	A Reciprocal RRG	12373		
INSURED Front Porch Communities and Services	/ices				JRER B:	g Communities,	A Recipiocal RRG	12373		
England Oaks					JRER C:					
6956 England Dr.					JRER D:					
Alexandria		LA	71303	INSURER E:						
COVERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT 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		
	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A X COMMERCIAL GENERAL LIABILITY	IIIOIX	1112	CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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:			Fiduciary SIR per Claim \$	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00		
X POLICY PROJECT LOC OTHER:							PL/GL SIR Per Claim \$	incl 75.000.00		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	75,000.00		
ANY AUTO							(Ea accident) \$ 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-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00		
		*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 \$ 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	N/A						E.L. EACH ACCIDENT \$			
(Mandatory in NH) If yes, describe under	N/A						E.L. DISEASE - EA EMPLOYEE \$			
DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$			
OTHER										
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 12/22/2023 1:09:35										
CERTIFICATE HOLDER			CAI	NCELLATION						
England Oaks 6956 England Dr. Alexandria LA 71303					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	•		AUTHORIZED REPRESENTATIVE  Augle  A. Rayle							



DATE (MM/DD/YYYY) 12/22/2023

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	ROGATION IS WAIVED, subject to t ficate does not confer rights to the						s may require	an end	lorsement. A sta	aten	nent on this	
PROD					CONTACT Underwriting Associate							
	g Communities Shared Services LTD				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095					10 8005		
1850 Suite	W. Winchester Road				E-MAIL					1-54	19-0093	
Liber	***	600	1/18		ADDRE	SS: CE	ertificates@cari	ngcomr	n.org		1	
Libei	yviiie iL	000	740			INSURE	R(S) AFFORD	ING CO	OVERAGE		NAIC#	
INSUR	ED Front Porch Communities and Ser	vices			INSUR	ER A: Caring	g Communities,	A Reci	procal RRG		12373	
Front	Porch Communities and Services				INSURER B:							
	ericka Manor Care Center				INSURER C:							
	hird Ave. a Vista	,	CA	91910	INSURER D:							
Criuia	a vista	91910	INSUR	ER E:								
		RTIFICA							ON NUMBER:			
INDI CEF	S IS TO CERTIFY THAT THE POLICIES CATED. NOTWITHSTANDING ANY RE ITIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH P	QUIREMI PERTAIN	IENT, TE N, THE	ERM OR CONDITION ( INSURANCE AFFORDE	OF ANY	CONTRACT	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPE	СТ	TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU		POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIM	ITS		
-	X COMMERCIAL GENERAL LIABILITY			CRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE	\$	1,000,000.00	
	CLAIMS MADE X OCCUR			JONNING-0002-24		71/01/2024	01/01/2023		E TO RENTED ES (Ea occurrence)	\$	-	
									P (Any one person)	\$	-	
								PERSON	NAL & ADV INJURY	\$	-	
<u> </u>	GEN'L AGGREGATE LIMIT APPLIES PER:								AL AGGREGATE	\$	3,000,000.00	
	X POLICY PRO- JECT LOC								CTS - COMP/OP AGG	┿	incl	
	OTHER:								er Claim	\$	75,000.00	
-	AUTOMOBILE LIABILITY							(Ea accid	,	\$		
-	ANY AUTO ALL OWNED SCHEDULED								INJURY (Per person)	\$		
-	AUTOS AUTOS								INJURY (Per accident	·   ·		
-	HIRED AUTOS AUTOS							(Per acci	ident)	\$		
			_					EACHO	CCURRENCE	\$	10,000,000,00	
l a l	UMBRELLA LIAB X OCCUR-GL		C	CCRRRG-0002-24	C	01/01/2024	01/01/2025			\$	10,000,000.00	
	X EXCESS LIAB CLAIMS MADE-PL							AGGRE	GATE	ψ 6	15,000,000.00	
	7. 2.0200 22									s		
	DEDUCTIBLE									\$		
	X RETENTION \$ 0									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PI S	ER OTF TATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / NO OFFICER/MEMBER EXCLUDED?	N/A							CH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under	"						E.L. DIS	EASE - EA EMPLOYE	E \$		
	DESCRIPTION OF OPERATIONS below							E.L. DIS	EASE - POLICY LIMIT	\$		
	OTHER											
	RIPTION OF OPERATIONS / LOCATIONS / VEHI 2/2023 1:09:35	ICLES (AC	ORD 101,	, Additional Remarks Sche	dule, may	y be attached if	more space is req	uired)				
CER	TIFICATE HOLDER				CANC	ELLATION						
	edericka Manor Care Center 1 Third Ave.		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.									
CI	nula Vista		CA	91910	AUTHO	RIZED REPRES						
				Cha a Tragle								



DATE (MM/DD/YYYY) 12/22/2023

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	JBROGATION IS WAIVED, subject to t rtificate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this endorsement(s).						
	DUCER			CONTACT Underwriting Associate						
	ring Communities Shared Services LTD				NIE	7-549-8225		FAX (A/C, No): 847-5	549-8095	
	50 W. Winchester Road te 109			E-MA	AIL 0		inacono		540 0000	
	ertyville IL	60048	3	ADDI	. 1200.	ertificates@cari			T	
					INSURE	R(S) AFFORD	ING CC	OVERAGE	NAIC #	
INS	JRED Front Porch Communities and Ser	vices		INSU	RERA: Caring	g Communities,	, A Recip	orocal RRG	12373	
1	nt Porch Communities and Services			INSU	IRER B:					
1	dericka Manor			INSU	IRER C:					
	3 Third Ave. ula Vista	CA	A 91910	INSURER D:						
On	dia vista			INSURER E:						
		NUMBER:					ON NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN PERTAIN,	IT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THIS	
INSF		LIMITS	3							
A	X COMMERCIAL GENERAL LIABILITY	INSR WVD	CCRRRG-0002-24		(MM/DD/YYYY) 01/01/2024	(MM/DD/YYYY) 01/01/2025			\$ 1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	\$ 300,000.00	
	X PL/ML–Claims Made		Includes Management Liab	1					\$	
				75,000 50,000			PERSON	NAL & ADV INJURY	\$ 1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$						\$ 3,000,000.00	
	X POLICY PRO- JECT LOC						PRODUC	CTS - COMP/OP AGG	\$ inc	
╙	OTHER:								\$ 75,000.00	
	AUTOMOBILE LIABILITY						(Ea accid	ED SINGLE LIMIT dent)	\$	
	ANY AUTO ALL OWNED SCHEDULED							` ' '	\$	
	AUTOS AUTOS							INJURY (Per accident)	•	
	HIRED AUTOS NON-OWNED AUTOS						(Per accid	ueni)	\$	
							FAOULO		\$	
l <sub>A</sub>	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,000.00	
'`	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					GATE PL/GL	15,000,000.00	
	X Exerce tine X						*AUTO		6,000,000.00 5,000,000.00	
	DEDUCTIBLE							)&O (Occur&Aggr)	·	
	X RETENTION \$ 0							CIARY (Occur&Aggr)		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE		•	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						CH ACCIDENT S	<u> </u>	
	(Mandatory in NH)	N/A						EASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISE	EASE - POLICY LIMIT	\$	
	OTHER									
┕										
	SCRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (ACOF	RD 101, Additional Remarks Sche	dule, m	nay be attached if	more space is req	juired)			
12	2/22/2023 1:09:36									
L										
CE	RTIFICATE HOLDER			CAN	ICELLATION					
				THE ADOME D	ECODIE:		MOELLED DEFORE			
	Fredericka Manor							NCELLED BEFORE E DELIVERED IN		
1	183 Third Ave.				ITH THE POLIC					
	Chula Vista	CA 91910								
				AUTI	HORIZED REPRE					
							Sta	. A. Wagle	_	
				i						



DATE (MM/DD/YYYY) 12/22/2023

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	rtificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
_	DUCER				CONTACT Underwriting Associate							
	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX 847-54	19-8095			
	0 W. Winchester Road e 109				E-MA	AIL a		(A/C, NO).	13-0033			
	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1			
	nty viiie in	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			
Fro	nt Porch Communities and Services				INSL	JRER B:						
	nds House				INSL	JRER C:						
	Benicia Drive		C 4	95409	INSL	JRER D:						
Sai	ta Rosa		CA	95409	INSURER 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 PO	QUIRE PERTA	QUIREMENT, TERM OR CONDITION ( ERTAIN, THE INSURANCE AFFORDE DLICIES. LIMITS SHOWN MAY HAVE BEI			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-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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			
	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) \$				
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	AUTOS							PROPERTY DAMAGE (Per accident) \$				
								EACH OCCURRENCE PL/GL \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24				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							PER OTH- STATUTE ER				
	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											
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	) 101, Additional Remarks Scher	dule, n	may be attached if	more space is req	uired)				
12	/22/2023 1:09:36											
CEI	RTIFICATE HOLDER				CAN	NCELLATION						
						10111 5 **** = =	THE 450: = =	ECODINED DOLLOIS SEES	1051155 5555			
L Friends House								ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE				
(	884 Benicia Drive						ITH THE POLICY					
,	Santa Rosa	(	CA 95409									
					AUT	HORIZED REPRES						
								Sa a. hazle				
L					l			0				



DATE (MM/DD/YYYY) 12/22/2023

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cer	ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
	DUCER				CON	NTACT 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				349-0093			
	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	URER A: Caring	g Communities,	A Recip	procal RRG	12373			
	t Porch Communities and Services				INSU	JRER B:							
	N. Brand Blvd., 19th Floor				INSU	JRER C:							
Gler	ndale		CA	91203	INSU	JRER D:							
					INSURER E:								
CO	/ERAGES CEI	RTIFIC	CATE	NUMBER:				REVISI	ON NUMBER:				
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 <sup>-</sup> AIN, T	Γ, TERM OR CONDITION ( ΤΗΕ INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WH	ICH THIS		
INSR	TYPE OF INSURANCE	ADD'L	SUBR			POLICY EFF	POLICY EXP		LIMIT	:			
LTR		INSR	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O			000 000 00		
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025		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				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	» з, \$	00.000,000		
	JECT L								SIR Per Claim	\$ \$	75.000.00		
	OTHER:								ED SINGLE LIMIT	•	75,000.00		
	ANY AUTO							(Ea accid	ent)	\$			
	ALL OWNED SCHEDULED								` ' '	\$			
	NON OWNED								NJURY (Per accident) TY DAMAGE	\$			
	HIRED AUTOS NON-OWNED AUTOS							(Per accid	dent)	\$ \$			
								EACH O	CCURRENCE PL/GL	*	000 000 00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025			. 10,	000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML	*Sublimits apply							DATETEOL	r ເວ,	000,000.00		
	X Excess the X							*AUTO	'	· 0,	000,000.00		
	DEDUCTIBLE										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								7012	<u> </u>			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							EASE - EA EMPLOYEE	•			
	İf yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT	-			
	OTHER							L.L. DIOL	LAGE - I GEIGT EIWIT	,			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (	ACORI	l D 101. Additional Remarks Sche	dule. r	mav be attached if	more space is req	uired)					
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CEF	RTIFICATE HOLDER				CAI	NCELLATION							
					٠.	101115 4411/ 05	. THE 450 /E D						
F	Front Porch Communities and Services  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
8	00 N. Brand Blvd., 19th Floor						ITH THE POLICY						
	Glendale		(	CA 91203									
					AUT	HORIZED REPRE							
								/	a. nagle				
								yea	- Lingue				



DATE (MM/DD/YYYY) 12/22/2023

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cer	ertificate does not confer rights to the certificate holder in lieu of such endorsement(s).												
	DUCER				CON	ITACT Ur	nderwriting Asso	ociate					
	ng Communities Shared Services LTD					NIE .	7-549-8225		FAX (A/C, No): 847-	549-8	005		
	) W. Winchester Road				(A/C	ΛII				349-0	093		
	e 109	6	0048		ĀDD	RESS: Ce	ertificates@cari	ngcomn	n.org	-			
Libe	rtyville IL		0046			INSURE	ER(S) AFFORD	ING CC	VERAGE	N/	AIC#		
INSU	RED Front Porch Communities and Sei	vices			INSU	INSURER A: Caring Communities, A Reciprocal RRG 12					2373		
	t Porch Communities Foundation				INSU	JRER B:							
	N. Brand Blvd., 19th Floor				INSU	JRER C:							
Gler	ndale		CA	91203	INSU	JRER D:							
					INSU	JRER E:							
CO	ERAGES CE	RTIFIC	CATE	NUMBER:				REVISI	ON NUMBER:				
INI CE	DICATED. NOTWITHSTANDING ANY RE	QUIRE PERTA	EMEN <sup>-</sup> AIN, T	Γ, TERM OR CONDITION ( ΤΗΕ INSURANCE AFFORDE	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO BEEN REDUICED BY PAID CLAIMS						WHICH THIS		
INSR	TYPE OF INSURANCE	ADD'L	SUBR			POLICY EFF	POLICY EXP		LIMIT	s			
LTR ^		INSR	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	FACILO		\$	4 000 000 00		
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE TO RENTED		1,000,000.00		
	CLAIMS MADE X OCCUR			Includes Management Liab	ility			PREMISI	ES (Ea occurrence)	\$	300,000.00		
	X PL/ML–Claims Made				5,000				` , ' ,	\$	1 000 000 00		
					0,000				IAL & ADV INJURY	\$ \$	1,000,000.00		
	X POLICY PRO- LOC			Fiduciary SIR per Claim \$	5,000				AL AGGREGATE CTS - COMP/OP AGG	\$ \$	3,000,000.00		
	JECT L									\$	75.000.00		
	OTHER:								SIR Per Claim ED SINGLE LIMIT	·	75,000.00		
	ANY AUTO							(Ea accid	lent)	\$			
	ALL OWNED SCHEDULED								` ' '	\$			
	NON OWNED								NJURY (Per accident) TY DAMAGE	\$			
	HIRED AUTOS NON-OWNED AUTOS							(Per accid	dent)	\$			
								EACH O	CCURRENCE PL/GL	φ \$	40.000.000.00		
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025			\$ \$	10,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply						DATE TE/OL	\$ \$	15,000,000.00		
	X EXCESS EIAB X							*AUTC	,	φ •	6,000,000.00 5,000,000.00		
	DEDUCTIBLE									\$ \$	10,000,000.00		
	X RETENTION \$ 0								CIARY (Occur&Aggr)		5,000,000.00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE	R TOTH-	Ψ	3,000,000.00		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N								,	\$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							EASE - EA EMPLOYEE	*			
	If yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT				
	OTHER							L.L. DIOI	LAGE - I GEIGT EIWITT	Ψ			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (	ACORI	l D 101. Additional Remarks Sche	dule. r	nav be attached if	f more space is req	uired)					
	22/2023 1:09:48			,	,	,		,					
CEF	TIFICATE HOLDER				CAI	NCELLATION							
					٥.		ABOVE B				. == ======		
F	Front Porch Communities Foundation  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN												
8	00 N. Brand Blvd., 19th Floor						/ITH THE POLICY						
	Glendale CA 91203												
					AUT	HORIZED REPRE							
									a. hagle				
								ya	- Consider				



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
_	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD  0 W. Winchester Road					МЕ	7-549-8225	FAX (A/C, No): 847-54	9-8095		
	e 109				E-MA	AIL 0-	ertificates@cari	(A/C, NO).			
	ertyville IL	6	0048		ADD	. 1.200.			NA10 #		
								ING COVERAGE	NAIC #		
	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373		
	nt Porch Enterprises, Inc. N. Brand Blvd., 19th Floor					JRER B:					
	ndale		CA	91203		JRER C:					
0.0.			٠	0.200		JRER D:					
	VEDACES OF	TIFIC	\	NUMBER.	INSURER E:						
	VERAGES CEF IIS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/E RE	EN ISSUED TO		REVISION NUMBER:	POLICY PERIOD		
INI CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA	MENT AIN, T	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AI	NY CONTRACT	OR OTHER DESCRIBED	OCUMENT WITH RESPECT	TO WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2020	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:			Fiduciary SIR per Claim \$	5,000			GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	3,000,000.00		
	JECT L							PRODUCTS - COMP/OP AGG \$ PL/GL SIR Per Claim \$	75,000.00		
	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) \$			
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE			
	Autos							(Per accident) \$			
				CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL			*Sublimits apply		01/01/2024	01/01/2025	AGGREGATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Cubilinite apply				*AUTO \$	6,000,000.00		
								*EMP BEN \$	5,000,000.00		
	DEDUCTIBLE X RETENTION \$ 0							EPLI/D&O (Occur&Aggr) \$	10,000,000.00 5,000,000.00		
	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 \$  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, n	nay be attached if	more space is req	uired)			
12	/22/2023 1:09:49										
CE	RTIFICATE HOLDER				CAN	CELLATION					
					SF	IOUI D ANY OF	THE AROVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE		
Front Porch Enterprises, Inc.						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
8	300 N. Brand Blvd., 19th Floor			ACCORDANCE WITH THE POLICY PROVISIONS.							
(	Glendale		(	CA 91203	AUTHORIZED REPRESENTATIVE						
					AUfi	NUKIZED KEPRES					
					Sta a. Kayle						



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
_	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/	AIL O	ertificates@cari	(A/C, NO).				
	rtyville 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			
	nings Senior Housing, Inc.				INSL	JRER B:						
	nings Senior Housing O Jennings Avenue				INSL	JRER C:						
	ta Rosa		CA	95401	INSURER D:							
					INSU	JRER E:						
	/ERAGES CEF IS IS TO CERTIFY THAT THE POLICIES			NUMBER:	/E DE	EN ICCUED TO		REVISION NUMBER:	DOLICY DEBIOD			
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	TRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH TOUCHES DESCRIBED HEREIN IS SUBJECT TO ALL THE TER					
INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24	İ	01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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 \$ 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-0002-24		01/01/2024	01/01/2025	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 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											
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	3 101, Additional Remarks School	dule, n	nay be attached if	more space is req	uired)				
12/	722/2023 1:09:49											
CEF	RTIFICATE HOLDER				CAN	NCELLATION						
					Ç.	10111 D VVIA OL	THE APONE D	ESCRIBED POLICIES BE CAN	CELLED BEEODE			
J	ennings Senior Housing							REOF, NOTICE WILL BE				
1	080 Jennings Avenue			ACCORDANCE WITH THE POLICY PROVISIONS.								
5	Santa Rosa	(	CA 95401									
					AUTHORIZED REPRESENTATIVE							
					Cha a. Nayle							



DATE (MM/DD/YYYY) 12/22/2023

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	BROGATION IS WAIVED, subject to the state of						es may require	an ei	ndorsemen	t. A state	emer	nt on this
	DUCER				CONTACT Underwriting Associate							
	ing Communities Shared Services LT	D			PHONE (A/C, No, Ext):	Ω/	17-549-8225		FAX (A/C, No):	9.17	549-8	2005
	0 W. Winchester Road e 109				E-MAIL					047-	349-0	5095
	·- · · · ·	L 6	0048		ADDRESS:	Ce	ertificates@cari	ingcor	nm.org			
Libe	i tyviile		0040		INS	URE	ER(S) AFFORD	ING (	COVERAGE	<b>E</b>	N.	AIC#
INSU	RED Front Porch Communities and S	ervices			INSURER A: C	arin	g Communities,	, A Re	ciprocal RR	G	12	2373
	nt Porch Communities and Services				INSURER B:							
	gsley Manor Care Center				INSURER C:							
	5 N. Kingsley Dr. Angeles		CA	90029	INSURER D:							
Los	Angeles	90029	INSURER E:									
		NUMBER:					SION NUME					
INI CE	DICATED. NOTWITHSTANDING ANY	REQUIRE / PERT/	EMENT AIN, T	T, TERM OR CONDITION ( HE INSURANCE AFFORDE	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PE OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH ED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE IEN REDUCED BY PAID CLAIMS.							WHICH THIS
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER	POLICY E		POLICY EXP (MM/DD/YYYY)			LIMITS	s	
A	X COMMERCIAL GENERAL LIABILITY	- IIIOII	11112	CCRRRG-0002-24	01/01/20		01/01/2025		OCCURRENC		\$	1,000,000.00
	CLAIMS MADE X OCCUR			CCRRG-0002-24	01/01/20	)24	01/01/2025		AGE TO RENTE IISES (Ea occur		\$	_
									EXP (Any one p		\$	_
								PERS	ONAL & ADV IN	NJURY	\$	-
	GEN'L AGGREGATE LIMIT APPLIES PER:								RAL AGGREGA		\$	3,000,000.00
	X POLICY PRO- JECT LOC							PROD	OUCTS - COMP	OP AGG	\$	incl
	OTHER:								Per Claim		\$	75,000.00
	AUTOMOBILE LIABILITY							(Ea ad	BINED SINGLE cident)	LIMIT	\$	
	ANY AUTO ALL OWNED SCHEDULED	,							Y INJURY (Per	. /	\$	
	AUTOS AUTOS								Y INJURY (Per	,	\$	
	HIRED AUTOS AUTOS	<b>'</b>						(Per a	ERTY DAMAGE ccident)		\$	
								FAOL	LOCOLIDDENIO	_	\$	
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24	01/01/20	)24	01/01/2025		OCCURRENC		\$ \$	10,000,000.00
'`	X EXCESS LIAB CLAIMS MADE-PL							AGGF	REGATE		Ф Ф	15,000,000.00
	X Exercise Eine										φ •	
	DEDUCTIBLE										\$	
	X RETENTION \$ 0										\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE YOFFICER/MEMBER EXCLUDED?	N N/A						E.L. E	ACH ACCIDEN		\$	
	(Mandatory in NH) If yes, describe under	- ''`^						E.L. D	ISEASE - EA E	MPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. D	ISEASE - POLI	CYLIMIT	\$	
	OTHER											
DES	 SCRIPTION OF OPERATIONS / LOCATIONS / V	HICLES	(ACORE	l D 101, Additional Remarks Sche	dule, may be attac	hed if	f more space is red	l uired)				
	/22/2023 1:09:50		,	,	., .,			,				
CE	RTIFICATE HOLDER				CANCELLAT	ION						
	RIFICATE HOLDER	CANCELLAI	ION									
ا ا	Kingsley Manor Care Center			THE ABOVE D								
							ON DATE THE			WILL B	E D	ELIVERED IN
	1055 N. Kingsley Dr.		,	CA 00000	ACCORDAN	J⊏ V\	WITH THE POLIC	i PRU	VISIUNS.			
'	Los Angeles		(	CA 90029	AUTHORIZED R	EPRE	SENTATIVE					
									> _	7		
				Sta a. Nayle								



DATE (MM/DD/YYYY) 12/22/2023

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	BROGATION IS WAIVED, subject to t tificate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this n endorsement(s).							
	DUCER			CONTACT Underwriting Associate							
	ng Communities Shared Services LTD				NIE	7-549-8225		FAX (A/C, No): 847-5	549-8095		
	0 W. Winchester Road e 109			E-MA	AIL 0	ertificates@cari	ngoomn		540 0000		
	ertyville IL	60048	}	ADDI	RESS: CE	er illicates@cari	rigcoriii	i.org	T		
					INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices		INSU	RERA: Caring	g Communities,	A Recip	orocal RRG	12373		
	nt Porch Communities and Services			INSU	IRER B:						
	psley Manor 5 N. Kingsley Dr.			INSU	IRER C:						
	Angeles	CA	90029		JRER D:						
			NUMBER:	INSURER E:							
	/ERAGES CEF IS IS TO CERTIFY THAT THE POLICIES	/E DE	EN ICCUED T			ON NUMBER:	E DOLICY DEDIOD				
INI CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN PERTAIN,	IT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS		
INSR LTR	LIMITS	<b>3</b>									
A	X COMMERCIAL GENERAL LIABILITY	INSR WVD	CCRRRG-0002-24		(MM/DD/YYYY) 01/01/2024	(MM/DD/YYYY) 01/01/2025		CCURRENCE	1,000,000.00		
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	300,000.00		
	X PL/ML–Claims Made		Includes Management Liab	1				(Any one person)	·		
				5,000				IAL & ADV INJURY	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$					L AGGREGATE S	-,,		
	JECT L							CTS - COMP/OP AGG			
-	OTHER: AUTOMOBILE LIABILITY							SIR Per Claim SED SINGLE LIMIT	,		
	ANY AUTO						(Ea accid	ent)  NJURY (Per person)	•		
	ALL OWNED SCHEDULED AUTOS AUTOS							NJURY (Per accident)	-		
	HIRED ALITOS NON-OWNED						PROPER	TY DAMAGE	•		
	AUTOS						(Per accid	ient)	•		
			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH O	CCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		*Sublimits apply		01/01/2024	01/01/2023	AGGREG	SATE PL/GL \$	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML		Casimino appiy				*AUTO	\$	6,000,000.00		
							*EMP E		5,000,000.00		
	DEDUCTIBLE  X RETENTION \$ 0							Occur&Aggr) \$	.0,000,000.00		
	WORKERS COMPENSATION AND						PE	R OTH-	5,000,000.00		
	EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE Y / N							ATUTE ER	<u> </u>		
	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							1.5			
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sche	dule, m	nay be attached if	more space is req	uired)				
12	/22/2023 1:09:51										
CEF	RTIFICATE HOLDER			CAN	ICELLATION						
		SH	IOULD ANY OF	THE ABOVE D	ESCRIBE	ED POLICIES BE CA	NCELLED BEFORE				
	Kingsley Manor		ТН	IE EXPIRATIO	N DATE THE	REOF,	NOTICE WILL BE	E DELIVERED IN			
	055 N. Kingsley Dr.		ACCORDANCE WITH THE POLICY PROVISIONS.								
	os Angeles	CA 90029	AUTHORIZED REPRESENTATIVE								
				~~''	. JANLED REFRE			> _			
1			Cha a Tragle								



DATE (MM/DD/YYYY) 12/22/2023

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	rtificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Underwriting Associate							
	ing Communities Shared Services LTD				DUONE	47-549-8225	FAX (A/C, No): 847-54	49-8095				
	0 W. Winchester Road e 109				E-MAIL		•	+0-0000				
	ertyville IL	6	0048		ADDRESS:	ertificates@cari	ngcomm.org	1				
	nty viiio	Ū	0010		INSUR	ER(S) AFFORD	ING COVERAGE	NAIC #				
INSU	RED Front Porch Communities and Serv	/ices			INSURER A: Carin	g Communities,	A Reciprocal RRG	12373				
Cov	ia Communities				INSURER B:							
	Gatos Meadows				INSURER C:							
	Wood Road Gatos		CA	95939	INSURER D:							
LUS	Gaios		CA	90909	INSURER E:							
				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 CONTRAC D BY THE POLIC	T OR OTHER DIES 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-0002-24	01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00				
	CLAIMS MADE X OCCUR			CCRRG-0002-24	01/01/2024	01/01/2025	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-0002-24	01/01/2024	01/01/2025	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	if more space is req	uired)					
12	/22/2023 1:09:51											
CEI	RTIFICATE HOLDER				CANCELLATION	I						
					SHOULD WAY		ESCRIBED DOLLOIS DE CAN	JOELLED BEFORE				
L	os Gatos Meadows						ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE					
,	l10 Wood Road				ACCORDANCE WITH THE POLICY PROVISIONS.							
L	os Gatos		(	CA 95939								
					AUTHORIZED REPRESENTATIVE							
					Sta a. Kayle							



DATE (MM/DD/YYYY) 12/22/2023

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.

	rtificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRO	DUCER				CONTACT Underwriting Associate							
	ing Communities Shared Services LTD					МЕ	7-549-8225	FAX (A/C, No): 847-54	19-8095			
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	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1			
	nty vine 12	J	00-10			INSURE	R(S) AFFORD	ING COVERAGE	NAIC #			
INSL	RED Front Porch Communities and Ser	vices			INSL	JRER A: Caring	Communities,	A Reciprocal RRG	12373			
Cor	nmunity Housing, Inc.				INSL	JRER B:						
	on Gardens II				INSL	JRER C:						
	University Avenue Alto		CA	94301	INSU	JRER D:						
Fait	3 Allo		CA	94301	INSURER E:							
CO	VERAGES CEF	RTIFIC	CATE	NUMBER:	REVISION 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 P	QUIRE PERTA	JIREMENT, TERM OR CONDITION ( RTAIN, THE INSURANCE AFFORDE ICIES. LIMITS SHOWN MAY HAVE BEE			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			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00			
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	300,000.00			
	X PL/ML–Claims Made			Includes Management Liab	, l			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			
	ANY AUTO							COMBINED SINGLE LIMIT (Ea accident) \$  BODILY INJURY (Per person) \$				
	ALL OWNED SCHEDULED							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$				
	HIDED ALITOS NON-OWNED							PROPERTY DAMAGE (Per accident) \$				
	AUTOS							(Per accident) \$				
				222222		0.1/0.1/0.00.1	0.4/0.4/0.00=	EACH OCCURRENCE PL/GL \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24 *Sublimits apply	01/01/2024 01/01/2025			AGGREGATE PL/GL \$	15,000,000.00			
	X EXCESS LIAB X CLAIMS MADE-PL/ML			Subilifiles apply			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 (	ACORI	D 101, Additional Remarks Schee	dule, n	nay be attached if	more space is req	uired)				
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CEI	RTIFICATE HOLDER				CAN	CELLATION						
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	ytton Gardens II							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE				
6	649 University Avenue						ITH THE POLICY		•			
	Palo Alto	(	CA 94301									
					AUTHORIZED REPRESENTATIVE							
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DATE (MM/DD/YYYY) 12/22/2023

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PRO	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD					МЕ	7-549-8225	FAX (A/C, No): 847-54	19-8095		
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	ertyville IL	6	0048		ADD	RESS: CE	ertificates@cari	ngcomm.org	1		
	nty viiie	Ū	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		
	nmunity Housing, Inc.				INSL	JRER B:					
	on Gardens I				INSURER C:						
	Lytton Avenue Alto		CA	94301	INSL	JRER D:					
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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-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025	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		
	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) \$  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-0002-24		01/01/2024	01/01/2025	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 \$			
DE	CCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACCE	101 Additional Remarks Sahar	dulc =	nay bo attached if	more ences is	uirod)			
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	vtton Gardons I							ESCRIBED POLICIES BE CAN			
Lytton Gardens I								REOF, NOTICE WILL BE	DELIVERED IN		
656 Lytton Avenue Palo Alto CA 94301						OURDANCE W	ITH THE POLICY	I FRUVIOIUNO.			
'	- AIU AIIU	(	CA 94301	AUTHORIZED REPRESENTATIVE							
					Sa a. Rayle						
1								Ata Ci. Ragle	-		



