### FISCAL YEAR ENDED: 12 /31/2018

### **ANNUAL REPORT CHECKLIST**

CC	RC(s): Bayside Care Center and Casa de Flores
	Arroy Grande Care Center and Wyndham Residence
PR	OVIDER CONTACT PERSON: Patricia Beattie
TE	LEPHONE NO .: (805) 474-7010 EMAIL: Patricia @Compass-heady
•	• • • • • • • • • • • • • • • • •
A	complete annual report must consist of <u>3 copies</u> of all of the following:
	Annual Report Checklist.
M	Annual Provider Fee in the amount of: \$ (0,037
	☐ If applicable, late fee in the amount of: \$ N A
Ø	Certification by the provider's <b>Chief Executive Officer</b> 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. NIA. No refundable Contracts
<b>a</b>	Evidence of the provider's fidelity bond, as required by H&SC section 1789.8.
<b>9</b> ′	Provider's audited financial statements, with an accompanying certified public accountant's opinion thereon.
<b>V</b>	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)).
4	"Continuing Care Retirement Community Disclosure Statement" for <i>each</i> community.
4	Form 7-1, "Report on CCRC Monthly Service Fees" for <i>each</i> community.
×	Form 9-1, "Calculation of Refund Reserve Amount", if applicable.
the	Key Indicators Report (signed by CEO or CFO (or by the authorized person who signed e provider's annual report)). The KIR may be submitted along with the annual report, but not required until 30 days later.

September 20, 2019
Continuing Care Contracts Branch
California Department of Social Services
To Whom It May Concern:
I, Darren Smith, certify that the annual audit, reports and any amendments thereto submitted for December 31, 2018 for Compass Health, Inc., dba Bayside Care Center, Casa de Flores as well as Arroyo Grande Care Center and Wyndham Residence have been audited by a Certified Public Accountant and are true and correct to the best of my knowledge.
The continuing care contract forms currently in use and offered to new residents at Bayside Care Center, Casa de Flores, Arroyo Grande Care Center and Wyndham Residence have been approved by the Department of Social Services.
Compass Health, Inc. is maintaining the required liquid reserve of \$3,485,773.
Sincerely,
Darren Smith, CEO Compass Health, Inc. (805) 474-7010 x 109

### COMPASS HEALTH, INC. AND SUBSIDIARY CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

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To the Board of Directors of Compass Health, Inc. and Subsidiary Grover Beach, California

### Independent Auditors' Report

We have audited the accompanying consolidated financial statements of Compass Health, Inc. and Subsidiary (the "Company"), which comprise the consolidated balance sheets as of December 31, 2018 and 2017, and the related consolidated statements of operations and shareholder's equity and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the consolidated financial statements 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 Company'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 consolidated financial statements.

### Auditors' Responsibility - Continued

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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Compass Health, Inc. and Subsidiary as of December 31, 2018 and 2017, and the results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

July 03, 2019

### COMPASS HEALTH, INC. AND SUBSIDIARY CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2018 AND 2017

### **ASSETS**

CURRENT ASSETS:	2018	2017
Cash and cash equivalents Accounts receivable, net Supplies Prepaid expenses Due from related parties, net	\$ 8,772,800 8,177,000 3,100 710,200 1,509,500	\$ 4,380,300 8,332,300 3,000 705,300 1,549,300
Total current assets	19,172,600	14,970,200
INVESTMENT	273,400	-
PLANT, PROPERTY, AND EQUIPMENT, net	5,977,900	5,825,900
INTANGIBLE ASSETS, net	30,300	48,200
DEPOSITS AND OTHER ASSETS	105,000	105,000
Total assets	\$ <u>25,559,200</u>	\$ <u>20,949,300</u>
LIABILITIES AND SHAREHOLDER'S	EQUITY	
CURRENT LIABILITIES: Accounts payable Accrued compensation and related expenses Income taxes payable Security deposits and other liabilities Current portion of long-term debt	\$ 1,385,900 5,524,100 144,700 2,758,800 	\$ 1,449,300 6,311,600 134,500 2,278,000 174,400
Total current liabilities	9,997,400	10,347,800
LONG-TERM DEBT, net of current portion	901,300	1,085,200
DEFERRED RENT	1,778,900	1,849,200
Total liabilities	12,677,600	13,282,200
COMMITMENTS AND CONTINGENCIES	-	-
SHAREHOLDER'S EQUITY: Controlling interests: Common stock, no par value; 1,000 shares authorized; 1,000 shares issued and outstanding Paid-in-capital Retained earnings	31,900 1,979,900 8,383,700 10,395,500	31,900 1,979,900 <u>3,516,900</u> 5,528,700
Minority interest	2,486,100	2,138,400
Total shareholder's equity	12,881,600	7,667,100
Total liabilities and shareholder's equity	\$ <u>25,559,200</u>	\$ 20,949,300

The accompanying notes are an integral part of the consolidated financial statements

### CONSOLIDATED STATEMENTS OF OPERATIONS AND SHAREHOLDER'S EQUITY

### FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
REVENUES:		
Net patient service revenue	\$ 68,634,500	\$ 68,517,000
Net residential board and care revenue	6,247,700	<u>6,627,600</u>
Total revenues	74,882,200	75,144,600
EXPENSES:		
Nursing services	28,794,100	29,985,600
Plant operations and maintenance	3,657,000	3,589,100
Housekeeping and laundry	2,692,400	2,645,900
Dietary	6,269,400	6,389,900
Social services and activities	1,625,700	1,653,100
Education	629,700	591,300
General and administrative	20,805,900	20,791,300
Interest expense	64,100	87,800
Pharmacy Laboratory	1,744,300	1,835,200
Other expenses	211,500	225,400
X-ray	122,300 240,200	150,300
		250,300
Total expenses	66,856,600	68,195,200
INCOME BEFORE MINORITY INTEREST		
AND INCOME TAX PROVISION	8,025,600	6,949,400
MINORITY INTEREST	(1,172,700)	(1,043,300)
INCOME BEFORE INCOME TAX PROVISION	6,852,900	5,906,100
INCOME TAX PROVISION	(157,200)	(159,700)
NET INCOME	6,695,700	5,746,400
DISTRIBUTIONS TO SHAREHOLDER	(1,828,900)	(10,292,900)
RETAINED EARNINGS, beginning of year	3,516,900	8,063,400
RETAINED EARNINGS, end of year	\$ _ 8,383,700	\$ <u>3,516,900</u>

### COMPASS HEALTH, INC. AND SUBSIDIARY CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
CASH FLOW FROM OPERATING ACTIVITIES:  Net income  Adjustments to reconcile net income to net cash	\$ 6,695,700	\$ 5,746,400
and cash equivalents provided by operating activities:  Minority interest  Depreciation and amortization  (Gain) on sale of plant, property, and equipment  Deferred rent  Loss from investment	1,172,700 738,100 (1,300) (70,300) 6,600	1,043,300 734,900 (13,200) 3,200
Changes in assets and liabilities:  Decrease in accounts receivable, net  (Increase) in supplies  (Increase) in prepaid expenses	155,300 (100) (4,900)	795,600 (400) (152,000)
Decrease in due from related parties, net (Decrease) increase in accounts payable (Decrease) in accrued compensation and related	39,800 (63,400)	2,400 39,700
expenses Increase (decrease) in income taxes payable Increase in security deposits and other liabilities	(787,500) 10,200 480,800	(76,200) (6,200) <u>790,700</u>
Net cash and cash equivalents provided by operating activities	8,371,700	8,908,200
CASH FLOW FROM INVESTING ACTIVITIES: Acquisition of plant, property, and equipment Proceeds from sale of plant, property, and equipment Acquisition of investment	(875,500) 4,600 (280,000)	(340,900) 18,700
Net cash and cash equivalents (used in) investing activities	(1,150,900)	(322,200)
CASH FLOW FROM FINANCING ACTIVITIES:  (Principal payments on) long-term debt  Distributions to minority interest  Distributions to shareholder	(174,400) (825,000) _(1,828,900)	(165,300) (1,000,000) (10,292,900)
Net cash and cash equivalents (used in) financing activities	_(2,828,300)	(11,458,200)
Net change in cash and cash equivalents	4,392,500	(2,872,200)
CASH AND CASH EQUIVALENTS, beginning of year	4,380,300	7,252,500
CASH AND CASH EQUIVALENTS, end of year	\$ <u>8,772,800</u>	\$ <u>4,380,300</u>

### CONSOLIDATED STATEMENTS OF CASH FLOWS - CONTINUED FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017

### SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:

Cash paid during the year for:	2018	2017
Income taxes	\$ <u>147,100</u>	\$ <u>165,800</u>
Interest paid	\$64,100	\$87,800

### SUPPLEMENTAL DISCLOSURE OF NON-CASH INVESTING AND FINANCING ACTIVITIES:

During 2017, the Company wrote off goodwill in the amount of \$1,000,000 along with the corresponding liability for the entire amount, which was included in long-term accrued expenses.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 1 - ORGANIZATION

### Nature of Operations

Compass Health, Inc. and Subsidiary (the "Company"), was incorporated in the state of California on January 5, 1995. The Company was formed with a view to consolidate various health care businesses in San Luis Obispo County, including Arroyo Grande Care Center, Danish Care Center, and SeaShell Communities (Pacific Care Center, Inc.).

On or around February 1, 1995, the Company entered into binding purchase agreement with each of the above named entities under which it agreed to acquire all of the assets of each entity, subject to all liabilities, solely in exchange for voting common stock of the Company.

As of December 31, 2007, the Company is 100% subsidiary of Compass Holding, Inc. Through a reverse triangular merger, Compass Health Inc. became a wholly owned subsidiary of Compass Holding, Inc. The board of Compass Health Inc. declared a shareholder distribution of its Compass Media Group, Inc. and The Old Custom House, Inc. to Compass Holding, Inc. as of the closing of business on December 31, 2007.

The Company currently employs in excess of 1,040 employees, with approximately 849 of them being full time employees. The Company manages and operates the following facilities:

- 1. Vineyard Hills Health Center in Templeton, California (99-bed skilled nursing facility)
- 2. Danish Care Center in Atascadero, California (65-bed skilled nursing facility)
- 3. Bayside Care Center in Morro Bay, California (145-bed skilled nursing facility) and Casa de Flores in Morro Bay, California (100-bed residential care facility for the elderly)
- 4. Arroyo Grande Care Center in Arroyo Grande, California (99-bed skilled nursing facility)
- 5. Wyndham Residence in Arroyo Grande, California (62-bed residential care facility for the elderly)
- 6. San Luis Transitional Care Center in San Luis Obispo, California (23-bed skilled nursing facility)

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 1 - ORGANIZATION - CONTINUED

### Nature of Operations - Continued

- 7. Mission View Health Care Center in San Luis Obispo, California (162-bed skilled nursing facility)
- 8. Alto Lucero Transitional Care Center in Santa Barbara, California (156-bed skilled nursing facility).

