



Financial Statements
December 31, 2016 and 2015
Yuma District Hospital



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Independent Auditor's Report

The Board of Directors
Yuma District Hospital
Yuma, Colorado

Report on the Financial Statements

We have audited the accompanying statements of net position of Yuma District Hospital (Hospital), as of December 31, 2016 and 2015, and the related statements of revenues, expenses, and changes in net position and statements of cash flows for the years then ended, and the related notes to the financial statements, which collectively comprise the Hospital'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 audits. We conducted our audits 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 Yuma District Hospital as of December 31, 2016 and 2015, and the changes in net position, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Other Matters**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 8 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 May 31, 2017 on our consideration of Yuma District Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, 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 that 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 Yuma District Hospital's internal control over financial reporting and compliance.

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

Fargo, North Dakota
May 31, 2017

Introduction

Our discussion and analysis for Yuma District Hospital (Hospital) financial performance provides an overview of Yuma District Hospital's financial activities for the fiscal years ended December 31, 2016, 2015, and 2014. Please read it in conjunction with the Yuma District Hospital's financial statements, which begin on page 9.

Financial Highlights

- The Hospital's net position decreased in the current fiscal year from \$6,471,550 to \$4,675,997. This is a decrease of \$1,795,553 or 28%. In the prior fiscal year ending December 31, 2015, net position increased from \$5,883,973 to \$6,471,550, an increase of \$637,577 or 11%.
- Operating revenue decreased by \$1,021,627 during the current fiscal year. At the same time, operating expenses increased by \$1,190,573. The most significant portion of the increase in operating expenses is due to an increase in salaries and wages of \$547,778, purchased services of \$174,332 and supplies expense of \$138,013. Operating revenue increased by \$1,952,707 during the fiscal year ending December 31, 2015 and operating expenses increased by \$697,976.
- There was an operating loss for the current fiscal year of \$1,313,123, compared to operating income of \$899,077 in the prior year. This is a decrease of \$2,212,200. Operating income for the prior fiscal year was \$899,077, compared to operating loss of \$355,654 for the year ended December 31, 2014. This was an increase of \$1,254,731.
- Total cash and cash equivalents, Board designated investments, and unrestricted investments increased from \$10,569,020 to \$10,999,382. This is an increase of \$430,362 or 4%. Total cash and cash equivalents, Board designated investments, and unrestricted investments increased in 2015 from \$9,859,822 to \$10,569,020. This is an increase of \$709,198 or 7%.

Using this Annual Report

The Hospital's financial statements consist of three statements – a Statement of Net Position; a Statement of Revenues, Expenses, and Changes in Net Position; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital including resources held by the Hospital but restricted for specific purposes by lenders, contributors, grantors, or enabling legislation.

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

One of the most important questions asked about the Hospital's finances is, "Is the Hospital 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 report information about the Hospital'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. 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 Hospital's net position and changes in them. You can think of the Hospital's net position – the difference between assets, liabilities, and deferred inflows of resources - as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position are an indicator of whether its financial health is improving or deteriorating. You will need to consider other non-financial factors, however, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors to assess the overall health of the Hospital.

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 operating, 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?"

Cash and cash equivalents increased from \$4,381,697 to \$4,730,662. This increase of \$348,965 is primarily due to a decrease in days in net patient receivables from 55 days to 40 days and an increase in accounts payable. Cash and cash equivalents decreased in 2015 from \$4,682,627 to \$4,381,697. This decrease of \$300,930 is primarily due to an increase in days in net patient receivables from 50 days to 55 days and a transfer to Board designated funds of \$1,000,000 during the year.

The Hospital's Net Position

The Hospital's net position is the difference between its assets, liabilities, and deferred inflows of resources reported in the Statement on Net Position on page 9. The Hospital's net position decreased in the current fiscal year from \$6,471,550 to \$4,675,997. This is a decrease of \$1,795,553 or 28%. In the prior fiscal year ending December 31, 2015, net position increased from \$5,833,973 to \$6,471,550. This is an increase of \$637,577 or 11%. The following table is a summary of the Hospital's assets, liabilities, deferred inflows of resources, and net position:

Table 1: Assets, Liabilities, Deferred Inflows of Resources, and Net Position

| | <u>2016</u> | <u>2015</u> | <u>2014</u> |
|---|-----------------------------|-----------------------------|-----------------------------|
| Assets: | | | |
| Current assets | \$ 4,479,998 | \$ 5,339,442 | \$ 5,029,063 |
| Capital assets, net | 13,513,714 | 14,918,693 | 15,943,681 |
| Other noncurrent assets | <u>13,105,768</u> | <u>13,013,478</u> | <u>11,950,738</u> |
| Total assets | <u><u>\$ 31,099,480</u></u> | <u><u>\$ 33,271,613</u></u> | <u><u>\$ 32,923,482</u></u> |
| Liabilities: | | | |
| Current liabilities | \$ 3,579,599 | \$ 3,332,141 | \$ 3,156,262 |
| Long-term debt outstanding | 22,110,294 | 22,654,800 | 23,166,486 |
| Deferred inflows | <u>733,590</u> | <u>813,122</u> | <u>766,761</u> |
| Total liabilities and deferred inflows | <u>26,423,483</u> | <u>26,800,063</u> | <u>27,089,509</u> |
| Net Position: | | | |
| Net investment in capital assets | (5,896,580) | (5,036,107) | (4,522,805) |
| Restricted - expendable for debt service and capital replacement | 700,752 | 715,346 | 695,421 |
| Unrestricted | <u>9,871,825</u> | <u>10,792,311</u> | <u>9,661,357</u> |
| Total net position | <u>4,675,997</u> | <u>6,471,550</u> | <u>5,833,973</u> |
| Total liabilities, deferred inflows, and net position | <u><u>\$ 31,099,480</u></u> | <u><u>\$ 33,271,613</u></u> | <u><u>\$ 32,923,482</u></u> |

Operating Income (Loss)

The first component of the overall change in the Hospital's net position is its operating income – generally, the difference between net patient service revenue and the expenses incurred to perform those services. There was an operating loss for the Hospital in the current fiscal year of \$1,313,123 compared to operating income of \$899,077 in the prior year, a decrease of \$2,212,200. Operating income for the Hospital in the prior fiscal year was \$899,077 compared to operating loss of \$355,654 in 2014, or an increase of \$1,254,731.

