



Financial Statements
December 31, 2016 and 2015
Telluride Hospital District



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Independent Auditor's Report

The Board of Directors
Telluride Hospital District
Telluride, Colorado

Report on the Financial Statements

We have audited the accompanying statements of net position of Telluride Hospital District (District), as of December 31, 2016, and the related statements of revenues, expenses, and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, which collectively comprise the District's basic 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards general accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from 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 auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk 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 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 Telluride Hospital District as of December 31, 2016, and the results of its operations, changes in net position, and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

The financial statements of Telluride Hospital District as of December 31, 2015, were audited by other auditors, whose report dated May 5, 2016, expressed an unmodified opinion on those statements.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 6 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated June 6, 2017, on our consideration of the District's internal control over financial reporting and our tests on its compliance with certain provisions of laws, regulations, contracts, and grant agreements, and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of the testing and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Telluride Hospital District's internal control over financial reporting and compliance.



Fargo, North Dakota
June 6, 2017

Introduction

Management's discussion and analysis of Telluride Hospital District's (District) financial performance provides an overview of the District's financial activities for the years ended December 31, 2016, 2015, and 2014. It should be read in conjunction with the District's financial statements, which begin on page 7.

Financial Highlights

- The District's net position decreased by \$291,481 or 5.2% in 2016 and increased by \$344,529 or 6.5% in 2015.
- The District reported an operating loss of \$2,559,265 in 2016 and by \$1,857,952 in 2015.
- Total operating revenues increased by \$51,630 or 1.0% in 2016 and by \$808,869 or 18.8% in 2015.
- Operating expenses increased by \$752,943 or 10.8% in 2016 and by \$717,791 or 11.5% in 2015.
- Nonoperating revenues decreased by \$11,982 or 0.5% in 2016 and increased by \$56,321 or 2.6% in 2015.

Using This Annual Report

The District's financial statements consist of three statements; a Statement of Net Position; Statement of Revenues, Expenses, and Changes in Net Position; and Statement of Cash Flows. These financial statements and related notes provide information about the activities of the District, including resources held by the District but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The District is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position

One of the most important questions asked about the District's finances is, "Is the District as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position reflect information about the District's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting requires that all of the current year's revenues and expenses are taken into account, regardless of when cash is received or paid.

These two statements report the District's net position and changes in them. The District's total net position – the difference between assets, deferred outflows of resources, liabilities, and deferred inflows of resources – are one measure of the District's financial health or financial position. Over time, increases or decreases in the District's net position are an indicator of whether its financial health is improving or deteriorating. Other non-financial factors, such as changes in the District's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided and local economic factors should also be considered to assess the overall financial health of the District.

The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?" "What was cash used for?" and "What was the change in cash balance during the reporting period?"

The District's Net Position

The District's net position is the difference between its assets, deferred inflow of resources, liabilities, and deferred outflow of resources in the Statements of Net Position on page 7. The District's net position decreased by \$291,481 or 5.2% in 2016 and increased by \$344,529 or 6.5% in 2015 as shown below:

	<u>2016</u>	<u>2015</u>	<u>2014</u>
Assets			
Current assets	\$ 5,219,474	\$ 5,047,507	\$ 5,348,828
Capital assets, net	2,493,670	2,592,073	2,287,208
Other noncurrent assets	78,599	318,982	63,594
	<u>7,791,743</u>	<u>7,958,562</u>	<u>7,699,630</u>
Total assets	<u>\$ 7,791,743</u>	<u>\$ 7,958,562</u>	<u>\$ 7,699,630</u>
Liabilities			
Current liabilities	<u>\$ 602,302</u>	<u>\$ 597,230</u>	<u>\$ 895,296</u>
Deferred Inflows of Resources	<u>1,874,136</u>	<u>1,754,546</u>	<u>1,542,077</u>
Net Position			
Net investment in capital assets	2,493,670	2,592,073	2,287,208
Restricted	62,701	55,610	127,027
Unrestricted			
Unrestricted	2,258,934	2,459,103	2,348,022
Board designated	<u>500,000</u>	<u>500,000</u>	<u>500,000</u>
Total net position	<u>5,315,305</u>	<u>5,606,786</u>	<u>5,262,257</u>
Total liabilities, deferred inflows of resources and net position	<u>\$ 7,791,743</u>	<u>\$ 7,958,562</u>	<u>\$ 7,699,630</u>

Operating Results and Changes in the District's Net Position

The following table highlights the District's operations and changes in net position. The District had operating losses for 2016, 2015, and 2014. Net position decreased in 2016 and increased in 2015 and 2014.

