

October 31, 2022

Continuing Care Contracts Branch California Department of Social Services 744 P Street, M.S. 9-14-91 Sacramento, California 95814

I hereby certify that the enclosed Continuing Care Reports are correct, that the contracts in use for residents at Scripps Kensington, The Canterbury and The Covington have been Approved by the California Department of Social Services, and that statutory reserves and refund reserves are being maintained pursuant to the requirements of the California Health and Safety Code.

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James S Rothrock President and CEO



REPORT OF INDEPENDENT AUDITORS AND CONTINUING CARE LIQUID RESERVE SCHEDULES WITH SUPPLEMENTARY SCHEDULES

### EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

June 30, 2022



### **Table of Contents**

	PAGE
Report of Independent Auditors	1–3
Continuing Care Liquid Reserve Schedules	
Form 5–1, Long-term debt incurred in prior fiscal year	4
Form 5–2, Long-term debt incurred during the fiscal year	5
Form 5–3, Calculation of long-term debt reserve amount	6
Form 5–4, Calculation of net operating expenses – Scripps Kensington	7
Form 5–4, Calculation of net operating expenses – The Canterbury	8
Form 5–4, Calculation of net operating expenses – The Covington	9
Form 5–5, Annual reserve certification	10
Supplementary Schedules	
Attachment to form 5–2, Long-term debt incurred during the fiscal year	11
Attachment to form 5–4, Calculation of net operating expenses – Scripps Kensington	12
Attachment to form 5–4, Reconciliation of net operating expenses – Scripps Kensington	13
Attachment to form 5–4, Reconciliation of total operating expenses – The Canterbury and	
The Covington	14
Attachment to form 5–4, Series 2012 bond interest reconciliation	15
Attachment to form 5–4, Reconciliation of revenue received for non CCRC residents	16
Attachment to form 5–4, Required disclosure under Section 1790 (a)(2)	17
Attachment to form 5–5, Description of reserves	18



### **Report of Independent Auditors**

The Board of Directors Episcopal Communities & Services for Seniors

### **Report on the Audit of the Financial Statements**

### Opinion

We have audited the financial statements of Episcopal Communities & Services for Seniors (the "Organization"), which comprise continuing care liquid reserve schedules, Form 5–1 through Form 5–5, as of and for the year ended June 30, 2022.

In our opinion, the accompanying financial statements present fairly, in all material respects, the continuing care liquid reserve schedules, Form 5–1 through Form 5–5, of the Organization as of and for the year ended June 30, 2022, in conformity with the liquid reserve requirements of California Health and Safety Code Section 1792.

### **Basis for Opinion**

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Basis of Accounting**

We draw attention to the basis of accounting used to prepare the financial statements. The financial statements are prepared by the Organization on the basis of the liquid reserve requirements 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, to meet the requirements of California Health and Safety Code Section 1792. Our opinion is not modified with respect to this matter.

### Responsibilities of Management for the Financial Statements

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

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

### **Other Matter**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying attachment to form 5–2, long-term debt incurred during the fiscal year; attachment to form 5-4, calculation of net operating expenses - Scripps Kensington; attachment to form 5–4, reconciliation of net operating expenses – Scripps Kensington; Attachment to form 5–4, Reconciliation of total operating expenses - The Canterbury and The Covington; attachment to form 5-4, Series 2012 bond interest reconciliation; attachment to form 5-4, reconciliation of revenue received for non CCRC residents; attachment to form 5-4, required disclosure under Section 1790 (a)(2); and attachment to form 5–5, description of reserves, presented as supplementary schedules, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements, and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements, or to the financial statements themselves, and other additional procedures in accordance with the 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 financial statements taken as a whole.

### **Restriction on Use**

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

### **Other Information**

Management is responsible for the other information included in the California Department of Social Services Annual Report. The other information comprises Forms 1-1, 1-2, and 7-1, but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

Moss adams LLP

Irvine, California October 27, 2022

### Continuing Care Liquid Reserve Schedules

### Episcopal Communities & Services for Seniors Form 5–1 Long-Term Debt Incurred in Prior Fiscal Year June 30, 2022

	(a)	(b)	(C)	(d)	(e)
				Credit Enhancement	Total Paid
Long-Term		Principal Paid	Interest Paid	Premiums Paid	(columns (b) + (c) +
Debt Obligation	Date Incurred	During Fiscal Year	During Fiscal Year	in Fiscal Year	(d))
1				\$0	\$0
2					\$0
3					\$0
4					\$0
5					\$0
6					\$0
7					\$0
8					\$0
	2024				_
	TOTAL:	\$-	\$	\$-	\$-

(Transfer this amount

to Form 5–3, Line 1)