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Principles of Consolidation

The consolidated financial statements include the accounts of Compass Health, Inc. (a California S Corporation), and a 50% owned subsidiary Coastal, LLC, which operates Vineyard Hills Health Center and Danish Care Center, (the "Subsidiary"). All significant intercompany accounts and material transactions have been eliminated in consolidation.

### Basis of Accounting

The Company's consolidated financial statements are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

### Net Patient Service Revenue

Patient service revenue is reported as services are performed and is net of contractual allowances. The Company provides services to certain patients covered by various third-party payer programs, including the federal Medicare and state Medi-Cal programs. Billings for services under these third-party payer programs are included in revenues, net of allowance for estimated differences between list prices and allowable program rates. Total contractual allowances, which increased revenues during the years ended December 31, 2018 and 2017 were \$3,039,800 and \$3,285,500, respectively.

Revenues from direct billings under federal Medicare program and state Medi-Cal program, net of contractual allowances, during the years ended December 31, 2018 and 2017 were approximately 91%, each year, of net patient service revenue.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Net Patient Service Revenue - Continued

At December 31, 2018 and 2017, the amounts due from federal and state third-party payors were approximately \$6,615,200 and \$6,635,800, respectively, and are included in accounts receivable in the accompanying consolidated financial statements.

### Net Residential Board and Care Revenue

Residential board and care revenue is recognized on a monthly basis over the period of the leases. The Company rents out the units on a month-to-month basis and therefore, does not account for rental abatements and escalations as deferred rent.

### Cash and Cash Equivalents

Cash and cash equivalents consist of highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash, or that are convertible to cash on demand, and are subject to an insignificant risk of changes in fair value. These amounts are recorded at cost, which approximates fair value.

### Accounts Receivable and Allowance for Doubtful Accounts

Accounts receivable consists of amounts billed to patients and tenants, net of an allowance for doubtful amounts. Management estimates the allowance for doubtful accounts based on historical losses, net of subsequent recoveries. Accounts are considered past due if the client has not paid within the time allowed on the contract. The Company does not charge interest on accounts receivable. At December 31, 2018 and 2017, allowances for doubtful accounts were \$259,700 and \$262,000, respectively.

### Investment

The Company evaluates its investment in a limited liability company ("LLC") to determine whether the LLC may be a variable interest entity (VIE), and if a VIE, whether the Company is the primary beneficiary. The primary beneficiary is the entity that will absorb the majority of expected losses or receive the majority of the expected returns of the VIE, or both. The obligation to absorb expected losses and the right to receive expected returns when a reporting entity is affiliated with a VIE must be based on ownership, contractual, and/or other pecuniary interests in that VIE.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Investment – Continued

If the above conditions do not apply, the Company considers whether a managing member controls the LLC. The managing member in a LLC is presumed to control that LLC. However, the presumption may be overcome if the limited members have either (1) the substantive ability to dissolve the LLC or otherwise remove the managing member without cause or (2) substantive participating rights, which provide the limited members with the ability to effectively participate in significant decisions that would be expected to be made in the ordinary course of the LLC's business and thereby preclude the managing member from exercising unilateral control over the LLC. If these criteria are not met and the Company is the managing member, the consolidation of the LLC is required.

The Company accounts for investment in HLH Coastal Living Holdings, LLC, over which it exercises significant influence, but does not control, under the equity method of accounting. Under the equity method of accounting, the investment is recorded initially at cost and subsequently adjusted for the Company's share of net income or loss, less distributions, if any. The Company discontinues applying the equity method if the investment is reduced to zero.

On a periodic basis, management assesses whether there are any indicators that the carrying value of the Company's investment in the unconsolidated LLC may be impaired on a more than temporary basis. An investment is impaired only if management's estimate of the fair-value of the investment is less than the carrying value of the investment on a more than temporary basis. To the extent impairment has occurred, the loss is measured as the excess of the carrying value of the investment over the fair-value of the investment. Management does not believe that the value of the Company's unconsolidated investment in the LLC was impaired as of December 31, 2018.

### Plant, Property, and Equipment

Plant, property, and equipment are carried on the accompanying consolidated balance sheets at cost. Depreciation is computed for financial statement purposes using the straight-line method over the estimated useful lives of the respective assets. Useful lives range from 5 to 40 years. Leasehold improvements are amortized over shorter of the life of the lease or the leasehold improvement. Additions, renewals, and betterments expected to extend the lives of the assets are capitalized, while routine repairs and maintenance are charged to expense when incurred.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Impairment of Long-Lived Assets

In accordance with GAAP, the Company reviews its long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. If such review indicates an asset may not be recoverable, an impairment loss is recognized for the excess of the carrying amount over the fair value of an asset to be held and used or over the fair value less cost to sell an asset to be disposed. During the years ended December 31, 2018 and 2017, there were no events or changes in circumstances indicating that the carrying amount of the long-lived assets may not be recoverable.

### Intangible Assets

Intangible assets are carried on the accompanying consolidated balance sheets at amortized cost. These assets consisted of deferred financing and software costs. Amortization is computed for financial statement purposes using the straight—line method over the terms of the respective agreements. Useful lives range from 5 to 15 years.

### Goodwill

The Company elected not to adopt the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2014-02, Intangibles – Goodwill and Other (Topic 350) – Accounting for Goodwill, which permits a private company to amortize goodwill on a straight-line basis over a period of ten years, or less if the company demonstrates that another useful life is more appropriate. Accordingly, the Company does not amortize goodwill.

During the year ended December 31, 2017, the management of the Company wrote off goodwill along with the corresponding long-term accrued expenses. This transaction had no effect on the consolidated statements of operations and shareholder's equity during both initial recognition and subsequent write off of goodwill and the corresponding long-term accrued expenses.

### Fair Value of Financial Instruments

Substantially all of the financial instruments are carried at fair value or amounts approximating fair value. For cash and cash equivalents, accounts receivables, accounts payable, and other current assets and liabilities, the carrying amounts approximate fair value because of the relatively short period of time between the origination of these instruments and their expected realization or payment.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Fair Value of Financial Instruments - Continued

It was not practical to estimate the fair value of an investment in the equity of non-traded LLC. The investment in HLH Coastal Living Holdings, LLC is carried at the original cost and adjusted annually for the Company's proportionate share of the LLC's income and losses, less distributions, if any.

### Concentrations of Credit Risk

Financial instruments that potentially subject the Company to concentrations of credit risk consist principally of cash and cash equivalents and accounts receivable. The Company places its cash and cash equivalents with high-quality financial institutions. Accounts at these institutions are insured by the Federal Deposit Insurance Corporation (FDIC) and Securities Investor Protection Corporation (SIPC) up to \$250,000 and \$500,000, respectively. The Company has cash and cash equivalents balances at December 31, 2018 and 2017 that exceed the balance insured by the FDIC and SIPC in the amount of \$8,853,600 and \$4,687,200, respectively.

With respect to accounts receivable, the Company's customer base consists of a large number of customers. The Company performs credit evaluations and writes off uncollectible amounts as they become known.

### Workers' Compensation Payable

Workers' compensation payable predominantly consists of the reserves to cover the Company's estimated liabilities for its workers' compensation claims. The determination of these reserves is based upon a number of factors, including current and historical claims activity, claims payment patterns, and medical cost trends and developments in existing claims. Reserves are adjusted from time to time to reflect new claims, claim developments, or systemic changes, and such adjustments are reflected in the results of operations in the periods in which the reserves are changed.

### Workers' Compensation Costs

As of May 1, 2007 the Company's workers' compensation coverage is provided through Safety National Casualty Corporation (the "SNCC Plan"), as a Self-Insurer Specific Excess Workers' Compensation and Employers' Liability Insurance.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Workers' Compensation Costs - Continued

Under the SNCC Plan in effect through May 1, 2018, workers' compensation losses were subject to a deductible amount of \$600,000 for each occurrence, accident, loss, or claim, with a combined minimum aggregate amount of \$25,000,000 based on an inception payroll of \$40,346,100. This represents the minimum amount of premium to be paid by the Company.

Effective May 2, 2018, the Company renewed the policy for an additional twelve months holding all terms the same, based on an inception payroll of \$40,633,700.

Because the Company bears the economic burden under the SNCC Plan, the claims, which are the primary component of the Company's workers' compensation costs, are recorded in the period incurred. Workers compensation insurance includes ongoing healthcare and indemnity coverage whereby claims are paid over numerous years following the date of injury. Accordingly, the accrual of related incurred costs during each reporting period includes estimates calculated by applying an aggregate loss development rate to worksite employee payroll levels.

### Deferred Rent

The Company recognizes rent expense for operating lease, including the effect of rent escalations, on a straight-line basis over the lease term. The difference between the cash paid to landlord and the amount recognized as rent expense on a straight-line basis is included in deferred rent.

### **Management Estimates**

The preparation of consolidated financial statements in conformity with GAAP 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.

### **Income Taxes**

The Company elected Subchapter S status of the Internal Revenue Code (IRC) for federal and state income tax purposes. Under the applicable statutory rules, income and losses of an S-corporation flow through to the shareholder of the Company and are not taxed at the corporate level. However, the Company is responsible for California franchise tax amounting to the greater of \$800 or 1.5% of taxable income of the Subchapter S-corporation.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### <u>Income Taxes – Continued</u>

The Company recognizes a financial statement benefit of a tax position only after determining that the relevant tax authority would be more likely than not to sustain the position following an audit. For tax positions meeting the more-likely-than-not threshold, the amount recognized in the consolidated financial statements is the largest benefit that has a greater than fifty percent likelihood of being realized upon ultimate settlement with the relevant tax authority.

The Company believes its income tax filing positions and deductions will be sustained upon examination, and, accordingly, no reserves or related accruals for interest and penalties have been recorded as of December 31, 2018 and 2017.

The Company's tax returns are no longer subject to income tax examinations by taxing authorities for years before 2015 for their federal and 2014 for their state tax filings.

