

FISCAL YEAR ENDED: <u>12 / 31 / 2015</u>
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ANNUAL REPORT CHECKLIST

PROVIDER(S): Solvang Lutheran Home, Inc.

CCRC(S): Solvang Lutheran Home, Inc., DBA Atterdag Village of Solvang

CONTACT PERSON: _____

TELEPHONE NO.: (805) 688-3263 **EMAIL:** Ruth@PeopleWhoCare.com



A complete annual report must consist of 3 copies of all of the following:

- A Annual Report Checklist.
- B Annual Provider Fee in the amount of: \$ 7,367.00
 - If applicable, late fee in the amount of: \$ NA
- C Certification by the provider's *Chief Executive Officer* that:
 - The reports are correct to the best of his/her knowledge.
 - Each continuing care contract form in use or offered to new residents has been approved by the Department.
 - The provider is maintaining the required *liquid* reserves and, when applicable, the required refund reserve.
- D Evidence of the provider's fidelity bond, as required by H&SC section 1789.8.
- E Provider's audited financial statements, with an accompanying certified public accountant's opinion thereon.
- F Provider's audited reserve reports (prepared on Department forms), with an accompanying certified public accountant's opinion thereon.
- G Provider's "Continuing Care Retirement Community Disclosure Statement" and Form 7-1 "Report on CCRC Monthly Service Fees" for *each* community.
- NA Provider's Refund Reserve Calculation(s) – Form 9-1 and/or Form 9-2, if applicable.

The Key Indicators Report is required to be submitted within 30 days of the due date of the submission of the annual report, but may be submitted at the same time as the annual report.

- ✓ G1 Disclosure Statement
- ✓ G2 Form 7-1
- ✓ G3 Form 1-1
- ✓ G4 Key Indicators Report



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April 28, 2016

Continuing Care Contracts Branch
California Department of Social Services
744 P Street, M.S. 8-3-90
Sacramento CA 95814

Attention: Community Care Licensing

Re: CEO Statement for FY2015

With regard to the Solvang Lutheran Home, Inc.'s FY 2015 Annual Report, the following statements are made:

I hereby certify that:

- The enclosed annual report is correct to the best of my knowledge;
- Each Continuing Care Contract form in use and being offered to new residents has been approved by the Department of Social Services;
- As of this date, the Solvang Lutheran Home, Inc. is maintaining the required liquid reserves and, when applicable, the required refund reserve.

Christopher W. Parker,
Executive Director



CERTIFICATE OF LIABILITY INSURANCE

SOLVLUT-01

CCOLLINS

DATE (MM/DD/YYYY)

3/17/2016

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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 be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0797015 Lewis & Assoc. Ins. Brokers, Inc. 700 W. Center Avenue Visalia, CA 93291	CONTACT NAME: Connie Collins PHONE (A/C, No, Ext): 133 FAX (A/C, No): (559) 733-5612 E-MAIL ADDRESS: conniec@since1927.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : GuideOne Mutual	NAIC # 15032
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Solvang Lutheran Home, Inc.
 636 Atterdag Road
 Solvang, CA 93463

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR/ INSD/ WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		1404411	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		1774369	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2,500		1404412	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liablll		1404411	03/01/2016	03/01/2017	Each Claim Limit 1,000,000
A	Professional Liablll		1404411	03/01/2016	03/01/2017	Aggregate Limit 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Ten (10) days notice of cancellation for non-payment of premium.
 Project # 0632

CERTIFICATE HOLDER Office of Statewide Health Planning and Development Wendy Benedetto 400 R Street, Suite 470 Sacramento, CA 95811	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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**Continuing Care Retirement Community
Disclosure Statement
General Information**

Date Prepared: 03/19/15

FACILITY NAME: SOLVANG LUTHERAN HOME, INC. DBA: ATTERDAG VILLAGE OF SOLVANG
 ADDRESS: 636 ATTERDAG ROAD, SOLVANG ZIP CODE: 93463 PHONE: 805-688-3263
 PROVIDER NAME: SOLVANG LUTHERAN HOME FACILITY OPERATOR: SOLVANG LUTHERAN HOME, INC.
 RELATED FACILITIES: NONE RELIGIOUS AFFILIATION: NONE
 YEAR # OF SINGLE MULTI- MILES TO SHOPPING CTR: 1
 OPENED: 1953 ACRES: 10.3 STORY STORY OTHER: _____ MILES TO HOSPITAL: 1