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

PROVIDER: EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

### Episcopal Communities & Services for Seniors Form 5–2 Long-Term Debt Incurred During the Fiscal Year June 30, 2022

	(a)	(b)	(c)	(d)	(e)
Long-Term Debt Obligation	Date Incurred	Total Interest Paid During Fiscal Year	Amount of Most Recent Payment on the Debt	Number of Payments over next 12 months	Reserve Requirement (see instruction 5) (columns (c) x (d))
1	5/15/2022	\$0	\$793,491	2	\$1,586,982
2					
3					
4					
5					
6					
7					
8					
	TOTAL:	\$-	\$ 793,491	2	\$ 1,586,982

(Transfer this amount

to

Form 5–3, Line 2)

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

### **PROVIDER:** EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

### Episcopal Communities & Services for Seniors Form 5–3 Calculation of Long-Term Debt Reserve Amount June 30, 2022

Line		 TOTAL
1	Total from Form 5–1 bottom of Column (e)	\$ 
2	Total from Form 5–2 bottom of Column (e)	\$ 1,586,982
3	Facility leasehold or rental payment paid by provider during fiscal year (including related payments such as lease insurance)	\$ 
4	TOTAL AMOUNT REQUIRED FOR LONG-TERM DEBT RESERVE:	\$ 1,586,982

**PROVIDER:** EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

Line		Amounts	Т	OTAL
1	Total operating expenses from financial statements		\$	575,179
2	Deductions:			
a	. Interest paid on long-term debt (see instructions)		-	
k	. Credit enhancement premiums paid for long-term debt (see instructions)		-	
C	. Depreciation		-	
C	. Amortization		-	
e	Revenues received during the fiscal year for services to persons who did not have a continuing care contract		-	
f	Extraordinary expenses approved by the Department	\$ 127,096	-	
3	Total deductions		\$	127,096
4	Net operating expenses		\$	448,083
5	Divide Line 4 by 365 and enter the result.		\$	1,228
6	<b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operatin amount.	ig expense reserve	\$	92,072
PROVIDER:	EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS		-	
COMMUNITY:	SCRIPPS KENSINGTON		-	

### The Canterbury Episcopal Communities & Services for Seniors Form 5–4 Calculation of Net Operating Expenses June 30, 2022

Line		Amounts		TOTAL
1	Total operating expenses from financial statements		\$	17,708,475
2	Deductions:			
a.	Interest paid on long-term debt (see instructions)	\$ 206,070	_	
b.	Credit enhancement premiums paid for long-term debt (see instructions)		_	
C.	Depreciation	\$ 2,544,137	_	
d.	Amortization	\$ 2,302	_	
e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$ 3,552,047	_	
f.	Extraordinary expenses approved by the Department		_	
3	Total deductions		\$	6,304,556
4	Net operating expenses		\$	11,403,919
5	Divide Line 4 by 365 and enter the result.		\$	31,244
6	Multiply Line 5 by 75 and enter the result. This is the provider's operatin amount.	g expense reserve	\$	2,343,271
PROVIDER:	EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS		_	
COMMUNITY:	THE CANTERBURY		-	

### The Covington Episcopal Communities & Services for Seniors Form 5–4 Calculation of Net Operating Expenses June 30, 2022

Line				Amounts	TOTAL
1		Total operating expenses from financial statements			\$ 22,445,840
2		Deductions:			
	a.	Interest paid on long-term debt (see instructions)	\$	2,620,680	
	b.	Credit enhancement premiums paid for long-term debt (see instructions)			
	C.	Depreciation	\$	4,881,010	
	d.	Amortization	\$	30,460	
	e.	Revenues received during the fiscal year for services to persons who did not have a continuing care contract	\$	1,970,429	
	f.	Extraordinary expenses approved by the Department			
3		Total deductions			\$ 9,502,579
4		Net operating expenses			\$ 12,943,261
5		Divide Line 4 by 365 and enter the result.			\$ 35,461
6		<b>Multiply Line 5 by 75 and enter the result.</b> This is the provider's operatin amount.	ıg expe	nse reserve	\$ 2,659,574
PROVIDER: COMMUNITY:		EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS THE COVINGTON			

### Episcopal Communities & Services for Seniors Form 5–5 Annual Reserve Certification June 30, 2022

 Provider Name:
 EPISCOPAL COMMUNITIES & SERVICES FOR SENIORS

 Fiscal Year Ended:
 6/30/2022

 We have reviewed our debt service reserve and operating expense reserve requirements as of, and for the period ended
 6/30/2022

 and are in compliance with those requirements.

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

		<u>Amount</u>			
	Debt Service Reserve Amount	\$	1,586,982		
[2]	Operating Expense Reserve Amount	\$	5,094,917		
[3]	Total Liquid Reserve Amount:	\$	6,681,899		

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

400010 041			narket value	at end	of qua	rter)	
	<b>Qualifying Asset Description</b>	Debt Service Reserve			<b>Operating Reserve</b>		
[4]	Cash and Cash Equivalents	\$	1,586,982		\$	6,374,015	
[5]	Investment Securities				\$	71,525,065	
[6]	Equity Securities						
[7]	Unused/Available Lines of Credit						
[8]	Unused/Available Letters of Credit						
[9]	Debt Service Reserve	\$			(not	applicable)	
[10]	Other: Certificates of deposit maturing within Listed for Reserve Obligation: [11]		1,586,982	[12]	\$	77,899,080	
	<b>Reserve Obligation Amount:</b> [13]	\$	1,586,982	[14]	\$	5,094,917	
	Surplus/(Deficiency): [15]	\$		[16]	\$	72,804,163	

