# **CERTIFICATE**

# S-H OpCo Camarillo, LLC DBA Brookdale Camarillo

State of Wisconsin)

County of Milwaukee)

SS:

The enclosed Annual Report for S-H OpCo Camarillo, LLC DBA Brookdale Camarillo and any amendments thereto are correct to the best of my knowledge and belief.

The continuing care contract form in use or offered to new residents at Brookdale Camarillo has been approved by the Department.

As of the date of this certification, S-H OpCo Camarillo, LLC is maintaining the required liquid reserve.

Joanne Leskowicz

Assistant Corporate Secretary

Sworn and subscribed to before me, a Notary Public, this 4th day of May, 2020

Notary

My commission expires:  $2 - 27 \cdot 27$ 



### FORM 1-1 <u>RESIDENT POPULATION</u>

Line	Continuing Care Residents	TOTAL
[1]	Number at beginning of fiscal year	114
[2]	Number at end of fiscal year	110
[3]	Total Lines 1 and 2	224
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x.50
[5]	Mean number of continuing care residents	112
	All Residents	
[6]	Number at beginning of fiscal year	151
[7]	Number at end of fiscal year	146
[8]	Total Lines 6 and 7	297
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x.50
[10]	Mean number of all residents	148.5
	Divide the mean number of continuing care residents (Line 5) by the	
[11]	mean number of all residents (Line 10) and enter the result (round to two decimal places).	75.42%
	FORM 1-2	
	ANNUAL PROVIDER	FEE

Line			TOTAL
[1]	Total Operating Expenses (including depreciation and debt service- interest only)	\$	14,977,000
[a]	Depreciation \$ 71,000		
[b]	Debt Service (Interest Only) \$ -		
[2]	Subtotal (add Line 1a and 1b)	\$	71,000
[3]	Subtract Line 2 from Line 1 and enter result.	\$	14,906,000
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)		75.42%
[5]	Total Operating Expense for Continuing Care Residents		
	(multiply Line 3 by Line 4)	\$	11,242,000
[6]	Total Amount Due (multiply Line 5 by .001)	2	
			x .001
		\$	11,242

PROVIDER: S-H OpCo Camarillo, LLC
Brookdale Camarillo



# **CERTIFICATE OF LIABILITY INSURANCE**

Page 1 of 2

DATE	(MM/DD/YYYY)
01/	/03/2020

GENL AGGREGATE LIMIT APPLIES PER.	C B R IM If	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on										
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A       X       Professional Liability       SB-LTCA-01817-19       12/31/2019       12/31/2019       12/31/2019       12/31/2019       FROMAL ADV NUNRY       \$ 1,000,000         GRN. AGGREGATE LIMIT APPLIES PER.       POLICY       JRCC       X       0.000,000       GRN. AGGREGATE LIMIT APPLIES PER.       \$ 250,000         AUTOMOBILE LABILITY       SCHEDULED       AUTOMOBILE LABILITY       \$ 250,000       GRN. AGGREGATE IS \$ 1,000,000         X       AVANUATO       SCHEDULED       AUTOMOBILE LABILITY       \$ 250,000       GRN. AGGREGATE IS \$ 1,000,000         X       AUTOMOBILE LABILITY       AUTOMOBILE LABILITY       \$ 250,000       GRN. AGGREGATE IS \$ 1,000,000         B       AUTOMOBILE LABILITY       AUTOMOBILE LABILITY       \$ 250,000       GRN. AGGREGATE IS \$ 1,000,000         A       MANUARY (PEr posmo)       \$       S       S       1,000,000       GRN. AGGREGATE IS \$ 1,000,000         A       MED EMPLOY (MARGE IS \$ 1,000,000       S       S       S       S       S         A       MED EMPLOY (MARGE IS \$ 1,000,000       S       S       S       S       S         A       MED EMPLOY (MARGE IS \$ 1,000,000       S       S       S       S       S         Concorectory (MARGE IS \$ 1,000,000       S       S			× CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Fa occurrence)	\$	100,000
B     SB-LTCA-01817-19     12/31/2019     12/31/2020     PERSONAL ADVINURY     \$ 1.000.000       CHIL AGGREGATE LIMIT APPLIES PER- POLICE     SCHEDULED     \$ 250,000       AUTOMOBILE LIABILITY     \$ 250,000       X AVA JUTO     SCHEDULED     SCHEDULED       B     SCHEDULED     SCHEDULED       COMMENDE SINGLE LIMIT     \$ 1.000.000       B     SCHEDULED     SCHEDULED       COMMENDE SINGLE LIMIT     \$ 1.000.000       B     SCHEDULED     SCHEDULED       COMMENDE SINGLE LIMIT     \$ 1.000.000       A     COLUMB ANDE     \$ SHOULD ANDE       A     COLUMB ANDE     \$ SHOULD ANDE       A     COLUMB ANDE     \$ 1.000.000       COMMENDE SINGLE LIMIT     \$ 1.000.000       COMMENDE SINGLINGTON OF OPERATIONS     \$ 1.000.000 <td>A</td> <td>x</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>s</td> <td></td>	A	x									s	
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X       \$1,000       X       S         A       UMBRELALIAB       OCCUR       S         A       CAMPAGE       SB-LTCAX-01583-19       12/31/2019       12/31/2020       AGGREGATE       \$15,000,000         A       EXCENSULAB       CLAUMS-MADE       SB-LTCAX-01583-19       12/31/2019       12/31/2019       12/31/2020       AGGREGATE       \$15,000,000         DED       RETENTIONS       N/A       5082521444       01/01/2020       01/01/2020       V       EL-EACH ACCUBENT       \$1,000,000         C       AMPEDPENTION FOR PARTNERXECUTVE       V/N       N/A       5082521444       01/01/2020       01/01/2020       EL-DISEASE - POLICY LIMIT       \$1,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2019       12/31/2020       Limit       \$5,000,000         DESCRIPTION OF OPERATIONS / UCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.         RE:       Policy Number 5082521444 - Policy only applies to the following state - CA       SECRIPTION OF OFERATION AUTORY with the policy only applies to the following state - CA         SEE ATTACHED       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIO			AUTOS ONLY AUTOS ONL	Y oor						(Per accident)	\$	
A       X       EXCESS LIAB       X       CLAIMS-MADE       SB-LTCAX-01583-19       12/31/2019       12/31/2020       DOI		X		1,000							\$	
X       XCESSLAB       X       CLAIMS-MADE       SB-LTCAX-01583-19       12/31/2019       12/31/2020       AGGREGATE       \$       15,000,000         WORKERS COMPENSATION       X       ELECAX-01583-19       12/31/2019       12/31/2020       AGGREGATE       \$       X         C       MORENERS COMPENSATION AND EMPLOYERS ULABILITY Ves. dwardbe under DESCRIPTION OF OPERATIONS below       Y       N/A       5082521444       01/01/2020       01/01/2021       X       EL.EACH ACCIDENT       \$       1,000,000         C       AMPROVERTION PARTIEND OF OPERATIONS below       03-981-91-79       12/31/2019       12/31/2020       Limit       \$       \$       0,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$       \$       \$       0,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.       RE:       Policy Number 5082521444 - Policy only applies to the following state - CA       SEE ATTACHED       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Brookdale Camarillo 6000 Santa Rosa Rd Camarillo, CA 93012       AUTHORIZED REPRESENTATIVE       AUTHORIZED REPRESENTATIVE <td>Δ</td> <td></td> <td>UMBRELLA LIAB OCCUR</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>EACH OCCURRENCE</td> <td>\$</td> <td>15,000,000</td>	Δ		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	15,000,000
WORKERS COMPENSATION           MAD EMPORES LABILITY         Y/N         N/A         5082521444         01/01/2020         01/01/2021         X         PER- ELE ACH ACCIDENT         OTHER           C         AMPROPRETORPARTNERVEXCUTIVE Memodatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below         N/A         5082521444         01/01/2020         01/01/2021         EL EACH ACCIDENT         \$ 1,000,000           D         Crime         03-981-91-79         12/31/2019         12/31/2020         Limit         \$ 5,000,000           D         Crime         03-981-91-79         12/31/2019         12/31/2020         Limit         \$ 5,000,000           DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Deductible         \$ 50,000           Professional Liability is included in General Liability Insurance.         RE: Policy Number 5082521444 - Policy only applies to the following state - CA         SEE ATTACHED            CERTIFICATE HOLDER         CANCELLATION         SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.           Brookdale Camarillo 6000 Santa Rosa Rd Camarillo, CA 93012         AUTHORIZED REPRESENTATIVE         Authorized Representative	1	×	EXCESS LIAB X CLAIMS	MADE		SB-LTCAX-01583-1	9	12/31/2019	12/31/2020	AGGREGATE	\$	15,000,000
C       AND CANCED CONSTRUCTIONS LABLEDT       Y/N         AND CANCED CONSTRUCTIONS CONTROL       Y/N       N/A       5082521444       01/01/2020       01/01/2020       01/01/2021       EL. EACH ACCIDENT       \$ 1,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.         RE:       Policy Number 5082521444 - Policy only applies to the following state - CA         SEE ATTACHED       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Brookdale Camarillo 6000 Santa Rosa Rd Camarillo , CA 93012       AUTHORIZED REPRESENTATIVE			DED RETENTION \$								\$	
C       AND CANCED CONSTRUCTIONS LABLEDT       Y/N         AND CANCED CONSTRUCTIONS CONTROL       Y/N       N/A       5082521444       01/01/2020       01/01/2020       01/01/2021       EL. EACH ACCIDENT       \$ 1,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.         RE:       Policy Number 5082521444 - Policy only applies to the following state - CA         SEE ATTACHED       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Brookdale Camarillo 6000 Santa Rosa Rd Camarillo , CA 93012       AUTHORIZED REPRESENTATIVE										X PER OTH-		
OFFICERMEMBEREXCLUDED?       N/A       5082521444       01/01/2020       01/01/2021       EL. DISEASE - EA EMPLOYE       \$ 1,000,000         West describe under       DESCRIPTION OF OPERATIONS below       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$ 5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / LOCATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.         RE:       Policy Number 5082521444 - Policy only applies to the following state - CA       SEE ATTACHED         CERTIFICATE HOLDER         CANCELLATION         Brookdale Camarillo         G000 Santa Rosa Rd       Camarillo, CA 93012	c	100000								E.L. EACH ACCIDENT	s	1,000,000
Image: Wrest describe under       Image: Wrest describe under       Image: Wrest describe under         DESCRIPTION OF OPERATIONS below       03-981-91-79       12/31/2019       12/31/2020       Limit       \$5,000,000         Description OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Deductible       \$50,000         Description OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Deductible       \$50,000         Professional Liability is included in General Liability Insurance.       RE: Policy Number 5082521444 - Policy only applies to the following state - CA       CA         SEE ATTACHED       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Brookdale Camarillo 6000 Santa Rosa Rd Camarillo, CA 93012       Authorized REPRESENTATIVE       Authorized Representative		OFF	FICER/MEMBEREXCLUDED?	NON	1/A	5082521444		01/01/2020	01/01/2021			1,000,000
D       Crime       03-981-91-79       12/31/2019       12/31/2020       Limit       \$5,000,000         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Professional Liability is included in General Liability Insurance.         RE:       Policy Number 5082521444 - Policy only applies to the following state - CA         SEE ATTACHED       CANCELLATION         CERTIFICATE HOLDER       CANCELLATION         Brookdale Camarillo       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.         Brookdale Camarillo       AUTHORIZED REPRESENTATIVE         G000 Santa Rosa Rd       Camarillo, CA 93012		If ve	es, describe under									and a sub-transfer to the second
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AGENCY CUSTOMER ID: \_\_\_\_\_\_ LOC #: \_\_\_\_\_