### Recently Adopted Accounting Guidance

In May 2014, the FASB issued ASU 2014-09, Revenue from Contracts with Customers, to improve the consistency of revenue recognition practices across industries for economically similar transactions. The core principle is that an entity recognizes revenue for goods or services to customers in an amount that reflects the consideration it expects to receive in return. In August 2015, the FASB issued ASU 2015-14 deferring the effective date of ASU 2014-09 to annual reporting periods beginning after December 15, 2018. The Company is currently evaluating the impact that this guidance will have on its consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The new standard requires a modified retrospective transition for capital or operating leases existing at or entered into after the beginning of the earliest period presented in the consolidated financial statements, but it does not require transition accounting for leases that expire prior to the date of initial application. Upon adoption of ASU 2016-02, the operating leases disclosed in Note 9 – Commitments and Contingencies, will be reported on the statement of consolidated financial position as gross-up assets and liabilities. ASU 2016-02 is effective for annual periods beginning after December 15, 2019. Early adoption is permitted. The Company is currently evaluating the impact that this guidance will have on its statement of consolidated financial position or consolidated financial statement disclosures.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

### Recently Adopted Accounting Guidance - Continued

In the normal course of business, the Company evaluates new accounting pronouncements to determine the potential impact they may have on its consolidated financial statements. Based upon this review, the Company does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Company, to have a material impact on its consolidated financial statements.

### Subsequent Events

The Company evaluated events occurring between December 31, 2018 and July 03, 2019 (the date these consolidated financial statements were available to be issued) and determined that there were no material subsequent events that required recognition or disclosure in these consolidated financial statements.

### NOTE 3 - <u>INVESTMENT</u>

The accompanying consolidated financial statements include an investment in HLH Coastal Living Holdings, LLC ("HLH"). The Company accounts for the investment in HLH under the equity method of accounting as the Company does not control this entity. Significant accounting policies used by this entity are similar to those used by the Company. At December 31, 2018 and 2017, Company's ownership interest in HLH was 40.00% and 0.00%, respectively.

The following is a summary of investment activity for the years ended December 31, 2018 and 2017:

	Amount	
Balance at December 31, 2016	\$	-
Plus: contributions		_
Less: distributions		-
Less: (loss) income from investment		
Balance at December 31, 2017	\$	-
Plus: contributions		280,000
Less: distributions		-
Less: (loss) income from investment		(6,600)
Balance at December 31, 2018	\$	273,400

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 4 - PLANT, PROPERTY, AND EQUIPMENT

At December 31, 2018 and 2017, plant, property, and equipment consisted of the following:

	2018	2017
Land	\$ 966,000	\$ 966,000
Facility buildings	5,352,700	5,352,700
Parking structure	316,100	309,100
Fixed equipment	391,900	334,000
Leasehold improvements	3,256,700	2,494,100
Major movable	2,003,700	1,889,900
Minor movable	1,538,400	1,531,800
Furniture and fixtures	1,861,800	1,852,900
Construction-in-progress	147,600	234,000
	15,834,900	14,964,500
Less: accumulated depreciation		
and amortization	(9,857,000)	(9,138,600)
	\$ <u>5,977,900</u>	\$ <u>5,825,900</u>

Depreciation and amortization expense for the years ended December 31, 2018 and 2017 were \$720,200 and \$716,700, respectively.

### NOTE 5 - <u>INTANGIBLE ASSETS</u>

At December 31, 2018 and 2017, intangible assets consisted of the following:

	2018	2017
Deferred financing costs Other	\$ 48,600 45,800	\$ 48,600 45,800
	94,400	94,400
Less: accumulated amortization	(64,100)	(46,200)
	\$30,300	\$ 48,200

Amortization expense related to intangible assets for the years ended December 31, 2018 and 2017 were \$17,900 and \$18,200, respectively.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 6 - LINE OF CREDIT

The Company has a line of credit with Rabobank, which permits maximum borrowings up to \$2,000,000 and bears interest at 1-Month Libor rate plus 2.75%, with a floor of 2.75% (5.27% and 4.83%, respectively, at December 31, 2018 and 2017). The line of credit matured on October 31, 2018. During the year ended December 31, 2018, the line of credit was renewed and is set to mature on November 30, 2019. The line of credit is secured essentially by all assets of the Company and is guaranteed by a shareholder. As of December 31, 2018 and 2017, there was no amount outstanding under this line of credit.

### NOTE 7 - ACCRUED COMPENSATION AND RELATED EXPENSES

At December 31, 2018 and 2017, accrued compensation and related expenses consisted of the following:

	2018	2017
Accrued payroll	\$ 1,837,100	\$ 2,004,600
Accrued vacation, holiday, and sick	1,358,000	1,266,000
Workers' compensation payable	1,999,900	2,708,700
Other accrued liabilities	329,100	332,300
	\$ <u>5,524,100</u>	\$ <u>6,311,600</u>

### NOTE 8 - LONG-TERM DEBT

At December 31, 2018 and 2017, long-term debt consisted of the following:

	 2018	_	2017
Note payable to a financial institution in the amount of \$2,100,000, secured by a first trust deed on Vineyard Hills Health Center, payable monthly in the amount of \$19,800 with interest at			
5.35% per annum, due March 2024.	\$ 1,085,200	\$	1,259,600
Less: current portion	(183,900)		(174,400)
	\$ 901,300	\$	1,085,200

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 8 - LONG-TERM DEBT - CONTINUED

Principal maturities of long-term debt subsequent to December 31, 2018 are as follows:

Year Ending		
December 31,		Amount
2019	\$	183,900
2020		194,000
2021		204,700
2022		215,900
2023		227,700
2024 and thereafter	_	59,000
	\$_	1,085,200

### NOTE 9 - COMMITMENTS AND CONTINGENCIES

### a) Lease Commitments

The Company leases its Bayside Care Center and Casa de Flores facilities in Morro Bay, California under an operating lease with an unrelated party. The lease agreement expires in July 2023. The minimum monthly rent payments total approximately \$155,000 with an annual increase of 3.00%.

The Company leases its Arroyo Grande Care Center facility in Arroyo Grande, California under an operating lease with related parties. The lease agreement expires in January 2029 and has one extension for five years. The premises are owned by shareholders of Compass Holding, Inc. The minimum monthly rent payments total approximately \$45,500, with an annual increase of 3.25%.

The Company leases its Wyndham Residence facility in Arroyo Grande, California under an operating lease with a related party. The lease agreement expires in May 2045. The minimum monthly rent payments total approximately \$42,000. It also has an operating ground lease with a related party. The ground lease agreement expires in December 2054. The minimum monthly rent payments total approximately \$4,900.

The Company leases its San Luis Transitional Care Center facility in San Luis Obispo, California under an operating lease with a related party. The lease agreement expires in August 2020 and has one remaining option to extend for five years and one option to extend until January 2033. The minimum monthly rent payments total approximately \$23,000 with an increase every two years based on consumer price index, with maximum of 5.00%.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 9 - COMMITMENTS AND CONTINGENCIES - CONTINUIED

### a) Lease Commitments – Continued

The Company leases its Mission View Health Care Center facility in San Luis Obispo, California under an operating lease with a related party. The lease agreement expires in June 2026 and has one option to extend for ten years and two options to extend for five years each. The minimum monthly rent payments total approximately \$55,100, with an annual increase of 3.25%.

The Company leases an office facility in Grover Beach, California under an operating lease with a related party. The lease agreement expires in February 2023. The minimum monthly rent payments total \$10,600, with an increase every year based on consumer price index, with a minimum increase of 3.00% and maximum of 5.00%.

The Company leases its Alto Lucero Transitional Care Center facility in Santa Barbara, California under an operating lease with an unrelated party. The lease agreement expires in September 2026 and has one option to extend for ten years. The minimum monthly rent payments total approximately \$54,000, with an annual maximum increase of 3.00%.

The following is a schedule of future minimum annual rental payments required under those operating lease agreements:

Year Ending December 31,	Amount	_
2019	\$ 4,742,50	0
2020	4,772,40	
2021	4,708,40	0
2022	4,836,10	0
2023	3,934,40	
2024 and thereafter	20,195,00	<u>0</u>
	\$ 43,188,80	0

For the years ended December 31, 2018 and 2017, the Company incurred rent expense of \$4,590,500 and \$4,565,200, respectively.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 9 - <u>COMMITMENTS AND CONTINGENCIES - CONTINUIED</u>

### b) Litigation

During the normal course of business, the Company is involved in litigations. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Company's future consolidated financial position or result of its operations.

### c) Guarantor

The Company is a guarantor for two loans on real property owned by related parties. At December 31, 2018, the contingent liabilities guaranteed by these two loans consisted of the following:

	Gua	rantor Value
Real property located at 404 Front St., Avila Beach, CA owned and operated by Old Custom House, Inc.	\$	1,068,600
Real property located at 1575 Bishop Street, San Luis Obispo, CA owned by Playa Dulce, LLC and operated by the Company.	\$ ~	946,000

### NOTE 10 - 401(k) PROFIT SHARING PLAN

The Company has adopted a 401(k) profit sharing plan (the "Plan") covering all employees who are at least eighteen years of age and have completed one year of employment. Participating employees may elect to defer up to 19% of their compensation, subject to certain limitations. The Company may make matching contributions equal to a discretionary percentage of the participant's elective deferral. For the years ended December 31, 2018 and 2017, the Company's matching contribution to the Plan amounted to \$231,345 and \$229,300, respectively.

### NOTE 11 - RELATED PARTY TRANSACTIONS

The Company has seven operating lease agreements with related parties (See also Note 9). For the years ended December 31, 2018 and 2017, the Company recorded approximately \$1,984,800 and \$1,939,000, respectively, in rent expense. There was no amount due to related parties at December 31, 2018 and 2017.

### NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

### NOTE 11 - RELATED PARTY TRANSACTIONS - CONTINUIED

As of December 31, 2018 and 2017, the Company had advances of \$1,509,500 and \$1,549,300 due from related parties, net. The advances are unsecured, non-interest bearing and due on demand.

Amounts due from related parties, net are as follows as of December 31:

	2018	2017
The Old Custom House Inc.	\$ 1,521,100	\$ 1,521,100
Playa Dulce LLC	13,500	400
Various	(25,100)	<u>27,800</u>
	\$ <u>1,509,500</u>	\$ <u>1,549,300</u>

### COMPASS HEALTH, INC. AND SUBSIDIARY SUPPLEMENTARY INFORMATION DECEMBER 31, 2018



### SETO KIRAKOSIAN

Accountancy, Corp

To the Board of Directors of Compass Health, Inc. and Subsidiary Grover Beach, California

Independent Auditors' Report on Supplementary Information

We have audited the consolidated financial statements of Compass Health, Inc. and Subsidiary (the "Company"), as of and for the years ended December 31, 2018 and 2017, and our report thereon dated July 03, 2019, which expressed an unmodified opinion on those financial statements, appears on page 1 and 2. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information on page 23 to 25 is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and it is not a required part of the consolidated financial statements. The supplementary information on page 26 to 40 has been prepared for filing with the State of California, Department of Social Services, in accordance with Section 1792 of the California Health and Safety Code, and is presented for purpose of additional analysis and is not a required part of the consolidated financial statements.