Signature:

Date:

(Authorized Representative)

Chief Financial Officer

(Title)

Supplementary Schedules

On May 16, 2022, Episcopal Communities & Services for Seniors refunded all of the outstanding California Health Facilities Financing Authority Insured Revenue Bonds, Series 2012 bonds, originated on December 12, 2012. As a result, California Statewide Communities Development Authority Revenue Refunding Bonds, Series 2022A Bonds were issued in the amount of \$52,495,000. Interest is payable semi-annually from 2% to 5% with principal payments due annually on May 15.

The amounts of the most recent payment on the debt of \$793,491 included on Form 5–2 represent the payments due for the next 12 months beginning on November 15, 2022.

ATHERTON	\$	98,293
CLAREMONT MANOR	Ŧ	47,628
SOLHEIM LUTHERAN HOME		59,890
TOWN AND COUNTRY MANOR		58,311
WINSOR MANOR		74,260
Year-end adjustment for pre-billed rent		12,016
Total outsourced facilities		350,398
Ancillary		29,534
Resident allowance		8,856
Resident relations*		57,319
Other programs and services		3,762
General and administrative		116,832
Liability insurance		3,186
Banking fees		5,292
Total operating expenses		
(Form 5–4, Line 1)		575,179 (a)
*Resident relations cost represents payroll and benefits for one employee who visits the residents at the outsourced facilities and coordinates services for the residents, plus worker's comp expenses incurred for prior year claims		
Extraordinary Deduction		
Episcopal Communities & Services for Seniors (ECS) receives and deposits residents' monthly payments from social security and pension. This income pays for part of the outsourced facility costs. However, ECS is responsible to pay the total outsourced facility monthly fees and ancillary.		
Lifecare Outside Facility Gross Revenue Lifecare Outside Facility – Benevolence		339,849 (212,753)
Total extraordinary deduction (Form 5–4, Line 2f)		<u>127,096</u> (b)
Net operating expenses (Form 5–4, Line 4)	\$	<u>448,083</u> (a)–(b)

### Episcopal Communities & Services for Seniors Attachment to Form 5–4 Reconciliation of Net Operating Expenses – Scripps Kensington June 30, 2022

Revenue Routine service revenue	\$ 127,096
Total revenue	 127,096
Operating expenses	
General and administrative	125,688
Program and special services	61,081
Ancillary	29,534
Outsourced resident rent	350,398
Liability insurance	3,186
Banking fees	 5,292
Total operating expenses (Form 5–4, Line 1)	 575,179
Other expenses	
(Gain)/Loss from disc. operation	 (437,124)
Operating income (loss)	\$ (10,959)

\* Scripps Kensington has ceased operations; therefore, expenses are included in discontinued operations in the statement of operations, net of revenue earned.

### Episcopal Communities & Services for Seniors Attachment to Form 5–4 Reconciliation of Total Operating Expenses – The Canterbury and The Covington June 30, 2022

	The Canterbury	The Covington
Total operating expenses from the financial statements Gain on bond refinancing	\$ 18,041,008 (332,533)	\$ 25,745,244 (3,299,404)
Total operating expenses	\$ 17,708,475	\$ 22,445,840

### Episcopal Communities & Services for Seniors Attachment to Form 5–4 Series 2012 Bond Interest Reconciliation June 30, 2022

	The	Canterbury	The	e Covington	Total
Series 2012 Interest Paid UBOC#9801 Paid on 11/15/21 UBOC#9801 Paid on 5/15/22	\$	103,035 103,035	\$	1,310,340 1,310,340	\$ 1,413,375 1,413,375
Total Interest Paid for FY 2022	\$	206,070	\$	2,620,680	\$ 2,826,750
Series 2012 Interest Expense 7/1/21 – 6/30/22					
03-01-96-74000 04-01-96-74000 Non-bond related interest Series 2022 Accrued Int Exp	\$	193,167 - 1,620 (9,641)	\$	2,477,178 - (122,608)	\$ 193,167 2,477,178 1,620 (132,249)
	\$	185,146	\$	2,354,570	\$ 2,539,716
Series 2012 Amortized Bond Premium 03-0x-00-49006 04-0x-00-49006	\$	(23,888)	\$	(249,776)	\$ (23,888) (249,776)
		(23,888)		(249,776)	 (273,664)
Total Bond Interest Expense For FY 2022	\$	161,258	\$	2,104,794	\$ 2,266,052
	The	Canterbury	The	e Covington	 Total
Interest expense per audited financial statements	\$	189,507	\$	2,193,798	\$ 2,383,305
Less: Total Accrued Interest Payable 6/30/22 Less: Non-bond related interest 6/30/22 Less: Interest Expense - Entrance Fees - FY2022 Add: Reduction in Non-bond Accrued Interest Payable 6/30/22 Add: Accrued Interest Payable - Entrance Fees 6/30/22 Add: Total Accrued Interest Payable 6/30/21 Add: Series 2012 Bond Premium Amortized FY 2022		(14,475) 1,620 (20,227) (13,089) - 38,846 23,888		(198,728) 33,605 (158,370) 14,645 485,954 249,776	 (213,203) 1,620 13,378 (171,459) 14,645 524,800 273,664
Interest Paid for FY 2022 (Form 5–1 and Form 5–4, Line 2a)	\$	206,070	\$	2,620,680	\$ 2,826,750