ADDITIONAL REMARKS SCHEDULE

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AGENCY	fhe Will's of Til'	naia Tar	NAMED INSURED Columbia Pacific Advisors, L	rc			
Willis Towers Watson Midwest, Inc.	. ika Willis OI illi	nors, inc.	c/o Brookdale Senior Living				
POLICY NUMBER See Page 1			6737 W. Washington Street, Suite 2300 Milwaukee, WI 53214 USA				
		NAIC CODE					
CARRIER See Page 1		See Page 1	EFFECTIVE DATE: See Page 1				
			EFFECTIVE DATE. See Fage 1				
ADDITIONAL REMARKS							
THIS ADDITIONAL REMARKS FORM IS			-				
	LE: <u>Certificate of</u>						
Crime Coverage Includes: Inside, Coverage and Computer Coverage;			ers and Counterfeit Papes	r Currency; Depositors Forgery			
Insured Location(s):S-H OpCo Car	marillo, LLC dba B	rookdale C	amarillo, 6000 Santa Rosa	a Rd, Camarillo, CA 93012			
INSURER AFFORDING COVERAGE: Und	erwriters at Lloyd	's London		NAIC#: 15792			
POLICY NUMBER: SB-LTCA-01813-19	EFF DATE: 12/	31/2019	EXP DATE: 12/31/2020				
TYPE OF INSURANCE:	LIMIT DESCRIPTIO	ON:	LIMIT AMOUNT:				
Ex. Auto Liab. & Employer Liab.			\$2,000,000				
	Aggregate		\$10,000,000				
INSURER AFFORDING COVERAGE: Eva	nston Insurance Co	mpany		NAIC#: 35378			
POLICY NUMBER: MKLV6XL30000198	EFF DATE: 01/0		EXP DATE: 01/01/2021				
TYPE OF INSURANCE:	LIMIT DESCRIPTION	:	LIMIT AMOUNT:				
Excess Business Auto	See Below						
ADDITIONAL REMARKS:							
Excess Business Auto applies to	vehicles in the s	tate of CA	only.				
Limit: \$2,000,000			12.10				
Underlying Limit 1: \$2,000,000 Underlying Limit 2: \$1,000,000			313-19				
Inderfying himit 2. \$1,000,000	Forrey Mullber 5	002521525					

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# S-H OpCo Camarillo, LLC

**Financial Statements** 

December 31, 2019 and 2018

(With Independent Auditors' Report Thereon)



# S-H OpCo Camarillo, LLC

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Statements of Operations for the year ended December 31, 2019 (Successor) and for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor)	3
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1, 2018 to May 31, 2018 (Predecessor)	5
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#### **INDEPENDENT AUDITORS' REPORT**

To the Member of S-H OpCo Camarillo, LLC

We have audited the accompanying financial statements of S-H OpCo Camarillo, LLC (the "Company"), which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of operations, changes in member's equity and cash flows for the year ended December 31, 2019 (Successor) and the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor), and the related notes to the financial statements.

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

Management is responsible for the preparation and fair presentation of these 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 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 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 financial statements are free of material misstatement.

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

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 financial statements referred to above present fairly, in all material respects, the financial position of S-H OpCo Camarillo, LLC as of December 31, 2019 and 2018, and the results of its operations and its cash flows for the year ended December 31, 2019 (Successor) and the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor) in accordance with accounting principles generally accepted in the United States of America.

LBMC.PC

Brentwood, Tennessee April 22, 2020

# S-H OpCo Camarillo, LLC Balance Sheets December 31, 2019 and 2018 (In Thousands)

#### Assets

	2019	2018
Current assets:		
Accounts receivable, net	\$ 973	\$ 923
Prepaid expenses and other current assets	138	133
Total current assets	1,111	1,056
Restricted cash	4,220	4,303
Property and equipment, net	347	437
Other assets	42	101
Total assets	\$ 5,720	\$ 5,897
Liabilities and Member's Equity		
Current liabilities:		
Accounts payable	\$ 205	\$ 246
Accrued expenses	1,005	732
Deferred revenue	282	182
Total current liabilities	1,492	1,160
Deferred lease costs	56	10
Other long term liabilities	332	168
Total liabilities	1,880	1,338
Member's equity	3,840	4,559
Total liabilities and member's equity	\$ 5,720	\$ 5,897

See accompanying notes to financial statements.

# S-H OpCo Camarillo, LLC Statements of Operations For the year ended December 31, 2019 (Successor) and For the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor) (In Thousands)

		(Successor) Year ended December 31, 2019		Jui 20 Decen	cessor) ne 1, 18 to nber 31, 018	Jan 20 Ma	ecessor) uary 1, 18 to ay 31, 2018
Revenue:	Decident convince not	\$	15,696	\$	8,617	\$	6,390
	Resident services, net Investment income	Ş	13,030 69	Ŷ	16	Ŷ	-
	Investment income		15,765		8,633		6,390
		-	15,705		0,000		
Expenses:							
Tribolio	Community operating expense		11,223		6,458		4,579
	Facility lease expense		2,630		1,459		971
	Depreciation		71		34		43
	Real estate tax		271		157		104
	Management fee expense		782		428		315
	Transaction costs, including gain on the change						
	in ownership transaction (Note 1)		-				(66)
	Total expenses		14,977		8,536		5,946
Net income	5	\$	788	\$	97	\$	444

# S-H OpCo Camarillo, LLC Statements of Changes in Member's Equity For the year ended December 31, 2019 (Successor) and For the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor) (In Thousands)

### Predecessor

Balance at January 1, 2018 Member contributions, net Net income from January 1, 2018 to May 31, 2018	\$ 4,133 185 444
Successor	
Balance at June 1, 2018 (see Note 1) Member distributions, net Net income from June 1, 2018 to December 31, 2018	 4,762 (300) 97
Balance at December 31, 2018 Member distributions, net Property and equipment distribution to Member (Note 3) Net income	 4,559 (1,311) (196) 788
Balance as of December 31, 2019	\$ 3,840

See accompanying notes to financial statements.

