CALIFORNIA FRIENDS HOMES

dba ROWNTREE GARDENS

CONTINUING CARE LIQUID RESERVE SCHEDULES

YEAR ENDED DECEMBER 31, 2020

WITH

INDEPENDENT AUDITOR'S REPORT



CALIFORNIA FRIENDS HOMES dba ROWNTREE GARDENS

YEAR ENDED DECEMBER 31, 2020

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of California Friends Homes, dba Rowntree Gardens

We have audited the accompanying reserve schedules of California Friends Homes, dba Rowntree Gardens (the Corporation), which comprise the continuing care liquid reserve schedules, Forms 5-1 through 5-5 ("schedules") and related notes, as of and for the year ended December 31, 2020.

Management's Responsibility for the Continuing Care Reserve Schedules

Management is responsible for the preparation and fair presentation of the schedules in accordance with the liquid reserve requirements of California Health and Safety Code section 1792. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the schedules that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these schedules based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about the whether the schedules are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the schedules. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the schedules, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the schedules 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 entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the schedules.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the schedules referred to above present fairly, in all material respects, the continuing care liquid reserves of the Corporation as of and for the year ended December 31, 2020, in conformity with the liquid reserve requirements of California Health and Safety Code Section 1792.

Basis of Accounting

We draw attention to the basis of accounting used to prepare the schedules. The schedules are prepared by the Corporation on the basis of the liquid reserve requirements of California Health and Safety Code Section 1792, which is a basis other than accounting principles generally accepted in the United States of America, to meet the requirements of California Health and Safety Code Section 1792. Our opinion is not modified with respect to this matter.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the schedules, as a whole. The accompanying supplementary schedule; Part of Form 5-4, Non-Contract Resident Revenue Reconciliation and Interest Expense Reconciliation are presented for the purpose of additional analysis and are not a required part of the basic schedules. 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 schedules. The information has been subjected to the auditing procedures applied in the audit of the schedules, and certain additional procedures, including comparing and reconciling such information directly to the underlying account and other records used to prepare the schedules, or to the schedules 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 schedules, taken as a whole.

Restriction on Use

Mak Q

Our report is intended solely for the information and use of the members of the Board of Directors, Management of the Corporation, and the California Department of Social Services and is not intended to be, and should not be, used by anyone other than these specified parties.

Mark E. Damon CPA, Managing Partner KDP Certified Public Accountants, LLP

Medford, Oregon June 11, 2021

FORM 5-1 LONG-TERM DEBT INCURRED IN A PRIOR FISCAL YEAR (Including Balloon Debt)

| | (a) | (b) | (c) | (d) | (e) |
|-----------------|------------|--------------------|--------------------|--------------------|---------------------------|
| | | | | Credit Enhancement | |
| Long-Term | Date | Principal Paid | Interest Paid | Premiums Paid | Total Paid |
| Debt Obligation | Incurred | During Fiscal Year | During Fiscal Year | in Fiscal Year | (columns (b) + (c) + (d)) |
| 1 | 11/19/2019 | 59,035 | 115,502 | | 174,537 |
| 2 | 11/19/2019 | 39,541 | 24,312 | | 63,853 |
| 3 | | | | | - |
| 4 | | | | | |
| 5 | | | | | - |
| 6 | | | | | - |
| 7 | | | | | - |
| 8 | | | | | |
| | TOTAL | 98,576 | 139,814 | - | 238,390 |

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

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

FORM 5-2 LONG-TERM DEBT INCURRED During Fiscal Year (Including Balloon Debt)

| | | (inc | iduling Balloon Debty | | |
|-----------------|----------|---------------------|-----------------------|------------------|----------------------------|
| | (a) | (b) | (c) | (d) Number of | (e) Reserve Requirement |
| Long-Term | Date | Total Interest Paid | Amount of Most Recent | Payments | (see instruction 5) |
| Debt Obligation | Incurred | During Fiscal Year | Payment on the Debt | next 12 months | (columns (c) x (d)) |
| 11 | | | | | - |
| 2 | | | | | - |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | , | |
| 8 | | | | | |
| | TOTAL | \$ - | \$ - | - | \$ - |

(Transfer this amount to Form 5-3, Line 2)

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

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

| LINE | | T | OTAL |
|------|--|----|---------|
| 1 | Total from Form 5-1 bottom of column (e) | \$ | 238,390 |
| 2 | Total from Form 5-2 bottom of Column (e) | | |
| 3 | Facility leasehold or rental payment paid by provider during fiscal year. (including related payments such as lease insurance) | | |
| 4 | TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE: | | 238,390 |