### Episcopal Communities & Services for Seniors Attachment to Form 5–4 Reconciliation of Revenue Received for Non CCRC Residents June 30, 2022

	SK	СВ	cov
Resident care fees, net Ancillary services Miscellaneous income	N/A N/A N/A	\$ 12,190,096 486,094 -	\$ 14,001,423 2,510,539 63,807
Subtotal	N/A	12,676,190	16,575,769
Changes in:			
Accounts receivable Deposits from residents Subtotal	N/A N/A	9,691 (723,075)	(155,531) 1,997
Total	<u>N/A</u>	(713,384)	(153,534)
Resident care fees, net per audited cash flow statements in '000s	N/A	11,963	16,422
Less changes in: Deposits from residents (refund)	N/A	723,075	(1,997)
Total revenue received	N/A	12,685,881	16,420,238
Percentage Allocated to Non CCRC Residents per Form 1–1	N/A	28%	12%
Revenue Received from Non CCRC Residents (Form 5–4, Line 2e)	N/A	\$ 3,552,047	\$ 1,970,429
Miscellaneous income per audited financial statements Less: miscellaneous income (unrelated to resident revenue)		\$     2,004 (2,004)	\$
Miscellaneous income (related to resident revenue)		<u>\$-</u>	\$ 63,807

### Episcopal Communities & Services for Seniors Attachment to Form 5–4 Required Disclosure Under Section 1790 (a)(2) June 30, 2022

Per Capita Cost of Operations	Scripps ensington	The Canterbury	The Covington	 Total
Operating expenses (Form 5–4, Line 1)	\$ 575,179	\$ 17,708,475	\$ 22,445,840	\$ 40,729,494
Mean # of all residents (Form 1–1, Line 10)	 9.0	 135.5	 195.5	 340.0
Per capita cost of operations	\$ 63,909	\$ 130,690	\$ 114,812	\$ 119,793

		Additional Comments
Total Qualifying Assets as Fields Cash and cash equivalents	\$ 7,960,997	
Investment securities	71,525,065	Investment securities are approximately 50% fixed income/50% equities.
Debt service reserve	 	
Total qualifying assets as field	 79,486,062	
Reservations and Designations Benevolence funds	1,679,717	Cash and investments to provide operating and capital needs associated with facilities and to assist qualifying residents with medical care expenses. In FY 2022, \$191,929 was distributed to subsidize the operations at the facilities for charitable care and general operations.
The Canterbury Reserve Fund	33,887,257	Investments reserved for entrance fee refunds for the Canterbury facility, as well as the replacement of plant and equipment. In FY 2022, approximately \$8.7 million entrance fees were received and \$4.8 million were refunded to the Canterbury discharged continuing care residents. \$1.3 million were withdrawn for capital expenditures.
Covington Pastoral Care Fund	 128,211	Funds available to enhance the spiritual lives of residents and the wider community.
Total reservations and designations	 35,695,185	
Remaining liquid reserves	\$ 43,790,877	