# S-H OpCo Camarillo, LLC Statements of Cash Flows For the year ended December 31, 2019 (Successor) and For the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor) (In Thousands)

	Ye	uccessor) ear ended cember 31, 2019	Jun	ccessor) e 1, 2018 to ember 31, 2018	Jan 2018	decessor) nuary 1, 8 to May ., 2018
Cash flows from operating activities:		45.000	4	0.442	ć	C 422
Cash received from residents	\$	15,838	\$	8,442	\$	6,432
Cash paid to suppliers and employees		(11,847)		(6,713)		(5,546)
Cash paid for facility lease		(2,584)	-	(1,449)	8	(1,018)
Net cash provided by (used in) operating activities	0	1,407		280	-	(132)
Cash flows from investing activities - purchase of property and equipment	·	(179)	·	(182)		(53)
Cash flows from financing activities - member contributions (distributions), net		(1,311)		(300)		185
Net change in cash and restricted cash		(83)		(202)		a E
Cash and restricted cash at beginning of period		4,303		4,505	-	4,505
Cash and restricted cash at end of period	\$	4,220	\$	4,303	\$	4,505
Reconciliation of net income to net cash provided by (used in) operating activities:						
Net income	\$	788	\$	97	\$	444
Adjustments to reconcile net income to net cash provided by (used in) operating activities:						
Depreciation		71		34		43
Straight-line lease expense (income)		46		10		(47)
Provision for credit losses		34		÷		-
Provision for doubtful accounts		-		54		84
Gain on change in ownership transaction (see Note 1)		· -				(148)
(Increase) decrease in, net effects of change in ownership transaction:						
Accounts receivable		(84)		(285)		85
Prepaid expenses and other current assets		(5)		-		(26)
Other assets		59		(101)		14
Increase (decrease) in, net of effects of change in ownership transaction:						
Accounts payable and accrued expenses		232		284		(287)
Deferred revenue		101		21		(54)
Other long-term liabilities		165		166		(240)
Net cash provided by (used in) operating activities	\$	1,407	\$	280	\$	(132)
Supplemental non-cash disclosure of cash flow information-						
distribution of property and equipment to the Member (Note 3)	\$	196	\$		\$	-

See accompanying notes to financial statements.

### (1) Organization

S-H OpCo Camarillo, LLC (the "Company") is an operator of a senior living community (the "Community") in Camarillo, California and is wholly owned by S-H Forty-Nine OpCo Ventures, LLC (the "Member"). The Company is committed to providing senior living solutions through a property that is designed, purpose-built and operated to provide the highest quality service, care and living accommodations for residents. The Community offers a variety of living arrangements and services to accommodate all levels of physical ability and health. The Community has 24 memory care units, 90 assisted living units, and 45 skilled nursing beds on one campus.

On June 1, 2018 Columbia Pacific Advisors became the sole equity holder of the Member. The Member elected to apply pushdown accounting to the Company as of the date of the change in ownership. This transaction was accounted for as a business combination, and accordingly, the assets and liabilities have been recorded at fair value on June 1, 2018. The financial statements reflect the activity prior to the change in ownership transaction for the period from January 1, 2018 through May 31, 2018 (Predecessor) and the activity subsequent to the change in ownership transaction for the period from June 1, 2018 through December 31, 2018 (Successor). The transaction was allocated as follows on June 1, 2018:

Accounts receivable	\$ 692
Prepaid expenses and other assets	\$ 133
Restricted cash	\$ 4,505
Property and equipment	\$ 289
Accounts payable	\$ (153)
Accrued expenses	\$ (542)
Deferred revenue	\$ (161)
Other long term liabilities	\$ (1)
Member's equity	\$ (4,762)

Due to the change in ownership mentioned above, the Predecessor entity incurred certain transaction costs of \$82 as well as wrote off the following assets and liabilities on May 31, 2018 which resulted in a gain of \$148.

Deferred move-in incentives	\$ (5)
Deferred move-in costs	(199)
Property and equipment	(164)
Deferred lessor reimbursements	262
Deferred lease liability	184
Deferred community fees	 70
Net gain on change in ownership transaction	148
Transaction costs	 (82)
Transaction costs, including gain on change in ownership transaction	\$ 66

### (2) Summary of Significant Accounting Policies

#### **Basis of Presentation**

The accompanying financial statements have been prepared in accordance with generally accepted accounting principles in the United States of America ("GAAP"). The significant accounting policies have been summarized below.

The State of California (the "State"), under Health and Safety Code Chapter 10, requires the Company to provide financial statements, which include cash flows presented using the direct method. In accordance with this requirement, the Company has presented cash flows and related reconciliations of net income to cash flows provided by (used in) operating activities using the direct method for the year ended December 31, 2019 (Successor) and for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor).

### Adoption of New Accounting Standards

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2014-09, Revenue from Contracts with Customers ("ASU 2014-09" or Accounting Standards Codification 606 "ASC 606"), which affects any entity that either enters into contracts with customers to transfer goods or services or enters into contracts for the transfer of nonfinancial assets. The five step model defined by ASU 2014-09 requires the Company to (i) identify the contracts with the customer, (ii) identify the performance obligations in the contract, (iii) determine the transaction price, (iv) allocate the transaction price to the performance obligations in the contract, and (v) recognize revenue when each performance obligation is satisfied. Revenue is recognized when promised goods or services are transferred to the customer in an amount that reflects the consideration expected in exchange for those goods or services. Additionally, ASU 2014-09 requires enhanced disclosure of revenue arrangements. ASU 2014-09 may be applied retrospectively to each prior period (full retrospective) or retrospectively with the cumulative effect recognized as of the date of initial application (modified retrospective). Under the modified retrospective approach, the guidance of ASC 606 is applied to the most current period presented, recognizing the cumulative effect of the adoption change as an adjustment to beginning member's equity. ASU 2014-09, as amended, was effective for the Company's fiscal year beginning January 1, 2019, and the Company adopted the new standard under the modified retrospective approach.

There was no cumulative effect adjustment to the opening balance of member's equity as of January 1, 2019, as the adoption did not result in a material adjustment to the Company's revenue recognition. Prior periods have not been adjusted and are presented in accordance with ASC 605, *Revenue Recognition*.

In November 2016, the FASB issued ASU 2016-18, Statement of Cash Flows: Restricted Cash, a consensus of the FASB Emerging Issues Task Force ("ASU 2016-18"), which intends to address the diversity in practice that exists in the classification and presentation of changes in restricted cash on the statement of cash flows. The amendments require that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. The Company adopted ASU 2016-18 on January 1, 2019, and the changes required by ASU 2016-18 were applied retrospectively to all periods

presented. The Company has identified that the inclusion of the change in restricted cash within the retrospective presentation of the statements of cash flows resulted in a \$202 increase to the amount of net cash used in investing activities for the period from June 1, 2018 to December 31, 2018 (Successor) and no change to the amounts provided by or used in operating, investing or financing activities for the period from January 1, 2018 to May 31, 2018 (Predecessor).

### Use of Estimates and Assumptions

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect amounts reported and disclosures of contingent assets and liabilities in the financial statements and accompanying notes. Although these estimates are based on management's best knowledge of current events and actions that the Company may undertake in the future, actual results may be different from the estimates.

### **Revenue Recognition**

Resident fee revenue is reported at the amount that reflects the consideration the Company expects to receive in exchange for the services provided. These amounts are due from residents or third-party payors and include variable consideration for retroactive adjustments, if any, under reimbursement programs. Performance obligations are determined based on the nature of the services provided. Resident fee revenue is recognized as performance obligations are satisfied.

Under the Company's senior living residency agreements, which are generally for a contractual term of 30 days to one year, the Company provides senior living services to residents for a stated daily or monthly fee. The Company has determined that the senior living services included under the daily or monthly fee have the same timing and pattern of transfer and are a series of distinct services that are considered one performance obligation which is satisfied over time.

The Company receives revenue for services under various third-party payor programs which include Medicare, Medicaid, and other third-party payors. Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are included in the determination of the estimated transaction price for providing services. The Company estimates the transaction price based on the terms of the contract with the payor, correspondence with the payor and historical payment trends, and retroactive adjustments are recognized in future periods as final settlements are determined.

### **Restricted Cash**

Restricted cash consists principally of deposits required by the California Department of Social Services ("CDSS").

### Cash Management

The Company does not maintain operating cash accounts as all operating cash activities are transacted by the Member and settled to the Company through net Member contributions (distributions) on the statements of changes in member's equity.

Given the Company's cash management and the Member's organizational structure including S-H Forty-Nine PropCo – California Pack, LP (the "Lessor"), which is operated under common control, the Member intends to continue to fund Member contributions to the Company as needed.

#### Accounts Receivable

Accounts receivable are reported net of an allowance for credit losses to represent the Company's estimate of inherent losses at the balance sheet date. As of December 31, 2019 and 2018, the allowance for credit losses was \$23 and \$15, respectively. The adequacy of the Company's allowance for credit losses is reviewed on an ongoing basis, using historical payment trends, write-off experience, analyses of receivable portfolios by payor source and aging of receivables, as well as a review of specific accounts, and adjustments are made to the allowance as necessary. Additionally, upon adoption of ASC 606, the allowance for doubtful accounts of approximately \$103 as of January 1, 2019 was reclassified as a component of accounts receivable as it is now considered an implicit price concession.