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PRO	DUCER				CONTACT Underwriting Associate							
	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX (A/C, No): 847-54	19-8095			
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	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	g Communities,	A Reciprocal RRG	12373			
	on IV Housing Corporation				INSU	JRER B:						
,	on IV Housing Corp.				INSU	INSURER C:						
	Everett Street  Alto		CA	94301	INSU	JRER D:						
Fait	3 Alto		CA	94301	INSU	JRER E:						
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INSR LTR	TYPE OF INSURANCE		SUBR WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
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	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$				GENERAL AGGREGATE \$	3,000,000.00			
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Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24			01/01/2024	01/01/2025	AGGREGATE PL/GL \$	15,000,000.00			
	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				*AUTO \$	6,000,000.00			
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_	DUCER				CONTACT Underwriting Associate							
	ng Communities Shared Services LTD					NE	7-549-8225	FAX (A/C, No): 847-54	9-8095			
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	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		JRER 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:  AUTOMOBILE LIABILITY							PL/GL SIR Per Claim \$ COMBINED SINGLE LIMIT	75,000.00			
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Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24  *Sublimits apply			01/01/2024	01/01/2025	AGGREGATE PL/GL \$	15,000,000.00			
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	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$  E.L. DISEASE - POLICY LIMIT \$				
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1515 Market Street							ITH THE POLICY					
Oakland CA 94607						AUTHORIZED DEPOSORIZATIVE						
			AUTHORIZED REPRESENTATIVE									
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	BROGATION IS WAIVED, subject to t tificate does not confer rights to the			policy, certain policies may require an endorsement. A statement on this endorsement(s).						
	DUCER			CONTACT Underwriting Associate						
	ing Communities Shared Services LTD				NIE .	7-549-8225		FAX (A/C, No): 847-5	549-8095	
	0 W. Winchester Road e 109			E-MA	AIL o				<del></del>	
	ertyville IL	60048		ADD	RESS: CE	ertificates@cari	ngcomn	n.org	T	
	ity vine in	00040			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC#	
INSL	RED Front Porch Communities and Ser	vices		INSL	JRER A: Caring	g Communities,	A Recip	orocal RRG	12373	
Pre	sidio Gate Apartments			INSL	JRER B:					
277	0 Lombard Street			INSL	JRER C:					
Sar	Francisco	CA	94123	INSL	JRER D:					
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IN CE	IS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY CLUSIONS AND CONDITIONS OF SUCH P	QUIREMEN PERTAIN, 1	T, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AI	NY CONTRACT Y THE POLICIE	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	MOR WVD	CCRRRG-0002-24		01/01/2024			CCURRENCE	\$ 1,000,000.00	
	CLAIMS MADE X OCCUR		CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED ES (Ea occurrence)	300,000.00	
	X PL/ML–Claims Made		Includes Management Liab	1				P (Any one person)	· · · · · · · · · · · · · · · · · · ·	
				75,000			PERSON	IAL & ADV INJURY	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		D&O SIR per Claim \$ 5 Fiduciary SIR per Claim \$	5,000			GENERA	AL 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						BODILY I	NJURY (Per person)	\$	
	AUTOS AUTOS							NJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPER (Per accid	Jeni)	\$	
A	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL \$	10,000,000.00	
^	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply					GATE PL/GL \$	15,000,000.00	
	A EXCESS LIAB X SEALING MADE A EMILE						*AUTO		6,000,000.00	
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE		,,	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							HACCIDENT \$	<u> </u>	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						EASE - EA EMPLOYEE \$	<u>,                                      </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							EASE - POLICY LIMIT \$		
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	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	D 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
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CE	RTIFICATE HOLDER			CAN	NCELLATION					
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١ .	Presidio Gate Apartments								NCELLED BEFORE	
	2770 Lombard Street					ITH THE POLIC			E DELIVERED IN	
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DATE (MM/DD/YYYY) 12/22/2023

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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			CONTACT Underwriting Associate						
	ng Communities Shared Services LTD				NIE	7-549-8225		FAX (A/C, No): 847-	549-8095	_
	0 W. Winchester Road e 109			E-MA	AIL 0		n a o o no no		540 0000	
	ertyville IL	6004	48	ADDI	. 1200.	ertificates@cari			1	
	•				INSURE	ER(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices		INSU	RERA: Caring	g Communities,	A Recip	orocal RRG	12373	
	nt Porch Communities and Services			INSU	INSURER B:					
1	Francisco Towers			INSU	IRER C:					
	1 Pine Street Francisco	(	CA 94109	INSU	IRER D:					
Can	Transisco		<u> </u>	INSU	IRER E:					
			TE NUMBER:					ON NUMBER:		
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	QUIREME PERTAIN,	ENT, TERM OR CONDITION ( , THE INSURANCE AFFORDE	OF AN	NY CONTRACT	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SU INSR W			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY	113.1	CCRRRG-0002-24		01/01/2024	01/01/2025			\$ 1,000,000.0	00
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2025		TO RENTED ES (Ea occurrence)	\$ 300,000.0	00
	X PL/ML–Claims Made		Includes Management Liab	, I					\$	-
				75,000 50,000			PERSON	IAL & ADV INJURY	\$ 1,000,000.0	00
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$ 5						\$ 3,000,000.0	<u> </u>
	X POLICY PRO- JECT LOC						PRODUC	CTS - COMP/OP AGG	\$ in	ncl
	OTHER:								\$ 75,000.0	Э0
	AUTOMOBILE LIABILITY						(Ea accid	ED SINGLE LIMIT lent)	\$	
	ANY AUTO ALL OWNED SCHEDULED						BODILY I	NJURY (Per person)	\$	
	AUTOS AUTOS							NJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPER (Per accid	Jenii)	\$	
									\$	_
A	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,000.0	
^			*Sublimits apply					GATE PL/GL	15,000,000.0	
	X EXCESS LIAB X CLAIMS MADE-PL/ML						*AUTO		6,000,000.0	
	DEDUCTIBLE						*EMP E	BEN (Occur&Aggr)	5,000,000.0 10,000,000.0	
	X RETENTION \$ 0							CIARY (Occur&Aggr)	10,000,000.	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE	R OTH-	0,000,000.	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						-	H ACCIDENT S	•	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						EASE - EA EMPLOYEES		_
	If yes, describe under DESCRIPTION OF OPERATIONS below							EASE - POLICY LIMIT	*	_
<u> </u>	OTHER						2.2. 3.32		<u> </u>	_
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	ICLES (ACC	ORD 101, Additional Remarks Sche	dule, m	nay be attached if	more space is req	uired)			_
12	/22/2023 1:10:18									
CE	RTIFICATE HOLDER			CAN	ICELLATION					_
<u> </u>	CHI IOATE HOLDER			T	TOLLLATION					_
,	San Francisco Towers								NCELLED BEFORE	
	661 Pine Street					ITH THE POLIC			E DELIVERED IN	
			CA 04100	^C	OUNDANCE W	ATT THE FOLIC	FINOVE	DIOING.		
`	San Francisco		CA 94109	AUTI	HORIZED REPRE	SENTATIVE				_
								a. Kagle		
							Sta	a. Kagle	_	



DATE (MM/DD/YYYY) 12/22/2023

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	tificate does not confer rights to the						S may require	an endorsement. A staten	ient on this				
_	DUCER				CON NAM	TACT Un	nderwriting Asso	ociate					
	ng Communities Shared Services LTD  W. Winchester Road					МЕ	7-549-8225	FAX (A/C, No): 847-54	9-8095				
	e 109				E-MA	AIL O	ertificates@cari	(A/C, NO).					
	rtyville IL	6	0048		ADD	. 1.200.			NA10 #				
	·							ING COVERAGE	NAIC #				
	RED Front Porch Communities and Ser	vices			INSU	JRER A: Caring	Communities,	A Reciprocal RRG	12373				
	es Memorial Center N. 4th Street					JRER B:							
	Jose		CA	95112		JRER C:							
Can	0000		0, (	371 00112		INSURER D: INSURER E:							
	(50.4.050				INSU								
				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	MENT NN, T S. LIN	I, TERM OR CONDITION OF THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE	OF AN	NY CONTRACT THE POLICIE EDUCED BY PA	OR OTHER DES DESCRIBED ID CLAIMS.	OCUMENT WITH RESPECT	TO WHICH THIS				
INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00				
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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) \$					
				00000000000		04/04/0004	04/04/0005	EACH OCCURRENCE PL/GL \$	10,000,000.00				
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24 *Sublimits apply			01/01/2024	01/01/2025	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 (	ACORI	) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)					
12	/22/2023 1:10:27												
CEF	RTIFICATE HOLDER				CAN	CELLATION							
							THE ADOME DO	ESCRIPED DOLLOIDO DE CANA	CELLED BEFORE				
Shires Memorial Center								ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE					
180 N. 4th Street							TH THE POLICY						
San Jose CA 95112													
		A		AUTHORIZED REPRESENTATIVE									
								Sta a. Kayle					



DATE (MM/DD/YYYY) 12/22/2023

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 stater	nent on this		
PRO	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD					NIE .	7-549-8225	FAX 847-5/	19-8095		
	0 W. Winchester Road e 109				E-M	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				INSU	JRER B:					
	ng Lake Village				INSU	JRER C:					
	5 Montgomery Avenue ta Rosa		CA	INSURER D:							
Sai	ld Nosa	CA 95409			INSURER E:						
CO	VERAGES CER	RTIFIC	CATE	NUMBER:				REVISION NUMBER:			
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE- RTIFICATE MAY BE ISSUED OR MAY IN CLUSIONS AND CONDITIONS OF SUCH PO	QUIRE PERTA	MENT 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 TYPE OF INSURANCE ADD'L SUBR INSR WVD POLICY NUMBER POLICY EFF (MM/DD/YYYY) (MM/DD/YYYY)											
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00		
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025	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							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$			
	HIDED ALITOS NON-OWNED							PROPERTY DAMAGE (Per accident) \$			
	AUTOS							(Per accident) \$			
						0.1/0.1/0.00.1	0.4.10.4.10.00.5	EACH OCCURRENCE PL/GL \$	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24			01/01/2024	01/01/2025	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			
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	D 101, Additional Remarks Schee	dule, r	may be attached if	more space is req	uired)			
12	/22/2023 1:10:37										
CEI	RTIFICATE HOLDER				CAI	NCELLATION					
					61		THE ADOVE D	ESCRIBED DOLLOISO DE CAL	ICELLED BEFORE		
,	Spring Lake Village							ESCRIBED POLICIES BE CAN REOF, NOTICE WILL BE			
5555 Montgomery Avenue							ITH THE POLICY		·		
,	Santa Rosa	(	CA 95409	AUTHORITED DEDDESCRITES "							
					AUTHORIZED REPRESENTATIVE						
								Sa a. nagle	_		
_								-			



DATE (MM/DD/YYYY) 12/22/2023

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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 Services	vices					g Communities,	A Reciprocal RRG	12373				
	Paul's Towers					JRER B:							
	Bay Place					JRER C: JRER D:							
Oak	land		CA	94610	INSURER E:								
CO	/ERAGES CER	RTIFIC	CATE	NUMBER:	REVISION NUMBER:								
					AVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIO								
CE	DICATED. NOTWITHSTANDING ANY REI RTIFICATE MAY BE ISSUED OR MAY F CLUSIONS AND CONDITIONS OF SUCH PO	PERTA	AIN, T	HE INSURANCE AFFORDE	D BY	THE POLICIE	ES DESCRIBED						
INSR LTR	TYPE OF INSURANCE	LIMITS											
Α	X COMMERCIAL GENERAL LIABILITY		WVD	CCRRRG-0002-24		(MM/DD/YYYY) 01/01/2024	(MM/DD/YYYY) 01/01/2025	EACH OCCURRENCE \$	1,000,000.00				
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2020	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) \$					
								\$					
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025	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 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				
	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												
		<u></u>											
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI 22/2023 1:10:38	CLES (	ACORI	) 101, Additional Remarks Sched	dule, n	nay be attached if	more space is req	uired)					
12	22/2020 1.10.00												
	OTIFICATE HOLDED												
CEF	RTIFICATE HOLDER			1	CAI	NCELLATION							
	St. Paul's Towers							ESCRIBED POLICIES BE CAN					
100 Bay Place								REOF, NOTICE WILL BE	DELIVERED IN				
Oakland CA 94610						ACCORDANCE WITH THE POLICY PROVISIONS.							
	- AINAIM	•	57. 07010	AUT	HORIZED REPRES								
								Sta a. Nagle					
l								year of magic					



DATE (MM/DD/YYYY) 12/22/2023

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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			CONTACT Underwriting Associate						
	ng 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 o		n a o o m n		540 0000	
	ertyville IL	60048	3	ADD	RESS: CE	ertificates@cari	rigcoriii	1.019	T	
	•		<u> </u>		INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices		INSU	JRERA: Carino	g Communities,	A Recip	orocal RRG	12373	
	nt Porch Communities and Services			INSU	JRER B:					
	ny View Manor 45 Cupertino Rd.			INSU	JRER C:					
	ertino	C	A 95014	-	JRER D:					
				INSU	JRER E:					
			E NUMBER:	<del></del>				ON NUMBER:	E BOLLOV BEBIOD	
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 P	QUIREMEN PERTAIN,	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADD'L SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	<b>3</b>	
A	X COMMERCIAL GENERAL LIABILITY	ANOR WVI	CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE	1,000,000.00	
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	300,000.00	
	X PL/ML-Claims Made		Includes Management Liab	<b>'</b>				P (Any one person)	· · · · · · · · · · · · · · · · · · ·	
				75,000 50,000			PERSON	IAL & ADV INJURY	1,000,000.00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$					L AGGREGATE S	,,	
	X POLICY PRO- JECT LOC							CTS - COMP/OP AGG		
	OTHER:							ED CINICI E LIMIT	75,000.00	
	ANY AUTO						(Ea accid	lent)	•	
	ALL OWNED SCHEDULED							NJURY (Per person)	-	
	HIRED ALITOS NON-OWNED						PROPER	NJURY (Per accident) S TY DAMAGE	•	
	AUTOS						(Per accid	dent)	\$ B	
							EACH O	CCURRENCE PL/GL §		
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24		01/01/2024	01/01/2025	AGGREG	GATE PL/GL	15,000,000.00	
	X EXCESS LIAB X CLAIMS MADE-PL/ML		*Sublimits apply				*AUTO	,	6,000,000.00	
							*EMP		5,000,000.00	
	DEDUCTIBLE							0&O (Occur&Aggr)	.0,000,000.00	
	X RETENTION \$ 0 WORKERS COMPENSATION AND						*FIDU	CIARY (Occur&Aggr) \$	5,000,000.00	
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						ST	ATUTE ER		
	OFFICER/MEMBER EXCLUDED?	N/A						H ACCIDENT \$	3	
	(Mandatory in NH)   If yes, describe under   DESCRIPTION OF OPERATIONS below							EASE - EA EMPLOYEE		
_	OTHER						E.L. DISE	EASE - POLICY LIMIT	<u> </u>	
	on Ex									
DES	  CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACO	RD 101, Additional Remarks Sche	dule, n	nay be attached if	more space is req	uired)			
12	/22/2023 1:10:39									
CE	RTIFICATE HOLDER			CAN	NCELLATION					
<u></u>										
	Sunny View Manor								NCELLED BEFORE	
1	22445 Cupertino Rd.					ITH THE POLIC			E DELIVERED IN	
	Cupertino		CA 95014	L						
] `	•		AUTI	HORIZED REPRE						
							14	a. nagle		
I				ı				0		



DATE (MM/DD/YYYY) 12/22/2023

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SU	BROGATION IS WAIVED, subject to trificate does not confer rights to the	he teri certifi	ms a cate	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		
	ing Communities Shared Services LTD  0 W. Winchester Road					NIE.	7-549-8225		FAX (A/C, No): 847-5	549-8095
	e 109				E-M	A II	ertificates@cari	nacomn	(A/C, NO).	
	ertyville IL	60	0048		ADL		ER(S) AFFORD			NAIC #
INGI	RED Front Porch Communities and Ser	vices			INSI		Communities,			12373
	nt Porch Communities and Services	VICCS				JRER B:	, , , , , , , , , , , , , , , , , , , ,	7		.20.0
Sur	ny View Retirement Community					INSURER C:				
	45 Cupertino Rd.				INSI	JRER D:				
Cup	ertino		CA	95014		JRER E:				
co	VERAGES CER	RTIFICATE NUMBER:								
IN 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	MENT IN, T	T, TERM OR CONDITION ( HE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADD'L	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3
A	X COMMERCIAL GENERAL LIABILITY	Non	44 A D	CCBBBC 0000 04						\$ 1,000,000.00
	CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED S (Ea occurrence)	\$ 300,000.00
	X PL/ML–Claims Made			Includes Management Liab	ility					\$ .
					5,000			PERSON	AL & ADV INJURY	\$ 1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			D&O SIR per Claim \$ 5	0,000 5,000				L AGGREGATE :	\$ 3,000,000.00
	X POLICY PRO- JECT LOC							PRODUC	TS - COMP/OP AGG	\$ inc
	OTHER:									\$ 75,000.00
	AUTOMOBILE LIABILITY							(Ea accid	ED SINGLE LIMIT ent)	\$
	ANY AUTO  ALL OWNED SCHEDULED								` ' '	\$
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED								NJURY (Per accident)	•
	HIRED AUTOS AUTOS							(Per accid	ienii)	\$
-								E401101		\$
A	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,000.00
^`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					SATE PL/GL	13,000,000.00
	X EXOLOG EIAB X							*AUTO		6,000,000.00 5,000,000.00
	DEDUCTIBLE								&O (Occur&Aggr)	
	X RETENTION \$ 0								CIARY (Occur&Aggr)	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?							<b>-</b>	H ACCIDENT	<u> </u>
	(Mandatory in NH)	N/A							ASE - EA EMPLOYEES	<b>S</b>
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISE	ASE - POLICY LIMIT	<b></b>
	OTHER									
	CRIPTION OF OPERATIONS / LOCATIONS / VEH	ICLES (A	COR	0 101, Additional Remarks Sche	dule, r	may be attached if	more space is req	uired)		
12	/22/2023 1:10:40									
CE	RTIFICATE HOLDER				CAI	NCELLATION				
;	Sunny View Retirement Community									NCELLED BEFORE
	22445 Cupertino Rd.						ITH THE POLIC			E DELIVERED IN
	Cupertino	(	CA 95014	L '``						
]		`	J	AUT	HORIZED REPRE					
								-	a. Tragle	
								sta	cs. nagle	_



DATE (MM/DD/YYYY) 12/22/2023

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SL ce	BROGATION IS WAIVED, subject to trificate does not confer rights to the	he term certifica	ns an	nd conditions of the poli nolder 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		
	ing Communities Shared Services LTD					NIE.	7-549-8225		FAX (A/C, No): 847-5	549-8095
	0 W. Winchester Road te 109				E-M	AIL	ertificates@cari	nacomn		
	ertyville IL	600	048		ADD		ER(S) AFFORD			NAIC #
	Front Donah Communities and Com				INICI		• • •			12373
	IRED Front Porch Communities and Ser Iny View Lutheran Home	vices				INSURER B: Caring Communities, A Reciprocal RRG 1237				
	iny View West					JRER C:				
	N. Brand Blvd., 19th Floor					JRER D:				
Gle	ndale		CA	91203		JRER E:				
СО	VERAGES CEF	RTIFICA	ATE N	NUMBER:						
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY ICLUSIONS AND CONDITIONS OF SUCH P	QUIREM PERTAIN	MENT, N, TH	, TERM OR CONDITION ( HE INSURANCE AFFORDE	OF A	NY CONTRACT Y THE POLICIE	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPECT	T TO WHICH THIS
INSF	TYPE OF INSURANCE	ADD'L SU	UBR VVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	
LTR A	X COMMERCIAL GENERAL LIABILITY	INSK W	VVU	CCDDDC 0000 04		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O	CCURRENCE	1,000,000.00
	CLAIMS MADE X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED	•
	X PL/ML–Claims Made			Includes Management Liab	ility				ES (Ea occurrence)  (Any one person)	
					5,000			PERSON	AL & 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			GENERA	L AGGREGATE \$	3,000,000.00
	X POLICY PRO- JECT LOC							PRODUC	CTS - COMP/OP AGG	incl
	OTHER:								SIR Per Claim	75,000.00
	AUTOMOBILE LIABILITY							(Ea accid		•
	ANY AUTO ALL OWNED SCHEDULED								NJURY (Per person)	
	ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED								NJURY (Per accident)	
	HIRED AUTOS NON-OWNED AUTOS							(Per accid		
								EAGU 0	SOURDENIE DI (OL	
l <sub>A</sub>	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL \$	10,000,000.00
'`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					7(1212/OL )	13,000,000.00
	X Excess Ellis X							*AUTO		6,000,000.00 5,000,000.00
	DEDUCTIBLE								&O (Occur&Aggr) \$	10,000,000.00
	X RETENTION \$ 0								CIARY (Occur&Aggr) \$	, ,
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N OFFICER/MEMBER EXCLUDED?	N/A						<b>-</b>	H ACCIDENT \$	
	(Mandatory in NH)	N/A							ASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISE	ASE - POLICY LIMIT \$	
	OTHER								1	
	SCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (AC	CORD	101, Additional Remarks Schee	dule, r	may be attached if	f more space is req	uired)		
12	/22/2023 1:08:36									
CE	RTIFICATE HOLDER		CAI	NCELLATION						
	Sunny View West							D POLICIES BE CA	NCELLED BEFORE  DELIVERED IN	
	300 N. Brand Blvd., 19th Floor					/ITH THE POLICY			- PELIVENCED IIN	
	Glendale	A 91203								
			J		AUT	HORIZED REPRES				
								/	a. Kagle	
1					l			sta	is magice	_



DATE (MM/DD/YYYY) 12/22/2023

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	BROGATION IS WAIVED, subject to rtificate does not confer rights to the						s may require	an end	orsement. A state	ment on this	
	DUCER				CONTACT Underwriting Associate						
	ing Communities Shared Services LTD					NIE.	7-549-8225		FAX (A/C, No): 847-	549-8095	
	0 W. Winchester Road e 109				E-M	AlL				743-0033	
	ertyville IL	60	048		ADD	DRESS: CE	ertificates@cari	ngcomn	n.org	1	
	it in the state of	001	0+0			INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC#	
INSU	IRED Front Porch Communities and Se	rvices			INS	URER A: Caring	g Communities,	A Recip	orocal RRG	12373	
Fro	nt Porch Communities and Services				INSI	URER B:					
	a Gardens Health Care Unit				INSI	INSURER C:					
	East Villa Street		~ ^	04404	INSURER D:						
Pas	adena		CA	91101	INS	URER E:					
СО	VERAGES CE	RTIFICA	ATE	NUMBER:				REVISION	ON NUMBER:		
IN CE	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH F	EQUIREN PERTAII	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 RESPEC	T TO WHICH TH	HIS
INSF	TYPE OF INSURANCE	ADD'L S	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	i	
A	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE	1,000,00	0.00
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2025		E TO RENTED ES (Ea occurrence)	300,00	00.00
	X PL/ML–Claims Made			Includes Management Liab	•				P (Any one person)		
					5,000 0,000			PERSON	IAL & ADV INJURY	1,000,00	0.00
	GEN'L AGGREGATE LIMIT APPLIES PER:			Fiduciary SIR per Claim \$					AL AGGREGATE	3,000,00	0.00
	X POLICY PRO- JECT LOC							PRODUC	CTS - COMP/OP AGG	5	incl
	OTHER:									75,00	0.00
	AUTOMOBILE LIABILITY							(Ea accid	ED SINGLE LIMIT lent)	3	
	ANY AUTO ALL OWNED SCHEDULED								NJURY (Per person)	<b>S</b>	
	AUTOS AUTOS								NJURY (Per accident)		
	HIRED AUTOS AUTOS							(Per accid	uent)	3	
		+ +						EAGU O	OOLIDDENOE DI 101		
l <sub>A</sub>	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025		CCURRENCE PL/GL	10,000,00	
'`	X EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply					GATE PL/GL	15,000,00	
	X EXCESS EIAS							*AUTO		6,000,00 5,000,00	
	DEDUCTIBLE							-	OCCUr&Aggr)		
	X RETENTION \$ 0								CIARY (Occur&Aggr)	10,000,00	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PE	R OTH-	2,222,00	
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N	¦							TATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A							EASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below								EASE - POLICY LIMIT		-
	OTHER										
	SCRIPTION OF OPERATIONS / LOCATIONS / VEH	IICLES (A	CORE	0 101, Additional Remarks Sche	dule, ı	may be attached if	f more space is req	uired)			
12	/22/2023 1:08:36										
CE	RTIFICATE HOLDER				CA	NCELLATION					
,	/illa Gardens Health Care Unit								ED POLICIES BE CA		
	842 East Villa Street						ITH THE POLICY		NOTICE WILL BI SIONS.	DELIVERED	IIN
	Pasadena	CA 91101	^``								
		01101	AUT	HORIZED REPRE							
								-	. a. Tragle		
					l			sta	. cs. nagle	_	



DATE (MM/DD/YYYY) 12/22/2023

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SU	IBROGATION IS rtificate does no	WAIV t conf	ED, subject to er rights to the	the te	rms a icate	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	eme	ent on this
	DUCER						CON	NTACT Ur	nderwriting Ass	ociate			
	ing Communities		d Services LTD					- NE	7-549-8225		FAX 847-	549	-8095
	i0 W. Winchester te 109	Road					E-M	IAIL o	ertificates@cari	nacomm	(A/C, NO).	0.0	
	ertyville		IL	6	0048		ADE	SINEGO.	ER(S) AFFORD				NAIC #
-			10						• • •			_	12373
	JRED Front Porch nt Porch Commur			rvices					g Communities,	, A Recip	orocai RRG		12373
	nii Porch Commur a Gardens	illies a	and Services				<u> </u>	URER B:					
	PEast Villa Street							URER C:				+	
1	sadena				CA	91101	-	URER D: URER E:				+	
CO	VERAGES		CE	RTIFIC	CATE	NUMBER:	INS	URER E:		REVISION	ON NUMBER:		
IN CE	DICATED. NOTW ERTIFICATE MAY	ITHSTA BE IS	ANDING ANY RE SUED OR MAY	QUIRE PERTA	EMENT AIN, T	ANCE LISTED BELOW HAN T, TERM OR CONDITION ( HE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEI	OF A	NY CONTRACT Y THE POLICII	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	тт	O WHICH THIS
INSR	<b>.</b> T		IRANCE	ADD'L	SUBR			POLICY EFF	POLICY EXP		LIMIT	s	
LTR A	X COMMERCIAL	GENER	AL LIABILITY	INSR	WVD	000000000000000000000000000000000000000		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH O	CCURRENCE	\$	1,000,000.00
``			X OCCUR			CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED	\$	300,000.00
	X PL/ML–Clai					Includes Management Liab	ility				S (Ea occurrence)	\$	300,000.00
							5,000					\$	1,000,000.00
	GEN'L AGGREGATE	LIMITA	APPLIES PER:				0,000			GENERA	L AGGREGATE	\$	3,000,000.00
	X POLICY	PRO- JECT	LOC			Fiduciary SIR per Claim \$	3,000			PRODUC	TS - COMP/OP AGG	\$	incl
	OTHER:	JLCI								PL/GL	SIR Per Claim	\$	75,000.00
	AUTOMOBILE LIAB	ILITY								COMBINI (Ea accid	ED SINGLE LIMIT	\$	
	ANY AUTO	_										\$	
	ALL OWNED AUTOS		SCHEDULED AUTOS							BODILY II	NJURY (Per accident)	\$	
	HIRED AUTOS		NON-OWNED AUTOS							PROPER (Per accid	TY DAMAGE	\$	
			7,6100							(i ci dooic		\$	
						CCRRRG-0002-24		01/01/2024	01/01/2025	EACH O	CCURRENCE PL/GL	\$	10,000,000.00
Α	UMBRELLA LIA	вХ	OCCUR-GL			*Sublimits apply		01/01/2024	01/01/2025	AGGREG	ATE PL/GL	\$	15,000,000.00
	X EXCESS LIAB	Х	CLAIMS MADE-PL/ML	-						*AUTO		\$	6,000,000.00
										*EMP E	BEN	\$	5,000,000.00
	DEDUCTIBLE										<b>3.3</b> (	\$	10,000,000.00
	X RETENTION WORKERS COMPE	\$ 0 NSATIO	IN AND								CIARY (Occur&Aggr)	\$	5,000,000.00
	EMPLOYERS' LIAB	LITY								PE ST.	ATUTE ER		
	ANY PROPRIETOR/ OFFICER/MEMBER	EXCLUI	DED?	N/A						E.L. EAC	H ACCIDENT	\$	
	(Mandatory in NH) If yes, describe unde	r		1						E.L. DISE	ASE - EA EMPLOYEE	\$	
<u> </u>	DÉSCRIPTION OF C	PERAT	IONS below							E.L. DISE	ASE - POLICY LIMIT	\$	
	OTHER												
	SCRIPTION OF COES	2110110	/ LOCATIONS (VET	IICL FO	(ACCE	2 404 Additional Barrente C 1	dulc	mov be etter-trail		unine 4/			
	/22/2023 1:08:		/ LOCATIONS / VEH	IICLES (	ACORI	D 101, Additional Remarks Sche	aule, i	may be attached if	more space is req	juirea)			
'-	12212023 1.00.	55											
CE	RTIFICATE HOLD	ER					CA	NCELLATION					
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١ '	Villa Gardens										NOTICE WILL B		
8	842 East Villa Stre	eet							ITH THE POLIC				
	Pasadena				(	CA 91101							
							AUT	THORIZED REPRE					
										/4	a. Tragle		
1							l			yea	-,		