### Continuing Care Retirement Community Disclosure Statement General Information

FACILITY NAME: The Canterbury	,						
ADDRESS: 5801 W Crestridge R	d, Rancho Palos `	√erdes, CA	7	ZIP CODE:	90275	PHONE: (310) 5	41-2410
PROVIDER NAME: Episcopal Col	mmunities & Serv	ices		FACILI	TY OPERATOR:	Episcopal Com	nunities & Services
RELATED FACILITIES: The Covir	ngton			RELIGIOUS	AFFILIATION:	Episcopal	
YEAR # OF	🗆 SINO	GLE 🛛 MULTI-				MILES TO SHO	PPING CTR: 3.0
OPENED: 1983 ACRES:	5.3 STO	RY STORY	OTHER:			MILES TO	HOSPITAL: 6.0
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * * * * * *	* * * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * * *
NUMBER OF UNITS:	<u>RESIDENTI</u>	AL LIVING		<u>He</u>	ALTH CARE		
	FMENTS — STUDIO			ASSISTED LI	VING: 19		
APAR	rments — 1 Bdrm	: 47	S	KILLED NUR	SING: 15		
APAR	FMENTS <mark>— 2</mark> BDRM	: 51		SPECIAL	CARE: 9		
C	OTTAGES/HOUSES	:	DESCRI	PTION: > N	lemory Care		
RLU OCCUPANCY	(%) AT YEAR END	: 88.78%	>				
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * * *				* * * * * * * *	
TYPE OF OWNERSHIP:	NOT-FOR-PROFIT	🗆 FOR- PRO	OFIT ACCREDIT	ſED?: □Y	YES 🖾 NO B'	Y:	
FORM OF CONTRACT:	CONTINUING CAR	F D	LIFE CARE	🔽 ENTE	RANCE FEE	🗹 FEE FO	RSERVICE
	ASSIGNMENT OF		EQUITY		BERSHIP		
<b>REFUND PROVISIONS:</b> (Check	all that apply)	<b>☑90% ☑75%</b>	□50% □FUI	LLY AMORTI	ZED 🗹 OTHE	<b>R</b> : <u>1) 80%; 2) 36</u>	mo. amortizable
RANGE OF ENTRANCE FEES:	<b>\$</b> 303,062	- <b>\$</b> _734,503		LONG-TER	M CARE INS	URANCE REQUI	RED? 🗆 YES 🖬 NO
HEALTH CARE BENEFITS INCL	UDED IN CONT	RACT: none					
ENTRY REQUIREMENTS: MIN	. AGE: <sup>60</sup>	PRIOR PROFESSI	ON: n/a		OTHE	<b>R:</b> n/a	
RESIDENT REPRESENTATIVE				<b>ARD</b> (briefly g	lescribe provider's co	mpliance and residents' r	ole): >
Representative (non-voting). The F				_			
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * * *	* * * * * * * * *	* * * * *	* * * * * *	* * * * * * * *	* * * * * * * * * * *
			ERVICES AND AN				
COMMON AREA AMENITIES		FEE FOR SERVICE	SERVICES			ICLUDED IN FEE	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP					(MUNIH)		
BILLIARD ROOM							
BOWLING GREEN			SPECIAL DIETS AV	AILABLE		$\checkmark$	
CARD ROOMS							_
CHAPEL	$\checkmark$		24-HOUR EMERGE		NSE		H
COFFEE SHOP			ACTIVITIES PROG				
CRAFT ROOMS			ALL UTILITIES EX(				
EXERCISE ROOM			APARTMENT MAIN	NIENANCE			
GOLF COURSE ACCESS			CABLE TV	-			
LIBRARY	$\checkmark$		LINENS FURNISHE				
PUTTING GREEN			LINENS LAUNDERI				
SHUFFLEBOARD			MEDICATION MAN				
SPA			NURSING/WELLNE			$\checkmark$	
SWIMMING POOL-INDOOR			PERSONAL HOME				$\checkmark$
SWIMMING POOL-OUTDOOR	$\checkmark$		TRANSPORTATION				$\checkmark$
TENNIS COURT			TRANSPORTATION	N-PREARRAN	IGED	$\checkmark$	
WORKSHOP			OTHER				
OTHER							

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 The Covington	LOCATION (City, State) Aliso Viejo, CA	<u>PHONE (with area code)</u> (949) 389-8500
MULTI-LEVEL RETIREMENT COMMUNITIES	LOCATION (City, State)	
FREE-STANDING SKILLED NURSING	LOCATION (City, State)	
SUBSIDIZED SENIOR HOUSING	LOCATION (City, State)	PHONE (with area code)
<b>NOTE:</b> PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.		

### PROVIDER NAME: Episcopal Communities & Services

	2019	2020	2021	2022
INCOME FROM ONGOING OPERATIONS OPERATING INCOME				
(Excluding amortization of entrance fee income)	\$38,010	\$7,186	\$47,781	\$24,545
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	30,982	34,568	35,830	37,627
NET INCOME FROM OPERATIONS	\$7,028	\$2,618	\$11,951	\$(13,082)
LESS INTEREST EXPENSE	(2,631)	(2,615)	(2,751)	(2,384)
PLUS CONTRIBUTIONS	32	23	135	126
PLUS NON-OPERATING INCOME (EXPENSES) excluding extraordinary items)	0	0	0	0
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	\$4,429	\$26	\$9,335	\$(15,340)
<b>NET CASH FLOW FROM ENTRANCE FEES</b> (Total Deposits Less Refunds)	\$8,496	\$4,423	\$2,210	\$9,114

**DESCRIPTION OF SECURED DEBT** (as of most recent fiscal year end)

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD
Private Investor Bonds	\$52,495,000	3.04%	05/16/2022	05/15/2047	25 years

### FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians

<b>50</b> <sup>m</sup>	Percentil	е
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	(optional)	2020	2021	2022
DEBT TO ASSET RATIO		30.54%	27.14%	27.75%
OPERATING RATIO		99.93%	68.17%	163.01%
DEBT SERVICE COVERAGE RATIO		1.16	5.25	(0.07)
DAYS CASH ON HAND RATIO		883.47	1,062.16	733.78