Billings for services under third-party payor programs are recorded net of estimated retroactive adjustments, if any, under reimbursement programs. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods or as final settlements are determined. Contractual or cost related adjustments from Medicare or Medicaid are accrued when assessed (without regard to when the assessment is paid or withheld). Subsequent adjustments to these accrued amounts are recorded in net revenues when known. At December 31, 2019 and 2018, approximately 65% and 67%, respectively, of the Company's accounts receivable was covered by various third-party payor programs, including Medicare and Medicaid. Approximately 49% and 52% of the Company's resident services revenue for the years ended December 31, 2019 and 2018, respectively, was attributable to various third-party payor programs, including Medicare and Medicaid programs.

### Property and Equipment

Property and equipment are recorded at cost, or fair value resulting from business combinations (Note 1). Renovations and improvements which improve and/or extend the useful life of the asset are capitalized and depreciated over their estimated useful life or remaining lease term. Maintenance and repair expenditures that do not improve or extend the life of assets are expensed as incurred. Depreciation is computed using the straight-line method using the following estimated useful lives:

Leasehold improvements	Shorter of the lease term or asset
	useful life
Furniture and equipment	3 – 7 years

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets held for use are assessed by a comparison of the carrying amount of the asset to the estimated future undiscounted net cash flows expected to be generated by the asset. If estimated future undiscounted net cash flows are less than the carrying amount of the asset then the fair value of the asset is

estimated. The impairment expense is determined by comparing the estimated fair value of the asset to its carrying value, with any amount in excess of fair value recognized as an expense in the current period. Undiscounted cash flow projections and estimates of fair value amounts are based on a number of assumptions such as revenue and expense growth rates, estimated holding periods and estimated capitalization rates.

### Deferred Move-in Costs

Direct resident lease origination costs are initially deferred and amortized as community operating expenses over the estimated length of the resident's stay. The deferred direct lease origination costs included in other assets amounted to \$42 and \$101 as of December 31, 2019 and 2018, respectively.

### **Deferred Lease Costs**

Rent expense is recorded on a straight-line basis over the term of the lease. One or more option periods may be included in the lease term if the Company would incur a significant economic penalty by not renewing the lease. Lease escalations during the term of the lease create a deferred lease liability which represents the excess of rent expense to date over the actual rent paid to date. The Company's lease allows for reimbursements for normal tenant improvements paid by the Company up to a specified threshold. These reimbursements are accounted for as lease incentives as defined by ASC 840, *Leases*, and are initially recorded as deferred liabilities upon receipt. The incentives are recorded on a straight-line basis as a reduction to lease expense over the term of the lease. As a result of the pushdown accounting described in Note 1, the deferred lease liability was reset to \$0 as of June 1, 2018. The net amount of straight-line lease expense (income) recognized as a result of the amortization of these liabilities totaled \$46 for the year ended December 31, 2019 (Successor) and \$10 and (\$47) for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 through May 31, 2018 (Predecessor), respectively, and is included in facility lease expense on the accompanying statements of operations. The Company had a deferred lease liability of \$56 and \$10 as of December 31, 2019 and 2018, respectively.

### Income Taxes

The Company is treated as a limited liability company for tax purposes. Generally, no provision for federal and state income taxes has been recorded as payment for income taxes is the responsibility of the individual member.

### New Accounting Standard

In February 2016, the FASB issued ASU 2016-02, *Leases* (ASU 2016-02). ASU 2016-02 amends the existing accounting principles for the recognition, measurement, presentation and disclosure of leases for both lessees and lessors. ASU 2016-02 requires a lessee to recognize a right-of-use asset and a lease liability on the balance sheet for most leases. The Company anticipates that the adoption of ASU 2016-02 will result in the recognition of a material lease liability and right-of-use asset on the balance sheet for its Community operating lease. The Company is unable to reasonably estimate such amounts at this time. Additionally, ASU 2016-02 makes targeted changes to lessor accounting, including changes to align certain aspects with the revenue recognition model, and requires enhanced disclosure of lease arrangements. ASU 2016-02 is effective for fiscal years beginning after

December 15, 2020, and early adoption is permitted. Management of the Company is currently evaluating the impact adoption will have on its financial statements and disclosures.

#### **Reclassifications**

Certain reclassifications have been made to the 2018 financial statements in order for them to conform to the 2019 presentation. These reclassifications had no effect on net income or member's equity as previously reported.

### Subsequent Events

The Company has evaluated events subsequent to December 31, 2019 through the date the financial statements were available to be issued, April 22, 2020, and determined that no events have occurred which would require additional disclosure, except the matter discussed at Note 8.

### (3) Property and Equipment

Net property and equipment as of December 31, 2019 and 2018, consisted of the following:

	2019			2018	
Leasehold improvements	\$	228	\$	372	
Furniture and equipment		201		83	
Construction in progress		19		16	
		448		471	
Accumulated depreciation		(101)		(34)	
Property and equipment, net	\$	347	\$	437	

For the years ended December 31, 2019 (Successor) and for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 through May 31, 2018 (Predecessor), the Company evaluated property and equipment for impairment and no charge was recorded.

During 2019, the Company distributed property and equipment with a net value of \$196 to the Member.

#### (4) Accrued Expenses

Accrued expenses as of December 31, 2019 and 2018 consisted of the following components:

	 2019	-	2018
Accrued salaries and wages	\$ 383	\$	302
Accrued vacation	192		194
Accrued insurance reserves	78		33
Other accrued expenses	 352		203
	\$ 1,005	\$	732

### (5) Related-Party Transactions

#### Management Agreement

On August 29, 2014, the Company entered into a long-term management agreement with BKD Twenty-one Management Company, Inc. ("BKD"), a related party. Subject to the terms of the agreement, BKD will receive a management fee equal to 5% of gross revenues plus incentives fees as defined in the agreement. Furthermore, out-of-pocket costs and expenses incurred on behalf of the Company by BKD are subject to reimbursement to BKD. The management contract extends through 2029, and has three five-year renewal options. The amount incurred for management fees was \$782 for the year ended December 31, 2019 (Successor) and \$428 and \$315 for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 through May 31, 2018 (Predecessor), respectively.

#### **Community Lease**

On August 29, 2014, the Company entered into a lease agreement (the "Lease") for the use of the Community from the Lessor, a related party. The term of the Lease is 15 years and is subject to three extension terms of five years each. The Lease contains a \$850 capital refurbishment project allowance for the Community. Under the terms of the Lease, approved capital refurbishment projects will be reimbursed by the Lessor up to the allowance amount. The monthly minimum rent will be increased from time to time for funding provided to the Company by the Lessor for any portion of the capital funding allowance. Effective September 1, 2019, the base rents were reset to the fair market value rental and will escalate under the terms of the lease through August 2024. Beginning September 1, 2024, the base rents will be reset to the fair market value rental and will escalate under the terms of the lease through the remainder of the term agreement ending in August 2029. Under the terms of the Lease, the fair market value rental is subject to agreement of the Company and the Lessor or will be determined by an appraiser if the parties do not reach an agreement. Additionally, the Lessor may issue notice to the Company requiring it to establish and maintain a repair and maintenance reserve. No such notice has been issued through the date the financial statements were available to be issued. The Company incurred rent expense of \$2,630 for the year ended December 31, 2019 (Successor) and \$1,459 and \$971 for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 to May 31, 2018 (Predecessor), respectively.

A summary of the lease expense and impact of straight-line adjustment for the year ended December 31, 2019 (Successor) and for the periods from June 1, 2018 to December 31, 2018 (Successor) and January 1, 2018 through May 31, 2018 (Predecessor) are as follows:

Year ended December 31, 2019 (Successor)		th Dece	rough mber 31,	throug 2	y 1, 2018 h May 31, 018 ecessor)
\$	2,584	\$	1,449	\$	1,018
	46		10		(37)
	-		-		(10)
\$	2,630	\$	1,459	\$	971
	Dece	December 31, 2019 (Successor) \$ 2,584 46 	Year ended th December 31, Dece 2019 (Successor) 2018 ( \$ 2,584 \$ 46	December 31, 2019 (Successor)         December 31, 2018 (Successor)           \$ 2,584         \$ 1,449           46         10	Year endedthroughthroughDecember 31,December 31,22019 (Successor)2018 (Successor)(Pred\$ 2,584\$ 1,449\$4610-

The aggregate amounts of future minimum lease payments, estimated for fair market value reassessment, under the agreement as of December 31, 2019, are as follows:

2020	\$ 2,745
2021	2,827
2022	2,912
2023	2,999
2024	3,089
Thereafter	15,382
Total (Through August 2029)	\$ 29,954

As described above, the future lease payments under the Lease are subject to an adjustment to the fair market value rental beginning in September 2024. The future lease payments presented in the table above include an estimate of additional rent payments subsequent to the rent adjustment in 2024.

### (6) Credit Risk

The Company generally maintains cash on deposit at banks in excess of federally insured amounts. The Company has not experienced any losses in such accounts and management believes the Company is not exposed to any significant credit risk related to cash.

### (7) Commitments and Contingencies

### Minimum Liquid Reserve

The CDSS, under Health and Safety code section 1789, requires the Company to maintain minimum debt service and operating reserves for continuing care service providers based on certain financial calculations. The Company held a reserve balance of \$4,220 as of December 31, 2019. In January 2020 the Company submitted an amended 2018 reserve certification which reduced the required reserve to \$3,356 and excess funds were distributed at that time. The reserve balance expected to be required by the CDSS as of December 31, 2019 is approximately \$3,472. Additional funding is expected to be required in 2020.