DATE (MM/DD/YYYY) 12/22/2023

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	BROGATION IS WAIVED, subject to t tificate does not confer rights to the					es may require	an end	orsement. A state	ement on this	
	DUCER			CON NAM	TACT Ur	nderwriting Ass	ociate			
	ng Communities Shared Services LTD				МЕ	17-549-8225		FAX (A/C, No): 847-	549-8095	
	) W. Winchester Road e 109			E-MA	AIL o		n a c c m n		5-10 0000	
	rtyville IL	6004	8	ADD	RESS: C	ertificates@cari	ngcomm	1.019	I	
					INSURE	ER(S) AFFORD	ING CO	VERAGE	NAIC #	
INSU	RED Front Porch Communities and Ser	vices		INSU	JRERA: Carino	g Communities,	A Recip	orocal RRG	12373	
	t Porch Communities and Services			INSU	JRER B:					
	a Del Monte 5 Modoc Rd.			INSU	JRER C:					
	a Barbara	C	A 93105	-	JRER D:					
				INSU	JRER E:					
			E NUMBER:	<del></del>				ON NUMBER:	E BOLLOV BEDI	
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	QUIREMEI PERTAIN,	NT, TERM OR CONDITION ( THE INSURANCE AFFORDE	OF AN	NY CONTRACT	T OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	T TO WHICH TH	IIS
INSR LTR	TYPE OF INSURANCE	ADD'L SUB			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3	
A	X COMMERCIAL GENERAL LIABILITY		CCRRRG-0002-24		01/01/2024	01/01/2025			\$ 1,000,00	0.00
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2023		TO RENTED ES (Ea occurrence)	\$ 300,00	0.00
	X PL/ML–Claims Made		Includes Management Liab	, i					\$	_
				75,000 50,000					\$ 1,000,00	
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$						\$ 3,000,00	
	X POLICY PRO- JECT LOC								\$ 75.00	incl
<u> </u>	OTHER:							ED CINICI E LIMIT	\$ 75,00	0.00
	AUTOMOBILE LIABILITY  ANY AUTO						(Ea accid	ent)	\$	
	ALL OWNED SCHEDULED							NJURY (Per person)  NJURY (Per accident)	\$	
	HIRED ALITOS NON-OWNED						PROPER	TY DAMAGE	\$	
	AUTOS						(Per accid	Jenii)	\$	
			0000000000000		04/04/0004	04/04/0005	EACH O	CCURRENCE PL/GL	10,000,00	0.00
Α	UMBRELLA LIAB X OCCUR-GL		CCRRRG-0002-24 *Sublimits apply		01/01/2024	01/01/2025	AGGREG	SATE PL/GL	15,000,00	
	X EXCESS LIAB X CLAIMS MADE-PL/ML		Subilifiles apply				*AUTO	,	6,000,00	
							*EMP	BEN :	5,000,00	0.00
	DEDUCTIBLE							&O (Occur&Aggr)		
	X RETENTION \$ 0 WORKERS COMPENSATION AND						*FIDU	CIARY (Occur&Aggr)	5,000,00	0.00
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N						ST	ATUTE ER		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						H ACCIDENT S	<u> </u>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							EASE - EA EMPLOYEES		
	OTHER						E.L. DISE	EASE - POLICY LIMIT	•	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	ICLES (ACO	RD 101, Additional Remarks Sche	dule, n	nay be attached if	i f more space is req	uired)			
12/	22/2023 1:08:42									
CER	TIFICATE HOLDER			CAN	NCELLATION					
V	ista Del Monte							D POLICIES BE CA		
3	775 Modoc Rd.					ITH THE POLIC			L DLLIVERED	11.4
s	anta Barbara		CA 93105							
				AUTI	HORIZED REPRE					
							Sta	a. Kagle	_	
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DATE (MM/DD/YYYY) 12/22/2023

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SL ce	BRC	DGATION IS WAIVED, s ate does not confer rig	subject to t ghts to the	he ter certif	rms a icate	nd conditions of the poli holder in lieu of such en	cy, d dors	certain policie sement(s).	s may require	an ende	orsement. A stat	eme	ent on this
	DUCE						CON	NTACT Ur	nderwriting Ass	ociate			
	•	Communities Shared Se Winchester Road	rvices LTD					NIE.	7-549-8225		FAX (A/C, No): 847-	549	)-8095
	te 10						E-M	AII	ertificates@cari	nacomm	(A/C, NO).		
	ertyvi		IL	6	0048		ADL		ER(S) AFFORD			Ti	NAIC #
INSI	IRED	Front Porch Communiti	ies and Ser	vices			INSI		Communities,			+	12373
		orch Communities and S		VICCS				URER B:	,	,			
Wa	nut \	/illage					-	URER C:				$\dashv$	
		Valnut Street					INSI	URER D:				1	
Ana	hein	า			CA	92802	_	URER E:					
со	VER	AGES	CEF	RTIFIC	CATE	NUMBER:				REVISION	ON NUMBER:		
IN CE	DICA ERTIF	TED. NOTWITHSTANDIN FICATE MAY BE ISSUED	NG ANY RE	QUIRE PERTA	EMENT AIN, T	ANCE LISTED BELOW HAV F, TERM OR CONDITION ( HE INSURANCE AFFORDE MITS SHOWN MAY HAVE BE!	OF A	NY CONTRACT Y THE POLICIE	OR OTHER DES DESCRIBED	OCUME	NT WITH RESPEC	тт	O WHICH THIS
INSF		TYPE OF INSURANC	E	ADD'L INSR	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMIT	s	
LTR A	X	COMMERCIAL GENERAL LIA	ABILITY	INSK	WVD	CCBBBC 0000 04		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OC	CCURRENCE	\$	1,000,000.00
		CLAIMS MADE X				CCRRRG-0002-24		01/01/2024	01/01/2025		TO RENTED	\$	300,000.00
	Х	PL/ML–Claims Made				Includes Management Liab	ility				ES (Ea occurrence)  (Any one person)	\$	-
							5,000			PERSON	AL & ADV INJURY	\$	1,000,000.00
	GEN	I'L AGGREGATE LIMIT APP <u>LIE</u>	S PER:			D&O SIR per Claim \$ 50 Fiduciary SIR per Claim \$ 50	0,000 5,000					\$	3,000,000.00
	Х	POLICY PRO- JECT	LOC				·			PRODUC	TS - COMP/OP AGG	\$	incl
	Ш	OTHER:										\$	75,000.00
	AUT	OMOBILE LIABILITY								(Ea accid	ent)	\$	
	Н	ANY AUTO ALL OWNED	CHEDULED								` ' '	\$	
	Н		SCHEDULED NUTOS ION-OWNED								TVDAMAGE	\$	
	Н		UTOS							(Per accid	ierit)	\$	
										FAOULOG		\$	
l <sub>A</sub>		UMBRELLA LIAB X OCC	UR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025			\$ \$	10,000,000.00
'`	X	<b>├</b>	MS MADE-PL/ML			*Sublimits apply					,, (1 E 1 E/OE	Φ	15,000,000.00
		EXCESS ENTE								*AUTO *EMP E		φ	6,000,000.00 5,000,000.00
		DEDUCTIBLE										\$	10,000,000.00
	Х	RETENTION \$ 0									CIARY (Occur&Aggr)	\$	5,000,000.00
	EME	RKERS COMPENSATION AND PLOYERS' LIABILITY								PE			
	ANY	PROPRIETOR/PARTNER/EXECTION (PROPRIETOR)	ECUTIVE Y / N	N/A						<del></del>	H ACCIDENT	\$	
	(Ma	ndatory in NH)		N/A							ASE - EA EMPLOYEE	\$	
	DES	es, describe under SCRIPTION OF OPERATIONS L	below							E.L. DISE	ASE - POLICY LIMIT	\$	
	OTI	IER											
			ATIONS / VEHI	CLES (	ACORE	0 101, Additional Remarks Schee	dule, r	may be attached if	more space is req	uired)			
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CE	RTIF	ICATE HOLDER					CAI	NCELLATION					
,	Naln	ut Village									D POLICIES BE CAN		
		S. Walnut Street							ITH THE POLICY			· L	PLLIVENED IN
	Anah				(	CA 92802							
		•			`		AUT	HORIZED REPRE					
											a. Tragle		
1										sta	is riagle	_	



DATE (MM/DD/YYYY) 12/22/2023

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certific	ate does not confer rights to the						o may roquiro	an ondoronnona / otaton				
PRODUCE					CONTACT Underwriting Associate							
	Communities Shared Services LTD  Winchester Road				PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095							
Suite 10					E-MA	ΛII	ertificates@cari	•				
Libertyv	ille IL	6	0048		ADD			ING COVERAGE	NAIC #			
INSURED	Front Porch Communities and Ser	vices			INSL		• • •	A Reciprocal RRG	12373			
	orch Communities and Services	*1000				JRER B:	, ,	<u> </u>				
Webster	House Care Center				-	JRER C:						
437 Wel	oster Street					JRER D:						
Palo Alto	)		CA	94301	_	JRER E:						
COVER	AGES CEF	RTIFIC	CATE	NUMBER:	REVISION NUMBER:							
	TO CERTIFY THAT THE POLICIES											
CERTIF	TED. NOTWITHSTANDING ANY REFICATE MAY BE ISSUED OR MAY BEISSUED OR MAY BIONS AND CONDITIONS OF SUCH P	PERT/	AIN, T	HE INSURANCE AFFORDE	D B	Y THE POLICIE						
INSR		ADD'L	SUBR			POLICY EFF	POLICY EXP	LIMITS				
LTR V		INSR	WVD	FOLICT NOMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	EACH OCCURRENCE \$	1 000 000 00			
AX	COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	DAMAGE TO PENTED	1,000,000.00			
_	CLAIMS MADE X OCCUR			Includes Management Liab	oility			PREMISES (Ea occurrence) \$	300,000.00			
X	PL/ML-Claims Made				5,000			MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$	4 000 000 00			
					0,000			PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$	1,000,000.00 3,000,000.00			
	I'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC			Fiduciary SIR per Claim \$	5,000			PRODUCTS - COMP/OP AGG \$				
Х	JECT							PL/GL SIR Per Claim \$	incl 75.000.00			
A117	OTHER: OMOBILE LIABILITY							COMBINED SINGLE LIMIT	75,000.00			
AUI	ANY AUTO							(Ea accident)				
	ALL OWNED SCHEDULED											
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per accident) \$ PROPERTY DAMAGE				
	AUTOS							PROPERTY DAMAGE (Per accident) \$				
	II							EACH OCCURRENCE PL/GL \$	10,000,000.00			
Α	UMBRELLA LIAB X OCCUR-GL			CCRRRG-0002-24		01/01/2024	01/01/2025	AGGREGATE PL/GL \$	, ,			
X	EXCESS LIAB X CLAIMS MADE-PL/ML			*Sublimits apply				_	15,000,000.00			
								*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			
I FMI	RKERS COMPENSATION AND PLOYERS' LIABILITY							PER OTH- STATUTE ER	, ,			
AN	PROPRIETOR/PARTNER/EXECUTIVE Y / N	<b>.</b>						E.L. EACH ACCIDENT \$				
(Ma	FICER/MEMBER EXCLUDED?  Indatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE\$				
If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$				
ОТІ	IER											
DESCRIP	TION OF OPERATIONS / LOCATIONS / VEHI	CLES (	ACORI	101, Additional Remarks Sche	dule, r	nay be attached if	more space is req	uired)				
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CEDTIE	ICATE HOLDER				CAI	NCELLATION						
CERTIF	ICATE HOLDER				CAI	NOELLATION						
\A/- I-					SH	HOULD ANY OF	THE ABOVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE			
	ster House Care Center							REOF, NOTICE WILL BE	DELIVERED IN			
_	Nebster Street				AC	CORDANCE W	ITH THE POLICY	Y PROVISIONS.				
Palo	Alto		(	CA 94301	A117	HORIZED REPRE	SENTATIVE					
					~~	ייטרובבט אבראב:						
					Sta a. Nagle							



DATE (MM/DD/YYYY) 12/22/2023

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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					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).	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:							
	oster House Webster Street				INSL	JRER C:							
	Alto		CA	94301	INSURER D:								
					INSURER E:								
				NUMBER:	<u>/_ D</u>	EN IOOUED T		REVISION NUMBER:	DOLLOY DEDICE				
INI CE EX	DICATED. NOTWITHSTANDING ANY REP RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH P	QUIRE PERTA OLICIE	MENT AIN, T ES. LIN	T, TERM OR CONDITION ( THE INSURANCE AFFORDE MITS SHOWN MAY HAVE BEE									
INSR LTR	TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS					
Α	X COMMERCIAL GENERAL LIABILITY			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH OCCURRENCE \$	1,000,000.00				
	CLAIMS MADE X OCCUR					01/01/2024	01/01/2023	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 \$ 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-0002-24		01/01/2024	01/01/2025	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				
	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							E.L. DISEASE - POLICY LIMIT \$					
	OTHER												
	CRIPTION 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				CAI	NCELLATION							
					QL	IOUI D ANV OF	THE AROVE DE	ESCRIBED POLICIES BE CAN	CELLED BEFORE				
٧	Vebster House							REOF, NOTICE WILL BE					
4	01 Webster Street						ITH THE POLICY						
F	Palo Alto		(	CA 94301									
					AUT	HORIZED REPRES							
					Sta a. nagle								



DATE (MM/DD/YYYY) 12/22/2023

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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	TACT Ur	nderwriting Ass	ociate				
	ng Communities Shared Services LTD				NIE	7-549-8225		FAX (A/C, No): 847-5	549-8095		
	0 W. Winchester Road e 109			E-MA	AIL 0		n a c c m n		540 0000		
	ertyville IL	60048	}	ADDI	RESS: CE	ertificates@cari	ngcomm	1.019	T		
	•				INSURE	R(S) AFFORD	ING CO	VERAGE	NAIC #		
INSU	RED Front Porch Communities and Ser	vices		INSU	RERA: Caring	g Communities,	A Recip	orocal RRG	12373		
	nt Porch Communities and Services			INSU	IRER B:						
	sley Palms 4 Loring Street			INSU	IRER C:						
	Diego	CA	A 92109		IRER D:						
				INSU	JRER E:						
			NUMBER:	<del></del>				ON NUMBER:	E BOLLOV BEBIOD		
INI CE	DICATED. NOTWITHSTANDING ANY RE	QUIREMEN PERTAIN,	IT, TERM OR CONDITION ( THE INSURANCE AFFORDE	HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOI N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS RDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADD'L SUBF			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	3		
A	X COMMERCIAL GENERAL LIABILITY	INCIR WYD	CCRRRG-0002-24		01/01/2024	01/01/2025			1,000,000.00		
	CLAIMS MADE X OCCUR				01/01/2024	01/01/2023		E TO RENTED ES (Ea occurrence)	300,000.00		
	X PL/ML–Claims Made		Includes Management Liab	1					- ·		
				75,000 50,000					1,000,000.00		
	GEN'L AGGREGATE LIMIT APPLIES PER:		Fiduciary SIR per Claim \$					AL AGGREGATE STATE OF THE STATE	-,,		
	JECT L										
-	OTHER:  AUTOMOBILE LIABILITY						COMBIN	ED SINGLE LIMIT	75,000.00		
	ANY AUTO						(Ea accid	icit)	\$		
	ALL OWNED SCHEDULED AUTOS AUTOS							NJURY (Per accident)	•		
	HIRED AUTOS NON-OWNED AUTOS						PROPER	TY DAMAGE	5		
							(Per accid		\$		
			CCRRRG-0002-24		01/01/2024	01/01/2025	EACH O	CCURRENCE PL/GL	10,000,000.00		
Α	UMBRELLA LIAB X OCCUR-GL		*Sublimits apply		01/01/2024	01/01/2023	AGGREG	GATE PL/GL	15,000,000.00		
	X EXCESS LIAB X CLAIMS MADE-PL/ML						*AUTO		6,000,000.00		
	DEDUCTING 5						*EMP E		5,000,000.00		
	DEDUCTIBLE  X RETENTION \$ 0							O&O (Occur&Aggr) \$	.0,000,000.00		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PE	R OTH-	3,000,000.00		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N							ATUTE ER	<b>.</b>		
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						EASE - EA EMPLOYEE	<u> </u>		
	If yes, describe under DESCRIPTION OF OPERATIONS below							EASE - POLICY LIMIT			
	OTHER										
	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (ACOR	RD 101, Additional Remarks Sche	dule, m	nay be attached if	more space is req	uired)				
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CE	RTIFICATE HOLDER			CAN	ICELLATION						
				SH	IOULD ANY OF	THE ABOVE D	FSCRIBE	D POLICIES BE CA	NCELLED BEFORE		
1	Vesley Palms			TH	IE EXPIRATIO	N DATE THE	REOF,	NOTICE WILL BE	E DELIVERED IN		
	2404 Loring Street			AC	CORDANCE W	ITH THE POLIC	Y PROVIS	SIONS.			
{	San Diego		CA 92109	ALIT	HORIZED REPRE	SENTATIVE					
				~~''	. JANLED REFRE			> _			
							fte	a. Kagle	_		

### 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, 2024

	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	All Other - Front Porch	Total Audited Financial
Forms 1-2 & 5-4 (Line 1)															
Operating Expenses from Consolidating Schedule-Statement of Operations Information	20,467	23.802	19,599	26,791	15,266	18,224	14,163	27,543	888	39,426	33,070	16.643	4,751	146.021	406,655
Depreciation from Consolidating Schedule-Statement	20,107	25,002	15,555	20,751	15,200	10,221	11,103	27,515	000	33,120	33,070	10,015	1,731	110,021	100,033
of Operations Information  Amortization from Consolidating Schedule-Statement	3,882	3,427	2,823	4,040	3,029	4,162	2,419	6,412	22	8,583	7,958	902	989	29,283	77,931
of Operations Information-Form 5-4 Line 2 (d)	3	21	1	3	1	40	-	-	-	÷	-	٠	-	282	351
Form 5-1															
b. Principal paid during the year (Per Cash Flows) Principal payment Unamortized premium (See Note 8,	-	-	-	-		-								(9,065,618)	(9,065,618)
Consolidated Financial Statements) Repurchase of Certificates to reduce outstanding balance (See Note 8, Consolidated Financial Statements)	-		-			-								-	-
Principal paid per Statement of Cash Flows	-	-	-	-	-	-								(9,065,618)	(9,065,618)
Interest Expense per Consol. Financial Statements	199	662	90	196	102	2,660	-	-	-	-	-	-	-	9,133	13,041
Less Credit Enhancement Less Accrued Interest & Amort. of Bond Prem	nium													1,397,043	1,397,043
Less Accretion of Asset Retirement	100	(9,480)	(11,205)	100	102	2.660								(79,944)	(100,629)
Sub total - Cash paid for interest Credit Enhancement	199	(8,818)	(11,115)	196	102	2,660	-	-	-	-	-	-	-	1,326,231	1,309,455
Other c & d. Cash paid for interest	199	662	90	196	102	2,660	-	-	-	-	-	-	-	1,326,231	1,330,140
	199	662	90	196	102	2,660	-	-	-	-	-	-	-	1,326,231	1,330,140
Cash received from non-contract residents per Statement of Cash Flows	7,034	21,632	14,279	14,345	13,298	1,438	10,947	4,904	0	4,317	3,694	10,528	268	85,480	192,164
2e. Revenues received during the fiscal year for services to															
residents who did not have a continuing care contract	7,034	21,632	14,279	14,345	13,298	1,438	10,947	4,904	-	4,317	3,694	10,528	268	85,480	192,164

	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
Form 5-4															-
Provider's Operating Expense Reserve Amount from Form 5-4 line 6	(708)		(2,933,821)	(2,946,923)		(296,260)	(2,249,190)	(1,006,865)	(175)	(886,140)	(757,039)	(2,163,741)	(54,899)	-	(13,295,760)
Exclude negative operating expense Adjusted provider's operating expense reserve amount	(708)	-	(2,933,821)	(2,946,923)	=	(296,260)	(2,249,190)	(1,006,865)	(175)	(886,140)	(757,039)	(2,163,741)	(54,899)	-	(13,295,760)

#### 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 Long-term investments per audited financials	403,124,998 449,911,000
Less Government Securities with a maturity date of five Less Investment not available for Operations Add: Misclassified Treasury bill (passed audit entry) Back out: Joint Venture Investments <b>Total investments</b>	(3,891,208) (42,894,794) 403,124,998
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	15,288,257
Debt Service reserve per Form 5-5	15,288,257
Debt Service interest fund Debt Service project fund Debt Service Reserve fund	6,558,257
Debt Service Revenue fund  Debt Service Revenue fund	8,730,000
Debt Service reserve per form 5-5	15,288,257

Form 5-1 & 5-2	Interest	Principal	
Interest Paid During Fiscal Year	13,190,713		
Credit Enhancement Premiums Paid	-		
Principal Payments		8,560,000	<u>_</u> .
Total Principal & Interest Paid and Credit Enhancement Premium Paid Form 5-			
1 & 5-2	13,190,713	8,560,000	-
Not Included on Form 5-1 & 5-2	Interest	Principal	Explanation
PGA 1604	149,025	121,699	
BCSH-1609	915,736	283,919	
OCLP		100,000	
Deferred cost	177,829.00		
Change iN Accrued Interest	(75,455.00)		
Subtotal	1,167,135	505,618	- -
Interest, Principal & Other Financing Costs Reconciled to Cash Flow	14,357,848	9,065,618	-
	14,357.85	9,065.62	_
Audit Cash Flow	14,358	9,066	
	(0)	(0.4)	

### Annual Reserve Worksheet March 31, 2024

Debt Service Reserve Operating Exp Reserve	1 2	24,541,143 (30,660,948)		From Form 5-3 Line 4 From Reconciliation from Reserve Report to Fina	ancials (Total of all CCRC from Form 5-4 line 6)
Total	3	(6,119,805)			
Qualifying Asset	Debt S	Service	Operating Reserve		
Cash Investment Sec Equity Securities	4 5 6	9,252,886	75,165,322.81 12,641,412 345,694,710	AuditC1All- Lead Sheet Cash & Cash Equivalent See breakdown below L4 & L5 See breakdown below L6	(Total) plus Govt securities 5yr or less maturity date (see breakdown below) less Cash  FS5 80,527 Cash and cash equivalents
Debt Service	7 8 9	15,288,257			<ul> <li>Money Market in Short term investments</li> <li>3,891 Govt Securites with a maturity date of five years or less</li> <li>84,418</li> </ul>
Other	10				
Total Amount of Qualifying Assets					
Liquid Reserve Total Amount Required	11 13	, , , ,	12 433,501,445 14 (30,660,948)		
Surplus/Deficiency	15	-	16 464,162,393		

Source: Footnotes #4 Investment Compar			ST Investments	ALATU-ST	ALATU-LT	
Cash	3,546		=	15,436,000	21,979,131	
Money Market	-		-		-	
Equity Mutual Funds	14,297,844	L6			446,831	
Fixed Income Mutual Funds	31,551,512	L6			4,926,138	
Commodity Mutual Funds	13,906,770	L6			434,610	
Equity Securities	284,744,910	L6			27,793,936	
Convertible Bonds	14,009,740				1,128,267	
Corporate bonds	24,234,851		2,146,000		3,315,900	
MLP	1,193,674	L6			1,536,398	
Govt Securities	16,532,621	L4	-		109,755	
Non-govt asset backed	4,650,203				1,110,278	
Govt mort backed	11,907,579				372,132	
Certificates of Deposit	-				1,882,287	
Alternatives	32,877,750				1,027,484	
Investments in joint ventures	_				1,092,853	
Sub total	449,911,000		2,146,000	15,436,000	67,156,000	534,649,000

Needs to tie to Footnote # 4 in audited financials

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

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

Total		3,891,208 L4 & (L	.5)
,	27 1720		
US Treasury Note	6/1/28	201.406	
US Treasury Note	6/1/28	1,193,228	
US Treasury Note	9/30/27	441,734	
US Treasury Note	7/1/27	477,890	
US Treasury Note	8/1/26	328,829	
US Treasury Note	5/1/26	262,305	
US Treasury Note	11/1/25	379,346	
US Treasury Note	9/1/25	425,111	
US Treasury Note	6/1/25	181,359	

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

	MARCH:			
		2024		2023
<u>Funds Held by Trustee</u> Bank of NY - Interest Fund (17a Bonds)	\$	2.129	\$	2.155
Bank of NY - Principal Fund (17a Bonds)	Ф	2,129 1,100	Ф	2,155 1,025
Bank of NY - Principal Fund (17b Bonds)		1,100		1,023
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
Bank of NY - Interest Fund (21a Bonds)		3,457		3,485
Bank of NY - Principal Fund (21aBonds)		1,165		1,125
Bank of NY - Interest Fund (21b Bonds)		972		992
Bank of NY - Principal Fund (21bBonds)		6,465		6,410
		15,288		15,269
Other Limited Uses HUD facility reserves Held by Trustee under indenture agreement Kronos Payroll Deposit subscriptions held in trust 90-day refundable accommodation fees Restricted by donors for capital expenditures Charitable remainder trust Endowment fund Foundations Funds		19,768 4,318 111 10 8,737 17,693 15,548		18,266 9,350 16 10 9,783 14,984 5,836
Beneficial interest in perpetual fund		1,093		968
Resident deposits held in trust		27		26
		67,305		59,238
	\$	82,593	\$	74,508