Operating Revenues

There were significant changes in three individual revenue categories during the current fiscal year when compared to prior fiscal year:

1. Hospital inpatient revenue decreased by \$604,722; hospital outpatient revenue increased \$428,621. And clinic revenue increased \$97,271 for an overall decrease of patient service revenue of \$78,880.
2. Contractual adjustments increased from \$11,527,225 in 2015 to \$12,823,930 in 2016, an increase of \$1,296,705. During 2016, contractals increased by \$505,000 due to change in estimates for reserves on Medicare, Medicaid, and DSH settlements.
3. Provision for bad debts decreased by \$222,173

The significant changes in a few individual revenue categories during the prior fiscal year when compared to 2014 were:

1. Hospital patient service revenue increased by \$1,359,548
2. Clinic patient service revenue increased by \$715,626
3. Provision for bad debts decreased by \$846,796

Operating Expenses

There were significant changes in three individual expense categories during the current fiscal year when compared to the prior fiscal year:

1. Salaries and wages increased by \$547,778
2. Purchased services increased by \$174,332
3. Supplies increased by \$138,013

The significant changes in three individual expense categories during the prior fiscal year when compared to 2014 were:

1. Purchased services increased by \$432,732
2. Supplies increased by \$323,128
3. Salaries and wages increased by \$193,413

The following table is a summary of the Hospital's revenues, expenses, and changes in net position:

Table 2: Operating Results and Changes in Net Position

| | <u>2016</u> | <u>2015</u> | <u>2014</u> |
|---|---------------------|---------------------|---------------------|
| Operating Revenue | | | |
| Net patient service revenue | \$ 20,204,510 | \$ 21,131,531 | \$ 19,060,041 |
| Other operating revenue | 142,646 | 237,252 | 356,035 |
| Total operating revenue | <u>20,347,156</u> | <u>21,368,783</u> | <u>19,416,076</u> |
| Operating Expenses | <u>21,660,279</u> | <u>20,469,706</u> | <u>19,771,730</u> |
| Operating Income (Loss) | (1,313,123) | 899,077 | (355,654) |
| Nonoperating Expenses | <u>(482,430)</u> | <u>(261,500)</u> | <u>(521,225)</u> |
| Revenues in Excess of (Less Than) Expenses and Changes in Net Position | (1,795,553) | 637,577 | (876,879) |
| Net Position, Beginning of Year | <u>6,471,550</u> | <u>5,833,973</u> | <u>6,710,852</u> |
| Net Position, End of Year | <u>\$ 4,675,997</u> | <u>\$ 6,471,550</u> | <u>\$ 5,833,973</u> |

Summary

The Hospital experienced a decrease in patient days when compared to the prior fiscal year. In the prior fiscal year, the Hospital had 623 patient days and the current fiscal year had 448 patient days. Comparing the two years, there was a decrease of 175 patient days or approximately 28%. Medicaid days increased by 15 days or 33% this fiscal year as compared to the prior fiscal year; while Medicare days decreased by 162 days or 32% and swing bed days increased by 39 days or 26%. The following factors had a major impact on hospital revenues: 1) decrease in the patient days as noted above, 2) overall decrease in the Yuma and Akron Clinic visits of 337, and 3) an increase in rates of approximately 5%.

In the prior fiscal year, the Hospital experienced an increase in patient days when compared to the fiscal year ended December 31, 2014. The Hospital had 560 patient days in 2014 compared to the patient 623 patient days in 2015. Comparing the two years, there was an increase of 63 patient days or approximately 11%. Medicaid days increased by 5 days or 13% this fiscal year as compared to the prior fiscal year; while Medicare days increased by 91 days or 22% and swing bed days decreased by 84 days or 36%. The following factors had a major impact on hospital revenues: 1) there was an increase in admissions in the Northeastern part of Colorado as a whole. The Yuma Clinic office visits increased by 762 visits and the Akron Clinic office visits increased 1,002 visits from the prior year. 2) Other operating revenue decreased in 2015 due to meeting the electronic health record (EHR) meaningful use in 2013. For the year ended December 31, 2015, the Hospital did not receive any EHR funding, compared to \$156,000 in 2014.

Contacting the Hospital's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Yuma District Hospital, 1000 West 8th Avenue, Yuma, Colorado, 80759, phone number 970-848-5405.

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| | <u>2016</u> | <u>2015</u> |
|--|----------------------|----------------------|
| Assets | | |
| Current Assets | | |
| Cash and cash equivalents | \$ 1,044,374 | \$ 701,221 |
| Current portion of cash and investments held by trustee for debt service | 49,992 | 69,667 |
| Receivables | | |
| Patient, net of estimated uncollectibles of \$1,840,000 in 2016 and \$1,648,000 in 2015 | 2,197,037 | 3,184,626 |
| Ad valorem taxes | 774,851 | 817,318 |
| Other receivables | - | 161,635 |
| Supplies | 309,318 | 291,195 |
| Prepaid expenses | 104,426 | 113,780 |
| Total current assets | <u>4,479,998</u> | <u>5,339,442</u> |
| Noncurrent Cash and Investments | | |
| Internally designated for specific operating purposes and capital improvements | 9,955,008 | 9,867,799 |
| Restricted by trustee for debt reserve and capital asset replacement | 3,150,760 | 3,145,679 |
| Total noncurrent cash and investments | <u>13,105,768</u> | <u>13,013,478</u> |
| Capital Assets | | |
| Capital assets not being depreciated | 1,222,600 | 1,222,600 |
| Capital assets being depreciated, net | 12,291,114 | 13,696,093 |
| Total capital assets | <u>13,513,714</u> | <u>14,918,693</u> |
| Total assets | <u>\$ 31,099,480</u> | <u>\$ 33,271,613</u> |

See Notes to Financial Statements

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

| | 2016 | 2015 |
|--|---------------|---------------|
| Liabilities, Deferred Inflows of Resources, and Net Position | | |
| Current Liabilities | | |
| Checks issued in excess of deposits | \$ 366,283 | \$ - |
| Current maturities of long-term debt | 520,639 | 542,622 |
| Accounts payable | 997,892 | 469,538 |
| Estimated third-party payor settlements | 558,898 | 951,837 |
| Accrued expenses | | |
| Salaries and wages | 240,143 | 256,564 |
| Vacation | 858,266 | 1,081,971 |
| Health insurance | 115,398 | 161,041 |
| Interest | 232,142 | 228,268 |
| Payroll taxes and other | 210,577 | 182,922 |
| | 4,100,238 | 3,874,763 |
| Total current liabilities | | |
| Long-Term Debt, Less Current Maturities | 21,589,655 | 22,112,178 |
| Total liabilities | 25,689,893 | 25,986,941 |
| Deferred Inflow of Resources - Property Taxes | 733,590 | 813,122 |
| Net Position | | |
| Net investment in capital assets | (5,896,580) | (5,036,107) |
| Restricted - expendable held by trustee for debt service and capital replacements | 700,752 | 715,346 |
| Unrestricted | 9,871,825 | 10,792,311 |
| | 4,675,997 | 6,471,550 |
| Total net position | | |
| Total liabilities, deferred inflows of resources, and net position | \$ 31,099,480 | \$ 33,271,613 |