	2016	2015	2014
Operating Revenues			
Net patient service revenue	\$ 5,115,926	\$ 5,039,484	\$ 4,227,475
Other operating revenue	51,421	76,233	79,373
Total operating revenue	<u>5,167,347</u>	<u>5,115,717</u>	<u>4,306,848</u>
Operating Expenses			
Salaries, wages, and employee benefits	4,117,932	3,408,903	4,220,890
Supplies, professional fees, and other	3,361,571	3,312,530	1,796,241
Depreciation and amortization	247,109	252,236	238,747
Total operating expenses	<u>7,726,612</u>	<u>6,973,669</u>	<u>6,255,878</u>
Operating Loss	<u>(2,559,265)</u>	<u>(1,857,952)</u>	<u>(1,949,030)</u>
Nonoperating Revenues (Expenses)			
Property taxes	1,753,635	1,590,544	1,598,485
Interest income	19,481	7,957	7,552
Noncapital contributions and donations	632,728	540,199	616,607
Other nonoperating revenues/expenses	(778)	3,637	(132,703)
Write-off of project planning costs	(214,567)	-	(17,645)
Nonoperating revenues, net	<u>2,190,499</u>	<u>2,142,337</u>	<u>2,072,296</u>
Revenues in Excess of (Less Than) Expenses Before Capital Contributions	(368,766)	284,385	123,266
Capital Contributions	<u>77,285</u>	<u>60,144</u>	<u>73,864</u>
Increase (Decrease) in Net Position	(291,481)	344,529	197,130
Net Position, Beginning of Year	<u>5,606,786</u>	<u>5,262,257</u>	<u>5,065,127</u>
Net Position, End of Year	<u>\$ 5,315,305</u>	<u>\$ 5,606,786</u>	<u>\$ 5,262,257</u>

Operating Income

The first component of the overall change in the District's net position is its operating income, generally, the difference between operating revenues and the expenses incurred to perform those services. The District is reporting an operating loss of \$2,559,265 in 2016, \$1,857,952 in 2015, and \$1,949,030 in 2014.

Net patient service revenues increased from approximately \$4.2 million in 2014 to approximately \$5.0 million in 2015, an increase of 19.2%, and increased to \$5.1 million from 2015 to 2016, an increase of 1.5%. The increase in 2016 is attributed to increased patient volumes combined with a 3% rate increase.

Operating expenses increased from approximately \$6.3 million in 2014 to approximately \$7.0 million in 2015, an increase of 11.5%, and increased to \$7.7 million from 2015 to 2016, an increase of 10.8%. This increase in 2016 is largely attributable to salaries and benefits. The increase in 2015 was largely attributable increases in contracted services and salaries.

Nonoperating Revenues and Expenses

Non-operating revenues and expenses consist primarily of property taxes levied by the District and grants and contributions.

The District's Cash Flows

Changes in the District's cash flows are consistent with changes in operating income and non-operating revenues and expenses, as discussed earlier.

Capital Assets

At the end of 2016 and 2015, the District had \$2,493,670 and \$2,592,073 invested in capital assets, net of accumulated depreciation. During 2016, the District invested approximately \$412,000 in new capital assets. These capital expenditures were primarily for patient service quality improvements and design costs for the new facility. During 2015, the District invested approximately \$557,000 in new capital assets. The 2015 capital expenditures related primarily to medical equipment and design costs for the new facility.

Other Economic Factors

The District is located in a rural area which is predominately a resort community. Additional economic factors affecting the District include changes in county population, increasing numbers of uninsured or underinsured patients and increasing costs of recruiting, hiring, and retaining health care professionals.

Contacting the District's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the District's finances and to show the District's accountability for the funds it receives. Questions about this report and requests for additional financial information should be directed to the Telluride Hospital District's Financial Director, 500 West Pacific Avenue, Telluride, CO 81435.

Telluride Hospital District
Statements of Net Position
December 31, 2016 and 2015

	2016	2015
Assets and Deferred Outflows of Resources		
Current Assets		
Cash and cash equivalents	\$ 946,121	\$ 1,045,568
Short-term investments	1,490,458	1,429,441
Receivables		
Patient, net of estimated uncollectibles of \$95,991 in 2016 and \$121,449 in 2015	827,158	654,761
Contributions	16,375	31,085
Ad valorem taxes receivable	1,710,629	1,701,915
Other	49,265	3,747
Supplies and prepaid expenses	179,468	180,990
Total current assets	5,219,474	5,047,507
Capital Assets		
Capital assets not being depreciated	373,990	498,760
Capital assets being depreciated, net	2,119,680	2,093,313
Total capital assets	2,493,670	2,592,073
Other Assets		
Total assets	\$ 7,791,743	\$ 7,958,562
Liabilities, Deferred Inflows of Resources, and Net Position		
Current Liabilities		
Accounts payable	\$ 183,768	\$ 177,543
Accrued compensation and employee benefits	418,534	419,687
Total current liabilities	602,302	597,230
Deferred Inflows of Resources		
Deferred grant revenue	168,124	58,365
Ad valorum taxes	1,706,012	1,696,181
Total deferred inflows of resources	1,874,136	1,754,546
Net Position		
Net investment in capital assets	2,493,670	2,592,073
Restricted by donors - expendable	62,701	55,610
Unrestricted components		
Unrestricted	2,258,934	2,459,103
Board designated	500,000	500,000
Total net position	5,315,305	5,606,786
Total liabilities, deferred inflows of resources, and net position	\$ 7,791,743	\$ 7,958,562

Telluride Hospital District
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2016 and 2015

	2016	2015
Operating Revenues		
Net patient service revenue, net of bad debts of \$242,663 in 2016 and \$204,909 in 2015	\$ 5,115,926	\$ 5,039,484
Other revenue	51,421	76,233
Total operating revenues	5,167,347	5,115,717
Operating Expenses		
Salaries and wages	3,326,002	2,795,939
Employee benefits	791,930	612,964
Professional and contract services	1,625,208	1,606,917
Supplies	468,036	423,007
Depreciation and amortization	247,109	252,236
Information technology	242,754	255,517
Occupancy	229,197	228,730
Other	796,376	798,359
Total operating expenses	7,726,612	6,973,669
Operating Loss	(2,559,265)	(1,857,952)
Nonoperating Revenues (Expenses)		
Ad valorem tax revenues	1,753,635	1,590,544
Noncapital contributions and grants	632,728	540,199
Other	40,596	35,637
Interest income	19,481	7,957
Community support activities	(41,374)	(32,000)
Write-off of project planning costs	(214,567)	-
Net nonoperating revenues	2,190,499	2,142,337
Revenues in Excess of (Less Than) Expenses Before Capital Contributions and Grants	(368,766)	284,385
Capital Contributions and Grants	77,285	60,144
Change in Net Position	(291,481)	344,529
Net Position, Beginning of Year	5,606,786	5,262,257
Net Position, End of Year	\$ 5,315,305	\$ 5,606,786