FORM 5-4 CALCULATION OF NET OPERATING EXPENSES

| *************************************** | | Amounts | TOTAL |
|---|---|------------|------------|
| 1 | Total operating expenses from financial statements | | 20,701,018 |
| 2 | Deductions | | |
| | a Interest paid on long-term debt (see instructions) | 139,814 | |
| | b Credit enhancement premiums paid for long-term debt (see instructions) | - | |
| | c Depreciation | 828,631 | |
| , | d Amortization | - | |
| | e Revenues received during the fiscal year for services to persons who did not have a | | |
| | continuing care contract | 14,905,774 | |
| | f Extraordinary expenses approved by the Department | - | |
| 3 | Total Deductions | | 15,874,219 |
| 4 | Net Operating Expenses | _ | 4,826,799 |
| 5 | Divide Line 4 by 365 and enter the result (rounded). | | 13,224 |
| 6 | Multiply Line 5 by 75 and enter the result. | | 991,800 |
| | This is the provider's operating expense reserve amount for this community. | 2000 | |

FORM 5-5 ANNUAL RESERVE CERTIFICATION

| Provider Name: | California Friends Homes, DBA Rowntree Gardens |
|--------------------|--|
| Fiscal Year Ended: | December 31, 2020 |

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended December 31, 2020 and are in compliance with those requirements.

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

| | | Amount |
|-----|----------------------------------|--------------|
| [1] | Debt Service Reserve Amount | \$ 238,390 |
| [2] | Operating Expense Reserve Amount | 991,800 |
| [3] | Total Liquid Reserve Amount: | \$ 1,230,190 |

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

| 4.0011 | Qualifying Asset Description | 44 | | Amount t value at end of qu | arter) |
|------------------|---------------------------------------|--|---------|--------------------------------|-------------|
| | Description | Debt Service Reserve | | · | ing Reserve |
| [4] | Cash and Cash Equivalents | \$ | 238,390 | \$ | 1,225,333 |
| [5] | Investment Securities | | - | | - |
| [6] | Equity Securities | | - | | - |
| [7] | Unused/Available Lines of Credit | | - | | 1,190,000 |
| [8] | Unused/Available Letters of Credit | | - | | - |
| [9] | Debt Service Reserve | | - | | - |
| [10] | Other: (describe qualifying asset) | | | ****************************** | _ |
| | Total Amount of Qualifying Assets: | | | | |
| | Listed for Reserve Obligation: | [11]_\$ | 238,390 | [12]_\$ | 2,415,333 |
| | Reserve Obligation Amount: | [13]_\$ | 238,390 | [14]_\$ | 991,800 |
| | Surplus/(Deficiency): | [15]_\$ | - | [16]_\$ | 1,423,533 |
| Signa | ture: | | | | |
| (Auth | orized Representative) | | | | |
| Chief (Title) | Executive Officer | Millional Andread Andr | | | |

CALIFORNIA FRIENDS HOMES dba ROWNTREE GARDENS

NOTES TO THE CONTINUING CARE LIQUID RESERVE SCHEDULES DECEMBER 31, 2020

NOTE 1 - BASIS OF ACCOUNTING

The accompanying reserve schedules Forms 5-1 through 5-5 on pages 3 through 7 have been prepared in accordance with the provisions of Health and Safety Code Section 1792 administered by the State of California Department of Social Services and are not intended to be a complete presentation of the California Friends Homes dba Rowntree Garden's assets, liabilities, revenues, and expenses.

California Friends Homes, DBA Rowntree Gardens Part of Form 5-4; item 2-e - Revenue and Support - Non-Contract Revenue Reconciliation

| | | | | | F | Revenues by Type | |
|-------------------------------------|----|-------------------|----|-----------|----|------------------|------------------|
| Revenue and Support | | Reported on Audit | | Contract | | Non-Contract | Non-Resident |
| Service fees | \$ | 10,159,632 | \$ | 1,431,730 | \$ | 8,727,902 | \$ - |
| Health center revenue | | 5,753,080 | | 433,463 | | 5,319,617 | - |
| Home care revenue | | 706,570 | | - | | - | 706,570 |
| Other revenue | | 184,343 | | 32,658 | | 133,997 | 17,688 |
| Total Contract/Non-Contract revenue | \$ | 16,803,625 | \$ | 1,897,851 | \$ | 14,181,516 | \$ 724,258 |
| Less Total Contract revenue | | (1,897,851) | | | | | |
| Total Non-Contract revenue | | 14,905,774 | | | | | |
| Total Contract/Non-Contract revenue | \$ | 16,803,625 | : | | | | |

