

# **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

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 197          |
| <b>All Residents</b> |   |              |
| [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.   |              |
| [10]                 | Mean number of <i>all</i> 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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 14,029.91</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Carlsbad by the Sea



**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>   |
|----------------------|---|--|
| [1]                  | Number at beginning of fiscal year  | <u>2</u>   |
| [2]                  | Number at end of fiscal year  | <u>2</u>   |
| [3]                  | Total Lines 1 and 2   | <u>4</u><br>x.50                                       |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |  |
| [5]                  | Mean number of continuing care residents  | <input style="width: 100px;" type="text" value="2"/>   |
| <b>All Residents</b> |   |  |
| [6]                  | Number at beginning of fiscal year  | <u>219</u>   |
| [7]                  | Number at end of fiscal year  | <u>296</u>   |
| [8]                  | Total Lines 6 and 7   | <u>515</u><br>x.50                                     |
| [9]                  | Multiply Line 8 by “.50” and enter result on Line 10.   |  |
| [10]                 | Mean number of <i>all</i> residents   | <input style="width: 100px;" type="text" value="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). | <input style="width: 100px;" type="text" value="0"/>   |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 153.11</b> |

**PROVIDER:** Front Porch Communities & Services**COMMUNITY:** Claremont Manor

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 53           |
| <b>All Residents</b> |   |              |
| [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 <i>all</i> 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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| <b>Line</b>  | <b>TOTAL</b>       |
|--|--------------------|
| [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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 5,837.40</b> |

**PROVIDER:** Front Porch Communities & Services**COMMUNITY:** Sunny View Retirement Community

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 185          |
| <b>All Residents</b> |   |              |
| [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.   |              |
| [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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 15,312.42</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Villa Gardens

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 81           |
| <b>All Residents</b> |   |              |
| [6]                  | Number at beginning of fiscal year  | 204          |
| [7]                  | Number at end of fiscal year  | 212          |
| [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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| <b>Line</b>  | <b>TOTAL</b>       |
|--|--------------------|
| [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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 4,726.00</b> |

**PROVIDER:** Front Porch Communities & Services**COMMUNITY:** Vista Del Monte



**FORM 1-1:RESIDENT POPULATION**

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| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>                     |
|----------------------|---|----------------------------------|
| [1]                  | Number at beginning of fiscal year  | <u>188</u>                       |
| [2]                  | Number at end of fiscal year  | <u>151</u>                       |
| [3]                  | Total Lines 1 and 2   | <u>339</u><br>x.50               |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |                                  |
| [5]                  | Mean number of continuing care residents  | <input type="text" value="170"/> |
| <b>All Residents</b> |   |                                  |
| [6]                  | Number at beginning of fiscal year  | <u>190</u>                       |
| [7]                  | Number at end of fiscal year  | <u>176</u>                       |
| [8]                  | Total Lines 6 and 7   | <u>366</u><br>x.50               |
| [9]                  | Multiply Line 8 by “.50” and enter result on Line 10.   |                                  |
| [10]                 | Mean number of <i>all</i> residents   | <input type="text" value="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). | <input type="text" value="1"/>   |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 10,561.00</b> |

**PROVIDER:** Front Porch Communities & Services**COMMUNITY:** Walnut Village

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 45           |
| <b>All Residents</b> |   |              |
| [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 <i>all</i> 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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 3,388.00</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Canterbury Woods

**FORM 1-1:RESIDENT POPULATION**

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| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>                     |
|----------------------|---|----------------------------------|
| [1]                  | Number at beginning of fiscal year  | <u>231</u>                       |
| [2]                  | Number at end of fiscal year  | <u>247</u>                       |
| [3]                  | Total Lines 1 and 2   | <u>478</u>                       |
|                      |   | x.50                             |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |                                  |
| [5]                  | Mean number of continuing care residents  | <input type="text" value="239"/> |
| <b>All Residents</b> |   |                                  |
| [6]                  | Number at beginning of fiscal year  | <u>266</u>                       |
| [7]                  | Number at end of fiscal year  | <u>272</u>                       |
| [8]                  | Total Lines 6 and 7   | <u>538</u>                       |
|                      |   | x.50                             |
| [9]                  | Multiply Line 8 by “.50” and enter result on Line 10.   |                                  |
| [10]                 | Mean number of <i>all</i> residents   | <input type="text" value="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). | <input type="text" value="1"/>   |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 18,774.00</b> |

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

**FORM 1-1:RESIDENT POPULATION**

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| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>                   |
|----------------------|---|--------------------------------|
| [1]                  | Number at beginning of fiscal year  | 4                              |
| [2]                  | Number at end of fiscal year  | 3                              |
| [3]                  | Total Lines 1 and 2   | 7                              |
|                      |   | x.50                           |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |                                |
| [5]                  | Mean number of continuing care residents  | <input type="text" value="4"/> |
| <b>All Residents</b> |   |                                |
| [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.   |                                |
| [10]                 | Mean number of <i>all</i> residents   | <input type="text" value="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). | <input type="text" value="1"/> |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 867.00</b> |

**PROVIDER:** Front Porch Communities & Services**COMMUNITY:** Los Gatos Meadows



**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 405          |
| <b>All Residents</b> |   |              |
| [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.   |              |
| [10]                 | Mean number of <i>all</i> 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            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 28,680.00</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Spring Lake Village

**FORM 1-1:RESIDENT POPULATION**

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| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>                     |
|----------------------|---|----------------------------------|
| [1]                  | Number at beginning of fiscal year  | <u>305</u>                       |
| [2]                  | Number at end of fiscal year  | <u>294</u>                       |
| [3]                  | Total Lines 1 and 2   | <u>599</u><br>x.50               |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |                                  |
| [5]                  | Mean number of continuing care residents  | <input type="text" value="300"/> |
| <b>All Residents</b> |   |                                  |
| [6]                  | Number at beginning of fiscal year  | <u>315</u>                       |
| [7]                  | Number at end of fiscal year  | <u>305</u>                       |
| [8]                  | Total Lines 6 and 7   | <u>620</u><br>x.50               |
| [9]                  | Multiply Line 8 by “.50” and enter result on Line 10.   |                                  |
| [10]                 | Mean number of <i>all</i> residents   | <input type="text" value="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). | <input type="text" value="1"/>   |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 24,261.00</b> |

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

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b> |
|----------------------|---|--------------|
| [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.  |              |
| [5]                  | Mean number of continuing care residents  | 31           |
| <b>All Residents</b> |   |              |
| [6]                  | Number at beginning of fiscal year  | 102          |
| [7]                  | Number at end of fiscal year  | 102          |
| [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 <i>all</i> residents   | 102          |
| [11]                 | Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places). | 0            |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 4,784.00</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Webster House

**FORM 1-1:RESIDENT POPULATION**

| <b>Line</b>          | <b>Continuing Care Residents</b>  | <b>TOTAL</b>  |
|----------------------|---|---|
| [1]                  | Number at beginning of fiscal year  | <u>72</u>   |
| [2]                  | Number at end of fiscal year  | <u>77</u>   |
| [3]                  | Total Lines 1 and 2   | <u>149</u><br>x.50                                    |
| [4]                  | Multiply Line 3 by “.50” and enter result on Line 5.  |   |
| [5]                  | Mean number of continuing care residents  | <input style="width: 100px;" type="text" value="75"/> |
| <b>All Residents</b> |   |   |
| [6]                  | Number at beginning of fiscal year  | <u>82</u>   |
| [7]                  | Number at end of fiscal year  | <u>80</u>   |
| [8]                  | Total Lines 6 and 7   | <u>162</u><br>x.50                                    |
| [9]                  | Multiply Line 8 by “.50” and enter result on Line 10.   |   |
| [10]                 | Mean number of <i>all</i> residents   | <input style="width: 100px;" type="text" value="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). | <input style="width: 100px;" type="text" value="1"/>  |

**FORM 1-2: ANNUAL PROVIDER FEE**

| 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] <b>Total Amount Due</b> (multiply Line 5 by .001)                                  | <b>\$ 3,460.00</b> |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Friends House



CALCULATION OF ANNUAL PROVIDER FEE

| Line |   | Carlsbad By<br>The Sea | Claremont<br>Manor | Sunny View | Villa<br>Gardens | Vista del<br>Monte | Walnut<br>Village | Canterbury<br>Woods | St Paul's<br>Tower | Los Gatos<br>Meadows | Spring Lake<br>Village | San Francisco<br>Towers | Webste<br>House | Friends<br>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  |
| [b]  | 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)               | 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<br>(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: Front Porch Communities & Services

COMMUNITY:

## **Part 2**

### **Certification by Chief Executive Officer**

Health and Safety Code Section 1790



800 n. brand blvd, 19<sup>th</sup> fl  
glendale, ca 91203  
tel 818 254 4100  
fax 818 254 4101  
www.frontporch.net

## 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.

## 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 **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).

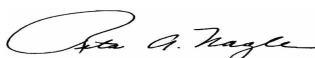
|  |  |
|--|--|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                   | <b>CONTACT NAME:</b> Underwriting Associate  |
|  | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL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

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

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

| INSR LTR | TYPE OF INSURANCE   | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|---|------------|----------|---------------|-------------------------|-------------------------|---|-------------|
|          | COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER:             |            |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          |   |            |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$          |
|          |   |            |          |               |                         |                         | MED EXP (Any one person)                  | \$          |
|          |   |            |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$          |
|          |   |            |          |               |                         |                         | GENERAL AGGREGATE                         | \$          |
|          |   |            |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$          |
|          |   |            |          |               |                         |                         |   | \$          |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                                |            |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|          |   |            |          |               |                         |                         | BODILY INJURY (Per person)                | \$          |
|          |   |            |          |               |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          |   |            |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          |   |            |          |               |                         |                         |   | \$          |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/><br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/><br><br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$  |            |          |               |                         |                         | EACH OCCURRENCE                           | \$          |
|          |   |            |          |               |                         |                         | AGGREGATE                                 | \$          |
|          |   |            |          |               |                         |                         |   | \$          |
|          |   |            |          |               |                         |                         |   | \$          |
|          |   |            |          |               |                         |                         |   | \$          |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below |            |          |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          |   |            |          |               |                         |                         | E.L. EACH ACCIDENT                        | \$          |
|          |   |            |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$          |
|          |   |            |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$          |
| A        | <b>OTHER</b><br>Commercial Crime  |            |          | CCIC-0002-24  | 01/01/2024              | 01/01/2025              | Single Loss Limit                         | \$5,000,000 |
|          |   |            |          |               |                         |                         | Retention                                 | \$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**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Front Porch Communities and Services<br>800 N. Brand, 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

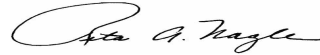
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 12/22/2023 1:08:54

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Alhambra Services Corporation<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

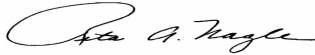
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:55

**CERTIFICATE HOLDER****CANCELLATION**

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





# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

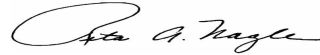
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:56

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| California Lutheran Homes<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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|   |   |               |
|---|---|---------------|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                                    | CONTACT NAME: Underwriting Associate  |               |
|   | PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095<br>E-MAIL ADDRESS: Certificates@caringcomm.org |               |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Canterbury Woods<br>651 Sinex Avenue<br>Pacific Grove CA 93950 | <b>INSURER(S) AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
|   | INSURER A: Caring Communities, A Reciprocal RRG   | 12373         |
|   | INSURER B:  |               |
|   | INSURER C:  |               |
|   | INSURER D:  |               |
| INSURER E:  |   |               |

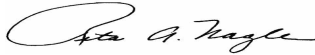
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:09:06

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

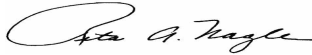
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:09:06

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| CARING Housing Ministries, Inc.<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

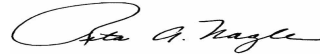
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:07

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Carlsbad By The Sea Care Center<br>2855 Carlsbad Blvd.<br>Carlsbad CA 92008 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|



# 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).

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

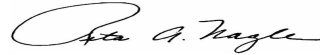
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 12/22/2023 1:09:18

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

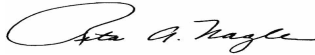
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:19

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

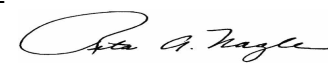
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|          |  |            |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000.00    |
|          |  |            |          |  |                         |                         | MED EXP (Any one person)                  | \$ -             |
|          |  |            |          |  |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000.00  |
|          |  |            |          |  |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|          |  |            |          |  |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|          |  |            |          |  |                         |                         | PL/GL SIR Per Claim                       | \$ 75,000.00     |
|          | <b>AUTOMOBILE LIABILITY</b>  |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |            |          |  |                         |                         | BODILY INJURY (Per person)                | \$               |
|          |  |            |          |  |                         |                         | BODILY INJURY (Per accident)              | \$               |
|          |  |            |          |  |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|          |  |            |          |  |                         |                         |   | \$               |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL                     | \$ 10,000,000.00 |
|          |  |            |          |  |                         |                         | AGGREGATE PL/GL                           | \$ 15,000,000.00 |
|          |  |            |          |  |                         |                         | *AUTO                                     | \$ 6,000,000.00  |
|          |  |            |          |  |                         |                         | *EMP BEN                                  | \$ 5,000,000.00  |
|          |  |            |          |  |                         |                         | EPLI/D&O (Occur&Aggr)                     | \$ 10,000,000.00 |
|          |  |            |          |  |                         |                         | *FIDUCIARY (Occur&Aggr)                   | \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  |            |          |  |                         |                         | PER STATUTE                               | OTHER            |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            | N/A      |  |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|          |  |            |          |  |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|          |  |            |          |  |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:19

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

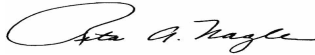
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:09:19

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Center For Technology Innovation And Wellbeing<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|





# CERTIFICATE OF LIABILITY INSURANCE

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

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

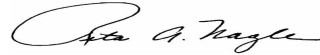
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:09:20

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

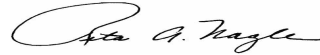
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:33

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Claremont Manor<br>650 Harrison Avenue<br>Claremont CA 91711 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

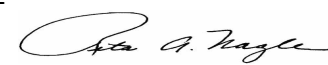
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
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|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:33

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Community Housing, Inc.<br>2185 N. California Blvd., Suite 215<br>Walnut Creek CA 94596 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

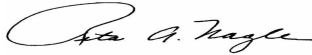
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:34

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| El Sombroso Oaks<br>15860 Poppy Lane<br>Los Gatos CA 95030 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

|  |  |               |
|--|--|---------------|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                             | CONTACT NAME: Underwriting Associate   |               |
|  | PHONE (A/C, No, Ext): 847-549-8225      FAX (A/C, No): 847-549-8095<br>E-MAIL ADDRESS: Certificates@caringcomm.org |               |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>England Oaks<br>6956 England Dr.<br>Alexandria LA 71303 | <b>INSURER(S) AFFORDING COVERAGE</b>   | <b>NAIC #</b> |
|  | INSURER A: Caring Communities, A Reciprocal RRG  | 12373         |
|  | INSURER B:   |               |
|  | INSURER C:   |               |
|  | INSURER D:   |               |
| INSURER E:   |  |               |

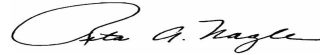
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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****CANCELLATION**

|   |  |
|---|--|
| England Oaks<br>6956 England Dr.<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

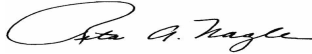
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE   | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|----------|---|------------|----------|----------------|-------------------------|-------------------------|---|------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|          |   |            |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ -             |
|          |   |            |          |                |                         |                         | MED EXP (Any one person)                  | \$ -             |
|          |   |            |          |                |                         |                         | PERSONAL & ADV INJURY                     | \$ -             |
|          |   |            |          |                |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|          |   |            |          |                |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|          |   |            |          |                |                         |                         | SIR Per Claim                             | \$ 75,000.00     |
|          | <b>AUTOMOBILE LIABILITY</b>   |            |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS   |            |          |                |                         |                         | BODILY INJURY (Per person)                | \$               |
|          | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |            |          |                |                         |                         | BODILY INJURY (Per accident)              | \$               |
|          |   |            |          |                |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE-PL<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0  |            |          | CRRRRG-0002-24 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 10,000,000.00 |
|          |   |            |          |                |                         |                         | AGGREGATE                                 | \$ 15,000,000.00 |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>   |            |          |                |                         |                         | PER STATUTE                               | OTH-ER           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |                |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|          |   |            |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|          |   |            |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|          | <b>OTHER</b>  |            |          |                |                         |                         |   |                  |

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****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

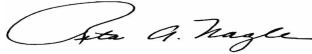
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:36

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Fredericka Manor<br>183 Third Ave.<br>Chula Vista CA 91910 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

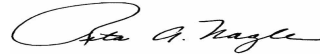
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:09:36

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Friends House<br>684 Benicia Drive<br>Santa Rosa CA 95409 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|





