



**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

Financial Statements

For the Years Ended December 31, 2022 and 2021

Supplementary Information

For the Year Ended December 31, 2022

And

Independent Auditors' Report

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Huerfano County Hospital District
d/b/a Spanish Peaks Regional Health Center
Walsenburg, Colorado

Opinion

We have audited the accompanying financial statements of Huerfano County Hospital District, dba Spanish Peaks Regional Health Center (the District), which comprise the statements of net position as of December 31, 2022 and 2021, and the related statements of revenues, expenses and changes in net position and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Huerfano County Hospital District as of December 31, 2022 and 2021, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management 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, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Auditors' Responsibility for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the District's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing 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. Our opinion on the basic financial statements is not affected by this missing information.

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of budget and actual revenues and expenses for the year ended December 31, 2022 as listed in the table of contents is presented for the purpose of additional analysis and is 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.

Stockman Kast Ryan + Co, LLP

September 25, 2023

See notes to financial statements

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**STATEMENTS OF NET POSITION
DECEMBER 31, 2022 AND 2021**

	2022	2021
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 6,436,417	\$ 12,431,137
Cash held for residents	71,865	111,514
Patient accounts receivable, net	3,883,527	3,589,731
Property taxes receivable	1,020,633	1,016,633
Estimated third-party payer settlements	225,723	
Employee retention tax credits receivable	3,303,095	
Supplies	626,631	591,154
Other current assets	352,225	561,999
Total current assets	<u>15,920,116</u>	<u>18,302,168</u>
NON-CURRENT CASH AND INVESTMENTS		
Internally designated	2,432,206	2,428,494
Assets whose use is limited		
Investments held as collateral on long-term debt	1,500,000	1,500,000
Held by Colorado State Treasurer	270,165	270,204
Cash restricted by donors	131,345	77,269
Total non-current cash and investments	<u>4,333,716</u>	<u>4,275,967</u>
CAPITAL ASSETS, NET	<u>12,665,208</u>	<u>8,980,379</u>
TOTAL	<u>\$ 32,919,040</u>	<u>\$ 31,558,514</u>

(Continued)

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**STATEMENTS OF NET POSITION
DECEMBER 31, 2022 AND 2021**

	2022	2021
LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION		
CURRENT LIABILITIES		
Accounts payable	\$ 891,906	\$ 705,225
Accrued expenses and other current liabilities	1,731,817	1,345,154
Deposits from residents	71,865	111,514
Estimated third-party payer settlements		52,631
Current maturities of notes payable	179,149	262,927
Current maturities of lease liabilities	459,475	217,768
Total current liabilities	3,334,212	2,695,219
NOTES PAYABLE	949,841	1,130,891
LEASE LIABILITIES	1,809,418	232,971
Total liabilities	6,093,471	4,059,081
DEFERRED INFLOWS OF RESOURCES		
Deferred property tax revenues	1,020,633	1,007,633
TOTAL LIABILITIES AND DEFERRED INFLOWS OF RESOURCES	7,114,104	5,066,714
NET POSITION		
Net investment in capital assets	9,267,325	7,135,822
Restricted expendable	1,901,510	1,847,473
Unrestricted	14,636,101	17,508,505
Total net position	25,804,936	26,491,800
TOTAL	\$ 32,919,040	\$ 31,558,514

See notes to financial statements

(Concluded)

