

Front Porch

March 31, 2014

Annual Reserve Report (Multi-CCRC Provider)

Presented to:
The State of California
Department of Social Services

Part 1

Resident Population – (Form 1-1)

Annual Provider Fee – (Form 1-2)

Health and Safety Code Section 1791

**FORM 1-1
RESIDENT POPULATION**

<u>Line</u>	<u>Continuing Care Residents</u>	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	193
[2]	Number at end of fiscal year	200
[3]	Total Lines 1 and 2	393
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	196.5
All Residents		
[6]	Number at beginning of fiscal year	219
[7]	Number at end of fiscal year	223
[8]	Total Lines 6 and 7	442
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	221
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.89

**FORM 1-2
ANNUAL PROVIDER FEE**

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$14,885,188
[a]	Depreciation	\$1,808,796
[b]	Debt Service (Interest Only)	\$1,325,171
[2]	Subtotal (add Line 1a and 1b)	\$3,133,967
[3]	Subtract Line 2 from Line 1 and enter result.	\$11,751,221
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	89%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$10,448,484
		x .001
[6]	Total Amount Due (multiply Line 5 by .001)	\$10,448

PROVIDER Front Porch
COMMUNI Carlsbad by the Sea

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	4
[2]	Number at end of fiscal year	3
[3]	Total Lines 1 and 2	7
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	3.5
All Residents		
[6]	Number at beginning of fiscal year	277
[7]	Number at end of fiscal year	276
[8]	Total Lines 6 and 7	553
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	276.5
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.01

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$13,775,761
[a]	Depreciation	\$559,393
[b]	Debt Service (Interest Only)	\$219,641
[2]	Subtotal (add Line 1a and 1b)	\$779,034
[3]	Subtract Line 2 from Line 1 and enter result.	\$12,996,727
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	1%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$164,516
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$165

PROVIDER: Front Porch

COMMUNIT Claremont Manor

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	81
[2]	Number at end of fiscal year	80
[3]	Total Lines 1 and 2	161
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	80.5
All Residents		
[6]	Number at beginning of fiscal year	164
[7]	Number at end of fiscal year	170
[8]	Total Lines 6 and 7	334
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	167
[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).	0.48

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$12,417,056
[a]	Depreciation	\$1,242,878
[b]	Debt Service (Interest Only)	\$292,388
[2]	Subtotal (add Line 1a and 1b)	\$1,535,266
[3]	Subtract Line 2 from Line 1 and enter result.	\$10,881,790
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	48%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$5,245,414
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$5,245

PROVIDER: Front Porch
COMMUNIT Sunny View Manor

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	165
[2]	Number at end of fiscal year	158
[3]	Total Lines 1 and 2	323
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	161.5
All Residents		
[6]	Number at beginning of fiscal year	264
[7]	Number at end of fiscal year	251
[8]	Total Lines 6 and 7	515
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	257.5
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.63

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$16,358,261
[a]	Depreciation	\$1,696,644
[b]	Debt Service (Interest Only)	\$970,423
[2]	Subtotal (add Line 1a and 1b)	\$2,667,067
[3]	Subtract Line 2 from Line 1 and enter result.	\$13,691,194
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	63%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$8,586,904
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$8,587

PROVIDER: Front Porch

COMMUNITY: Villa Gardens

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	48
[2]	Number at end of fiscal year	56
[3]	Total Lines 1 and 2	104
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	52
All Residents		
[6]	Number at beginning of fiscal year	227
[7]	Number at end of fiscal year	222
[8]	Total Lines 6 and 7	449
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	224.5
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.23

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only) \$14,267,535
[a]	Depreciation \$1,750,043
[b]	Debt Service (Interest Only) \$696,126
[2]	Subtotal (add Line 1a and 1b) \$2,446,169
[3]	Subtract Line 2 from Line 1 and enter result. \$11,821,366
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11) 23%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4) \$2,738,134
[6]	Total Amount Due (multiply Line 5 by .001) x .001 \$2,738

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	154
[2]	Number at end of fiscal year	164
[3]	Total Lines 1 and 2	318
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	159
All Residents		
[6]	Number at beginning of fiscal year	243
[7]	Number at end of fiscal year	256
[8]	Total Lines 6 and 7	499
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	249.5
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.64

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$25,958,369
[a]	Depreciation	\$3,993,412
[b]	Debt Service (Interest Only)	\$4,695,991
[2]	Subtotal (add Line 1a and 1b)	\$8,689,403
[3]	Subtract Line 2 from Line 1 and enter result.	\$17,268,966
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	64%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$11,005,073
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$11,005

PROVIDER Front Porch
COMMUNI Walnut Village