Part of Form 5-4; item 2-a - Interest Expense Reconciliation

| | | | Interest | Ехр | ense |
|------------------|-------------------|---------|----------------|-----|----------------|
| | Reported on Audit | | Line of Credit | | Long-term Debt |
| Interest Expense | \$ | 143,279 | \$ 3,465 | \$ | 139,814 |

Continuing Care Retirement Community Disclosure Statement General Information

Date Prepared: 05/31/2021

| FACILITY NAME: Rowntre | e Gardens Senior Livir | ng | | | |
|---------------------------|-------------------------|---------------------------|---|----------------------------------|---|
| ADDRESS: 12151 Dale St | ., Stanton, CA | | ZIP CODE: 90680 | PHONE: 714-5 | 30-9100 |
| PROVIDER NAME: Californ | nia Friends Homes | | FACILITY OPER | ATOR: | |
| RELATED FACILITIES: | | | RELIGIOUS AFFILIA | ATION: | |
| YEAR # | ≠OF □ SII | NGLE MULTI- | | MILES TO SH | OPPING CTR: |
| | CRES: 7 ST | | OTHER: Both | | O HOSPITAL: |
| * * * * * * * * * * * * | * * * * * * * * * * | **** | * | * * * * * * * * * * | * * * * * * * * * * * * * |
| NUMBER OF UNITS: | | <u>IAL LIVING</u> | <u>HEALTH (</u> | CARE | |
| | APARTMENTS — STUDI | 0: 31 | ASSISTED LIVING: | 109 | |
| | APARTMENTS - 1 BDR | M: 36 | SKILLED NURSING: | 58 | |
| | APARTMENTS - 2 BDR | M: | SPECIAL CARE: | 48 | |
| | COTTAGES/HOUSI | ES: 5 | DESCRIPTION: > Dementia | a Care | |
| RLU OCCU | PANCY (%) AT YEAR EN | | > | 86% | *************************************** |
| * * * * * * * * * * * * * | * * * * * * * * * * * | * * * * * * * | * * * * * * * * * * * * * * * * * | * * * * * * * * * | * * * * * * * * * * * * |
| TYPE OF OWNERSHIP: | ☑ NOT-FOR-PROFI | T 🔲 FOR- PRO | FIT ACCREDITED?: YES IN | 10 BY: | |
| | | | | | |
| FORM OF CONTRACT: | CONTINUING CA | \RE ☑ | LIFE CARE ☑ ENTRANCE FE | E 🗵 FEE F | OR SERVICE |
| (Check all that apply) | ASSIGNMENT OF | F ASSETS 🔲 | EQUITY 🗀 MEMBERSHIP | ☐ RENT | AL |
| REFUND PROVISIONS: / | (Check all that apply) | □90 % □75 % | □50% □ FULLY AMORTIZED □ | OTHER: | |
| • | | | | | |
| RANGE OF ENTRANCE F | EES: \$ 185,000 | _ \$ 600,000 | LONG-TERM CAR | E INSURANCE REQU | JIRED? 🗆 YES 🔳 NO |
| HEALTH CARE BENEFITS | INCLUDED IN CON | ITRACT: Yes | | | |
| ENTRY REQUIREMENTS: | : MIN. AGE: 62 | PRIOR PROFESSION | DN: | OTHER: | |
| RESIDENT REPRESENTA | TIVE(S) TO, AND RE | SIDENT MEMBER | R(S) ON, THE BOARD (briefly describe prov | vider's compliance and residents | role): > |
| > Resident Voting Membe | r: Lois Mullis; Resider | nt Representative: N | Marilyn Lindley | | |
| * * * * * * * * * * * * * | * * * * * * * * * | * * * * * * * * * | *** | **** | |
| | | FACILITY SE | RVICES AND AMENITIES | | |
| <u>COMMON AREA AMEN</u> | ITIES AVAILABLE | FEE FOR SERVICE | SERVICES AVAILABLE | INCLUDED IN FEE | FOR EXTRA CHARGE |
| BEAUTY/BARBER SHOP | 7 | V | HOUSEKEEPING (4 TIMES/MONTH) | | |
| BILLIARD ROOM | | | MEALS (3_/DAY) | V | |
| BOWLING GREEN | | | SPECIAL DIETS AVAILABLE | V | |
| CARD ROOMS | ☑ | | | | |
| CHAPEL | | | 24-HOUR EMERGENCY RESPONSE | 7 | |
| COFFEE SHOP | | | ACTIVITIES PROGRAM | 7 | |
| CRAFT ROOMS | | | ALL UTILITIES EXCEPT PHONE | | Ē |
| EXERCISE ROOM | n | Ē | APARTMENT MAINTENANCE | ▽ | Ī |
| GOLF COURSE ACCESS | ā | Ħ | CABLE TV | $\overline{\square}$ | |
| LIBRARY | | | LINENS FURNISHED | | |
| PUTTING GREEN | | | LINENS LAUNDERED | | |
| SHUFFLEBOARD | | | MEDICATION MANAGEMENT | V ✓ | |
| SPA | <u> </u> | | NURSING/WELLNESS CLINIC | | |
| SWIMMING POOL-INDOOR | 느 | | PERSONAL HOME CARE | | |
| SWIMMING POOL-OUTDOOR | | 日 | TRANSPORTATION-PERSONAL | | 回 |
| | | | | <u></u> | |
| TENNIS COURT | | | TRANSPORTATION-PREARRANGED | | |
| WORKSHOP | | | OTHER Rehab Agency | | Ø |