## Front Porch Communities & Services Balance Sheet As of March 31, 2024

	Carlsbad By The Sea	Claremont Manor	Sunny View	Villa Gardens	Vista Del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	All Others	Eliminations	Total
ASSETS																
Cash and Cash Equivalents	1	26	3	2	2	3	0	(3)	0	1	(2)	(2)	2	80,493		80,527
Short-Term Investments	-	-	-	-	-	-	-	-	-	-	-	-	-	2,146		2,146
Assets Limited to Use - Current	-			Ī	-		<u>-</u>		-		- -			15,436		15,436
Accounts Receivable, Net of Allowance	631	1,352	805	815	(13)	82	204	893	(15)	1,141	611	992	6	2,964.66	(0.040)	10,469
Prepaid Expenses and Other Total Current Assets	48,880 <b>49,511</b>	(14,513) (13,135)	26,769 <b>27,578</b>	154,999 155,816	49,983 <b>49,972</b>	(114,769) (114,684)		27,613 28,503	(17,957) (17,971)	(11,264) (10,122)	18,487 <b>19,097</b>	(21,251) (20,260)	(1,093) (1,085)	(110,192.52) (9,152)	(6,219) (6,219)	17,727 126,306
Total Guitelit Assets	40,511	(13,133)	21,510	133,010	43,312	(114,004)	(11,541)	20,303	(17,371)	(10,122)	13,031	(20,200)	(1,000)	(3,132)	(0,213)	120,300
Assets Limited as to Use, Net Current	-	-	-	-	-	-	-	-	_	-	-	-	-	67,156		67,156
Investments Held in Trust	-	-	-	-	-	-	-	-	-	-	-	-	-	522		522
Long-Term Investments		-	-	-	-	-	-	-	-	-	-	-	-	451,056.66	(1,667)	449,390
Total Investments		-	-	-	-	-	-	-	-	-	-	-	-	518,735	(1,667)	517,068
Property and Equipment, Net	49,089	23,866	16,249	36,324	29,191	83,614	29,970	104,037	26,277	135,503	158,932	26,515	17,946	507,498	(25)	1,244,987
Receivables from Supporting Organization	_	-	_	_	-	_	_	_	_	_	_	_	_	810		810
ROU Assets - Operating Leases	-	-	-	-	-	-	-	-	-	-	-	-	-	9,796	(2,033)	7,763
Long Term Pledge Receivable	-	-	-	-	-	-	-	-	-	-	-	-	-	748	. ,	748
Other Receivables	-	-	-	-	-	-	-	-	-	-	-	-	-	430		430
Other Assets	-	104	-	-	-	-	1,441	128	419	96	(14)		1,096	10,764		14,035
In-Place Leases	-	-	-	-	-	-	1,380	9,240	-	12,780	14,520	4,800	450	133		43,303
Net Pension Asset  Total Other Assets		104					2,821	9,368	419	12,876	14,506	4,800	1,546	6,813 <b>29,493</b>	(2,033)	6,813 <b>73,901</b>
Total Other Assets		104	-		-								•			
Total Assets	98,600	10,834	43,827	192,140	79,163	(31,070)	21,249	141,908	8,725	138,258	192,535	11,054	18,407	1,046,573	(9,944)	1,962,261
Total Assets  LIABILITIES AND NET ASSETS	98,600	10,834	43,827	192,140	79,163	(31,070)	21,249	141,908	8,725	138,258	192,535	11,054	18,407	1,046,573	(9,944)	1,962,261
LIABILITIES AND NET ASSETS	98,600	10,834	43,827	192,140	79,163	(31,070)	21,249	141,908	8,725	138,258	192,535	11,054	18,407	<b>1,046,573</b> 9,171	(9,944)	<b>1,962,261</b> 9,171
	- -	10,834	·		·	(31,070) - -	21,249	141,908 - -	8,725 - -	138,258 - -	,	·	- - -	·	(9,944)	· · ·
LIABILITIES AND NET ASSETS  Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable	- - 1,109	- - 767	- - 1,511	- - 546	- - 1,002	- - 1,321	- - 930	- - 4,905	- - 148	- - 2,397	- - 2,525	- - 1,048	- - 928	9,171 1,681 24,535.17	,,,	9,171 1,567 37,545
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses	- -	- - -	- 1,511 756	- - 546 1,122	- - 1,002 465	- - 1,321 539	:	- - 4,905 893	- - 148 21	:	- - 2,525 908	- - 1,048 543	- - 928 208	9,171 1,681 24,535.17 8,291	(114)	9,171 1,567 37,545 17,176
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest	- 1,109 776 -	- - 767 774 -	- - 1,511 756	- - 546 1,122	- - 1,002 465	- - 1,321 539	- - 930 612	- - 4,905 893 -	- - 148 21	- 2,397 1,267	- - 2,525 908 -	- - 1,048 543 -	- - 928 208	9,171 1,681 24,535.17 8,291 6,646	(114)	9,171 1,567 37,545 17,176 6,646
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses	- - 1,109	- - 767	- 1,511 756	- - 546 1,122	- - 1,002 465	- - 1,321 539	- - 930	- - 4,905 893	- - 148 21	- - 2,397	- - 2,525 908	- - 1,048 543	- - 928 208	9,171 1,681 24,535.17 8,291	(114)	9,171 1,567 37,545 17,176
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses	- 1,109 776 - 1,795	- - 767 774 - 73	- 1,511 756 - 375	- - 546 1,122 - 4,832	- 1,002 465 - 568	- - 1,321 539 - 6,046	- - 930 612 - 225	- 4,905 893 - 2,461	- - 148 21 - (93)	- 2,397 1,267 - 3,923	- 2,525 908 - 1,830	1,048 543 - 1,045 2,635	928 208 207 1,353	9,171 1,681 24,535.17 8,291 6,646 1,886	(114) (6,126)	9,171 1,567 37,545 17,176 6,646 25,182
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation	1,109 776 1,795 3,679	767 774 - 73 1,614	- 1,511 756 - 375 <b>2,642</b>	- 546 1,122 - 4,832 <b>6,500</b>	1,002 465 - 568 <b>2,034</b>	- 1,321 539 - 6,046 <b>7,906</b>	930 612 - 225 1,767	- 4,905 893 - 2,461 8,260	- - 148 21 - (93) 76	- 2,397 1,267 - 3,923	- 2,525 908 - 1,830 <b>5,263</b>	- 1,048 543 - 1,045 2,635	928 208 - 217 1,353	9,171 1,681 24,535.17 8,291 6,646 1,886 <b>52,211</b> 1,269 1,961.56	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,648 25,182 97,288
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities	1,109 776 1,795 3,679	767 774 - 73 <b>1,614</b> 178 113	- 1,511 756 - 375 2,642 194 231	- 546 1,122 - 4,832 6,500 - 377 -	- 1,002 465 - 568 <b>2,034</b> - 140	- 1,321 539 - 6,046 <b>7,906</b> - 213	- - 930 612 - - 225 1,767	- 4,905 893 - 2,461 <b>8,260</b> - 385	- 148 21 - (93) 76	2,397 1,267 - 3,923 <b>7,587</b>	- 2,525 908 - 1,830 <b>5,263</b>	- 1,048 543 - 1,045 2,635 - 98	- 928 208 - 217 1,353	9,171 1,681 24,535.17 6,646 1,886 <b>52,211</b> 1,269 1,961.56 8,694.05	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities	1,109 776 1,795 3,679	767 774 - 73 <b>1,614</b> 178 113 - 833	- 1,511 756 - 375 <b>2,642</b> 194 231 - 415	- 546 1,122 - 4,832 6,500 - 377 - 575	1,002 465 - 568 2,034 - 140 - 503	- 1,321 539 - 6,046 <b>7,906</b> - 213 - 30	- - 930 612 - - 225 1,767	4,905 893 2,461 <b>8,260</b>	 148 21  (93) <b>76</b>  44  1,827	2,397 1,267 - 3,923 <b>7,587</b> - 454	2,525 908 - 1,830 <b>5,263</b> - 353	1,048 543 1,045 2,635	928 208 - 217 1,353	9,171 1,681 24,535,17 8,291 6,646 1,886 52,211 1,269 1,961,56 8,694.05 9,065,29	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities  Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Other Accrued Liabilities	1,109 776 - 1,795 3,679 412 - 50	767 774 - 73 1,614 178 113 - 833	- 1,511 756 - 375 <b>2,642</b> 194 231 - 415	- -546 1,122 - 4,832 6,500 - 377 - 575	- 1,002 465 - 568 <b>2,034</b> - 140 - 503	- 1,321 539 - 6,046 7,906	930 612 - 225 1,767 - 486 -	- 4,905 893 - 2,461 8,260 - 385 - 7	- 148 21 - (93) <b>76</b> - 44 - 1,827	2,397 1,267 - 3,923 7,587 - 454 -	- 2,525 908 - 1,830 <b>5,263</b> - 353 -	- 1,048 543 - 1,045 2,635 - 98 - -	- 928 208 - 217 1,353 - 53 - 20	9,171 1,681 24,535.17 8,291 6,646 52,211 1,269 1,961.56 8,694.05 9,065.29 4,933	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees	1,109 776 - 1,795 3,679 - 412 - 50 - 2,799	767 774 - 73 <b>1,614</b> 178 113 - 833 - 228	1,511 756 - 375 <b>2,642</b> 194 231 - 415 - (304)	546 1,122 4,832 6,500 - 377 - 575 39,384	1,002 465 568 <b>2,034</b> - 140 - 503 - 1,986	1,321 539 6,046 7,906 213 30 32,259	930 612 	4,905 893 2,461 8,260 - 385 - 7	-1 148 21 -(93) <b>76</b> -44 -1,827	2,397 1,267 3,923 7,587 - 454 - - 23,725	2,525 908 1,830 5,263 - 353 - - 9,025	1,048 543 1,045 2,635 - 98 - -	928 208 217 1,353	9,171 1,681 24,535,17 8,291 6,646 1,886 52,211 1,269 1,961,56 8,694.05 9,065,29	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees Deferred Revenue from Entrance Fees	1,109 776 - 1,795 3,679 412 - 50	767 774 - 73 1,614 178 113 - 833	- 1,511 756 - 375 <b>2,642</b> 194 231 - 415	- -546 1,122 - 4,832 6,500 - 377 - 575	- 1,002 465 - 568 <b>2,034</b> - 140 - 503	- 1,321 539 - 6,046 7,906	930 612 - 225 1,767 - 486 -	- 4,905 893 - 2,461 8,260 - 385 - 7	- 148 21 - (93) <b>76</b> - 44 - 1,827	2,397 1,267 - 3,923 7,587 - 454 -	- 2,525 908 - 1,830 <b>5,263</b> - 353 -	- 1,048 543 - 1,045 2,635 - 98 - -	- 928 208 - 217 1,353 - 53 - 20	9,171 1,681 24,535.17 8,291 6,646 1,886 52,211 1,269 1,961.56 8,694.05 9,065.29 4,933	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353 241,991
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees	1,109 776 1,795 3,679 412 50 2,799 29,585	767 774 - 73 1,614 178 113 - 833 - 228 5	1,511 756 - 375 2,642 194 231 - 415 - (304) 4,753	546 1,122 4,832 6,500 - 377 - 575 - 39,384 16,895	1,002 465 - 568 2,034 - 140 - 503 - 1,986 8,587 -	1,321 539 6,046 <b>7,906</b> - 213 30 - 32,259 5,098	930 612 - 225 1,767 - 486 - - 1,043 2,265	4,905 893 -2,461 <b>8,260</b> -385 -7 -7,020 34,437	- - 148 21 - (93) <b>76</b> - - 1,827 - - 28	2,397 1,267 - 3,923 <b>7,587</b> - 454 - - - 23,725 62,992	2,525 908 1,830 5,263 - 353 - 9,025 65,683 -	1,048 543 1,045 2,635 - 98 - - 3,248 6,066	- 928 208 - 217 1,353 - 53 - 20 - (61) 5,597	9,171 1,681 24,535.17 8,291 6,646 1,886 52,211 1,269 1,961.56 8,694.05 9,065.29 4,933	(114) (6,126) (6,240) (2,033) (1,195)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353 241,991 450,674 (4,575)
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities  Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees Deferred Revenue from Entrance Fees Long-Term Debt	1,109 776 1,795 3,679 - 412 - 50 2,799 29,585	767 774 - 73 <b>1,614</b> 178 113 - 833 - 228	1,511 756 - 375 2,642 194 231 - 415 - (304) 4,753	- -546 1,122 - 4,832 6,500 - 377 - 575 - 39,384 16,895	1,002 465 - 568 2,034 - 140 - 503 - 1,986 8,587	-1,321 539 -6,046 <b>7,906</b> -213 -30 -32,259 5,098	- - 930 612 - - 225 1,767 - 486 - - - - 1,043 2,265	4,905 893 2,461 8,260 - 385 - 7 - 7,020 34,437		2,397 1,267 - 3,923 7,587 - 454 - - - 23,725 62,992	2,525 908 - 1,830 5,263 - 353 - - 9,025 65,683	1,048 543 1,045 2,635 - 98 - - 3,248 6,066	- - - 928 208 - - 217 1,353 - - 53 - 20 - (61) 5,597	9,171 1,681 24,535.17 8,291 6,646 1,886 52,211 1,269 1,961.56 8,694.05 9,065.29 4,933	(114) (6,126) (6,240)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353 241,991 450,674
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees Deferred Revenue from Entrance Fees Long-Term Debt Debt Issue Deferred Cost, Net	1,109 776 1,795 3,679 412 50 2,799 29,585	767 774 - 73 1,614 178 113 - 833 - 228 5	1,511 756 - 375 2,642 194 231 - 415 - (304) 4,753	546 1,122 4,832 6,500 - 377 - 575 - 39,384 16,895	1,002 465 - 568 2,034 - 140 - 503 - 1,986 8,587 -	1,321 539 6,046 <b>7,906</b> - 213 30 - 32,259 5,098	930 612 - 225 1,767 - 486 - - 1,043 2,265 - - 5,561	4,905 893 -2,461 <b>8,260</b> -385 -7 -7,020 34,437	- - 148 21 - (93) <b>76</b> - - 1,827 - - 28	2,397 1,267 - 3,923 <b>7,587</b> - 454 - - - 23,725 62,992	2,525 908 1,830 5,263 - 353 - 9,025 65,683 -	1,048 543 1,045 2,635 - 98 - - 3,248 6,066	- 928 208 - 217 1,353 - 53 - 20 - (61) 5,597	9,171 1,681 24,535.17 8,291 6,646 1,886 52,211 1,269 1,961.56 8,694.05 9,065.29 4,933	(114) (6,126) (6,240) (2,033) (1,195)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353 241,991 450,674 (4,575)
Current Maturities - Long-Term Debt Current Operating Lease Liabilities Accounts Payable Accrued Payroll and Related Expenses Accrued Interest Other Accrued Expenses Total Current Liabilities  Asset Retirement Obligation Accrued Worker's Compensation ROU Operating Lease Liabilities Other Accrued Liabilities Liabilities for Payments to Trust Refundable Entrance Fees Long-Term Debt Debt Issue Deferred Cost, Net Total Liabilities  Without Donor Restriction	1,109 776 1,795 3,679 - 412 - 50 2,799 29,585 - 36,525	767 774 - 73 1,614 178 113 - 833 - 228 5	1,511 756 - 375 2,642 194 231 - 415 - (304) 4,753 - 7,932	546 1,122 4,832 6,500 - 377 575 - 39,384 16,895 - - 63,731	1,002 465 - 568 2,034 - 140 - 503 - 1,986 8,587 13,249	1,321 539 6,046 7,906 - 213 30 - 32,259 5,098 - 45,506		4,905 893 -2,461 <b>8,260</b> -385 -7 -7,020 34,437  50,109		2,397 1,267 - 3,923 7,587 - 454 - - - 23,725 62,992 - - 94,759	2,525 908 1,830 5,263 - 353 - 9,025 65,683 - 80,324	1,048 543 1,045 2,635 - 98 - - 3,248 6,066 - - 12,047	928 208 - 217 1,353 - 53 - 20 - (61) 5,597 - - 6,962	9,171 1,681 24,535,17 8,291 6,646 1,886 52,211 1,269 1,961,56 8,694.05 9,065,29 4,933 - 450,674 (4,575) 524,233	(114) (6,126) (6,240) (2,033) (1,195)	9,171 1,567 37,545 17,176 6,646 25,182 97,288 1,642 5,319 6,661 12,130 4,933 120,353 241,991 450,674 (4,575) 936,415

#### Front Porch Communities & Services Statement of Operations For the Fiscal Period Ending March 31, 2024

	Carlsbad By The Sea	Claremont Manor	Sunny View	Villa Gardens	Vista Del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	All Others	Elimination	Total
Resident and Patient Service Revenue	19,754	22,556	19,266	27,868	18,731	13,183	14,123	25,779	36	33,982	29,674	13,480	4,311	80,956	(200)	323,497
Amortization of Entrance Fees	4,300	2	835	2,525	1,298	1,089	531	5,461	-	9,878	12,887	1,376	1,255	-		41,438
Affordable Housing Fees and Rents	-	-	-	-	-	-	-	-	-	-	-	-	-	32,040		32,040
Other	1	2	2	4	1	3	2	3	-	7	11	9	2	3,831	(2,734)	1,144
Net Assets Released from Restrictions	-	-	-	-	-	-	-	-	-	-	-	-	-	3,808		3,808
Total Operating Revenues	24,055	22,564	20,201	30,397	20,047	14,286	14,706	31,255	36	43,917	42,631	14,916	5,618	120,233	(2,934)	401,927
EXPENSES																
Medical Services	4,937	7,253	6,076	8,176	2,277	1,765	3,640	6,381	-	8,918	5,806	7,181	926	17,669		81,004
Community Costs	2,646	2,345	1,868	2,411	2,246	1,870	1,302	2,740	522	5,376	4,321	1,194	600	18,564		48,004
Dietary Services	3,551	3,650	3.825	4,477	3,114	3.708	3.075	4,249	_	6.624	6.454	2.748	691	14,130	(200)	60,094
Residential Services	1,702	1,948	1,726	2,612	1,407	1,626	1,184	2,751	0	3,271	3,015	1,365	503	10,912	(/	34,023
Administrative Services	1,572	2,672	1,623	2,580	1,675	1,176	1,407	2,706	215	2,794	2,518	1,934	639	58,396		81,906
Program Expenses	-	_,	-	-,	-	-	-	-,:		-,	_,	-	-	4,929	(2,668)	2,261
Depreciation	3.882	3.427	2,823	4.040	3.029	4.162	2.419	6.412	22	8.583	7.958	902	989	29,283	(=,)	77,931
Amortization of Deferred Costs	3	21	1	3	1	40	_,	-,		-,	-		-	282		351
Interest Expense and Other Financing Costs	199	662	90	196	102	2,660	_	_	_	_	_	_	_	9,133		13,041
Other	1.975	1.824	1.567	2.296	1.415	1.218	1,138	2.303	130	3.861	2.998	1.319	403	(14,276)	(226)	7,945
Total Expenses	20,467	23,802	19,599	26,791	15,266	18,224	14,163	27,543	888	39,426	33,070	16,643	4,751	149,021	(3,094)	406,561
	3,588	(1,238)		3,606	4.781	(3,938)	542		(852)		9,561	(4.500)	867	(00 -0-)	100	(4,634)
Operating Income (Loss) Before Other Activities	3,588	(1,238)	602	3,606	4,781	(3,938)	542	3,712	(852)	4,492	9,561	(1,728)	867	(28,787)	160	(4,634)
OTHER OPERATING ACTIVITIES Amortization of Acquired Intangible Asset and Other	-	-	-	-	-	-	(307)	(2,197)	-	(3,274)	(3,372)	(1,123)	(662)	(30)		(10,964)
Total Other Operating Activities	0	0	0	0	0	0	(307)	(2,197)	0	(3,274)	(3,372)	(1,123)	(662)	(30)	0	(10,964)
Operating Income (Loss)	3,588	(1,238)	602	3,606	4,781	(3,938)	235	1,514	(852)	1,218	6,190	(2,850)	205	(28,817)	160	(15,598)
OTHER INCOME (EXPENSE)																
Investment Return, Net	0	0	0	0	0	0	0	0	0	0	0	0	0			71,237
Other Components of Net Benefit	0	0	0	0	0	0	-	0	0	0	-	0	0			998
Loss of Impairment of Pre-Development Costs	0	0	0	0	0	0	0	0	0	0	0	0	0	(4,800)		(4,800)
Total Other Income (Expense)	0	0	0	0	0	0	0	0	0	0	0	0	0	67,435	0	67,436
Excess (Deficiency) of Revenue Over Expense	3,588	(1,238)	602	3,606	4,781	(3,938)	235	1,514	(852)	1,218	6,190	(2,850)	205	38,618	160	51,838
Net Assets Released for Capital	0	0	0	0	0	0	0	0	0	0	0	0	0	160		160
Contribution From/To Affiliates	0	0	0	0	0	0	0	0	0	0	0	0	0	160	(160)	(0)
Change in Pension Benefit	0	0	Ö	0	0	0		Ō		0		0	Ö			1,783
Subtotal	0	0	0	0	0	0	0	0	0	0	0	0	0	1,943	(160)	1,783
a (Decrease) in Not Access Without Deney Destrictions	2 500	(4.200)	600	2 600	4.704	(2.020)	205	4.544	(950)	4 040	6 400	(2.050)	205	40.704		E2 704
e (Decrease) in Net Assets Without Donor Restrictions	3,588	(1,238)	602	3,606	4,781	(3,938)	235	1,514	(852)	1,218	6,190	(2,850)	205	40,721	0	53,781

#### FRONT PORCH AND AFFILIATES Consolidating Schedule – Statement of Cash Flow March 31, 2024

Cash Flow	Carlsbad by the Sea	Claremont Manor	Sunny View	Villa Gardens	Vista del Monte	Walnut Village	Canterbury Woods	St. Paul's Towers	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webster House	Friends House	Other	Consolidated
Cash received from residents	12,820	267	4,492	13,568	5,470	11,654	3,654	20,917	(67)	29,198	25,961	2,830	3,957	(0)	134,722
Proceeds from entrance fees received	5,683	-	70	7,944	3,962	2,259	-	11,272	-	11,108	11,973	617	703	-	55,591
Cash received from and on behalf of nonco	7,034	21,632	14,279	14,345	13,298	1,438	10,947	4,904	-	4,317	3,694	10,528	268	85,480	192,164
Refunds of entrance fees	(388)	-	(239)	(4,771)	(857)	(5,549)	(280)	(1,916)	-	(3,418)	(1,390)	(1,092)	(168)	-	(20,067)

## Part 5

## **Liquid Reserves**

Health and Safety Code Section 1792

#### FORM 5-1 LONG-TERM DEBT INCURRED IN A PRIOR FISCAL YEAR

(	(Inc	luding	Bal	loon	Deb	t)

		(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	\$1,025,000	\$4,283,800		\$5,308,800
2	09/09/22	\$1,125,000	\$6,942,575		\$8,067,575
3	09/09/22	\$6,410,000	\$1,964,338		\$8,374,338
4					\$0
5					\$0
6					\$0
7					\$0
8					\$0
9					\$0
10					\$0
11					\$0
		TOTAL:	\$13,190,713	\$0	\$21,750,713

(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)	\$21,750,713
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)	\$2,790,430
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	\$24,541,143

**PROVIDER:** Front Porch Communities & Services

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$20,467,346
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$199,364	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$3,881,903	
d.	Amortization	\$2,796	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$7,033,606	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$11,117,669
4	Net Operating Expenses		\$9,349,678
5	Divide Line 4 by 365 and enter the result		\$25,615.56
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$1,921,166.66

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$23,802,386
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$662,208	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
С.	Depreciation	\$3,426,797	
d.	Amortization	\$21,480	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$21,632,063	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$25,742,547
4	Net Operating Expenses		-\$1,940,161
5	Divide Line 4 by 365 and enter the result		-\$5,315.51
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		-\$398,663.22
	Front Porch Communities & Services 7: Claremont Manor		

of financial statements  of (see instructions)  as paid for long-term debt (see instructions)	\$89,509 0	\$19,599,125 —
, ,		
, ,		_
s paid for long-term debt (see instructions)	0	
	\$2,823,461	<u></u>
	\$1,092	
e fiscal year for services to persons who did ntract	\$14,278,530	
oved by the Department		
		\$17,192,592
		\$2,406,533
er the result		\$6,593
<b>Iter the result.</b> This is the provider's nount		\$494,493
֓֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	oved by the Department or the result  Iter the result. This is the provider's	e fiscal year for services to persons who did ntract  six and the provider of the result services to persons who did services to persons who d

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$26,790,897
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$195,761	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$4,040,358	
d.	Amortization	\$2,736	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$14,345,298	_
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$18,584,153
4	Net Operating Expenses		\$8,206,744
5	Divide Line 4 by 365 and enter the result		\$22,484
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$1,686,317
	operating expense reserve amount  Front Porch Communities & Services  : Villa Gardens		ψ1,000,01 <i>1</i>

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$15,266,438
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$102,254	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$3,028,814	
d.	Amortization	\$1,404	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$13,298,004	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$16,430,476
4	Net Operating Expenses		-\$1,164,038
5	Divide Line 4 by 365 and enter the result		-\$3,189
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		-\$239,186
	Front Porch Communities & Services  : Vista Del Monte		_

Liı	ne	Description	Amounts	TOTAL
1		Total operating expenses from financial statements		\$18,224,121
2		Deductions:		
	a.	Interest paid on long-term debt (see instructions)	\$2,659,722	
	b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
	C.	Depreciation	\$4,162,134	
	d.	Amortization	\$39,924	
	e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$1,437,859	
	f.	Extraordinary expenses approved by the Department		
3		Total Deductions		\$8,299,640
4		Net Operating Expenses		\$9,924,481
5		Divide Line 4 by 365 and enter the result		\$27,190
6		Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$2,039,277
		Front Porch Communities & Services : Walnut Village		

\$14,163,473
15
599
\$13,365,813
\$797,660
\$2,185
\$163,903

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$27,543,061
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$0	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$6,412,286	
d.	Amortization	0	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$4,903,788	_
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$11,316,074
4	Net Operating Expenses		\$16,226,987
5	Divide Line 4 by 365 and enter the result		\$44,457
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$3,334,312

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$888,274
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$0	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$21,582	
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		
3	Total Deductions		\$21,582
4	Net Operating Expenses		\$866,691
5	Divide Line 4 by 365 and enter the result		\$2,374
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$178,087

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$39,425,603
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$0	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$8,582,502	
d.	Amortization	0	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$4,317,037	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$12,899,540
4	Net Operating Expenses		\$26,526,064
5	Divide Line 4 by 365 and enter the result		\$72,674
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$5,450,561.04

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$33,069,588
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$0	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$7,958,157	
d.	Amortization	0	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$3,693,820	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$11,651,977
4	Net Operating Expenses		\$21,417,611
5	Divide Line 4 by 365 and enter the result		\$58,678
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$4,400,879
	Front Porch Communities & Services : San Francisco Towers		

Line	Description	Amounts	TOTAL
1	Total operating expenses from financial statements		\$16,643,458
2	Deductions:		
a.	Interest paid on long-term debt (see instructions)	\$0	
b.	Credit enhancement premiums paid for long-term debt (see instructions)	0	
C.	Depreciation	\$901,799	
d.	Amortization	0	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$10,528,476	
f.	Extraordinary expenses approved by the Department		
3	Total Deductions		\$11,430,275
4	Net Operating Expenses		\$5,213,183
5	Divide Line 4 by 365 and enter the result		\$14,283
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount		\$1,071,202

ounts	TOTAL
	\$4,750,580
<b>3</b>	
	\$1,256,997
_	\$3,493,583
	\$9,571
	\$717,860

#### **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	-	-	-	-	-	-	-
Mean number of continuing care residents	196.5	2.0	53.0	185.0	81.0	169.5	45.0
Cash Per Capita		<u>-</u>	<u>-</u>	-	-		-
	St Paul's Tower	Los Gatos Meadows	Spring Lake Village	San Francisco	Webster House	Friends House	
Total operating expenses from financial statements	-	-	-	-	-	-	
Mean number of continuing care residents	239.0	3.5	404.5	299.5	31.0	74.5	
Cash Per Capita		-	-	-	-	-	- -

#### FORM 5-5 ANNUAL RESERVE CERTIFICATION

Provider Name: Fiscal Year Ended:	Front Porch Communities & Services March 31, 2024			
We have reviewed ou the period ended	r debt service reserve and operating expense re March 31, 2024	eserve requirements as of, and and are in compliance with th		uirements.
Our liquid reserve require as follows:	quirements, computed using the audited financ	ial statements for the fiscal year	r	
[1]	Debt Service Reserve Amount	<u>Amount</u> \$24,54	1,143	
[2]	Operating Expense Reserve Amount	\$21,45	8,058	
[3]	<b>Total Liquid Reserve Amount:</b>	\$45,99	9,201	
Qualifying assets suff	icient to fulfill the above requirements are hele			
		A (market value	mount at end	
	<b>Qualifying Asset Description</b>	<b>Debt Service Reserve</b>		<b>Operating Reserve</b>
[4]	Cash and Cash Equivalents	\$9,252,886		\$75,165,323
[5]	Investment Securities			\$12,641,412
[6]	Equity Securities			\$345,694,710
[7]	Unused/Available Lines of Credit			
[8]	Unused/Available Letters of Credit			
[9]	Debt Service Reserve	\$15,288,257		(not applicable)
[10]	Other:			
	(describe qualifying asset)	İ		
	, , ,			
	Total Amount of Qualifying Assets Listed for Reserve Obligation: [11]	\$24,541,143	[12]	\$433,501,445
	Reserve Obligation Amount: [13]	\$24,541,143	[14]	\$21,458,058
C: con a truma.	Surplus/(Deficiency): [15]	\$0	[16]	\$412,043,387
Signature:	, , /			
5/h 7. s			D-4 /	7/20/2024
(Authorized Represent	atative)	-	Date: _	7/29/2024
CFO				
(Title)		_		

### Part 6

# **Continuing Care Retirement Community Disclosure Statement**

Health and Safety Code Section 1789.1

## CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

	Date Prepared: 6/20/24					
Facility Name: Carlsba	d By The Sea				,	
Address: 2855 Carlsbad		de:92008		Phor	ne:(760) 720-4580	
Provider Name:	<u> </u>	<u> </u>				,
Front Porch Communit	ies and Services					
Facility Operator: Paul	a Digerness					
Religious Affiliation:						
Year Opened: 1998 #	f of Acres: 3.8	Miles to	Shopping Ce	enter:	1 Miles	s to Hospital:5
☐ Single Story ☐	<b>₫</b> Multi-Story	<b>山</b> Othe	r:			·
Number of Units:					,	
<b>Residential Living</b>	<b>Number of Units</b>		<b>Health Care</b>		<b>Number of Units</b>	
Apartments – Studio:	15		Assisted Living:		RES can be AL	
Apartments – 1 Bdrm:	77		Skilled Nursing: 3		33	
Apartments – 2 Bdrm:	65		Special Care:		0	
Cottages/Houses:	0		Description:			
RLU Occupancy (%) at	Year End: 98.69°	%				
Type of Ownership:	ip: ☑ Not for Profit ☐ For Profit		Accredited? ☐ \ ☑ \			Ву:
	☑ Continuing Car ☐ Assignment of		☐ Life Care☐ Equity		trance Fee embership	☑ Fee for Service ☑ Rental
Refund Provisions: (Check all that apply)	☑ Refundable ☑ Repayable		<b>2</b> 90% <b>□</b> 75%	<b>2</b> 50 <b>2</b> Otl	% her: Fully An	nortized
Range of Entrance Fees: \$119,000 - \$799,000						
Long-Term Care Insurance Required? ☐ Yes ☑ No						
Health Care Benefits Included in Contract:No						
Entry Requirements:	Min Age: 60	Prior	Profession: N	0	Othe	er: <u>None</u>
Resident Representa	tive(s) to, and Reprovider's compl			•	Board:	
Directors is accomplis	•			,	nt director. a	nd one resident

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representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		Z	Housekeeping ( <u>4</u> Times/	∡	
Billiard Room			Month at \$each)		
Bowling Green			Meals ( <u>1_</u> /Day)	Z	
Card Rooms	✓		Special Diets Available	<b>2</b>	
Chapel	⊿		opeolar 2.010 / Wallasto	_	_
Coffee Shop	<b>2</b>		24-Hour Emergency Response	Ø	Ш
Craft Rooms	<b>∠</b>		Activities Program	<b>∑</b>	
Exercise Room	∡		All Utilities Except Phone	<b>4</b>	
Golf Course Access			Apartment Maintenance	<b>₹</b>	
Library	<b>∠</b>		Cable TV	_	
Putting Green				<b>∠</b>	_
Shuffleboard			Linens Furnished		U
Spa	<b>✓</b>		Linens Laundered	_	<b>1</b>
Swimming Pool –			Medication Management		∡
Indoor			Nursing/Wellness Clinic	<b>∠</b>	u
Swimming Pool –	Z		Personal Home Care		<b>∡</b>
Outdoor	_	_	Transportation – Personal	<b>✓</b>	
Tennis Court	u	u	Transportation – Prearranged	<b>∡</b>	Ц
Workshop	<b>∡</b>		Other: Wi-Fi	$\square$	
Other: Pers. Trainer		∡			

Affiliated 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 facili	ty is a life care, facility			

Provider Name: Front Porch Communities and Services					
Income and Expenses [Year]	2021	2022	2023	2024	
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725	
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235	
Net Income From Operations	147,840	70,770	1,555	116,490	
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)	
Plus Contributions	0	0	0	0	
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)	
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625	
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523	

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

## Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,370	4.9	\$4,610	3.9	\$4,864	5.5	\$5,326	9.5
One Bedroom	\$5,051	4.9	\$5,248	3.9	\$5,537	5.5	\$6,063	9.5
Two Bedroom	\$6,561	4.9	\$6,817	3.9	\$7,192	5.5	\$7,875	9.5
Cottage/House								
Skilled Living	\$490/Da	4.9	\$510/Da	3.9	\$537/Da	5.5	\$588/Da	9.5
Special Care								

#### **Comments from Provider:**

IL second person monthly fee is \$1,680

### **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 and
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 Prepare	ed: 6/20/24
Facility Name: Clarem	ont Manor					
Address: 650 W. Harrison	Blvd, Claremont, CA	Zip Cod	de:91711		Phor	ne:(909) 626-1227
Provider Name:		<u> </u>			L	,
Front Porch Communit	ies and Services					
Facility Operator: Rob	ert Barton					
Religious Affiliation:						
	# of Acres: 15	Miles to	Shopping Ce	enter: :	3/4 Miles	s to Hospital:4
☑ Single Story	<b>⊿</b> Multi-Story	<b>⊔</b> Othe			,	·
Number of Units:	·				,	
Residential Living	Number of U	Jnits	Health C	are	Nur	mber of Units
Apartments – Studio:	23		Assisted L	_iving:	RES can al	I be AL
Apartments – 1 Bdrm:	106		- Skilled Nu	rsing:	59	
Apartments – 2 Bdrm:	29		Special Ca	are:	17 Memory	Care
Cottages/Houses:	68		Description:		Hospice	
RLU Occupancy (%) at	Year End: 88%					
Type of Ownership:	☑ Not for Profit ☐ For Profit		Ac	credit	ted? □ Yes l <b>☑</b> No	Ву:
Form of Contact: (Check all that apply)	☐ Continuing Cal ☐ Assignment of				trance Fee embership	✓ Fee for Service ✓ Rental
Refund Provisions: (Check all that apply)	⊔ Refundable □ Repayable		<b>→</b> 90% <b>→</b> 75%	<b>□</b> 50'		
Range of Entrance Fo	<b>ees:</b> \$ <u>n/a</u>		\$ <u>n/a</u>			
Long-Term Care Insu	rance Required	? □ Ye	es 🗷 No			
Health Care Benefits	Included in Con	tract: <u>No</u>	)			
Entry Requirements:	Min Age: 65	Prior	Profession: N	0	Othe	er:
Resident Representa	ative(s) to, and Reprovider's compl				Board:	
Directors is accomplis	shed through the s	seating o	of one voting r	esider	nt director, a	nd one resident

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representative elected from each of the 10 FP communities who serve on the Board without vote

## **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<b>∠</b>	<b>∠</b>	Housekeeping ( <u>2</u> Times/	∡	∡
Billiard Room	✓	L	Month at \$each)		
Bowling Green			Meals ( <u>3_</u> /Day)	A	<b>2</b>
Card Rooms	✓		Special Diets Available	<u> </u>	
Chapel	✓			_	_
Coffee Shop	<b>∠</b>		24-Hour Emergency Response	Ø	
Craft Rooms	∡		Activities Program	<b>V</b>	<u>_</u>
Exercise Room	Z		<u> </u>	_	
Golf Course Access			All Utilities Except Phone		_
Library	<b>∠</b>		Apartment Maintenance	∡.	
Putting Green	<b>∠</b>		Cable TV		<b>4</b>
Shuffleboard	<b>∠</b>		Linens Furnished	<b>2</b>	<u>u</u>
Spa	<b>∠</b>		Linens Laundered	<b>Z</b>	
Swimming Pool –			Medication Management		∡
Indoor			Nursing/Wellness Clinic	∡	₹
Swimming Pool –	<b>∠</b>		Personal Home Care	J	∡
Outdoor			Transportation – Personal	∡	<b>∡</b>
Tennis Court	u		Transportation – Prearranged	<b>_</b>	<b>1</b>
Workshop	<b>∠</b>		Other:		
Other: Pers. Trainer	<b>4</b>	<b>∡</b>			

Affiliated 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 facili	 ty is a life care facility.			