Telluride Hospital District
 Statements of Cash Flows
 Years Ended December 31, 2016 and 2015

	2016	2015
Operating Activities		
Cash received from patient services	\$ 4,943,529	\$ 4,947,015
Payments to and on behalf of employees	(4,119,085)	(3,039,081)
Payments to suppliers and contractors	(3,353,824)	(4,261,417)
Other receipts and payments, net	246,286	41,654
	(2,283,094)	(2,311,829)
Net Cash used for Operating Activities		
Noncapital Financing Activities		
Ad valorem tax revenues	1,754,752	1,582,744
Noncapital contributions and grants	757,197	715,469
Non-operating revenues and expenses, net	(778)	(7,141)
	2,511,171	2,291,072
Net Cash from Noncapital Financing Activities		
Capital and Capital Related Financing Activities		
Purchase of capital assets, depreciable	(412,213)	(557,101)
Reimbursement of project planning costs	48,940	-
Capital contributions and grants	77,285	60,144
	(285,988)	(496,957)
Net Cash used for Capital and Capital Related Financing Activities		
Investing Activities		
Interest income	19,481	7,957
Purchases of noncurrent cash and investments	(61,017)	(431,950)
	(41,536)	(423,993)
Net Cash used for Investing Activities		
Net Change in Cash and Cash Equivalents	(99,447)	(941,707)
Cash and Cash Equivalents, Beginning of Year	1,045,568	1,987,275
Cash and Cash Equivalents, End of Year	\$ 946,121	\$ 1,045,568

Telluride Hospital District
 Statements of Cash Flows
 Years Ended December 31, 2016 and 2015

	2016	2015
Reconciliation of Operating Income (Loss) to Net Cash from (used for) Operating Activities		
Operating (loss)	\$ (2,559,265)	\$ (1,964,079)
Adjustments to reconcile operating income (loss) to net cash from (used for) operating activities		
Depreciation on capital assets	247,109	252,236
Provision for bad debts	242,663	207,284
Changes in assets and liabilities		
Patient receivables	(415,060)	(302,920)
Other receivables	(45,518)	16,350
Supplies and prepaids	1,522	19,806
Other assets	240,383	(251,468)
Accounts payable	6,225	(16,143)
Accrued compensation and employee benefits	(1,153)	(272,895)
Net Cash used for Operating Activities	\$ (2,283,094)	\$ (2,311,829)

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of the Telluride Hospital District (the District) have been prepared in accordance with generally accepted accounting principles in the United States of America. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting and reporting policies and practices used by the Hospital are described below.

Reporting Entity

The District was established in 1983 to operate and maintain a community health clinic and emergency center for the diagnosis and treatment of individuals requiring outpatient services and emergency care in the community and surrounding area of Telluride, Colorado. In addition to its primary purpose, the District supports community health care through ongoing review and assessment of regional health care needs and cooperation with local, regional, state, and federal health care initiatives.

For financial reporting purposes, the District has included all funds, organizations, agencies, boards, commissions, and authorities. The District has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the District are such that the exclusion would cause the District's financial situation to be misleading or incomplete. The GASB has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the District to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the District.

Blended Component Unit

Telluride Medical Center Foundation (Foundation) was formed exclusively for charitable purposes for the benefit of the District. The Foundation is organized as a Colorado nonprofit corporation and is exempt from federal income taxes under Section 501(c) (3) of the Internal Revenue Code. The Foundation has been determined to be a component unit based on the Foundation's bylaws and is presented as a blended component unit in the District's financial statements. The financial statements include the financial activity of the District and Foundation. All significant intercompany transactions and balances have been eliminated.

Measurement Focus and Basis of Accounting

Basis of accounting refers to when revenues and expenses are recognized in the accounts and reported in the financial statements. Basis of accounting relates to the timing of the measurements made, regardless of the measurement focus applied.

The accompanying financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America. Revenues are recognized when earned, and expenses are recorded when the liability is incurred.

Basis of Presentation

The statement of net position displays the District's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets reduced by the outstanding balances of any related debt obligations and deferred inflows of resources attributable to the acquisition, construction or improvement of those assets or the related debt obligations and increased by balances of deferred outflows of resources related to those assets or debt obligations.

Restricted net position:

Expendable – Expendable net position results when constraints placed on net position use are either externally imposed or imposed through enabling legislation.

Nonexpendable – Nonexpendable net position is subject to externally imposed stipulations, which require them to be maintained permanently by the District.

Unrestricted net position consists of net position not meeting the definition of the preceding categories. Unrestricted net position often has constraints on resources imposed by management, which can be removed or modified. Unrestricted board-designated net positions consist of net position designated by the Board of Directors for capital improvements.

