

**Continuing Care Retirement Community
Disclosure Statement
General Information**

Date Prepared: 05/26/2021

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: _____ RELIGIOUS AFFILIATION: NONE
 YEAR 1953 # OF 10.3 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>19</u>	ASSISTED LIVING: <u>14</u>
APARTMENTS — 1 BDRM: <u>46</u>	SKILLED NURSING: <u>50</u>
APARTMENTS — 2 BDRM: <u>5</u>	SPECIAL CARE: <u>15</u>
COTTAGES/HOUSES: <u>9</u>	DESCRIPTION: > <u>Memory Care 15 Units</u>
RLU OCCUPANCY (%) AT YEAR END: <u>88%</u>	> _____

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: \$ 20,000 - \$ 425,000 LONG-TERM CARE INSURANCE REQUIRED? YES NO

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

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

RESIDENT REPRESENTATIVE(S) TO, AND RESIDENT MEMBER(S) ON, THE BOARD (briefly describe provider's compliance and residents' role): >
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 (___ TIMES/MONTH)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BILLIARD ROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEALS (___/DAY)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BOWLING GREEN	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL DIETS AVAILABLE	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	NURSING/WELLNESS CLINIC	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SWIMMING POOL-INDOOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONAL HOME CARE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SWIMMING POOL-OUTDOOR	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PERSONAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TENNIS COURT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSPORTATION-PREARRANGED	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WORKSHOP	<input type="checkbox"/>	<input type="checkbox"/>	OTHER _____	<input type="checkbox"/>	<input type="checkbox"/>
OTHER <u>Bocce Ball Court</u>	<input checked="" 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.
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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: _____

	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
INCOME FROM ONGOING OPERATIONS				
OPERATING INCOME (Excluding amortization of entrance fee income)	11,436,084	12,393,150	12,757,601	12,559,990
LESS OPERATING EXPENSES (Excluding depreciation, amortization, and interest)	11,007,643	11,377,690	11,614,222	12,070,715
NET INCOME FROM OPERATIONS	428,441	1,015,460	1,143,379	489,275
LESS INTEREST EXPENSE	(358,269)	(387,870)	(388,981)	(269,842)
PLUS CONTRIBUTIONS	218,273	88,964	140,370	168,631
PLUS NON-OPERATING INCOME (EXPENSES) (excluding extraordinary items)	1,040,583	(737,768)	1,633,692	900,344
NET INCOME (LOSS) BEFORE ENTRANCE FEES, DEPRECIATION AND AMORTIZATION	1,299,028	(21,214)	2,528,460	1,288,408
NET CASH FLOW FROM ENTRANCE FEES (Total Deposits Less Refunds)	1,314,500	1,097,000	749,000	141,250

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 ORIGINATION</u>	<u>DATE OF MATURITY</u>	<u>AMORTIZATION PERIOD</u>
U.S. Department of Agriculture	\$6,647,969	4.00%	2014	2044	30 Years
U.S. Bank	\$3,045,000	2.00%-4.00%	2014	2040	26 Years

FINANCIAL RATIOS (see next page for ratio formulas)

	<u>2017 CCAC Medians 50th Percentile (optional)</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
DEBT TO ASSET RATIO	_____	.23	.22	.21
OPERATING RATIO	_____	.949	.941	.983
DEBT SERVICE COVERAGE RATIO	_____	1.742	2.009	2.47
DAYS CASH ON HAND RATIO	_____	365	383	333

HISTORICAL MONTHLY SERVICE FEES (Average Fee and Change Percentage)

	<u>2017</u>	<u>%</u>	<u>2018</u>	<u>%</u>	<u>2019</u>	<u>%</u>	<u>2020</u>	<u>%</u>
STUDIO	3,363	2.0%	3,413	1.50%	3,507	2.75%	3,560	1.5%
ONE BEDROOM	4,921	2.0%	4,993	1.50%	5,131	2.75%	5,208	1.5%
TWO BEDROOM	5,841	2.0%	6,364	1.50%	6,539	2.75%	6,637	1.5%
COTTAGE/HOUSE	4,842	2.0%	4,915	1.50%	5,050	2.75%	5,350	1.5%
ASSISTED LIVING	6,089	2.0%	6,174	1.50%	6,329	2.75%	6,416	1.5%
SKILLED NURSING	351	2.0%	356	1.50%	351	2.75%	357	1.5%
SPECIAL CARE	7,248	2.0%	7,356	1.50%	7,558	2.75%	7,672	1.5%

COMMENTS FROM PROVIDER: > _____
 > _____
 > _____

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.