Income and Expenses [Year]	2021	2022	2023	2024
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235
Net Income From Operations	147,840	70,770	1,555	116,490
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)
Plus Contributions	0	0	0	0
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523

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Decarintian of Secured Debt	/00 0t m00	t rocont tional	1/005	$\alpha \alpha \alpha 1$
Describition of Secured Debt				

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period
CSCDA	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

**Historical Monthly Service Fees** (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,620	4.9	\$4,840	3.9	\$5,106	5.5	\$5,591	9.5
One Bedroom	\$5,495	4.9	\$5,540	3.9	\$5,845	5.5	\$6,400	9.5
Two Bedroom	\$6,165	4.9	\$7,210	3.9	\$7,607	5.5	\$8,330	9.5
Cottage/House	\$5,050	4.9	\$5,507	3.9	\$5,810	5.5	\$6,362	9.5
Skilled Living	416/day	4.9	433/day	3.9	456/day	5.5	499/day	9.5
Special Care	\$7,678	4.9	\$7,977	3.9	\$8,416	5.5	\$9,216	9.5

### **Comments from Provider:**

IL second person monthly fee is \$1,685.00. AL second person monthly fee is \$1,885.00.

#### **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 and
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: 6/20/24
Facility Name: Sunny View Retirement Community
Address: 22445 Cupertino Road, Cupertino, CA Zip Code:95014 Phone:(408) 454-5600
Provider Name:
Front Porch Communities and Services
Facility Operator: Ryan Golze
Religious Affiliation: Lutheran
Year Opened: 1963 # of Acres: 12 Miles to Shopping Center: 15 Miles to Hospital: 3.6
☑ Single Story ☑ Multi-Story ☐ Other:
Number of Units:
Residential Living Number of Units Health Care Number of Units
Apartments – Studio: 43 Assisted Living: Res is also AL
Apartments – 1 Bdrm: 37 Skilled Nursing: 48
Apartments – 2 Bdrm: 16 Special Care: 23
Cottages/Houses: Description: Summer House is Memory Care
RLU Occupancy (%) at Year End: 97%  Type of Ownership: ☑ Not for Profit ☐ For Profit ☑ No
Form of Contact:
Refund Provisions:☑ Refundable☐ 90%☐ 50%(Check all that apply)☐ Repayable☐ 75%☑ Other: Fully Amortized
Range of Entrance Fees: \$129,570 - \$409,845
Long-Term Care Insurance Required? ☐ Yes ☑ No
Health Care Benefits Included in Contract:No
Entry Requirements: Min Age: 62 Prior Profession: n/a Other:
Resident Representative(s) to, and Resident Members 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

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representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	Z	Z	Housekeeping ( <u>4</u> Times/	∡	<b>1</b>
Billiard Room	U	L	Month at \$each)		
Bowling Green	<b>4</b>		Meals ( <u>3_</u> /Day)	Z	
Card Rooms	Z		Special Diets Available	<b>Z</b>	
Chapel	✓		opeolar 2.010 / Wallasio	_	_
Coffee Shop	$\square$		24-Hour Emergency Response	Ø	
Craft Rooms	Z		Activities Program	<b>₹</b>	
Exercise Room	∡		All Utilities Except Phone	<u>v</u>	
Golf Course Access	<b>\( \lambda \)</b>	<b>\( \lambda \)</b>	•		
Library	✓		Apartment Maintenance Cable TV	<b>∠</b>	
Putting Green	⊿	⊿		<b>2</b>	_
Shuffleboard			Linens Furnished	<u> </u>	
Spa	<b>∠</b>	<b>∠</b>	Linens Laundered	<b>2</b>	Ø
Swimming Pool –	∡	$\square$	Medication Management		4
Indoor			Nursing/Wellness Clinic	J	<b>1</b>
Swimming Pool –	✓	Z	Personal Home Care	J	<b>∡</b>
Outdoor			Transportation – Personal	∡	<b>∡</b>
Tennis Court	Ø	Z	Transportation – Prearranged	<b>∡</b>	₹
Workshop			Other: WiFi	<b>\lambda</b>	
Other: Pers Trainer	<b>4</b>	∡			

Affiliated CCRCs	Location (city, state)	Phone (with area code)
See Attachment 1		
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	-	-
	-	
	•	•
		-
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 facili	ty is a life care facility.	

Provider Name: Front Porch Communities and Services							
Income and Expenses [Year]	2021	2022	2023	2024			
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725			
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235			
Net Income From Operations	147,840	70,770	1,555	116,490			
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)			
Plus Contributions	0	0	0	0			
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)			
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625			
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523			

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

**Historical Monthly Service Fees** (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,477	4.9	\$4,652	3.9	\$4,908	5.5	\$5,374	9.5
One Bedroom	\$6,843	4.9	\$7,109	3.9	\$7,501	5.5	\$8,214	9.5
Two Bedroom	\$6,231	4.9	\$6,474	3.9	\$6,830	5.5	\$7,479	9.5
Cottage/House								
Skilled Living	563/day	4.9	591/day	3.9	623/day	5.5	682/day	9.5
Special Care	\$9,643	4.9	\$10,020	3.9	\$10,571	5.5	\$11,575	9.5

### **Comments from Provider:**

IL second person monthly fee is \$1,265.

#### **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 and
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.

Date Prepared: 6/20/24

# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Facility Name: Villa G	ardens				,	
Address: 842 E. Villa St, Pasadena, CA Zip Code:91101 Phone:(626) 463-5300						
Provider Name:						
Front Porch Communities and Services						
Facility Operator: Sha	un Rushforth					
Religious Affiliation: N						
		/liles to	Shopping Ce	enter: 1	Miles 1	to Hospital:2
☑ Single Story	☑ Multi-Story	Other:				
Number of Units:					,	
<b>Residential Living</b>	Number of Ur	nits	Health Ca	are	Numl	per of Units
Apartments – Studio:	18		Assisted L	.iving:	RES can be	AL
Apartments – 1 Bdrm:	83		Skilled Nu	rsing:	#of beds 54	
Apartments – 2 Bdrm:	92		Special Ca	are:	19	
Cottages/Houses:	2		Description	n:	Memory Care	<del>)</del>
RLU Occupancy (%) a			Λ.	o vo dit	ind2□Voc.Po	
Type of Ownership:	✓ Not for Profit ✓ For Profit		AC	crean	t <b>ed? □</b> Yes By <b>☑</b> No	<b>/</b> .
Form of Contact: (Check all that apply)	<ul><li>Continuing Care</li><li>Assignment of A</li></ul>		⊒ Life Care ⊒ Equity			<b>2</b> Fee for Service <b>2</b> Rental
<b>Refund Provisions:</b> (Check all that apply)	<ul><li>☑ Refundable</li><li>☑ Repayable</li></ul>		<b>2</b> 90% <b>□</b> 75%	<b>」</b> 50 <b>☑</b> Ot	% ner: Fully Amo	ortized
Range of Entrance Fees: \$239,000 - \$1,000,000.00						
Long-Term Care Insurance Required? ☐ Yes ☑ No						
Health Care Benefits Included in Contract:No						
Entry Requirements	: Min Age: <u>60</u>	_Prior F	Profession: <u>n/</u>	<u>′a</u>	Other:	:
Resident Representative(s) to, and Resident Members on, the Board:  (briefly describe provider's compliance and residents' roles):						
Directors is accomplis	shed through the se	ating of	one voting re	esider	it director, and	d one resident

LIC 9273 (5/22) Page 1 of 5

representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	Z	Z	Housekeeping ( <u>4</u> Times/	∡	
Billiard Room	u		Month at \$each)		
Bowling Green			Meals ( <u>1_</u> /Day)	Z	<b>4</b>
Card Rooms	✓		Special Diets Available	<b>2</b>	
Chapel	⊿		opeolar 2.010 / Wallasio	_	_
Coffee Shop	Ø	Ø	24-Hour Emergency Response	Ø	
Craft Rooms			Activities Program	<b>₹</b>	
Exercise Room	∡		All Utilities Except Phone	<u>v</u>	
Golf Course Access			•		
Library	<b>∠</b>		Apartment Maintenance	∡.	
Putting Green	<b>∡</b>		Cable TV		<b>∡</b>
Shuffleboard			Linens Furnished	<b>⊿</b>	U
Spa	∡		Linens Laundered	lacksquare	<b>I</b>
Swimming Pool –			Medication Management		<b>√</b>
Indoor			Nursing/Wellness Clinic	<b>∠</b>	
Swimming Pool –	<b>∠</b>		Personal Home Care		∡
Outdoor			Transportation – Personal	<b>∡</b>	✓
Tennis Court	u	u	Transportation – Prearranged	<b>∡</b>	∡
Workshop			Other: WiFi	<b>~</b>	
Other: Pers.Trainer					

Affiliated CCRCs	Location (city, state)	Phone (with area code)
See Attachment 1		
	-	-
		-
	-	-
Multi-Level Retirement		
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Casa de Manana	La Jolla, CA	(858) 454-2151
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NOTE: Please indicate if the facilit	ty is a life care facility.	

Provider Name: Front Porch Communities and Services								
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Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725				
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Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)				
Plus Contributions	0	0	0	0				
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)				
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CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
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Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

## **Historical Monthly Service Fees** (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$5,260	4.9	\$5,465	3.9	\$5,765	5.5	\$6,313	9.5
One Bedroom	\$4,703	4.9	\$4,886	3.9	\$5,155	5.5	\$5,645	9.5
Two Bedroom	\$5,376	4.9	\$5,586	3.9	\$5,893	5.5	\$6,453	9.5
Cottage/House	\$6,974	4.9	\$7,246	3.9	\$7,644	5.5	\$8,370	9.5
Skilled Living	420/day	4.9	460/day	3.9	485/day	5.5	531/day	9.5
Special Care	\$9,048	4.9	\$9,400	3.9	\$9,918	5.5	\$10,860	9.5

#### **Comments from Provider:**

IL second person monthly fee is \$903.

### **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 and
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 Prepare	ed: 6/20/24
Facility Name: Vista de	 el Monte					
Address: 3775 Modoc Roa	ad, Santa Barbara, CA	Zip Cod	de:93105		Phor	ne:(805) 687-0793
Provider Name:						•
Front Porch Communit	ties and Services					
Facility Operator: Doug	a Tucker					
Religious Affiliation: N	<u> </u>				,	
	# of Acres: 9.5	Miles to	Shopping Ce	enter: 3	3 Miles	s to Hospital:5
☑ Single Story	☑ Multi-Story	☐ Othe	r:			·
Number of Units:						
Residential Living	Number of U	Jnits	Health C	are	Nur	nber of Units
Apartments – Studio:	30		Assisted L	_iving:	0	
Apartments – 1 Bdrm:	103		Skilled Nu	rsing:	0	
Apartments – 2 Bdrm:	35		Special Ca	are:	24	
Cottages/Houses:	0		_ Descriptio	n:	Memory Ca	are
<b>5</b> 1116						
RLU Occupancy (%) at	Year End: 93.8%	•				
Type of Ownership:	✓ Not for Profit		Ac	credit	ted? □ Yes l	By:
	☐ For Profit				No	Ž
Form of Contact:	Continuing Car	re	☐ Life Care	<b>☑</b> En	trance Fee	Fee for Service
(Check all that apply)	☐ Assignment of	Assets	→ Equity	<b>□</b> Me	embership	Rental
Refund Provisions:	Refundable		<b>2</b> 90%	<b>_</b> 50	%	
(Check all that apply)	Repayable		<b>□</b> 75%	Otl	her: Fully An	nortized
Range of Entrance F	ees: \$ <u>\$114,000</u>		- \$ <u>\$714,0</u>	000		
Long-Term Care Insu	ırance Required?	? □ Ye	s 🗷 No			
Health Care Benefits	Included in Con	tract: <u>No</u>	)			
Entry Requirements:	Min Age: 60	Prior	Profession: <u>n/</u>	/a	Othe	er:
Resident Representa	ative(s) to, and R	esident	Members on	, the E	Board:	
(briefly describe	e provider's compl	liance ar	nd residents' r	oles):		
Directors is accomplis	shed through the s	eating o	f one voting r	esider	nt director. a	nd one resident

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representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	<b>∠</b>	Z	Housekeeping ( <u>2</u> Times/	<b>∡</b>	
Billiard Room	u	L	Month at \$each)		
Bowling Green			Meals ( <u>1</u> /Day)	Z	
Card Rooms	✓		Special Diets Available	<u>.                                    </u>	
Chapel			opedial Biolo , (valiable	_	_
Coffee Shop			24-Hour Emergency Response	-	
Craft Rooms	Z			Ø	
Exercise Room	Z	L	Activities Program	Z	
Golf Course Access			All Utilities Except Phone	Z	
Library	<b>∠</b>		Apartment Maintenance	<b>∡</b>	<b>□</b>
Putting Green			Cable TV		<b>∡</b>
Shuffleboard			Linens Furnished	<b>.</b> ⊿	<b>U</b>
Spa	<b>∡</b>		Linens Laundered	<b>2</b>	
Swimming Pool –	<b>4</b>		Medication Management		<b>1</b>
Indoor			Nursing/Wellness Clinic	£	<b>1</b>
Swimming Pool –			Personal Home Care	J	<b></b> ✓
Outdoor			Transportation – Personal	∡	✓
Tennis Court			Transportation – Prearranged	<b>∡</b>	<b>∡</b>
Workshop	<b>∠</b>		Other: WiFi	<b>\lambda</b>	
Other: Pers.Trainer	∡	∡			

Affiliated 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 facilit	ty is a life care facility.	

Provider Name: Front Porch Communities and Services								
Income and Expenses [Year]	2021	2022	2023	2024				
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725				
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235				
Net Income From Operations	147,840	70,770	1,555	116,490				
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)				
Plus Contributions	0	0	0	0				
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)				
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625				
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523				

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

## Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$6319	4.9	\$6,667	3.9	\$7,034	5.5	\$7,702	9.5
One Bedroom	\$7,958	4.9	\$8,396	3.9	\$8,858	5.5	\$9,700	9.5
Two Bedroom	\$9,887	4.9	\$10,431	3.9	\$11,005	5.5	\$12,050	9.5
Cottage/House								
Skilled Living								
Special Care	\$10,601	4.9	\$10,923	3.9	\$11,524	5.5	\$12,619	9.5

#### **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 and
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: 6/20/24
Facility Name: Walnut	Village		
Address: 891 S. Waln	ut Street, Anaheim, CA	Zip Code:92802	Phone:(714) 776-7150
Provider Name:			· · · · · ·
Front Porch Communit	ties and Services		
Facility Operator: Deb	bie Infield		
Religious Affiliation:	,		
Year Opened: 1938	# of Acres: 10.3 Miles	to Shopping Center:	3 Miles to Hospital:2
☑ Single Story	<b>2</b> Multi-Story ☐ Oth	er:	
Number of Units:			
<b>Residential Living</b>	<b>Number of Units</b>	<b>Health Care</b>	Number of Units
Apartments – Studio:	3	Assisted Living:	n/a
Apartments – 1 Bdrm:	49	— Skilled Nursing:	n/a
Apartments – 2 Bdrm:	95	 Special Care:	n/a
Cottages/Houses:	9	Description:	n/a
RLU Occupancy (%) at	: Year End: 83.33%		
Type of Ownership:	☑ Not for Profit ☐ For Profit	Accredi	i <b>ted?</b> □ Yes By: ☑ No
Form of Contact: (Check all that apply)	<ul><li>☑ Continuing Care</li><li>☐ Assignment of Assets</li></ul>		ntrance Fee 🛮 Fee for Service embership 🗗 Rental
Refund Provisions: (Check all that apply)	<ul><li>☑ Refundable</li><li>☑ Repayable</li></ul>	<b>2</b> 90% <b>2</b> 50 <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t <b>2</b> 0t	0% ther: Fully Amortized
Range of Entrance F	ees: \$ <u>138,442</u>	- \$_620,900	
Long-Term Care Insu	ırance Required?   ⊔ \	∕es <b>☑</b> No	
Health Care Benefits	Included in Contract:	No	
Entry Requirements:	Min Age: 60 Prio	r Profession: <u>n/a</u>	Other:
•	ative(s) to, and Resider e provider's compliance	•	
,	•	•	nt director, and one resident

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representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop	Z	Z	Housekeeping ( <u>4</u> Times/	∡	
Billiard Room		L	Month at \$each)		
Bowling Green			Meals ( <u>1_</u> /Day)	Z	<b>A</b>
Card Rooms	✓		Special Diets Available	<u>.                                    </u>	
Chapel	✓		opeolar 2.010 / Wallasio	_	_
Coffee Shop	$\blacksquare$		24-Hour Emergency Response	-	
Craft Rooms	<b>∠</b>			Z	
Exercise Room	∡		Activities Program	Z	<b>2</b>
Golf Course Access			All Utilities Except Phone		
Library	<b>∠</b>		Apartment Maintenance	Z	
Putting Green	<b>4</b>		Cable TV	<b>Z</b>	<u> </u>
Shuffleboard			Linens Furnished	J	U
Spa	✓		Linens Laundered	Ø	<b>3</b>
Swimming Pool –	<b>4</b>		Medication Management	<b>A</b>	<b>1</b>
Indoor			Nursing/Wellness Clinic	£	<b>1</b>
Swimming Pool –			Personal Home Care	J	<b></b> ✓
Outdoor			Transportation – Personal	J	<b>∡</b>
Tennis Court	u		Transportation – Prearranged	_	<b>∡</b>
Workshop	<b>∠</b>		Other: WiFi	<b>\lambda</b>	
Other: SD Gift Shop	∡	∡			

Affiliated 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)	
Odbaidized Ocilioi Hodaliig	Location (oity, state)		
	-		
NOTE: Please indicate if the facili			

Provider Name: Front Porch Communitie	es and Servic	es		
Income and Expenses [Year]	2021	2022	2023	2024
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235
Net Income From Operations	147,840	70,770	1,555	116,490
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)
Plus Contributions	0	0	0	0
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

## **Historical Monthly Service Fees** (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$3,790	4.9	\$3,940	3.9	\$4,157	5.5	\$4,552	9.5
One Bedroom	\$4,795	4.9	\$4,982	3.9	\$5,256	5.5	\$5,755	9.5
Two Bedroom	\$6,085	4.9	\$6,322	3.9	\$6,670	5.5	\$7,304	9.5
Cottage/House	\$6,798	4.9	\$7,063	3.9	\$7,451	5.5	\$8,159	9.5
Skilled Living	459/day	4.9						
Special Care	\$8,890	4.9	9,237	3.9	9,745	5.5	10.670	9.5

### **Comments from Provider:**

IL second person monthly fee is \$2,006.

### **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 and
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.

Date Prepared: 6/20/24

# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Facility Name: CANTERBURY WOODS Address: 651 SINEX AVE... Zip Code:93950 Phone: (831) 373-3111 PACIFIC GROVE, CA **Provider Name:** Front Porch Communities and Services Facility Operator: Elvyra Abare Religious Affiliation: Historically Episcopalian Year Opened: 1965 # of Acres: 7 Miles to Shopping Center: .07 Miles to Hospital:3.5 ✓ Single Story ✓ Multi-Story □ Other: **Number of Units: Number of Units Health Care Number of Units** Residential Living Assisted Living: 29 Apartments – Studio: 27 Apartments – 1 Bdrm: 39 Skilled Nursing: 24 Apartments – 2 Bdrm: 31 Special Care: 13 Cottages/Houses: Description: RLU Occupancy (%) at Year End: 83.08% **Type of Ownership: 2** Not for Profit **Accredited?** □ Yes By: ☐ For Profit No Form of Contact: □ Continuing Care ☑ Life Care ☐ Entrance Fee ☑ Fee for Service (Check all that apply) ☐ Assignment of Assets ☐ Equity Membership Rental **90% Refund Provisions:** 

Refundable □ 50% □ 75% Other: Fully Amortized (Check all that apply) ☐ Repayable Range of Entrance Fees: \$n/a - \$n/a **☑** No Health Care Benefits Included in Contract: Historic LifeCare Contract benefits are included **Entry Requirements:** Min Age: 60 Prior Profession: No Other: Resident Representative(s) to, and Resident Members 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

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representative elected from each of the 10 FP communities who serve on the Board without vote

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		$\square$	Housekeeping ( <u>4</u> Times/		
Billiard Room			Month at \$each)		
Bowling Green			Meals ( <u>3_</u> /Day)		
Card Rooms	<b>∡</b>		Special Diets Available	Z	
Chapel	<b>2</b>		Special Biolo , Wallable	_	_
Coffee Shop			24-Hour Emergency Response	-	
Craft Rooms	<b>∡</b>			Z	
Exercise Room			Activities Program	<b>∠</b>	
Golf Course Access			All Utilities Except Phone	$\blacksquare$	
Library	<b>∡</b>		Apartment Maintenance	$\blacksquare$	
Putting Green			Cable TV		<b>∡</b>
Shuffleboard			Linens Furnished	∡	
Spa			Linens Laundered	$\blacksquare$	
Swimming Pool –			Medication Management	∡	◢
Indoor			Nursing/Wellness Clinic	$\mathbf{Z}$	<b></b>
Swimming Pool –			Personal Home Care	<b>≰</b>	<b></b>
Outdoor			Transportation – Personal		<b>1</b>
Tennis Court			Transportation – Prearranged	∡	
Workshop	<b>∠</b>		Other: Wifi	<b>_</b>	
Other: Parking		<b>2</b>			

Affiliated 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 facili	ty is a life care, facility	

Provider Name: Front Porch Communities and Services							
Income and Expenses [Year]	2021	2022	2023	2024			
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725			
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235			
Net Income From Operations	147,840	70,770	1,555	116,490			
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)			
Plus Contributions	0	0	0	0			
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)			
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625			
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523			

**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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

## Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$5,063	5.00	\$5,329	5.25	\$5,622	5.5	\$6,156	9.5
One Bedroom	\$6,523	5.00	\$6,865	5.25	\$7,243	5.5	\$7,931	9.5
Two Bedroom	\$8,109	5.00	\$8,535	5.25	\$9,004	5.5	\$9,859	9.5
Cottage/House	\$8,380	5.00	\$8,820	5.25	\$9,305	5.5	\$10,189	9.5
Assisted Living	\$5,724	5.00	\$6,025	5.25	\$6,356	5.5	\$6,960	9.5
Skilled Living	\$5,230	5.00	\$5,505	5.25	\$5,808	5.5	\$6,360	9.5
Special Care								

#### **Comments from Provider:**

IL second person monthly fee is \$1,769.00.

#### **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 and
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: 6/20/24							
Facility Name: St. Pau	l's Towers									
Address: 100 Bay Place, Oakland, CA		Zip Code:94610			Ph	one:(510) 835-4700				
Provider Name:				•						
Front Porch Communit	ties and Services									
Facility Operator: Connie Yuen										
Religious Affiliation: Historically Episcopalian										
Year Opened: 1966	# of Acres: 1.5	Shopping Ce	enter: .	1 Mil	es to Hospital:1					
☐ Single Story	☑ Multi-Story	□ Other								
Number of Units:										
Residential Living	Number of U	Jnits	<b>Health Care</b>		Nι	<b>Number of Units</b>				
Apartments – Studio:	31		Assisted L	iving:	21					
Apartments – 1 Bdrm:	87		Skilled Nu	rsing:	43					
Apartments – 2 Bdrm:	74		Special Care: 12		12					
Cottages/Houses:			Description	Description: Memo		Care				
RLU Occupancy (%) at  Type of Ownership:	Accredited? □ Yes By: ☑ No									
Form of Contact: (Check all that apply)	<ul><li>☑ Continuing Car</li><li>☑ Assignment of</li></ul>		☑ Life Care ☑ Equity		trance Fee mbership	<ul><li> ☑ Fee for Service</li><li> ☐ Rental</li></ul>				
Refund Provisions: (Check all that apply)	<ul><li>☑ Refundable</li><li>☑ Repayable</li></ul>		□ 90% ☑ 75%	□ 50°						
<b>Range of Entrance Fees:</b> \$53,903 - \$2,913,919										
Long-Term Care Insurance Required? ☐ Yes ☑ No										
Health Care Benefits Included in Contract: Life Care; included. Continuing Care; fee for service										
Entry Requirements: Min Age: 62 Prior Profession: n/a Other:										
Resident Representative(s) to, and Resident Members on, the Board: (briefly describe provider's compliance and residents' roles):										
Directors is accomplis	shed through the s	eating o	f one voting re	esiden	t director,	and one resident				
representative elected from each of the 10 FP communities who serve on the Board without vote										

### **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		Z	Housekeeping ( <u>4</u> Times/		
Billiard Room			Month at \$each)		
Bowling Green			Meals ( <u>1_</u> /Day)	∡	Ø
Card Rooms	<b>∡</b>		Special Diets Available	Z	
Chapel				_	_
Coffee Shop	Ø		24-Hour Emergency Response	•	
Craft Rooms	<b>∡</b>		Activities Program	<b>⊻</b>	
Exercise Room	∡		•		_
Golf Course Access			All Utilities Except Phone	Z	
Library	<b>∡</b>		Apartment Maintenance	<b>2</b>	
Putting Green			Cable TV	$\blacksquare$	
Shuffleboard			Linens Furnished	∡	
Spa			Linens Laundered	$\blacksquare$	
Swimming Pool –			Medication Management	∡	◢
Indoor			Nursing/Wellness Clinic	$\blacksquare$	<b>∡</b>
Swimming Pool –			Personal Home Care	<b>∡</b>	<b>∡</b>
Outdoor			Transportation – Personal		<b>1</b>
Tennis Court			Transportation – Prearranged	<b>∡</b>	
	_		Other: WiFi	_	
Workshop	<b>2</b>	_			· <del></del>
Other: <u>Parking</u>		Ø			

Affiliated 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 facili	hy io a life core facility		

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Provider Name: Front Porch Communities and Services								
Income and Expenses [Year]	2021	2022	2023	2024				
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725				
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235				
Net Income From Operations	147,840	70,770	1,555	116,490				
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)				
Plus Contributions	0	0	0	0				
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)				
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625				
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523				

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

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# **Provider Name:** Front Porch Communities and Services

# Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,828	4.5	\$5,069	5.0	\$5,348	5.5	\$5,856	9.5
One Bedroom	\$6,734	4.5	\$7,071	5.0	\$7,460	5.5	\$8,169	9.5
Two Bedroom	\$8,388	4.5	\$8,807	5.0	\$9,291	5.5	\$10,174	9.5
Assisted Living	\$6,004	4.5	\$6,304	5.0	\$6,651	5.5	\$7,283	9.5
Skilled Living	\$5,880	4.5	\$6,174	5.0	\$6,514	5.5	\$7,133	9.5
Special Care	\$6,455	4.5	\$6,778	5.0	\$7,151	5.5	\$7,830	9.5

#### **Comments from Provider:**

2nd person fee is 1,750 - 3,500 depending on contract type.

#### **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 and
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.

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# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

					Date Prepared: 6/20/24
Facility Name: Spring	Lake Village				
Address: 5555 Montgo Santa Rosa,	=	Zip Cod	le:95409		Phone:(707) 538-8400
Provider Name:					<u>.</u>
Front Porch Communi	ties and Services				
Facility Operator: Bill I	Keck				
Religious Affiliation: H	istorically Episcop	alian			
Year Opened: 1986	# of Acres: 33	Miles to	Shopping Ce	nter: 2	2 Miles to Hospital:3
☑ Single Story	☑ Multi-Story	□ Other	:		
Number of Units:					
Residential Living	Number of U	Jnits	Health Ca	are	Number of Units
Apartments – Studio:	26		Assisted L	iving:	24
Apartments – 1 Bdrm:	102		Skilled Nu	rsing:	69
Apartments – 2 Bdrm:	63		Special Ca	are:	11
Cottages/Houses:	131		Description	n:	Memory Care
RLU Occupancy (%) at			Ac	credit	ted? □ Yes By: ☑ No
Form of Contact: (Check all that apply)	<ul><li>☑ Continuing Car</li><li>☑ Assignment of</li></ul>		☑ Life Care ☑ Equity		trance Fee ☑ Fee for Service embership ☐ Rental
Refund Provisions: (Check all that apply)	☑ Refundable ☑ Repayable		<b>2</b> 90% <b>2</b> 75%		
Range of Entrance F	ees: \$ <u>110,201</u>		- \$ <u>2,962,0</u>	044	
Long-Term Care Insu	ırance Required?	<b>?</b> □ Ye	s 🛮 No		
<b>Health Care Benefits</b>	Included in Con	tract: <u>Lif</u> e	e Care; includ	ed. Co	ontinuing Care; fee for service
Entry Requirements:	Min Age: 60	Prior	Profession: <u>n/a</u>	a	Other:
Resident Representa (briefly describe	ative(s) to, and Reprovider's compl				Board:
Directors is accomplis	shed through the s	eating o	f one voting re	esiden	nt director, and one resident
representative elected	d from each of the	10 FP c	ommunities w	ho se	erve on the Board without vote

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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.