When an expense is incurred that can be paid using either restricted or unrestricted resources (net position), the Hospital's policy is to first apply the expense toward the most restrictive resources and then toward unrestricted resources.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding internally designated or restricted cash and investments. For purposes of the statement of cash flows, the District considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

Short-Term Investments

Short-term investments include deposits with an original maturity of three to twelve months, excluding internally designated or restricted cash and investments.

Patient Receivables

Patient receivables are uncollateralized patient and third-party payor obligations. Payments of patient receivables are allocated to the specific claims identified on the remittance advice or, if unspecified, are applied to the earliest unpaid claim.

The carrying amount of patient receivables is reduced by a valuation allowance that reflects management's estimate of amounts that will not be collected from patients and third-party payors. Management reviews patient receivables by payor class and applies percentages to determine estimated amounts that will not be collected from third parties under contractual agreements and amounts that will not be collected from patients due to bad debts. Management considers historical write off and recovery information in determining the estimated bad debt provision.

Contributions Receivable

Contributions receivable are unconditional promises to give that are recognized as contributions when the promise is received and all eligibility requirements have been met. Contributions receivable that are expected to be collected in less than one year are reported at net realizable value. Contributions receivable that are expected to be collected in more than one year are recorded at the discounted present value of expected future payments at the date of promise. Amortization of the resulting discount is recognized as additional contribution revenue. The allowance for uncollectible contributions receivable is determined based on management's evaluation of the collectability of individual promises.

Property Tax Receivable and Revenues

Property tax receivable is recognized on the lien date, which is January 1 of the tax year in Colorado. The property tax receivable represent taxes certified by the Board of Directors to be collected in the next fiscal year. However, by statute, the tax asking becomes effective on the first day of the following year. Although the property tax receivable has been recorded, the related revenue is considered a deferred inflow of resources – unavailable revenue and will not be recognized as revenue until the year in which it is levied.

Lien date	January 1
Levy date	January 1, succeeding year
Due dates	February 28 and June 15, succeeding year

Supplies

Supplies are stated at lower of cost (first-in, first-out) or market and are expensed when used.

Investment Income

Interest, dividends, gains and losses, both realized and unrealized, on investments and deposits are included in nonoperating revenues when earned.

Capital Assets

Property and equipment acquisitions in excess of \$5,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Amortization is included in depreciation and amortization in the financial statements. The estimated useful lives of capital assets are as follows:

Buildings and improvements	5-40 years
Equipment	5-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position, and are excluded from revenues in excess of (less than) expenses. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted net position.

Compensated Absences

The District's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. The liability for compensated absences is included with accrued compensation and employee benefits in the accompanying financial statements.

Deferred Inflows of Resources

Deferred inflows of resources represent an increase in net position that applies to future periods and so will not be recognized as an inflow of resources (revenue) until then. The deferred outflows of resources reported in the financial statements include property taxes and grant revenues. Property taxes will be recognized as revenue in the year they are levied and grant revenues will be recognized when used for the grant purpose.

Operating Revenues and Expenses

The District's statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues and expenses of the District result from exchange transactions associated with providing health care services - the District's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. Payment arrangements include prospectively determined rates, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered.

Charity Care

The District provides health care services to patients who meet certain criteria under its charity care policy without charge or at amounts less than established rates. Since the District does not pursue collection of these amounts, they are not reported as patient service revenue. The estimated cost of providing these services was approximately \$98,000 and \$83,000 for the years ended December 31, 2016 and 2015, calculated by multiplying the ratio of cost to gross charges for the Hospital by the gross uncompensated charges associated with providing charity care to its patients.

Grants and Contributions

The District receives grants as well as contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after revenues in excess of (less than) expenses.

Budgets

The District adopts an annual budget in accordance with Colorado Statutes. The budgeted revenue and expenditures are used by management as a control device during the year. Budgets are adopted on a basis that is consistent with generally accepted accounting principles.

Reclassifications

Reclassifications have been made to the December 31, 2015 financial information to make it conform to the current year presentation. The reclassifications had no effect on previously reported operating results or changes in net position.

Note 2 - Net Patient Service Revenue

The District has agreements with third-party payors that provide for payments to the District at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare/Medicaid: Clinical and emergency services rendered to program beneficiaries are paid at prospectively determined rates per visit. These rates vary according to a patient classification system based on clinical, diagnostic, and other factors.

Commercial: The District has also entered into payment agreements with certain commercial insurance carriers and other organizations. The basis for payment to the District under these agreements includes prospectively determined rates per discharge, discounts from established charges and fixed fee schedules.

Concentration of net revenues by major payor accounted for the following percentages of the District's patient service revenues for the years ended December 31, 2016 and 2015:

	2016	2015
Other third-party payors and patients	67%	67%
Patient self-pay	8%	9%
Medicare	13%	12%
Medicaid	12%	12%
	100%	100%

Laws and regulations governing the Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Centers for Medicare and Medicaid Services (CMS) has implemented a Recovery Audit Contractor (RAC) program under which claims are reviewed by contractors for validity, accuracy, and proper documentation. A demonstration project completed in several other states resulted in the identification of potential overpayments, some being significant. If selected for audit, the potential exists that the District may incur a liability for a claims overpayment at a future date. The District is unable to determine if it will be audited and, if so, the extent of the liability of overpayments, if any. As the outcome of such potential reviews is unknown and cannot be reasonably estimated, it is the District's policy to adjust revenue for deductions from overpayment amounts or additions from underpayment amounts determined under the RAC audits at the time a change in reimbursement is agreed upon between the District and CMS.