All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract, or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

| PROVIDER NAME: California Friends Homes | | |
|---|------------------------|------------------------|
| OTHER CCRCs | LOCATION (City, State) | PHONE (with area code) |
| | | |
| | | |
| | | |
| MULTI-LEVEL RETIREMENT COMMUNITIES | LOCATION (City, State) | PHONE (with area code) |
| | | |
| FREE-STANDING SKILLED NURSING | LOCATION (City, State) | PHONE (with area code) |
| | | |
| SUBSIDIZED SENIOR HOUSING | LOCATION (City, State) | PHONE (with grea code) |
| | | |

| | | | 2017 | 21 | 018 | 2019 | | 2020 | |
|---|--|--|--|--|--|--|---------------------------------------|--|--|
| ICOME FROM ONGOIN | G OPERATIONS | | | | | | distribution of the second | | |
| PERATING INCOME | untranco foo incomo) | | 47 204 075 | 47.0 | 20.400 | 47 757 500 | 2 | 10 770 070 | |
| cluding amortization of e | entrance tee income) | | 17,321,075 | 17,22 | 28,180 | 17,757,563 | <u> </u> | 19,779,970 | |
| SS OPERATING EXPEN | | ct) : | 17,987,521 | 10.30 | 93,205 | 19,301,784 | 4 | 19,729,108 | |
| ccluding depreciation, amortization, and interest) | | 31/ | | | | | | *************************************** | |
| ET INCOME FROM OPERATIONS | | 2000 in production in the contract of the cont | (666,446) | | 65,025) | (1,544,221) | | 50,862 | |
| ESS INTEREST EXPENSE | | | 129,611 | | 5,402 | 160,10 | 0 | 143,279 | |
| LUS CONTRIBUTIONS | | *************************************** | 40,659 | | 352,075 | 54,186 | | 97,132 | |
| LUS NON-OPERATING | • | S) | | | | | | | |
| excluding extraordinary items) | | *************************************** | (854,855) | | 3,000 | 204,918 | | 1,350,001 | |
| ET INCOME (LOSS) BEF | | • | | | | | | | |
| ES, DEPRECIATION AN | ID AMORTIZATION | *************************************** | (1,610,253) | (695 | 5,352) | (1,445,2 | 17) | 1,354,716 | |
| ET CASH FLOW FROM I | | | | | | | | | |
| otal Deposits Less Refund | otal Deposits Less Refunds) | | 759,799 | | 3,550 | 1,278,002 | | 356,550 | |
| ****** | * * * * * * * * * * * | * * * * * | * * * * * * * | * * * * * * * | * * * * * * * * | * * * * * * | * * * * * * | * * * * * * * | |
| | | | cal vear end) | | | | | | |
| ESCRIPTION OF SECUR | | | , , | | | | | | |
| | OUTSTA | ANDING | INTERES | | DATE OF | DATE O | | MORTIZATIO | |
| LENDER | OUTSTA BAL | ANDING ANCE | INTERES RATE | OR | IGINATION | MATURIT | IY | PERIOD | |
| LENDER | OUTSTA | ANDING ANCE | INTERES | OR | | | IY | | |
| LENDER | OUTSTA BAL | ANDING ANCE | INTERES RATE | OR | IGINATION | MATURIT | IY | PERIOD | |
| LENDER | OUTSTA BAL | ANDING ANCE | INTERES RATE | OR | IGINATION | MATURIT | IY | PERIOD | |
| rmers & Merchants Bank | OUTST/ BAL 2,575 | ANDING ANCE 5,098 | INTERES RATE | OR | IGINATION | MATURIT | IY | PERIOD | |
| LENDER rmers & Merchants Bank | OUTSTA BAL 2,575 | ANDING ANCE 5,098 | 5.4954 | OR | IGINATION | MATURIT | IY | PERIOD | |
| LENDER mers & Merchants Bank | OUTSTA BAL 2,575 * * * * * * * * * * * * * * * * * * * | ANDING ANCE 5,098 ***** rmulas) AC Media | INTERES RATE 5.4954 | OR | IGINATION | MATURIT | IY | PERIOD | |