# **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		$\square$	Housekeeping ( <u>4</u> Times/		
Billiard Room	⊿		Month at \$each)		
Bowling Green	$\square$		Meals ( <u>1_</u> /Day)	Z	⊿
Card Rooms	✓		Special Diets Available	<b>2</b>	<u> </u>
Chapel	✓			_	_
Coffee Shop	$\blacksquare$		24-Hour Emergency Response		
Craft Rooms	∡			<b>2</b>	
Exercise Room			Activities Program	<b>2</b>	
Golf Course Access			All Utilities Except Phone		
Library	<b>∠</b>		Apartment Maintenance	<b>2</b>	
Putting Green			Cable TV		<b>A</b>
Shuffleboard			Linens Furnished	✓	
Spa	<b>∠</b>		Linens Laundered	Ø	
Swimming Pool –			Medication Management		<b>1</b>
Indoor			Nursing/Wellness Clinic	✓	A
Swimming Pool –			Personal Home Care		<b> ✓</b>
Outdoor			Transportation – Personal	✓	$oldsymbol{\Delta}$
Tennis Court			Transportation – Prearranged	_ 🗆	∡
Workshop	Z		Other: WiFi	<b>✓</b>	
Other: Parking	ā	∡			

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Affiliated CCRCs	Location (city, state)	Phone (with area code)
See Attachment 1		_
	-	-
	-	-
	-	-
Multi-Level Retirement		
Communities	Location (city, state)	Phone (with area code)
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Fredericka Manor	Chula Vista, CA	(619) 422-9271
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Subsidized Senior Housing	Location (city, state)	Phone (with area code)
NOTE: Please indicate if the facili	ty is a life care, facility	

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Provider Name: Front Porch Communities and Services								
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Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)				
Plus Contributions	0	0	0	0				
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)				
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625				
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CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
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Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

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# **Provider Name:** Front Porch Communities and Services

# Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,333	4.5	\$4,545	4.9	\$4,795	5.5	\$5,251	9.5
One Bedroom	\$5,106	4.5	\$5,356	4.9	\$5,651	5.5	\$6,188	9.5
Two Bedroom	\$6,384	4.5	\$6,697	4.9	\$7,065	5.5	\$7,454	9.5
Cottage/House	\$6,505	4.5	\$6,824	4.9	\$7,199	5.5	\$7,883	9.5
Assisted Living	\$5,001	4.5	\$5,246	4.9	\$5,535	5.5	\$6,061	9.5
Skilled Living	\$5,333	4.5	\$5,594	4.9	\$5,902	5.5	\$6,463	9.5
Special Care	\$6,689	4.5	\$7,017	4.9	\$7,403	5.5	\$8,106	9.5

#### **Comments from Provider:**

2nd person fee is \$1,750 for most.

#### **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 and
Investments

(Operating Expenses - Depreciation - Amortization)/365

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Date Prepared: 6/20/24

# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Facility Name: San Francisco Towers Address: 1661 Pine Street. Zip Code:94109 Phone: (415) 776-0500 San Francisco, CA **Provider Name:** Front Porch Communities and Services Facility Operator: Mark Nitsche Religious Affiliation: Historically Episcopalian Year Opened: 1997 # of Acres: 1.3 Miles to Shopping Center: 2 Miles to Hospital: 2 □ Single Story ✓ Multi-Story ☐ Other: **Number of Units: Number of Units Health Care Number of Units** Residential Living Assisted Living: 12 Apartments – Studio: 14 Apartments – 1 Bdrm: 91 Skilled Nursing: 27 Apartments – 2 Bdrm: 135 Special Care: 12 Memory Care Cottages/Houses: Description: RLU Occupancy (%) at Year End: 89% **Type of Ownership: 2** Not for Profit **Accredited?** □ Yes By: ☐ For Profit **Z**I No. Form of Contact: Continuing Care Life Care ☑ Entrance Fee ☑ Fee for Service (Check all that apply) ☐ Assignment of Assets ☐ Equity Membership Rental **90% Refund Provisions: 2** Refundable □ 50% **2** 75% (Check all that apply) **☑** Repayable ☐ Other: **Range of Entrance Fees:** \$134,249 - \$3,684,567 **Long-Term Care Insurance Required?** □ Yes **☑** No Health Care Benefits Included in Contract: Life Care; included. Continuing Care; fee for service **Entry Requirements:** Min Age: 62 \_\_\_\_\_ Prior Profession: n/a \_\_\_\_\_ Other: \_\_\_\_ Resident Representative(s) to, and Resident Members 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

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representative elected from each of the 10 FP communities who serve on the Board without vote

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# **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		$\square$	Housekeeping (Times/		
Billiard Room			Month at \$each)		
Bowling Green			Meals (/Day)		
Card Rooms	<b>∡</b>		Special Diets Available	<b>2</b>	
Chapel			opedial Biolo / Wallable	_	_
Coffee Shop	$\mathbf{Z}$		24-Hour Emergency Response		
Craft Rooms	<b>∡</b>			Ø	
Exercise Room	$\square$		Activities Program	<b>∠</b>	
Golf Course Access			All Utilities Except Phone		
Library	$\square$		Apartment Maintenance		
Putting Green			Cable TV		₹
Shuffleboard			Linens Furnished	<b>∠</b>	
Spa	$\mathbf{Z}$		Linens Laundered	Z	
Swimming Pool –	<b>∠</b>		Medication Management	∡	<b>∡</b>
Indoor			Nursing/Wellness Clinic	∡	<b>∡</b>
Swimming Pool –			Personal Home Care	$\checkmark$	<b> 1</b>
Outdoor			Transportation – Personal		◢
Tennis Court			Transportation – Prearranged	<b>∠</b>	
Workshop			Other: WiFi	$\square$	
Other: Parking		⊿			

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Location (city, state)	Phone (with area code)
-	-
-	-
-	-
	_
Location (city, state)	Phone (with area code)
La Jolla, CA	(858) 454-2151
Chula Vista, CA	(619) 422-9271
Los Angeles, CA	(323) 661-1128
San Diego, CA	(858) 274-4110
Location (city, state)	Phone (with area code)
Location (city, state)	Phone (with area code)
	Location (city, state)  La Jolla, CA  Chula Vista, CA  Los Angeles, CA  San Diego, CA  Location (city, state)

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Provider Name: Front Porch Communities and Services						
Income and Expenses [Year]	2021	2022	2023	2024		
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725		
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235		
Net Income From Operations	147,840	70,770	1,555	116,490		
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)		
Plus Contributions	0	0	0	0		
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)		
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625		
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523		

**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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

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## **Provider Name:** Front Porch Communities and Services

# Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,751	4.0	\$4,965	4.5	\$5,238	5.5	\$5,736	9.5
One Bedroom	\$5,757	4.0	\$6,016	4.5	\$6,347	5.5	\$6,950	9.5
Two Bedroom	\$7,356	4.0	\$7,687	4.5	\$8,110	5.5	\$8,556	9.5
Cottage/House	\$8,824	4.0	\$9,221	4.5	\$9,728	5.5	\$10,652	9.5
Assisted Living	\$5,510	4.0	\$5,758	4.5	\$6,075	5.5	\$6,652	9.5
Skilled Living	\$5,404	4.0	\$5,647	4.5	\$5,958	5.5	\$6,524	9.5
Special Care	N/A		N/A		\$7,497	5.5	\$8,210	9.5

#### **Comments from Provider:**

2nd person monthly fee for Classic contract is \$2,540 and for LifeTime contract it is \$3,820.

#### **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 and
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.

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# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

					Date Prepared: 6/20/24
Facility Name: Webste	er House				
Address: 401 Webste	· · · · · · · · · · · · · · · · · · ·		e:94301		Phone:(650) 327-4333
Provider Name:					
Front Porch Communi	ties and Services				
Facility Operator: Tim	Selleck				
Religious Affiliation: H	istorically Episcop	alian			
	# of Acres: 1		Shopping Ce	enter: .	3 Miles to Hospital:2
☑ Single Story	☑ Multi-Story	☐ Other	•		
Number of Units:					
Residential Living	Number of l	Jnits	Health C	are	Number of Units
Apartments – Studio:	1		Assisted L	_iving:	RES can be AL
Apartments – 1 Bdrm:	30		Skilled Nu	rsing:	94 licensed beds -51 suspended
Apartments – 2 Bdrm:	7		Special Ca	are:	
Cottages/Houses:	0		Descriptio	n:	
RLU Occupancy (%) a  Type of Ownership:		,	Ac	credit	ted? □ Yes By: ☑ No
Form of Contact: (Check all that apply)	☑ Continuing Car ☐ Assignment of		□ Life Care □ Equity		atrance Fee ☑ Fee for Service embership ☐ Rental
Refund Provisions: (Check all that apply)	☑ Refundable □ Repayable		□ 90% □ 75%	☐ 50 ☑ Otl	% her: Fully Amortized
Range of Entrance F	ees: \$ <u>433,000</u>		\$ 1,641,	500	
Long-Term Care Insu	urance Required?	? 🗆 Ye:	s 🗷 No		
Health Care Benefits	Included in Con	tract: <u>Life</u>	Care; includ	ded. Co	ontinuing Care; fee for service
Entry Requirements	: Min Age: <u>62</u>	Prior F	Profession: <u>n/</u>	<u>/a</u>	Other:
Resident Representation (briefly described)	ative(s) to, and R e provider's compl			•	
Directors is accomplis	shed through the s	eating of	one voting r	esider	nt director, and one resident
representative electe	d from each of the	10 FP co	ommunities v	vho se	erve on the Board without vote

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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.

# **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		$\square$	Housekeeping ( <u>4</u> Times/		
Billiard Room			Month at \$each)		
Bowling Green			Meals ( <u>1</u> /Day)	•	
Card Rooms	<b>∡</b>		Special Diets Available	Z	
Chapel			oposiai Bioto / Wallabio	_	_
Coffee Shop			24-Hour Emergency Response	<b></b> 2	F-3
Craft Rooms	<b>∡</b>			<b>2</b>	
Exercise Room	<b>4</b>		Activities Program	Z	
Golf Course Access			All Utilities Except Phone	Z	
Library	Z		Apartment Maintenance	<b>2</b>	<u> </u>
Putting Green			Cable TV		<b>1</b>
Shuffleboard			Linens Furnished		
Spa			Linens Laundered		<b>3</b>
Swimming Pool –			Medication Management		A
Indoor			Nursing/Wellness Clinic	∡	<b>∡</b>
Swimming Pool –	Z		Personal Home Care	$\checkmark$	<b> ✓</b>
Outdoor			Transportation – Personal	$\blacksquare$	◢
Tennis Court			Transportation – Prearranged	<b>2</b>	
Workshop	∡		Other: WiFi	$oldsymbol{Q}$	
Other: Parking					

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Affiliated 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 facili	ty is a life care facility.	

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Provider Name: Front Porch Communities and Services						
Income and Expenses [Year]	2021	2022	2023	2024		
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725		
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235		
Net Income From Operations	147,840	70,770	1,555	116,490		
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)		
Plus Contributions	0	0	0	0		
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)		
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625		
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523		

# **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	197,145	5.0%	09/01/2021	2051	April 1
CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

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# **Provider Name:** Front Porch Communities and Services

# Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	\$4,608	4.5	\$4,849	5.25	\$5,116	5.5	\$5,602	9.5
One Bedroom	\$6,181	4.5	\$6,459	5.25	\$6,814	5.5	\$7,461	9.5
Two Bedroom	\$6,880	4.5	\$7,190	5.25	\$7,585	5.5	\$8,306	9.5
Assisted Living								
Skilled Living	\$5,036	4.5	\$5,300	5.25	\$5,592	5.5	\$6,123	9.5
Special Care								

#### **Comments from Provider:**

IL second person monthly fee is \$1,800.

#### **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

Their foceeds from Entrance Fee

**Annual Debt Service** 

## **Days Cash On Hand Ratio**

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

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Date Prepared: 6/20/24

# CONTINUING CARE RETIREMENT COMMUNITY DISCLOSURE STATEMENT

Facility Name: Friends	House					
Address: 684 Benicia Drive, Zip 0			de:95409			ne:(707) 538-0152
Santa Rosa,	CA					
Provider Name:						
Front Porch Communit	ies and Services					
Facility Operator: Rob	ert Rubio					
Religious Affiliation: Re	eligious Society of	f Friends	(Quakers)			
Year Opened: 1984	# of Acres: 7	Miles to	Shopping Ce	nter: .2	5 Mile	s to Hospital:3
☑ Single Story	☐ Multi-Story	☐ Other:			1	
Number of Units:						
<b>Residential Living</b>	Number of U	Jnits	Health Ca	are	Nui	mber of Units
Apartments – Studio:	0		Assisted L	iving: 1	9	
Apartments – 1 Bdrm:	45		Skilled Nu	rsing: 0		
Apartments – 2 Bdrm:	17		Special Ca	are: 0	)	
Cottages/Houses:	4		Description	า:		
RLU Occupancy (%) at  Type of Ownership:	Year End: 82.4%  ✓ Not for Profit  → For Profit	,	Ac	credite	<b>d?</b>	Ву:
Form of Contact:	☑ Continuing Car		Life Care		ance Fee	☐ Fee for Service
(Check all that apply)	☐ Assignment of	Assets	<b>☐</b> Equity	<b>⊔</b> Mem	nbership	☑ Rental
Refund Provisions: (Check all that apply)	□ Refundable □ Repayable		⊒ 90% ⊒ 75%	<ul><li>□ 50%</li><li>☑ Othe</li></ul>	er: Fully Ar	nortized
Range of Entrance Fo	ees: \$ <u>168,941</u>		\$ <u>424,10</u>	9		
Long-Term Care Insu	rance Required?	? 🗆 Yes	No 🗷 No			
Health Care Benefits	Included in Con	tract: <u>Cor</u>	ntinuing Care	Contrac	ct; fee for	service
Entry Requirements:	Min Age: 60	Prior F	Profession: <u>n/</u>	<u>a</u>	Othe	er: <u>Medical/Financ</u>
Resident Representative(s) to, and Resident Members 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 cc	mmunities w	ho serv	e on the E	Board without vote

LIC 9273 (5/22) Page 1 of 5

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.

# **Facility Services and Amenities**

Common Area Amenities	Available	Fee for Service	Services Available	Included in Fee	For Extra Charge
Beauty/Barber Shop		$\square$	Housekeeping ( <u>2</u> Times/	$\square$	
Billiard Room			Month at \$each)		
Bowling Green			Meals ( <u>1</u> /Day)	∡	
Card Rooms			Special Diets Available		
Chapel			opeoidi 21010 / Wallasio	_	_
Coffee Shop			24-Hour Emergency Response	F2	
Craft Rooms				Z	
Exercise Room			Activities Program	<b>2</b>	
Golf Course Access			All Utilities Except Phone		<b>4</b>
Library			Apartment Maintenance		
Putting Green			Cable TV		<b>1</b>
Shuffleboard			Linens Furnished		
Spa			Linens Laundered		<b>3</b>
Swimming Pool –			Medication Management	∡	∡
Indoor			Nursing/Wellness Clinic		
Swimming Pool –			Personal Home Care		<b>∡</b>
Outdoor			Transportation – Personal	$\blacksquare$	◢
Tennis Court			Transportation – Prearranged	<b>Z</b>	◢
Workshop			Other:		
Other: On site PT					

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Affiliated 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 facili	ty is a life care_facility	

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Provider Name: Front Porch Communities and Services								
Income and Expenses [Year]	2021	2022	2023	2024				
Income from Ongoing Operations Operating Income (Excluding amortization of entrance fee income)	307,740	362,513	315,783	431,725				
Less Operating Expenses (Excluding depreciation, amortization, and interest)	159,900	291,743	314,228	315,235				
Net Income From Operations	147,840	70,770	1,555	116,490				
Less Interest Expense	(8,758)	(14,725)	(13,377)	(13,042)				
Plus Contributions	0	0	0	0				
Plus Non-Operating Income (Expenses) (Excluding extraordinary items)	(4,121)	641,022	(11,419)	(12,823)				
Net Income (Loss) Before Entrance Fees, Depreciation And Amortization	134,961	697,067	(23,241)	90,625				
Net Cash Flow From Entrance Fees (Total Deposits Less Refunds)	5,629	53,342	36,418	35,523				

# **Description of Secured Debt** (as of most recent fiscal year end)

Lender	Outstanding Balance	Interest Rate	Date of Origination	Date of Maturity	Amortization Period
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CSCDA	93,965	Variable	09/01/2021	2051	April 1
CSCDA	95,585	3.5% - 5	09/06/2017	2047	April 1

# Financial Ratios (see last page for ratio formulas)

Financial Ratios [Year]	CCAC Medians 50th Percentile (optional)	2022	2023	2024
Debt to Asset Ratio		23.7%	24.0%	22.7%
Operating Ratio		91.7%	93.9%	91.1%
Debt Service Coverage Ratio		6.34%	4.27%	4.29%
Days Cash On Hand Ratio		730.3%	586.8%	593.8%

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# **Provider Name:** Front Porch Communities and Services

# Historical Monthly Service Fees (Average Fee and Change Percentage)

Residence/Service [Year]	2021	%	2022	%	2023	%	2024	%
Studio	N/A		N/A		N/A		N/A	
One Bedroom	\$2,954	5.00	\$3,102	5.00	\$3,272	5.5	\$3,583	9.5
Two Bedroom	\$3,711	5.00	\$3,897	5.00	\$4,111	5.5	\$4,337	9.5
Cottage/House	\$3,862	5.00	\$4,055	5.00	\$4,278	5.5	\$4,684	9.5
Assisted Living	\$7,075	5.00	\$7,429	5.00	\$7,838	5.5	\$8,583	9.5
Special Care								

#### **Comments from Provider:**

IL second person monthly fee is \$870.00.

#### **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 and
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.

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# Attachment 1

OTHER CCRCs	LOCATION (City, State)	PHONE (with area code)
Carlsbad By The Sea	Carlsbad, CA	(760) 720-4580
Claremont Manor	Claremont, CA	(909) 626-1227
Sunny View Manor	Cupertino, CA	(408) 454-5600
Villa Gardens	Pasadena, CA	(626) 463-5300
Vista del Monte	Santa Barbara, CA	(805) 687-0793
Walnut Village	Anaheim, CA	(714) 776-7150
St. Paul's Towers	Oakland, CA	(510) 835-4700
Spring Lake Village	Santa Rosa, CA	(707) 538-8400
San Francisco Towers	San Francisco, CA	(415)776-0500
Webster House	Palo Alto, CA	(650)327-4333
Friends House	Santa Rosa CA	(707)538-0152
Canterbury Woods	Pacific Grove, CA	(831)373-3111

# Part 7

# **Report on CCRC Monthly Service Fees Form 7-1**

Health and Safety Code Section 1789.1

# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING			
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	\$5326-\$7875	n/a	n/a	\$588/day			
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5			9.5			
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,			
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the o	dates for each inc	- rease.)					
4.	Check each of the appropriate boxes:							
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	ndicators.			
	✓ All affected residents were given written notice of this fe Date of Notice: January 23, 2023 Method of	e increase at leas f Notice: Letter	st 30 days prior t	o its implementa —	tion.			
	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. <b>Date of Meeting:</b> 2/21/23							
	☐ At the meeting with residents, the Provider discussed at the amount of the increase, and the data used for calcu		ncrease, the bas	is for determining				
$\square$ The Provider distributed the documents to all residents by [Optional - check all that apply]:								
	$\square$ Emailed the documents to those residents for wh	nom the provider h	nad email addres	sses on file				
	Placed hard copies in resident cubby							
	Placed hard copies at designated locations							
	Provided hard copies to residents upon request,	and/or						
	☐ Other: [please describe]							
	✓ Date of Notice: 2/21/23	<u>-</u>						

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	Ø	The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. <b>Date of Notice:</b> 2/14/23
		The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
		Date of Posting: 2/24/23 Location of Posting: Cubby, Concierge
	Z	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
		Date of Posting: 7/18/23 Location of Posting: Cubby, Concierge
5.		attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase ompliance with the Health and Safety Code.
	PROV	IDER: Front Porch Communities and Services COMMUNITY: Carlsbad by the Sea

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING	
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	\$5591-\$8330	n/a	\$9216	\$499/day	
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5		9.5	9.5	
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,	
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the o	dates for each inc	- rease.)			
4.	Check each of the appropriate boxes:					
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	ndicators.	
All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.  Date of Notice: 1/24/23 Method of Notice: Mail and e-Mail						
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> 2/20	•	ve of the Provide	er convened a m	eeting that all	
At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for deter the amount of the increase, and the data used for calculating the increase.						
☑ The Provider distributed the documents to all residents by [Optional - check all that apply]:						
	Emailed the documents to those residents for where the control of the control	nom the provider h	nad email addre	sses on file		
	Placed hard copies in resident cubby					
	Placed hard copies at designated locations					
	Provided hard copies to residents upon request,	and/or				
	☐ Other: [please describe]					
	✓ Date of Notice: 1/25/23	<u>-</u>				

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	☑ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: 2/3/23					
☑ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and th for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.						
	Date of Posting: 2/3/23 Location of Posting: Main Building, Elevators, Dining Rooms					
	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.					
	Date of Posting: 8/8/22 Location of Posting: Main Building, Elevators, Dining Rooms					
5.	On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.					
	PROVIDER: Front Porch Communities and Services COMMUNITY: Claremont Manor					

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING			
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,374-8,214	n/a	11,575	682/day			
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5		9.5	9.5			
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the							
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the dates for each increase.)							
4.	Check each of the appropriate boxes:							
	☑ Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.							
	o its implementa 	ation.						
At least 30 days prior to the increase in fees, the designated representative of the Provider convened a me residents were invited to attend. Date of Meeting: 2/22/2023								
	✓ At the meeting with residents, the Provider discussed are the amount of the increase, and the data used for calcu							
	]:							
☑ Emailed the documents to those residents for whom the provider had email addresses on file								
	✓ Placed hard copies in resident cubby							
	✓ Placed hard copies at designated locations							
	✓ Provided hard copies to residents upon request, and/or							
	✓ Other: [please describe] Designated Bulletin Boa	<u>ird</u>						
	<b>✓</b> Date of Notice: 02/01/2023							

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for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.  Date of Posting: 2/06/2023  Location of Posting: Designated Community Bulletin Board  Providers evaluated the effectiveness of consultations during the annual budget planning process at a min two years by the continuing care retirement community administration. The evaluation, including any polici relating to cooperation with residents was made available to the resident association or its governing body exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and t governing body and posted a copy of that evaluation in a conspicuous location at each facility.  Date of Posting: 02/06/2023  Location of Posting: Designated Bulletin Boards / Library  5. On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of and compliance with the Health and Safety Code.		<b>✓</b>	The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: 2/06/2023				
Providers evaluated the effectiveness of consultations during the annual budget planning process at a min two years by the continuing care retirement community administration. The evaluation, including any polici relating to cooperation with residents was made available to the resident association or its governing body exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and t governing body and posted a copy of that evaluation in a conspicuous location at each facility.  Date of Posting: 02/06/2023							
two years by the continuing care retirement community administration. The evaluation, including any polici relating to cooperation with residents was made available to the resident association or its governing body exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and t governing body and posted a copy of that evaluation in a conspicuous location at each facility.  Date of Posting: 02/06/2023			Date of Posting: 2/06/2023 Location of Posting: Designated Community Bulletin Boards				
5. On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount or and compliance with the Health and Safety Code.		Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.					
and compliance with the Health and Safety Code.			Date of Posting: 02/06/2023 Location of Posting: Designated Bulletin Boards / Library				
		On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.					
PROVIDER: Front Porch Communities and Services COMMUNITY: Sunny View Retirement Community		PROV	IDER: Front Porch Communities and Services COMMUNITY: Sunny View Retirement Community				

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

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# FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING			
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,645-8,370	n/a	10,860	531/day			
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5		9.5	9.5			
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,			
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the dates for each increase.)							
4.	Check each of the appropriate boxes:							
	☑ Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.							
	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.  Date of Notice: 1/24/2023 Method of Notice: Letter							
	At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. <b>Date of Meeting:</b> 2/15/2024							
	At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.							
	☑ The Provider distributed the documents to all residents by [Optional - check all that apply]:							
	☑ Emailed the documents to those residents for whom the provider had email addresses on file							
	✓ Placed hard copies in resident cubby							
	✓ Placed hard copies at designated locations							
	✓ Provided hard copies to residents upon request, and/or							
	☐ Other: [please describe]							
	<b>☑</b> Date of Notice: 1/30/2024	<u>-</u>						

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	Ø	The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: 1/30/2024
	Z	The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
		Date of Posting: 1/30/2024 Location of Posting: Community Message Board and Cubbies
	Z	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
		Date of Posting: 8/1/2023 Location of Posting: Cubbies and Front Desk
5.		n attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase ompliance with the Health and Safety Code.
	PROV	IDER: Front Porch Communities and Services COMMUNITY: Villa Gardens

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING		
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	7,702-12,050	n/a	12,619	n/a		
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5		9.5	9.5		
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,		
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the dates for each increase.)						
4.	Check each of the appropriate boxes:						
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	ndicators.		
	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.  Date of Notice: 01/24/2023 Method of Notice: Typed Letter						
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> 02/2	•	ve of the Provide	er convened a m	eeting that all		
	✓ At the meeting with residents, the Provider discussed at the amount of the increase, and the data used for calcu	•		ncrease, the bas	is for determining		
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	]:			
	$\square$ Emailed the documents to those residents for whom the provider had email addresses on file						
<ul><li>✓ Placed hard copies in resident cubby</li><li>✓ Placed hard copies at designated locations</li></ul>							
	Provided hard copies to residents upon request,	and/or					
	☐ Other: [please describe]						
	✓ Date of Notice: 02/28/2023	-					

	☑ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: 02/02/2023
	✓ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
	Date of Posting: 02/02/2023 Location of Posting: Resident Library and main lounge
	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
	Date of Posting: 02/02/2023 Location of Posting: Presentation to Res. Budget
5.	On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.
	PROVIDER: Front Porch Communities and Services COMMUNITY: Vista del Monte

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING			
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	4,552-8,159	n/a	10,670	n/a			
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5		9.5				
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,			
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the o	dates for each inc	- rease.)					
4.	Check each of the appropriate boxes:							
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	idicators.			
	✓ All affected residents were given written notice of this fe  Date of Notice: 1/25/23 Method of	• •	•					
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> 2/22	•	epresentative of the Provider convened a meeting that all					
At the meeting with residents, the Provider discussed and explained the reasons for the increase, and the data used for calculating the increase.					is for determining			
☑ The Provider distributed the documents to all residents by [Optional - check all that apply]: ☐ Emailed the documents to those residents for whom the provider had email addresses on file								
							Placed hard copies in resident cubby	
	☐ Placed hard copies at designated locations							
	☐ Provided hard copies to residents upon request,	☐ Provided hard copies to residents upon request, and/or						
	✓ Other: [please describe] Sent to Responsible Pa	rties						
	✓ Date of Notice: 1/25/23	_						

,	☑ The governing body of the Provider, or the des	
	for, the meeting in a conspicuous place in the	signated representative of the Provider posted the notice of, and the agenda community at least 14 days prior to the meeting.
	Date of Posting: 2/07/23 L	ocation of Posting: Bulletin Board - The Post
١	two years by the continuing care retirement co relating to cooperation with residents was mad exists, to a committee of residents at least 14 or	ultations during the annual budget planning process at a minimum of every mmunity administration. The evaluation, including any policies adopted le available to the resident association or its governing body, or, if neither days prior to the next semiannual meeting of residents and the Provider's uation in a conspicuous location at each facility.
	Date of Posting: 8/4/23 Local	ation of Posting: The Book Nook (Library)
	an attached page, provide a detailed explanation compliance with the Health and Safety Code.	for the increase in monthly care fees including the amount of the increase
PRO	OVIDER: Front Porch Communities and Services	COMMUNITY: Walnut Village

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING	
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	6,156-10,189	6,960	n/a	6,360	
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5	9.5		9.5	
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the	-		` •	cked this box,	
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the o	dates for each inc	rease.)			
4.	Check each of the appropriate boxes:					
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	dicators.	
	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.  Date of Notice: 01/24/2023 Method of Notice: Written					
	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. <b>Date of Meeting:</b> 02/13/2023					
	✓ At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determin the amount of the increase, and the data used for calculating the increase.					
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	<b> </b> :		
	<ul><li>Emailed the documents to those residents for whom the provider had email addresses on file</li><li>Placed hard copies in resident cubby</li></ul>					
✓ Placed hard copies at designated locations						
	✓ Provided hard copies to residents upon request,	and/or				
	☑ Other: [please describe] included with statment					
	<b>✓</b> Date of Notice: 02/01/2023					

		ovider provided residents with a <b>f Notice:</b> 01/24/2023	it least 14 days advance 	e notice of each meeting held to discuss the fee i	ncreases.
	•	•		entative of the Provider posted the notice of, and ast 14 days prior to the meeting.	the agenda
	Date o	f Posting: 01/24/2023	Location of Pos	ting: bulletin board	<u>—</u>
	two yea relating exists,	ars by the continuing care retired to cooperation with residents we to a committee of residents at le	ment community adminity was made available to the east 14 days prior to the	the annual budget planning process at a minimu istration. The evaluation, including any policies ane resident association or its governing body, or, e next semiannual meeting of residents and the Febicuous location at each facility.	adopted if neither
	Date o	f Posting: 01/24/2023	Location of Posting	g: <u>bulletin board.</u>	
5.		ed page, provide a detailed explored ex		in monthly care fees including the amount of the	e increase
	PROVIDER: F	ront Porch Communities and Se	ervices COMMUNI	ITY: Canterbury Woods	

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING	
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,856-10,174	7,283	7,830	7,133	
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5	9.5	9.5	9.5	
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,	
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the contract that the contract the contract that the con	lates for each inc	rease.)			
4.	Check each of the appropriate boxes:					
	☑ Each fee increase is based on the Provider's projected.	costs, prior year p	er capita costs,	and economic in	ndicators.	
	All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.  Date of Notice: January 24th 2023  Method of Notice: Distributon letter					
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> January		ve of the Provide	er convened a m	eeting that all	
	At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the increase.					
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	]:		
	✓ Emailed the documents to those residents for whom the provider had email addresses on file					
	✓ Placed hard copies in resident cubby					
	✓ Placed hard copies at designated locations					
	Provided hard copies to residents upon request,	and/or				
	☑ Other: [please describe] US Postal					
	✓ Date of Notice: _January 24th 2023					

	☑ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: January 24th 2023
	☑ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
	Date of Posting: January 24th, 2023 Location of Posting: Resident Cubbys and in house televised
	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
	Date of Posting: Unknown Location of Posting: 2nd floor Lobby
5.	On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.
	PROVIDER: Front Porch Communities and Services COMMUNITY: St. Paul's Towers

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING		
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,251-7,883	6,061	8,106	6,463		
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5	9.5	9.5	9.5		
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,		
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the dates for each increase.)						
4.	Check each of the appropriate boxes:						
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	dicators.		
✓ All affected residents were given written notice of this fee increase at least 30 days prior to Date of Notice: 1/30/23 Method of Notice: Letter					tion.		
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> 1/31	•	ve of the Provide	er convened a m	eeting that all		
At the meeting with residents, the Provider discussed and explained the reasons for the increase, the the amount of the increase, and the data used for calculating the increase.					is for determining		
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	]:			
☐ Emailed the documents to those residents for whom the provider had email addresses on file							
	☐ Placed hard copies at designated locations						
	☐ Provided hard copies to residents upon request,	and/or					
	☐ Other: [please describe]						
	☐ Date of Notice: 1/30/23						

	✓ The Provider provided residents with Date of Notice: 1/10/23	at least 14 days advance notice of each meeting held to discuss the fee increases.
		or the designated representative of the Provider posted the notice of, and the agenda
	Date of Posting: 1/10/23	Location of Posting: Village Center community bulletin board
	two years by the continuing care retire relating to cooperation with residents exists, to a committee of residents at	of consultations during the annual budget planning process at a minimum of every ement community administration. The evaluation, including any policies adopted was made available to the resident association or its governing body, or, if neither least 14 days prior to the next semiannual meeting of residents and the Provider's that evaluation in a conspicuous location at each facility.
	Date of Posting: 1/10/23	Location of Posting: Village Center community bulletin board
5.	On an attached page, provide a detailed expand compliance with the Health and Safety 0	planation for the increase in monthly care fees including the amount of the increase Code.
	PROVIDER: Front Porch Communities and S	Services COMMUNITY: Spring Lake Village

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING	
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,736-10,652	6,652	8,210	6,524	
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5	9.5	9.5	9.5	
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,	
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the control of the cont	dates for each inc	rease.)			
4.	Check each of the appropriate boxes:					
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	idicators.	
	<ul> <li>✓ All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.</li> <li>Date of Notice: January 23, 2023</li> <li>Method of Notice: Letter</li> </ul>					
<ul> <li>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: February 23, 2023</li> <li>At the meeting with residents, the Provider discussed and explained the reasons for the increase, the basis for determine the amount of the increase, and the data used for calculating the increase.</li> </ul>					eeting that all	
					is for determining	
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	<b> </b> :		
	☐ Emailed the documents to those residents for whom the provider had email addresses on file					
<ul><li>✓ Placed hard copies in resident cubby</li><li>✓ Placed hard copies at designated locations</li></ul>						
	☑ Other: [please describe] Resident Online Portal					
	✓ Date of Notice: January 23,2023					

✓ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases. Date of Notice: January 31,2023 ☑ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda

for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.