NUMBER OF UNITS:

RESIDENTIAL LIVING	HEALTH CARE
APARTMENTS — STUDIO: <u>25</u>	ASSISTED LIVING: <u>15</u>
APARTMENTS — 1 BDRM: <u>50</u>	SKILLED NURSING: <u>46</u>
APARTMENTS — 2 BDRM: <u>1</u>	SPECIAL CARE: <u>N/A</u>
COTTAGES/HOUSES: <u>0</u>	DESCRIPTION: > <u>N/A</u>
RLU OCCUPANCY (%) AT YEAR END: _____	> _____

TYPE OF OWNERSHIP: NOT-FOR-PROFIT FOR-PROFIT ACCREDITED?: YES NO BY: _____

FORM OF CONTRACT: CONTINUING CARE LIFE CARE ENTRANCE FEE FEE FOR SERVICE
 (Check all that apply) ASSIGNMENT OF ASSETS EQUITY MEMBERSHIP RENTAL

REFUND PROVISIONS: (Check all that apply) 90% 75% 50% FULLY AMORTIZED OTHER: _____

RANGE OF ENTRANCE FEES: \$ 40,000 - \$ 220,000 LONG-TERM CARE INSURANCE REQUIRED? YES NO

HEALTH CARE BENEFITS INCLUDED IN CONTRACT: ASSISTED LIVING AND SKILLED NURSING

ENTRY REQUIREMENTS: MIN. AGE: 60 PRIOR PROFESSION: N/A OTHER: N/A

RESIDENT REPRESENTATIVE(S) TO THE BOARD (briefly describe their involvement): > THE RESIDENT REPRESENTATIVE ON THE BOARD IS ELECTED AND VOTED ONTO THE BOARD
 > OF DIRECTORS ANNUALLY BY THE RESIDENTS. THE RESIDENT BOARD MEMBER PARTICIPATES THE SAME AS ALL CURRENT BOARD OF DIRECTORS, WHO HAVE CHOICES AS TO THE COMMITTEE IN WHICH THEY PARTICIPATE.

FACILITY SERVICES AND AMENITIES					
COMMON AREA AMENITIES	AVAILABLE	FEE FOR SERVICE	SERVICES AVAILABLE	INCLUDED IN FEE	FOR EXTRA CHARGE
BEAUTY/BARBER SHOP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	HOUSEKEEPING (4 TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (3/DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
CARD ROOMS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
CHAPEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	24-HOUR EMERGENCY RESPONSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COFFEE SHOP	<input type="checkbox"/>	<input type="checkbox"/>	ACTIVITIES PROGRAM	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRAFT ROOMS	<input type="checkbox"/>	<input type="checkbox"/>	ALL UTILITIES EXCEPT PHONE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EXERCISE ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APARTMENT MAINTENANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GOLF COURSE ACCESS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CABLE TV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LIBRARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS FURNISHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PUTTING GREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	LINENS LAUNDERED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SHUFFLEBOARD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEDICATION MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SPA	<input type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>			

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.

PROVIDER NAME: SOLVANG LUTHERAN HOME, INC.

OTHER CCRCs

SOLVANG LUTHERAN HOME, INC

LOCATION (City, State)

SOLVANG, CA

PHONE (with area code)

805-688-3263

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)

PHONE (with area code)

NOTE: PLEASE INDICATE IF THE FACILITY IS A LIFE CARE FACILITY.

PROVIDER NAME: SOLVANG LUTHERAN HOME, INC.

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	7,416,435	8,383,950	8,688,648	9,388,808
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	7,594,194	7,959,608	8,225,701	8,598,499
NET INCOME FROM OPERATIONS	(177,759)	424,342	462,947	790,309
LESS INTEREST EXPENSE	(198,644)	(184,015)	(124,958)	(51,148)
PLUS CONTRIBUTIONS	379,702	230,021	596,995	6,286,803
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	(208,114)	206,108	195,178	(140,500)
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	(204,815)	676,456	1,130,162	6,885,464
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	777,163	957,250	918,000	997,000

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

<u>LENDER</u>	<u>OUTSTANDING BALANCE</u>	<u>INTEREST RATE</u>	<u>DATE OF ORIGATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
US Department of Agriculture	\$2,050,826	4.00%	2014	2044	30 Years
U.S. Bank	\$3,470,000	2.00% - 4.00%	2014	2040	26 Years
Banc of America	\$2,479,451	2.05%	2013	2019	6 Years