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
OPERATING REVENUES		
Net patient service revenue	\$ 28,261,876	\$ 25,876,202
Other operating revenue	<u>1,656,101</u>	<u>1,723,786</u>
Total operating revenues	<u>29,917,977</u>	<u>27,599,988</u>
OPERATING EXPENSES		
Salaries, wages and employee benefits	21,078,569	18,151,534
Supplies and other	7,184,888	5,206,639
Purchased services and professional fees	5,339,094	3,305,622
Depreciation	<u>1,446,123</u>	<u>1,321,050</u>
Total operating expenses	<u>35,048,674</u>	<u>27,984,845</u>
LOSS FROM OPERATIONS	<u>(5,130,697)</u>	<u>(384,857)</u>
NON-OPERATING INCOME (EXPENSE)		
Employer retention tax credits	3,303,095	
Forgiveness of debt		3,642,730
Property taxes	1,060,374	1,011,973
Non-capital grants and gifts	116,666	2,550,076
Investment income	29,381	30,652
Interest expense	(100,864)	(81,422)
Other	<u>(4,642)</u>	<u>(1,238)</u>
Non-operating income, net	<u>4,404,010</u>	<u>7,152,771</u>
REVENUES OVER (UNDER) EXPENSES BEFORE CAPITAL GRANTS AND GIFTS	(726,687)	6,767,914
CAPITAL GRANTS AND GIFTS	<u>39,823</u>	<u>332,551</u>
INCREASE (DECREASE) IN NET POSITION	(686,864)	7,100,465
NET POSITION, BEGINNING OF YEAR	<u>26,491,800</u>	<u>19,391,335</u>
NET POSITION, END OF YEAR	<u>\$ 25,804,936</u>	<u>\$ 26,491,800</u>

See notes to financial statements

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
OPERATING ACTIVITIES		
Receipts from and on behalf of patients	\$ 27,689,726	\$ 25,176,647
Payments to suppliers and contractors	(12,353,873)	(8,318,747)
Payments to employees	(20,675,334)	(18,018,506)
Other receipts, net	<u>1,799,749</u>	<u>1,255,157</u>
Net cash provided by (used in) operating activities	<u>(3,539,732)</u>	<u>94,551</u>
NON-CAPITAL FINANCING ACTIVITIES		
Property taxes supporting operations	1,060,374	1,011,973
Non-capital grants and gifts	116,666	2,550,076
Other	<u>(4,642)</u>	<u>(1,238)</u>
Net cash provided by non-capital financing activities	<u>1,172,398</u>	<u>3,560,811</u>
CAPITAL AND RELATED FINANCING ACTIVITIES		
Capital grants and gifts	39,823	332,551
Purchases of capital assets	(2,961,186)	(1,295,083)
Principal payments on notes payable and lease liabilities	(616,440)	(730,797)
Interest paid	<u>(100,864)</u>	<u>(81,422)</u>
Net cash used in capital and related financing activities	<u>(3,638,667)</u>	<u>(1,774,751)</u>
INVESTING ACTIVITIES		
Investment income	29,381	30,652
Purchase of investments	(306,097)	(200,000)
Proceeds from maturities of investments	<u>304,929</u>	<u>189,470</u>
Net cash provided by investing activities	<u>28,213</u>	<u>20,122</u>
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(5,977,788)	1,900,733
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>14,749,149</u>	<u>12,848,416</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 8,771,361</u>	<u>\$ 14,749,149</u>

(Continued)

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
RECONCILIATION OF CASH AND CASH EQUIVALENTS TO THE STATEMENTS OF NET POSITION		
Cash and cash equivalents	\$ 6,436,417	\$ 12,431,137
Cash held for residents	71,865	111,514
Cash held by Colorado State Treasurer	270,165	270,204
Cash restricted by donors	131,345	77,269
Internally designated	<u>1,861,569</u>	<u>1,859,025</u>
TOTAL CASH AND CASH EQUIVALENTS	<u>\$ 8,771,361</u>	<u>\$ 14,749,149</u>
RECONCILIATION OF LOSS FROM OPERATIONS TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		
Loss from operations	\$ (5,130,697)	\$ (384,857)
Depreciation	1,446,123	1,321,050
Changes in operating assets and liabilities		
Patient accounts receivable	(293,796)	(1,489,795)
Estimated third-party payor settlements	(278,354)	790,240
Accounts payable and other current liabilities	533,695	173,019
Other	<u>183,297</u>	<u>(315,106)</u>
Net cash provided by (used in) operating activities	<u>\$ (3,539,732)</u>	<u>\$ 94,551</u>
NONCASH INVESTING, CAPITAL AND FINANCING ACTIVITIES		
Forgiveness of debt		<u>\$ 3,642,730</u>
Lease liabilities incurred for capital assets	<u>\$ 2,169,766</u>	

See notes to financial statements

(Concluded)

HUERFANO COUNTY HOSPITAL DISTRICT D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations and Reporting Entity — Huerfano County Hospital District d/b/a Spanish Peaks Regional Health Center (the District) is a political subdivision formed under the Colorado Revised Statutes as a local service and improvement district to provide medical care to the residents of Huerfano County, Colorado, including Walsenburg. The District supports and operates the Spanish Peaks Hospital (the Hospital), a 20-bed facility that is certified as a Critical Access Hospital. In addition, a 120-bed Spanish Peaks Veterans Community Living Center (the Living Center) is operated by the District adjacent to the Hospital. The District has component units but is not a component unit of another governmental entity.