# 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).

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

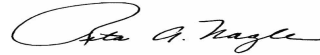
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:09:38

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Front Porch Communities and Services<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

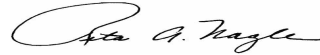
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|----------|--|------------|----------|--|-------------------------|-------------------------|---|
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| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:09:48

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Front Porch Communities Foundation<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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|   |  |
|---|--|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                  | <b>CONTACT NAME:</b> Underwriting Associate  |
|   | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Enterprises, Inc.<br>800 N. Brand Blvd., 19th Floor<br>Glendale CA 91203 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG <b>NAIC #</b> 12373   |
|   | <b>INSURER B:</b>  |
|   | <b>INSURER C:</b>  |
|   | <b>INSURER D:</b>  |
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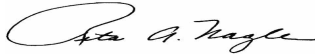
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|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 12/22/2023 1:09:49

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Front Porch Enterprises, Inc.<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

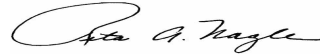
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:09:49

**CERTIFICATE HOLDER****CANCELLATION**

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



# 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).

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

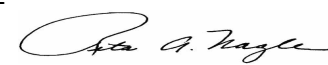
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE   | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|----------|---|------------|----------|----------------|-------------------------|-------------------------|---|------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|          |   |            |          |                |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ -             |
|          |   |            |          |                |                         |                         | MED EXP (Any one person)                  | \$ -             |
|          |   |            |          |                |                         |                         | PERSONAL & ADV INJURY                     | \$ -             |
|          |   |            |          |                |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|          |   |            |          |                |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|          |   |            |          |                |                         |                         | SIR Per Claim                             | \$ 75,000.00     |
|          | <b>AUTOMOBILE LIABILITY</b>   |            |          |                |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS   |            |          |                |                         |                         | BODILY INJURY (Per person)                | \$               |
|          | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |            |          |                |                         |                         | BODILY INJURY (Per accident)              | \$               |
|          |   |            |          |                |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS MADE-PL<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0  |            |          | CRRRRG-0002-24 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 10,000,000.00 |
|          |   |            |          |                |                         |                         | AGGREGATE                                 | \$ 15,000,000.00 |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          |   |            |          |                |                         |                         |   | \$               |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>   |            |          |                |                         |                         | PER STATUTE                               | OTH-ER           |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            |          |                |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|          |   |            |          |                |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|          |   |            |          |                |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|          | <b>OTHER</b>  |            |          |                |                         |                         |   |                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 12/22/2023 1:09:50

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

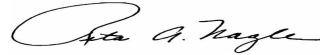
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:09:51

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

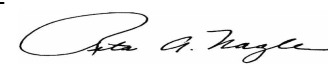
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSTR | TYPE OF INSURANCE   | ADD'L INSR | SUBR WVD | POLICY NUMBER                      | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|-------|---|------------|----------|------------------------------------|-------------------------|-------------------------|---|------------------|
| A     | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Professional Liability-Claims Made<br><input checked="" type="checkbox"/> PL Retro Date 01/01/2023<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CCRRRG-0002-24                     | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|       |   |            |          |                                    |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000.00    |
|       |   |            |          |                                    |                         |                         | MED EXP (Any one person)                  | \$ -             |
|       |   |            |          |                                    |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000.00  |
|       |   |            |          |                                    |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|       |   |            |          |                                    |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|       |   |            |          |                                    |                         |                         | SIR Per Claim                             | \$ 75,000.00     |
|       | <b>AUTOMOBILE LIABILITY</b>   |            |          |                                    |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|       | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |            |          |                                    |                         |                         | BODILY INJURY (Per person)                | \$               |
|       |   |            |          |                                    |                         |                         | BODILY INJURY (Per accident)              | \$               |
|       |   |            |          |                                    |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|       |   |            |          |                                    |                         |                         |   | \$               |
| A     | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CCRRRG-0002-24<br>*Sublimits apply | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 10,000,000.00 |
|       |   |            |          |                                    |                         |                         | AGGREGATE                                 | \$ 15,000,000.00 |
|       |   |            |          |                                    |                         |                         | *AUTO                                     | \$ 6,000,000.00  |
|       |   |            |          |                                    |                         |                         | *EMP BEN                                  | \$ 5,000,000.00  |
|       |   |            |          |                                    |                         |                         |   | \$               |
|       |   |            |          |                                    |                         |                         |   | \$               |
|       | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>   |            |          |                                    |                         |                         | PER STATUTE                               | OTIF-ER          |
|       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            |          |                                    |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|       |   |            |          |                                    |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|       |   |            |          |                                    |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|       | <b>OTHER</b>  |            |          |                                    |                         |                         |   |                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 12/22/2023 1:09:51

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Los Gatos Meadows<br>110 Wood Road<br>Los Gatos CA 95939 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

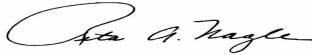
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:10:03

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Lytton Gardens II<br>649 University Avenue<br>Palo Alto CA 94301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|





# 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).

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

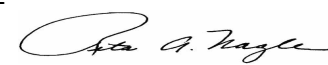
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:13

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

|   |  |               |       |
|---|--|---------------|-------|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                                  | <b>CONTACT NAME:</b> Underwriting Associate  |               |       |
|   | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org |               |       |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |       |
| <b>INSURED</b> Front Porch Communities and Services<br>Lytton IV Housing Corporation<br>Lytton IV Housing Corp.<br>330 Everett Street<br>Palo Alto CA 94301 | INSURER A: Caring Communities, A Reciprocal RRG  |               | 12373 |
|   | INSURER B:   |               |       |
|   | INSURER C:   |               |       |
|   | INSURER D:   |               |       |
|   | INSURER E:   |               |       |

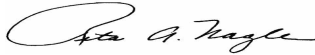
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:13

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

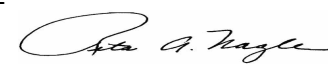
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:10:14

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

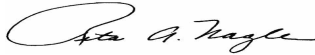
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:16

**CERTIFICATE HOLDER****CANCELLATION**

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



# 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).

|   |   |
|---|---|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048  | CONTACT NAME: Underwriting Associate  |
|   | PHONE (A/C, No, Ext): 847-549-8225 FAX (A/C, No): 847-549-8095<br>E-MAIL ADDRESS: Certificates@caringcomm.org |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |   |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>San Francisco Towers<br>1661 Pine Street<br>San Francisco CA 94109 | INSURER A: Caring Communities, A Reciprocal RRG   |
|   | INSURER B:  |
|   | INSURER C:  |
|   | INSURER D:  |
|   | INSURER E:  |
| <b>NAIC #</b><br>12373  |   |

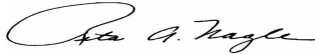
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:18

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| San Francisco Towers<br>1661 Pine Street<br>San Francisco CA 94109 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



# 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.

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

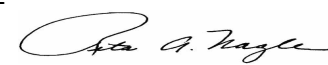
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:10:27

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

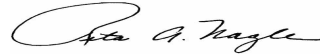
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:37

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

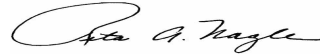
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:38

**CERTIFICATE HOLDER****CANCELLATION**

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





# 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).

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

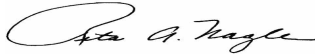
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:10:39

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

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

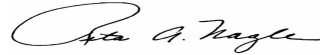
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| INSTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|-------|--|------------|----------|--|-------------------------|-------------------------|---|------------------|
| A     | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|       |  |            |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000.00    |
|       |  |            |          |  |                         |                         | MED EXP (Any one person)                  | \$ -             |
|       |  |            |          |  |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000.00  |
|       |  |            |          |  |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|       |  |            |          |  |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|       |  |            |          |  |                         |                         | PL/GL SIR Per Claim                       | \$ 75,000.00     |
|       | <b>AUTOMOBILE LIABILITY</b>  |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|       | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |            |          |  |                         |                         | BODILY INJURY (Per person)                | \$               |
|       |  |            |          |  |                         |                         | BODILY INJURY (Per accident)              | \$               |
|       |  |            |          |  |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|       |  |            |          |  |                         |                         |   | \$               |
| A     | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL                     | \$ 10,000,000.00 |
|       |  |            |          |  |                         |                         | AGGREGATE PL/GL                           | \$ 15,000,000.00 |
|       |  |            |          |  |                         |                         | *AUTO                                     | \$ 6,000,000.00  |
|       |  |            |          |  |                         |                         | *EMP BEN                                  | \$ 5,000,000.00  |
|       |  |            |          |  |                         |                         | EPLI/D&O (Occur&Aggr)                     | \$ 10,000,000.00 |
|       |  |            |          |  |                         |                         | *FIDUCIARY (Occur&Aggr)                   | \$ 5,000,000.00  |
|       | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  |            |          |  |                         |                         | PER STATUTE                               | OTHER            |
|       | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            | N/A      |  |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|       |  |            |          |  |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|       |  |            |          |  |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|       | <b>OTHER</b>   |            |          |  |                         |                         |   |                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

12/22/2023 1:10:40

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

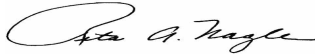
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE                           | \$ 1,000,000.00  |
|          |  |            |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000.00    |
|          |  |            |          |  |                         |                         | MED EXP (Any one person)                  | \$ -             |
|          |  |            |          |  |                         |                         | PERSONAL & ADV INJURY                     | \$ 1,000,000.00  |
|          |  |            |          |  |                         |                         | GENERAL AGGREGATE                         | \$ 3,000,000.00  |
|          |  |            |          |  |                         |                         | PRODUCTS - COMP/OP AGG                    | \$ incl          |
|          |  |            |          |  |                         |                         | PL/GL SIR Per Claim                       | \$ 75,000.00     |
|          | <b>AUTOMOBILE LIABILITY</b>  |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$               |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |            |          |  |                         |                         | BODILY INJURY (Per person)                | \$               |
|          |  |            |          |  |                         |                         | BODILY INJURY (Per accident)              | \$               |
|          |  |            |          |  |                         |                         | PROPERTY DAMAGE (Per accident)            | \$               |
|          |  |            |          |  |                         |                         |   | \$               |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL                     | \$ 10,000,000.00 |
|          |  |            |          |  |                         |                         | AGGREGATE PL/GL                           | \$ 15,000,000.00 |
|          |  |            |          |  |                         |                         | *AUTO                                     | \$ 6,000,000.00  |
|          |  |            |          |  |                         |                         | *EMP BEN                                  | \$ 5,000,000.00  |
|          |  |            |          |  |                         |                         | EPLI/D&O (Occur&Aggr)                     | \$ 10,000,000.00 |
|          |  |            |          |  |                         |                         | *FIDUCIARY (Occur&Aggr)                   | \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>  |            |          |  |                         |                         | PER STATUTE                               | OTHER            |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |            | N/A      |  |                         |                         | E.L. EACH ACCIDENT                        | \$               |
|          |  |            |          |  |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$               |
|          |  |            |          |  |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$               |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:36

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Sunny View West<br>800 N. Brand Blvd., 19th Floor<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|--|



# CERTIFICATE OF LIABILITY INSURANCE

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

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|   |  |
|---|--|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048  | <b>CONTACT NAME:</b> Underwriting Associate  |
|   | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org |
| <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Villa Gardens Health Care Unit<br>842 East Villa Street<br>Pasadena CA 91101 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG <b>NAIC #</b> 12373   |
|   | <b>INSURER B:</b>  |
|   | <b>INSURER C:</b>  |
|   | <b>INSURER D:</b>  |
|   | <b>INSURER E:</b>  |

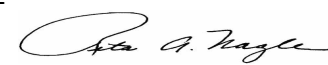
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:36

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| Villa Gardens Health Care Unit<br>842 East Villa Street<br>Pasadena CA 91101 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|--|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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|  |  |
|--|--|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                                 | <b>CONTACT NAME:</b> Underwriting Associate  |
|  | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org                             |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Villa Gardens<br>842 East Villa Street<br>Pasadena CA 91101 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG <b>NAIC #</b> 12373<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b> |

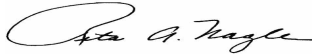
**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:33

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| Villa Gardens<br>842 East Villa Street<br>Pasadena CA 91101 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br><b>AUTHORIZED REPRESENTATIVE</b><br> |
|---|---|



# CERTIFICATE OF LIABILITY INSURANCE

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

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|  |  |
|--|--|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                                 | <b>CONTACT NAME:</b> Underwriting Associate  |
|  | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org                             |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Vista Del Monte<br>3775 Modoc Rd.<br>Santa Barbara CA 93105 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG <b>NAIC #</b> 12373<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b> |

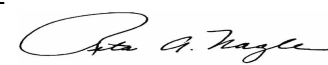
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| INSTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|-------|--|------------|----------|--|-------------------------|-------------------------|---|
| A     | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |
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| A     | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|       | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            |          |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|       | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:42

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

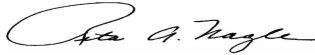
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|----------|--|------------|----------|--|-------------------------|-------------------------|---|
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|          | OTHER  |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:43

**CERTIFICATE HOLDER****CANCELLATION**

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



# CERTIFICATE OF LIABILITY INSURANCE

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

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

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

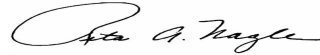
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| INSR LTR | TYPE OF INSURANCE  | ADD'L INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |  |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> PL/ML-Claims Made<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |            |          | CRRRRG-0002-24<br><br>Includes Management Liability<br>EPLI SIR per Claim \$ 75,000<br>D&O SIR per Claim \$ 50,000<br>Fiduciary SIR per Claim \$ 5,000 | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE \$ 1,000,000.00<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00<br>MED EXP (Any one person) \$ -<br>PERSONAL & ADV INJURY \$ 1,000,000.00<br>GENERAL AGGREGATE \$ 3,000,000.00<br>PRODUCTS - COMP/OP AGG \$ incl<br>PL/GL SIR Per Claim \$ 75,000.00 |  |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   |            |          |  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |  |
| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>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 1:08:52

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Webster House Care Center<br>437 Webster Street<br>Palo Alto CA 94301 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|





# CERTIFICATE OF LIABILITY INSURANCE

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

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|  |  |               |
|--|--|---------------|
| <b>PRODUCER</b><br>Caring Communities Shared Services LTD<br>1850 W. Winchester Road<br>Suite 109<br>Libertyville IL 60048                               | <b>CONTACT NAME:</b> Underwriting Associate  |               |
|  | <b>PHONE (A/C, No, Ext):</b> 847-549-8225 <b>FAX (A/C, No):</b> 847-549-8095<br><b>E-MAIL ADDRESS:</b> Certificates@caringcomm.org |               |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |  | <b>NAIC #</b> |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Webster House<br>401 Webster Street<br>Palo Alto CA 94301 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG   | 12373         |
|  | <b>INSURER B:</b>  |               |
|  | <b>INSURER C:</b>  |               |
|  | <b>INSURER D:</b>  |               |
|  | <b>INSURER E:</b>  |               |

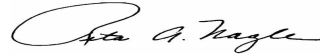
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|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |  |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |  |

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**CERTIFICATE HOLDER****CANCELLATION**

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| <b>INSURER(S) AFFORDING COVERAGE</b>  |  | <b>NAIC #</b> |
| <b>INSURED</b> Front Porch Communities and Services<br>Front Porch Communities and Services<br>Wesley Palms<br>2404 Loring Street<br>San Diego CA 92109 | <b>INSURER A:</b> Caring Communities, A Reciprocal RRG   | 12373         |
|   | <b>INSURER B:</b>  |               |
|   | <b>INSURER C:</b>  |               |
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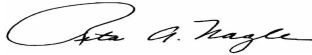
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| A        | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR-GL<br><input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS MADE-PL/ML<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$ 0   |            |          | CRRRRG-0002-24<br>*Sublimits apply   | 01/01/2024              | 01/01/2025              | EACH OCCURRENCE PL/GL \$ 10,000,000.00<br>AGGREGATE PL/GL \$ 15,000,000.00<br>*AUTO \$ 6,000,000.00<br>*EMP BEN \$ 5,000,000.00<br>EPLI/D&O (Occur&Aggr) \$ 10,000,000.00<br>*FIDUCIARY (Occur&Aggr) \$ 5,000,000.00  |
|          | <b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |            | N/A      |  |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>OTHER</b>   |            |          |  |                         |                         |   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
12/22/2023 1:08:53