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	2019	ັ%	2020	%	2021	%	2022	%
STUDIO								
ONE BEDROOM	\$5,130	0%	\$5,379	5%	\$5,623	4.5%	\$5,848	4%
TWO BEDROOM	5,947	5%	6,244	5%	6,538	4.5%	6,800	4%
COTTAGE/HOUSE								
ASSISTED LIVING	10,351	10%	10,869	5%	11,358	4.5%	11,812	4%
SKILLED NURSING	12,056	8%	12,631	5%	12,201	4.5%	16,334	4%
SPECIAL CARE	10,189	10%	10,952	7%	11,445	4.5%	11,903	4%

### 

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### **FINANCIAL RATIO FORMULAS**

### LONG-TERM DEBT TO TOTAL ASSETS RATIO

Long-Term Debt, less Current Portion Total Assets

### **OPERATING RATIO**

Total Operating Expenses

– Depreciation Expense

Amortization Expense

Total Operating Revenues – Amortization of Deferred Revenue

### DEBT SERVICE COVERAGE RATIO

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

### DAYS CASH ON HAND RATIO

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

(Operating Expenses – Depreciation – Amortization)/365

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

### Continuing Care Retirement Community Disclosure Statement General Information

FACILITY NAME: The Covington							
ADDRESS: 3 Pursuit, Aliso Viejo, 0				ZIP CODE:	92626	PHONE: (949) 3	89-8500
PROVIDER NAME: Episcopal Com	munities & Servio	ces		FACIL	ITY OPERATOR:	Episcopal Comr	nunities & Services
RELATED FACILITIES: The Canter	rbury			RELIGIOU	S AFFILIATION:	Episcopal	
YEAR # OF	🛛 SING	LE 🖸 MULTI-				MILES TO SHO	PPING CTR: 2.0
OPENED: <u>2004</u> ACRES: <u>1</u>	2 STOR	Y STORY	OTHER:				HOSPITAL: 5.0
* * * * * <del>* * * * *</del> * * * * * *	* * * * * * * *	* * * * * * *	* * * * * * * *	* * * * *	* * * * * * *	* * * * * * * *	* * * * * * * * * * *
NUMBER OF UNITS:	<u>RESIDENTIA</u>	<u>L LIVING</u>		<u>H</u>	EALTH CARE		
APART/	MENTS — STUDIO:			ASSISTED I	IVING: 24		
APART	MENTS — 1 BDRM:	60		<b>SKILLED NU</b>	RSING: 24		
APART	MENTS - 2 BDRM:	71		SPECIAI	<b>CARE</b> : 10		
CO	TTAGES/HOUSES:	24	DESCR	IPTION: >	Memory Care		
RLU OCCUPANCY (			>		, ,		
* * * * * * * * * * * * * * * *	* * * * * * * * *	* * * * * * *	* * * * * * * * *	* * * * *	* * * * * * *	* * * * * * * *	* * * * * * * * * * *
TYPE OF OWNERSHIP:	NOT-FOR-PROFIT	🗆 FOR- PR(	OFIT ACCRED	ITED?: 🗖	YES 🖾 NO 🛛 B	Υ:	
FORM OF CONTRACT:	CONTINUING CARE		LIFE CARE	🗇 ENI	RANCE FEE	🗹 FEE FO	RSERVICE
	ASSIGNMENT OF A		EQUITY		MBERSHIP		
<b>REFUND PROVISIONS:</b> (Check a	ull that apply) 🔽	<b>]90% ⊡75%</b>	) □50% □F	ULLY AMOR	TIZED ☑OTHI	ER: 1) 80%, 2) 36	mo amortizable
RANGE OF ENTRANCE FEES: \$	393,734	_ <b>\$</b> 1,189,7	05	LONG-TE	RM CARE INS	URANCE REQUI	RED? 🗆 YES 🖬 NO
HEALTH CARE BENEFITS INCLU	JDED IN CONT	RACT: 10 da	ys of SNF care pe	er year, 30 d	ays lifetime ma	ximum	
ENTRY REQUIREMENTS: MIN.						<b>R:</b> n/a	
RESIDENT REPRESENTATIVE(S	) TO, AND RESI	DENT MEMBE	R(S) ON, THE B	OARD (briefly	describe provider's co	ompliance and residents' r	ole): > De Board and one Resident
> Representative (non-voting). The Re							
* * * * * * * * * * * * * * * *	* * * * * * * *	* * * * * * *	* * * * * * * *	* * * * *	* * * * * * *	* * * * * * * *	* * * * * * * * * *
		FACILITY S	ERVICES AND A	MENITIES			
COMMON AREA AMENITIES	<u>AVAILABLE</u> <u>F</u>	<u>EE FOR SERVICE</u>		S AVAILA		<u>NCLUDED IN FEE</u>	<u>FOR EXTRA CHARGE</u>
BEAUTY/BARBER SHOP		$\checkmark$	HOUSEKEEPING	( <u>4</u>	S/MONTH)	$\checkmark$	
BILLIARD ROOM	$\checkmark$		MEALS ( <u>1</u> /D	•		$\checkmark$	
BOWLING GREEN			SPECIAL DIETS A	VAILABLE		$\checkmark$	
CARD ROOMS	$\checkmark$						
CHAPEL	$\checkmark$		24-HOUR EMER	GENCY RESPO	DNSE	$\checkmark$	
COFFEE SHOP	$\checkmark$		ACTIVITIES PRO	GRAM		$\checkmark$	
CRAFT ROOMS	$\checkmark$		ALL UTILITIES E	XCEPT PHON	E	$\overline{\checkmark}$	
EXERCISE ROOM	$\checkmark$		APARTMENT MA	INTENANCE		$\checkmark$	
GOLF COURSE ACCESS			CABLE TV			$\checkmark$	
LIBRARY	$\checkmark$		LINENS FURNISH	IED		$\checkmark$	
PUTTING GREEN	$\checkmark$		LINENS LAUNDE	RED		$\checkmark$	
SHUFFLEBOARD			MEDICATION M	ANAGEMENT			
SPA	$\checkmark$		NURSING/WELLI	NESS CLINIC		$\checkmark$	
SWIMMING POOL-INDOOR			PERSONAL HOM				
SWIMMING POOL-OUTDOOR			TRANSPORTATIO		L	$\overline{\checkmark}$	$\overline{\checkmark}$
TENNIS COURT			TRANSPORTATIO	)N-PREARRA	NGED	$\checkmark$	
WORKSHOP			OTHER				
OTHER							