The supplementary 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. Such 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 auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated in all material respects in relation to the consolidated financial statements as a whole and presents fairly in all material respects the continuing care reserve requirements of the Company at December 31, 2018, in conformity with the report preparation provisions of the California Health and Safety Code Section 1792.

September 19, 2019

# SUPPLEMENTARY INFORMATION

## CONSOLIDATING BALANCE SHEETS

## DECEMBER 31, 2018

SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Total	8,772,800	3,100 710,200 1,509,500	19,172,600	273,400	5.977,900	30,300	105 000	25,559,200	1,385,900	2,758,800 183,900	9,997,400	901,300	1,778,900	12,677,600	•	31,940 1,979,940 8,383,700	10,395,500	2,486,100	12,881,600	25,559,200
Eliminations	ε9 · ·	(169.500)	(169,500)				'	\$ (005.691)	٠,,		•			1	,	(921,600)	(917,100)	747,600	(169,500)	\$ (005,901)
WYND	199,000 \$	3,100	184,300			٠		184,300	28,400 \$	6,400	170,400			170,400	,	13,900	13,900		13,900	184,300 \$
УННС	1,168,300 \$	114.200	5,774,100	•	2,3115,300	20,600		8,100,000 \$	\$ 008,401	10,000	889,700	901,300		0.791,000	,	2,515,900	4,119,500	2,189,500	6,309,000	8,100,000
ТРУ	(3,700) \$	1.600	(2,100)	٠	,	,	1	(2,100) \$	\$ -	2,500	701,000	,		701,000	٠	. (703,110)	(703,100)	1	(703,100)	(2.100) \$
SLTC	\$ (19,900) \$	33,300	549,200		127,500		•	676.700 \$	73,400 \$	7,400	250,200	•		250,200	,	- +26,500	426,500		426,500	676,700 S
MVHC	(100,200) \$ 1,795,900	- - - -	1,741,300	•	,	٠	34.(00)	1,775,300 \$	228,7kti \$ 859,0k0	318,200	1,405,900			1,405,900	,	. 369,400	369,400	1	369,400	1,775,300 \$
DCC	292,500 \$ 760,900	73,100	(2,104,200)	,	1,252,500		•	(851,700) \$	124,000 <b>\$</b> 304,300	23,400	451,700	,		451,700	•	(1,594,300)	(852,400)	(451,000)	(1,303,400)	(851.700) \$
CHI	7,668,800 \$ 1,900	26,600 2,057,700	9,755,000	273,400	98,600	9,700	13,000	10,149,700 \$	566,800	172,2(8)	1.041,000			1,041,000	,	1,000 1,770,600 7,337,100	9,108.700		9,108,700	10,149,700 \$
CDF	(29,400) \$ 8,200	26,000	(24,263,700)	,	1.026,700	,	1	(23.237.000) \$	\$ 008'09	57,200	208.700	,	1	208,700	,	(123.445.7tk)	(23,445,700)		(23,445,700)	(23,237,000) \$
BCC	(102,800) \$ 1,141,600	150,400	25,457,700	٠	189,100		,	25,946,800 \$	205,500 \$ 861,700	1,027,400	2,094,600	٠	1.040,800	3.135.400	•	30,000 22,781,400	22.811,400		22,811,400	25,946.800 \$
ALTC	(182,100) \$ 1,556,900	104,000	1,478,700		352,100		40,000	1.870.800	196,300 <b>\$</b> 727,800	(32,7(K)	1,056,800	•	738,100	1,794,900	•	75,943)	75,900	*	75,900	1.870,800 \$
AGCC	(117,700) <b>\$</b> 758,200	2,008	771,800	•	326,100	,	18,000	\$ 006311.1	116,700 \$	1,001,400	1,727,400	,	1	1,727,400	,	9881 209,300 (821,700)	(611,500)	1	(611.500)	S (MC;\$11,1
CURRENT ASSETS	Cash and cash cquivalents Accounts receivable, net	Sulppines Prepaid expenses Due from related parties, net	Total current assets	INVESTMENT	PLANT, PROPERTY, AND EQUIPMENT, INCI	INTANGIBLE ASSETS, net	DEPOSITS AND OTHER ASSETS	Total assets	CURRENT LIABILITIES. Accounts payable Accounts payable Accounts payable Account of the conference of t	income taxes payance Security deposits and other liabilities Current portion of long-term debt	Total current liabilities	LONG-TERM DEBT, net of current portion	DEFERRED RENT	Total liabilities	COMMITMENTS AND CONTINGENCIES	SHAREHOLDER'S EQUITY: Controlling interests: Common stock, no par value; 1,000 shares authorized: 1,000 shares issued and outstanding Pad-in-capital Retained carnings		Minority interest	Total shareholder's equity	Total liabilities and sharcholder's equity

# SUPPLEMENTARY INFORMATION

# CONSOLIDATING STATEMENTS OF OPERATIONS AND SHAREHOLDER'S EQUITY

# FOR THE YEARS ENDED DECEMBER 31, 2018

# SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Total	68,634,500	74,882,200	28.794.100	3,657,000	2,692,400	6,269,400	1,625,700	629,700	20,805,900	64,100	1,744,300	211,500	122,300	240,200	66,856,600	8,025,600	(1,172,700)	6,852,900	(157,200)	6,695,700	(1,828,900)	,	3,516,900	8.383.700
Eliminations		•		4	٠	٠	8		٠		٠					٠		•	1	,	•		4.500	4,500 \$
WYND	2,832,640) (141,900)	2,690,700	627 000	167,300	158,200	459,500	112,600	٠	973,300	,	i e		15		2,497,900	192,800	1	192,800	1	192,800	•	(197,300)	18,400	13,900 \$
VHHC	10,014,600 \$	9,454,500	3 709,600	456,700	381,700	735,400	181,200	104,300	1,940,700	63,300	214,700	36,700	(25,200)	39,300	7,838,400	001/919/1	٠	1,616,100	(12,600)	1,603,500	•	(1,308,000)	1,308,100	1.603,600 \$
ТРҮ	3,253,500 \$	2,807,100	,	ý	,	•	î	•	308,500	٠	×	1	ÿ	4	308,500	2,498,600	1	2,498,600	,	2,498,600	•	(2,516,800)	(684,900)	(703 L(00) S
SLTC	3,504,500 \$	3,254,800	1.074.200	170,000	64,200	278,600	24,900	13,700	1,107,200	*	240,900	51,900	(22,500)	46,300	3,049,400	205,400		205,400	,	205,400		(333,7181)	554,800	426.500 \$
MVHC	14,226,700 \$	13,451,600	5.551.700	581,200	463,500	936,700	304,800	69,800	3,301,600	٠	486,700	64,100	(41.200)	55,900	11,774,800	1,676,800		1,676,800		1,676,800	•	(1,158,000)	(149,400)	369,400 \$
DCC	\$ (360,400)	001-101-10	2.497.300	286,500	247,200	530,700	117,800	101,900	1,428,700		155,800	22,800	(15,600)	25,400	5,398,500	741,900	•	741,900	1	741,9400	•	(1,748,400)	1,748,400	741,900 \$
CHI	4,381,200	4,381,200		32,900	1	,	•	•	2,433,400	200	,	,	284,400	,	2,751,200	1,630,088	(1.172,700)	457,300	(144,610)	312,700	(1.828,900)	7,037,000	1,816,300	7,337,1001 \$
CDF	3,415,100	3,244,600	970.680	101,800	133,700	648,900	140,300	•	929,700	,		•	•		3,225,000	009'61	'	009'61	٠	19,600		(589,900)	(22,875,400)	(23,445,710) \$
BCC	9.825.500 \$	9,316,200	4.519.600	589,100	510,300	1,002,800	201,500	115,200	2,891,700		196,900	16,600	(17,900)	28,300	10,054,100	(737,900)		(737,900)	· 	(737.900)		1,577,400	21,941,900	22.781.40x) S
ALTC	12,048,900 \$	11,407,400	5.832.600	621,000	388,500	933,400	281,900	129,300	3,409,300	001	193,100	16,300	(14,900)	7,100	11,797,700	(390,300)	1	(390,300)	1	(390,300)	•	822,700	(356,500)	75.900 \$
AGCC	. 9,260,00ні \$	8,733,700	101 500	350,500	345,100	743,400	260,700	95,500	2,081,800	200	256,200	3,100	(24,800)	37,900	8,161,100	572,600	'	572,(AH)		572,600	,	(1,585,000)	190,700	(821.700) \$
SHINE NEW	Net patient service revenue Net residential board and care revenue Management fees	Total revenues	EXPENSES: Nomeion envices	Plant operations and maintenance	Housekeeping and laundry	Dietary	Social services and activities	Education	General and administrative	Interest expense	Pharmacy	Laboratory	Other expenses	X-ray	Total expenses	INCOME BEFORE MINORITY INTEREST AND INCOME TAX PROVISION	MINORITY INTEREST	INCOME BEFORE INCOME TAX PROVISION	INCOME TAX PROVISION	NET INCOME	DISTRIBUTIONS TO SHAREHOLDER	INTERCOMPANY TRANSFERS	RETAINED EARNINGS, beginning of year	RETAINED EARNINGS, end of year

### COMPASS HEALTH, INC. AND SUBSIDIARY SUPPLEMENTARY INFORMATION

### CONSOLIDATED STATEMENT OF CASH FLOWS – DIRECT METHOD FOR THE YEAR ENDED DECEMBER 31, 2018

### SEE INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

CASH FLOW FROM OPERATING ACTIVITIES:  Cash received from patients and third-party payers Other cash paid Cash paid for operating expenses Cash paid to employees Interest received Interest paid Income taxes paid	\$ 75,037,500 (132,300) (24,674,100) (41,665,000) 16,700 (64,100) (147,000)
Net cash and cash equivalents provided by operating activities	8,371,700
CASH FLOW FROM INVESTING ACTIVITIES: Acquisition of plant, property, and equipment Proceeds from sale of plant, property, and equipment Acquisition of investment	(875,500) 4,600 (280,000)
Net cash and cash equivalents (used in) investing activities	_(1,150,900)
CASH FLOW FROM FINANCING ACTIVITIES: Principal payments on long-term debt Distributions to minority interest Distributions to shareholder	(174,400) (825,000) (1,828,900)
Net cash and cash equivalents (used in) financing activities	(2,828,300)
Net change in cash and cash equivalents	4,392,500
CASH AND CASH EQUIVALENTS, beginning of year	4,380,300
CASH AND CASH EQUIVALENTS, end of year	\$ 8,772,800