**CERTIFICATE HOLDER****CANCELLATION**

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

## **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 |
|--|--------------|----------------|-----------------|---------------|-----------------|----------------|------------------|-------------------|-------------------|---------------------|----------------------|---------------|---------------|-------------------------|-------------------------|
| <b>Forms 1-2 &amp; 5-4 (Line 1)</b>  |              |                |                 |               |                 |                |                  |                   |                   |                     |                      |               |               |                         |                         |
| 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 of Operations Information                                       | 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 from Consolidating Schedule-Statement of Operations Information-Form 5-4 Line 2 (d)                   | 3            | 21             | 1               | 3             | 1               | 40             | -                | -                 | -                 | -                   | -                    | -             | -             | 282                     | 351                     |
| <b>Form 5-1</b>  |              |                |                 |               |                 |                |                  |                   |                   |                     |                      |               |               |                         |                         |
| b. Principal paid during the year (Per Cash Flows)   | -            | -              | -               | -             | -               | -              | -                | -                 | -                 | -                   | -                    | -             | -             | (9,065,618)             | (9,065,618)             |
| Principal payment Unamortized premium (See Note 8, Consolidated Financial Statements)                              | -            | -              | -               | -             | -               | -              | -                | -                 | -                 | -                   | -                    | -             | -             | -                       | -                       |
| Repurchase of Certificates to reduce outstanding balance (See Note 8, Consolidated Financial Statements)           | -            | -              | -               | -             | -               | -              | -                | -                 | -                 | -                   | -                    | -             | -             | -                       | -                       |
| Principal paid per Statement of Cash Flows   | -            | -              | -               | -             | -               | -              | -                | -                 | -                 | -                   | -                    | -             | -             | (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  |              |                |                 |               |                 |                |                  |                   |                   |                     |                      |               |               |                         |                         |
| <b>Less Accrued Interest &amp; Amort. of Bond Premium</b>  |              |                |                 |               |                 |                |                  |                   |                   |                     |                      |               |               | <b>1,397,043</b>        | <b>1,397,043</b>        |
| <b>Less Accretion of Asset Retirement</b>  |              | <b>(9,480)</b> | <b>(11,205)</b> |               |                 |                |                  |                   |                   |                     |                      |               |               | <b>(79,944)</b>         | <b>(100,629)</b>        |
| Sub total - Cash paid for interest   | 199          | (8,818)        | (11,115)        | 196           | 102             | 2,660          | -                | -                 | -                 | -                   | -                    | -             | -             | 1,326,231               | 1,309,455               |
| Credit Enhancement   |              |                |                 |               |                 |                |                  |                   |                   |                     |                      |               |               |                         |                         |
| 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  | <b>7,034</b> | <b>21,632</b>  | <b>14,279</b>   | <b>14,345</b> | <b>13,298</b>   | <b>1,438</b>   | <b>10,947</b>    | <b>4,904</b>      | <b>0</b>          | <b>4,317</b>        | <b>3,694</b>         | <b>10,528</b> | <b>268</b>    | <b>85,480</b>           | <b>192,164</b>          |
| 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                 |

Front Porch  
 Reconciliation from Reserve Report to Financial Statements  
 March 31, 2024

| Form 5-4   | 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        |
|--|----------|-----------|-------------|---------------|-----------------|----------------|------------------|-------------------|-------------------|---------------------|----------------------|---------------|---------------|-------------|--------------|
| 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                                     | 16,536,167         |
| Mutual Funds  | 59,756,126         |
| Equities securities                                       | 285,938,584        |
| Alternatives  | 32,877,750         |
| Govt mort backed  | 11,907,579         |
| Less Government Securities with a maturity date of five y | (3,891,208)        |
| <b>Total investments</b>                                  | <b>403,124,998</b> |

|   |                    |
|---|--------------------|
| Long-term investments per audited financials              | 449,911,000        |
| Less Government Securities with a maturity date of five y | (3,891,208)        |
| Less Investment not available for Operations              | (42,894,794)       |
| Add: Misclassified Treasury bill (passed audit entry)     |                    |
| Back out: Joint Venture Investments                       |                    |
| <b>Total investments</b>                                  | <b>403,124,998</b> |

**Difference (due to rounding)** -

**Recap to Form 5-5 Debt Service Reserve**

|  |                   |
|--|-------------------|
| Assets whose use is limited or restricted, held by trustee under indenture agreements for bond fund and other reserves (per audited financials Note 3) | 15,288,257        |
| Less: Investments not available to service debt  |                   |
| Debt Service reserve per Form 5-5  | <b>15,288,257</b> |

|                                   |                   |
|-----------------------------------|-------------------|
| Debt Service interest fund        | 6,558,257         |
| Debt Service project fund         | -                 |
| Debt Service Reserve fund         |                   |
| Debt Service principal fund       | 8,730,000         |
| Debt Service Revenue fund         | -                 |
| Debt Service reserve per form 5-5 | <b>15,288,257</b> |

Front Porch  
 Reconciliation from Forms 5-1 and 5-2 to Financial Statements  
 March 31, 2024

| <u>Form 5-1 &amp; 5-2</u>  | <u>Interest</u>   | <u>Principal</u> |
|--|-------------------|------------------|
| Interest Paid During Fiscal Year   | 13,190,713        |                  |
| Credit Enhancement Premiums Paid   | -                 |                  |
| Principal Payments   |                   | 8,560,000        |
| <b>Total Principal &amp; Interest Paid and Credit Enhancement Premium Paid</b> <b>Form 5-1 &amp; 5-2</b> | <b>13,190,713</b> | <b>8,560,000</b> |

| <u>Not Included on Form 5-1 &amp; 5-2</u> | <u>Interest</u> | <u>Principal</u> | <u>Explanation</u> |
|---|-----------------|------------------|--------------------|
| 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)     |                  |                    |

|  |                   |                  |
|--|-------------------|------------------|
| <b>Subtotal</b>  | <b>1,167,135</b>  | <b>505,618</b>   |
| <b>Interest, Principal &amp; Other Financing Costs Reconciled to Cash Flow</b> | <b>14,357,848</b> | <b>9,065,618</b> |
|  | <b>14,357.85</b>  | <b>9,065.62</b>  |
| <b>Audit Cash Flow</b>   | <b>14,358</b>     | <b>9,066</b>     |
|  | (0)               | (0.4)            |

**Annual Reserve Worksheet  
March 31, 2024**

|                       |          |                    |  |  |
|-----------------------|----------|--------------------|--|--|
| Debt Service Reserve  | 1        | 24,541,143         |  | From Form 5-3 Line 4   |
| Operating Exp Reserve | 2        | (30,660,948)       |  | From Reconciliation from Reserve Report to Financials (Total of all CCRC from Form 5-4 line 6) |
| <b>Total</b>          | <b>3</b> | <b>(6,119,805)</b> |  |  |

| Qualifying Asset  | Debt Service | Operating Reserve |               |
|-------------------|--------------|-------------------|---------------|
| Cash              | 4            | 9,252,886         | 75,165,322.81 |
| Investment Sec    | 5            |                   | 12,641,412    |
| Equity Securities | 6            |                   | 345,694,710   |
|                   | 7            |                   |               |
|                   | 8            |                   |               |
| Debt Service      | 9            | 15,288,257        |               |
| Other             | 10           |                   |               |

AuditC1All- Lead Sheet Cash & Cash Equivalent (Total) plus Govt securities 5yr or less maturity date (see breakdown below) less Cash  
See breakdown below L4 & L5  
See breakdown below L6

|            |        |   |
|------------|--------|---|
| <b>FS5</b> | 80,527 | Cash and cash equivalents                                 |
|            | -      | Money Market in Short term investments                    |
|            | 3,891  | Govt Securites with a maturity date of five years or less |
|            | 84,418 |   |

**Total Amount of Qualifying Assets**

|                           |           |            |           |                    |
|---------------------------|-----------|------------|-----------|--------------------|
| Liquid Reserve            | 11        | 24,541,143 | 12        | 433,501,445        |
| Total Amount Required     | 13        | 24,541,143 | 14        | (30,660,948)       |
| <b>Surplus/Deficiency</b> | <b>15</b> | <b>-</b>   | <b>16</b> | <b>464,162,393</b> |

| Source: Footnotes #4 Investment Comparison -D6 |                    | 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          |
| <b>Sub total</b>                               | <b>449,911,000</b> | <b>2,146,000</b> | <b>15,436,000</b> | <b>67,156,000</b>  |
|  |                    |                  |                   | <b>534,649,000</b> |

Needs to tie to Footnote # 4 in audited financials

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

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

|                  |         |                  |
|------------------|---------|------------------|
| US Treasury Note | 6/1/25  | 181,359          |
| US Treasury Note | 9/1/25  | 425,111          |
| US Treasury Note | 11/1/25 | 379,346          |
| US Treasury Note | 5/1/26  | 262,305          |
| US Treasury Note | 8/1/26  | 328,829          |
| US Treasury Note | 7/1/27  | 477,890          |
| US Treasury Note | 9/30/27 | 441,734          |
| US Treasury Note | 6/1/28  | 1,193,228        |
| US Treasury Note | 6/1/28  | 201,406          |
| <b>Total</b>     |         | <b>3,891,208</b> |

L4 & (L5)

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

|   | MARCH 31,        |                  |
|---|------------------|------------------|
|   | 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)       | 1,100            | 1,025            |
| Bank of NY - Principal Fund (17b Bonds)       |                  |                  |
| Bank of NY - Interest (17b Bonds)             |                  |                  |
| Bank of NY - Interest (15 Bonds)              |                  |                  |
| Bank of NY - Wesley Palm Project Fund         |                  |                  |
| Bank of NY - Principal (15 Bonds)             |                  |                  |
| Bank of NY - Cost of Issuance (21a Bonds)     | -                | 77               |
| Bank of NY - Interest Fund (21a Bonds)        | 3,457            | 3,485            |
| Bank of NY - Principal Fund (21a Bonds)       | 1,165            | 1,125            |
| Bank of NY - Interest Fund (21b Bonds)        | 972              | 992              |
| Bank of NY - Principal Fund (21b Bonds)       | 6,465            | 6,410            |
|   | <u>15,288</u>    | <u>15,269</u>    |
| <br><u>Other Limited Uses</u>                 |                  |                  |
| HUD facility reserves                         | 19,768           | 18,266           |
| Held by Trustee under indenture agreement     | 4,318            | 9,350            |
| Kronos Payroll                                | 111              | 16               |
| Deposit subscriptions held in trust           |                  |                  |
| 90-day refundable accommodation fees          |                  |                  |
| Restricted by donors for capital expenditures | 10               | 10               |
| Charitable remainder trust                    | 8,737            | 9,783            |
| Endowment fund                                | 17,693           | 14,984           |
| Foundations Funds                             | 15,548           | 5,836            |
| Beneficial interest in perpetual fund         | 1,093            | 968              |
| Resident deposits held in trust               | 27               | 26               |
|   | <u>67,305</u>    | <u>59,238</u>    |
|   | <u>\$ 82,593</u> | <u>\$ 74,508</u> |

-



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

|  | Carlsbad By<br>The Sea | Claremont<br>Manor | Sunny<br>View | Villa<br>Gardens | Vista Del<br>Monte | Walnut<br>Village | Canterbury<br>Woods | St. Paul's<br>Towers | Los Gatos<br>Meadows | Spring Lake<br>Village | San<br>Francisco<br>Towers | Webster<br>House | Friends<br>House | All Others       | Eliminations   | Total            |  |
|--|------------------------|--------------------|---------------|------------------|--------------------|-------------------|---------------------|----------------------|----------------------|------------------------|----------------------------|------------------|------------------|------------------|----------------|------------------|--|
| <b>ASSETS</b>                            |                        |                    |               |                  |                    |                   |                     |                      |                      |                        |                            |                  |                  |                  |                |                  |  |
| 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          | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 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         |                | 10,469           |  |
| Prepaid Expenses and Other               | 48,880                 | (14,513)           | 26,769        | 154,999          | 49,983             | (114,769)         | (11,746)            | 27,613               | (17,957)             | (11,264)               | 18,487                     | (21,251)         | (1,093)          | (110,192.52)     | (6,219)        | 17,727           |  |
| <b>Total Current Assets</b>              | <b>49,511</b>          | <b>(13,135)</b>    | <b>27,578</b> | <b>155,816</b>   | <b>49,972</b>      | <b>(114,684)</b>  | <b>(11,541)</b>     | <b>28,503</b>        | <b>(17,971)</b>      | <b>(10,122)</b>        | <b>19,097</b>              | <b>(20,260)</b>  | <b>(1,085)</b>   | <b>(9,152)</b>   | <b>(6,219)</b> | <b>126,306</b>   |  |
| 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          |  |
| <b>Total Investments</b>                 | <b>-</b>               | <b>-</b>           | <b>-</b>      | <b>-</b>         | <b>-</b>           | <b>-</b>          | <b>-</b>            | <b>-</b>             | <b>-</b>             | <b>-</b>               | <b>-</b>                   | <b>-</b>         | <b>-</b>         | <b>518,735</b>   | <b>(1,667)</b> | <b>517,068</b>   |  |
| <b>Property and Equipment, Net</b>       | <b>49,089</b>          | <b>23,866</b>      | <b>16,249</b> | <b>36,324</b>    | <b>29,191</b>      | <b>83,614</b>     | <b>29,970</b>       | <b>104,037</b>       | <b>26,277</b>        | <b>135,503</b>         | <b>158,932</b>             | <b>26,515</b>    | <b>17,946</b>    | <b>507,498</b>   | <b>(25)</b>    | <b>1,244,987</b> |  |
| 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                        | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 6,813            |                | 6,813            |  |
| <b>Total Other Assets</b>                | <b>-</b>               | <b>104</b>         | <b>-</b>      | <b>-</b>         | <b>-</b>           | <b>-</b>          | <b>2,821</b>        | <b>9,368</b>         | <b>419</b>           | <b>12,876</b>          | <b>14,506</b>              | <b>4,800</b>     | <b>1,546</b>     | <b>29,493</b>    | <b>(2,033)</b> | <b>73,901</b>    |  |
| <b>Total Assets</b>                      | <b>98,600</b>          | <b>10,834</b>      | <b>43,827</b> | <b>192,140</b>   | <b>79,163</b>      | <b>(31,070)</b>   | <b>21,249</b>       | <b>141,908</b>       | <b>8,725</b>         | <b>138,258</b>         | <b>192,535</b>             | <b>11,054</b>    | <b>18,407</b>    | <b>1,046,573</b> | <b>(9,944)</b> | <b>1,962,261</b> |  |
| <b>LIABILITIES AND NET ASSETS</b>        |                        |                    |               |                  |                    |                   |                     |                      |                      |                        |                            |                  |                  |                  |                |                  |  |
| Current Maturities - Long-Term Debt      | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 9,171            |                | 9,171            |  |
| Current Operating Lease Liabilities      | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 1,681            | (114)          | 1,567            |  |
| Accounts Payable                         | 1,109                  | 767                | 1,511         | 546              | 1,002              | 1,321             | 930                 | 4,905                | 148                  | 2,397                  | 2,525                      | 1,048            | 928              | 24,535.17        | (6,126)        | 37,545           |  |
| Accrued Payroll and Related Expenses     | 776                    | 774                | 756           | 1,122            | 465                | 539               | 612                 | 893                  | 21                   | 1,267                  | 908                        | 543              | 208              | 8,291            |                | 17,176           |  |
| Accrued Interest                         | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 6,646            |                | 6,646            |  |
| Other Accrued Expenses                   | 1,795                  | 73                 | 375           | 4,832            | 568                | 6,046             | 225                 | 2,461                | (93)                 | 3,923                  | 1,830                      | 1,045            | 217              | 1,886            |                | 25,182           |  |
| <b>Total Current Liabilities</b>         | <b>3,679</b>           | <b>1,614</b>       | <b>2,642</b>  | <b>6,500</b>     | <b>2,034</b>       | <b>7,906</b>      | <b>1,767</b>        | <b>8,260</b>         | <b>76</b>            | <b>7,587</b>           | <b>5,263</b>               | <b>2,635</b>     | <b>1,353</b>     | <b>52,211</b>    | <b>(6,240)</b> | <b>97,288</b>    |  |
| Asset Retirement Obligation              | -                      | 178                | 194           | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 1,269            |                | 1,642            |  |
| Accrued Worker's Compensation            | 412                    | 113                | 231           | 377              | 140                | 213               | 486                 | 385                  | 44                   | 454                    | 353                        | 98               | 53               | 1,961.56         |                | 5,319            |  |
| ROU Operating Lease Liabilities          | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 8,694.05         | (2,033)        | 6,661            |  |
| Other Accrued Liabilities                | 50                     | 833                | 415           | 575              | 503                | 30                | -                   | 7                    | 1,827                | -                      | -                          | -                | 20               | 9,065.29         | (1,195)        | 12,130           |  |
| Liabilities for Payments to Trust        | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 4,933            |                | 4,933            |  |
| Refundable Entrance Fees                 | 2,799                  | 228                | (304)         | 39,384           | 1,986              | 32,259            | 1,043               | 7,020                | -                    | 23,725                 | 9,025                      | 3,248            | (61)             | -                |                | 120,353          |  |
| Deferred Revenue from Entrance Fees      | 29,585                 | 5                  | 4,753         | 16,895           | 8,587              | 5,098             | 2,265               | 34,437               | 28                   | 62,992                 | 65,683                     | 6,066            | 5,597            | -                |                | 241,991          |  |
| Long-Term Debt                           | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 450,674          |                | 450,674          |  |
| Debt Issue Deferred Cost, Net            | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | (4,575)          |                | (4,575)          |  |
| <b>Total Liabilities</b>                 | <b>36,525</b>          | <b>2,970</b>       | <b>7,932</b>  | <b>63,731</b>    | <b>13,249</b>      | <b>45,506</b>     | <b>5,561</b>        | <b>50,109</b>        | <b>1,975</b>         | <b>94,759</b>          | <b>80,324</b>              | <b>12,047</b>    | <b>6,962</b>     | <b>524,233</b>   | <b>(9,468)</b> | <b>936,415</b>   |  |
| Without Donor Restriction                | 62                     | 8                  | 36            | 128              | 66                 | (77)              | 16                  | 92                   | 7                    | 43                     | 112                        | (1)              | 11               | 987,795.02       | (476)          | 987,823          |  |
| With Donor Restriction                   | -                      | -                  | -             | -                | -                  | -                 | -                   | -                    | -                    | -                      | -                          | -                | -                | 38,023           |                | 38,023           |  |
| <b>Total Net Assets</b>                  | <b>62</b>              | <b>8</b>           | <b>36</b>     | <b>128</b>       | <b>66</b>          | <b>(77)</b>       | <b>16</b>           | <b>92</b>            | <b>7</b>             | <b>43</b>              | <b>112</b>                 | <b>(1)</b>       | <b>11</b>        | <b>1,025,818</b> | <b>(476)</b>   | <b>1,025,846</b> |  |
| <b>Total Liabilities and Net Assets</b>  | <b>36,587</b>          | <b>2,978</b>       | <b>7,968</b>  | <b>63,860</b>    | <b>13,315</b>      | <b>45,429</b>     | <b>5,576</b>        | <b>50,200</b>        | <b>1,982</b>         | <b>94,802</b>          | <b>80,436</b>              | <b>12,046</b>    | <b>6,974</b>     | <b>1,550,051</b> | <b>(9,944)</b> | <b>1,962,261</b> |  |

