

FORM 1-1
RESIDENT POPULATION

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	65
[2]	Number at end of fiscal year	60
[3]	Total Lines 1 and 2	125
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	62.5
All Residents		
[6]	Number at beginning of fiscal year	175
[7]	Number at end of fiscal year	164
[8]	Total Lines 6 and 7	339
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	169.5
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.37

FORM 1-2
ANNUAL PROVIDER FEE

Line	TOTAL
[1] Total Operating Expenses (including depreciation and debt service - interest only)	\$12,947,900
[a] Depreciation	\$248,533
[b] Debt Service (Interest Only)	\$0
[2] Subtotal (add Line 1a and 1b)	\$248,533
[3] Subtract Line 2 from Line 1 and enter result.	\$12,699,367
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	37%
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$4,682,657
	x .001
[6] Total Amount Due (multiply Line 5 by .001)	\$4,683

PROVIDER: Compass Health, Inc.

COMMUNIT Bayside Care Center and Casa de Flores

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	<u>Continuing Care Residents</u>	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	24
[2]	Number at end of fiscal year	52
[3]	Total Lines 1 and 2	76
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	38
All Residents		
[6]	Number at beginning of fiscal year	143
[7]	Number at end of fiscal year	143
[8]	Total Lines 6 and 7	286
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	143
[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).	0.27

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>	<u>TOTAL</u>
[1] Total Operating Expenses (including depreciation and debt service - interest only)	\$10,917,400
[a] Depreciation	\$87,412
[b] Debt Service (Interest Only)	\$0
[2] Subtotal (add Line 1a and 1b)	\$87,412
[3] Subtract Line 2 from Line 1 and enter result.	\$10,829,988
[4] Percentage allocated to continuing care residents (Form 1-1, Line 11)	27%
[5] Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$2,877,899
	x .001
[6] Total Amount Due (multiply Line 5 by .001)	\$2,878

PROVIDER Compass Health, Inc.

COMMUNITY Arroyo Grande Care Center and Wyndham Residence

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

Long-Term Debt Obligation	(a) Date Incurred	(b) Principal Paid During Fiscal Year	(c) Interest Paid During Fiscal Year	(d) Credit Enhancement Premiums Paid in Fiscal Year	(e) Total Paid (columns (b) + (c) + (d))
1	03/01/12	\$183,946	\$53,582	\$0	\$237,528
2					\$0
3					\$0
4					\$0
5					\$0
6					\$0
7					\$0
8					\$0
TOTAL:			\$53,582	\$0	\$237,528

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

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

PROVIDER: Compass Health, Inc.

FORM 5-2
LONG-TERM DEBT INCURRED
DURING FISCAL YEAR
(Including Balloon Debt)

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

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

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

PROVIDER: Compass Health, Inc.

FORM 5-3

CALCULATION OF LONG-TERM DEBT RESERVE AMOUNT

Line		TOTAL
1	Total from Form 5-1 bottom of Column (e)	<u>\$237,528</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 (including related payments such as lease insurance)	<u>\$2,639,237</u>
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	<u><u>\$2,876,765</u></u>

PROVIDER: Compass Health, Inc.

FORM 5-4
CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		\$12,947,900
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	\$248,533	
	d. Amortization	\$0	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$9,983,214	
	f. Extraordinary expenses approved by the Department	\$0	
3	Total Deductions		\$10,231,747
4	Net Operating Expenses		\$2,716,153
5	Divide Line 4 by 365 and enter the result.		\$7,442
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		\$558,150

PROVIDER: Compass Health, Inc.

COMMUNITY: Bayside Care Center and Casa de Flores

FORM 5-4

CALCULATION OF NET OPERATING EXPENSES

Line		Amounts	TOTAL
1	Total operating expenses from financial statements		\$10,917,400
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	\$87,412	
	d. Amortization	\$0	
	e. Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$11,411,278	
	f. Extraordinary expenses approved by the Department	\$0	
3	Total Deductions		\$11,498,690
4	Net Operating Expenses		-\$581,290
5	Divide Line 4 by 365 and enter the result.		-\$1,593
6	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.		-\$119,475

PROVIDER: Compass Health, Inc.

COMMUNITY: Arroyo Grande Care Center and Wyndham Residence

FORM 5-5
ANNUAL RESERVE CERTIFICATION

Provider Name: Compass Health, Inc.

Fiscal Year Ended: 12/31/2019

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended 12/31/2019 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	<u>\$2,876,765</u>
[2] Operating Expense Reserve Amount	<u>\$438,675</u>
[3] Total Liquid Reserve Amount:	<u>\$3,315,440</u>

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

<u>Qualifying Asset Description</u>	<u>Amount</u> (market value at end of quarter)	
	<u>Debt Service Reserve</u>	<u>Operating Reserve</u>
[4] Cash and Cash Equivalents	<u>\$7,093,025</u>	<u>\$438,675</u>
[5] Investment Securities		
[6] Equity Securities		
[7] Unused/Available Lines of Credit		
[8] Unused/Available Letters of Credit		
[9] Debt Service Reserve		(not applicable)
[10] Other:		
(describe qualifying asset)		
Total Amount of Qualifying Assets Listed for Reserve Obligation: [11]	<u>\$7,093,025</u> [12]	<u>\$438,675</u>
Reserve Obligation Amount: [13]	<u>\$2,876,765</u> [14]	<u>\$438,675</u>
Surplus/(Deficiency): [15]	<u>\$4,216,260</u> [16]	<u>\$0</u>

Signature:


(Authorized Representative)

Date: 9/30/2020

Controller
(Title)