### 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	66
[3]	Total Lines 1 and 2	131
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	65.5
	All Residents	
[6]	Number at beginning of fiscal year	197
[7]	Number at end of fiscal year	175
[8]	Total Lines 6 and 7	372
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of all residents	186
[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).	0.35
Line	FORM 1-2 <u>ANNUAL PROVIDER FEE</u>	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$13,279,100
[a]	Depreciation \$214,103	
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$214,103
[3]	Subtract Line 2 from Line 1 and enter result.	\$13,064,997
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	35%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$4,600,846
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$4,601
	Compass Health, Inc.  Bayside Care Center and Casa de Flores	

### FORM 1-1 RESIDENT POPULATION

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	15
[2]	Number at end of fiscal year	24
[3]	Total Lines 1 and 2	39
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	19.5
	All Residents	
[6]	Number at beginning of fiscal year	143
[7]	Number at end of fiscal year	144
[8]	Total Lines 6 and 7	287
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of all residents	143.5
[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).	0.14
	FORM 1-2	
Line	ANNUAL PROVIDER FEE	TOTAL
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$10,659,000
[a]	Depreciation \$93,669	
[b]	Debt Service (Interest Only)	
[2]	Subtotal (add Line 1a and 1b)	\$93,669
[3]	Subtract Line 2 from Line 1 and enter result.	\$10,565,331
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	14%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$1,435,707
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$1,436
	Compass Health, Inc. Arroyo Grande Care Center and Wyndham Residence	

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

5			(Including Balloon Debt)		
		(q)	(0)	(p)	(e)
	(a)			Credit Enhancement	
Long-Term		Principal Paid	Interest Paid	Premiums Paid	Total Paid
Debt Obligation	Date Incurred	During Fiscal Year	During Fiscal Year	in Fiscal Year	(columns (b) + (c) + (d))
-1	03/01/12	\$174,400	\$63,144	\$0	\$237,544
2					80
3					\$0
4					80
5					80
9					80
7					\$0
8					80
		TOTAL:	\$63,144	0\$	\$237,544
		•	•		(Transfer this amount to

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

Form 5-3, Line 1)

PROVIDER: Compass Health, Inc.

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

						\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	(e)		Reserve Requirement	(see instruction 5)	(columns (c) x (d))						Marie I				(Transfer this amount to
	(p)		Number of	Payments over	next 12 months									0	
(Including Balloon Debt)	(c)	e		Amount of Most Recent	Payment on the Debt									80	
	(9)			Total Interest Paid	During Fiscal Year									80	
		(a)			Date Incurred	N/A								TOTAL:	•
				Long-Term	Debt Obligation	1	2	3	4	5	9	7	8		

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

Form 5-3, Line 2)

PROVIDER: Compass Health, Inc.

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

Line		TOTAL
_	Total from Form 5-1 bottom of Column (e)	\$237,544
2	Total from Form 5-2 bottom of Column (e)	80
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	\$2,675,904
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	\$2,913,448

PROVIDER: Compass Health, Inc.

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

Line	1e		Amounts	ı
_		Total operating expenses from financial statements	\$13,279,100	
2		Deductions:		
	a.	Interest paid on long-term debt (see instructions)	0\$	
	р.	Credit enhancement premiums paid for long-term debt (see instructions)	80	
	ပ်	Depreciation	\$214,103	
	d.	Amortization	0\$	
	ย่	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$9,855,730	
	f.	Extraordinary expenses approved by the Department	0\$	
c		Total Deductions	\$10,069,833	امد
4		Net Operating Expenses	\$3,209,268	ا مم
2		Divide Line 4 by 365 and enter the result.	\$8,793	امم
9		Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.	mount. \$659,475	اا ج.

PROVIDER: Compass Health, Inc.
COMMUNITY: Bayside Care Center and Casa de Flores

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

Line	CALCOLATION OF MET OF ENAITING EAFENDES	Amounts TOTAL
_	Total operating expenses from financial statements	\$10,659,000
2	Deductions:	
a.	Interest paid on long-term debt (see instructions)	0\$
b.	Credit enhancement premiums paid for long-term debt (see instructions)	80
ပ်	Depreciation	\$93,669
ģ.	Amortization	\$0
ຍ່	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$10,989,407
f.	Extraordinary expenses approved by the Department	0\$
3	Total Deductions	\$11,083,076
4	Net Operating Expenses	-\$424,076
5	Divide Line 4 by 365 and enter the result.	-\$1,162
9	Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve amount.	mount\$87,150

PROVIDER: Compass Health, Inc.
COMMUNITY: Arroyo Grande Care Center and Wyndham Residence

## FORM 5-5 ANNUAL RESERVE CERTIFICATION

Fiscal Year Ended:	12/31/2018		
We have reviewed ou the period ended	ar debt service reserve and operating expense re	eserve requirements as of, and for and are in compliance with those rec	quirements.
Our liquid reserve recare as follows:	quirements, computed using the audited financ	ial statements for the fiscal year	
[1]	Debt Service Reserve Amount	<u>Amount</u> \$2,913,448	
[2]	Operating Expense Reserve Amount	\$572,325	
[3]	Total Liquid Reserve Amount:	\$3,485,773	
Qualifying assets suff	ficient to fulfill the above requirements are held	d as follows Amount (market value at en	
	<b>Qualifying Asset Description</b>	Debt Service Reserve	Operating Reserve
[4]	Cash and Cash Equivalents	\$8,200,475	\$572,325
[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]	\$8,200,475 [12]	\$572,325
	Reserve Obligation Amount: [13]	\$2,913,448 [14]	\$572,325
	Surplus/(Deficiency): [15]	\$5,287,027 [16]	\$0
Signature:			
(A-45-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		Date:	
(Authorized Represen	itative)		
Controller (Title)		l	

Provider Name: Fiscal Year End:	COMPASS HEALTH, INC. 12/31/2018				
DSS - Reserve Report - Part of Form 5-5 Description of Reserves under SB 1212					
Total Qualifying Assets as Filed:					
Cash and Cash Equivalents Line of Credit	\$8,772,800				
Other	\$0				
Less Funds Reserved for Specific Designations	\$0				
Total Qualifying Assets as Filed	\$8,772,800				
Provider:	COMPASS HEALTH, INC. ARROYO GRANDE CARE CENTER &				
Community:	WYNDGHAM RESIDENCE				

Per Capita Cost of Operations Operating

10,569,000

Mean # of All Residents (Form 1-1 (2) line #10)

143.5

Per Capita Cost of Operations

73,652

Expenses (Form 5-4 (2) line #1)

<sup>\*\*</sup> No funds have been set aside for capital improvements or any other reserves outside of the CCRC Liquid Reserve Requirement