Location of Posting: Bulletin Boards, Mail Cubby, Online Portal Date of Posting: January 31, 2023

✓ Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.

Date of Posting: December 14, 2022 Location of Posting: Bullitin Boards, Mail Cubby, Online Portal

On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.

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

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Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	5,602-8,306	n/a	n/a	6,123
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5			9.5
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the content of the cont	dates for each inci	rease.)		
4.	Check each of the appropriate boxes:				
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	er capita costs,	and economic in	idicators.
	All affected residents were given written notice of this fe  Date of Notice: January 30, 2023 Method of	e increase at leas f <b>Notice:</b> <u>Letter</u>	t 30 days prior t	o its implementa 	tion.
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> Feb	•	ve of the Provide	er convened a m	eeting that all
	At the meeting with residents, the Provider discussed are the amount of the increase, and the data used for calcu			ncrease, the bas	is for determining
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply]	:	
	Emailed the documents to those residents for wh	om the provider h	ad email addres	sses on file	
	Placed hard copies in resident cubby				
	Placed hard copies at designated locations				
	Provided hard copies to residents upon request,	and/or			
	✓ Other: [please describe] USPS mail				
	✓ Date of Notice: January 30 2023				

**PROVIDER:** Front Porch Communities and Services

	☑ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: January 30, 2023
	✓ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
	Date of Posting: January 30, 2023 Location of Posting: Elevator/ Cubbies
	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
	Date of Posting: February 28, 2023 Location of Posting: Elevator/ Cubbies
5.	On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.

**COMMUNITY:** Webster House

Complete **Form 7-1** to report the monthly care fee increase (MCFI) for **each** community operated by the Provider. If no adjustments were made during the reporting period for a community, indicate by checking the box below **Line [2].** Providers must complete a separate Form 7-1 for each of their continuing care retirement communities.

- 1. On **Line 1**, enter the amount of monthly care fees for each level of care at the *beginning* of the reporting period.
- 2. On **Line 2**, indicate the percentage(s) of increase in fees implemented during the *reporting* period.
- 3. On **Line 3**, indicate the date the fee increase was implemented. If more than one (1) increase was implemented, indicate the date(s) for each increase.
- 4. Check each of the appropriate boxes.
- 5. Provide a detailed explanation for the increase in monthly care fees including the total dollar amount for the community overall and corresponding percentage increase for each level of care in compliance with the Health and Safety Code. The explanation shall set forth the reasons, by department cost centers, for any increase in monthly care fee. It must include if the change in monthly care fees is due to any actual or projected costs related to any other CCRC community or enterprise affiliated with the provider or parent company.

The methodology used to budget future costs should align with one or more of the following factors: "projected costs, prior year per capita costs and economic indicators." Describe the methodology used for single or multiple communities. If there are multiple MCFI percentages, i.e., by level of care, a separate explanation for each MCFI will be required.

Also, if there is a positive result of operations, the provider will need to explain how the funds will be used and/or distributed consistent with disclosures made in the applicable sections of the Continuing Care Contract.

This attachment should include the data used in the Monthly Care Fee Increase meeting presentation provided to residents, which will also include actual results and an explanation of any variances.

**NOTE:** Providers shall retain all documents related to the development of adjusted fees at their respective communities for a period of at least three years, i.e., budgets, statements of operations, cost reports, used near the end of the prior fiscal year to develop adjustments implemented in the current reporting period. These documents must be available for review upon request by the Department.

		RESIDENTIAL LIVING	ASSISTED LIVING	MEMORY CARE	SKILLED NURSING
1.	Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)	3,583-4,684	8,583	n/a	n/a
2.	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	9.5	9.5		9.5
	☐ Check here if monthly care fees at this community were no please skip down to the bottom of this form and specify the			` •	cked this box,
3.	Indicate the date the fee increase was implemented: 4/1/2023 (If more than one (1) increase was implemented, indicate the control of the cont	dates for each incl	- rease.)		
4.	Check each of the appropriate boxes:				
	☑ Each fee increase is based on the Provider's projected	costs, prior year p	per capita costs,	and economic in	dicators.
	All affected residents were given written notice of this fe  Date of Notice: 1/25/2023 Method of	e increase at leas f <b>Notice:</b> Email ar	• •	o its implementa 	tion.
	At least 30 days prior to the increase in fees, the design residents were invited to attend. <b>Date of Meeting:</b> 2/16	•	ve of the Provide	er convened a mo	eeting that all
	At the meeting with residents, the Provider discussed and the amount of the increase, and the data used for calcu	•		ncrease, the basi	s for determining
	☑ The Provider distributed the documents to all residents	by [Optional - che	ck all that apply	]:	
	Emailed the documents to those residents for wh	nom the provider h	nad email addres	sses on file	
	☐ Placed hard copies in resident cubby				
	☐ Placed hard copies at designated locations				
	Provided hard copies to residents upon request,	and/or			
	✓ Other: [please describe] Printed in Resident Fold	lers			
	<b>✓</b> Date of Notice: 1/25/2023	-			

	☑ The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  Date of Notice: 1/31/2023
	✓ The governing body of the Provider, or the designated representative of the Provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.
	Date of Posting: 1/31/2023 Location of Posting: Resident Bulletin Board
	Providers evaluated the effectiveness of consultations during the annual budget planning process at a minimum of every two years by the continuing care retirement community administration. The evaluation, including any policies adopted relating to cooperation with residents was made available to the resident association or its governing body, or, if neither exists, to a committee of residents at least 14 days prior to the next semiannual meeting of residents and the Provider's governing body and posted a copy of that evaluation in a conspicuous location at each facility.
	Date of Posting: 4/26/2023 Location of Posting: Resident Bulletin Board
5.	On an attached page, provide a detailed explanation for the increase in monthly care fees including the amount of the increase and compliance with the Health and Safety Code.
	PROVIDER: Front Porch Communities and Services COMMUNITY: Friends House

# FRONT PORCH 2024 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 FY24, we determined a 9.5% 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) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(13,980)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(16,108)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(15,638)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFl <sup>3</sup>			21,649
5	Projected F/Y 2024 (Net) Operating Results without MCFI			6,010
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			23,287
6	Grand Total			7,649
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Carlsbad

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations represents operating expenses before operating contribution

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

### **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(17,243)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(17,205)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(18,614)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFl <sup>3</sup>			22,025
5	Projected F/Y 2024 (Net) Operating Results without MCFI			3,411
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			24,274
6	Grand Total			5,660
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Claremont

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations represents operating expenses before operating contribution

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

### **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(15,085)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(15,974)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(15,393)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFi <sup>3</sup>			19,680
5	Projected F/Y 2024 (Net) Operating Results without MCFI			4,287
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			21,527
6	Grand Total			6,134
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Sunny View

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations represents operating expenses before operating contribution

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(10,324)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(11,152)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(13,145)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFi <sup>3</sup>			18,861
5	Projected F/Y 2024 (Net) Operating Results without MCFI			5,716
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			20,519
6	Grand Total			7,374
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Vista Del Monte

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations represents operating expenses before operating contribution

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

### FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(18,664)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(20,491)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(21,340)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			27,987
5	Projected F/Y 2024 (Net) Operating Results without MCFI			6,647
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			30,277
6	Grand Total			8,937
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Villa Gardens

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations represents operating expenses before operating contribution

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

### **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(13,608)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(13,906)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(15,242)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			14,423
5	Projected F/Y 2024 (Net) Operating Results without MCFI			(819)
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			15,714
6	Grand Total			472
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

### Walnut Village

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(10,811)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(12,165)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(11,750)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			13,437
5	Projected F/Y 2024 (Net) Operating Results without MCFI			1,687
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			14,689
6	Grand Total			2,939
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Canterbury

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

### FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(17,601)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(18,916)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(18,920)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			27,562
5	Projected F/Y 2024 (Net) Operating Results without MCFI			8,642
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			29,903
6	Grand Total			10,983
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(30,809)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(30,732)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(29,372)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			39,626
5	Projected F/Y 2024 (Net) Operating Results without MCFI			10,254
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			42,776
6	Grand Total			13,404
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

### Spring Lake Village

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

### ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(22,669)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(23,679)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(24,484)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			37,758
5	Projected F/Y 2024 (Net) Operating Results without MCFI			13,274
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			40,512
6	Grand Total			16,028
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### San Francisco Towers

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# Form 7-1 Attachment Monthly Care Fee Increase

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

# ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(13,888)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(14,916)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(14,453)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			12,882
5	Projected F/Y 2024 (Net) Operating Results without MCFI			(1,571)
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			14,107
6	Grand Total			(346)
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Webster

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# Form 7-1 Attachment Monthly Care Fee Increase

# **FORM 7-1 MONTHLY CARE FEE INCREASE (MCFI)**

# ANNUAL REPORTING FISCAL YEAR (F/Y) 2024

**Dollar Amounts in Thousands** 

Line	Fiscal Years	2022	2023	2024
1	F/Y 2022 Operating Expenses <sup>1</sup>	(4,604)		
2	F/Y 2023 Operating Expenses <sup>1</sup>		(3,736)	
3	Projected F/Y 2024 Operation Expenses <sup>2</sup>			(4,261)
4	F/Y 2024 Anticipated MCF Revenue Based on Current & Projected Occupancy without MCFI <sup>3</sup>			5,532
5	Projected F/Y 2024 (Net) Operating Results without MCFI			1,271
6	Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>			6,001
6	Grand Total			1,740
	Monthly Care Fee Increase			9.5%

#### F/Y 2022 to FY 2024

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

#### Friends House

<sup>&</sup>lt;sup>1</sup> Total operating expenses from the independent audit of the Statement of Operations

<sup>&</sup>lt;sup>2</sup> Results of Operations (net income) excludes non cash items such as depreciation and amortization.

<sup>&</sup>lt;sup>3</sup> MCF revenue includes monthly care fee & other revenue

# Front Porch Communities and Services

**Independent Auditor's Report and Consolidated Financial Statements** 

March 31, 2024 and 2023

# Front Porch Communities and Services Contents March 31, 2024 and 2023

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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, 2024 and 2023 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 audits and the report of the other auditors for 2023, the accompanying consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Corporation as of March 31, 2024 and 2023 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, for the year ended March 31, 2023, which statements reflect 17% of consolidated total assets at March 31, 2023 and total revenues constituting 7% of consolidated total revenues for the year ended March 31, 2023. Those statements were audited by other auditors, whose report has been furnished to us, and in our opinion, insofar as it relates to the amounts included for Covia Affordable Communities, is based solely on the report of the other auditors.

#### Basis for Opinion

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

# Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern within one year after the date that these consolidated financial statements are issued.

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

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks.
   Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
  procedures that are appropriate in the circumstances, but not for the purpose of expressing an
  opinion on the effectiveness of the Corporation's internal control. Accordingly, no such opinion is
  expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Corporation's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

#### Supplementary Information

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

Forvis Mazars, LLP

Tulsa, Oklahoma July 24, 2024

# Front Porch Communities and Services Consolidated Balance Sheets March 31, 2024 and 2023 (In Thousands)

	 2024		2023
ASSETS			
Current Assets			
Cash and cash equivalents	\$ 80,527	\$	54,466
Short-term investments	2,146		7,701
Assets limited as to use – required for current liabilities	15,436		15,321
Resident and patient accounts receivable	10,445		14,782
Prepaid expenses and other	 17,755		11,845
Total current assets	126,309		104,115
Investments			
Assets limited as to use, net of current portion	67,156		58,177
Long-term investments	 449,911		464,576
Total investments	 517,067		522,753
Property and Equipment, Net	 1,244,987		1,193,981
Other Assets			
Receivable from supporting organization	810		850
ROU assets – operating leases	7,763		8,810
Other receivables	1,178		1,219
Other assets	14,035		16,159
In-place leases	43,303		52,376
Net pension asset	6,813		4,031
Total other assets	73,902		83,445
Total assets	\$ 1,962,265	\$	1,904,294

# Front Porch Communities and Services Consolidated Balance Sheets (Continued) March 31, 2024 and 2023 (In Thousands)

		2024	2023
LIABILITIES AND NET ASSETS			
Current Liabilities			
Current maturities of long-term debt	\$	9,171	\$ 8,966
Current portion of operating lease liabilities		1,567	1,964
Accounts payable		37,543	23,907
Accrued payroll and related expenses		17,176	16,406
Accrued interest		6,646	6,721
Other accrued expenses		25,186	 25,076
Total current liabilities		97,289	83,040
Other Liabilities			
Asset retirement obligations		1,642	1,707
Accrued workers' compensation		5,321	6,114
Operating lease liabilities		6,661	7,828
Other accrued liabilities		17,063	19,894
Refundable entrance fees		120,353	120,687
Deferred revenue from entrance fees		241,991	239,011
Long-term debt		446,099	 456,827
Total liabilities		936,419	935,108
Net Assets			
Without donor restrictions		987,823	934,041
With donor restrictions		38,023	 35,145
Total net assets		1,025,846	 969,186
Total liabilities and net assets	_\$	1,962,265	\$ 1,904,294

# Front Porch Communities and Services Consolidated Statements of Operations Years Ended March 31, 2024 and 2023 (In Thousands)

		2024		2023
Revenues, Gains, and Other Support Without Donor Restrictions Resident and patient service revenue	\$	323,497	\$	312,595
Amortization of entrance fees	Ψ	41,438	Ψ	37,371
Affordable housing fees and rents		32,039		31,076
Other		1,144		2,209
Net assets released from restrictions used for operations		3,808		3,204
Total revenues, gains, and other support without donor restrictions		401,926		386,455
		101,020		000,100
Expenses		04.004		05.004
Medical services		81,004		85,204
Facility operating costs		48,002		47,962
Dietary services Residential services		60,093		57,110
Administrative services		34,023		32,586
Depreciation		81,907		78,446
Amortization of deferred costs		77,930 351		70,829 740
Interest expense and other financing costs		13,042		13,573
Program expenses		2,261		3,422
Other		7,945		8,914
Total expenses		406,558		398,786
Operating Loss Before Other Operating Activities		(4,632)		(12,331)
Other Operating Activities				
COVID-19-related expenses		-		(1,548)
Amortization of acquired intangible assets and other		(10,964)		(10,401)
Total other operating activities		(10,964)		(11,949)
Operating Loss		(15,596)		(24,280)
Other Income (Expense)				
Investment return, net		71,237		(32,919)
Other components of net periodic benefit cost		998		1,910
Asbestos settlement loss		(1,250)		, -
Loss on impairment of predevelopment costs		(3,550)		
Total other income (expense)		67,435		(31,009)
Excess (Deficiency) of Revenues over Expenses		51,839		(55,289)
Net Assets Released from Restrictions Used for Purchase of Property and Equipment		160		-
Change in Pension Benefit Obligation		1,783		(1,380)
Increase (Decrease) in Net Assets Without Donor Restrictions	\$	53,782	\$	(56,669)

# Front Porch Communities and Services Consolidated Statements of Changes in Net Assets Years Ended March 31, 2024 and 2023 (In Thousands)

	2024		2023	
Net Assets Without Donor Restrictions				
Excess (deficiency) of revenues over expenses	\$	51,839	\$ (55,289)	
Change in pension benefit obligation  Net assets released from restrictions used for purchase		1,783	(1,380)	
of property and equipment		160	-	
Increase (decrease) in net assets without donor				
restrictions		53,782	 (56,669)	
Net Assets with Donor Restrictions				
Contributions received and investment return		6,797	3,501	
Changes in split-interest gift agreements		413	(131)	
Change in beneficial interest in perpetual trusts and annuities		(364)	(283)	
Net assets released from restrictions used for operations  Net assets released from restrictions used for purchase of		(3,808)	(3,204)	
and equipment		(160)	-	
Increase (decrease) in net assets with donor restrictions		2,878	(117)	
Change in Net Assets		56,660	(56,786)	
Net Assets, Beginning of Year		969,186	1,025,972	
Net Assets, End of Year	\$	1,025,846	\$ 969,186	

# Front Porch Communities and Services Consolidated Statements of Cash Flows Years Ended March 31, 2024 and 2023 (In Thousands)

	2024	2023
Operating Activities		
Cash received from residents	\$ 326,885	\$ 308,016
Proceeds from entrance fees received	55,591	56,878
Cash received from affordable housing services	32,988	29,831
Other receipts from operations	967	1,663
Unrestricted contributions received	5,523	4,133
Unrestricted investment income received	9,965	11,187
Cash paid to suppliers, employees, and others	(319,359)	(317,652)
Cash paid for interest on long-term debt, net of amounts capitalized	(14,358)	(15,541)
Net cash provided by operating activities	98,202	78,515
Investing Activities		
Capital expenditures	(116,729)	(94,700)
Proceeds from sale of trading investments	363,656	547,038
Purchase of trading investments	(295,783)	(512,023)
Purchase of assets limited as to use	(4,732)	(3,626)
Proceeds from sale of assets limited as to use	9,306	8,048
Net cash used in investing activities	 (44,282)	 (55,263)
Financing Activities		
Refunds of entrance fees	(20,067)	(20,460)
Principal payments on long-term debt	(9,066)	(8,113)
Proceeds from contributions for purchases of property and equipment	1,274	1,248
Net cash used in financing activities	(27,859)	(27,325)
-	<u>.</u>	 
Increase (Decrease) in Cash and Cash Equivalents	26,061	(4,073)
Cash and Cash Equivalents, Beginning of Year	 54,466	 58,539
Cash and Cash Equivalents, End of Year	\$ 80,527	\$ 54,466

# Front Porch Communities and Services Consolidated Statements of Cash Flows (Continued) Years Ended March 31, 2024 and 2023 (In Thousands)

		2024		2023
Cash Flows from Operating Activities Change in net assets Adjustments to reconcile change in net assets to net cash	\$	56,660	\$	(56,786)
provided by operating activities Depreciation Noncash operating lease expense Gain on disposal of assets Amortization of deferred costs Accretion of asset retirement obligations Impairment of predevelopment costs Amortization of bond premium included in interest expense Amortization of acquired intangible assets and other Entrance fees received Amortization of entrance fees Pension asset Realized and unrealized (gain) loss on investments, net Change in receivable from supporting organization Proceeds from contributions restricted by donor Changes in operating assets and liabilities Accounts receivable, net		77,930 852 2 351 (101) 3,550 (1,397) 10,964 55,591 (41,438) (2,782) (61,321) 40 (1,274)		70,829 1,131 - 272 (67) - (1,410) 10,401 56,878 (37,371) (658) 43,345 213 (1,248)
Prepaid expenses and other Accounts payable and accrued expenses Operating leases Other accrued liabilities  Net cash provided by operating activities	<del></del>	(12,183) 13,789 (1,564) (3,804)		2,265 (1,398) (2,676)
Supplemental Cash Flows Information Property and equipment purchases included in accounts payable and other accrued expenses Entrance fees included in accounts receivable Operating lease obligations incurred for equipment and rental space Impairment of predevelopment costs	\$ \$ \$ \$	24,588 - 393 3,550	\$ \$ \$ \$	12,379 985 898

# Note 1. Nature of Operations and Summary of Significant Accounting Policies

#### **Nature of Operations**

Front Porch Communities and Services (Corporation) is a California nonprofit public benefit corporation as described in Section 501(c)(3) of the Internal Revenue Code (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 (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.

Below is a recap of the communities included within the Obligated Group as of March 31, 2024:

Community	City	Туре	Residential Living Units	Memory Care Units	Care Center Beds	Total Units/Beds
Front Porch Communities and						
Services						
Owned Communities						
Canterbury Woods	Pacific Grove, CA	CCRC	145	_	24	169
Carlsbad by the Sea	Carlsbad, CA	CCRC	159	_	33	192
Casa de Mañana	La Jolla, CA	Rental	188	_	_	188
Claremont Manor	Claremont, CA	Rental	218	17	59	294
Fredericka Manor	Chula Vista, CA	Rental	250	22	174	446
Friends House	Santa Rosa, CA	CCRC	86	_	_	86
Kingsley Manor	Los Angeles, CA	Rental	216	_	51	267
San Francisco Towers	San Francisco, CA	CCRC	252	12	27	291
Spring Lake Village	Santa Rosa, CA	CCRC	348	11	70	429
St. Paul's Towers	Oakland, CA	CCRC	214	7	43	264
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	-	145	183
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	<u> </u>	-	182
Total Obligated Group			3,316	171	728	4,215

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

#### Covia Affordable Communities

Through July 1, 2023, Covia Affordable Communities (CAC) was the sole member of Community Housing, Inc. (CHI), which owns and operates a 220-apartment affordable senior residential community (Lytton I) and a 100unit apartment complex, consisting of 50 residential care apartments and 50 independent living apartments (Lytton II). CAC was 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 was 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. Lytton IV, OCT, PGA, JSH, and BCSH 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 was 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. Effective July 1, 2023, CARING became the sole member of all entities noted above under CAC.

#### 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 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. 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.

#### 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, 2024.

#### 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. On July 1, 2023, CAC was legally dissolved and was subsumed into CARING.

These events are considered to be under common control as the Corporation already had full control of all entities.

All transferred assets, liabilities, and net assets were recorded at historical carrying value. There is no impact on the consolidated financial statements.

# **Principles of Consolidation**

The accompanying consolidated financial statements include the accounts of the Obligated Group, 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, 2024 and 2023, cash equivalents consisted primarily of money market mutual funds of \$18,979 and \$12,102, respectively. These funds are not insured by the Federal Deposit Insurance Corporation (FDIC).

At March 31, 2024, the Corporation's cash accounts exceeded federally insured limits by approximately \$72,399.

#### 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 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, CARING, 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 and CARING. 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 credit loss expense. There was no material credit loss expense recorded during the years ended March 31, 2024 and 2023.

#### **Property and Equipment**

Property and equipment acquisitions exceeding \$1 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 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, 2024 and 2023.

#### 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.

#### 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. Type A contracts, offered on a limited basis, stipulate that the base monthly 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, 2024 and 2023, 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 13.

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 capital contributions to affiliates and the change in pension benefit obligation.

#### 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.

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 7. Workers' compensation claims are described more fully in Note 8.

#### 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, 2024 and

2023, 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

Certain immaterial revisions have been made to the 2023 consolidated financial statements for:

- A correction to the classification of assets limited as to use in Note 3 to reduce HUD facility reserves and charitable remainder trusts and gift annuities by \$4,431 and \$1,488, respectively, and present \$5,836 of community funds. This revision did not have an impact on the 2023 consolidated balance sheet or the consolidated statements of operations and changes in net assets.
- To reduce entrance fees subject to refund or reoccupancy as of March 31, 2023 by \$63,503 in Note 22.
   This revision did not have an impact on the 2023 consolidated balance sheet or the consolidated statements of operations and changes in net assets.
- Certain accounts were moved on the consolidated balance sheet as of March 31, 2023 and consolidated statements of operations, changes in net assets and cash flows to align more accurately with their classification or purpose. None of these revisions had a significant impact on the financial statement line items impacted. Additionally, certain of these changes also impacted the related footnotes including Notes 3, 11, 12, 15, 17, and 19.
- A correction to the classification of board designated net assets for the Innovation Fund and Affordable
  Housing funds due to a transposition of these amounts for 2023. This revision did not have an impact on
  the 2023 consolidated balance sheet or the consolidated statements of operations and changes in net
  assets.

#### Subsequent Events

Subsequent events have been evaluated through July 24, 2024, which is the date the consolidated financial statements were issued.

#### Note 2. 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.

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

	2024	2023
Medicare	35%	26%
Medi-Cal (including Medi-Cal managed care payors)	33%	45%
PPO/HMO (other contracted payors)	17%	15%
Patients and other	15%	14%
	100%	100%

#### Note 3. Investments and Investment Return

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

		2024	 2023	
Cash and cash equivalents	\$	37,419	\$ 41,511	
Money market mutual funds		-	5,025	
Certificates of deposit		1,882	1,957	
Commodity mutual funds		14,341	14,176	
Other mutual funds		51,223	64,849	
U.S. Treasury and U.S. agency securities		30,349	28,111	
Equity securities – domestic		195,714	190,136	
Equity securities – international		116,825	122,473	
Municipal securities		1,303	1,298	
Corporate bonds and commercial paper		50,595	59,031	
Alternative investments		33,905	16,240	
Beneficial interest in perpetual trust		1,093	968	
	<u>\$</u>	534,649	\$ 545,775	

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, 2024 and 2023, 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, 2024 and 2023 is \$1,093 and \$968, 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.

Assets limited as to use consisted of amounts with restrictions for the following purposes as of March 31:

	 2024	2023
Held by trustee under indenture agreements for bond fund		
and other reserves	\$ 15,288	\$ 15,269
HUD facility reserves	19,915	18,318
Held by trustee under indenture agreements for construction	4,318	9,350
Charitable remainder trusts and gift annuities	8,737	8,773
Endowment funds	17,693	14,984
Beneficial interest in perpetual trust	1,093	968
Community funds	 15,548	 5,836
	\$ 82,592	\$ 73,498

Total investment return is comprised of the following for the years ended March 31 and is included in net assets without donor restrictions:

	 2024	2023	
Interest and dividend income	\$ 11,767	\$	12,154
Realized gains on sales of securities, net	15,823		15,520
Unrealized gains (losses) on investments valued at fair value, net	45,498		(58,807)
Investment fees	(1,851)		(1,786)
Investment return, net	\$ 71,237	\$	(32,919)

The change in net assets with donor restrictions for the years ended March 31, 2024 and 2023 includes investment return of \$2,737 and \$(979), respectively.

# Note 4. Property and Equipment

A summary of property and equipment at March 31 follows:

	2024	2023
Land and land improvements	\$ 385,296	\$ 376,781
Buildings and building improvements	1,084,416	1,012,172
Leasehold improvements	12,099	11,388
Equipment	248,567	236,368
Construction in progress	82,878	47,598
	1,813,256	1,684,307
Less accumulated depreciation	568,269	490,326
	\$ 1,244,987	\$ 1,193,981

Construction in progress includes various projects, many of which will be completed in the next fiscal year. At March 31, 2024, there was one project with a significant construction commitment with an estimated remaining cost of \$9,992.

# Note 5. 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, 2024 and 2023, the receivable from supporting organization related to CLH is \$810 and \$850, respectively.

# Note 6. Acquired Intangible Assets

The carrying basis and accumulated amortization of recognized intangible assets (in-place leases) at March 31 was:

		2024		
Carrying basis Accumulated amortization	\$	76,985 (33,682)	\$	76,985 (24,609)
	<u>\$</u>	43,303	\$	52,376

Amortization expense for the years ended March 31, 2024 and 2023 was \$9,073 and \$9,523, respectively. Estimated amortization expense for each of the following four years is \$9,073, and \$7,011 of amortization expense is estimated for year five.

# Note 7. 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, \$1,250 and \$0 have been accrued for the Corporation's portion of malpractice costs as of March 31, 2024 and 2023, respectively, and are included in accounts payable on the accompanying consolidated balance sheets. It is reasonably possible this estimate could change materially in the near term.

#### Note 8. Workers' Compensation

The Corporation self-insures its workers' compensation claims in California. In addition, for the years ended March 31, 2024 and 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.

Amounts accrued to cover potential workers' compensation claims, based on actuarial valuation, as of March 31 are as follows:

	2024		 2023
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	\$	2,413 5,321	\$ 2,746 6,114
	\$	7,734	\$ 8,860

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 \$430 and \$471 are included as other receivables in the accompanying consolidated balance sheets at March 31, 2024 and 2023, respectively.

# Note 9. Trusts and Annuities Payable

FPC Foundation and CARING 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 CARING have recorded a liability at March 31, 2024 and 2023 of \$4,946 and \$5,517, 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 2024 and 2023.

# Note 10. Long-Term Debt

The following is a summary of long-term debt at March 31:

	 2024	 2023
Series 2021A Revenue Bonds (A)	\$ 197,145	\$ 198,270
Series 2021B Revenue Bonds (B)	93,965	100,375
Series 2017A Revenue Bonds (C)	95,585	96,610
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)	4,564	4,685
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
Multifamily Housing Revenue Bonds 2005 Series L – OCT (J)	2,620	2,720
HUD Section 221(d)(4) mortgage – BCSH (K)	 22,123	 22,409
	434,057	443,340
Plus unamortized premium	25,786	27,183
Less unamortized debt issuance costs	(4,573)	(4,730)
Less current maturities	 (9,171)	 (8,966)
	\$ 446,099	\$ 456,827

- (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 \$1,854 and \$1,928 at March 31, 2024 and 2023, respectively. The effective interest rate was 3.54% and 3.55% for the years ended March 31, 2024 and 2023, 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 \$819 and \$889 at March 31, 2024 and 2023, respectively. The effective interest rate was 2.09% and 2.00% for the years ended March 31, 2024 and 2023, respectively.