### **Litigation**

The Company is subject to legal proceedings and claims that arise in the ordinary course of business.

### **Insurance**

The delivery of personal and health care services entails an inherent risk of liability. Participants in the senior living and health care services industry have become subject to an increasing number of lawsuits alleging negligence or related legal theories, many of which involve large claims and result in the incurrence of significant exposure and defense costs. Through Brookdale Senior Living, Inc ("Brookdale"), a related party, the Company currently maintains general and professional medical malpractice insurance policies under a master insurance program. In response to these conditions, Brookdale and the Company have increased the staff and resources involved in quality assurance, compliance, and risk management.

Through Brookdale, the Company currently maintains single incident and aggregate liability protection in the amount of \$1,000 and \$3,000, respectively, with self-insured retentions of \$250 per claim and \$4,136 in annualized aggregate for general liability and professional liability. Through Brookdale, the Company participates in a self-insured workers' compensation program, with excess of loss coverage provided by third party carriers. The Company's coverage for workers' compensation and related programs included a shared loss worker compensation program through Brookdale. Brookdale maintains workers compensation coverage through a large deductible policy with a current deductible of \$1,000. Through the shared worker compensation program claims costs are allocated between all participants based on community type. Each participant is assigned a loss factor that is applied to budgeted payroll to accrue claims expense under the program to each participant. Through Brookdale, the Company participates in a self-insurance program for employee medical coverage. Loss reserves for employee medical coverage are recorded as liabilities by Brookdale with no allocation made to the Company. The resulting loss expenses incurred by Brookdale are allocated to the Company during the year.

Estimated claims reserves related to this self-insurance program are accrued for the ultimate cost of unpaid reported and unreported claims incurred. The reserves are adjusted regularly based on experience. The Company performs a continuing review of its claims and claim adjustment expense reserves, including its reserving techniques, through the engagement of an external actuarial firm. Since the reserves are based on estimates, the ultimate liability may be more or less than such reserves. The effects of changes in such estimated reserves are included in the results of operations in the period in which the estimates are changed. Such changes in estimates could occur in a future period and may be material to the Company's results of operations and financial position in such period. Accrued insurance reserves were \$375 (\$78 in accrued expenses and \$297 in other long term liabilities) and \$135 (\$33 in accrued expenses and \$102 in other long term liabilities) as of December 31, 2019 and 2018, respectively.

### Health Care Regulations

The health care industry is subject to numerous laws and regulations of Federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid, or other state programs, fraud and abuse. Recently, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Company is in compliance with fraud and abuse statutes as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

As a result of the Company's participation in the Medicare and Medicaid programs, the Company is subject to various government reviews, audits and investigations to verify the Company's compliance with these programs and applicable laws and regulations. CMS has engaged a number of third party firms, including Recovery Audit Contractors ("RAC"), Zone Program Integrity Contractors ("ZPIC"), and Unified Program Integrity Contractors ("UPIC") to conduct extensive reviews of claims data to

evaluate the appropriateness of billings submitted for payment. Audit contractors may identify overpayments based on coverage requirements, billing and coding rules or other risk areas. In addition to identifying overpayments, audit contractors can refer suspected violations of law to government enforcement authorities. An adverse determination of government reviews, audits and investigations may result in citations, sanctions and other criminal or civil fines and penalties, the refund of overpayments, payment suspensions, or termination of participation in Medicare and Medicaid programs. The Company's costs to respond to and defend any such audits, reviews and investigations may be significant and are likely to increase in the current enforcement environment, and any resulting sanctions or criminal, civil or regulatory penalties could have a material adverse effect on the Company's business, financial condition, results of operations and cash flow. While management believes all billings are proper and support is maintained, certain aspects of billing, coding and support are subject to interpretation and may be viewed differently by audit contractors. As amount of any recovery is unknown, management has not recorded any reserves related to audits and investigations at this time.

#### Healthcare Reform

The health care industry in the United States is subject to fundamental changes due to ongoing health care reform efforts and related political, economic and regulatory influences. Notably, the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 (collectively, the "Affordable Care Act") resulted in expanded health care coverage to millions of previously uninsured people beginning in 2014 and has resulted in significant changes to the U.S. health care system. To help fund this expansion, the Affordable Care Act outlines certain reductions in Medicare reimbursements for various health care providers, including skilled nursing facilities, as well as certain other changes to Medicare payment methodologies. This comprehensive health care legislation has resulted and will continue to result in extensive rulemaking by regulatory authorities, and also may be altered, amended, repealed, or replaced. It is difficult to predict the full impact of the Affordable Care Act due to the complexity of the law and implementing regulations, as well as the Company's inability to foresee how CMS and other participants in the health care industry will respond to the choices available to them under the law. The Company also cannot accurately predict whether any new or pending legislative proposals will be adopted or, if adopted, what effect, if any, these proposals would have on the Company's business. Similarly, while the Company can anticipate that some of the rulemaking that will be promulgated by regulatory authorities will affect the Company's business and the manner in which the Company is reimbursed by the federal health care programs, the Company cannot accurately predict today the impact of those regulations on the Company's business. The provisions of the legislation and other regulations implementing the provisions of the Affordable Care Act or any amended or replacement legislation may increase costs, decrease revenues, expose the Company to expanded liability or require the Company to revise the ways in which it conducts business.

In addition to its impact on the delivery and payment for health care, the Affordable Care Act and the implementing regulations have resulted and may continue to result in increases to the Company's costs to provide health care benefits to its employees. The Company also may be required to make additional employee-related changes to its business as a result of provisions in the Affordable Care Act or any amended or replacement legislation impacting the provision of health insurance by employers, which could result in additional expense and adversely affect the Company's results of operations and cash flow.

#### (8) Subsequent Event – COVID-19 Pandemic

As of the date of this report, the United States, as well as many other countries around the world, are experiencing a pandemic caused by coronavirus disease of 2019 ("COVID-19"), which has caused, and likely will continue to cause, significant disruption and risks to individuals, governments, businesses and financial markets. The amounts and types of revenue, expense and cash flow impacts to the Company resulting from continued COVID-19 spread will be dependent on numerous factors, including the speed, depth, geographic reach and duration of the spread of the virus; the legal, regulatory and administrative developments that occur at the federal, state and local levels; the Company's infectious disease prevention and control efforts; and the demand for the Community and its services. As of the date of this report, the Company has restricted or limited access to the Community, including limitations on in-person prospective resident tours and new resident admissions. These restrictions could be expanded and extended for a period of time. The Company has also incurred and will continue to incur costs to address the virus, which to date have included incremental supply costs and are expected to include additional labor costs. Significant disruptions to key business drivers, such as customer demand, the supply chain, workforce, and production, are possible. As of the date of this report, management is unable to predict the expected impact of the pandemic on the Company's financial condition and results of operations.

# CONTINUING CARE RESERVE REPORT PART 5





MAKE A GOOD BUSINESS BETTER

The Member S-H OpCo Camarillo, LLC:

We have audited the accompanying continuing care reserve report Forms 5-1 through 5-5 (the "Reports") of S-H OpCo Camarillo, LLC (the "Company"), as of December 31, 2019. The Reports have been prepared by management using the report preparation provisions of California Health and Safety Code Section 1792.

#### Management's Responsibility

Management is responsible for the preparation and fair presentation of the Reports in accordance with the requirements of California Health and Safety Code Section 1792; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of Reports that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Reports. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the Reports, 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 Reports in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion of 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 Reports.

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 Reports present fairly, in all material respects, the liquid reserve requirements of the Company as of December 31, 2019, in conformity with the report preparation provisions of California Health and Safety Code Section 1792.

#### **Basis of Accounting**

The accompanying Reports were prepared in accordance with the report preparation provisions of California Health and Safety Code Section 1792, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The Reports are not intended to be a complete presentation of the Company's assets, liabilities, revenues and expenses. Our opinion is not modified with respect to this matter.