In November 1993, the District entered into a contract for the operation of the Living Center with the state of Colorado for the benefit of the Department of Human Services. Under the terms of the contract, the District is responsible for the costs associated with operating the facility; in return, all revenue, bank accounts and receivables accrue to the benefit of the District. The original term of the contract was 20 years and is renewable at the District's option for successive 10-year terms up to 99 years from the original commencement date.

As discussed above, expenditures made in excess of revenues earned by the Living Center are the responsibility of the District.

The District is organized to finance and operate a hospital and a nursing home. As required by accounting principles generally accepted in the United States of America, these financial statements present the District and each of its component units. The component units are included in the District's reporting entity because of the significance of their operational or financial relationships with the District.

Basis of Accounting and Presentation — The financial statements of the District have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, liabilities and deferred inflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally federal and state grants and county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions.

Government-mandated nonexchange transactions that are not program specific (such as county appropriations), property taxes, investment income and interest on capital assets-related debt are included in nonoperating income and expense. The District first applies restricted net positions when an expense or outlay is incurred for purposes for which both restricted and unrestricted net positions are available.

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

Cash and Cash Equivalents — The District considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2022 and 2021, cash equivalents consisted primarily of certificates of deposit.

Patient Accounts Receivable — The District reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. Patient accounts receivable are due in full when billed. The District provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

Supplies — Supply inventories are stated at the lower of cost or market. Costs are determined using the first-in, first-out (FIFO) method.

Investments and Investment Income — Investments in U.S. Treasury obligations and in nonnegotiable certificates of deposit are carried at amortized cost. All other investments are carried at fair value.

Investment income includes dividend and interest income, realized gains and losses on investments carried at other than fair value and the net change for the year in the fair value of investments carried at fair value.

Capital Assets — Capital assets are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under lease liabilities and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. Amortization of assets subject to leases is reported with depreciation expense. The following estimated useful lives are being used by the District:

Buildings and leasehold improvements	10 – 40 years
Equipment and computer software	3 – 10 years

The District evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss.

No asset impairment was recognized during the years ended December 31, 2022 and 2021.

Compensated Absences — District policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the

statement of net position date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

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

Deferred Inflows of Resources — The District reports decreases in net position that relate to future periods as deferred inflows of resources in a separate section of its statements of net position.

Net Position — Net position of the District is classified in three components on its statements of net position.

- Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets.
- Restricted expendable net position is made up of noncapital assets that must be used for a particular purpose, as specified by creditors, grantors or donors external to the District, including amounts deposited with trustees as required by debt agreements, reduced by the outstanding balances of any related borrowings.
- Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue — The District has agreements with third-party payers that provide for payments to the District at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. The provision for uncollectible accounts totaled \$679,074 and \$58,275 for the years ended December 31, 2022 and 2021, respectively. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care — The District provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the District does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. The costs of charity care provided under the District's charity care policy were \$246,007 and \$479,269 in 2022 and 2021, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Property Taxes — The District received approximately 3% of its financial support from property taxes in both 2022 and 2021. These funds were used to support operations. Property taxes are assessed in January and are due in one installment on April 30 or in two installments on February 28 and June 15 of each year. Property tax revenue is recognized in the year for which the taxes are levied.

Income Taxes — As an essential government function of the County, the District is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law. However, the District is subject to federal income tax on any unrelated business taxable income.

Living Center Cost Allocations — Costs for the use of shared facilities, common areas and joint operations are allocated between the Living Center and the District in accordance with Medicare and Medicaid principles and guidelines. Allocation bases, such as direct salary dollars, and square footage are used to allocate the costs accumulated in the various departments between the two facilities.