Note 3 - Deposits and Investments

The carrying amounts of deposits and investments as of December 31, 2016 and 2015 are as follows:

	2016	2015
Carrying Amount		
Cash	\$ 946,121	\$ 1,045,568
Investments	1,490,458	1,429,441
Total carrying amount	\$ 2,436,579	\$ 2,475,009

Deposits – Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank or investment company failure, the District's deposits may not be returned to it. State statute requires that any deposits in excess of federal depository or other insured amounts be collateralized by U.S. Government securities in the name of the District. Statutes also require that the market value of the collateral be at least 102% of the excess deposits. The District's deposit policy does not further restrict bank deposits or limit investment deposits.

The District's deposits in banks at December 31, 2016 and 2015 were entirely covered by federal depository insurance or by collateral held by the District's custodial bank in the District's name.

The Colorado Public Deposit Protection Act (PDPA) requires that all units of local government deposit cash in eligible public depositories. Eligibility is determined by state regulations. Amounts on deposit in excess of federal insurance levels must be collateralized by eligible collateral as determined by the PDPA.

PDPA allows the financial institution to create a single collateral pool for all public funds held. The pool is to be maintained by another institution, or held in trust for all the uninsured public deposits as a group. The market value of the collateral must be at least equal to 102% of the uninsured deposits. At December 31, 2016 and 2015, the District's deposits were entirely covered by FDIC and PDPA.

Investments

The District's investments are reported at fair value. The District is authorized by statute to invest funds in obligations of the United States and certain U.S. government agency securities; commercial paper; local government investment pools; certain money market funds; written repurchase agreements collateralized by certain authorized securities. The District's investments as of December 31, 2016 and 2015 of \$1,490,458 and \$1,429,441 are invested in Colotrust, a local government investment pool established for local governments in Colorado. These pools operate similar to money market funds and each share is equal in value to \$1. This investment is reported at Net Asset Value per share, as reported by the custodian. State statute limits Colotrust investments to U.S. treasury and U.S. Agency securities and is rated AAAM by Standard and Poor's.

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. The District does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.

Note 4 - Capital Assets

Capital assets additions, retirements, transfers and balances for the years ended December 31, 2016 and 2015 are as follows:

	Balance December 31, 2015	Additions	Transfers and Retirements	Balance December 31, 2016
Capital assets not being depreciated				
New facility project	\$ 498,760	\$ 138,737	\$ 263,507	\$ 373,990
Capital assets being depreciated				
Medical equipment	\$ 1,361,649	\$ 102,634	\$ -	\$ 1,464,283
Building improvements	2,566,855	-	-	2,566,855
Administrative equipment	446,530	170,842	-	617,372
Furniture and fixtures	65,614	-	-	65,614
Total capital assets being depreciated	4,440,648	\$ 273,476	\$ -	4,714,124
Less accumulated depreciation for				
Medical equipment	1,082,185	\$ 72,548	\$ -	1,154,733
Building improvements	905,342	89,510	-	994,852
Administrative equipment	294,194	85,051	-	379,245
Furniture and fixtures	65,614	-	-	65,614
Total accumulated depreciation	2,347,335	\$ 247,109	\$ -	2,594,444
Net capital assets being depreciated	\$ 2,093,313			\$ 2,119,680
Capital assets, net	\$ 2,592,073			\$ 2,493,670

The new facility project at December 31, 2016 represents costs related to the design and construction of a new facility. The new facility is in the planning and site selection phase. There are no commitments at December 31, 2016 related to this project.

Telluride Hospital District
Notes to the Financial Statements
December 31, 2016 and 2015

	Balance December 31, 2014	Additions	Transfers and Retirements	Balance December 31, 2015
Capital assets not being depreciated				
New facility project	\$ 85,579	\$ 413,181	\$ -	\$ 498,760
Capital assets being depreciated				
Medical equipment	\$ 1,340,236	\$ 21,413	\$ -	\$ 1,361,649
Building improvements	2,509,679	57,176	-	2,566,855
Administrative equipment	381,199	65,331	-	446,530
Furniture and fixtures	65,614	-	-	65,614
Total capital assets being depreciated	4,296,728	\$ 143,920	\$ -	4,440,648
Less accumulated depreciation for				
Medical equipment	964,133	\$ 118,052	\$ -	1,082,185
Building improvements	816,943	88,399	-	905,342
Administrative equipment	248,409	45,785	-	294,194
Furniture and fixtures	65,614	-	-	65,614
Total accumulated depreciation	2,095,099	\$ 252,236	\$ -	2,347,335
Net capital assets being depreciated	\$ 2,201,629			\$ 2,093,313
Capital assets, net	\$ 2,287,208			\$ 2,592,073

Note 5 - Pension Plans

Plan Description and Funding Policy

The District has a deferred compensation plan (the Plan) through annuity contracts with Colorado County Officials and Employees Retirement Association (CCOERA) in accordance with Section 457(b) of the Internal Revenue Code (IRC). The Plan allows participating employees to defer a portion of their compensation for retirement purposes. The deferred compensation is invested for the participants by the District under the agreements in the Plan. Under provisions of the IRC, all Plan assets are considered to be the property of the eligible participants and are, therefore, not considered to be assets of the District.

The District has offered a 401(a) Plan through CCOERA. Under terms of the Plan, all employees who have completed one year of service are eligible to participate. Participants may defer a portion of their compensation up to specified limits according to the IRC. The District will match 3% of the participants' contributions monthly. For the years ended December 31, 2016 and 2015 the District contributed \$55,831 and \$43,278 to the Plan.