Yuma District Hospital
 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 provision for bad debts of \$299,472 in 2016 and \$521,645 in 2015 | \$ 20,204,510 | \$ 21,131,531 |
| Other revenue | 142,646 | 237,252 |
| | 20,347,156 | 21,368,783 |
| Operating Expenses | | |
| Salaries and wages | 9,885,351 | 9,337,573 |
| Employee benefits | 2,234,655 | 2,295,829 |
| Purchased services | 2,819,937 | 2,645,605 |
| Supplies | 2,250,352 | 2,112,339 |
| Depreciation | 1,531,052 | 1,446,003 |
| Other | 2,938,932 | 2,632,357 |
| | 21,660,279 | 20,469,706 |
| Operating Income (Loss) | (1,313,123) | 899,077 |
| Nonoperating Revenues (Expenses) | | |
| Ad valorem taxes | 892,144 | 833,655 |
| Interest expense | (1,542,811) | (1,556,651) |
| Unrestricted gifts and bequests | 60,011 | 391,467 |
| Investment income | 108,226 | 69,229 |
| Gain on disposal of capital assets | - | 800 |
| | (482,430) | (261,500) |
| Revenues in Excess of (Less Than) Expenses and Change in Net Position | (1,795,553) | 637,577 |
| Net Position, Beginning of Year | 6,471,550 | 5,833,973 |
| Net Position, End of Year | \$ 4,675,997 | \$ 6,471,550 |

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

| | 2016 | 2015 |
|--|---------------|---------------|
| Operating Activities | | |
| Receipts from and on behalf of patients | \$ 20,799,160 | \$ 20,667,054 |
| Payments for employees' services and benefits | (11,778,120) | (11,682,219) |
| Payments to suppliers for goods and services | (7,723,353) | (7,452,703) |
| Other receipts and payments, net | 304,281 | 393,150 |
| | 1,601,968 | 1,925,282 |
| Net Cash From Operating Activities | | |
| Noncapital Financing Activities | | |
| Ad valorem taxes received | 855,079 | 833,655 |
| Unrestricted gifts and bequests | 60,011 | 391,467 |
| | 915,090 | 1,225,122 |
| Net Cash From Noncapital Financing Activities | | |
| Capital and Capital Related Financing Activities | | |
| Purchase of capital assets | (126,073) | (421,015) |
| Proceeds from trade in of capital asset | - | 800 |
| Repayment of long-term debt | (544,506) | (511,686) |
| Interest paid on long-term debt obligations | (1,538,937) | (1,558,609) |
| | (2,209,516) | (2,490,510) |
| Net Cash Used For Capital and Capital Related Financing Activities | | |
| Investing Activities | | |
| Purchases of investments internally designated | (66,803) | (1,030,053) |
| Investment income | 108,226 | 69,229 |
| | 41,423 | (960,824) |
| Net Cash From (Used For) Investing Activities | | |
| Net Increase (Decrease) in Cash and Cash Equivalents | 348,965 | (300,930) |
| Cash and Cash Equivalents, Beginning of Year | 4,381,697 | 4,682,627 |
| Cash and Cash Equivalents, End of Year | \$ 4,730,662 | \$ 4,381,697 |

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

| | 2016 | 2015 |
|---|----------------|--------------|
| Reconciliation of Operating Income (Loss) to Net Cash | | |
| From Operating Activities | | |
| Operating income (loss) | \$ (1,313,123) | \$ 899,077 |
| Adjustments to reconcile operating income (loss) to net cash from operating activities | | |
| Provision for bad debts | 299,472 | 521,645 |
| Depreciation | 1,531,052 | 1,446,003 |
| Changes in assets and liabilities | | |
| Receivables | 849,752 | (1,126,312) |
| Supplies | (18,123) | 27,666 |
| Prepaid expenses | 9,354 | (20,634) |
| Accounts payable | 894,637 | (69,434) |
| Estimated third-party payor settlements | (392,939) | 296,088 |
| Accrued expenses | (258,114) | (48,817) |
| Net Cash From Operating Activities | \$ 1,601,968 | \$ 1,925,282 |
| Reconciliation of Cash and Cash Equivalents to the Statement of Net Position | | |
| Cash and cash equivalents in current assets and current portion of cash and investments held by trustee for debt service | \$ 1,094,366 | \$ 770,888 |
| Cash and cash equivalents in restricted for debt reserve and capital replacement and internally designated for specific operating purposes and capital improvements | 3,636,296 | 3,610,809 |
| Total cash and cash equivalents | \$ 4,730,662 | \$ 4,381,697 |

Note 1 - Reporting Entity and Significant Accounting Policies

The financial statements of Yuma District Hospital 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

Yuma District Hospital (Hospital) is a licensed 15-bed critical access hospital and clinic located in Yuma, Colorado and a clinic in Akron, Colorado and has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code 501(a). In 1967, Yuma District Hospital was created as a political subdivision of the state of Colorado. The Hospital's five-member board of directors is publicly elected by the citizens of Yuma County to oversee the operations and management of the Hospital.

For financial reporting purposes, the Hospital has included all funds, organizations, agencies, boards, commissions and authorities. The Hospital has also considered the potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Hospital are such that the exclusion would cause the Hospital's financial situation to be misleading or incomplete. The Hospital has no significant operational or other financial relationships with any other governmental unit that requires inclusion or disclosure in the Hospital's financial statements.

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 Hospital's assets, deferred outflows, liabilities, and deferred inflows, with the difference reported as net position. Net position is reported in the following 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 Hospital.

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.

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 Hospital considers all cash and investments with an original maturity of three months or less as cash and cash equivalents.

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.

Property Tax Receivable and Revenue

Property tax receivable is recognized on the lien date, which is January 1 of the tax year in Colorado. The property tax receivable represents 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.

Noncurrent Cash and Investments

Noncurrent cash and investments are set aside by the Board of Directors for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes, and restricted by trustee for debt reserve and capital asset replacement. Certificates of deposit and other deposits are recorded at historical cost. Other investments are measured at fair value.

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 on 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 in the financial statements. The estimated useful lives of capital assets are as follows:

| | |
|-------------------------------|-------------|
| Land improvements | 10-20 years |
| Buildings and fixed equipment | 5-40 years |
| Major movable equipment | 3-20 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 Hospital's employees accrue Earned Time Days (ETD) that can be drawn upon for vacation, holidays, and certain other absences. ETDs accrue at varying rates depending on years of service and hours worked. ETDs accumulate up to a specified maximum. Employees are paid for accumulated ETD upon termination.

Self-Funded Health Insurance

The Hospital self-funds health benefits for eligible employees and their dependents. Health insurance expense is recorded on an accrual basis. The Hospital provides for self-insurance reserves for estimated incurred but not yet reported claims for its employees. These reserves, which are included in the liabilities on the balance sheet, are estimated based upon historical submission and payment data, utilization history, and other relevant factors. Adjustments to reserves are reflected in the operating results in the period in which the change in estimate is identified.