Change in Accounting Principle — In June 2017, the GASB issued Statement No. 87, *Leases*. The objective of this statement is to increase the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases previously classified as operating leases. Under this statement, a lessee is required to recognize a lease liability and an intangible asset representing the lessee's right to use the leased asset, thereby enhancing the relevance and consistency of information about governments' leasing activities.

The District adopted Statement No. 87 during the year ended December 31, 2022. See Note 7 for additional information on leases. The adoption of Statement No. 87 did not have a material impact on the financial statements of the District. Accordingly, the District did not restate its financial statements for the year ended December 31, 2021.

Subsequent Events — The District has evaluated subsequent events for recognition or disclosure through the date of the Independent Auditors' Report, which is the date the financial statements were available for issuance.

Reclassifications — Certain amounts in the 2021 financial statements have been reclassified to conform with the current year format.

2. NET PATIENT SERVICE REVENUE

The District has agreements with third-party payers that provide for payments to the District at amounts different from its established rates. These payment arrangements include:

Medicare. The District is designated as a Critical Access Hospital and is reimbursed on a cost basis. The District is reimbursed at tentative rates with final settlement determined after submission of annual cost reports by the District and audit thereof by the Medicare fiscal intermediary.

Medicaid. Inpatient acute care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Medicaid outpatient services are paid based on prospectively determined rates. Rural health encounters are reimbursed at a tentative rate with final settlement determined after submission of cost reports and audits thereof by Medicaid.

Approximately 73% and 75% of net patient service revenue are from participation in the Medicare and Medicaid programs for the years ended December 31, 2022 and 2021,

respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

The state of Colorado has implemented a fee on hospitals to generate matching funds to the state from federal sources through the Colorado Healthcare Accountability and Sustainability Enterprise (CHASE).

During the years ended December 31, 2022 and 2021, the impact on the District's financial statements was as follows:

	2022	2021
CHASE supplemental payments included		
in net patient service revenue	\$ 4,259,425	\$ 3,673,109
CHASE fee expense	<u>(651,168)</u>	<u>(426,112)</u>
Effect of CHASE payments and fees	<u>\$ 3,608,257</u>	<u>\$ 3,246,997</u>

The CHASE provider fee payments have been recorded as an operating expense and the supplemental payments received have been recorded as an adjustment to net patient service revenue in the accompanying financial statements.

3. PATIENT ACCOUNTS RECEIVABLE, NET

The District grants credit without collateral to its patients, many of whom are insured under third-party payer agreements. Patient accounts receivable at December 31, 2022 and 2021 consisted of:

	2022	2021
Medicare	\$ 2,198,335	\$ 1,753,094
Medicaid	1,217,724	786,504
Other third-party payers	2,328,472	2,510,781
Patients	<u>830,470</u>	<u>545,325</u>
Total	6,575,001	5,595,704
Less allowance for contractual adjustments and uncollectible accounts	<u>(2,691,474)</u>	<u>(2,005,973)</u>
Patient accounts receivable, net	<u>\$ 3,883,527</u>	<u>\$ 3,589,731</u>

4. DEPOSITS AND INVESTMENTS

Deposits — Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The District's deposit policy for custodial credit risk requires compliance with the provisions of state law.

The Colorado Public Deposit Protection Act (the PDPA) requires financial institutions to collateralize any uninsured public deposits. The bank balance is insured by federal insurance (FDIC) for up to \$250,000 for interest and noninterest bearing accounts. Any excess of deposit accounts over the FDIC limit that is not insured is covered by collateral pledged by the financial institution in accordance with the PDPA.

At December 31, 2022 and 2021, \$9,624,709 and \$15,682,108, respectively, of the District's bank balances of \$11,350,014 and \$16,977,020, respectively, were exposed to custodial credit risk as follows:

	2022	2021
Insured (FDIC) or collateralized with securities held by the District	\$ 1,725,305	\$ 1,294,912
Uninsured and collateral held by pledging financial Institution's trust department or agent in other than the District's name	9,354,544	15,411,904
Held by Colorado State Treasurer	<u>270,165</u>	<u>270,204</u>
Total	<u>\$ 11,350,014</u>	<u>\$ 16,977,020</u>

Investments — The District may legally invest in certificates of deposit and direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities. It may also invest to a limited extent in equity securities. Certificates of deposit and U.S. Treasury notes are valued at cost as an estimate of fair value. The District categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles based on the valuation of inputs used to measure the fair value of investments. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; and Level 3 inputs are significant unobservable inputs. The District's certificates of deposit and U.S. Treasury note are considered Level 2 investments.