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13-20-20-20-20-20-20-20-20-20-20-20-20-20-	Account Detail	Consolidated		
See   Autoritation   645.622	SNF - General & Admin	13,363,809		
Secretarion & Amortization   647758	RCF General & Admin	645,652		
1,066,802	SNF Depreciation & Amortization	647,758		
1,006,965	RCF Depreciation & Amortization	90,292		
1,066,802	SNF - Leases & Rentals	3,605,965		
1993,171	RCF - Leases & Rentals	1,066,862		
1974   200	SNF - Property Taxes	309,171		
13.9743   13.9	RCF - Property Taxes	44,800		
Original reconstruction         54,764           Problem         54,119           Provision for Bad Debts         54,119           Toward of Bad Debts         1,042           Infact         1,042           Also districted         1,042           Supplies         1,944           Supplies         29,544           The Ancillaries         20,805,900           The Ancillaries         13,912           Other Ancillaries         20,805,900           The Ancillaries         13,543           Buildings         1,254,166           Seases & Rentals         RGE Leases & Rentals           Buildings         1,254,800           Auto         3,605,965         Thes to SNF Leases & Rentals Above           Ress - Buildings         3,524,166         RGE Leases - Buildings           Asses - Buildings         3,524,166         Asses - Buildings           Asses - Buildings         3,524,166         Asses - Buildings           Asses - Buildings         3,524,166         Asses - Buildings           Asses - Buildings         1,066,339         Asses - Buildings           Asses - Buildings         1,066,339         Asses - Buildings           Asses - Buildings         1,066,339         <	SNF - Property Insurance	219,743		
1,042	RCF - Property Insurance	36,764		
1,042	SNF - Provision for Bad Debts	541,119		
1,002	RCF - Provision for Bad Debts	•		
18 040   1	SNF - Misc	1,042		
13-914	RCF - Misc	18,040		
13,514	Patient Supplies	79,945		
Other Ancillaries         13,912           Other Ancillaries         97,512           Inter Ancillaries         87,512           Inter Ancillaries         87,512           Inter Ancillaries         RCFE: Leases & Rentals           Basses & Rentals         RCFE: Leases & Rentals           Buildings         5,674         Lease - Buildings           Set Equipment         76,125         Lease - Buildings           Sess - Buildings         76,269         RCFE Leases & Rentals           Sess - Buildings         1,254,820         Nynd           Sess - Buildings         3,524,166         Average           Sess - Buildings         4,590,505         Average           Arison,505         Average         Average           Arison,505         Average         Average           Arison,507         Average         Average           Arison,507         Average         Average	Priv Other Ancillaries	23,514		
ther Ancillaries         97,512           enteral & Administrative Costs         20,805,900         Ties to Audited FS pg. 27 line 11 under Total           Eases & Rentals         3,524,166         RCFE - Leases & Rentals           Buildings         5,674         Lease - Buildings           Equipment         76,125         Lease - Buildings           Auto         3,605,965         Ties to SNF Leases & Rentals Above         RCFE Leases - Buildings           sees - Buildings         5,609         Nynd         CDF           Auto         1,55,373         Wynd         CDF           sases - Buildings         3,524,166         Wynd         CDF           Are R.F. Buildings         3,524,166         Are R.C. Buildings         3,524,166           Are R.F. Buildings         3,524,166         Are R.C. Buildings         Are R.C. Buildings           Are R.C. Buildings         1,084,832)         Are R.C. Buildings         Are R.C. Buildings           Are R.C. Buildings         1,094,832)         Are R.C. Buildings         Are R.C. Buildings           Are R.C. Buildings         Are R.C. Buildings         Are R.C. Buildings         Are R.C. Buildings           Are R.C. Buildings         Are R.C. Buildings         Are R.C. Buildings         Are R.C. Buildings           Are R.C. B	Mcare Other Ancillaries	13,912		
RCFE Leases & Rentals	Mcal Other Ancillaries	97,512		
Seese & Rentals         RCFE - Leases & Rentals           Buildings         3,524,166         Lease - Buildings           Equipment         76,125         Lease - Buildings           Auto         3,605,965         Tiles to SNF Leases & Rentals Above         RCFE Leases - Buildings           sses - Buildings         546,092         CDF           sses - Buildings         1,125,373         G56,091           sses - Buildings         3,524,166         Wynd           rich Paid to Related Parties         4,560,736         Wynd           rich Paid to Related Parties         (1,984,832)         Rest OF Form 5-3 line 3           plicable to long-term debt)         2,675,904         Ties to Form 5-3 line 3	Total General & Administrative Costs	20,805,900 Ties to Audited FS pg. 27 line 11 und	er Total	
Buildings         3,524,166         Lease - Buildings           Equipment         76,125         Lease - Guildings           sses - Buildings         3,605,965         Ties to SNF Leases & Rentals Above         RGFE Leases - Buildings           sses - Buildings         3,52,687         Wynd         Wynd           sses - Buildings         3,524,166         Wynd         Wynd           cases - Buildings         3,524,166         Wynd         Wynd           cases - Buildings         3,524,166         Wynd         Wynd           cases - Buildings         3,524,166         Wynd         Wynd           cid Rent         70,231         Wynd         Wynd           ctlon Paid to Related Parties         (1,984,832)         CDF         CDF	SNF - Leases & Rentals		RCFE - Leases & Rentals	
Equipment         5,674         Lease - Equipment           Auto         76,125         Lease - Equipment           sses - Buildings         3,605,965         Ties to SNF Leases & Rentals Above         RCFE Leases - Buildings           sses - Buildings         1,254,323         Wynd         CDF           sses - Buildings         3,524,166         Wynd         Wynd           sses - Buildings         3,524,166         Wynd         Wynd           rich R arc F Building Leases         4,590,505         A,590,505         B           rich Paid to Related Parties         (1,984,832)         B         B           plicable to long-term debt)         2,675,904 Ttesto Form 5-3 line 3         B	Lease - Buildings	3,524,166	Lease - Buildings	1,066,339
Auto  3,605,365 Ties to SNF Leases & Rentals Above 3,605,365 Ties to SNF Leases & Rentals Above 3,605,367 Ties to SNF Leases - Buildings 632,867 1,254,820 155,323 656,991 656,991 656,991 656,991 676,881,203 70,231 64,660,336 70,231 64,660,336 70,231 64,660,336 70,231 64,660,336 70,231 64,660,336 70,231 64,660,336 70,231 64,660,336 70,841,832) 70,231 64,660,336 70,841,832) 70,841,841,842)	Lease - Equipment	5,674	Lease - Equipment	523
3,605,965   Ties to SNF Leases & Rentals Above	Lease - Auto	76,125	Lease - Auto	•
sses - Buildings         546,092 CDF         CDF           632,687 (1,254,820)         4,754,820         4,754,820           1,1,254,820 (1,25,373)         65,991 (1,254,323)         4,70,203           sses - Buildings seas - Buildings (1,252,304)         3,524,166 (1,254,324)         4,590,505 (1,254,324)           ridon Paid to Related Parties (1,984,832)         10,084,832)         10,984,832)           policable to long-term debt)         2,675,904 Ties to Form 5-3 line 3		3,605,965 Ties to SNF Leases & Rentals Above	ı	1,066,862 Ties to RCF Leases & Rentals Above
Sees - Buildings         CDF           sees - Buildings         1,254,820         1,254,820           sees - Buildings         278,203         3,524,166           sees - Buildings         3,524,166         3,524,166           vF & R.C.F. Building Leases         1,066,339         4,590,505           rdon Paid to Related Parties         70,231         4,660,736           rdon Paid to Related Parties         (1,984,832)         1,984,832)           policable to long-term debt)         2,675,904 Ties to Form 5-3 line 3	SNF Leases - Buildings		RCFE Leases - Buildings	
1,24,820 1,24,820 1,24,820 1,24,820 1,24,820 1,25,373 6,591 2,78,203 3,524,166 3,524,166 3,524,166 3,524,166 1,066,339 4,590,505 1,066,339 1,066,339 1,066,339 1,066,339 1,066,339 1,096,330 1,0984,832) plicable to long-term debt)  Leasehold/Rental Payments 2,675,904 Ties to Form 5-3 line 3	AGCC	546,092	CDF	503,811
1,254,820 155,373 666,991 278,203 3,524,166 3,524,166 3,524,166 3,524,166 3,524,166 3,524,166 4,590,505 4,590,505 rtion Paid to Related Parties (1,984,832) plicable to long-term debt) Leasehold/Rental Payments 2,675,904 Ties to Form 5-3 line 3	ALTC	632.687	Wynd	562.528
155,373 656,991 278,203 3,524,166 3,	BCC	1.254.820		1.066.339
sses - Buildings NF & RCF Building Leases Id Rent Inton Paid to Related Parties plicable to long-term debt) Leasehold/Rental Payments		155 373		
sess - Buildings  VR & RCF Building Leases  Id Rent  Intion Paid to Related Parties  plicable to long-term debt)  Leasehold/Rental Payments		1,1,1,1		
g Leases ated Parties term debt) al Payments	C+ 10	220,202		
g Leases  ated Parties  term debt)  al Payments		3,524,166		
g Leases  ated Parties  term debt)  al Payments	SNF Leases - Buildings	3,524,166		
g Leases  ated Parties  term debt)  al Payments	RCFE Leases - Buildings	1,066,339		
iid to Related Parties (s to fong-term debt) old/Rental Payments	Total SNF & RCF Building Leases	4,590,505		
iid to Related Parties t to fong-term debt) old/Rental Payments		***************************************		
	Deferred Kent	4,660,736		
	Less Portion Paid to Related Parties (Not applicable to long-term debt)	(1,984,832)		
	Facility Leasehold/Rental Payments	2,675,904 Ties to Form 5-3 line 3		

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Total Operating Expense (AGCC & WYND)	10,659,000 Form 5-4 (2) Line 1
AGCC Total Expenses WYND Total Expenses	8.161,100 Audited FS pg. 27, line 17 under AGCC 2,497,900_ Audited FS pg. 27, line 17 under Wynd
Variance	10,659,000 Ties to Form 5-4 (2) Line 1
Depreciation	93,668 Form 5-4 (2) Line 2c See Form 5-1 Reconciliation Above. Ties to Audited FS pg. 22, line 12
AGCC Revenue from Persons not under CCRC Contract Total Patient Service Revenue CCRC Revenue	act 9,260,000 Audited FS pg. 27 line 1 under AGCC . Rev. received from WYND CCRC residents who transferred to AGCC between 2017 - 2018 9,260,000 Total AGCC non-CCRC Revenue
WYND Revenue from Persons not under CCRC Contract Total Patient Service Revenue (1)	2,832,600 Audited FS pg. 27 line 2 under WYND (1,103,193) Total Rev from residents under CCRC contract in 2018 at WYND 1,729,407
Total Non-CCRC Revenue	10,989,407 Ties to Form 5-4 Line 2e

### **KEY INDICATORS REPORT**

Date Prepared: 9/23/2019 Compass Health, Inc. dba Arroyo Grande Care Center and Wyndham Residence

**Chief Executive Officer Signature** 

Please attach an explanatory memo that summarizes significant trends or variances in the						Projected		Fore	ecast		D.,, f., J
key operational indicators.	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	Preferred Trend Indicator
OPERATIONAL STATISTICS											
1. Average Annual Occupancy by Site (%)			88%	89%	93%	90.00%	90%	90%	90%	90%	N/A
MARGIN (PROFITABILITY) INDICATORS											
2. Net Operating Margin (%)			6.66%	8.00%	10.70%	10.00%	10.00%	10.00%	10.00%	10.00%	<b>↑</b>
3. Net Operating Margin - Adjusted (%)			6.66%	8.00%	10.70%	10.00%	10.00%	10.00%	10.00%	10.00%	•
LIQUIDITY INDICATORS											
4. Unrestricted Cash and Investments (\$000)			\$8,803	\$5,929	\$8,772	\$8,000	\$8,250	\$8,400	\$8,500	\$8,600	<b>↑</b>
5. Days Cash on Hand (Unrestricted)			295	295	297	295	295	295	295	295	<b>↑</b>
CAPITAL STRUCTURE INDICATORS											
6. Deferred Revenue from Entrance Fees (\$000)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7. Net Annual E/F proceeds (\$000)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8. Unrestricted Net Assets (\$000)			\$1,480	\$1,500	\$956	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	N/A
9. Annual Capital Asset Expenditure (\$000)			\$95	\$100	\$125	\$100	\$125	\$125	\$125	\$125	N/A
10. Annual Debt Service Coverage											<b>^</b>
Revenue Basis (x)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
11. Annual Debt Service Coverage (x)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>^</b>
12. Annual Debt Service/Revenue (%)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	•
13. Average Annual Effective Interest Rate (%)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	•
14. Unrestricted Cash & Investments/ Long-Term Debt (%)			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<b>↑</b>
15. Average Age of Facility (years)			8.00	7.90	9.04	9.00	8.90	8.85	8.75	8.50	•