| LENDER mers & Merchants Bank | OUTSTA BAL 2,575 * * * * * * * * * next page for ratio fo 2017 CC 50 th P | ANDING ANCE 5,098 * * * * * rmulas) AC Medic ercentile | INTERES RATE 5.4954 | OR | IGINATION | MATURIT 11-19-20: | IY | PERIOD 120 months | |
| LENDER mers & Merchants Bank * * * * * * * * * * * * NANCIAL RATIOS (see | OUTSTA BAL 2,575 * * * * * * * * * next page for ratio fo 2017 CC 50 th P | ANDING ANCE 5,098 ***** rmulas) AC Media | INTERES RATE 5.4954 | OR | IGINATION | MATURIT | IY | PERIOD 120 months * * * * * * * * | |
| LENDER mers & Merchants Bank * * * * * * * * * * * NANCIAL RATIOS (see | OUTSTA BAL 2,575 * * * * * * * * * next page for ratio fo 2017 CC 50 th P | ANDING ANCE 5,098 * * * * * rmulas) AC Medic ercentile | INTERES RATE 5.4954 | OR OR | IGINATION | MATURIT 11-19-202 * * * * * * * * | IY | PERIOD 120 months | |
| LENDER mers & Merchants Bank ******** NANCIAL RATIOS (see EBT TO ASSET RATIO PERATING RATIO | OUTSTA BAL 2,575 * * * * * * * * * * next page for ratio fo 2017 CC 50th P | ANDING ANCE 5,098 * * * * * rmulas) AC Medic ercentile | INTERES RATE 5.4954 | OR % 2018 0.169 | IGINATION | MATURIT 11-19-202 * * * * * * * * 2019 0.20 | IY | PERIOD 120 months * * * * * * * * 2020 0.19 | |
| LENDER TMERS & Merchants Bank ********* INANCIAL RATIOS (see EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE | OUTSTA BAL 2,575 * * * * * * * * * * next page for ratio fo 2017 CC 50 th P (op | ANDING ANCE 5,098 * * * * * rmulas) AC Medic ercentile | INTERES RATE 5.4954 | OR //6 // 2018 | IGINATION | MATURIT 11-19-202 * * * * * * * * 2019 0.20 1.10 | IY | PERIOD 120 months * * * * * * * * 2020 0.19 0.99 | |
| LENDER | OUTSTA BAL 2,575 * * * * * * * * * * next page for ratio fo 2017 CC 50 th P (op | ANDING ANCE 5,098 * * * * * rmulas) AC Medic ercentile | INTERES RATE 5.4954 | 2018 0.169 1.126 3.209 | IGINATION | MATURIT 11-19-202 2019 0.20 1.10 (0.23) | IY | PERIOD 120 months * * * * * * * * 2020 0.19 0.99 6.08 | |
| LENDER TMETS & MERCHANTS BANK ************ INANCIAL RATIOS (SEE EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE | OUTSTA BAL 2,575 * * * * * * * * * * * * * * * * * * * | ANDING ANCE 5,098 ****** AC Medic Percentile | INTERES RATE 5.4954 *********************************** | 2018 0.169 1.126 3.209 26.00 | IGINATION | MATURIT 11-19-202 2019 0.20 1.10 (0.23) | IY | PERIOD 120 months * * * * * * * * 2020 0.19 0.99 6.08 | |
| LENDER mers & Merchants Bank ********* NANCIAL RATIOS (see EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE AYS CASH ON HAND RATIO ISTORICAL MONTHLY | OUTSTA BAL 2,575 next page for ratio fo 2017 CC 50th P (op SERVICE FEES (Aver 2017 | ANDING ANCE 5,098 ****** AC Medic Percentile | INTERES RATE 5.4954 *********************************** | 2018 0.169 1.126 3.209 26.00 | IGINATION | MATURIT 11-19-202 2019 0.20 1.10 (0.23) | IY | PERIOD 120 months * * * * * * * * 2020 0.19 0.99 6.08 | |