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

|  | Carlsbad By<br>The Sea | Claremont<br>Manor | Sunny<br>View | Villa<br>Gardens | Vista Del<br>Monte | Walnut<br>Village | Canterbury<br>Woods | St. Paul's<br>Towers | Los Gatos<br>Meadows | Spring Lake<br>Village | San<br>Francisco<br>Towers | Webster<br>House | Friends<br>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           |
| <b>Total Operating Revenues</b>                              | <b>24,055</b>          | <b>22,564</b>      | <b>20,201</b> | <b>30,397</b>    | <b>20,047</b>      | <b>14,286</b>     | <b>14,706</b>       | <b>31,255</b>        | <b>36</b>            | <b>43,917</b>          | <b>42,631</b>              | <b>14,916</b>    | <b>5,618</b>     | <b>120,233</b>  | <b>(2,934)</b> | <b>401,927</b>  |
| <b>EXPENSES</b>  |                        |                    |               |                  |                    |                   |                     |                      |                      |                        |                            |                  |                  |                 |                |                 |
| 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           |
| <b>Total Expenses</b>  | <b>20,467</b>          | <b>23,802</b>      | <b>19,599</b> | <b>26,791</b>    | <b>15,266</b>      | <b>18,224</b>     | <b>14,163</b>       | <b>27,543</b>        | <b>888</b>           | <b>39,426</b>          | <b>33,070</b>              | <b>16,643</b>    | <b>4,751</b>     | <b>149,021</b>  | <b>(3,094)</b> | <b>406,561</b>  |
| <b>Operating Income (Loss) Before Other Activities</b>       | <b>3,588</b>           | <b>(1,238)</b>     | <b>602</b>    | <b>3,606</b>     | <b>4,781</b>       | <b>(3,938)</b>    | <b>542</b>          | <b>3,712</b>         | <b>(852)</b>         | <b>4,492</b>           | <b>9,561</b>               | <b>(1,728)</b>   | <b>867</b>       | <b>(28,787)</b> | <b>160</b>     | <b>(4,634)</b>  |
| <b>OTHER OPERATING ACTIVITIES</b>                            |                        |                    |               |                  |                    |                   |                     |                      |                      |                        |                            |                  |                  |                 |                |                 |
| Amortization of Acquired Intangible Asset and Other          | -                      | -                  | -             | -                | -                  | -                 | (307)               | (2,197)              | -                    | (3,274)                | (3,372)                    | (1,123)          | (662)            | (30)            | -              | (10,964)        |
| <b>Total Other Operating Activities</b>                      | <b>0</b>               | <b>0</b>           | <b>0</b>      | <b>0</b>         | <b>0</b>           | <b>0</b>          | <b>(307)</b>        | <b>(2,197)</b>       | <b>0</b>             | <b>(3,274)</b>         | <b>(3,372)</b>             | <b>(1,123)</b>   | <b>(662)</b>     | <b>(30)</b>     | <b>0</b>       | <b>(10,964)</b> |
| <b>Operating Income (Loss)</b>                               | <b>3,588</b>           | <b>(1,238)</b>     | <b>602</b>    | <b>3,606</b>     | <b>4,781</b>       | <b>(3,938)</b>    | <b>235</b>          | <b>1,514</b>         | <b>(852)</b>         | <b>1,218</b>           | <b>6,190</b>               | <b>(2,850)</b>   | <b>205</b>       | <b>(28,817)</b> | <b>160</b>     | <b>(15,598)</b> |
| <b>OTHER INCOME (EXPENSE)</b>                                |                        |                    |               |                  |                    |                   |                     |                      |                      |                        |                            |                  |                  |                 |                |                 |
| Investment Return, Net                                       | 0                      | 0                  | 0             | 0                | 0                  | 0                 | 0                   | 0                    | 0                    | 0                      | 0                          | 0                | 0                | 71,237          | -              | 71,237          |
| Other Components of Net Benefit                              | 0                      | 0                  | 0             | 0                | 0                  | 0                 | 0                   | 0                    | 0                    | 0                      | 0                          | 0                | 0                | 998             | -              | 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)         |
| <b>Total Other Income (Expense)</b>                          | <b>0</b>               | <b>0</b>           | <b>0</b>      | <b>0</b>         | <b>0</b>           | <b>0</b>          | <b>0</b>            | <b>0</b>             | <b>0</b>             | <b>0</b>               | <b>0</b>                   | <b>0</b>         | <b>0</b>         | <b>67,435</b>   | <b>0</b>       | <b>67,436</b>   |
| <b>Excess (Deficiency) of Revenue Over Expense</b>           | <b>3,588</b>           | <b>(1,238)</b>     | <b>602</b>    | <b>3,606</b>     | <b>4,781</b>       | <b>(3,938)</b>    | <b>235</b>          | <b>1,514</b>         | <b>(852)</b>         | <b>1,218</b>           | <b>6,190</b>               | <b>(2,850)</b>   | <b>205</b>       | <b>38,618</b>   | <b>160</b>     | <b>51,838</b>   |
| <b>Net Assets Released for Capital</b>                       | <b>0</b>               | <b>0</b>           | <b>0</b>      | <b>0</b>         | <b>0</b>           | <b>0</b>          | <b>0</b>            | <b>0</b>             | <b>0</b>             | <b>0</b>               | <b>0</b>                   | <b>0</b>         | <b>0</b>         | <b>160</b>      | <b>-</b>       | <b>160</b>      |
| 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                  | 0             | 0                | 0                  | 0                 | 0                   | 0                    | 0                    | 0                      | 0                          | 0                | 0                | 1,783           | -              | 1,783           |
| <b>Subtotal</b>  | <b>0</b>               | <b>0</b>           | <b>0</b>      | <b>0</b>         | <b>0</b>           | <b>0</b>          | <b>0</b>            | <b>0</b>             | <b>0</b>             | <b>0</b>               | <b>0</b>                   | <b>0</b>         | <b>0</b>         | <b>1,943</b>    | <b>(160)</b>   | <b>1,783</b>    |
| <b>e (Decrease) in Net Assets Without Donor Restrictions</b> | <b>3,588</b>           | <b>(1,238)</b>     | <b>602</b>    | <b>3,606</b>     | <b>4,781</b>       | <b>(3,938)</b>    | <b>235</b>          | <b>1,514</b>         | <b>(852)</b>         | <b>1,218</b>           | <b>6,190</b>               | <b>(2,850)</b>   | <b>205</b>       | <b>40,721</b>   | <b>0</b>       | <b>53,781</b>   |

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

| <b>Cash Flow</b>                          | <b>Carlsbad<br/>by the Sea</b> | <b>Claremont<br/>Manor</b> | <b>Sunny<br/>View</b> | <b>Villa<br/>Gardens</b> | <b>Vista del<br/>Monte</b> | <b>Walnut<br/>Village</b> | <b>Canterbury<br/>Woods</b> | <b>St.<br/>Paul's<br/>Towers</b> | <b>Los<br/>Gatos<br/>Meadows</b> | <b>Spring<br/>Lake<br/>Village</b> | <b>San<br/>Francisco<br/>Towers</b> | <b>Webster<br/>House</b> | <b>Friends<br/>House</b> | <b>Other</b> | <b>Consolidated</b> |
|---|--------------------------------|----------------------------|-----------------------|--------------------------|----------------------------|---------------------------|-----------------------------|----------------------------------|----------------------------------|------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------|---------------------|
| 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 noncc | 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  
(Including Balloon Debt)**

| Long-Term Debt Obligation | (a)<br>Date Incurred | (b)<br>Principal Paid During Fiscal Year | (c)<br>Interest Paid During Fiscal Year | (d)<br>Credit Enhancement Premiums Paid in Fiscal Year | (e)<br>Total Paid (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   |
| <b>TOTAL:</b>             |                      |  | \$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)**

|                              | (a)           | (b)                                       | (c)  | (d)  | (e)   |
|------------------------------|---------------|---|--|--|---|
| Long-Term<br>Debt Obligation | Date Incurred | Total Interest Paid<br>During Fiscal Year | Amount of Most Recent<br>Payment on the Debt | Number of<br>Payments over<br>next 12 months | Reserve Requirement<br>(see instruction 5)<br>(columns (c) x (d)) |
| 1                            |               |   |  |  | \$0   |
| 2                            |               |   |  |  | \$0   |
| 3                            |               |   |  |  | \$0   |
| 4                            |               |   |  |  | \$0   |
| 5                            |               |   |  |  | \$0   |
| 6                            |               |   |  |  | \$0   |
| 7                            |               |   |  |  | \$0   |
| 8                            |               |   |  |  | \$0   |
| <b>TOTAL:</b>                |               | \$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**

| <b>Line</b> |  | <b>TOTAL</b>                      |
|-------------|--|-----------------------------------|
| 1           | Total from Form 5-1 bottom of Column (e)   | <u>\$21,750,713</u>               |
| 2           | Total from Form 5-2 bottom of Column (e)   | <u>\$0</u>                        |
| 3           | Facility leasehold or rental payment paid by provider during fiscal year<br>(including related payments such as lease insurance) | <u>\$2,790,430</u>                |
| 4           | <b>TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:</b>   | <b><u><u>\$24,541,143</u></u></b> |

**PROVIDER:** Front Porch Communities & Services

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Carlsbad by the Sea



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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Claremont Manor

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

| Line | Description  | Amounts             | TOTAL               |
|------|--|---------------------|---------------------|
| 1    | Total operating expenses from financial statements   |                     | <u>\$19,599,125</u> |
| 2    | Deductions:  |                     |                     |
| a.   | Interest paid on long-term debt (see instructions)   | <u>\$89,509</u>     |                     |
| b.   | Credit enhancement premiums paid for long-term debt (see instructions)                                       | <u>0</u>            |                     |
| c.   | Depreciation   | <u>\$2,823,461</u>  |                     |
| d.   | Amortization   | <u>\$1,092</u>      |                     |
| e.   | Revenues received during the fiscal year for services to persons who did not have a continuing care contract | <u>\$14,278,530</u> |                     |
| f.   | Extraordinary expenses approved by the Department  | <u></u>             |                     |
| 3    | Total Deductions   |                     | <u>\$17,192,592</u> |
| 4    | Net Operating Expenses   |                     | <u>\$2,406,533</u>  |
| 5    | Divide Line 4 by 365 and enter the result  |                     | <u>\$6,593</u>      |
| 6    | <b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operating expense reserve amount   |                     | <u>\$494,493</u>    |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Sunny View Reirement Community

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Villa Gardens

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Vista Del Monte

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Walnut Village

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

| Line | Description  | Amounts             | TOTAL               |
|------|--|---------------------|---------------------|
| 1    | Total operating expenses from financial statements   |                     | <u>\$14,163,473</u> |
| 2    | Deductions:  |                     |                     |
| a.   | Interest paid on long-term debt (see instructions)   | <u>\$0</u>          |                     |
| b.   | Credit enhancement premiums paid for long-term debt (see instructions)                                       | <u>0</u>            |                     |
| c.   | Depreciation   | <u>\$2,419,215</u>  |                     |
| d.   | Amortization   | <u>0</u>            |                     |
| e.   | Revenues received during the fiscal year for services to persons who did not have a continuing care contract | <u>\$10,946,599</u> |                     |
| f.   | Extraordinary expenses approved by the Department  | <u></u>             |                     |
| 3    | Total Deductions   |                     | <u>\$13,365,813</u> |
| 4    | Net Operating Expenses   |                     | <u>\$797,660</u>    |
| 5    | Divide Line 4 by 365 and enter the result  |                     | <u>\$2,185</u>      |
| 6    | <b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operating expense reserve amount   |                     | <u>\$163,903</u>    |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Canterbury Woods

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** St Paul's Towers

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

| 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    | <b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operating expense reserve amount   |          | \$178,087 |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Los Gatos Meadows



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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Spring Lake Village

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** San Francisco Towers

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

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

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Webster House

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

| Line | Description  | Amounts   | TOTAL       |
|------|--|-----------|-------------|
| 1    | Total operating expenses from financial statements   |           | \$4,750,580 |
| 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   | \$988,956 |             |
| d.   | Amortization   | 0         |             |
| e.   | Revenues received during the fiscal year for services to persons who did not have a continuing care contract | \$268,041 |             |
| f.   | Extraordinary expenses approved by the Department  |           |             |
| 3    | Total Deductions   |           | \$1,256,997 |
| 4    | Net Operating Expenses   |           | \$3,493,583 |
| 5    | Divide Line 4 by 365 and enter the result  |           | \$9,571     |
| 6    | <b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operating expense reserve amount   |           | \$717,860   |

**PROVIDER:** Front Porch Communities & Services

**COMMUNITY:** Friends House

**Cash Per Capita**

|  | Carlsbad By<br>The Sea | Claremont<br>Manor | Sunny View | Villa<br>Gardens | Vista Del<br>Monte | Walnut<br>Village | Canterbury<br>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**

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|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| - | - | - | - | - | - | - |
|---|---|---|---|---|---|---|

|  | St Paul's<br>Tower | Los Gatos<br>Meadows | Spring Lake<br>Village | San<br>Francisco | Webster<br>House | Friends<br>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**

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|   |   |   |   |   |   |
|---|---|---|---|---|---|
| - | - | - | - | - | - |
|---|---|---|---|---|---|

**FORM 5-5  
ANNUAL RESERVE CERTIFICATION**

Provider Name: Front Porch Communities & Services

Fiscal Year Ended: March 31, 2024

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended March 31, 2024 and are in compliance with those requirements.