Interest Rate Risk – As a means of limiting its exposure to fair value losses arising from rising interest rates, the District's investment policy is limited to purchasing securities that mature within one year from the date of purchase for operating funds and five years or less from the date of purchase for capital reserves. A U.S. Treasury note was acquired to use as collateral on a note payable to bank and has a maturity date of August 31, 2026.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. As of December 31, 2022 and 2021, the District's only investments consist of money market accounts, certificates of deposit, and the U.S. Treasury note discussed above.

Concentration of Credit Risk – The District's policy is to not have any single investment exceed one-third of the total portfolio, except for U.S. Treasury securities and federal agencies.

Foreign Currency Risk – This risk is related to adverse effects on the fair value of an investment from changes in exchange rates. The District's investment policy does not permit foreign currency holdings.

Summary of Carrying Values — The carrying values of deposits and investments shown above are included in the statements of net position as follows:

	2022	2021
Carrying Value:		
Bank deposits	\$ 8,498,621	\$ 14,474,550
US Treasury note	1,500,000	1,500,000
Certificates of deposit	570,637	569,469
On deposit with Colorado State Treasurer	270,165	270,204
Cash on hand	<u>2,575</u>	<u>4,395</u>
Total	<u>\$ 10,841,998</u>	<u>\$ 16,818,618</u>

Included in the following statement of net position captions:

	2022	2021
Cash and cash equivalents	\$ 6,436,417	\$ 12,431,137
Cash held for residents	71,865	111,514
Noncurrent cash and investments:		
Internally designated	2,432,206	2,428,494
Investments to be held as collateral on long term debt	1,500,000	1,500,000
Held by Colorado State Treasurer	270,165	270,204
Cash restricted by donors	<u>131,345</u>	<u>77,269</u>
Total	<u>\$ 10,841,998</u>	<u>\$ 16,818,618</u>

5. CAPITAL ASSETS

Capital assets activity is as follows for the years ended December 31, 2022 and 2021:

	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
2022:					
Land	\$ 17,633				\$ 17,633
Buildings and leasehold improvements	22,439,075	\$ 224,778		\$ 81,688	22,745,541
Equipment	10,868,140	1,589,440		183,145	12,640,725
Lease right-of use assets					
Equipment	1,947,470	2,169,766		310,916	4,428,152
Construction in progress	<u>504,703</u>	<u>1,146,968</u>		<u>(575,749)</u>	<u>1,075,922</u>
	<u>35,777,021</u>	<u>5,130,952</u>	<u>\$ —</u>	<u>—</u>	<u>40,907,973</u>
Less accumulated depreciation:					
Buildings and leasehold improvements	16,050,759	613,925			16,664,684
Equipment	9,428,919	590,589			10,019,508
Lease right-of-use assets					
Equipment	<u>1,316,964</u>	<u>241,609</u>			<u>1,558,573</u>
	<u>26,796,642</u>	<u>1,446,123</u>	<u>—</u>	<u>—</u>	<u>28,242,765</u>
Capital assets, net	<u>\$ 8,980,379</u>	<u>\$ 3,684,829</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 12,665,208</u>

2021:					
Land	\$	17,633		\$	17,633
Buildings and leasehold improvements		22,264,139	\$	174,936	22,439,075
Equipment		10,118,061		615,544	134,535
Lease right-of use assets					10,868,140
Equipment		2,571,582		\$ (624,112)	1,947,470
Construction in progress		<u>134,635</u>		<u>504,603</u>	<u>(134,535)</u>
		<u>35,106,050</u>		<u>1,295,083</u>	<u>(624,112)</u>
					<u>—</u>
					<u>35,777,021</u>
Less accumulated depreciation:					
Buildings and leasehold improvements		15,488,479		562,280	16,050,759
Equipment		9,154,902		274,017	9,428,919
Lease right-of-use assets					
Equipment		<u>1,456,323</u>		<u>484,753</u>	<u>\$ (624,112)</u>
		<u>26,099,704</u>		<u>1,321,050</u>	<u>(624,112)</u>
					<u>—</u>
					<u>26,796,642</u>
Capital assets, net	\$	<u>9,006,346</u>	\$	<u>(25,967)</u>	\$
				<u>—</u>	\$
				<u>—</u>	<u>8,980,379</u>