# Continuing Care Retirement Community Disclosure Statement General Information

Date	Pre	ared:	8/29/19
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ADDRESS: 1212 Farroll Aves and 222 South Etm Street, Arroyo Grande, CA    ZIP CODE: 30420   PHONE: (805) 474-7260	FACILITY NAME: Arroyo	Grande Care Center/\	Wyndham Residence	9			
PROVIDER NAME:   Compass Health, Inc.   FACILITY OPERATOR:   Compass Health, Inc.   RELIGIOUS AFFILIATION:   MILES TO SHOPPING CTR.   12					93420	PHONE: (805)	474-7260
RELATED FACILITIES:  VER # 0F							
TYPE OF OWNERSHIP:   SINGLE   MULTI-   MILES TO SHOPPING CTR:   12   MILES TO SHOPPING SHOPPING STORY SHOPPING	RELATED FACILITIES:						KII, IIIO.
NUMBER OF UNITS:   RESIDENTIAL LIVING	YEAR	# OF 🔲 !	SINGLE MILITI				OPPING CTD. 12
NUMBER OF UNITS:    APARTIMENTS - I BURN:   ASSISTED LIVING: 57   APARTIMENTS - I BURN:   SKILLED NURSIG: 99   APARTIMENTS - I BURN:   SKILLED NURSIG: 99   APARTIMENT - I BURN:   SKILLED NURSIG: 99   APARTIMENT - I BURN:   SKILLED NURSIG: 99   DESCRIPTION:   PECIAL CARE:   DESCRIPTION:   PECAL:   DESCRIPT	OPENED: 1995					T 24 IIM	
APARTMENTS — STUDIO: APARTMENTS — BBRM: SKILLED NURSING: 99 APARTMENTS — BBRM: COTTAGES/HOUSES: RLU OCCUPANCY (%) AT YEAR END:  POPE OF OWNERSHIP: NOT-FOR-PROFIT		* * * * * * * * * *	* * * * * * * * *	* * * * * * * * * * * * * *	* * * * *	* * * * * *	* * * * * * * * * * * * * * * * * * *
APARTMENTS — 1 BDRM: SKILED NURSING: 99  APARTMENTS — 2 BDRM: SPECIAL CARE:  COTTABES/HOUSES: DESCRIPTION: >  RLU OCCUPANCY (%) AT YEAR END: >  TYPE OF OWNERSHIP: NOT-FOR-PROFIT	NUMBER OF UNITS:	RESIDEN	ITIAL LIVING	HEA	ALTH CARE		
APARTMENTS — BORM:  APARTMENTS — BORM:  COTTAGES/HOUSES:  COTTAGES/HOUSES:  RLU OCCUPANCY (%) AT YEAR END:  POPE OF OWNERSHIP:  NOT-FOR-PROFIT		APARTMENTS — STU	DIO:				
AF ARK IMENTS - Z BURNE  COTTAGES/HOUSES: DESCRIPTION: >  RLU OCCUPANCY (%) AT YEAR END:  PYPE OF OWNERSHIP: NOT-FOR-PROFIT		APARTMENTS - 1 BD	RM:	SKILLED NURS	ING: 99		
RLU OCCUPANCY (%) AT YEAR END:    TYPE OF OWNERSHIP:   NOT-FOR-PROFIT   DESCRIPTION:   YES   NO BY:				SPECIAL C	ARE:		
TYPE OF OWNERSHIP:   NOT-FOR-PROFIT   OF FOR-PROFIT   ACCREDITED?:   YES   NO   BY:		COTTAGES/HOU	SES:	DESCRIPTION: >			
TYPE OF OWNERSHIP:   NOT-FOR-PROFIT   OF FOR-PROFIT   ACCREDITED?   VES   NO   BY:	RLU OCC	UPANCY (%) AT YEAR E	ND:	>			
FORM OF CONTRACT:   CONTINUING CARE   LIFE CARE   ENTRANCE FEE   FEE FOR SERVICE	* * * * * * * * * * *	* * * * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * *	* * * * * *	* * * * * * *	* * * * * * * * * * *
Check all that apply    ASSIGNMENT OF ASSETS   EQUITY   MEMBERSHIP   RENTAL	TYPE OF OWNERSHIP:	□ NOT-FOR-PRO	FIT 🖸 FOR- PR	OFIT ACCREDITED?: 🗆 YE	S 🗆 NO BY	/:	
Check all that apply    ASSIGNMENT OF ASSETS   EQUITY   MEMBERSHIP   RENTAL							
REFUND PROVISIONS: (Check all that apply)   90%   75%   50%   FULLY AMORTIZED   OTHER:						☐ FEE F	OR SERVICE
RANGE OF ENTRANCE FEES: \$ 0	(Check all that apply)	☐ ASSIGNMENT (	OF ASSETS	EQUITY  MEMB	ERSHIP	☐ RENT	AL
RANGE OF ENTRANCE FEES: \$ 0	REFUND PROVISIONS:	(Check all that apply)	□90% □75%	□50% □ FULLY AMORTIZ	ED 🗆 OTHE	R:	
RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD (virelly described are violated resident' representative on Compass  Health's Board. This person is provided with materials about Board meetings so that they may represent the resident's association.  FACILITY SERVICES AND AMENITIES  COMMON AREA AMENITIES  AVAILABLE FEE FOR SERVICE SERVICE SERVICE SERVICE SERVICE SERVICES AVAILABLE INCLUDED IN FEE FOR EXTRA CHARGE FEE FOR SERVICE SER							
RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD (briefly describe provider's compliance and residents' relpts: > world meetings so that they may represent the resident's association.    FACILITY SERVICES AND AMENITIES							
RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD (briefly describe provider's compliance and residents' relpts: > world meetings so that they may represent the resident's association.    FACILITY SERVICES AND AMENITIES							
FACILITY SERVICES AND AMENITIES  COMMON AREA AMENITIES  AVAILABLE FEE FOR SERVICE  EAUTY/BARBER SHOP  WILLIARD ROOM  WULING GREEN  ARD ROOMS  HAPEL  OFFEE SHOP  ACTIVITIES PROGRAM  APARTMENT MAINTENANCE  APARTME	ENIRY REQUIREMENT	S: MIN. AGE: 65	PRIOR PROFESSI	ON:	OTHER	₹:	
FACILITY SERVICES AND AMENITIES  COMMON AREA AMENITIES  AVAILABLE EAUTY/BARBER SHOP AUGUST SERVICES  AVAILABLE EAUTY/BARBER SHOP AUGUST SERVICES  AVAILABLE EAUTY/BARBER SHOP AUGUST SERVICES  AVAILABLE EAUTY/BARBER SHOP AUGUST SERVICES AVAILABLE BE FOR SERVICE SERVICES AVAILABLE BINCLUDED IN FEE FOR EXTRA CHARGE  FOR EXTRA CHARGE  FOR EXTRA CHARGE  FOR EXTRA CHARGE  SERVICES AVAILABLE BINCLUDED IN FEE FOR EXTRA CHARGE  FOR EXTRA CHARGE  FOR EXTRA CHARGE  FOR EXTRA CHARGE  FEE FOR SERVICE SERVICES AVAILABLE BINCLUDED IN FEE FOR EXTRA CHARGE FOR EXTRA CHARGE FOR EXTRA CHARGE  FOR EXTRA CHARGE  FOR EXTRA CHARGE FOR	RESIDENT REPRESENT	ATIVE(S) TO, AND R	ESIDENT MEMBE	R(S) ON, THE BOARD (briefly de.	scribe provider's cor	npliance and residents	role): >
FACILITY SERVICES AND AMENITIES  COMMON AREA AMENITIES  EAUTY/BARBER SHOP	> Health's Board. This po	erson is provided with i	materials about Boar	rd meetings so that they may ren	present the re	sident's associa	tion
COMMON AREA AMENITIES     AVAILABLE     FEE FOR SERVICE     SERVICES AVAILABLE     INCLUDED IN FEE     FOR EXTRA CHARGE       IEAUTY/BARBER SHOP     □     HOUSEKEEPING (3 TIMES/MONTH)     □     □       OWLING GREEN     □     SPECIAL DIETS AVAILABLE     □     □       ARD ROOMS     □     24-HOUR EMERGENCY RESPONSE     □     □       HAPEL     □     ACTIVITIES PROGRAM     □     □       OFFEE SHOP     □     ALL UTILITIES PROGRAM     □     □       XERCISE ROOM     □     APARTMENT MAINTENANCE     □     □       OLF COURSE ACCESS     □     CABLE TV     □     □       BUTTING GREEN     □     LINENS FURNISHED     □     □       HUFFLEBOARD     □     LINENS LAUNDERED     □     □       PPA     □     NURSING/WELLNESS CLINIC     □     □       WIMMING POOL-INDOOR     □     PERSONAL HOME CARE     □     □       WIMMING POOL-OUTDOOR     □     TRANSPORTATION-PERSONAL     □     □       ENNIS COURT     □     TRANSPORTATION-PERSONAL     □     □       OTHER     □     OTHER     □     □	* * * * * * * * * *	* * * * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * *	* * * * * *	* * * * * * *	* * * * * * * * * *
COMMON AREA AMENITIES     AVAILABLE     FEE FOR SERVICE     SERVICES AVAILABLE     INCLUDED IN FEE     FOR EXTRA CHARGE       IEAUTY/BARBER SHOP     □     HOUSEKEEPING (3 TIMES/MONTH)     □     □       OWLING GREEN     □     SPECIAL DIETS AVAILABLE     □     □       ARD ROOMS     □     24-HOUR EMERGENCY RESPONSE     □     □       HAPEL     □     ACTIVITIES PROGRAM     □     □       OFFEE SHOP     □     ALL UTILITIES EXCEPT PHONE     □     □       XERCISE ROOM     □     APARTMENT MAINTENANCE     □     □       OLF COURSE ACCESS     □     CABLE TV     □     □       IBRARY     □     LINENS FURNISHED     □     □       BUTTING GREEN     □     LINENS LAUNDERED     □     □       HUFFLEBOARD     □     MEDICATION MANAGEMENT     □     □       PPA     □     NURSING/WELLNESS CLINIC     □     □       WIMMING POOL-INDOOR     □     PERSONAL HOME CARE     □     □       WIMMING POOL-OUTDOOR     □     TRANSPORTATION-PERSONAL     □     □       ENNIS COURT     □     TRANSPORTATION-PERSONAL     □     □       OTHER     □     OTHER     □     □			FACILITY S	ERVICES AND AMENITIES			
HOUSEKEEPING (3 TIMES/MONTH)	<b>COMMON AREA AME</b>	NITIES AVAILABLE			E IN	CLUDED IN FFF	FOR FYTRA CHARGE
MEALS (3 /DAY)	BEAUTY/BARBER SHOP						
OWLING GREEN   SPECIAL DIETS AVAILABLE   SPE	BILLIARD ROOM						
ARD ROOMS  HAPEL	BOWLING GREEN					H	
HAPEL	CARD ROOMS			or Edine Dielo Available		Ш	Ц
OFFEE SHOP	CHAPEL			24-HOUR EMERGENCY RESPONS	E		
RAFT ROOMS    ALL UTILITIES EXCEPT PHONE	COFFEE SHOP		- F		,,		
XERCISE ROOM  OLF COURSE ACCESS  CABLE TV  UTTING GREEN  HUFFLEBOARD  PA  NURSING/WELLNESS CLINIC  WIMMING POOL-INDOOR  WIMMING POOL-OUTDOOR  ENNIS COURT  ORKSHOP  OTHER  APARTMENT MAINTENANCE  I APARTMENT MAINTENANCE  I CABLE TV  I INENS FURNISHED  I LINENS LAUNDERED  I NURSING/WELLNESS CLINIC  I PERSONAL HOME CARE  I TRANSPORTATION-PERSONAL  I TRANSPORTATION-PREARRANGED  OTHER			H			VI	
OLF COURSE ACCESS  CABLE TV  LINENS FURNISHED  UTTING GREEN  HUFFLEBOARD  MEDICATION MANAGEMENT  PA  NURSING/WELLNESS CLINIC  WIMMING POOL-INDOOR  PERSONAL HOME CARE  WIMMING POOL-OUTDOOR  ENNIS COURT  ORKSHOP  OTHER			H			H	
IBRARY  UTTING GREEN  LINENS FURNISHED  LINENS LAUNDERED  HUFFLEBOARD  MEDICATION MANAGEMENT  PA  NURSING/WELLNESS CLINIC  WIMMING POOL-INDOOR  PERSONAL HOME CARE  WIMMING POOL-OUTDOOR  TRANSPORTATION-PERSONAL  ENNIS COURT  ORKSHOP  OTHER			H				
UTTING GREEN			H				
HUFFLEBOARD   MEDICATION MANAGEMENT							
PA   NURSING/WELLNESS CLINIC   WIMMING POOL-INDOOR   PERSONAL HOME CARE   WIMMING POOL-OUTDOOR   TRANSPORTATION-PERSONAL   PENSONAL   WIMMING POOL-OUTDOOR   TRANSPORTATION-PERSONAL   WIMMING POOL-OUTDOOR   TRANSPORTATION-PERSONAL   WIMMING POOL-OUTDOOR   TRANSPORTATION-PERSONAL   WIMMING POOL-OUTDOOR   TRANSPORTATION-PREARRANGED   WIMMING POOL-OUTDOOR   WIMING POOL-OUTDOOR   WIMMING POOL-OUTDOOR   WIMING POOL-OUTDOOR   W		H					
WIMMING POOL-INDOOR PERSONAL HOME CARE  WIMMING POOL-OUTDOOR TRANSPORTATION-PERSONAL ENNIS COURT TRANSPORTATION-PREARRANGED FORKSHOP OTHER	SPA						
WIMMING POOL-OUTDOOR			H				
ENNIS COURT   TRANSPORTATION-PREARRANGED		, <u></u>	H				
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All providers are required by Health and Safety Code section 1789.1 to provide this report to prospective residents before executing a deposit agreement or continuing care contract, or receiving any payment. Many communities are part of multi-facility operations which may influence financial reporting. Consumers are encouraged to ask questions of the continuing care retirement community that they are considering and to seek advice from professional advisors.