Note 6 - Concentrations of Credit Risk

The District grants credit without collateral to its patients, most of whom are insured under third-party payor agreements. The mix of receivables from third-party payors and patients at December 31, 2016 and 2015 was as follows:

	2016	2015
Other third-party payors and patients	56%	55%
Patient self-pay	30%	31%
Medicare	8%	7%
Medicaid	6%	7%
	100%	100%

Note 7 - Contingencies

Risk Management

The District is exposed to various risks of loss from torts; theft of, damage, of assets; business interruptions; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Malpractice Insurance

The District has malpractice insurance coverage to provide protection for professional liability losses on a claims-made basis subject to a limit of \$1 million per claim and an annual aggregate limit of \$3 million. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on occurrences during its term, but reported subsequently, would be uninsured.

Litigations, Claims, and Disputes

The District is subject to the usual contingencies in the normal course of operations relating to the performance of its tasks under its various programs. In the opinion of management, the ultimate settlement of any litigation, claims, and disputes in process will not be material to the financial position, operations, or cash flows of the District.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to government review and interpretation, as well as regulatory actions unknown and unasserted at this time. Federal government activity has increased with respect to investigations and allegations concerning possible violations by health care providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of previously billed and collected revenues from patient and resident services.

Note 8 - Presentation of Component Unit

The following summarizes combining information for the Health Center and Foundation which has been presented as a blended component unit, as of and for the year ended December 31, 2016.

Statement of net position as of December 31, 2016:

	District	Foundation	Eliminations	Combined
Assets				
Total current assets	\$ 4,693,238	\$ 594,519	\$ (68,283)	\$ 5,219,474
Total capital assets	2,493,670	-	-	2,493,670
Total other assets	78,599	-	-	78,599
	<u>\$ 7,265,507</u>	<u>\$ 594,519</u>	<u>\$ (68,283)</u>	<u>\$ 7,791,743</u>
Liabilities				
Total current liabilities	\$ 601,089	\$ 69,496	\$ (68,283)	\$ 602,302
Deferred Inflows of Resources	1,874,136	-	-	1,874,136
Net Position				
Net investment in capital assets	2,493,670	-	-	2,493,670
Restricted	-	62,701	-	62,701
Unrestricted components				
Unrestricted	1,796,612	462,322	-	2,258,934
Board designated	500,000	-	-	500,000
	<u>4,790,282</u>	<u>525,023</u>	<u>-</u>	<u>5,315,305</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 7,265,507</u>	<u>\$ 594,519</u>	<u>\$ (68,283)</u>	<u>\$ 7,791,743</u>

Telluride Hospital District
Notes to the Financial Statements
December 31, 2016 and 2015

Operating results and changes in net position for the year ended December 31, 2016:

	<u>District</u>	<u>Foundation</u>	<u>Combined</u>
Operating Revenues			
Net patient service revenue	\$ 5,115,926	\$ -	\$ 5,115,926
Other revenue	51,421	-	51,421
Total operating revenues	<u>5,167,347</u>	<u>-</u>	<u>5,167,347</u>
Operating Expenses			
Depreciation and amortization	247,109	-	247,109
Other operating expenses	7,184,667	294,836	7,479,503
Total operating expenses	<u>7,431,776</u>	<u>294,836</u>	<u>7,726,612</u>
Operating Loss	(2,264,429)	(294,836)	(2,559,265)
Nonoperating Revenues (Expenses)			
Net nonoperating revenues	<u>1,851,252</u>	<u>339,247</u>	<u>2,190,499</u>
Revenues in Excess of (Less Than) Expenses	(413,177)	44,411	(368,766)
Capital Contributions and Grants	<u>-</u>	<u>77,285</u>	<u>77,285</u>
Change in Net Position	(413,177)	121,696	(291,481)
Net Position, Beginning of Year	<u>5,203,459</u>	<u>403,327</u>	<u>5,606,786</u>
Net Position, End of Year	<u>\$ 4,790,282</u>	<u>\$ 525,023</u>	<u>\$ 5,315,305</u>

Cash flows for the year ended December 31, 2016:

	<u>District</u>	<u>Foundation</u>	<u>Combined</u>
Net Cash from (used for) Operating Activities	\$ (1,988,258)	\$ (294,836)	\$ (2,283,094)
Net Cash from (used for) Noncapital Financing Activities	2,267,179	243,992	2,511,171
Net Cash from (used for) Capital Related Financing Activities	(363,272)	77,284	(285,988)
Net Cash from (used for) Investing Activities	<u>(41,742)</u>	<u>206</u>	<u>(41,536)</u>
Net Change in Cash and Cash Equivalents	(126,093)	26,646	(99,447)
Cash and Cash Equivalents, Beginning of Year	<u>555,855</u>	<u>489,713</u>	<u>1,045,568</u>
Cash and Cash Equivalents, End of Year	<u>\$ 429,762</u>	<u>\$ 516,359</u>	<u>\$ 946,121</u>

The following summarizes combining information for the Health Center and Foundation, which has been presented as a blended component unit, as of and for the year ended December 31, 2015.