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 The Canterbury	LOCATION (City, State) Rancho Palos Verdes, CA	<u>PHONE (with area code)</u> (310) 541-2410
MULTI-LEVEL RETIREMENT COMMUNITIES	LOCATION (City, State)	PHONE (with area code)
FREE-STANDING SKILLED NURSING	LOCATION (City, State)	PHONE (with area code)
SUBSIDIZED SENIOR HOUSING	LOCATION (City, State)	<u>PHONE (with area code)</u>
<b>NOTE:</b> PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.		

### PROVIDER NAME: Episcopal Communities & Services

	2019	2020	2021	2022	
INCOME FROM ONGOING OPERATIONS OPERATING INCOME	Dollars in 1,000s				
(Excluding amortization of entrance fee income)	\$38,010	\$37,186	\$37,186	\$24,545	
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	30,982	34,568	34,568	37,627	
NET INCOME FROM OPERATIONS	\$7,028	\$2,618	\$2,618	\$(13,082)	
LESS INTEREST EXPENSE	(2,631)	(2,615)	(2,615)	(2,384)	
PLUS CONTRIBUTIONS	32	23	23	126	
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	0	0	0	0	
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	\$4,429	\$26	\$26	\$(15,340)	
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	\$8,496	\$4,423	\$4,423	\$9,114	

**DESCRIPTION OF SECURED DEBT** (as of most recent fiscal year end)

LENDER	OUTSTANDING BALANCE	INTEREST RATE	DATE OF ORIGINATION	DATE OF MATURITY	AMORTIZATION PERIOD
Private Investor Bonds	\$52,495,000	3.04%	05/16/2022	05/15/2047	25 years
					. <u></u>

### FINANCIAL RATIOS (see next page for ratio formulas)

2017 CCAC Medians

<b>50</b> ™	Percenti	е
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	(optional)	2020	2021	2022
DEBT TO ASSET RATIO		30.54%	27.14%	27.75%
OPERATING RATIO		99.93%	68.17%	163.01%
DEBT SERVICE COVERAGE RATIO		1.16	5.25	(0.07)
DAYS CASH ON HAND RATIO		883.47	1,062.16	733.78

### HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	2019	%	20 <sup>°</sup> 20	3 / %	2021	%	2022	%
STUDIO								
ONE BEDROOM	\$4,498	4.3%	\$4,701	4.5%	\$4,701	4.5%	\$5,116	4.0%
TWO BEDROOM	5,956	0.0%	6,209	4.2%	6,209	4.2%	6,715	4.0%
COTTAGE/HOUSE	7,136	6.9%	7,457	4.5%	7,457	4.5%	8,065	4.0%
ASSISTED LIVING	8,022	4.0%	8,383	4.5%	8,383	4.5%	9,067	4.0%
SKILLED NURSING	14,022	4.1%	14,635	4.5%	14,635	4.5%	15,880	4.0%
SPECIAL CARE	7,696	4.0%	8,042	4.5%	8,042	4.5%	8,699	4.0%

### 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-Deferred Revenue + Net Proceeds from Entrance Fees Annual Debt Service

### DAYS CASH ON HAND RATIO

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

(Operating Expenses – Depreciation – Amortization)/365

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

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

		RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1]	Monthly Service Fees at beginning of reporting period: (indicate range, if applicable)	\$5,451-\$7,721	\$8,590-\$18,210	\$11,498-\$16,334
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	4%	4%	4%
	□ Check here if monthly serv reporting period. (If you cl form and specify the names	necked this box, please	skip down to the b	U
[3]	Indicate the date the fee increase w (If more than 1 increase was imple	vas implemented: $\frac{07}{1000}$	<b>/01/2021</b> ates for each increa	se.)
[4]	Check each of the appropriate how	26.		