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FINANCIAL RATIOS (see next page for ratio formulas)

	2013 CCAC Medians 50th Percentile (optional)	<u>2012</u>	<u>2013</u>	<u>2014</u>
DEBT TO ASSET RATIO		.13	.13	.23
OPERATING RATIO		.971	.961	.921
DEBT SERVICE COVERAGE RATIO		2.977	2.664	13.537
DAYS CASH ON HAND RATIO		199	281	525

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HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2011</u>	<u>%</u>	<u>2012</u>	<u>%</u>	<u>2013</u>	<u>%</u>	<u>2014</u>
STUDIO	2,287		2,367		2,414	3%	2,487
ONE BEDROOM	4,227		4,375		4,462	3%	4,596
TWO BEDROOM	5,083		5,261		5,367	3%	5,528
COTTAGE/HOUSE	N/A		N/A		N/A		N/A
ASSISTED LIVING	4,565		5,599		5,711	3%	5,883
SKILLED NURSING	299		310		316	6%	335
SPECIAL CARE	N/A		N/A		N/A		N/A

.....
COMMENTS FROM PROVIDER: >

> _____
 > _____
 > _____

PROVIDER NAME: SOLVANG LUTHERAN HOME, INC.

FINANCIAL RATIO FORMULAS

LONG-TERM DEBT TO TOTAL ASSETS RATIO

$$\frac{\text{Long-Term Debt, less Current Portion}}{\text{Total Assets}}$$

OPERATING RATIO

$$\frac{\begin{array}{l} \text{Total Operating Expenses} \\ - \text{ Depreciation Expense} \\ - \text{ Amortization Expense} \end{array}}{\text{Total Operating Revenues} - \text{Amortization of Deferred Revenue}}$$

DEBT SERVICE COVERAGE RATIO

$$\frac{\begin{array}{l} \text{Total Excess of Revenues over Expenses} \\ + \text{ Interest, Depreciation, and Amortization Expenses} \\ \text{Amortization of Deferred Revenue} + \text{ Net Proceeds from Entrance Fees} \end{array}}{\text{Annual Debt Service}}$$

DAYS CASH ON HAND RATIO

$$\frac{\begin{array}{l} \text{Unrestricted Current Cash \& Investments} \\ + \text{ Unrestricted Non-Current Cash \& Investments} \end{array}}{(\text{Operating Expenses} - \text{Depreciation} - \text{Amortization})/365}$$

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

	<u>RESIDENTIAL LIVING</u>	<u>ASSISTED LIVING</u>	<u>SKILLED NURSING</u>
[1] Monthly Service Fees at beginning of reporting period: (indicate range, if applicable)	<u>\$2,094-\$6,252</u>	<u>\$5,075-\$6,978</u>	(daily) <u>\$323-\$365</u>
[2] Indicate percentage of increase in fees imposed during reporting period: (indicate range, if applicable)	<u>2.75%</u>	<u>2.75%</u>	<u>2.75%</u>

- Check here if monthly service fees at this community were not 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: 01/01/15
(If more than 1 increase was implemented, indicate the dates for each increase.)

[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.
- 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.
- 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: Solvang Lutheran Home, Inc.
COMMUNITY: Solvang Lutheran Home

The 2.75% increase was implemented to keep the Home from experiencing an operating loss and to maintain and improve the facilities.

FORM 1-1
RESIDENT POPULATION

<u>Line</u>	Continuing Care Residents	<u>TOTAL</u>
[1]	Number at beginning of fiscal year	100
[2]	Number at end of fiscal year	112
[3]	Total Lines 1 and 2	212
[4]	Multiply Line 3 by ".50" and enter result on Line 5.	x .50
[5]	Mean number of continuing care residents	106
All Residents		
[6]	Number at beginning of fiscal year	126
[7]	Number at end of fiscal year	148
[8]	Total Lines 6 and 7	274
[9]	Multiply Line 8 by ".50" and enter result on Line 10.	x .50
[10]	Mean number of <i>all</i> residents	137
[11]	Divide the mean number of continuing care residents (Line 5) by the mean number of <i>all</i> residents (Line 10) and enter the result (round to two decimal places).	0.77