Statement of net position as of December 31, 2015:

	<u>District</u>	<u>Foundation</u>	<u>Eliminations</u>	<u>Combined</u>
Assets				
Total current assets	\$ 4,609,628	\$ 520,798	\$ (82,919)	\$ 5,047,507
Total capital assets	2,592,073	-	-	2,592,073
Total other assets	318,982	-	-	318,982
	<u>7,520,683</u>	<u>520,798</u>	<u>(82,919)</u>	<u>7,958,562</u>
Liabilities				
Total current liabilities	\$ 562,678	\$ 117,471	\$ (82,919)	\$ 597,230
Deferred Inflows of Resources	1,754,546	-	-	1,754,546
Net Position				
Net investment in capital assets	2,592,073	-	-	2,592,073
Restricted	-	55,610	-	55,610
Unrestricted components				
Unrestricted	2,111,386	347,717	-	2,459,103
Board designated	500,000	-	-	500,000
	<u>5,203,459</u>	<u>403,327</u>	<u>-</u>	<u>5,606,786</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 7,520,683</u>	<u>\$ 520,798</u>	<u>\$ (82,919)</u>	<u>\$ 7,958,562</u>

Telluride Hospital District
Notes to the Financial Statements
December 31, 2016 and 2015

Operating results and changes in net position for the year ended December 31, 2015:

	<u>District</u>	<u>Foundation</u>	<u>Combined</u>
Operating Revenues			
Net patient service revenue	\$ 5,039,484	\$ -	\$ 5,039,484
Other revenue	<u>76,233</u>	<u>-</u>	<u>76,233</u>
Total operating revenues	<u>5,115,717</u>	<u>-</u>	<u>5,115,717</u>
Operating Expenses			
Depreciation and amortization	252,236	-	252,236
Other operating expenses	<u>6,302,938</u>	<u>418,495</u>	<u>6,721,433</u>
Total operating expenses	<u>6,555,174</u>	<u>418,495</u>	<u>6,973,669</u>
Operating Income (Loss)	(1,439,457)	(418,495)	(1,857,952)
Nonoperating Revenues (Expenses)	<u>1,793,331</u>	<u>409,150</u>	<u>2,202,481</u>
Revenues in Excess of (Less Than) Expenses	353,874	(9,345)	344,529
Capital Contributions and Grants	<u>-</u>	<u>-</u>	<u>-</u>
Change in Net Position	353,874	(9,345)	344,529
Net Position, Beginning of Year	<u>4,849,585</u>	<u>412,672</u>	<u>5,262,257</u>
Net Position, End of Year	<u>\$ 5,203,459</u>	<u>\$ 403,327</u>	<u>\$ 5,606,786</u>

Cash flows for the year ended December 31, 2015:

	<u>District</u>	<u>Foundation</u>	<u>Combined</u>
Net Cash from (used for) Operating Activities	\$ (2,332,142)	\$ 20,313	\$ (2,311,829)
Net Cash from (used for) Noncapital Financing Activities	2,277,325	73,891	2,291,072
Net Cash from (used for) Capital Related Financing Activities	(557,101)	-	(496,957)
Net Cash from (used for) Investing Activities	<u>(424,246)</u>	<u>253</u>	<u>(423,993)</u>
Net Change in Cash and Cash Equivalents	(1,036,164)	94,457	(941,707)
Cash and Cash Equivalents, Beginning of Year	<u>1,592,019</u>	<u>395,256</u>	<u>1,987,275</u>
Cash and Cash Equivalents, End of Year	<u>\$ 555,855</u>	<u>\$ 489,713</u>	<u>\$ 1,045,568</u>

Note 9 - Subsequent Events

The District has evaluated subsequent events through June 6, 2017, the date which the financial statements were available to be issued.



Supplementary Information
December 31, 2016 and 2015
Telluride Hospital District



Independent Auditor's Report on Supplementary Information

The Board of Directors
Telluride Hospital District
Telluride, Colorado

We have audited the financial statements of Telluride Hospital District as of and for the year ended December 31, 2016, and our report thereon June 6, 2017, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedules shown on pages 27 to 28 are presented for purposes of additional analysis, and are not a required part of the 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Fargo, North Dakota
June 6, 2017

Telluride Hospital District
Schedule of Budgeted and Actual Revenues and Expenses (Unaudited)
December 31, 2016 and 2015

	<u>Actual</u>	<u>Budgeted (unaudited)</u>	<u>Favorable (Unfavorable) Variance (unaudited)</u>
Operating Revenues			
Net patient service revenue	\$ 5,115,926	\$ 5,761,218	\$ (645,292)
Other revenue	51,421	230,071	(178,650)
	<u>5,167,347</u>	<u>5,991,289</u>	<u>(823,942)</u>
Operating Expenses			
Salaries and wages	3,326,002	3,247,012	(78,990)
Employee benefits	791,930	757,240	(34,690)
Professional services	381,350	541,006	159,656
Contract services	1,243,858	1,287,220	43,362
Supplies	468,036	446,427	(21,609)
Insurance	53,060	64,079	11,019
Depreciation and amortization	247,109	261,600	14,491
IT, equipment, and service contracts	242,754	143,626	(99,128)
Occupancy	229,197	296,694	67,497
Other	743,316	284,780	(458,536)
	<u>7,726,612</u>	<u>7,329,684</u>	<u>(396,928)</u>
Operating Loss	(2,559,265)	(1,338,395)	(1,220,870)
Nonoperating Revenues, net	2,190,499	1,720,327	470,172
Capital Contributions and Grants	77,285	-	77,285
Change in Net Position	<u>\$ (291,481)</u>	<u>\$ 381,932</u>	<u>\$ (673,413)</u>

Notes to Schedule

1. Annual budgets are adopted as required by Colorado Statutes. Formal budgetary integration is employed as a management control device during the year. Budgets are adopted on a basis that is consistent with generally accepted accounting principles.
2. Appropriations are adopted by resolutions in total.
3. Management believes that the District is compliant with the rules of Colorado's Taxpayer's Bill of Rights (TABOR).