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 inflows of resources reported in the financial statements are deferred property taxes. Property taxes will be recognized as revenue in the year they are levied.

Operating Revenues and Expenses

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

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital 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, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Charity Care

The Hospital 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 Hospital does not pursue collection of these amounts, they are not reported as patient service revenue. The amount of charges foregone for services provided under the Hospital's charity care policy were approximately \$74,374 and \$300,765 for the years ended December 31, 2016 and 2015. The estimated cost of providing these services was approximately \$50,000 and \$172,000 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.

Provider Fee Program

The Hospital participates in the state of Colorado provider fee program, approved by the Centers for Medicare and Medicaid Services (CMS), under which all hospitals in the state were assessed a fee based on bed size and payor mix. The state of Colorado uses the fees to supplement state budget funds for the Medicaid program, which brings matching federal monies into the program, enabling the state of Colorado to fund Medicaid payments to hospitals at a higher rate than would otherwise be possible. The Hospital's expense was approximately \$419,000 and \$407,000 in provider fees for the years ended December 31, 2016 and 2015, which are recorded in other operating expenses. The Hospital's revenue was approximately \$2,001,000 and \$1,994,000 of supplemental payments for the years ended December 31, 2016 and 2015, which are recorded as part of net patient service revenue.

Grants and Contributions

The Hospital may receive grants as well as contributions from individuals, private organizations, and from the State of Colorado. Revenues from grants and contributions (including contributions of capital assets) 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.

Electronic Health Record Incentives

The American Recovery and Reinvestment Act of 2009 (ARRA) amended the Social Security Act to establish incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that demonstrates meaningful use of certified Electronic Health Records (EHR) technology.

To qualify for the EHR incentive payments, hospitals and physicians must meet designated EHR meaningful use criteria. In addition, hospitals must attest that they have used certified EHR technology, satisfied the meaningful use objectives, and specify the EHR reporting period. This attestation is subject to audit by the federal government or its designee. The EHR incentive payment to hospitals for each payment year is calculated as a product of (1) allowable costs as defined by the Centers for Medicare & Medicaid Services (CMS) and (2) the Medicare share. Once the initial attestation of meaningful is completed, critical access hospitals receive the entire EHR incentive payment for submitted allowable costs of the respective periods in a lump sum, subject to a final adjustment on the cost report.

The Hospital recognizes EHR incentive payments as revenue when there is reasonable assurance that the Hospital will comply with the conditions attached to the incentive payments. The entire EHR incentive payment is received in a lump sum for critical access hospitals and was recognized as other operating revenue. The Hospital must still annually attest to increasingly stringent meaningful use criteria. The amount of EHR incentive payments recognized are based on management’s best estimate and those amounts are subject to change with such changes impacting the period in which they occur.

The Hospital recognized revenue of \$155,898 for the year ended December 31, 2015 related to EHR incentive payments. The Hospital did not recognize any revenue related to EHR incentive payments for the year ended December 31, 2016. These incentive payments are included in other revenue in the accompanying financial statements.

Note 2 - Net Patient Service Revenue

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

Medicare – The Hospital is licensed as a Critical Access Hospital (CAH). The Hospital is reimbursed for most acute care services under cost reimbursement methodology, with final settlement determined after submission of annual cost reports by the Hospital, which are subject to audits thereof by the Medicare Administrative Contractor (MAC). The Hospital’s Medicare cost reports have been audited by the MAC through the year ended December 31, 2014. Certain services are paid on a fixed fee schedule.

Medicaid – Inpatient acute care services provided to Medicaid program beneficiaries are reimbursed under a prospectively determined rate per discharge. Outpatient services provided to Medicaid program beneficiaries are paid at rates established by the Medicaid Program. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and review thereof by the Medicaid Program. The Hospital’s Medicaid cost reports have been settled by the Medicaid program through December 31, 2012.

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

Concentration of gross revenues by major payor accounted for the following percentages of the Hospital’s patient service revenues for the years ended December 31, 2016 and 2015:

| | 2016 | 2015 |
|-----------------|------|------|
| Medicare | 53% | 51% |
| Medicaid | 18% | 19% |
| Other insurance | 27% | 28% |
| Private pay | 2% | 2% |
| | 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 net patient service revenue for the year ended December 31, 2016 decreased approximately \$505,000 and increased approximately \$28,000 for the year ended December 31, 2015 due to the removal of allowances previously estimated that are no longer necessary as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations.

A summary of patient service revenue, contractual adjustments, and bad debts for the years ended December 31, 2016 and 2015, is as follows:

| | 2016 | 2015 |
|-------------------------------|---------------|---------------|
| Patient service revenue | | |
| Hospital | \$ 29,080,160 | \$ 29,256,311 |
| Clinics | 4,322,126 | 4,224,855 |
| Charity care | (74,374) | (300,765) |
| Total patient service revenue | 33,327,912 | 33,180,401 |
| Contractual adjustments | | |
| Hospital | | |
| Medicare | (7,634,313) | (7,101,716) |
| Medicaid | (1,785,769) | (2,060,738) |
| Other | (2,066,522) | (1,597,296) |
| Clinics | (1,337,326) | (767,475) |
| Total contractual adjustments | (12,823,930) | (11,527,225) |
| Provision for bad debts | (299,472) | (521,645) |
| Net patient service revenue | \$ 20,204,510 | \$ 21,131,531 |

Note 3 - Deposits, Investments, and Investment Income

The carrying amount of deposits and investments as of December 31, 2016 and 2015 are included in the Hospital's statement of net position as follows:

| | 2016 | 2015 |
|-----------------|---------------|---------------|
| Carrying Amount | | |
| Deposits | \$ 4,730,662 | \$ 4,381,697 |
| Investments | 9,469,472 | 9,402,669 |
| | \$ 14,200,134 | \$ 13,784,366 |

Deposits and investments are reported in the following statement of net position captions:

| | | |
|--|---------------|---------------|
| Cash and cash equivalents | \$ 1,044,374 | \$ 701,221 |
| Current portion of cash held by trustee for debt service | 49,992 | 69,667 |
| Noncurrent cash and investments internally designated for specific operating purposes and capital improvements | 9,955,008 | 9,867,799 |
| Noncurrent cash held by trustee for debt service and capital asset replacement | 3,150,760 | 3,145,679 |
| Carrying value | \$ 14,200,134 | \$ 13,784,366 |

Deposits – Custodial Credit Risk

Custodial credit risk is the risk that in the event of a bank or investment company failure, the Hospital's deposits may not be returned to it. 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. The Hospital's investment policy does not address custodial credit risk.