[4] Check each of the appropriate boxes:

Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.

All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.

	$\checkmark$
1	

|√|

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.

$\checkmark$
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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 increase.

	$\checkmark$	
1		

**| |** |

The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

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.

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

**PROVIDER:** Episcopal Communities & Services

COMMUNIT	Y: The Canterbury

### Form 7-1 Attachment Monthly Care Fee Increase (MCFI) Annual Reporting Fiscal Year 2022 The Canterbury

Line	Line Fiscal Years	2020	2021	2022
1	1 FY 2020 Operating Expenses	\$ (14,536)		
2	2 FY 2021 Operating Expenses (Adjustments, if any, Explained Below)		\$ (15,974)	
æ	3 Projected FY 2022 Results of Operations (Adjustments Explained Below)			\$ (15,353)
4	4  FY 2022 Anticipated MCFI Revenue Based on Current and Projected Occupancy and Other without a MCFI			\$ 10,333
2	5 Projected FY 2022 (Net) Operating Results without a MCFI (Line 3 plus Line 4)			\$ (5,019)
9	6 Projected FY 2022 Anticipated Revenue Based on Current and Projected Occupancy and Other with MCFI 4%			\$ 13,666
7	7 Grand Total - Projected FY 2022 Net Operating Activity After 4% MCFI (Line 3 plus Line 6)			\$ (1,686)
	Wo	<b>Monthly Care Fee Increase:</b>	se Increase:	4%

# Adjustments Explained:

# FY 2020 to FY 2021

Operating Expenses reflect direct department expenses plus interest expense

# FY 2021 to FY 2022

Labor Costs are approximately 60% of budget and are comprised staffing for occupancy projections, competitive wage increases and increases in employee benefit costs. Increases in non-labor costs are determined primarily by information received directly from vendors/contractors. MCFI is the same for all levels of care. Budget projections must comply with bond covenants (combined with The Covington) as measured by financial ratios. Postive results of operations are used for capital improvements and campus master planning projects.

# Dollar Amounts in Thousands

### FORM 7-1 <u>REPORT ON CCRC MONTHLY SERVICE FEES</u>

		RESIDENTIAL LIVING	ASSISTED LIVING	SKILLED NURSING
[1]	Monthly Service Fees at beginning of reporting period: (indicate range, if applicable)	\$4,597-\$8,722	\$6,994-\$14,828	\$16,486
[2]	Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	4%	4%	4%
	□ Check here if monthly serve reporting period. (If you che form and specify the names	necked this box, please	e skip down to the b	U
		07	/01/2021	

[3] Indicate the date the fee increase was implemented: U1/U1/2021
 (If more than 1 increase was implemented, indicate the dates for each increase.)

[4] Check each of the appropriate boxes:

$\checkmark$	
--------------	--

Each fee increase is based on the provider's projected costs, prior year per capita costs, and economic indicators.

All affected residents were given written notice of this fee increase at least 30 days prior to its implementation.

$\checkmark$

|√|

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.

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 increase.

		$\checkmark$	
--	--	--------------	--

The provider provided residents with at least 14 days advance notice of each meeting held to discuss the fee increases.

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.

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

**PROVIDER**. Episcopal Communities & Services

COMMUNITY	The Covington

### Form 7-1 Attachment Monthly Care Fee Increase (MCFI) Annual Reporting Fiscal Year 2022 The Covington

**Dollar Amounts in Thousands** 

Line	Line Fiscal Years	2020	2021	2022
1	. FY 2020 Operating Expenses	\$ (20,087)		
2	FY 2021 Operating Expenses (Adjustments, if any, Explained Below)		\$ (22,437)	
£	3 Projected FY 2022 Results of Operations (Adjustments Explained Below)			\$ (23,300)
4	4 FY 2022 Anticipated MCFI Revenue Based on Current and Projected Occupancy and Other without a MCFI			\$ 17,796
S	Projected FY 2022 (Net) Operating Results without a MCFI (Line 3 plus Line 4)			\$ (5,504)
9	6 Projected FY 2022 Anticipated Revenue Based on Current and Projected Occupancy and Other with MCFI 4%			\$ 18,379
7	7 Grand Total - Projected FY 2022 Net Operating Activity After 4% MCFI (Line 3 plus Line 6)			\$ (4,921)
	Mo	<b>Monthly Care Fee Increase:</b>	ee Increase:	4%

# Adjustments Explained:

# FY 2020 to FY 2021

Operating Expenses reflect direct department expenses plus interest expense

# FY 2021 to FY 2022

Labor Costs are approximately 60% of budget and are comprised staffing for occupancy projections, competitive wage increases and increases in employee benefit costs.

Increases in non-labor costs are determined primarily by information received directly from vendors/contractors. MCFI is the same for all levels of care. Budget projections must comply with bond covenants (combined with The Covington) as measured by financial ratios. Postive results of operations are used for capital improvements and campus master planning projects.