#### **Restriction on Use**

Our report is intended solely for the information and use of the Company and for filing with the California Department of Social Services and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

LBMC, PC

Brentwood, Tennessee April 29, 2020

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

			(Including Balloon L	()()()	
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					
2					
3					
4					
5					
6					
7					
8					
		TOTAL:	\$0.00	\$0.00	\$0.00

\_\_\_\_\_

(Transfer this amount to

Form 5-3, Line 1)

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

**PROVIDER:** S-H OpCo Camarillo, LLC

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					
2					
3					
4					
5					
6					
7					
8					
	TOTAL:	\$0.00	\$0.00	\$0.00	\$0.00
					(Transfer this amount to

Form 5-3, Line 2)

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

PROVIDER: <u>S-H OpCo Camarillo, LLC</u>

]	Line	TOTAL	
1	Total from Form 5-1 bottom of Column (e)		\$ 
2	Total from Form 5-2 bottom of Column (e)		\$ 
3	Facility leasehold or rental payment paid by provider during fiscal year. (including related payments such as lease insurance)		\$ 2,630,000
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:		\$ 2,630,000

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

# PROVIDER: S-H OpCo Camarillo, LLC

<b>FORM 5-4</b>	
CALCULATION OF NET OPERA	TING EXPENSES

Line	Amounts	TOTAL
1 Total operating expenses from financial statements		\$ 14,977,000
<ul> <li>2 Deductions</li> <li>a Interest paid on long-term debt (see instructions)</li> <li>b Credit enhancement premiums paid for long-term debt (see instructions)</li> <li>c Depreciation</li> <li>d Amortization</li> <li>e Revenues received during the fiscal year for services to persons who did not have a continuing care contract</li> </ul>	\$     2,630,000       \$     -       \$     71,000       \$     -       \$     \$	
<ul> <li>f Extraordinary expenses approved by the Department</li> <li>3 Total Deductions</li> </ul>	\$ -	\$ 10,877,000
4 Net Operating Expenses		\$ 4,100,000
5 Divide Line 4 by 365 and enter the result.		\$ 11,233
6 Multiply Line 5 by 75 and enter the result. This is the provider's operating expense reserve		\$ 842,000
PROVIDER:       S-H OpCo Camarillo, LLC         COMMUNITY:       Brookdale Camarillo		

### FORM 5-4 CALCULATION OF NET OPERATING EXPENSES RECONCILIATION OF LINE 2E

Total Resident Revenue, per Income Statement	\$ 15,696,000
Less: Accounts Receivable at 12/31/19	(973,000)
Plus Accounts Receivable at 12/31/18	923,000
Total Resident Revenue, cash basis	\$ 15,646,000

Cash received for Resident Revenue is allocated between total revenues received from residents and revenues received from persons who did not have a continuing care contract (based on direct admittance into the SNF).

Total Resident Revenue, cash basis Less: Revenues received from residents with continuing care contracts Revenues received from continue care services (total skilled revenue)	\$ 15,646,000 7,470,000 \$ 8,176,000
Non Continuing Care resident population	100.00%
Revenues received during the fiscal year for services to persons who did not have a continuing care contract (Line 2E)	\$ 8,176,000

#### FORM 5-5 ANNUAL RESERVE CERTIFICATION

Provider Name: <u>S-H OpCo Camarillo, LLC</u>

Fiscal Year Ended: December 31, 2019

We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended 12/31/19 and are in compliance with those requirements.

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

40 1		Amount
[1]	Debt Service Reserve Amount	\$ 2,630,000
[2]	Operating Expense Reserve Amount	\$ 842,000
[3]	Total Liquid Reserve Amount:	\$ 3,472,000

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

Amount (market value at end of quarter)

Quali	fying Asset Description	Debt Service Reserve	<b>Operating Reserve</b>
[4]	Cash and Cash Equivalents	\$ 2,630,000	\$ 730,000
[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) Cash reserve account held at bank at 1/9/2020. See attached statement.

Total A	Amount of Qualifying Assets
Listed	for Liquid Reserve:
Total A	Amount Required:
Surplus	s/(Deficiency):

[11]	\$ 2,630,000	[12]	\$ 730,000
[13]	\$ 2,630,000	[14]	\$ 842,000
[15]	\$ 	[16]	\$ (112,000)

Signature:	ah hak	Date: 514/20
(Authorized Representative)	SUP Assistant Corporat	· Sousaturi
(Title)	JUP ASSISTERS CORPORT	e sectering

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

	RESIDENTIAL <u>LIVING</u>	ASSISTED <u>LIVING</u>	SKILLED <u>NURSING</u>
<ul> <li>[1] Monthly Service Fees at beginning of reporting period: (indicate range, if applicable)</li> </ul>	N/A	\$4,326	\$9,774
<ul> <li>[2] Indicate percentage of increase         <ul> <li>in fees imposed during reporting period:</li></ul></li></ul>	N/A	4.2%	9.1%
☐ Check here if monthly service fees at this community were <u>not</u> increased during the reporting period. (If you checked this box, please skip down to the bottom of this form and specify the names of the provider and community.)			
[3] Indicate the date the fee increase was implemented: <u>1/1/19</u> (If more than 1 increase was implemented, indicate the dates for each increase.)			
[4] Check each of the appropriate boxes:			
<ul> <li>X Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.</li> <li>X All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.</li> <li>X At least 30 days prior to the increase in monthly service fees, the designated representative of the provider convened a meeting that all residents were invited to attend.</li> <li>X At the meeting with residents, the provider discussed and explained the reasons for the increase, the basis for determining the amount of the increase, and the data used for calculating the in X The provider residents with at least 14 days advance notice of each meeting held to discuss the fee increases.</li> <li>X The governing body of the provider, or the designated representative of the provider posted the notice of, and the agenda for, the meeting in a conspicuous place in the community at least 14 days prior to the meeting.</li> <li>[5] On an attached page, provide a concise explanation for the increase in monthly service fees</li> </ul>	icrease.		
including the amount of the increase.			
PROVIDER:S-H OpCo Camarillo, LLC COMMUNITY:Brookdale Camarillo			

Form 7-1 Note

[5] Monthly service fees increased overall due to rate changes from annual increases from both billing and market rate adjustments of 4.2%-9.1%. Additional factors affecting average for the year include new or burning off incentives, resident turnover, and market evaluations.

# Continuing Care Retirement Community Disclosure Statement

FACILITY NAME: Brookdale Ca	marillo			
ADDRESS: 6000 Santa Rosa	Rd, Camaril	lo, CA	ZIP CODE: 930	12 PHONE: (805) 388-8086
PROVIDER NAME:				PERATOR: S-H OpCo Camarillo, LLC
RELATED FACILITIES: Please se	e below for	other CCRCs	RELIGIOUS AFF	ILIATION: None
YFAR # OF	🗆 SIN	GLE 🖾 MULTI-		MILES TO SHOPPING CTR: 6
OPENED: <u>1999</u> ACRES: <u>4</u> .	3 ST(	DRY STORY	• OTHER:	MILES TO HOSPITAL: 6
* * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
NUMBER OF UNITS:	RESIDENT			H CARE
APARTA	NENTS — STUDIO	): 0	ASSISTED LIVING	90 beds
APARTN	NENTS — 1 BDRA	N: 0	SKILLED NURSING	45 beds
APARTN	INTS — 2 BDRA	A: O	SPECIAL CAR	24 beds
CO	TTAGES/HOUSE	S: 0	DESCRIPTI	0N: > Dementia Care
CO RLU OCCUPANCY (* * * * * * * * * * * * * * * * * * *	%) AT YEAR EN	D: 0	OVERALL CCRC OCCUPAN	CY (%) AT YEAR END:
* * * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * *	* * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *
TYPE OF OWNERSHIP:	OT-FOR-PROFI	f 🖾 FOR- PRO	FIT ACCREDITED?: 🗆 YES	XI NO BY:
FORM OF CONTRACT:	ONTINUING CA		LIFE CARE 🔲 ENTRANO	E FEE DR SERVICE
	SSTORMENT OF			
<b>REFUND PROVISIONS:</b> (Check a	ll that apply)	🖵 Refundable	🗆 Repayable 🗖 90% 🗖 7	5% 🗆 50% 🗅 OTHER:
RANGE OF ENTRANCE FEES: \$_	0	0	LONG-TERM (	CARE INSURANCE REQUIRED? 🗆 YES 🖾 NO
HEALTH CARE BENEFITS INCLU	IDED IN CON	TRACT: None		
ENTRY REQUIREMENTS: MIN.	AGE: <u>60</u>	PRIOR PROFESSIO	DN: N/A	OTHER: N/A
RESIDENT REPRESENTATIV	E(S) TO, AND	RESIDENT MEM	BER(S) ON, THE BOARD:	
			nce and residents' roles) >	
> A resident representative me	ets with a rep	presentative of the	e governing body periodically	to discuss budgeting and other resident matters.
* * * * * * * * * * * * * * *	* * * * * * *	* * * * * * * *		* * * * * * * * * * * * * * * * * * * *
		FACILITY SI	<b>RVICES AND AMENITIES</b>	
COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE FOR EXTRA CHARGE
BEAUTY/BARBER SHOP		$\boxtimes$	HOUSEKEEPING ( TIMES/MO	
BILLIARD ROOM	$\boxtimes$		MEALS (/DAY)	, 🛛 🗖
BOWLING GREEN			SPECIAL DIETS AVAILABLE	
CARD ROOMS	X			
CHAPEL			<b>24-HOUR EMERGENCY RESPONSE</b>	
COFFEE SHOP			ACTIVITIES PROGRAM	
CRAFT ROOMS	X		ALL UTILITIES EXCEPT PHONE	
EXERCISE ROOM			APARTMENT MAINTENANCE	
GOLF COURSE ACCESS			CABLE TV	
LIBRARY	X		LINENS FURNISHED	 X
PUTTING GREEN			LINENS LAUNDERED	
SHUFFLEBOARD			MEDICATION MANAGEMENT	
				No. No.
			NURSING/WELLNESS CLINIC	
SPA			NURSING/WELLNESS CLINIC PERSONAL HOME CARE	
SPA Swimming Pool-Indoor			PERSONAL HOME CARE	
SPA SWIMMING POOL-INDOOR SWIMMING POOL-OUTDOOR			PERSONAL HOME CARE TRANSPORTATION-PERSONAL	
SPA Swimming Pool-Indoor			PERSONAL HOME CARE	