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, the Hospital's deposits in banks were not entirely covered by federal depository insurance and PDPA.

Investments

The Hospital's investments are reported at fair value. The Hospital is authorized by statute to invest funds in debt securities.

The Hospital had the following investments and maturities at December 31, 2016 and 2015:

| Investment Type | Carrying Amount | Rating | Investment Maturities (in Years) | | | |
|--|---------------------|--------|----------------------------------|---------------------|---------------------|---------------------|
| | | | Less Than 1 | 1-5 | 6-10 | More Than 10 |
| December 31, 2016 | | | | | | |
| Corporate fixed income | \$ 98,755 | Aaa | \$ - | \$ 98,755 | \$ - | \$ - |
| Federal Farm Credit Banks | 691,106 | Aaa | 320,525 | 370,581 | - | - |
| Federal Home Loan Bank | 382,809 | Aaa | - | 382,809 | - | - |
| Federal National Mortgage Association | 2,452,650 | N/A | - | 780,101 | 451,423 | 1,221,126 |
| Federal National Mortgage Association Note | 94,673 | Aaa | - | 94,673 | - | - |
| Fannie Mae Pool | 856,197 | N/A | - | 290,544 | 565,653 | - |
| Federal Home Loan Mortgage Corporation | 2,343,167 | N/A | - | 465,324 | 1,359,985 | 517,858 |
| Government National Mortgage Association | 573,959 | N/A | - | - | - | 573,959 |
| Private Export Funding Group | 230,747 | Aaa | 230,747 | - | - | - |
| Freddie Mac Group | 310,193 | N/A | - | - | 310,193 | - |
| U.S. Treasury notes | 1,435,216 | Aaa | 463,586 | 971,630 | - | - |
| Total | \$ 9,469,472 | | \$ 1,014,858 | \$ 3,454,417 | \$ 2,687,254 | \$ 2,312,943 |
| December 31, 2015 | | | | | | |
| Corporate fixed income | \$ 130,425 | Aaa | \$ - | \$ 130,425 | \$ - | \$ - |
| Federal Farm Credit Banks | 491,143 | Aaa | - | 491,143 | - | - |
| Federal Home Loan Bank | 828,510 | Aaa | 409,102 | 419,408 | - | - |
| Federal National Mortgage Association | 2,187,436 | N/A | - | 765,615 | 585,214 | 836,607 |
| Fannie Mae Pool | 1,901,871 | N/A | - | 417,357 | 1,484,514 | - |
| Federal Home Loan Mortgage Corporation | 1,850,366 | N/A | - | 265,696 | 1,362,179 | 222,491 |
| Government National Mortgage Association | 530,925 | N/A | - | - | - | 530,925 |
| Private Export Funding Group | 239,584 | Aaa | - | 239,584 | - | - |
| Freddie Mac Group | 240,372 | N/A | - | - | 240,372 | - |
| U.S. Treasury notes | 1,002,037 | Aaa | - | 1,002,037 | - | - |
| Total | \$ 9,402,669 | | \$ 409,102 | \$ 3,731,265 | \$ 3,672,279 | \$ 1,590,023 |

Interest Rate Risk

Colorado statutes limit the investment in corporate or bank debt to maturities of three years from the date of settlement at the time of purchase. In addition, the statutes state that it is lawful to hold investments from certain federal entities with maturity dates of five years or less from the date of purchase unless the governing body of the public entity authorizes investments for a period in excess of five years. The Hospital's governing body has authorized the extension of the maturity beyond five years. The Hospital's investment policy does not contain provisions that further limit investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates. The Hospital is in compliance with Colorado statutes.

Credit Risk

Colorado statutes limit investments in any corporate or bank debt securities to organizations with a net worth in excess of two hundred fifty million dollars and they must carry at least two credit ratings from the nationally recognized credit rating agencies and must not be rated below "AA- or Aa3" by any credit rating agency. The Hospital's investment policy states that all investments must be rated in one of its top three highest rating categories by one nationally recognized credit rating agencies.

Concentration of Credit Risk

Colorado statutes limit the amount of corporate or bank debt securities to not exceed 30% of the book value of the entity's total investment portfolio at the time of purchase. The statutes also limit investments in corporate or bank debt securities by any one individual corporation to not exceed 5% of the total investment portfolio at the time of purchase, unless the governing body of the public entity authorizes the investments. The Hospital places no additional limit on the amount it may invest in any one issuer. The Hospital was considered to be in compliance with state statutes and its investment policy at December 31, 2016 and 2015. More than 5 percent of the Hospital's investments are invested in the following securities at December 31, 2016 and 2015:

| | 2016 | 2015 |
|--|------|------|
| Federal National Mortgage Association | 26% | 23% |
| Federal Home Loan Mortgage Corporation | 25% | 19% |
| US Treasury Notes | 15% | 10% |
| Fannie Mae Pool | 9% | 20% |
| Federal Farm Credit Banks | 7% | 5% |
| GNMA Remic Trust | 6% | 5% |
| Federal Home Loan Bank | 4% | 9% |

Investment Income

Investment income on cash equivalents and investments consists of the following for the years ended December 31, 2016 and 2015:

| | 2016 | 2015 |
|--|------------|------------|
| Interest income and realized gains and losses | \$ 267,977 | \$ 282,896 |
| Change in unrealized gains and losses on investments | (159,751) | (213,667) |
| Total investment income | \$ 108,226 | \$ 69,229 |

Note 4 - Fair Value of Assets

The Hospital has determined the fair value of certain assets and liabilities in accordance with generally accepted accounting principles, which provides a framework for measuring fair value.

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques should maximize the use of observable inputs and minimize the use of unobservable inputs.

A fair value hierarchy has been established, which prioritized the valuation inputs into three broad levels. Level 1 inputs consist of quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the related asset or liability. Level 3 inputs are unobservable inputs related to the asset or liability.

In some cases, the inputs used to measure the fair value of an asset or a liability might be categorized within different levels of the fair value hierarchy. In those cases, the fair value measurement is categorized in its entirety in the same level of the fair value hierarchy as the lowest level input that is significant to the entire measurement. Assessing the significance of a particular input to the entire measurement requires judgment, taking into account factors specific to the asset or liability.