6. LINE OF CREDIT

The District has a line of credit agreement with a financial institution that provides for borrowings of up to \$1,000,000 through the maturity date of December 3, 2023. Interest on the line of credit borrowing is payable monthly at the prime rate less 1.35% with a floor of 3.5%. The line is collateralized by the District's accounts receivable. There were no transactions during 2022 or 2021.

7. LONG TERM DEBT

The following is a summary of long-term debt transactions for the years ended December 31:

	Beginning Balance	Additions	Reductions	Ending Balance	Amounts Due Within One Year
2022:					
Notes payable to banks	\$ 1,393,818		\$ (264,828)	\$ 1,128,990	\$ 179,149
Lease liabilities	<u>450,739</u>	<u>\$ 2,169,766</u>	<u>(351,612)</u>	<u>2,268,893</u>	<u>459,475</u>
Total long-term debt	<u>\$ 1,844,557</u>	<u>\$ 2,169,766</u>	<u>\$ (616,440)</u>	<u>\$ 3,397,883</u>	<u>\$ 638,624</u>
2021:					
Notes payable to banks	\$ 1,579,858		\$ (186,040)	\$ 1,393,818	\$ 262,927
PPP loan	3,262,267		(3,262,267)	—	
Note payable to medical Center	658,270		(658,270)	—	
Lease liabilities	<u>717,689</u>		<u>(266,950)</u>	<u>450,739</u>	<u>217,768</u>
Total long-term debt	<u>\$ 6,218,084</u>	<u>\$ —</u>	<u>\$ (4,373,527)</u>	<u>\$ 1,844,557</u>	<u>\$ 480,695</u>

Notes Payable to Banks — The District had a note payable to bank with an outstanding balance of \$90,886 as of December 31, 2021. Principal was payable annually and interest was payable monthly at 4.6%. The note was secured by real property. The note was paid in full during the year ended December 31, 2022.

During 2012, the District entered into a promissory note payable to a bank with maximum available borrowings for construction of \$2,500,000. As of December 31, 2022 and 2021, borrowings under the note totaled \$1,128,990 and \$1,302,932, respectively. Interest only payments at 4% were due until November 2013, when principal and interest payments became due monthly. The note matures in October 2027 and is secured by a U.S. Treasury note with a balance of \$1,500,000 as of December 31, 2021. The loan agreement requires the maintenance of certain financial covenants.

The debt service requirements of the notes payable to banks are as follows as of December 31, 2022:

	Principal	Interest	Total
2023	\$ 179,149	\$ 43,505	\$ 222,654
2024	186,443	36,211	222,654
2025	194,255	28,399	222,654
2026	202,281	20,373	222,654
2027	<u>366,862</u>	<u>10,602</u>	<u>377,464</u>
Total	<u>\$ 1,128,990</u>	<u>\$ 139,090</u>	<u>\$ 1,268,080</u>

Paycheck Protection Program (PPP) Loan — The CARES Act and other subsequent legislation provided a Small Business Administration (SBA) loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. The Payroll Protection Program (PPP) loans are forgiven if all employee retention criteria are met and the funds are used for eligible expenses. The Hospital received a PPP loan of \$3,262,267 in April of 2020. The loan had an interest rate of 1%, with monthly payments of \$183,571 due monthly starting seven months after the receipt of the loan. In August of 2021, the District received legal notice that the PPP loan was forgiven in the amount of \$3,262,267 and recognized the gain from extinguishment within non-operating income.