Telluride Hospital District
 Statements of Revenues, Expenses and Changes in Net Position – Departmental (Unaudited)
 Year Ended December 31, 2016

	Emergency Care	Primary Care	Total
Operating Revenues			
Net patient service revenue, net of bad debts of \$242,663 in 2016 and \$204,909 in 2015	\$ 2,710,707	\$ 2,405,219	\$ 5,115,926
Other revenue	-	51,421	51,421
Total operating revenues	<u>2,710,707</u>	<u>2,456,640</u>	<u>5,167,347</u>
Operating Expenses			
Salaries and wages	1,417,287	1,792,659	3,209,946
Employee benefits	384,340	407,590	791,930
Professional and contract services	1,471,923	153,285	1,625,208
Supplies	143,887	320,723	464,610
Depreciation and amortization	247,109	-	247,109
Information technology	204,460	38,294	242,754
Occupancy	211,639	15,239	226,878
Other	263,668	359,594	623,262
Total operating expenses	<u>4,344,313</u>	<u>3,087,384</u>	<u>7,431,697</u>
Operating Loss	<u>(1,633,606)</u>	<u>(630,744)</u>	<u>(2,264,350)</u>
Nonoperating Revenues (Expenses)			
Ad valorem tax revenues	1,722,107	31,528	1,753,635
Noncapital contributions and grants	83,070	322,274	405,344
Other	24,314	16,282	40,596
Interest income	17,071	2,204	19,275
Distribution to TCMF	(111,736)	-	(111,736)
Community support activities	(23,119)	(18,255)	(41,374)
Write-off of project planning costs	(214,567)	-	(214,567)
Net nonoperating revenues	<u>1,497,140</u>	<u>354,033</u>	<u>1,851,173</u>
Revenues in Excess of (Less Than) Expenses and Change in Net Position	<u>\$ (136,466)</u>	<u>\$ (276,711)</u>	<u>\$ (413,177)</u>



**Independent Auditor’s Report on Internal Control over Financial Reporting and on Compliance
and Other Matters Based on an Audit of Financial Statements Performed in Accordance with
*Government Auditing Standards***

The Board of Directors
Telluride Hospital District
Telluride, Colorado

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General, of the United States, the financial statements of Telluride Hospital District (District) as of and for the year ended December 31, 2016, and the related notes to the financial statements, which collectively comprise the District’s basic financial statements, and have issued our report thereon dated June 6, 2017.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the District’s internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District’s internal control. Accordingly, we do not express an opinion on the effectiveness of the District’s internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity’s financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, 2016-A and 2016-B, which are considered to be significant deficiencies.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free from material misstatement, we performed tests of the District's compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

District's Response to Findings

The District's responses to the findings identified in our audit are described in the accompanying schedule of findings. The District's responses were not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on them.

Purpose of this Report

This report is intended solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considered the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "Eide Bailly LLP". The signature is written in a cursive, flowing style.

Fargo, North Dakota
June 6, 2017

**2016-A Preparation of Financial Statements
 Significant Deficiency in Internal Control over Financial Reporting**

Condition – The District does not have an internal control system designed to provide for the preparation of the financial statements being audited, which include the accompanying required footnote disclosures. As auditors, we were requested to, and did, draft the financial statements and accompanying notes to the financial statements.

Criteria – A good system of internal accounting control should provide for the preparation of the financial statements and footnotes in accordance with generally accepted accounting principles that are materially correct.

Cause – This deficiency is partially due to the limited resources in the financial reporting process due to budgetary constraints.

Effect – Inadequate controls over financial reporting could result in the District not being able to draft the financial statements and accompanying footnotes that are materially correct without the assistance of the auditors.

Recommendation – This circumstance is not unusual in an organization of your size. It is the responsibility of management, and those charged with governance, to make the decision whether to accept the degree of risk associated with this condition because of cost or other considerations.

Response – Due to cost considerations, the District will continue to have the auditors draft the financial statements and accompanying notes to the financial statements.

**2016-B Limited Size of Office
 Significant Deficiency in Internal Control over Financial Reporting**

Condition – The limited number of staff of the District does not facilitate the segregation of duties necessary to achieve a low level of control risk.

Criteria – A good system of internal control contemplates an adequate segregation of duties so that no one individual handles a transaction from its inception to completion.

Cause – The District’s size and budget constraints limit the number of personnel and does not facilitate the segregation of duties necessary to adequately separate procedures.

Effect – Inadequate segregation of duties could adversely affect the District’s ability to detect and correct unintentional or intentional misstatements in a timely period by employees in the normal course of performing their assigned functions.

Recommendation – We recognize your staff may not be large enough to permit complete segregation of duties in all respects for an effective system of internal control. However, the District should continually review its internal control procedures, other compensating controls, and monitoring procedures to obtain the maximum internal control possible under the circumstances. In addition, active involvement of the Board of Trustees and the Board’s knowledge of the operations is an effective control.

Response – The District agrees with the finding and will continue to monitor the District’s operations and procedures very closely. In addition, the District will review its internal control over its financial reporting process and implement improvements in the segregation of duties where applicable.