Our liquid reserve requirements, computed using the audited financial statements for the fiscal year are as follows:

|   | <u>Amount</u>       |
|---|---------------------|
| [1] Debt Service Reserve Amount         | \$24,541,143        |
| [2] Operating Expense Reserve Amount    | \$21,458,058        |
| [3] <b>Total Liquid Reserve Amount:</b> | <b>\$45,999,201</b> |

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

| <u>Qualifying Asset Description</u>  | <u>Amount<br/>(market value at end of quarter)</u> |                          |
|--|--|--------------------------|
|  | <u>Debt Service Reserve</u>                        | <u>Operating Reserve</u> |
| [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)  |  |                          |
| <b>Total Amount of Qualifying Assets Listed for Reserve Obligation:</b> [11] | \$24,541,143 [12]                                  | \$433,501,445            |
| <b>Reserve Obligation Amount:</b> [13]                                       | \$24,541,143 [14]                                  | \$21,458,058             |
| <b>Surplus/(Deficiency):</b> [15]  | \$0 [16]   | \$412,043,387            |

Signature:



(Authorized Representative)

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: Carlsbad By The Sea

Address: 2855 Carlsbad Blvd, Carlsbad, CA | Zip Code: 92008 | Phone: (760) 720-4580

Provider Name:

Front Porch Communities and Services

Facility Operator: Paula Digerness

Religious Affiliation:

Year Opened: 1998 # of Acres: 3.8 Miles to Shopping Center: 1 Miles to Hospital: 5

 Single Story
  Multi-Story
  Other:
**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 15              | Assisted Living: | RES can be AL   |
| Apartments – 1 Bdrm: | 77              | Skilled Nursing: | 33              |
| Apartments – 2 Bdrm: | 65              | Special Care:    | 0               |
| Cottages/Houses:     | 0               | Description:     |                 |

RLU Occupancy (%) at Year End: 98.69%

**Type of Ownership:**
 Not for Profit  
 For Profit

**Accredited?**
 Yes By:  
 No

**Form of Contact:**
 Continuing Care
  Life Care
  Entrance Fee
  Fee for Service  
 (Check all that apply)
  Assignment of Assets
  Equity
  Membership
  Rental

**Refund Provisions:**
 Refundable
  90%
  50%  
 (Check all that apply)
  Repayable
  75%
  Other: Fully Amortized

**Range of Entrance Fees:** \$119,000 - \$799,000

**Long-Term Care Insurance Required?**
 Yes
  No

**Health Care Benefits Included in Contract:** No

**Entry Requirements:** Min Age: 60 Prior Profession: No Other: None
**Resident Representative(s) to, and Resident 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 communities who serve on the Board without vote



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          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/<br>Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |                                     |                                     |
| Bowling Green               | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |  |                                     |                                     |
| Coffee Shop                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access          | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Putting Green               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Shuffleboard                | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Spa                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool –<br>Indoor   | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Swimming Pool –<br>Outdoor  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personal Home Care                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court                | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Workshop                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Other: <u>Pers. Trainer</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: Wi-Fi</u>                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Claremont Manor

Address: 650 W. Harrison Blvd, Claremont, CA    Zip Code: 91711    Phone: (909) 626-1227

Provider Name:

Front Porch Communities and Services

Facility Operator: Robert Barton

Religious Affiliation:

Year Opened: 1949    # of Acres: 15    Miles to Shopping Center: 3/4    Miles to Hospital: 4

Single Story     Multi-Story     Other:

### Number of Units:

| Residential Living   | Number of Units | Health Care      | Number of Units   |
|----------------------|-----------------|------------------|-------------------|
| Apartments – Studio: | 23              | Assisted Living: | RES can all be AL |
| Apartments – 1 Bdrm: | 106             | Skilled Nursing: | 59                |
| Apartments – 2 Bdrm: | 29              | Special Care:    | 17 Memory Care    |
| Cottages/Houses:     | 68              | Description:     | Hospice           |

RLU Occupancy (%) at Year End: 88%

Type of Ownership:  Not for Profit  
 For Profit

Accredited?  Yes By:  
 No

Form of Contact:  Continuing Care     Life Care     Entrance Fee     Fee for Service  
(Check all that apply)  Assignment of Assets     Equity     Membership     Rental

Refund Provisions:  Refundable     90%     50%  
(Check all that apply)  Repayable     75%     Other:

Range of Entrance Fees: \$ n/a - \$ n/a

Long-Term Care Insurance Required?  Yes     No

Health Care Benefits Included in Contract: No

Entry Requirements: Min Age: 65    Prior Profession: No    Other:

### Resident Representative(s) to, and Resident 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 communities who serve on the Board without vote

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          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>2</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Billiard Room               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green               | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>3</u> /Day)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Card Rooms                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exercise Room               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access          | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor      | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court                | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>Pers. Trainer</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Other: _____</u>                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |

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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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



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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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

Accredited?  Yes By:  
 No

Form of Contact:  Continuing Care  Life Care  Entrance Fee  Fee for Service  
(Check all that apply)  Assignment of Assets  Equity  Membership  Rental

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

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         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Billiard Room              | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Meals ( <u>3</u> /Day)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Putting Green              | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spa                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Nursing/Wellness Clinic                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>Pers.Trainer</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Villa Gardens

Address: 842 E. Villa St, Pasadena, CA | Zip Code: 91101 | Phone: (626) 463-5300

Provider Name:

Front Porch Communities and Services

Facility Operator: Shaun Rushforth

Religious Affiliation: None

Year Opened: 1933 # of Acres: 4 Miles to Shopping Center: 1 Miles to Hospital: 2

 Single Story  Multi-Story  Other:**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 18              | Assisted Living: | RES can be AL   |
| Apartments – 1 Bdrm: | 83              | Skilled Nursing: | #of beds 54     |
| Apartments – 2 Bdrm: | 92              | Special Care:    | 19              |
| Cottages/Houses:     | 2               | Description:     | Memory Care     |

RLU Occupancy (%) at Year End: 98%

**Type of Ownership:**  Not for Profit  
 For Profit

**Accredited?**  Yes By:  
 No

**Form of Contact:**  Continuing Care  Life Care  Entrance Fee  Fee for Service  
 (Check all that apply)  Assignment of Assets  Equity  Membership  Rental

**Refund Provisions:**  Refundable  90%  50%  
 (Check all that apply)  Repayable  75%  Other: Fully Amortized

**Range of Entrance Fees:** \$239,000 - \$1,000,000.00

**Long-Term Care Insurance Required?**  Yes  No

**Health Care Benefits Included in Contract:** No

**Entry Requirements:** Min Age: 60 Prior Profession: 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room              | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spa                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor     | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Swimming Pool – Outdoor    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court               | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                   | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>Pers.Trainer</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |



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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Vista del Monte

Address: 3775 Modoc Road, Santa Barbara, CA | Zip Code: 93105 | Phone: (805) 687-0793

Provider Name:

Front Porch Communities and Services

Facility Operator: Doug Tucker

Religious Affiliation: None

Year Opened: 1964 # of Acres: 9.5 Miles to Shopping Center: 3 Miles to Hospital: 5

 Single Story  Multi-Story  Other:**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 30              | Assisted Living: | 0               |
| Apartments – 1 Bdrm: | 103             | Skilled Nursing: | 0               |
| Apartments – 2 Bdrm: | 35              | Special Care:    | 24              |
| Cottages/Houses:     | 0               | Description:     | Memory Care     |

RLU Occupancy (%) at Year End: 93.8%

**Type of Ownership:**  Not for Profit  
 For Profit

**Accredited?**  Yes By:  
 No

**Form of Contact:**  Continuing Care  Life Care  Entrance Fee  Fee for Service  
 (Check all that apply)  Assignment of Assets  Equity  Membership  Rental

**Refund Provisions:**  Refundable  90%  50%  
 (Check all that apply)  Repayable  75%  Other: Fully Amortized

Range of Entrance Fees: \$114,000 - \$714,000

Long-Term Care Insurance Required?  Yes  No

Health Care Benefits Included in Contract: No

Entry Requirements: Min Age: 60 Prior Profession: 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>2</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room              | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop                | <input type="checkbox"/>            | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor    | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court               | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>Pers.Trainer</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)*

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| Studio                          | \$6,319     | 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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. Walnut Street, Anaheim, CA

Zip Code: 92802

Phone: (714) 776-7150

Provider Name:

Front Porch Communities and Services

Facility Operator: Debbie Infield

Religious Affiliation:

Year Opened: 1938

# of Acres: 10.3

Miles to Shopping Center: 3

Miles to Hospital: 2

Single Story

Multi-Story

Other:

### Number of Units:

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | <u>3</u>        | Assisted Living: | <u>n/a</u>      |
| Apartments – 1 Bdrm: | <u>49</u>       | Skilled Nursing: | <u>n/a</u>      |
| Apartments – 2 Bdrm: | <u>95</u>       | Special Care:    | <u>n/a</u>      |
| Cottages/Houses:     | <u>9</u>        | Description:     | <u>n/a</u>      |

RLU Occupancy (%) at Year End: 83.33%

Type of Ownership:  Not for Profit  
 For Profit

Accredited?  Yes By:  
 No

Form of Contact:  Continuing Care  Life Care  Entrance Fee  Fee for Service  
(Check all that apply)  Assignment of Assets  Equity  Membership  Rental

Refund Provisions:  Refundable  90%  50%  
(Check all that apply)  Repayable  75%  Other: Fully Amortized

Range of Entrance Fees: \$ 138,442 - \$ 620,900

Long-Term Care Insurance Required?  Yes  No

Health Care Benefits Included in Contract: No

Entry Requirements: Min Age: 60 Prior Profession: 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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         | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Putting Green              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Linens Furnished                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spa                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor    | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court               | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Workshop                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>SD Gift Shop</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

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

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: CANTERBURY WOODS

Address: 651 SINEX AVE.,  
PACIFIC GROVE, CA

Zip Code:93950

Phone:(831) 373-3111

Provider Name:

Front Porch Communities and Services

Facility Operator: Elvyra Abare

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:

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 27              | Assisted Living: | 29              |
| Apartments – 1 Bdrm: | 39              | Skilled Nursing: | 24              |
| Apartments – 2 Bdrm: | 31              | Special Care:    |                 |
| Cottages/Houses:     | 13              | Description:     |                 |

RLU Occupancy (%) at Year End: 83.08%

Type of Ownership:  Not for Profit  
 For Profit

Accredited?  Yes By:  
 No

Form of Contact:  Continuing Care  Life Care  Entrance Fee  Fee for Service  
(Check all that apply)  Assignment of Assets  Equity  Membership  Rental

Refund Provisions:  Refundable  90%  50%  
(Check all that apply)  Repayable  75%  Other: Fully Amortized

Range of Entrance Fees: \$n/a - \$n/a

Long-Term Care Insurance Required?  Yes  No

Health Care Benefits Included in Contract: Historic 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room           | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green           | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>3</u> /Day)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop             | <input type="checkbox"/>            | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access      | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green           | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard            | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                     | <input type="checkbox"/>            | <input type="checkbox"/>            | Medication Management                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor  | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tennis Court            | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Workshop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Other: <u>Parking</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: Wifi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

| 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 facility is a life care facility.



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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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. Paul's Towers       |                 |                       |
| Address: 100 Bay Place,<br>Oakland, CA | Zip Code: 94610 | Phone: (510) 835-4700 |

Provider Name:

Front Porch Communities and Services

|  |   |                                 |                      |
|--|---|---------------------------------|----------------------|
| Facility Operator: Connie Yuen                   |   |                                 |                      |
| Religious Affiliation: Historically Episcopalian |   |                                 |                      |
| Year Opened: 1966                                | # of Acres: 1.5                                 | Miles to Shopping Center: .1    | Miles to Hospital: 1 |
| <input type="checkbox"/> Single Story            | <input checked="" type="checkbox"/> Multi-Story | <input type="checkbox"/> Other: |                      |

**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 31              | Assisted Living: | 21              |
| Apartments – 1 Bdrm: | 87              | Skilled Nursing: | 43              |
| Apartments – 2 Bdrm: | 74              | Special Care:    | 12              |
| Cottages/Houses:     |                 | Description:     | Memory Care     |

RLU Occupancy (%) at Year End: 91.82%

|                           |   |   |   |
|---------------------------|---|---|---|
| <b>Type of Ownership:</b> | <input checked="" type="checkbox"/> Not for Profit  | <b>Accredited?</b>                            | <input type="checkbox"/> Yes By:                    |
|                           | <input type="checkbox"/> For Profit                 |   | <input checked="" type="checkbox"/> No              |
| <b>Form of Contact:</b>   | <input checked="" type="checkbox"/> Continuing Care | <input checked="" type="checkbox"/> Life Care | <input checked="" type="checkbox"/> Entrance Fee    |
| (Check all that apply)    | <input type="checkbox"/> Assignment of Assets       | <input type="checkbox"/> Equity               | <input checked="" type="checkbox"/> Fee for Service |
|                           |   | <input type="checkbox"/> Membership           | <input type="checkbox"/> Rental                     |
| <b>Refund Provisions:</b> | <input checked="" type="checkbox"/> Refundable      | <input type="checkbox"/> 90%                  | <input type="checkbox"/> 50%                        |
| (Check all that apply)    | <input checked="" type="checkbox"/> Repayable       | <input checked="" type="checkbox"/> 75%       | <input type="checkbox"/> Other:                     |

Range of Entrance Fees: \$53,903 - \$2,913,919

Long-Term Care Insurance Required?  Yes  NoHealth Care Benefits Included in Contract: Life Care; included. Continuing Care; fee for serviceEntry 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/<br>Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room              | <input type="checkbox"/>            | <input type="checkbox"/>            |  |                                     |                                     |
| Bowling Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input type="checkbox"/>            | <input type="checkbox"/>            |  |                                     |                                     |
| Coffee Shop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Putting Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                        | <input type="checkbox"/>            | <input type="checkbox"/>            | Medication Management                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool –<br>Indoor  | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                                  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool –<br>Outdoor | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tennis Court               | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Workshop                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Other: <u>Parking</u>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

**Provider Name:** Front Porch Communities and Services**Historical Monthly Service Fees** (Average Fee and Change Percentage)

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Spring Lake Village              |                 |                       |
| Address: 5555 Montgomery Dr.,<br>Santa Rosa, CA | Zip Code: 95409 | Phone: (707) 538-8400 |

Provider Name:

Front Porch Communities and Services

|  |   |                                 |                      |
|--|---|---------------------------------|----------------------|
| Facility Operator: Bill Keck                     |   |                                 |                      |
| Religious Affiliation: Historically Episcopalian |   |                                 |                      |
| Year Opened: 1986                                | # of Acres: 33                                  | Miles to Shopping Center: 2     | Miles to Hospital: 3 |
| <input checked="" type="checkbox"/> Single Story | <input checked="" type="checkbox"/> Multi-Story | <input type="checkbox"/> Other: |                      |

**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 26              | Assisted Living: | 24              |
| Apartments – 1 Bdrm: | 102             | Skilled Nursing: | 69              |
| Apartments – 2 Bdrm: | 63              | Special Care:    | 11              |
| Cottages/Houses:     | 131             | Description:     | Memory Care     |

RLU Occupancy (%) at Year End: 91.3%

|                           |   |   |   |
|---------------------------|---|---|---|
| <b>Type of Ownership:</b> | <input checked="" type="checkbox"/> Not for Profit  | <b>Accredited?</b>                            | <input type="checkbox"/> Yes By:                    |
|                           | <input type="checkbox"/> For Profit                 |   | <input checked="" type="checkbox"/> No              |
| <b>Form of Contact:</b>   | <input checked="" type="checkbox"/> Continuing Care | <input checked="" type="checkbox"/> Life Care | <input checked="" type="checkbox"/> Entrance Fee    |
| (Check all that apply)    | <input type="checkbox"/> Assignment of Assets       | <input type="checkbox"/> Equity               | <input checked="" type="checkbox"/> Fee for Service |
|                           |   | <input type="checkbox"/> Membership           | <input type="checkbox"/> Rental                     |
| <b>Refund Provisions:</b> | <input checked="" type="checkbox"/> Refundable      | <input checked="" type="checkbox"/> 90%       | <input checked="" type="checkbox"/> 50%             |
| (Check all that apply)    | <input checked="" type="checkbox"/> Repayable       | <input checked="" type="checkbox"/> 75%       | <input type="checkbox"/> Other:                     |

Range of Entrance Fees: \$110,201 - \$2,962,044

Long-Term Care Insurance Required?  Yes  NoHealth Care Benefits Included in Contract: Life Care; included. Continuing Care; fee for serviceEntry Requirements: Min Age: 60 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 representative elected from each of the 10 FP communities who serve on the Board without vote



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      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Card Rooms              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Chapel                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access      | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green           | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Linens Laundered                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court            | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Other: <u>Parking</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: San Francisco Towers

Address: 1661 Pine Street,  
San Francisco, CA

Zip Code:94109

Phone:(415) 776-0500

Provider Name:

Front Porch Communities and Services

Facility Operator: Mark Nitsche

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:

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 14              | Assisted Living: | 12              |
| Apartments – 1 Bdrm: | 91              | Skilled Nursing: | 27              |
| Apartments – 2 Bdrm: | 135             | Special Care:    | 12              |
| Cottages/Houses:     |                 | Description:     | Memory Care     |

RLU Occupancy (%) at Year End: 89%

Type of Ownership:  Not for Profit  
 For Profit

Accredited?  Yes By:  
 No

Form of Contact:  Continuing Care  Life Care  Entrance Fee  Fee for Service  
(Check all that apply)  Assignment of Assets  Equity  Membership  Rental

Refund Provisions:  Refundable  90%  50%  
(Check all that apply)  Repayable  75%  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 representative elected from each of the 10 FP communities who serve on the Board without vote

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         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping (___Times/      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room              | <input type="checkbox"/>            | <input type="checkbox"/>            | Month at \$_____each)        |                                     |                                     |
| Bowling Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals (___/Day)              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                              |                                     |                                     |
| Coffee Shop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 24-Hour Emergency Response   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access         | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green              | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard               | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Spa                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Medication Management        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool –<br>Indoor  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Nursing/Wellness Clinic      | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool –<br>Outdoor | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tennis Court               | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Workshop                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Other: <u>Parking</u>      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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