Notes Payable to Medical Center — The District had a note payable to a medical center with an outstanding balance of \$658,270 as of December 31, 2020. Installments of principal and interest, at 4.25%, were due monthly. The District received notice that the note payable to the medical center was forgiven as of August 31, 2021. The principal remaining as of August 31, 2021 amounted to \$380,463 and the District recognized the gain from extinguishment within non-operating income.

Lease Liabilities — The District is obligated under leases for buildings and equipment that are accounted for as lease liabilities. Lease liabilities are due in monthly installments including principal and interest at varying amounts from \$4,339 to \$30,406, including interest at varying rates from 1.75% to 3.75% through 2027; collateralized by related equipment.

The following is a schedule by year of future minimum lease payments under the leases as of December 31, 2022:

	Principal	Interest	Total
2023	\$ 459,475	\$ 72,759	\$ 532,234
2024	475,211	57,023	532,234
2025	474,218	40,749	514,967
2026	416,590	24,948	441,538
2027	<u>443,399</u>	<u>7,252</u>	<u>450,651</u>
Total	<u>\$ 2,268,893</u>	<u>\$ 202,731</u>	<u>\$ 2,471,624</u>

8. RESTRICTED EXPENDABLE NET POSITION

At December 31, 2022 and 2021, restricted expendable net position is available for the following purposes:

	2022	2021
Investments held as collateral on long-term debt	\$ 1,500,000	\$ 1,500,000
Living Center expense reserve held by Colorado State Treasurer	270,165	270,204
Resident needs	<u>131,345</u>	<u>77,269</u>
Total restricted expendable net position	<u>\$ 1,901,510</u>	<u>\$ 1,847,473</u>

At December 31, 2022 and 2021, \$2,432,206 and \$2,428,494, respectively, of cash and investments have been designated for future use by the District's Board of Directors. Designated balances remain under the control of the Board of Directors and may be used at their discretion.

9. PENSION PLAN

The District has established and administers the Spanish Peaks Regional Health Center 403(b) Plan (the Plan), a defined contribution plan. Benefit terms may be amended by the District. For all full-time employees meeting the eligibility requirements of the Plan, the employer will make matching contributions of up to 50% of the first 6% of compensation deferred under the compensation reduction election of the employee into the Plan. Employees are permitted to make contributions to the pension plan, up to applicable Internal Revenue Code limits. Employees are immediately vested in their own contributions and earnings on those contributions. Employer contributions into the Plan are subject to a 5-year graded vesting schedule. Non-vested employer contributions are forfeited upon termination of employment. Forfeitures are used to reduce the employer contributions. Except as permitted under the Plan, distributions from an employee's account may not be made earlier than the earliest date on which the employee has severance from employment, dies, becomes disabled, or attains age 59½. Contributions made or accrued by the District totaled \$262,486 and \$249,747 during 2022 and 2021, respectively.

10. LIVING CENTER EXPENSE RESERVE ACCOUNT

Under the terms of the operating contract with the state of Colorado (the State), the District is required to establish and fund an expense reserve account, under control of the State, to fund operations should the State be required to assume control of the Living Center. The District is required to make annual payments equal to one-half of the Living Center's average monthly net accounts receivable balance. The annual payments are to be made until the balance in the fund equals \$660,000. The District is allowed to borrow, interest free, up to 75% of the amount in the account. The balance in the expense reserve account (net of outstanding loans) was \$270,165 and \$270,204 as of December 31, 2022 and 2021, respectively, and is included in noncurrent cash and investments (see Note 4). Accordingly, the District had net borrowings from the account of \$389,835 and \$389,796 as of December 31, 2022 and 2021, respectively. Should the State assume control of the Living Center, the District would be required to repay the amount borrowed.

11. VETERANS' HEALTH ADMINISTRATION GRANT REVENUE

The Living Center receives Veterans Health Administration grant revenues as a contractor of the state of Colorado for the purpose of providing nursing home care to eligible veterans. For the years ended December 31, 2022 and 2021, such grant revenue totaled \$1,378,037 and \$1,274,254, respectively, and is recorded as other operating revenue in the accompanying financial statements.