OTHER CCRCs Bayside Care Center/	LOCATION (City, State)  Morro Bay, CA	PHONE (with area code) (805) 772-2237
Casa de Flores	Morro Bay, CA	(805) 772-7372
		(000) 112 1012
	<del></del>	
		-
MULTI-LEVEL RETIREMENT COMMUNITIES	LOCATION (City, State)	PHONE (with area code)
FREE CTANDING CHUIFF MURCHIS		
Alto Lucero Transitional Care	LOCATION (City, State) Santa Barbara, CA	PHONE (with area code) (805) 687-6651
Danish Care Center	Atascadero, CA	(805) 466-9254
Mission View Health Center	San Luis Obispo, CA	(805) 543-0210
		(000) 040-0210
SUBSIDIZED SENIOR HOUSING	LOCATION (City, State)	PHONE (with area code)

<b>INCOME FROM ONGOIN</b>	NG OPERATIONS		2015	2016		2	017	2018
OPERATING INCOME	NO OF EXALIONS							
(Excluding amortization of	entrance fee income)	70,802,6	500	73,498,900		75,144,60	0	74,882,200
LESS OPERATING EXPE	NSES							
Excluding depreciation, an	nortization, and intere	st) <u>64,564,3</u>	300	65,360,000		67,372,50	0	66,054,400
NET INCOME FROM OPE	ERATIONS	6,238,30	00	8,138,900		7,772,100		8,827,800
LESS INTEREST EXPENSI	E	85,000		81,000		87,800		64,100
PLUS CONTRIBUTIONS								
PLUS NON-OPERATING excluding extraordinary ite		5)						
IET INCOME (LOSS) BEF EES, DEPRECIATION A		6,153,30	00	8,057,900		7,684,300		8,763,700
IET CASH FLOW FROM I	ENTRANCE FEES							
Total Deposits Less Refund	(s)	0		0		0		0
* * * * * * * * * * *	* * * * * * * * *	* * * * * *				* * * * *	* * * * *	* * * * * * * * * *
ESCRIPTION OF SECUR	ED DEBT (as of most	recent fiscal	year end)					
		ANDING	INTEREST		E OF	DAT	TE OF	<b>AMORTIZATIO</b>
	DAL	ANCE	RATE	ORIGIN	ATION	MAT	URITY	PERIOD
LENDER								
metra Life Insurance Comp	pany 1,021,456	* * * * * *	5.35	4/1/2012	* * * * *	3/1/2024		11 yrs 11 months
TENDER  metra Life Insurance Comp  * * * * * * * * * * * * *  INANCIAL RATIOS (see	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup>	* * * * * * * *	* * * * * *	* * * * *	3/1/2024		* * * * * * * * *
metra Life Insurance Comp	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	* * * * * * * *		* * * * *			2018
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup>	5.35	* * * * * *	.0518	3/1/2024		* * * * * * * * * * * * * * * * * * *
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	5.35 * * * * * * * * * * * * * * * * * * *	* * * * * *	.0518	3/1/2024		* * * * * * * * * * * * * * * * * * *
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	5.35 * * * * * * * * * * * * * * * * * * *	* * * * * *	.0518	3/1/2024		<b>2018</b> .0352 .8829 40.27
* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	5.35 * * * * * * * * * * * * * * * * * * *	* * * * * *	.0518	3/1/2024		* * * * * * * * * * * * * * * * * * *
*************  ******************  *****	next page for ratio for 201: Medic Pero (op)  SE RATIO ATIO	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012	.0518	3/1/2024		<b>2018</b> .0352 .8829 40.27
*************  ******************  *****	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * *	5.35  * * * * * * * * * * *  .0486 .8903 37.31 114.27  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *	.0518 .8977 35.81 81.00	3/1/2024 * * * * * * 2017	* * * * *	<b>2018</b> .0352 .8829 40.27 105.84 * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO SERVICE COVERAGE AYS CASH ON HAND RATIO SERVICE COVERAGE SERVICE	next page for ratio for 201: Medic Pero (op)  SE RATIO ATIO	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012	.0518 .8977 35.81 81.00	3/1/2024		<b>2018</b> .0352 .8829 40.27
*************  INANCIAL RATIOS (SEE  EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO  ISTORICAL MONTHLY S	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * *	5.35  * * * * * * * * * * *  .0486 .8903 37.31 114.27  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *	.0518 .8977 35.81 81.00	3/1/2024 * * * * * * 2017	* * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO STUDIO ONE BEDROOM	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * *	5.35  * * * * * * * * * * *  .0486 .8903 37.31 114.27  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *	.0518 .8977 35.81 81.00	3/1/2024 * * * * * * 2017	* * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RA  STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * *	5.35  * * * * * * * * * * *  .0486 .8903 37.31 114.27  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *	.0518 .8977 35.81 81.00	3/1/2024 * * * * * * 2017	* * * * *	<b>2018</b> .0352 .8829 40.27 105.84
*******  NANCIAL RATIOS (SEE  EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * * age Fee and (	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * * *  1e)  %	.0518 .8977 35.81 81.00	3/1/2024 2017 2017	* * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING 3	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * * age Fee and (	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *  ie)  2	.0518 .8977 35.81 81.00 * * * * *	3/1/2024 2017 * * * * * * 2017	* * * * * * * * * * * * * * * * * * * *	2018 .0352 .8829 40.27 105.84  * * * * * * * * * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RATIO STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING 3	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * * age Fee and (	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * * *  1e)  %	.0518 .8977 35.81 81.00	3/1/2024 2017 * * * * * * 2017	* * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * * * * * * * * * *
*********  INANCIAL RATIOS (see  PERATING RATIO PERATING RATIO EBT SERVICE COVERAGE AYS CASH ON HAND RATIO  STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING 6	# # # # # # # # # # # # # # # # # # #	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * * age Fee and ( %	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *  ie)  2	.0518 .8977 35.81 81.00 * * * * *	3/1/2024 2017 * * * * * * 2017	* * * * * * * * * * * * * * * * * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * * * * * * * * * *
EBT TO ASSET RATIO PERATING RATIO EBT SERVICE COVERAG AYS CASH ON HAND RA  STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM COTTAGE/HOUSE ASSISTED LIVING SKILLED NURSING 6	# * * * * * * * * * * * * * * * * * * *	* * * * * * rmulas) 7 CCAC ans 50 <sup>th</sup> centile tional)  * * * * * * age Fee and ( %	5.35  * * * * * * * * * * * * * * * * * * *	4/1/2012 * * * * * * * *  016  * * * * * * * *  ie)  2	.0518 .8977 35.81 81.00 * * * * *	3/1/2024 2017 * * * * * * 2017	* * * * * * * * * * * * * * * * * * * *	2018 .0352 .8829 40.27 105.84 * * * * * * * * * * * * * * * * * * *

#### **FORM 7-1** REPORT ON CCRC MONTHLY SERVICE FEES

			RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1]	beg	onthly Service Fees at ginning of reporting period: dicate range, if applicable)		\$3,440 - \$8,080	\$6,665 - \$7,905
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)			0%	7% \$7,440 - \$8,525
		Check here if monthly serv reporting period. (If you che form and specify the names	necked this box, please	skip down to the b	_
[3]		cate the date the fee increase was imple	*	*	ase.)
[4]	Che	ck each of the appropriate boxe	es:		
		Each fee increase is based on and economic indicators.	the provider's projecte	d costs, prior year	per capita costs,
		All affected residents were given prior to its implementation.	ven written notice of th	is fee increase at l	east 30 days
		At least 30 days prior to the ir representative of the provider attend.	•		
		At the meeting with residents, increase, the basis for determ calculating the increase.			
		The provider provided resident held to discuss the fee increase		s advance notice of	f each meeting
		The governing body of the proposted the notice of, and the a community at least 14 days proposed to the propos	agenda for, the meeting		

[5] On an attached page, provide a concise explanation for the increase in monthly service fees including the amount of the increase.

**PROVIDER:** Compas Health, Inc. **COMMUNITY:** Arroyo Grande Care Center and Wyndham Residence

#### Compass Health, Inc. dba Arroyo Grande Care Center and Wyndham Residence

#### Form 7-1 Attachment

#### Increase in Monthly Serve Fee

Rate increases on monthly fees for the following levels of care were approved by the Board based on projected operating costs of the continuing care retirement community, projected per capita costs and economic indicators.

	Rate Increase	Range of Monthly Fees
Assisted Living	0%	\$3,440 to \$8,080
Skilled nursing care	7%	\$7,440 - \$8,525

#### **Assisted Living**

The monthly care fees are evaluated by Management to meet expectations of the upcoming budget. The budget process utilizes previous year's actual costs to project future expenses such as salaries, benefits, food costs, utilities, contract services, supplies and other operating costs.

#### **Skilled Nursing Care**

The monthly care fees are evaluated by Management to meet expectations of the upcoming budget. As well to comply with State and Federal requirements for staffing ratios.