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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Webster House

|  |                |                      |
|--|----------------|----------------------|
| Address: 401 Webster St.,<br>Palo Alto, CA | Zip Code:94301 | Phone:(650) 327-4333 |
|--|----------------|----------------------|

Provider Name:

Front Porch Communities and Services

Facility Operator: Tim Selleck

Religious Affiliation: Historically Episcopalian

Year Opened: 1989 # of Acres: 1 Miles to Shopping Center: .3 Miles to Hospital:2

Single Story  Multi-Story  Other:

**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units                |
|----------------------|-----------------|------------------|--------------------------------|
| Apartments – Studio: | 1               | Assisted Living: | RES can be AL                  |
| Apartments – 1 Bdrm: | 30              | Skilled Nursing: | 94 licensed beds -51 suspended |
| Apartments – 2 Bdrm: | 7               | Special Care:    |                                |
| Cottages/Houses:     | 0               | Description:     |                                |

RLU Occupancy (%) at Year End: 86.4%

**Type of Ownership:**  Not for Profit  
 For Profit

**Accredited?**  Yes By:  
 No

**Form of Contact:**  Continuing Care  Life Care  Entrance Fee  Fee for Service  
(Check all that apply)  Assignment of Assets  Equity  Membership  Rental

**Refund Provisions:**  Refundable  90%  50%  
(Check all that apply)  Repayable  75%  Other: Fully Amortized

**Range of Entrance Fees:** \$433,000 - \$1,641,500

**Long-Term Care Insurance Required?**  Yes  No

**Health Care Benefits Included in Contract:** Life Care; 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 representative elected from each of the 10 FP communities who serve on the Board without vote

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      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Housekeeping ( <u>4</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room           | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green           | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Special Diets Available                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Chapel                  | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop             | <input type="checkbox"/>            | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Golf Course Access      | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green           | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Shuffleboard            | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Spa                     | <input type="checkbox"/>            | <input type="checkbox"/>            | Medication Management                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor  | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Outdoor | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Personal Home Care                                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Tennis Court            | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Other: <u>Parking</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <u>Other: WiFi</u>                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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: Friends House

Address: 684 Benicia Drive,  
Santa Rosa, CA

Zip Code: 95409

Phone: (707) 538-0152

Provider Name:

Front Porch Communities and Services

Facility Operator: Robert Rubio

Religious Affiliation: Religious Society of Friends (Quakers)

Year Opened: 1984 # of Acres: 7 Miles to Shopping Center: .25 Miles to Hospital: 3

 Single Story   
  Multi-Story   
  Other:
**Number of Units:**

| Residential Living   | Number of Units | Health Care      | Number of Units |
|----------------------|-----------------|------------------|-----------------|
| Apartments – Studio: | 0               | Assisted Living: | 19              |
| Apartments – 1 Bdrm: | 45              | Skilled Nursing: | 0               |
| Apartments – 2 Bdrm: | 17              | Special Care:    | 0               |
| Cottages/Houses:     | 4               | Description:     |                 |

RLU Occupancy (%) at Year End: 82.4%

**Type of Ownership:**   
  Not for Profit   
  For Profit

**Accredited?**   
 Yes By:   
 No

**Form of Contact:**   
 Continuing Care   
 Life Care   
 Entrance Fee   
 Fee for Service  
 (Check all that apply)   
 Assignment of Assets   
 Equity   
 Membership   
 Rental

**Refund Provisions:**   
 Refundable   
 90%   
 50%  
 (Check all that apply)   
 Repayable   
 75%   
 Other: Fully Amortized

**Range of Entrance Fees:** \$ 168,941 - \$ 424,109
**Long-Term Care Insurance Required?**   
 Yes   
 No

**Health Care Benefits Included in Contract:** Continuing Care Contract; fee for service
**Entry Requirements:** Min Age: 60 Prior Profession: n/a Other: Medical/Financ
**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 communities who serve on the Board without vote

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       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Housekeeping ( <u>2</u> Times/ Month at \$_____ each) | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Billiard Room            | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Bowling Green            | <input type="checkbox"/>            | <input type="checkbox"/>            | Meals ( <u>1</u> /Day)                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Card Rooms               | <input type="checkbox"/>            | <input type="checkbox"/>            | Special Diets Available                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Chapel                   | <input type="checkbox"/>            | <input type="checkbox"/>            |   |                                     |                                     |
| Coffee Shop              | <input type="checkbox"/>            | <input type="checkbox"/>            | 24-Hour Emergency Response                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Craft Rooms              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Activities Program                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Exercise Room            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | All Utilities Except Phone                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Golf Course Access       | <input type="checkbox"/>            | <input type="checkbox"/>            | Apartment Maintenance                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Library                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Cable TV  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Putting Green            | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Furnished                                      | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Shuffleboard             | <input type="checkbox"/>            | <input type="checkbox"/>            | Linens Laundered                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Spa                      | <input type="checkbox"/>            | <input type="checkbox"/>            | Medication Management                                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Swimming Pool – Indoor   | <input type="checkbox"/>            | <input type="checkbox"/>            | Nursing/Wellness Clinic                               | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Swimming Pool – Outdoor  | <input type="checkbox"/>            | <input type="checkbox"/>            | Personal Home Care                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Tennis Court             | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Personal                             | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Workshop                 | <input type="checkbox"/>            | <input type="checkbox"/>            | Transportation – Prearranged                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Other: <u>On site PT</u> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <u>Other: _____</u>                                   | <input type="checkbox"/>            | <input type="checkbox"/>            |



| 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 facility is a life care facility.

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

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

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

| <b>Lender</b> | <b>Outstanding Balance</b> | <b>Interest Rate</b> | <b>Date of Origination</b> | <b>Date of Maturity</b> | <b>Amortization Period</b> |
|---------------|----------------------------|----------------------|----------------------------|-------------------------|----------------------------|
| 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)

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

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

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

| <b>Residence/Service [Year]</b> | <b>2021</b> | <b>%</b> | <b>2022</b> | <b>%</b> | <b>2023</b> | <b>%</b> | <b>2024</b> | <b>%</b> |
|---------------------------------|-------------|----------|-------------|----------|-------------|----------|-------------|----------|
| 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**

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

**Operating Ratio**

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

**Debt Service Coverage Ratio**

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

**Days Cash On Hand Ratio**

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

**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.

**Attachment 1**

| <b>OTHER CCRCs</b>   | <b>LOCATION (City, State)</b> | <b>PHONE (with area code)</b> |
|----------------------|-------------------------------|-------------------------------|
| 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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|  | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|--|-------------------------------|----------------------------|------------------------|----------------------------|
|--|-------------------------------|----------------------------|------------------------|----------------------------|

|   |                      |            |            |                  |
|---|----------------------|------------|------------|------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)                      | <u>\$5326-\$7875</u> | <u>n/a</u> | <u>n/a</u> | <u>\$588/day</u> |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) | <u>9.5</u>           | <u></u>    | <u></u>    | <u>9.5</u>       |

Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** January 23, 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. **Date of Meeting:** 2/21/23

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] \_\_\_\_\_

**Date of Notice:** 2/21/23

- The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

**Date of Notice:** 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

- 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. 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:** Carlsbad by the Sea



## 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.

**FORM 7-1****REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>\$5591-\$8330</u>          | <u>n/a</u>                 | <u>\$9216</u>          | <u>\$499/day</u>           |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>                    | <u></u>                    | <u>9.5</u>             | <u>9.5</u>                 |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                               |                            |                        |                            |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                               |                            |                        |                            |
| 4. Check each of the appropriate boxes:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>1/24/23</u> <b>Method of Notice:</b> <u>Mail and e-Mail</u>              |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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> <u>2/20/23</u>                        |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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.                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies in resident cubby  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies at designated locations  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                               |                            |                        |                            |
| <input type="checkbox"/> Other: [please describe] _____   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>1/25/23</u>   |                               |                            |                        |                            |

- 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 the agenda 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

## FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

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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.

**FORM 7-1****REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>5,374-8,214</u>            | <u>n/a</u>                 | <u>11,575</u>          | <u>682/day</u>             |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>                    | <u></u>                    | <u>9.5</u>             | <u>9.5</u>                 |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                               |                            |                        |                            |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                               |                            |                        |                            |
| 4. Check each of the appropriate boxes:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>2/01/2023</u> <b>Method of Notice:</b> <u>Mail</u>                       |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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> <u>2/22/2023</u>                      |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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.                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies in resident cubby  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies at designated locations  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Other: [please describe] <u>Designated Bulletin Board</u>   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>02/01/2023</u>  |                               |                            |                        |                            |

- 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
- 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:** 2/06/2023 **Location of Posting:** Designated Community Bulletin Boards
- 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:** 02/06/2023 **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 the increase and compliance with the Health and Safety Code.

**PROVIDER:** Front Porch Communities and Services **COMMUNITY:** Sunny View Retirement Community

## FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

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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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|   | RESIDENTIAL<br>LIVING | ASSISTED<br>LIVING | MEMORY<br>CARE | SKILLED<br>NURSING |
|---|-----------------------|--------------------|----------------|--------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>5,645-8,370</u>    | <u>n/a</u>         | <u>10,860</u>  | <u>531/day</u>     |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>            | <u></u>            | <u>9.5</u>     | <u>9.5</u>         |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                       |                    |                |                    |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                       |                    |                |                    |
| 4. Check each of the appropriate boxes:   |                       |                    |                |                    |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider’s projected costs, prior year per capita costs, and economic indicators.   |                       |                    |                |                    |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>1/24/2023</u> <b>Method of Notice:</b> <u>Letter</u>                     |                       |                    |                |                    |
| <input checked="" type="checkbox"/> 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> <u>2/15/2024</u>                      |                       |                    |                |                    |
| <input checked="" type="checkbox"/> 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.                   |                       |                    |                |                    |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                       |                    |                |                    |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                       |                    |                |                    |
| <input checked="" type="checkbox"/> Placed hard copies in resident cubby  |                       |                    |                |                    |
| <input checked="" type="checkbox"/> Placed hard copies at designated locations  |                       |                    |                |                    |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                       |                    |                |                    |
| <input type="checkbox"/> Other: [please describe] _____   |                       |                    |                |                    |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>1/30/2024</u>   |                       |                    |                |                    |



- 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
  
- 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
  
- 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. 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:** Villa Gardens

## 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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)                      | <u>7,702-12,050</u>           | <u>n/a</u>                 | <u>12,619</u>          | <u>n/a</u>                 |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) | <u>9.5</u>                    | <u></u>                    | <u>9.5</u>             | <u>9.5</u>                 |

Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** 01/24/2023      **Method of Notice:** Typed Letter

At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. **Date of Meeting:** 02/28/2023

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] \_\_\_\_\_

**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

## 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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|  | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|--|-------------------------------|----------------------------|------------------------|----------------------------|
|--|-------------------------------|----------------------------|------------------------|----------------------------|

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 not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** 1/25/23 **Method of Notice:** Letter to residents

At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. **Date of Meeting:** 2/22/23

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] Sent to Responsible Parties

**Date of Notice:** 1/25/23

- The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  
**Date of Notice:** 2/07/23
  
- 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:** 2/07/23      **Location of Posting:** Bulletin Board - The Post
  
- 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:** 8/4/23      **Location of Posting:** The Book Nook (Library)

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:** Walnut Village

## 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.



**FORM 7-1****REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>6,156-10,189</u>           | <u>6,960</u>               | <u>n/a</u>             | <u>6,360</u>               |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>                    | <u>9.5</u>                 |                        | <u>9.5</u>                 |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                               |                            |                        |                            |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                               |                            |                        |                            |
| 4. Check each of the appropriate boxes:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>01/24/2023</u> <b>Method of Notice:</b> <u>Written</u>                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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> <u>02/13/2023</u>                     |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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.                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies in resident cubby  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies at designated locations  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Other: [please describe] <u>included with statment</u>  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>02/01/2023</u>  |                               |                            |                        |                            |

- The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  
**Date of Notice:** 01/24/2023
- 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:** 01/24/2023 **Location of Posting:** 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:** 01/24/2023 **Location of Posting:** 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:** Canterbury Woods

## FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

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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.

**FORM 7-1****REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>5,856-10,174</u>           | <u>7,283</u>               | <u>7,830</u>           | <u>7,133</u>               |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>                    | <u>9.5</u>                 | <u>9.5</u>             | <u>9.5</u>                 |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                               |                            |                        |                            |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                               |                            |                        |                            |
| 4. Check each of the appropriate boxes:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>January 24th 2023</u> <b>Method of Notice:</b> <u>Distributon letter</u> |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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> <u>January 24th 2023</u>              |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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.                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies in resident cubby  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Placed hard copies at designated locations  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Other: [please describe] <u>US Postal</u>   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>January 24th 2023</u>   |                               |                            |                        |                            |

- 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

## FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

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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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)                      | <u>5,251-7,883</u>            | <u>6,061</u>               | <u>8,106</u>           | <u>6,463</u>               |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) | <u>9.5</u>                    | <u>9.5</u>                 | <u>9.5</u>             | <u>9.5</u>                 |

Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** 1/30/23      **Method of Notice:** Letter

At least 30 days prior to the increase in fees, the designated representative of the Provider convened a meeting that all residents were invited to attend. **Date of Meeting:** 1/31/23

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] \_\_\_\_\_

**Date of Notice:** 1/30/23

- The Provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.  
**Date of Notice:** 1/10/23
  
- 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:** 1/10/23      **Location of Posting:** Village Center community 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:** 1/10/23      **Location of Posting:** Village Center community 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:** Spring Lake Village



## 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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|   | RESIDENTIAL<br>LIVING | ASSISTED<br>LIVING | MEMORY<br>CARE | SKILLED<br>NURSING |
|---|-----------------------|--------------------|----------------|--------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)                      | <u>5,736-10,652</u>   | <u>6,652</u>       | <u>8,210</u>   | <u>6,524</u>       |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) | <u>9.5</u>            | <u>9.5</u>         | <u>9.5</u>     | <u>9.5</u>         |

Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** January 23, 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. **Date of Meeting:** February 23, 2023

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] 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.  
**Date of Posting:** January 31, 2023      **Location of Posting:** Bulletin Boards, Mail Cubby, Online Portal
- 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:** Bulletin Boards, Mail Cubby, Online Portal
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:** San Francisco Towers

## 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.

**FORM 7-1**  
**REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)                      | <u>5,602-8,306</u>            | <u>n/a</u>                 | <u>n/a</u>             | <u>6,123</u>               |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable) | <u>9.5</u>                    | <u></u>                    | <u></u>                | <u>9.5</u>                 |

Check here if monthly care fees at this community were not increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)

3. Indicate the date the fee increase was implemented: 4/1/2023  
(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:** January 30, 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. **Date of Meeting:** February 21, 2023

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] USPS mail

**Date of Notice:** January 30 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 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.

**PROVIDER:** Front Porch Communities and Services      **COMMUNITY:** Webster House

## FORM 7-1 REPORT ON CCRC MONTHLY CARE FEES

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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.