| LENDER mers & Merchants Bank * * * * * * * * * * * * NANCIAL RATIOS (see EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE AYS CASH ON HAND RATIO ESTORICAL MONTHLY: STUDIO | OUTST/ BAL. 2,575 * * * * * * * * * * * * * * * * * * * | ANDING ANCE 5,098 * * * * * * rmulas) AC Medic Percentile ptional) * * * * * * rage Fee a % 2.5% | ### 10 Change Percentage | 2018 0.169 1.126 3.209 26.00 ******** tage) % 2.5% | IGINATION 11-19-2019 ****** 2019 3389 | MATURIT 11-19-202 * * * * * * * * 2019 0.20 1.10 (0.23) 45.99 * * * * * * * * | * * * * * * * * * * * * * * * * * * * | PERIOD 120 months * * * * * * * * * 2020 0.19 0.99 6.08 64.64 * * * * * * * * * | |
| LENDER mers & Merchants Bank *********** ********** ********* **** | OUTSTA BAL 2,575 next page for ratio fo 2017 CC 50th P (op SERVICE FEES (Aver 2017 | ANDING ANCE 5,098 ***** AC Medic ercentile otional) ****** rage Fee a | INTERES RATE 5.4954 * * * * * * * * * uns nd Change Percen 2018 | 2018 0.169 1.126 3.209 26.00 *********************************** | IGINATION 11-19-2019 ******* 2019 | MATURIT 11-19-202 * * * * * * * * 2019 0.20 1.10 (0.23) 45.99 * * * * * * * * | * * * * * * * * * * * * * * * * * * * | PERIOD 120 months * * * * * * * * * 2020 0.19 0.99 6.08 64.64 * * * * * * * * * * % | |
| LENDER mers & Merchants Bank *********** MANCIAL RATIOS (see EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE AYS CASH ON HAND RATIO STUDIO ONE BEDROOM TWO BEDROOM | OUTST/ BAL. 2,575 | ANDING ANCE 5,098 **** rmulas) AC Medic ercentile otional) ***** rage Fee a % 2.5% 2.5% | INTERES RATE 5.4954 * * * * * * * * * ans definition of the state o | 2018 0.169 1.126 3.209 26.00 ******* tage) % 2.5% 2.5% | IGINATION 11-19-2019 * * * * * * * * * 2019 3389 3781 | MATURIT 11-19-202 * * * * * * * * 2019 0.20 1.10 (0.23) 45.99 * * * * * * * % 6.5% 6.5% | * * * * * * * * * * * * * * * * * * * | PERIOD 120 months * * * * * * * * * 2020 0.19 0.99 6.08 64.64 * * * * * * * * * % 3.09 | |
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| LENDER TMETS & METCHANTS BANK ********** MANCIAL RATIOS (SEE EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAGE AYS CASH ON HAND RATIO ONE BEDROOM TWO BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING | OUTSTA BAL 2,575 * * * * * * * * * * * * * * * * * * * | ANDING ANCE 5,098 * * * * * * rmulas) AC Medic ercentile otional) * * * * * * rage Fee a % 2.5% 2.5% 2.5% 2.5% | INTERES RATE 5.4954 5.4954 * * * * * * * * * uns definition of the content of t | 2018 0.169 1.126 3.209 26.00 ******* 2.5% 2.5% 2.5% 2.5% | IGINATION 11-19-2019 * * * * * * * * * 2019 3389 3781 4888 3781 | MATURIT 11-19-202 * * * * * * * * 2019 0.20 1.10 (0.23) 45.99 * * * * * * * % 6.5% 6.5% 5.0% 6.5% | * * * * * * * * * * * * * * * * * * * | PERIOD 120 months * * * * * * * * * 2020 0.19 0.99 6.08 64.64 * * * * * * * * * % 3.0% 3.0% 3.0% | |
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FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion
Total Assets

OPERATING RATIO

Total Operating Expenses

- Depreciation Expense
- Amortization Expense

Total Operating Revenues — Amortization of Deferred Revenue

DEBT SERVICE COVERAGE RATIO

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

DAYS CASH ON HAND RATIO

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

(Operating Expenses —Depreciation —Amortization)/365

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