FORM 1-2
ANNUAL PROVIDER FEE

<u>Line</u>		<u>TOTAL</u>
[1]	Total Operating Expenses (including depreciation and debt service - interest only)	\$10,335,496
[a]	Depreciation	\$711,234
[b]	Debt Service (Interest Only)	\$102,944
[2]	Subtotal (add Line 1a and 1b)	\$814,178
[3]	Subtract Line 2 from Line 1 and enter result.	\$9,521,318
[4]	Percentage allocated to continuing care residents (Form 1-1, Line 11)	77%
[5]	Total Operating Expense for Continuing Care Residents (multiply Line 3 by Line 4)	\$7,366,859
[6]	Total Amount Due (multiply Line 5 by .001)	x .001 \$7,367

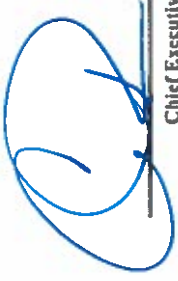
PROVIDER Solvang Lutheran Home, Inc.

COMMUNITY Solvang Lutheran Home

Date Prepared: 3/3/2016

KEY INDICATORS REPORT

Solvang Lutheran Home, Inc.



Chief Executive Officer Signature

Please attach an explanatory memo that summarizes significant trends or variances in the key operational indicators.

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	Preferred Trend Indicator
	Projected Forecast											
OPERATIONAL STATISTICS												
1. Average Annual Occupancy by Site (%)	83.56%	89.44%	79.58%	85.33%	88.32%	89.08%	92.36%	92.88%	93.36%	93.86%	94.36%	N/A
MARGIN (PROFITABILITY) INDICATORS												
2. Net Operating Margin (%)	3.22%	2.67%	2.42%	7.48%	7.98%	10.29%	10.34%	11.00%	11.00%	11.00%	11.00%	↑
3. Net Operating Margin - Adjusted (%)	6.20%	9.46%	11.13%	15.38%	16.69%	19.00%	33.27%	20.31%	20.31%	20.31%	20.31%	↓
LIQUIDITY INDICATORS												
4. Unrestricted Cash and Investments	\$3,803,683	\$3,954,810	\$4,770,394	\$4,901,460	\$8,833,911	\$13,224,204	13,899,220	\$14,000,000	\$14,000,000	\$14,000,000	\$14,000,000	↑
5. Days Cash on Hand (Unrestricted)	112.45	291.97	147.46	66.31	118.02	310.22	132.00	131.00	133.00	135.00	135.00	↑
CAPITAL STRUCTURE INDICATORS												
6. Deferred Revenue from Entrance Fees	\$2,765,243	\$2,374,054	\$2,239,811	\$2,533,467	\$2,753,659	\$2,847,772	\$5,540,813	\$2,750,000	\$2,950,000	\$2,950,000	\$2,950,000	N/A
7. Net Annual Entrance Fee proceeds	\$645,850	\$588,826	\$733,763	\$775,386	\$818,000	\$997,000	\$3,545,000	\$1,250,000	\$1,250,000	\$1,250,000	\$1,250,000	N/A
8. Unrestricted Net Assets	\$6,437,234	\$7,135,742	\$7,261,506	\$7,508,321	\$9,506,435	\$10,408,164	\$21,932,248	\$22,007,248	\$22,082,248	\$22,157,248	\$22,232,248	N/A
9. Annual Capital Asset Expenditure	\$569,156	\$613,277	\$3,828,671	\$2,415,541	\$1,013,515	\$2,929,563	\$9,568,912	\$1,500,000	\$750,000	\$500,000	\$500,000	N/A
10. Annual Debt Service Coverage Revenue Basis (\$)												
	0.446	1.085	4.563	5.479	7.098	22.943	2.323	5.000	5.000	5.000	5.000	↑
11. Annual Debt Service Coverage (\$)												
	4.48	3.12	3.70	5.48	8.53	23.78	6.09	7.00	9.00	11.00	13.00	↑
12. Annual Debt Service/Revenue (%)												
	5.95%	5.14%	6.87%	7.33%	9.38%	6.08%	11.54%	8.00%	8.00%	8.00%	8.00%	↓
13. Average Annual Effective Interest Rate (%)												
	5.80%	3.53%	4.04%	4.15%	2.30%	0.72%	0.87%	2.00%	2.00%	2.00%	2.00%	↓
14. Unrestricted Cash & Investments/ Long-Term Debt (%)												
	5.34%	115.48%	56.15%	26.29%	40.36%	62.86%	18.28%	20.00%	20.00%	20.00%	20.00%	↑
15. Average Age of Facility (years)												
	19	27	28	28	19	20	17	17	17	17	17	↓