**FORM 7-1****REPORT ON CCRC MONTHLY CARE FEES**

|   | <b>RESIDENTIAL<br/>LIVING</b> | <b>ASSISTED<br/>LIVING</b> | <b>MEMORY<br/>CARE</b> | <b>SKILLED<br/>NURSING</b> |
|---|-------------------------------|----------------------------|------------------------|----------------------------|
| 1. Monthly Care Fees at beginning of reporting period: (indicate range, if applicable)  | <u>3,583-4,684</u>            | <u>8,583</u>               | <u>n/a</u>             | <u>n/a</u>                 |
| 2. Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)   | <u>9.5</u>                    | <u>9.5</u>                 |                        | <u>9.5</u>                 |
| <input type="checkbox"/> Check here if monthly care fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.) |                               |                            |                        |                            |
| 3. Indicate the date the fee increase was implemented: <u>4/1/2023</u><br>(If more than one (1) increase was implemented, indicate the dates for each increase.)  |                               |                            |                        |                            |
| 4. Check each of the appropriate boxes:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Each fee increase is based on the Provider's projected costs, prior year per capita costs, and economic indicators.   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.<br><b>Date of Notice:</b> <u>1/25/2023</u> <b>Method of Notice:</b> <u>Email and Printed</u>          |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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> <u>2/16/2023</u>                      |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> 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.                   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> The Provider distributed the documents to all residents by [Optional - check all that apply]:   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Emailed the documents to those residents for whom the provider had email addresses on file  |                               |                            |                        |                            |
| <input type="checkbox"/> Placed hard copies in resident cubby   |                               |                            |                        |                            |
| <input type="checkbox"/> Placed hard copies at designated locations   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Provided hard copies to residents upon request, and/or  |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> Other: [please describe] <u>Printed in Resident Folders</u>   |                               |                            |                        |                            |
| <input checked="" type="checkbox"/> <b>Date of Notice:</b> <u>1/25/2023</u>   |                               |                            |                        |                            |



- 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 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>  | (13,980) |          |              |
| 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 MCFI <sup>3</sup> |          |          | 21,649       |
| 5    | Projected F/Y 2024 (Net) Operating Results without MCFI   |          |          | <b>6,010</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 23,287       |
| 6    | Grand Total   |          |          | <b>7,649</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>  |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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 MCFI <sup>3</sup> |          |          | 22,025       |
| 5    | Projected F/Y 2024 (Net) Operating Results without MCFI   |          |          | <b>3,411</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 24,274       |
| 6    | Grand Total   |          |          | 5,660        |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>  |

**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

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

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

<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>  | (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   |          |          | <b>4,287</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 21,527       |
| 6    | Grand Total   |          |          | <b>6,134</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>  |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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       |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b> |

**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

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

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

<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>  | (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       |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b> |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (13,608) |          |              |
| 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   |          |          | <b>(819)</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 15,714       |
| 6    | Grand Total   |          |          | <b>472</b>   |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>  |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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   |          |          | <b>1,687</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 14,689       |
| 6    | Grand Total   |          |          | <b>2,939</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>  |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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   |          |          | <b>8,642</b>  |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 29,903        |
| 6    | Grand Total   |          |          | <b>10,983</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>   |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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   |          |          | <b>10,254</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 42,776        |
| 6    | Grand Total   |          |          | <b>13,404</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>   |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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>  | (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   |          |          | <b>13,274</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 40,512        |
| 6    | Grand Total   |          |          | <b>16,028</b> |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>   |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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   |          |          | <b>(1,571)</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |          |          | 14,107         |
| 6    | Grand Total   |          |          | <b>(346)</b>   |
|      | <b>Monthly Care Fee Increase</b>  |          |          | <b>9.5%</b>    |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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   |         |         | <b>1,271</b> |
| 6    | Projected F/Y 2024 MCF Revenue including the MCFI 9.5% <sup>3</sup>                               |         |         | 6,001        |
| 6    | Grand Total   |         |         | <b>1,740</b> |
|      | <b>Monthly Care Fee Increase</b>  |         |         | <b>9.5%</b>  |

**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>1</sup> Total operating expenses from the independent audit of the Statement of Operations

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

<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**  
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**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)

|   | <u>2024</u>         | <u>2023</u>         |
|---|---------------------|---------------------|
| <b>ASSETS</b>   |                     |                     |
| <b>Current Assets</b>                                       |                     |                     |
| 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                                  | <u>17,755</u>       | <u>11,845</u>       |
| Total current assets  | <u>126,309</u>      | <u>104,115</u>      |
| <b>Investments</b>  |                     |                     |
| Assets limited as to use, net of current portion            | 67,156              | 58,177              |
| Long-term investments                                       | <u>449,911</u>      | <u>464,576</u>      |
| Total investments   | <u>517,067</u>      | <u>522,753</u>      |
| <b>Property and Equipment, Net</b>                          | <u>1,244,987</u>    | <u>1,193,981</u>    |
| <b>Other Assets</b>   |                     |                     |
| 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   | <u>6,813</u>        | <u>4,031</u>        |
| Total other assets  | <u>73,902</u>       | <u>83,445</u>       |
| Total assets  | <u>\$ 1,962,265</u> | <u>\$ 1,904,294</u> |

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

|  | <u>2024</u>         | <u>2023</u>         |
|--|---------------------|---------------------|
| <b>LIABILITIES AND NET ASSETS</b>              |                     |                     |
| <b>Current Liabilities</b>                     |                     |                     |
| 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                         | <u>25,186</u>       | <u>25,076</u>       |
| <br>   |                     |                     |
| Total current liabilities                      | 97,289              | 83,040              |
| <b>Other Liabilities</b>                       |                     |                     |
| 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                                 | <u>446,099</u>      | <u>456,827</u>      |
| <br>   |                     |                     |
| Total liabilities                              | <u>936,419</u>      | <u>935,108</u>      |
| <b>Net Assets</b>                              |                     |                     |
| Without donor restrictions                     | 987,823             | 934,041             |
| With donor restrictions                        | <u>38,023</u>       | <u>35,145</u>       |
| <br>   |                     |                     |
| Total net assets                               | <u>1,025,846</u>    | <u>969,186</u>      |
| <br>   |                     |                     |
| Total liabilities and net assets               | <u>\$ 1,962,265</u> | <u>\$ 1,904,294</u> |

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

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

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

|   | <u>2024</u>         | <u>2023</u>       |
|---|---------------------|-------------------|
| <b>Net Assets Without Donor Restrictions</b>                                      |                     |                   |
| Excess (deficiency) of revenues over expenses                                     | \$ 51,839           | \$ (55,289)       |
| Change in pension benefit obligation  | 1,783               | (1,380)           |
| Net assets released from restrictions used for purchase of property and equipment | <u>160</u>          | <u>-</u>          |
| Increase (decrease) in net assets without donor restrictions                      | <u>53,782</u>       | <u>(56,669)</u>   |
| <b>Net Assets with Donor Restrictions</b>   |                     |                   |
| 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                         | (3,808)             | (3,204)           |
| Net assets released from restrictions used for purchase of and equipment          | <u>(160)</u>        | <u>-</u>          |
| Increase (decrease) in net assets with donor restrictions                         | <u>2,878</u>        | <u>(117)</u>      |
| <b>Change in Net Assets</b>   | 56,660              | (56,786)          |
| <b>Net Assets, Beginning of Year</b>  | <u>969,186</u>      | <u>1,025,972</u>  |
| <b>Net Assets, End of Year</b>  | <u>\$ 1,025,846</u> | <u>\$ 969,186</u> |

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

|  | <u>2024</u>      | <u>2023</u>      |
|--|------------------|------------------|
| <b>Operating Activities</b>  |                  |                  |
| 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)         |
|  | <u>98,202</u>    | <u>78,515</u>    |
| Net cash provided by operating activities                            | <u>98,202</u>    | <u>78,515</u>    |
| <b>Investing Activities</b>  |                  |                  |
| 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            |
|  | <u>(44,282)</u>  | <u>(55,263)</u>  |
| Net cash used in investing activities                                | <u>(44,282)</u>  | <u>(55,263)</u>  |
| <b>Financing Activities</b>  |                  |                  |
| 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            |
|  | <u>(27,859)</u>  | <u>(27,325)</u>  |
| Net cash used in financing activities                                | <u>(27,859)</u>  | <u>(27,325)</u>  |
| <b>Increase (Decrease) in Cash and Cash Equivalents</b>              | <u>26,061</u>    | <u>(4,073)</u>   |
| <b>Cash and Cash Equivalents, Beginning of Year</b>                  | <u>54,466</u>    | <u>58,539</u>    |
| <b>Cash and Cash Equivalents, End of Year</b>                        | <u>\$ 80,527</u> | <u>\$ 54,466</u> |

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

|  | <u>2024</u>      | <u>2023</u>      |
|--|------------------|------------------|
| <b>Cash Flows from Operating Activities</b>  |                  |                  |
| Change in net assets   | \$ 56,660        | \$ (56,786)      |
| Adjustments to reconcile change in net assets to net cash provided by operating activities |                  |                  |
| Depreciation   | 77,930           | 70,829           |
| Noncash operating lease expense  | 852              | 1,131            |
| Gain on disposal of assets   | 2                | -                |
| Amortization of deferred costs   | 351              | 272              |
| Accretion of asset retirement obligations  | (101)            | (67)             |
| Impairment of predevelopment costs   | 3,550            | -                |
| Amortization of bond premium included in interest expense                                  | (1,397)          | (1,410)          |
| Amortization of acquired intangible assets and other                                       | 10,964           | 10,401           |
| Entrance fees received   | 55,591           | 56,878           |
| Amortization of entrance fees  | (41,438)         | (37,371)         |
| Pension asset  | (2,782)          | (658)            |
| Realized and unrealized (gain) loss on investments, net                                    | (61,321)         | 43,345           |
| Change in receivable from supporting organization  | 40               | 213              |
| Proceeds from contributions restricted by donor  | (1,274)          | (1,248)          |
| Changes in operating assets and liabilities  |                  |                  |
| Accounts receivable, net   | 4,337            | (5,213)          |
| Prepaid expenses and other   | (12,183)         | 8                |
| Accounts payable and accrued expenses  | 13,789           | 2,265            |
| Operating leases   | (1,564)          | (1,398)          |
| Other accrued liabilities  | (3,804)          | (2,676)          |
|  | <u>\$ 98,202</u> | <u>\$ 78,515</u> |
| <b>Supplemental Cash Flows Information</b>   |                  |                  |
| Property and equipment purchases included in accounts payable and other accrued expenses   | \$ 24,588        | \$ 12,379        |
| Entrance fees included in accounts receivable  | \$ -             | \$ 985           |
| Operating lease obligations incurred for equipment and rental space                        | \$ 393           | \$ 898           |
| Impairment of predevelopment costs   | \$ 3,550         | \$ -             |



**Front Porch Communities and Services**  
**Notes to Consolidated Financial Statements**  
**March 31, 2024 and 2023**  
**(In Thousands)**

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**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.

**Front Porch Communities and Services**  
**Notes to Consolidated Financial Statements**  
**March 31, 2024 and 2023**  
(In Thousands)

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

| <b>Community</b>                     | <b>City</b>       | <b>Type</b> | <b>Residential<br/>Living<br/>Units</b> | <b>Memory<br/>Care<br/>Units</b> | <b>Care<br/>Center<br/>Beds</b> | <b>Total<br/>Units/Beds</b> |
|--------------------------------------|-------------------|-------------|---|----------------------------------|---------------------------------|-----------------------------|
| 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                                     | -                                | -                               | 182                         |
| Total Obligated Group                |                   |             | <u>3,316</u>                            | <u>171</u>                       | <u>728</u>                      | <u>4,215</u>                |

***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.

**Front Porch Communities and Services**  
**Notes to Consolidated Financial Statements**  
**March 31, 2024 and 2023**  
**(In Thousands)**

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***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 100-unit 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

**Front Porch Communities and Services**  
**Notes to Consolidated Financial Statements**  
**March 31, 2024 and 2023**  
**(In Thousands)**

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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.

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***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 |

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

***Long-Lived Asset Impairment***

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

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

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***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.

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The value recorded for each contribution is recognized as follows:

| <u>Nature of the Gift</u>   | <u>Value Recognized</u>   |
|---|---|
| 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



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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:

|   | <u>2024</u> | <u>2023</u> |
|---|-------------|-------------|
| 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%         |
|   | <u>100%</u> | <u>100%</u> |

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**Note 3. Investments and Investment Return**

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

|  | <u>2024</u>       | <u>2023</u>       |
|--|-------------------|-------------------|
| 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>\$ 534,649</u> | <u>\$ 545,775</u> |

The Corporation invests in certain mutual funds that have required holding periods and varying redemption penalties if sold prior to the end of the holding period. However, at March 31, 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:

|   | <u>2024</u>      | <u>2023</u>      |
|---|------------------|------------------|
| 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            |
|   | <u>\$ 82,592</u> | <u>\$ 73,498</u> |

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

|  | <u>2024</u>      | <u>2023</u>        |
|--|------------------|--------------------|
| 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  | <u>(1,851)</u>   | <u>(1,786)</u>     |
| Investment return, net   | <u>\$ 71,237</u> | <u>\$ (32,919)</u> |

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:

|                                     | <u>2024</u>         | <u>2023</u>         |
|-------------------------------------|---------------------|---------------------|
| 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            | <u>82,878</u>       | <u>47,598</u>       |
|                                     | 1,813,256           | 1,684,307           |
| Less accumulated depreciation       | <u>568,269</u>      | <u>490,326</u>      |
|                                     | <u>\$ 1,244,987</u> | <u>\$ 1,193,981</u> |

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.

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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:

|                          | <u>2024</u>      | <u>2023</u>      |
|--------------------------|------------------|------------------|
| Carrying basis           | \$ 76,985        | \$ 76,985        |
| Accumulated amortization | <u>(33,682)</u>  | <u>(24,609)</u>  |
|                          | <u>\$ 43,303</u> | <u>\$ 52,376</u> |

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.

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

|   | <u>2024</u>     | <u>2023</u>     |
|---|-----------------|-----------------|
| Estimated amounts expected to be paid                             |                 |                 |
| Within one year, included in accrued payroll and related expenses | \$ 2,413        | \$ 2,746        |
| In excess of one year, included in accrued workers' compensation  | <u>5,321</u>    | <u>6,114</u>    |
|   | <u>\$ 7,734</u> | <u>\$ 8,860</u> |

While the ultimate amount of claims to be incurred is dependent on future developments, the Corporation's management believes the aggregate accrual is adequate to cover such amounts. However, by their nature, the amounts recorded are estimates and actual results could differ from the amounts recorded.

The liability for expected workers' compensation claims is presented excluding expected insurance recoveries. Estimated insurance recovery receivables of \$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.

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**Note 10. Long-Term Debt**

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

|  | <u>2024</u>       | <u>2023</u>       |
|--|-------------------|-------------------|
| 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            |
|  | <u>434,057</u>    | <u>443,340</u>    |
| Plus unamortized premium                                   | 25,786            | 27,183            |
| Less unamortized debt issuance costs                       | (4,573)           | (4,730)           |
| Less current maturities                                    | <u>(9,171)</u>    | <u>(8,966)</u>    |
|  | <u>\$ 446,099</u> | <u>\$ 456,827</u> |

(A) Series 2021A Revenue Bonds issued by California Statewide Communities Development Authority (CSCDA); interest at 2.50% to 5.00%, paid semiannually; principal due in varying installments through 2051, paid annually. Unamortized debt issuance costs were \$1,854 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.

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- (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.

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Scheduled annual principal payments on long-term debt at March 31, 2024 are as follows:

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

## **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.



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***Third-Party Payors***

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

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

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

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

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

***Revenue Composition***

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

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

|                               | <u>Care<br/>Center</u> | <u>Residential</u> | <u>Memory<br/>Care</u> | <u>Total</u>      |
|-------------------------------|------------------------|--------------------|------------------------|-------------------|
| <b>2024</b>                   |                        |                    |                        |                   |
| 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 | -                      | 41,438             | -                      | 41,438            |
|                               | <u>\$ 62,652</u>       | <u>\$ 282,282</u>  | <u>\$ 20,001</u>       | <u>\$ 364,935</u> |

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|                               | <u>Care<br/>Center</u> | <u>Residential</u> | <u>Memory<br/>Care</u> | <u>Total</u>      |
|-------------------------------|------------------------|--------------------|------------------------|-------------------|
| <b>2023</b>                   |                        |                    |                        |                   |
| 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            |
|                               | <u>\$ 73,202</u>       | <u>\$ 259,509</u>  | <u>\$ 17,255</u>       | <u>\$ 349,966</u> |

**Contract Balances**

Amounts related to healthcare services provided to patients that have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. As of March 31, 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:

| <u>April 1,<br/>2023</u> | <u>Additions</u> | <u>Refunds</u> | <u>Amortization</u> | <u>March 31,<br/>2024</u> |
|--------------------------|------------------|----------------|---------------------|---------------------------|
| \$ 239,011               | \$ 50,662        | \$ (6,244)     | \$ (41,438)         | \$ 241,991                |
| <u>April 1,<br/>2022</u> | <u>Additions</u> | <u>Refunds</u> | <u>Amortization</u> | <u>March 31,<br/>2023</u> |
| \$ 225,133               | \$ 54,292        | \$ (3,043)     | \$ (37,371)         | \$ 239,011                |

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

|   | <u>2024</u> | <u>2023</u> |
|---|-------------|-------------|
| 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.

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**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:

|  | <u>2024</u>      | <u>2023</u>      |
|--|------------------|------------------|
| 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            |
|  | <u>\$ 38,023</u> | <u>\$ 35,145</u> |

Net assets with donor restrictions are held by supporting organizations and releases are not subject solely to the Corporation meeting the restriction.

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Net assets with donor restrictions were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified as follows:

|                                    | <u>2024</u>     | <u>2023</u>     |
|------------------------------------|-----------------|-----------------|
| Resident assistance and operations | \$ 3,574        | \$ 2,501        |
| Scholarships                       | 106             | 106             |
| Community fund and other           | <u>288</u>      | <u>597</u>      |
|                                    | <u>\$ 3,968</u> | <u>\$ 3,204</u> |

**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:

|  | <u>2024</u>      | <u>2023</u>      |
|--|------------------|------------------|
| 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                              | <u>45</u>        | <u>45</u>        |
|  | <u>\$ 29,373</u> | <u>\$ 22,568</u> |

**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

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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                                 | <u>(898)</u>            |
| Endowment net assets, March 31, 2023              | 12,031                  |
| Investment return                                 | 2,482                   |
| Contributions                                     | 164                     |
| Appropriation of endowment assets for expenditure | <u>(385)</u>            |
| Endowment net assets, March 31, 2024              | <u><u>\$ 14,292</u></u> |

The Corporation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs and other items supported by its endowment while seeking to maintain the purchase power of the endowment. Endowment assets include those assets of donor-restricted endowment funds the Corporation must hold in perpetuity or for donor-specified periods as well as those of board-designated endowment funds, if any. Under the Corporation's policies, endowment assets are invested in a manner that is intended to produce results over time that provide sufficient growth of principal to endow the long-term operations of the Corporation. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate of return objectives, the Corporation relies on a total return strategy in which investment returns are achieved through both current yield (investment income, such as dividends and interest) and capital appreciation (both realized and unrealized). The Corporation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

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**Note 15. Liquidity and Availability**

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

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

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.