Assets and liabilities measured at fair value on a recurring basis and the related fair values of these assets and liabilities at December 31, 2016 and 2015 are as follows:

| | Total | Quoted Prices in Active Markets (Level 1) | Other Observable Inputs (Level 2) | Unobservable Inputs (Level 3) |
|---|---------------------|--|--|-------------------------------------|
| December 31, 2016 | | | | |
| Corporate fixed income | \$ 98,755 | \$ - | \$ 98,755 | \$ - |
| Federal Farm Credit Banks | 691,106 | - | 691,106 | - |
| Federal Home Loan Bank | 382,809 | - | 382,809 | - |
| Federal National Mortgage Association | 2,452,650 | - | 2,452,650 | - |
| Federal National Mortgage Associate Note | 94,673 | - | 94,673 | - |
| Fannie Mae Pool | 856,197 | - | 856,197 | - |
| Federal Home Loan Mortgage Corporation | 2,343,167 | - | 2,343,167 | - |
| Government National Mortgage Association | 573,959 | - | 573,959 | - |
| Private Export Funding Group | 230,747 | - | 230,747 | - |
| Freddie Mac Group | 310,193 | - | 310,193 | - |
| U.S. Treasury Notes | 1,435,216 | - | 1,435,216 | - |
| | <u>\$ 9,469,472</u> | <u>\$ -</u> | <u>\$ 9,469,472</u> | <u>\$ -</u> |

| | Total | Quoted Prices in Active Markets (Level 1) | Other Observable Inputs (Level 2) | Unobservable Inputs (Level 3) |
|--|---------------------|--|--|-------------------------------------|
| December 31, 2015 | | | | |
| Corporate fixed income | \$ 130,425 | \$ - | \$ 130,425 | \$ - |
| Federal Farm Credit Banks | 491,143 | - | 491,143 | - |
| Federal Home Loan Bank | 828,510 | - | 828,510 | - |
| Federal National Mortgage Association | 2,187,436 | - | 2,187,436 | - |
| Fannie Mae Pool | 1,901,871 | - | 1,901,871 | - |
| Federal Home Loan Mortgage Corporation | 1,850,366 | - | 1,850,366 | - |
| Government National Mortgage Association | 530,925 | - | 530,925 | - |
| Private Export Funding Group | 239,584 | - | 239,584 | - |
| Freddie Mac Group | 240,372 | - | 240,372 | - |
| U.S. Treasury Notes | 1,002,037 | - | 1,002,037 | - |
| | <u>\$ 9,402,669</u> | <u>\$ -</u> | <u>\$ 9,402,669</u> | <u>\$ -</u> |

The fair value of the investments noted are estimated using a variety of techniques including quoted market price of similar items, broker/dealer quotes, and models using market interest rates or yield curves.

Note 5 - Capital Assets

Capital asset additions, retirements, transfers, and balances for the year ended December 31, 2016 are as follows:

| | Balance December 31, 2015 | Additions | Transfers and Retirements | Balance December 31, 2016 |
|--|---------------------------------|-----------------------|------------------------------|---------------------------------|
| Capital assets not being depreciated | | | | |
| Land | \$ 1,222,600 | \$ - | \$ - | \$ 1,222,600 |
| Capital assets being depreciated | | | | |
| Land improvements | \$ 1,171,644 | \$ - | \$ - | \$ 1,171,644 |
| Buildings and improvements | 19,504,179 | 17,523 | - | 19,521,702 |
| Equipment | 9,637,860 | 108,550 | - | 9,746,410 |
| Total capital assets being depreciated | <u>30,313,683</u> | <u>\$ 126,073</u> | <u>\$ -</u> | <u>30,439,756</u> |
| Less accumulated depreciation for: | | | | |
| Land improvements | (477,612) | \$ (68,366) | \$ - | (545,978) |
| Buildings and improvements | (8,020,538) | (912,104) | - | (8,932,642) |
| Equipment | (8,119,440) | (550,582) | - | (8,670,022) |
| Total accumulated depreciation | <u>(16,617,590)</u> | <u>\$ (1,531,052)</u> | <u>\$ -</u> | <u>(18,148,642)</u> |
| Net capital assets being depreciated | <u>13,696,093</u> | | | <u>12,291,114</u> |
| Capital assets, net | <u>\$ 14,918,693</u> | | | <u>\$ 13,513,714</u> |

Capital asset additions, retirements, transfers, and balances for the year ended December 31, 2015 are as follows:

| | Balance December 31, 2014 | Additions | Transfers and Retirements | Balance December 31, 2015 |
|---|---------------------------------|-----------------------|------------------------------|---------------------------------|
| Capital assets not being depreciated | | | | |
| Land | \$ 1,222,600 | \$ - | \$ - | \$ 1,222,600 |
| Capital assets being depreciated | | | | |
| Land improvements | \$ 961,390 | \$ 210,254 | \$ - | \$ 1,171,644 |
| Buildings and improvements | 19,497,229 | 6,950 | - | 19,504,179 |
| Equipment | 9,427,994 | 203,811 | 6,055 | 9,637,860 |
| Total capital assets being depreciated | <u>29,886,613</u> | <u>\$ 421,015</u> | <u>\$ 6,055</u> | <u>30,313,683</u> |
| Less accumulated depreciation for: | | | | |
| Land improvements | (403,546) | \$ (74,066) | \$ - | (477,612) |
| Buildings and improvements | (7,252,578) | (767,960) | - | (8,020,538) |
| Equipment | (7,509,408) | (603,977) | (6,055) | (8,119,440) |
| Total accumulated depreciation | <u>(15,165,532)</u> | <u>\$ (1,446,003)</u> | <u>\$ (6,055)</u> | <u>(16,617,590)</u> |
| Net capital assets being depreciated | <u>14,721,081</u> | | | <u>13,696,093</u> |
| Capital assets, net | <u>\$ 15,943,681</u> | | | <u>\$ 14,918,693</u> |

Note 6 - Long-Term Debt

A schedule of changes in the Hospital's long-term debt for December 31, 2016 and 2015 is as follows:

| | Balance December 31, 2015 | Additions | Reductions | Balance December 31, 2016 | Amounts Due Within One Year |
|-----------------------------|---------------------------------|-------------|---------------------|---------------------------------|-----------------------------------|
| Mortgage note payable | \$ 15,835,700 | \$ - | \$ (284,285) | \$ 15,551,415 | \$ 308,014 |
| Hospital Revenue Bond | 6,338,106 | - | (98,819) | 6,239,287 | 102,896 |
| Northstar bank loan | 427,389 | - | (107,797) | 319,592 | 109,729 |
| Capital lease obligation | 53,605 | - | (53,605) | - | - |
| Total long-term debt | \$ 22,654,800 | \$ - | \$ (544,506) | \$ 22,110,294 | \$ 520,639 |
| | Balance December 31, 2014 | Additions | Reductions | Balance December 31, 2015 | Amounts Due Within One Year |
| Mortgage note payable | \$ 16,098,363 | \$ - | \$ (262,663) | \$ 15,835,700 | \$ 284,436 |
| Hospital Revenue Bond | 6,433,010 | - | (94,904) | 6,338,106 | 98,819 |
| Northstar bank loan | 520,608 | - | (93,219) | 427,389 | 105,762 |
| Capital lease obligation | 114,505 | - | (60,900) | 53,605 | 53,605 |
| Total long-term debt | \$ 23,166,486 | \$ - | \$ (511,686) | \$ 22,654,800 | \$ 542,622 |

Under the terms of the mortgage note payable and Hospital Revenue Bond, the Hospital is limited in the incurrence of additional borrowings, has limitations on purchases of capital assets, and is required to satisfy certain measures of financial performance, defined in the indenture agreements. In addition, the Hospital is required to maintain certain funds for debt reserve and capital reserve. At December 31, 2016, the Hospital was in default of certain indenture agreement covenants, including measures of financial performance. The lender may request completion of a business plan to correct the default or review of operations by an independent consultant, at the Hospital's expense; however, neither has been requested as of the date of this report.