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	LOCATION (City, State)	<u>PHONE (with area code)</u>
Brookdale Camarillo	Camarillo, CA	(805) 388-8086
Brookdale Carlsbad	Carlsbad, CA	(760) 720-9898
Brookdale Carmel Valley	San Diego, CA	(858) 259-2222
Brookdale Northridge	Northridge, CA	(818) 886-1616
Brookdale Rancho Mirage	Rancho Mirage, CA	(760) 340-5999
Brookdale Riverwalk	Bakersfield, CA	(661) 587-0221
Brookdale San Dimas	San Dimas, CA	(909) 394-0304
Brookdale San Juan Capistrano	San Juan Capistrano, CA	(949) 248-8855
Brookdale Yorba Linda	Yorba Linda, CA	(714) 777-9666
<u>MULTI-LEVEL RETIREMENT COMMUNITIES</u> N/A	LOCATION (City, State)	PHONE (with area code)
<u>FREE-STANDING SKILLED NURSING</u> N/A	LOCATION (City, State)	PHONE (with area code)
SUBSIDIZED SENIOR HOUSING	LOCATION (City, State)	PHONE (with area code)
<b>NOTE:</b> PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FAC	CILITY.	

Page 2 of 4

NOTE: PLEASE INDICATE IF THE	FACILITY IS	A LIFE CARE FACILITY.	2016	2017	1	2018	2	019
NCOME FROM ONGOING OP	PERATIONS	OPERATING INCOME						
Excluding amortization of entran	nce fee incon	ne)	13,760,000	15,07	6,000	15,007,00	00 00	15,696,000
ESS OPERATING EXPENSES								
Excluding depreciation, amortiza	ation, and in	terest)	12,898,000	13,59	5,000	11,898,00	00	L2,205,00
IET INCOME FROM OPERATI	IONS							
			862,000	1,48	1,000	3,109,00	00	3,491,00
ESS INTEREST EXPENSE								
			2,334,000	2,33	0,000	2,430,00		2,630,00
LUS CONTRIBUTIONS								
			(96,000)	(74	3,000)	(115,00	0) (	1,311,000
LUS NON-OPERATING INCO	OME (EXPE	NSES)						
excluding extraordinary items)			-		-			
IET INCOME (LOSS) BEFORE			1974 - 1971 - 19					
EES, DEPRECIATION AND A	MORTIZAT	TION	(1,568,000)	(1,59	2,000)	564,00	00	(450,000
IET CASH FLOW FROM ENTR	ANCE FEES	S						
Total Deposits Less Refunds)					-		-	
	الم الم الم الم			* * * * * *	* * * * * * *	+ + + + + 1		T.
	* * * *	* * * * * * * * * *						
DESCRIPTION OF SECURED D		2	20 -					
DESCRIPTION OF SECURED D	DEBT (as of UTSTANDI	2	d) DATE OF		DATE OF	AMOR	RTIZATION	
DESCRIPTION OF SECURED D LENDER O	UTSTANDI * * * *	NG INTEREST	DATE OF	* * * * *	* * * * * * *	*****	* * * * * *	*
DESCRIPTION OF SECURED D LENDER O 	UTSTANDI * * * *	NG         INTEREST           * * * *         * * * * * * * * *           tio formulas)         2018 CCAC Medians 50 <sup>th</sup>	DATE OF	* * * * *	* * * * * * * * 201	*****	RTIZATION	*
DESCRIPTION OF SECURED D LENDER O LENDER O FINANCIAL RATIOS (see next	UTSTANDI * * * *	NG INTEREST	DATE OF	* * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * *	2019	*
DESCRIPTION OF SECURED D LENDER O LENDER O 	UTSTANDI	NG         INTEREST           * * * *         * * * * * * * * *           tio formulas)         2018 CCAC Medians 50 <sup>th</sup>	DATE OF	* * * * *	* * * * * * * * * <b>201</b> 0 0.96	* * * * * * 8	* * * * * * * * <b>2019</b> 0.*	200 U
DESCRIPTION OF SECURED D LENDER O LENDER O SECURED D DENDER O SECURED D SECURED SECURED D SECURED SERVICE COVERAGE R	UTSTANDI * * * * * page for ra ATIO	NG         INTEREST           * * * *         * * * * * * * * *           tio formulas)         2018 CCAC Medians 50 <sup>th</sup>	DATE OF	* * * * *	* * * * * * * * * * * * * * * * * * *	* * * * * * 8	2019	200 U
DESCRIPTION OF SECURED D LENDER O LENDER O SECURED D DENDER O SECURED D SECURED SECURED D SECURED SERVICE COVERAGE R	UTSTANDI * * * * * page for ra ATIO	NG         INTEREST           * * * *         * * * * * * * * *           tio formulas)         2018 CCAC Medians 50 <sup>th</sup>	DATE OF	* * * * *	* * * * * * * * * <b>201</b> 0 0.96	* * * * * * 8	* * * * * * * * <b>2019</b> 0.*	200 U
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DESCRIPTION OF SECURED D LENDER O LENDER O SINANCIAL RATIOS (see next DEBT TO ASSET RATIO DEBT SERVICE COVERAGE R DAYS CASH ON HAND RATIO STUDIO	UTSTANDI * * * * * page for ra ATIO D * * * * *	NG         INTEREST           * * * * * * * * * * * * * * * * * * *	DATE OF	* * * * * *	* * * * * * * * * * * * * * * * * * *	8 6 6 7 7 * * * * * * *	<b>2019</b> 0.: 0.: * * * * * * * *	200 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
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DESCRIPTION OF SECURED D LENDER O LENDER O SINANCIAL RATIOS (see next DEBT TO ASSET RATIO DEBT SERVICE COVERAGE R DAYS CASH ON HAND RATIO HISTORICAL MONTHLY SERV 201 STUDIO ONE BEDROOM TWO BEDROOM COTTAGE/HOUSE	UTSTANDI * * * * * page for ra ATIO D * * * * * /ICE FEES ( 16	NG         INTEREST	DATE OF		* * * * * * * * * * * * * * * * * * *	8 5 5 7 * * * * * * * *	2019 0.: 0.: * * * * * * * * 2019	37
DESCRIPTION OF SECURED D LENDER O LENDER O LENDER O LENDER O SECURED E SECURED E LENDER O SECURED E SECURED E LENDER O SECURED E SECURED E SECURE	UTSTANDI * * * * * page for ra ATIO D * * * * *	NG         INTEREST           *****         *********           tio formulas)         2018 CCAC Medians 50 <sup>th</sup> 2018 CCAC Medians         50 <sup>th</sup> (optional)         ************************************	DATE OF	5.8%	* * * * * * * * * * * * * * * * * * *	8 6 6 6 7 * * * * * * * * % 4.2%	2019 0. 0. 0. 0. 2019 2019 4,32	37 - * *
DESCRIPTION OF SECURED D LENDER O LENDER O FINANCIAL RATIOS (see next DEBT TO ASSET RATIO OPERATING RATIO DEBT SERVICE COVERAGE R DAYS CASH ON HAND RATIO HISTORICAL MONTHLY SERV 201 STUDIO ONE BEDROOM TWO BEDROOM TWO BEDROOM	UTSTANDI * * * * * page for ra ATIO D * * * * * /ICE FEES ( 16	NG         INTEREST	DATE OF		* * * * * * * * * * * * * * * * * * *	8 5 5 7 * * * * * * * *	2019 0.: 0.: * * * * * * * * 2019	37 - - 6 4

#### COMMENTS FROM PROVIDER: >

- >
- >

# FINANCIAL RATIO FORMULAS

### LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion Total Assets

# **OPERATING RATIO**

**Total Operating Expenses** 

Depreciation Expense

- Amortization Expense

Total Operating Revenues – Amortization of Deferred Revenue

### **DEBT SERVICE COVERAGE RATIO**

Total Excess of Revenues over Expenses + Interest, Depreciation, and Amortization Expenses Amortization of <del>D</del>eferred Revenue + Net Proceeds from Entrance Fees Annual Debt Service

### DAYS CASH ON HAND RATIO

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

(Operating Expenses — Depreciation — Amortization)/365

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





120 South LaSalle Street, Chicago, IL 60603 ADDRESS SERVICE REQUESTED

> S-H OPCO CAMARILLO, LLC 6737 W WASHINGTON ST SUITE 2300 MILWAUKEE WI 53214-5650

December 31, 2019 Last Statement: Statement Ending: January 31, 2020 Total Days in Statement Period: 31 Page 1 of 1

# **Customer Service Information**



For Personal Assistance, Call: 312-564-2000 TIMOTHY WURPTS



Written Inquiries: CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603

# **BUSINESS MONEY MARKET**

Account Number: 0003182259

Balance	Summary			Earnings Sum	imary	
+ Depo - Withd		<b>\$</b> <b>\$</b> \$ \$	<b>4,220,314.19</b> 4,103.63 864,344.19 <b>3,360,073.63</b> 3,579,026.57 3,355,970.00	Interest Paid Yea	ar to Date	\$ 4,103.63
Debits						
<b>Date</b> 01/09 01/09	Description Outgoing Wire-dom BNF S-H FORTY NINEPRO Direct S/C DOMESTIC WT OUT	)PCO V	ENTURES LLC OBI			 Subtractions 864,314.19 30.00
Credits						
<b>Date</b> 01/31	Description Interest Credit					Additions 4,103.63
Daily Ba	lances					
<b>Date</b> 12/31	<b>Balanc</b> 4,220,314.1		ate /09	<b>Balance</b> 3,355,970.00	<b>Date</b> 01/31	Balance 3,360,073.63
Overdrat	ft/Return Item Summa	ry				

Description	Total For This Period	Total Year to Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Items	\$0.00	\$0.00

To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you Keeping receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon Good as possible in accordance with the Account Agreement. Records If you find an error, immediately call or write us at the phone number and address on this statement.

### THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT							
Check No.	Amount	Check No.	Amount				
	ļ						
	<u> </u>						
مىرىدىيەت ئەرىسى <del>-</del>							
OTAL	\$	TOTAL	\$				

**ENDING BALANCE** Shown on this statement

### ADD (+)

Deposits and other credits made but not shown on this statement

\$\_\_\_\_

Т	OTAL	\$
SUBTRACT (-) Total of checks outstanding	7	\$
BALANCE		\$
Current Checkbook Balance	2	\$
ADD (+) Interest earned from this s	tatement	\$

SUBTRACT (-) Miscellaneous charges from this statement

Should agree with BALANCE line

NEW CHECKBOOK BALANCE

### DEPOSIT ACCOUNT INFORMATION

# IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (FOR CONSUMER ACCOUNTS ONLY)

Please call or write us at the phone number or address on this statement as soon as you can if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than sixty (60) days after we sent the FIRST statement on which the problem or error appeared.

- 1. Provide your name and account number.
- 2. Describe the error or transfer you are unsure about and explain, as clearly as you can, why you believe it is an error or why you need more information.
- 3. Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will re-credit your account for the amount you think is in error, so that you have use of the money during the time it takes to complete our investigation.

To Report Lost or Stolen ATM / Debit Cards, Please Call The Emergency Help Desk (24 Hours) 800 236-2442



# **GENERAL CONTACT INFORMATION**

CIBC NetBanking Help Desk (24 Hours) 877 327-7375 **CIBC Business NetBanking Help Desk** Monday - Friday: 7:00 am - 8:00 pm CST 800 733-9970

By Mail: **Client Support Center** CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603

By Phone: **Client Support Center** 877 448-6500 CIBC Telephone Banking (24 Hours) 877 825-5554

### By Email: cibcusadmin@cibc.com



MEMBER FDIC EQUAL HOUSING

120 South LaSalle Street, Chicago, IL 60603 ADDRESS SERVICE REQUESTED

> S-H OPCO CAMARILLO, LLC 6737 W WASHINGTON ST SUITE 2300 MILWAUKEE WI 53214-5650

Last Statement: November 30, 2019 Statement Ending: December 31, 2019 Total Days in Statement Period: 31

Page 1 of 1

# **Customer Service Information**



For Personal Assistance, Call: 312-564-2000 TIMOTHY WURPTS



Written Inquiries: CIBC Bank USA 120 South LaSalle Street Chicago, IL 60603

# **BUSINESS MONEY MARKET**

Account Number: 0003182259

Balance	e Summary		Earnings Summary					
Beginning Balance as of 11/30/19 + Deposits and Credits (1) - Withdrawals and Debits (0)		\$	<b>4,215,480.83</b> 4,833.36 0.00	Interest Paid Year to	o Date	\$	68,578.5 <sup>7</sup>	
Ending E	Balance as of 12/31/19	\$	4,220,314.19					
Average Balance		<b>\$</b> \$	4,215,480.83					
Low Balance		<b>^</b>						
LOW Dala	ince	\$	4,215,480.83					
Credits	ince	\$	4,215,480.83					
100 m	Description Interest Credit	\$	4,215,480.83				<b>Additions</b> 4,833.36	
Credits Date	Description Interest Credit	\$	4,215,480.83					

# **Overdraft/Return Item Summary**

Description	Total For This Period	Total Year to Date		
Total Overdraft Fees	\$0.00	\$0.00		
Total Returned Items	\$0.00	\$0.00		

Keeping
 Good
 Records
 To keep your financial records in good order, it is important to balance each of your checking accounts as soon as you receive a statement. We suggest you use this easy balancing method to detect errors early so they can be resolved as soon as possible in accordance with the Account Agreement.
 If you find an error, immediately call or write us at the phone number and address on this statement.

### THIS FORM WILL HELP YOU BALANCE YOUR CHECKBOOK

CHECKS OUTSTANDING NOT CHARGED TO YOUR ACCOUNT							
Check No.	Amount	Check No.					
			<u> </u>				
	<u> </u>		<u> </u>				
	<u> </u>						
ΤΟΤΑΙ		TOTAL					
TOTAL	\$	TOTAL	\$				

ENDING BALANCE Shown on this statement

### ADD (+)

Deposits and other credits made but not shown on this statement \$\_\_\_\_\_

TOTAL

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IUIA	L \$
SUBTRACT (-) Total of checks outstanding	\$
BALANCE	\$
Current Checkbook Balance	\$
ADD (+) Interest earned from this statem	\$
SUBTRACT (-) Miscellaneous charges from this	\$

Miscellaneous charges from this statement

NEW CHECKBOOK BALANCE

Should agree with **BALANCE** line

# DEPOSIT ACCOUNT INFORMATION

### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS (FOR CONSUMER ACCOUNTS ONLY)

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- 3. Tell us the dollar amount of the suspected error.

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# GENERAL CONTACT INFORMATION

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By Phone: Client Support Center 877 448-6500 CIBC Telephone Banking (24 Hours) 877 825-5554

### By Email: cibcusadmin@cibc.com

# **KEY INDICATORS REPORT**

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		KEY I	NDICAT	TORS RE	PORT			$\subset$	- Al-	hur		
	S-H OpCo Camarillo, LLC					EVP, Chief Accounting Officer					signa	uture required
Please attach an explanatory memo that			s-н Орсо с	amarillo, LLO	<u> </u>		Assis	tant (	io ripor at	e us	ecretor	2
summarizes significant rends or variances in the key operational indicators.						Projected		For	ecast		Preferred	6
ine ney operational materiors.											Treferred	
OPERATIONAL STATISTICS	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024		
1. Average Annual Occupancy by Site (%)	89.1%	89.7%	89.8%	84.0%	87.2%	88.7%	88.7%	88.7%	88.7%	88.7%	Ϋ́	
MARGIN (PROFITABILITY) INDICATORS												
2. Net Operating Margin (%)	6.8%	6.3%	9.8%	4.0%	5.0%	-4.8%	-4.8%	-4.8%	-4.8%	-4.8%	↑	
3 Net Operating Margin Adjusted (%)	NA 1	NA 1	NA 1	NA 1	NIA 1	NIA 1	NTA 1	NTA 1				
3. Net Operating Margin-Adjusted (%) LIQUIDITY INDICATORS	NA 1	NA 1	NA 1	NA I	NA I	NA 1	NA 1	NA 1	NA 1	NA 1	N/A	
4. Unrestricted Cash and Investments (\$000)	\$1,665	\$3,567	\$4,505	\$4,303	\$4,220	\$4,220	\$4,220	\$4,220	\$4,220	\$4,220	$\checkmark$	
5. Days Cash on Hand (Unrestricted)	76	101	111	109	103	92	92	92	92	92	$\checkmark$	
CAPITAL STRUCTURE INDICATORS												
6. Deferred Revenue from Entrance Fees (\$000)	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	N/A	
7. Net Annual E/F proceeds (\$000)	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	NA 1	N/A	
8. Unrestricted Net Assets (\$000)	\$2,767	\$3,482	\$4,133	\$4,559	\$3,840	\$3,069	\$3,069	\$3,069	\$3,069	\$3,069	$\checkmark$	5 <sup>12</sup>
9. Annual Capital Asset Expenditure (\$000)	\$146	\$336	\$117	\$235	-\$31	-\$31	-\$31	-\$31	-\$31	-\$31	$\checkmark$	1
10. Annual Debt Service Coverage Revenue Basis (x)	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	N/A	
11. Annual Debt Service Coverage (x)	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	N/A	
12. Annual Debt Service/Revenue (%)	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	N/A	
13. Average Annual Effective Interest Rate (%)	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	N/A	
14. Unrestricted Cash & Investments/ Long-Term Debt (%)	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	NA 2	N/A	
15. Average Age of Facility (years)	1.0	1.3	2.3	1.2	3.4	4.4	5.4	6.4	7.4	8.4	↑	

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NA 1Community does not charge/collect entrance feesNA 2Community holds no debt

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