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The following schedule presents the natural classification of expenses by function as follows for the years ended March 31:

|                                    | <u>Residential<br/>and Healthcare<br/>Services</u> | <u>Program<br/>Services</u> | <u>General and<br/>Administrative</u> |
|------------------------------------|--|-----------------------------|---------------------------------------|
| <b>2024</b>                        |  |                             |                                       |
| 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                                 |
|                                    | <u>\$ 322,393</u>                                  | <u>\$ 2,261</u>             | <u>\$ 91,870</u>                      |
| Total expenses                     |  |                             |                                       |
|                                    | <u>\$ 322,393</u>                                  | <u>\$ 2,261</u>             | <u>\$ 91,870</u>                      |
| <b>2023</b>                        |  |                             |                                       |
| 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                                 |
|                                    | <u>\$ 317,175</u>                                  | <u>\$ 3,422</u>             | <u>\$ 88,228</u>                      |
| Total expenses                     |  |                             |                                       |
|                                    | <u>\$ 317,175</u>                                  | <u>\$ 3,422</u>             | <u>\$ 88,228</u>                      |

**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.

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**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:

|                                     | <u>2024</u>     | <u>2023</u>     |
|-------------------------------------|-----------------|-----------------|
| Change in benefit obligation        |                 |                 |
| Beginning of year                   | \$ 48,427       | \$ 55,742       |
| Interest cost                       | 2,275           | 1,982           |
| Actuarial gains                     | (235)           | (6,595)         |
| Benefits paid                       | <u>(2,766)</u>  | <u>(2,702)</u>  |
| End of year                         | <u>47,701</u>   | <u>48,427</u>   |
| 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                       | <u>(2,766)</u>  | <u>(2,702)</u>  |
| End of year                         | <u>54,514</u>   | <u>52,458</u>   |
| Funded status at measurement date   | <u>\$ 6,813</u> | <u>\$ 4,031</u> |



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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:

|                                | <u>2024</u>     | <u>2023</u>       |
|--------------------------------|-----------------|-------------------|
| Interest cost                  | \$ 2,275        | \$ 1,982          |
| Expected return on plan assets | (3,530)         | (3,892)           |
| Amortization of net loss       | <u>257</u>      | <u>-</u>          |
| Net periodic benefit cost      | <u>\$ (998)</u> | <u>\$ (1,910)</u> |

The components of net periodic benefit cost other than the service cost component are included in other income (expense) in the accompanying consolidated statements of operations.

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

|   | <u>2024</u>       | <u>2023</u>     |
|---|-------------------|-----------------|
| Other changes in plan assets and benefit obligations recognized in net assets without donor restrictions    |                   |                 |
| Net actuarial gain (loss)   | \$ (1,524)        | \$ 1,380        |
| Amortization of net loss  | <u>(257)</u>      | <u>-</u>        |
| Amount recognized in net assets without donor restrictions at measurement date                              | <u>(1,781)</u>    | <u>1,380</u>    |
| Total recognized in net periodic benefit cost and net assets without donor restrictions at measurement date | <u>\$ (2,779)</u> | <u>\$ (530)</u> |

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The estimated net gain or loss that will be amortized into net periodic benefit cost over the next fiscal year is \$0. Significant assumptions include:

|   | <u>2024</u> | <u>2023</u> |
|---|-------------|-------------|
| 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:

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

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Equity securities primarily include investments in mutual funds invested in small and midcap companies located in the United States and internationally and pooled separate accounts invested in similar securities. Fixed income securities include mutual funds invested in corporate bonds of companies from diversified industries, mortgage-backed securities, and U.S. Treasury securities. Real estate securities include pooled separate accounts invested in real assets.

Plan assets are rebalanced quarterly. At March 31, plan assets by class are as follows:

|                         | <u>2024</u> | <u>2023</u> |
|-------------------------|-------------|-------------|
| Equity securities       | 10%         | 70%         |
| Fixed income securities | 90%         | 25%         |
| Real estate securities  | <u>0.0%</u> | <u>5%</u>   |
| Total                   | <u>100%</u> | <u>100%</u> |

***Pension Plan Assets***

Following is a description of the valuation methodologies used for pension plan assets measured at fair value on a recurring basis and recognized in the accompanying consolidated balance sheets as well as the general classification of pension plan assets pursuant to the valuation hierarchy.

Where quoted market prices are available in an active market, plan assets are classified within Level 1 of the valuation hierarchy. Level 1 plan assets include small and midcap domestic equity mutual funds, international equity mutual funds, and fixed income mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of 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.

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

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

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

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***Recurring Measurements***

The following tables present the fair value measurements of assets recognized in the accompanying consolidated balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31:

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

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|  | <u>Fair Value</u> | <u>Fair Value Measurements Using</u>  |  |  |
|--|-------------------|---|--|--|
|  |                   | <u>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</u> | <u>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</u> | <u>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</u> |
| <b>2023</b>  |                   |   |  |  |
| 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<br>U.S. agency securities          | 28,111            | 17,002  | 11,109   | -  |
| Corporate bonds and<br>commercial paper              | 59,031            | 42,331  | 16,700   | -  |
| Municipal securities                                 | 1,298             | -   | 1,298  | -  |
| Beneficial interest in<br>perpetual trust            | 968               | -   | -  | 968  |
|  | 488,024           | <u>\$ 455,992</u>   | <u>\$ 31,064</u>   | <u>\$ 968</u>  |
| Investments valued at NAV (A)<br>Limited partnership | 16,240            |   |  |  |
| Cash and cash equivalents<br>(at cost)               | <u>41,511</u>     |   |  |  |
| Total investments and<br>assets limited as to use    | <u>\$ 545,775</u> |   |  |  |
| Receivable from supporting<br>organization           | <u>\$ 850</u>     | <u>\$ -</u>   | <u>\$ -</u>  | <u>\$ 850</u>  |

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

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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:

|                     | <u>Fair Value</u> | <u>Unfunded<br/>Commitment</u> | <u>Redemption<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|---------------------|-------------------|--------------------------------|---------------------------------|-------------------------------------|
| <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.



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**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:

|   | <b>Receivable<br/>from<br/>Supporting<br/>Organization</b> | <b>Beneficial<br/>Interest in<br/>Perpetual<br/>Trust</b> |
|---|--|---|
| Balance, April 1, 2022  | \$ 1,063   | \$ 1,122  |
| Total realized and unrealized loss included in change in net assets   | <u>(213)</u>   | <u>(12)</u>   |
| Balance, March 31, 2023   | 850  | 968   |
| Total realized and unrealized gain (loss) included in change in net assets  | <u>(40)</u>  | <u>125</u>  |
| Balance, March 31, 2024   | <u>\$ 810</u>  | <u>\$ 1,093</u>   |
| 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   | <u>\$ (213)</u>  | <u>\$ (12)</u>  |
| Year ended March 31, 2024   | <u>\$ (40)</u>   | <u>\$ 125</u>   |

**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.

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The following table presents the activity for the AROs for the years ended March 31:

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

**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.

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***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.

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**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.

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**Quantitative Disclosures**

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

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

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

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

***Supplementary Information***

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**Consolidating Schedule – Balance Sheet Information**  
**March 31, 2024**  
(In Thousands)

|   | Obligated<br>Group | Foundation | Affordable<br>Housing | Eliminations | Consolidated |
|---|--------------------|------------|-----------------------|--------------|--------------|
| <b>ASSETS</b>   |                    |            |                       |              |              |
| <b>Current Assets</b>                                       |                    |            |                       |              |              |
| 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      |
| <b>Investments</b>  |                    |            |                       |              |              |
| 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      |
| <b>Property and Equipment, Net</b>                          | 977,211            | 12         | 267,789               | (25)         | 1,244,987    |
| <b>Other Assets</b>   |                    |            |                       |              |              |
| 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 |
| <b>LIABILITIES AND NET ASSETS</b>                           |                    |            |                       |              |              |
| <b>Current Liabilities</b>                                  |                    |            |                       |              |              |
| 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                                       | -                  | 1,410      | 4,681                 | (6,091)      | -            |
| Accrued interest  | 6,558              | -          | 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       |
| <b>Other Liabilities</b>                                    |                    |            |                       |              |              |
| 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      |
| <b>Net Assets</b>   |                    |            |                       |              |              |
| Without donor restrictions                                  | 688,443            | 18,577     | 281,279               | (476)        | 987,823      |
| With donor restrictions                                     | 1,166              | 36,718     | 139                   | -            | 38,023       |
| Total net assets  | 689,609            | 55,295     | 281,418               | (476)        | 1,025,846    |
| Total liabilities and net assets                            | \$ 1,568,159       | \$ 61,116  | \$ 342,934            | \$ (9,944)   | \$ 1,962,265 |

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**Consolidating Schedule – Statement of Operations Information**  
**Year Ended March 31, 2024**  
(In Thousands)

|  | Obligated<br>Group | Foundation      | Affordable<br>Housing | Eliminations   | Consolidated     |
|--|--------------------|-----------------|-----------------------|----------------|------------------|
| <b>Revenues, Gains, and Other Support Without Donor Restrictions</b>                     |                    |                 |                       |                |                  |
| 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            |
|  | <u>368,533</u>     | <u>3,680</u>    | <u>32,647</u>         | <u>(2,934)</u> | <u>401,926</u>   |
| <b>Expenses</b>  |                    |                 |                       |                |                  |
| 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            |
|  | <u>379,521</u>     | <u>4,945</u>    | <u>25,186</u>         | <u>(3,094)</u> | <u>406,558</u>   |
| <b>Operating Income (Loss) Before Other Operating Activities</b>                         | <u>(10,988)</u>    | <u>(1,265)</u>  | <u>7,461</u>          | <u>160</u>     | <u>(4,632)</u>   |
| <b>Other Operating Activities</b>  |                    |                 |                       |                |                  |
| Amortization of acquired intangible assets and other                                     | (10,964)           | -               | -                     | -              | (10,964)         |
| Total other operating activities   | <u>(10,964)</u>    | <u>-</u>        | <u>-</u>              | <u>-</u>       | <u>(10,964)</u>  |
| <b>Operating Income (Loss)</b>   | <u>(21,952)</u>    | <u>(1,265)</u>  | <u>7,461</u>          | <u>160</u>     | <u>(15,596)</u>  |
| <b>Other Income (Expense)</b>  |                    |                 |                       |                |                  |
| Investment return, net   | 65,167             | 5,236           | 834                   | -              | 71,237           |
| Other components of net periodic benefit cost  | 998                | -               | -                     | -              | 998              |
| Asbestos settlement loss   | (1,250)            | -               | -                     | -              | (1,250)          |
| Loss on impairment of predevelopment costs   | -                  | -               | (3,550)               | -              | (3,550)          |
| Total other income (expense)   | <u>64,915</u>      | <u>5,236</u>    | <u>(2,716)</u>        | <u>-</u>       | <u>67,435</u>    |
| <b>Excess of Revenues over Expenses</b>  | 42,963             | 3,971           | 4,745                 | 160            | 51,839           |
| <b>Net Assets Released from Restrictions Used for Purchase of Property and Equipment</b> |                    |                 |                       |                |                  |
|  | -                  | 160             | -                     | -              | 160              |
| <b>Contributions from Affiliates</b>   | 160                | -               | -                     | (160)          | -                |
| <b>Change in Pension Benefit Obligation</b>  | <u>1,783</u>       | <u>-</u>        | <u>-</u>              | <u>-</u>       | <u>1,783</u>     |
| <b>Increase in Net Assets Without Donor Restrictions</b>                                 | <u>\$ 44,906</u>   | <u>\$ 4,131</u> | <u>\$ 4,745</u>       | <u>\$ -</u>    | <u>\$ 53,782</u> |



**ANNUAL REPORT CHECKLIST**

FISCAL YEAR ENDED:03/31/24

PROVIDER(S):

Front Porch Communities &amp; Services

CCRC(S):

PROVIDER CONTACT PERSON:

Marie Hayrapet

TELEPHONE NUMBER:

818-254-4126

E-MAIL ADDRESS:

mhayrapet@frontporch.net

***A complete annual report must consist of 3 copies of all of the following:***

- Annual Report Checklist.
- Annual Provider Fee in the amount of: \$134,833.18
  - If applicable, late fee in the amount of: \$ \_\_\_\_\_
- Certification by the provider's **Chief Executive Officer** that:
  - The reports are correct to the best of his/her knowledge.
  - Each continuing care contract form in use or offered to new residents has been approved by the Department.
  - The provider is maintaining the required liquid reserves and, when applicable, the required refund reserve.
- Evidence of the provider's fidelity bond, as required by H&SC section 1789.8.
- Provider's audited financial statements, with an accompanying certified public accountant's opinion thereon.
- Provider's audited reserve reports (prepared on Department forms), with an accompanying certified public accountant's opinion thereon. (NOTE: Form 5-5 must be signed and have the required disclosures attached (H&SC section 1790(a)(2) and (3)).
- "Continuing Care Retirement Community Disclosure Statement" for **each** community.
- Form 7-1, "Report on CCRC Monthly Service Fees" for **each** community.
- Form 9-1, "Calculation of Refund Reserve Amount", if applicable.
- Key Indicators Report (signed by CEO or CFO (or by the authorized person who signed the provider's annual report)). The KIR may be submitted along with the annual report, but is not required until 30 days later.

CALCULATION OF ANNUAL PROVIDER FEE

| Line |   | Carlsbad By<br>The Sea | Claremont<br>Manor | Sunny View | Villa<br>Gardens | Vista del<br>Monte | Walnut<br>Village | Canterbury<br>Woods | St Paul's<br>Tower | Los Gatos<br>Meadows | Spring Lake<br>Village | San Francisco<br>Towers | Webste<br>House | Friends<br>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  |
| [b]  | 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<br>(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: Front Porch Communities & Services

COMMUNITY:

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

| <b>Reserve Report - Form 5-3</b> | <b>Amount</b>       |
|----------------------------------|---------------------|
| 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           |
|                                  | <hr/>               |
|                                  | <b>2,790,430.26</b> |

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

Front Porch  
 Reconciliation from Forms 5-1 and 5-2 to Financial Statements  
 March 31, 2024

| Form 5-1 & 5-2   | Interest          | Principal        |
|--|-------------------|------------------|
| Interest Paid During Fiscal Year   | 13,190,713        |                  |
| Credit Enhancement Premiums Paid   | -                 |                  |
| Principal Payments   |                   | 8,560,000        |
| <b>Total Principal &amp; Interest Paid and Credit Enhancement Premium Paid</b> <b>Form 5-1 &amp; 5-2</b> | <b>13,190,713</b> | <b>8,560,000</b> |

| 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) |           |             |

|  |                   |                  |
|--|-------------------|------------------|
| <b>Subtotal</b>  | <b>1,167,135</b>  | <b>505,618</b>   |
| <b>Interest, Principal &amp; Other Financing Costs Reconciled to Cash Flow</b> | <b>14,357,848</b> | <b>9,065,618</b> |
| <b>Audit Cash Flow</b>   | <b>14,358</b>     | <b>9,066</b>     |
|  | (0)               | (0.4)            |

Front Porch  
 Reconciliation from Forms 5-1 and 5-2 to Financial Statements  
 March 31, 2024

| Form 5-1 & 5-2   | Interest          | Principal        |
|--|-------------------|------------------|
| Interest Paid During Fiscal Year   | 13,190,713        |                  |
| Credit Enhancement Premiums Paid   | -                 |                  |
| Principal Payments   |                   | 8,560,000        |
| <b>Total Principal &amp; Interest Paid and Credit Enhancement Premium Paid</b> <b>Form 5-1 &amp; 5-2</b> | <b>13,190,713</b> | <b>8,560,000</b> |

| 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) |           |             |

|  |                   |                  |
|--|-------------------|------------------|
| <b>Subtotal</b>  | <b>1,167,135</b>  | <b>505,618</b>   |
| <b>Interest, Principal &amp; Other Financing Costs Reconciled to Cash Flow</b> | <b>14,357,848</b> | <b>9,065,618</b> |
|  | <b>14,357.85</b>  | <b>9,065.62</b>  |
| <b>Audit Cash Flow</b>   | <b>14,358</b>     | <b>9,066</b>     |
|  | (0)               | (0.4)            |