The terms and due dates of the Hospital's long-term debt are as follows:

- 7.99% mortgage note payable, due in monthly installments of \$128,287, including interest, to August 2037, secured by building, equipment, and net revenues of the Hospital, guaranteed 90% by the U.S. Department of Agriculture.
- 4.125% Hospital Revenue Bond payable to the U.S. Department of Agriculture, due in annual installments of \$360,290, including interest, to July 2047, secured by building, equipment, and net revenues of the Hospital subordinate to the mortgage note payable.
- 3.60% loan payable to Northstar Bank of Colorado, due in monthly installments of \$9,970, including interest, to October 2019, secured by CT scanner and a certificate of deposit.

Scheduled debt service requirements for the Hospital's long-term debt are as follows:

| <u>Year Ending December 31,</u> | <u>Long-Term Debt</u> | |
|---------------------------------|-----------------------|----------------------|
| | <u>Principal</u> | <u>Interest</u> |
| 2017 | \$ 520,639 | \$ 1,498,734 |
| 2018 | 554,488 | 1,464,885 |
| 2019 | 568,815 | 1,428,623 |
| 2020 | 507,297 | 1,392,435 |
| 2021 | 544,511 | 1,355,221 |
| 2022-2026 | 3,390,234 | 6,108,426 |
| 2027-2031 | 4,867,122 | 4,631,538 |
| 2032-2036 | 7,025,754 | 2,472,906 |
| 2037-2041 | 2,250,280 | 577,458 |
| 2042-2046 | 1,534,989 | 266,461 |
| 2047-2050 | 346,165 | 14,274 |
| Total | <u>\$ 22,110,294</u> | <u>\$ 21,210,961</u> |

Note 7 - Deferred Compensation Plan

The Hospital sponsors a deferred compensation plan through annuity contracts with a trustee in accordance with Internal Revenue Code (IRC) Section 457. The plan is available to eligible Hospital employees and permits them to defer a portion of their compensation for retirement purposes. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The deferred compensation is invested for the participants by the Hospital under the plan agreements.

The Hospital also sponsors a 401(a) plan, under which 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 Hospital contributes up to 4% of eligible employee compensation annually. Total employer retirement expense for the years ended December 31, 2016 and 2015 was \$357,147 and \$364,635. The Hospital fully funds all compensation deferred under the plan agreement on a current basis. The assets are invested within various fund pools established and maintained by the plan trustee.

Note 8 - Concentration of Credit Risk

The Hospital 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 |
|---|------|------|
| Medicare | 44% | 44% |
| Medicaid | 11% | 6% |
| Commercial insurance and other third-party payors | 31% | 31% |
| Patients | 14% | 19% |
| | 100% | 100% |

Note 9 - Contingencies

Risk Management

The Hospital 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 Hospital has malpractice insurance coverage to provide protection for the 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.

Self-Disclosure of Potential Violations of Stark Law

In December 2016, the Hospital made a disclosure to the Center for Medicare and Medicaid Services (CMS) under the agency’s Stark Law Voluntary Self-Referral Disclosure Protocol relating to the compensation paid to an employed physician. Disclosure of this matter also was made to Colorado Medicaid. As stated in the disclosures, after obtaining an independent compensation review, the Hospital was unable to certify that the compensation paid to the physician reflected the fair market value of the physician’s services during a six-year period. The Hospital has not received a response to the disclosures from CMS or Colorado Medicaid. There is little data or experience with resolution of matters disclosed under the CMS protocol and the ultimate outcome of the matter is difficult to estimate. However, the Hospital intends to cooperate with the agencies in their review of this matter and believes that the inadvertence of any discrepancy in compensation as well as the voluntary nature of the disclosure are significant mitigating factors. The Hospital has not accrued an estimated settlement in the financial statements due to the limited data and experience with resolution of these matters.

Litigation, Claims, and Disputes

The Hospital 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 Hospital.

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 services.

Self-Funded Health Insurance

The Hospital is self-funded for health benefits for eligible employees and their dependents. The Hospital, in connection with this plan, recognizes health benefit expenses on an accrual basis. An accrued liability is recorded at year-end which estimates the incurred but not reported claims that will be paid by the Hospital. The Hospital has stop loss insurance to cover catastrophic claims in excess of \$60,000 per claim and an annual aggregate limit of \$1,282,789 for the plan year ended February 28, 2017.

The Hospital expensed amounts representing the employer’s portion of actual claims paid, adjusted for the estimates of liabilities relating to claims resulting from services provided prior to the fiscal year end not to exceed the annual aggregate expense. The estimated liability is included in accrued expenses in the financial statements. These amounts have been estimated based on historical trends and actuarial analysis. Changes in the balance of claims liabilities during the past two years are as follows:

| <u>Year</u> | <u>Beginning Liability</u> | <u>Current Year Claims and Changes in Estimates</u> | <u>Claim Payments</u> | <u>Ending Liability</u> |
|-------------|----------------------------|---|-----------------------|-------------------------|
| 2016 | \$ 161,041 | \$ 1,135,564 | \$ (1,181,207) | \$ 115,398 |
| 2015 | 116,863 | 1,235,815 | (1,191,637) | 161,041 |



Supplementary Information
December 31, 2016 and 2015
Yuma District Hospital



Independent Auditor's Report on Supplementary Information

The Board of Directors
Yuma District Hospital
Yuma, Colorado

We have audited the financial statements of Yuma District Hospital as of and for the years ended December 31, 2016 and 2015, and our report thereon dated May 31, 2017, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplementary information on page 31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information, excluding the budget information noted below, is the responsibility of management and is 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.