The bonds issued in (A) and (B) above were issued to refinance certain previously outstanding debt of the Corporation. 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 \$1,280 and \$1,334 at March 31, 2024 and 2023, respectively. The effective interest rate was 4.52% for the years ended March 31, 2024 and 2023.
- (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.
- (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 was forgiven in full on June 1, 2023.
- (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, 2023 and 2022 was 5.92% and 3.37%, 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 CARING 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, 2024 are as follows:

Year Ending March	31,
2025	\$ 9,171
2026	9,349
2027	9,586
2028	9,838
2029	10,117
Thereafter	385,996
	\$ 434,057

# Note 11. 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.

#### Third-Party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

**Medicare** – Services rendered to Medicare program beneficiaries for skilled nursing are reimbursed under a prospective methodology, and no additional settlement will be made on the difference between the per diem rates paid and actual cost.

**Medi-Cal** – Reimbursements for Medi-Cal services are generally paid at prospectively determined rates per day.

**Other** – Payment agreements with certain commercial insurance carriers provide for payment using prospectively determined rates per day.

Laws and regulations concerning government programs, including Medicare and Medi-Cal, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Corporation's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Corporation. In addition, the contracts the Corporation has with commercial payors also provide for retroactive audit and review of claims.

#### **Revenue Composition**

The Corporation has determined that the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors and service lines.

Details of these factors for the years ended March 31 are presented below:

_		Care Center		Memory sidential Care		Total	
2024							
Medicare	\$	24,701	\$	-	\$	-	\$ 24,701
Medi-Cal		16,989		-		-	16,989
Other third-party payors		5,619		-		-	5,619
Private		15,343		240,844		20,001	276,188
Amortization of entrance fees		<u>-</u>		41,438		_	 41,438
	\$	62,652	\$	282,282	\$	20,001	\$ 364,935

	 Care Center Residential		 Memory Care	Total		
2023						
Medicare	\$ 23,957	\$	-	\$ -	\$	23,957
Medi-Cal	25,075		-	-		25,075
Other third-party payors	7,248		-	-		7,248
Private	16,922		222,138	17,255		256,315
Amortization of entrance fees	 		37,371	 		37,371
	\$ 73,202	\$	259,509	\$ 17,255	\$	349,966

#### 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, 2024 and 2023, 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, 2023		dditions	R	efunds	Am	ortization	M	larch 31, 2024
\$ 239,011	\$	50,662	\$	(6,244)	\$	(41,438)	\$	241,991
April 1, 2022	A	Additions		Refunds		ortization	M	larch 31, 2023
\$ 225,133	\$	54,292	\$	(3,043)	\$	(37,371)	\$	239,011

The following table provides information about the Corporation's receivables from contracts with customers:

	 2024	2023	
Resident and patient accounts receivable, beginning of year	\$ 14,782	\$ 9,377	
Resident and patient accounts receivable, end of year	\$ 10,445	\$ 14,782	

# 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 CARING'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. CARING 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.

#### Note 12. Net Assets with Donor Restrictions

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

	2024		2023	
Resident assistance and special projects	\$	14,041	\$	12,722
Scholarships		941		769
Trusts and annuities		4,570		4,240
Other		9,396		8,514
Investments to be held in perpetuity, the income is expendable		9,075		8,900
	•			
	\$	38,023	\$	35,145

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	\$	3,574	\$	2,501
Scholarships		106		106
Community fund and other		288		597
	<u>\$</u>	3,968	\$	3,204

#### Note 13. 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:

	2024		2023	
Innovation Fund	\$	1,906	\$	1,906
Affordable Housing Fund		800		800
Dr. Darby Betts Fund		1,428		1,428
Resident assistance and special projects		13,023		5,394
Restricted deposits and funded reserves		12,171		12,995
Other funds		45		45
	<u>\$</u>	29,373	\$	22,568

#### Note 14. 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, 2024 and 2023 were entirely donor-restricted endowment funds and are reflected in the accompanying consolidated balance sheets as net assets with donor restrictions of \$14,292 and \$12,031, respectively.

Changes in endowment net assets for the years ended March 31, 2024 and 2023 were:

Endowment net assets, April 1, 2022	\$ 12,929
Investment return	 (898)
Endowment net assets, March 31, 2023	12,031
Investment return	2,482
Contributions	164
Appropriation of endowment assets for expenditure	 (385)
Endowment net assets, March 31, 2024	\$ 14,292

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 15. Liquidity and Availability

The Corporation's financial assets available to meet general expenditures within one year of the balance sheet date are:

		2024	 2023	
Cash and cash equivalents Investments Resident and patient accounts receivable Other receivables	\$	80,527 452,057 10,445 1,178	\$ 54,383 472,277 14,782 1,219	
Financial assets available to meet general expenditures within one year	_\$_	544,207	\$ 542,661	

The Corporation has certain board-designated assets that are available for general expenditures within one year in the normal course of operations (see Note 13). 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 3, are not available for general expenditure within the next year. The Corporation does not have a specific liquidity policy.

#### Note 16. 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 \$6,946 and \$5,998 for the years ended March 31, 2024 and 2023, respectively.

#### **Note 17. 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 schedule presents the natural classification of expenses by function as follows for the years ended March 31:

	Residential and Healthcare Services		Program Services		General and Administrative	
2024						
Salaries and wages	\$	100,356	\$	-	\$	35,411
Employee benefits		38,127		-		13,105
Professional services		19,245		-		12,557
Supplies and other		73,339		2,261		19,836
Depreciation and amortization		83,467		-		5,778
Interest and other financing costs		7,859		-		5,183
Total expenses	\$	322,393	\$	2,261	\$	91,870
2023						
Salaries and wages	\$	102,472	\$	-	\$	36,238
Employee benefits		31,715		_		9,471
Professional services		23,919		_		13,365
Supplies and other		74,048		3,422		19,372
Depreciation and amortization		75,854		-		5,376
Interest and other financing costs		9,167		_		4,406
Total expenses	<u>\$</u>	317,175	\$	3,422	\$	88,228

# Note 18. Pension and Other Employee Benefit Plans

#### 403(b) Defined Contribution Plan and Supplemental Retirement Plan

The Corporation sponsors a 403(b) defined contribution plan (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.

For legacy Communities and CAC employees under the Plan, all employees with more than 1,000 hours of service within the first year of employment are eligible to participate. The Corporation contributes an amount equal to 5% of each participant's compensation for all legacy Communities employees hired prior to January 1, 2021 and all legacy CAC employees hired before January 1, 2022. The Corporation contributes 3% of each participant's compensation for employees hired after these dates.

Expense for this retirement plan, equal to the contribution, totaled \$4,490 and \$4,497 for the years ended March 31, 2024 and 2023, 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 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, 2024 and 2023, \$429 and \$636, respectively, of deferred compensation is accrued and included in other accrued liabilities in the accompanying consolidated balance sheets.

The Corporation also maintains, for certain key employees of legacy Communities, 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, 2024 and 2023, \$1,044 of deferred compensation is accrued and included in other accrued liabilities in the accompanying consolidated balance sheets.

#### **Defined Benefit Plan**

The Corporation has a noncontributory defined benefit pension plan that provides benefits under retirement annuity contracts for legacy Communities employees. 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 Corporation's funding policy is to make the actuarially determined annual contribution. The defined benefit pension plan was frozen effective December 31, 2020. The Corporation uses a March 31 measurement date for the plan.

Information about the plan's funded status follows:

	2024		2023	
Change in benefit obligation				
Beginning of year	\$	48,427	\$	55,742
Interest cost		2,275		1,982
Actuarial gains		(235)		(6,595)
Benefits paid		(2,766)		(2,702)
End of year		47,701		48,427
Change in fair value of plan assets				
Beginning of year		52,458		59,115
Actual return on plan assets		4,822		(3,955)
Benefits paid		(2,766)		(2,702)
End of year		54,514		52,458
Funded status at measurement date	\$	6,813	\$	4,031

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 \$5,290 and \$7,073 during 2024 and 2023, respectively. The accumulated benefit obligation for the plan was \$47,701 and \$48,427 at March 31, 2024 and 2023, respectively.

Components of net periodic benefit cost are:

		2023		
Interest cost Expected return on plan assets Amortization of net loss	\$	2,275 (3,530) 257	\$	1,982 (3,892)
Net periodic benefit cost	\$	(998)	\$	(1,910)

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.

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)		2024	2023	
		(1,524)	\$	1,380
Amortization of net loss	\$ 	(257)	Ψ ——	
Amount recognized in net assets without donor restrictions at measurement date		(1,781)		1,380
Total recognized in net periodic benefit cost and net assets without donor restrictions at measurement date	\$	(2,779)	\$	(530)

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:

	2024	2023
Actuarial present value of the benefit obligation		
Weighted-average discount rate	5.10%	4.85%
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	4.85%	3.65%
Rate of increase in future compensation levels	N/A	N/A
Long-term rate of return on plan assets	7.00%	6.75%

The Corporation 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, 2024:

2025	\$ 3,350
2026	\$ 3,190
2027	\$ 3,380
2028	\$ 3,400
2029	\$ 3,380
2030–2034	\$ 16,430

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:

	2024	2023	
Equity securities	65%	65%	
Fixed income securities	30%	30%	
Real estate	5%_	5%	
	<u>100%</u>	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:

	2024	2023
Equity securities	10%	70%
Fixed income securities	90%	25%
Real estate securities	0.0%	5%
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 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, 2024 and 2023.

The fair values of the Corporation's pension plan assets at March 31 by asset class are as follows:

			Fair Value Measurements Using						
	Fair Value		in Ma Id	Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
2024									
Mutual funds									
Money market	\$	537	\$	537	\$	-	\$	-	
International equity		330		330		-		-	
Collective investment trusts		53,647				53,647			
Total assets at									
measurement date	\$	54,514	\$	867	\$	53,647	\$		
2023 Mutual funds Small/midcap domestic equity International equity Fixed income	\$	2,804 18,218 13,249 34,271	\$	2,804 18,218 13,249 34,271	\$	- - - -	\$	- - - -	
Investments valued at NAV Pooled separate accounts		18,187							
Total assets at measurement date	\$	52,458							

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.

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, 2024 and 2023, the timing of liquidation of these assets and the date when restrictions on redemption might lapse are unknown.

### Note 19. 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

## 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 (Level 1)		Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
2024								
Financial assets								
Equities – domestic	\$	195,714	\$	195,714	\$	-	\$	-
Equities – international		116,825		116,825		-		-
Certificates of deposit		1,882		<del>-</del>		1,882		-
Commodity mutual funds		14,341		14,341		-		-
Other mutual funds		51,223		51,223		-		-
U.S. Treasury and		00.040		40.000		40.000		
U.S. agency securities		30,349		18,069		12,280		-
Corporate bonds and		50 505		05 457		45 400		
commercial paper		50,595		35,457		15,138		-
Municipal securities Beneficial interest in		1,303		-		1,303		-
perpetual trust		1,093		_		_		1,093
perpetual trust		1,093						1,033
		463,325	\$	431,629	\$	30,603	\$	1,093
Investments valued at NAV (A) Limited partnership		33,905						
Cash and cash equivalents (at cost)		37,419						
Total investments and assets limited as to use	\$	534,649						
Receivable from supporting organization	\$	810	\$		\$		\$	810

	Fair Value Measurements Using							
	Fair Value		ii Ma Id	oted Prices on Active orkets for dentical Assets Level 1)	Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
2023								
Financial assets								
Equities – domestic	\$	190,136	\$	190,136	\$	-	\$	-
Equities – international		122,473		122,473		-		-
Money market mutual funds		5,025		5,025		-		-
Certificates of deposit		1,957		-		1,957		-
Commodity mutual funds		14,176		14,176		-		-
Real estate mutual funds		-		-		-		-
Other mutual funds		64,849		64,849		-		-
U.S. Treasury and								
U.S. agency securities		28,111		17,002		11,109		-
Corporate bonds and								
commercial paper		59,031		42,331		16,700		-
Municipal securities		1,298		-		1,298		
Beneficial interest in								
perpetual trust		968						968
		488,024	\$	455,992	\$	31,064	\$	968
Investments valued at NAV (A)		16 040						
Limited partnership		16,240						
Cash and cash equivalents								
(at cost)		41,511						
Total invocation and								
Total investments and	φ	E1E 77E						
assets limited as to use	\$	545,775						
Receivable from supporting								
organization	\$	850	\$	-	\$	_	\$	850
•								

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, 2024. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

#### Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include various mutual funds, certain corporate bonds and commercial paper, U.S. Treasury and U.S. agency securities, and exchange-traded equity securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of investments with similar characteristics, or discounted cash flows. Level 2 investments include certain corporate bonds and commercial paper, U.S. Treasury and U.S. agency securities, and certificates of deposit. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy.

#### Alternative Investments

Investments in certain entities measured at fair value using the NAV per share as a practical expedient consisted of the following at March 31:

	Fair Value		Fair Value		Unfunded Commitment		Redemption Frequency	Redemption Notice Period
<b>2024</b> Limited partnership	\$	33,905	\$	-	Quarterly	10 days		
<b>2023</b> Limited partnership	\$	16,240	\$	-	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 2.52% and 1.42% at March 31, 2024 and 2023, respectively. At March 31, 2024 and 2023, 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.

## Receivable from Supporting Organization

Fair value is estimated at the present value of the future distributions from the supporting organization. Due to the nature of the valuation inputs, the receivable from supporting organization is classified within Level 3 of the hierarchy.

#### Level 3 Reconciliation

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying consolidated balance sheets using significant unobservable (Level 3) inputs:

	Receivable from Supporting Organization		Inte Per	neficial erest in rpetual Frust
Balance, April 1, 2022	\$	1,063	\$	1,122
Total realized and unrealized loss included in change in net assets		(213)		(12)
Balance, March 31, 2023		850		968
Total realized and unrealized gain (loss) included in change in net assets		(40)		125
Balance, March 31, 2024	\$	810	\$	1,093
Total gains 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, 2023	\$	(213)	\$	(12)
Year ended March 31, 2024	\$	(40)	\$	125

## Note 20. 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.

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:

	2024			2023		
Balance, beginning of year Change in estimate and accretion expense	\$	1,707 (65)	\$	1,948 (241)		
Balance, end of year	\$	1,642	\$	1,707		

## Note 21. 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 11.

#### 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 8.

### 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 20, the Corporation has recorded a liability for its conditional AROs related to asbestos abatement.

## Note 22. Refundable and Amortized Entrance Fees and Deferred Revenue

Entrance fee arrangements apply to 12 of the Corporation's facilities as of March 31, 2024 and 2023. 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.
- 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 \$20,881 and \$21,674 at March 31, 2024 and 2023, 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.

Entrance fees subject to refund or reoccupancy and actual refunds disbursed as of and for the year ended March 31, 2024 are \$141,234 and \$20,067, respectively. Entrance fees subject to refund or reoccupancy and actual refunds disbursed as of and for the year ended March 31, 2023 are \$142,361 and \$19,809, respectively.

## Note 23. 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). 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, 2024 and 2023.

## **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.

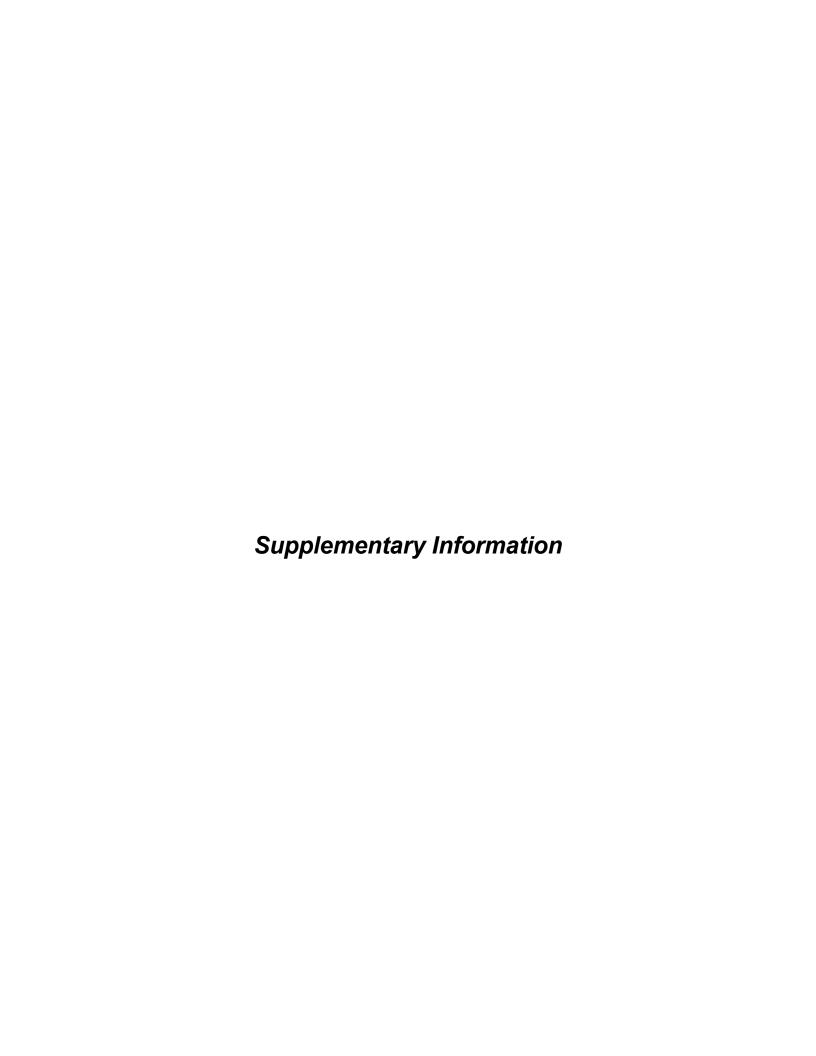
## **Quantitative Disclosures**

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

		2024		2023	
Operating lease cost Short-term lease cost	\$	2,084 1,802	\$	2,101 1,510	
Total lease cost	\$	3,886	\$	3,611	
Other required information  Cash paid for amounts included in the measurement of lease liabilities  Operating cash flows from operating leases  ROU assets obtained in exchange for new operating lease liabilities	\$ \$	2,406 393	\$ \$	2,528 898	
Weighted-average remaining lease term Operating leases Weighted-average discount rate Operating leases		6.88 years 4.4%		6.72 years 4.2%	

Future minimum lease payments and reconciliation to the accompanying consolidated balance sheet at March 31, 2024 are as follows:

	Operating Leases				
2025	\$	1,567			
2026		1,402			
2027		1,365			
2028		1,318			
2029		1,251			
Thereafter		2,744			
		9,647			
Less interest		1,419			
Operating lease liabilities	<u>\$</u>	8,228			



# Front Porch Communities and Services Consolidating Schedule – Balance Sheet Information March 31, 2024 (In Thousands)

		Obligated Group	Fou	ındation		fordable lousing	Elin	ninations	Co	nsolidated
ASSETS										
Current Assets										
Cash and cash equivalents	\$	28,832	\$	2,418	\$	49,277	\$	_	\$	80,527
Short-term investments	,	1,814	·	332	·	- ,	·	_	•	2,146
Assets limited as to use – required for current liabilities		15,399		_		37		_		15,436
Resident and patient accounts receivable		8,933		_		1,512		_		10,445
Prepaid expenses and other		15,879		594		1,396		(114)		17,755
Intercompany receivables		6,105		_				(6,105)		-
Total current assets		76,962		3,344		52,222		(6,219)	_	126,309
Investments										
Assets limited as to use, net of current portion		4,318		43,071		19,767		-		67,156
Long-term investments		437,115		13,941		522		(1,667)		449,911
Total investments		441,433		57,012		20,289		(1,667)	_	517,067
Property and Equipment, Net		977,211		12		267,789		(25)		1,244,987
Other Assets										
Receivable from supporting organization		810		_		_		_		810
ROU assets – operating leases		7,649		_		2,147		(2,033)		7,763
Other receivables		430		748		-		-		1,178
Other assets		13,548		_		487		_		14,035
In-place leases		43,303		-		-		-		43,303
Net pension asset		6,813		-		-		-	_	6,813
Total other assets		72,553		748		2,634		(2,033)		73,902
Total assets	\$	1,568,159	\$	61,116	\$	342,934	\$	(9,944)	\$	1,962,265
LIABILITIES AND NET ASSETS										
Current Liabilities										
Current maturities of long-term debt	\$	8,730	\$	_	\$	441	\$	_	\$	9,171
Current portion of operating lease liabilities	,	1,567	•	_	•	114	•	(114)	•	1,567
Accounts payable		35,925		_		1,653		(35)		37,543
Accrued payroll and related expenses		16,628		_		548		-		17,176
Intercompany payables		, <u>-</u>		1,410		4,681		(6,091)		, -
Accrued interest		6,558		· <u>-</u>		88		-		6,646
Other accrued expenses		24,146				1,040				25,186
Total current liabilities		93,554		1,410		8,565		(6,240)		97,289
Other Liabilities										
Asset retirement obligations		1,642		-		-		-		1,642
Accrued workers' compensation		5,145		-		176		=		5,321
Operating lease liabilities		6,661		-		2,033		(2,033)		6,661
Other accrued liabilities		9,406		4,411		4,441		(1,195)		17,063
Refundable entrance fees		120,353		-		-		-		120,353
Deferred revenue from entrance fees		241,991		-		-		-		241,991
Long-term debt		399,798		-		46,301			_	446,099
Total liabilities		878,550		5,821		61,516		(9,468)		936,419
Net Assets										
Without donor restrictions		688,443		18,577		281,279		(476)		987,823
With donor restrictions		1,166		36,718		139				38,023
								(4=0)		
Total net assets		689,609		55,295		281,418		(476)		1,025,846

# Front Porch Communities and Services Consolidating Schedule – Statement of Operations Information Year Ended March 31, 2024 (In Thousands)

	Obligated Group	Foundation	Affordable Housing	Eliminations	Consolidated
Revenues, Gains, and Other Support Without Donor					
Restrictions					
Resident and patient service revenue	\$ 323,696	\$ -	\$ 1	\$ (200)	\$ 323,497
Amortization of entrance fees	41,438	-	=	-	41,438
Affordable housing fees and rents	=	-	32,039	-	32,039
Other	3,399	(128)	607	(2,734)	1,144
Net assets released from restrictions used for operations		3,808			3,808
Total revenues, gains, and other support without					
donor restrictions	368,533	3,680	32,647	(2,934)	401,926
Expenses					
Medical services	80,293	_	711	_	81,004
Facility operating costs	40,876	_	7,126	_	48,002
Dietary services	59,925	_	368	(200)	60,093
Residential services	30,675	_	3,348	(===) -	34,023
Administrative services	76,312	14	5,581	_	81,907
Depreciation	72,094	-	5,836	_	77,930
Amortization of deferred costs	312	_	39	_	351
Interest expense and other financing costs	11,668	_	1,374	_	13,042
Program expenses	-	4,929	-	(2,668)	2,261
Other	7,366	2	803	(226)	7,945
Total expenses	379,521	4,945	25,186	(3,094)	406,558
Operating Income (Loss) Before Other Operating Activities	(10,988)	(1,265)	7,461	160	(4,632)
Other Operating Activities					
Amortization of acquired intangible assets and other	(10,964)	_	_	_	(10,964)
, mistazansir si asqansa miangisis associa ana sana	(12,221)				(12,221)
Total other operating activities	(10,964)				(10,964)
Operating Income (Loss)	(21,952)	(1,265)	7,461	160	(15,596)
Other Income (Expense)					
Investment return, net	65,167	5,236	834	_	71,237
Other components of net periodic benefit cost	998	0,200	-	_	998
Asbestos settlement loss	(1,250)	_	_	_	(1,250)
Loss on impairment of predevelopment costs	(1,230)		(3,550)	<u> </u>	(3,550)
Total other income (expense)	64,915	5,236	(2,716)		67,435
Excess of Revenues over Expenses	42,963	3,971	4,745	160	51,839
Net Assets Released from Restrictions Used for					
Purchase of Property and Equipment	-	160	-	-	160
Contributions from Affiliates	160	-	-	(160)	-
Change in Pension Benefit Obligation	1,783				1,783
Increase in Net Assets Without Donor Restrictions	\$ 44,906	\$ 4,131	\$ 4,745	\$ -	\$ 53,782

# **ANNUAL REPORT CHECKLIST**

FISCAL YEAR ENDED: 03/31/24

		PER(S):	
F	ront P	orch Communities & Services	
C	CRC(S	3):	
		PER CONTACT PERSON:	
		layrapet	LE MAIL ADDDECC.
		IONE NUMBER: 4-4126	E-MAIL ADDRESS: mhayrapet@frontporch.net
<del>_</del>	10 20	7 7120	Timayrapet@nontporch.net
	A co	mplete annual report must consist of 3	copies of all of the following:
Z	Annu	al Report Checklist.	
		al Provider Fee in the amount of: \$134,83	33.18
•			
<b>[</b> ]		fication by the provider's <b>Chief Executive</b>	
		The reports are correct to the best of his/	
		•	e or offered to new residents has been approved by
	<del>-</del>	the Department.	
			iquid reserves and, when applicable, the required
_		refund reserve.	
V	Evide	ence of the provider's fidelity bond, as requ	uired by H&SC section 1789.8.
Ø		der's audited financial statements, with ar on thereon.	accompanying certified public accountant's
Ø			n Department forms), with an accompanying NOTE: Form 5-5 must be signed and have the
		red disclosures attached (H&SC section 1	<del>_</del>
Ø	"Con	tinuing Care Retirement Community Discl	osure Statement" for <i>each</i> community.
Ø	Form	7-1, "Report on CCRC Monthly Service F	ees" for <b>each</b> community.
	Form	9-1, "Calculation of Refund Reserve Amo	unt", if applicable.
	provi	, , ,	(or by the authorized person who signed the omitted along with the annual report, but is not

CONSOLIDATED FORM 1-2 March 31, 2024

#### CALCULATION OF ANNUAL PROVIDER FEE

Lir		Carlsbad By The Sea	Claremont Manor	Sunny View	Villa Gardens	Vista del Monte	Wa <b>l</b> nut Village	Canterbury Woods	St Pau <b>l</b> 's Tower	Los Gatos Meadows	Spring Lake Village	San Francisco Towers	Webste House	Friends House	Total
(1)	Total Operating Expense	20,467,346	23,802,386	19,599,125	26,790,897	15,266,438	18,224,121	14,163,473	27,543,061	888,274	39,425,603	33,069,588	16,643,458	4,750,580	260,634,350
[	a] Depreciation	3,881,903	3,426,797	2,823,461	4,040,358	3,028,814	4,162,134	2,419,215	6,412,286	21,582	8,582,502	7,958,157	901,799	988,956	48,647,963
[	Debt Service (Interest Only)	199,364	662,208	89,509	195,761	102,254	2,659,722	-	-	-	-	-	-	-	3,908,818
(2)	Subtotal (add Line 1a and 1b)	4,081,267	4,089,005	2,912,970	4,236,119	3,131,068	6,821,856	2,419,215	6,412,286	21,582	8,582,502	7,958,157	901,799	988,956	52,556,781
(3)	Subtract Line 2 from Line 1 and enter result.	16,386,079	19,713,382	16,686,155	22,554,778	12,135,370	11,402,265	11,744,258	21,130,775	866,691	30,843,101	25,111,431	15,741,659	3,761,624	208,077,569
(4)	Percentage allocated to continuing care residents (Form 1-1, Line 11)	86%	1%	35%	68%	39%	93%	29%	89%	100%	93%	97%	30%	92%	
(5)	Total Operating Expense of Continuing Care Residents (multiply Line 3 by Line 4)	14,029,911	153,114	5,837,401	15,312,418	4,725,793	10,561,114	3,387,767	18,774,183	866,691	28,679,907	24,260,882	4,784,230	3,459,765	
(6)	Total Amount Due (multiply Line 5 by .001)	14,029.91	153.11	5,837.40	15,312.42	4,725.79	10,561.11	3,387.77	18,774.18	866.69	28,679.91	24,260.88	4,784.23	3,459.77	134,833.18

PROVIDER: <u>Front Porch Communities & Services</u>
COMMUNITY:

Front Porch Fiscal Year End 3/31/24 Rent Payments 74385 - Rent

Reserve Report - Form 5-3	Amount
Kingsley Manor - Parking Lot	199,921.00
Corporate -Office Rent	1,675,767.22
England Oaks	591,098.10
Cecil Pines	145,509.43
Vista del Monte - Parking Lot	46,491.25
Community Service	78,003.26
Webster	53,640.00
	2,790,430.26

**Source: Rent Form 5-3 Line 3** 

Form 5-1 & 5-2		Interest	Principal	
Interest Paid During Fiscal Year		13,190,713		-
Credit Enhancement Premiums Paid		-		
Principal Payments			8,560,000	_
Total Principal & Interest Paid and Credit Enhancement Premium Paid	Form 5			
	1 & 5-2	13,190,713	8,560,000	-
Not included on Form 5-1 & 5-2		Interest	Principal	Explanation
PGA 1604		149,025	121,699	
BCSH-1609		915,736	283,919	
OCLP			100,000	
Deferred cost		177,829.00		
Change iN Accrued Interest		(75,455.00)		
				_
\$	Subtotal	1,167,135	505,618	-
Interest, Principal & Other Financing Costs Reconciled to Ca	sh Flow	14,357,848	9,065,618	- -
		14,357.85	9,065.62	-
Audit Ca	sh Flow	14,358	9,066	
		(0)	(0.4)	

Form 5-1 & 5-2	Interest	Principal	
Interest Paid During Fiscal Year	13,190,713		_
Credit Enhancement Premiums Paid	-		
Principal Payments		8,560,000	_
Total Principal & Interest Paid and Credit Enhancement Premium Paid Form 5-			
1 & 5-2	13,190,713	8,560,000	-
Not Included on Form 5-1 & 5-2	Interest	Principal	Explanation
PGA 1604	149,025	121,699	
BCSH-1609	915,736	283,919	
OCLP		100,000	
Deferred cost	177,829.00		
Change iN Accrued Interest	(75,455.00)		
	4.457.405		-
Subtotal	1,167,135	505,618	=
Interest, Principal & Other Financing Costs Reconciled to Cash Flow	14,357,848	9,065,618	<del>-</del> =
	14,357.85	9,065.62	<del>-</del>
Audit Cash Flow	14,358	9,066	
	(0)	(0.4)	