The budget information shown on page 31, which is the responsibility of management, is presented for purposes of additional analysis and is not a required part of the financial statements. The budget information has not been subjected to the auditing procedures applied in the audit of the financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

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

Fargo, North Dakota
May 31, 2017

Yuma District Hospital
Schedule of Revenues and Expenses – Budget and Actual
Year Ended December 31, 2016

| | Budget (unaudited) | Actual | Variance Favorable/ (Unfavorable) |
|--|-----------------------|----------------------|---|
| Operating Revenues | | | |
| Net patient service revenue | \$ 22,511,310 | \$ 20,204,510 | \$ (2,306,800) |
| Other revenue | 211,375 | 142,646 | (68,729) |
| Total operating revenues | 22,722,685 | 20,347,156 | (2,375,529) |
| Nonoperating Revenues (Expense) | | | |
| Ad valorem taxes | 813,174 | 892,144 | 78,970 |
| Interest expense | (1,707,000) | (1,542,811) | 164,189 |
| Unrestricted gifts and bequests | 70,000 | 60,011 | (9,989) |
| Investment income | 323,000 | 108,226 | (214,774) |
| Gain on disposal of capital assets | 1,000 | - | (1,000) |
| Total nonoperating revenues (expense) | (499,826) | (482,430) | 17,396 |
| Total revenues | \$ 22,222,859 | \$ 19,864,726 | \$ (2,358,133) |
| Expenses | | | |
| Salaries and wages | \$ 9,942,155 | \$ 9,885,351 | \$ 56,804 |
| Employee benefits | 2,883,225 | 2,234,655 | 648,570 |
| Depreciation | 1,475,000 | 1,531,052 | (56,052) |
| Supplies | 2,216,615 | 2,250,352 | (33,737) |
| Purchased services | 2,608,480 | 2,819,937 | (211,457) |
| Other | 2,494,679 | 2,938,932 | (444,253) |
| Total expenses | 21,620,154 | 21,660,279 | (40,125) |
| Capital Budget | 464,026 | 126,073 | 337,953 |
| Debt Retirement | | | |
| Principal paid | 371,969 | 544,506 | (172,537) |
| Total expenditures | \$ 22,456,149 | \$ 22,330,858 | \$ 125,291 |

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 accounting principles generally accepted in the United States of America.
2. Management believes that the Hospital is compliant with the rules of Colorado's Taxpayer's Bill of Rights (TABOR).



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
Yuma District Hospital
Yuma, 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 Audit Standards*, issued by Comptroller General of the United States, the statements of net position of Yuma District Hospital (Hospital) as of and for the year ended 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, and have issued our report thereon dated May 31, 2017.

Internal Control over Financial Reporting

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

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However as described in the accompanying Schedule of Findings and Responses, we identified certain deficiencies in internal control that we consider to be material weaknesses.

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 Hospital's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiencies described in the accompanying Schedule of Findings and Responses to be material weaknesses (Findings 2016-A, 2016-B, and 2016-C).

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.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of material misstatement, we performed tests of the Hospital'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*.

The Hospital's Responses to Findings

The Hospital's responses to the findings identified in our audit are described in the accompanying Schedule of Findings and Responses. The Hospital'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 purpose of this report is solely to describe the scope of our testing of internal controls and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital'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
May 31, 2017

2016-A

**Preparation of Financial Statements
Material Weakness in Internal Control over Financial Reporting**

Criteria

A properly designed system of internal control over financial reporting includes preparation of an entity's financial statements and accompanying notes by internal personnel of the entity. Management is responsible for establishing and maintaining internal control over financial reporting and procedures related to the fair presentation of the financial statements, including the accompanying footnotes, in accordance with generally accepted accounting principles (GAAP).

Condition

The Hospital does not have an internal control system designed to provide for the preparation of financial statements and related footnotes being audited. As auditors, we were requested to draft the financial statements and accompanying notes to the financial statements. In addition, audit adjustments were required that were considered material to the financial statements.

Cause

This situation is partially due to the limited resources in the financial reporting process due to budgetary constraints.

Effect

The effect of this condition is that the year-end financial reporting is prepared by a party outside of the entity. The outside party does not have constant contact with the ongoing financial transactions that internal staff have. Furthermore, it is possible that new standards may not be adopted and applied timely to the interim financial statements. It is the responsibility of the Hospital's management and those charged with governance to make a decision whether to accept the degree of risk associated with this condition because of cost or other considerations.

Recommendation

We recommend that management continue reviewing operating procedures in order to obtain the maximum internal control over financial reporting possible under the circumstances to enable staff to draft the financial statements internally.

*Views of Responsible
Officials*

Management agrees with the finding.

2016-B

**Account Reconciliations and Material Audit Adjustments
Material Weakness in Internal Control over Financial Reporting**

Criteria

A good system of internal control involves reconciliation of accounts on a monthly basis, with review for accuracy and timeliness.

Condition

Currently, there are several accounts such as cash, accounts receivable, estimated third-party settlements, inventories, prepaids, investments, property and equipment, accounts payable, and accrued expenses as well as the related revenues and expenses, that are not being reconciled on a monthly basis and this has resulted in a lack of internal financial statements throughout the year and a material amount of proposed audit adjustments. As a result, the audit process included preparation of entries. With inaccurate financial statements, it is difficult to make changes in the operations on a timely basis in response to financial performance and make appropriate decisions for the future.

| | |
|---------------------------------------|---|
| <i>Cause</i> | A proper reconciliation between the Hospital's general ledger and subsidiary accounts was not performed resulting in material adjustments. |
| <i>Effect</i> | The design of internal control over financial reporting could adversely affect the ability to record, process, summarize, and report financial data consistent with the assertions of management in the financial statements. The need for these adjustments indicates that the Hospital's interim financial information is not materially correct, which may affect management decisions made during the course of the year. |
| <i>Recommendation</i> | We recommend that the accounts be reviewed concurrently with monthly close out procedures by printing monthly reports from the modules and reconcile the balances with the general ledger. Any differences should be investigated and corrected on a timely basis. In addition to performing these reconciliations, an individual should be assigned to review the reconciliations on a monthly basis to ensure the accuracy and timeliness of the reconciliations. |
| <i>Views of Responsible Officials</i> | Management agrees with the finding. |

**2016-C Segregation of Duties
Material Weakness in Internal Control over Financial Reporting**

| | |
|---------------------------------------|---|
| <i>Criteria</i> | 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. |
| <i>Condition</i> | The limited number of staff of the Hospital does not facilitate the segregation of duties necessary to achieve a low level of control risk. |
| <i>Cause</i> | The Hospital's size and budget constraints limit the number of personnel and does not facilitate the segregation of duties necessary to adequately separate procedures. |
| <i>Effect</i> | Inadequate segregation of duties could adversely affect the Hospital's ability to detect and correct unintentional or intentional misstatements in amounts that would be material to the financial statements in a timely period by employees in the normal course of performing their assigned functions. |
| <i>Recommendation</i> | While we recognize that the Hospital's staff may not be large enough to permit complete segregation of duties in all respects for an effective system of internal accounting control, all accounting functions should be reviewed to determine if additional segregation is feasible and to improve the efficiency and effectiveness of the financial management of the Hospital. |
| <i>Views of Responsible Officials</i> | Management agrees with the finding. |