12. RISK MANAGEMENT AND CONTINGENCIES

Malpractice Insurance — The District purchases medical malpractice insurance under a claims-made (or occurrence-basis) policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the District's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Litigation, Claims and Disputes — In the normal course of business, the District is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the District's commercial insurance. The District evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Self-Funded Health Plan — Commencing in 2021, the District became self-funded for health benefits for eligible employees and their dependents. The District has stop loss insurance to cover claims in excess of \$60,000 per claim. The District recognizes health benefit expenses relating this plan 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 District. The accrued liability is estimated based on historical trends and actual payments made subsequent to year-end. Activity relating to the self-funded health plan claims liability for the years ended

December 31, 2022 and 2021 is as follows:

	2022	2021
Estimated claims liability, Beginning of year	\$ 185,000	\$ —
Estimated claims incurred	2,350,169	2,526,521
Claims paid	<u>(2,195,169)</u>	<u>(2,341,521)</u>
Estimated claims liability, End of year	<u>\$ 340,000</u>	<u>\$ 185,000</u>

13. TAX, SPENDING AND DEBT LIMITATIONS

Colorado voters passed an amendment to the State Constitution, Article X, Section 20, which has several limitations, including revenue raising, spending abilities and other specific requirements of state and local governments. The District's financial activity provides the basis for calculation of limitations adjusted for allowable increases tied to inflation and local growth.

The amendment excludes enterprises from its provisions. Enterprises are defined as government-owned businesses authorized to issue revenue bonds and who receive less than 10% of their annual revenue in grants from all state and local governments combined. The District is of the opinion that its operations qualify for this exclusion.

14. COVID-19 PANDEMIC AND RELATED FUNDING

Patient volumes and related revenues have periodically been significantly affected by the COVID-19 pandemic as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses. Admissions and elective surgeries at the District's facilities were periodically banned or limited as a precautionary measure. The District has also incurred additional costs relating to the COVID-19 pandemic.

In response to the COVID-19 outbreak the Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed into law on March 27, 2020. The CARES Act authorizes funding to hospitals and other health care providers to be distributed through the Provider Relief Fund (PRF) and American Rescue Plan (ARP) Rural Distribution. PRF and ARP distributions are to be used to prevent, prepare for, and respond to coronavirus, and shall reimburse the recipient for health care related expenses or lost revenues attributed to COVID-19. PRF and ARP distributions received and not used for these purposes by various deadlines are required to be refunded.

The District was awarded \$1,077,058 and \$4,774,821 of PRF and ARP distributions during the years ended December 31, 2021 and 2020, respectively. The District recognized \$1,251,015 of PRF and ARP distributions within non-capital grants and gifts in the accompanying statement of revenues, expenses and changes in net position for the year ended December 31, 2021. The remainder of the PRF and ARP revenues were recognized during the year ended December 31, 2000.

The District will continue to monitor compliance with the terms and conditions of the PRF and ARP. The terms and conditions governing the PRF and ARP are complex and subject to interpretation. If the District is unable to attest to or comply with current or future terms and conditions the District's ability to retain some or all of the distributions received may be affected.

See Note 7 regarding the PPP loan obtained by the District in 2020 and forgiven in 2021.

During the year ended December 31, 2021, the Living Center received grants totaling \$929,803 from the Department of Veteran Affairs pursuant to the American Rescue Plan Act, which have been recorded within non-capital grants and gifts within non-operating income in the accompanying statement of revenues, expenses and changes in net position for the year ended December 31, 2021.

The CARES Act provides for employee retention tax credits, which are refundable tax credits against certain employment taxes. During 2022, the District determined that it is eligible for refundable employee retention tax credits for the six months ended June 30, 2021. Subsequent to December 31, 2022, the District filed for the tax credits. The District has recognized a receivable and non-operating income of \$3,303,095 for the employee retention tax credits as of and for the year ended December 31, 2022. Employee retention tax credit claims are subject to audit by the Internal Revenue Service.

15. CONDENSED COMBINING INFORMATION

The following tables include condensed combining statements of net position information for the District and its blended component units as of December 31, 2022 and 2021:

	DECEMBER 31, 2022				
	DISTRICT	HOSPITAL	NURSING HOME	ELIMINATIONS	TOTALS
ASSETS					
Current assets	\$ 7,135,029	\$ 12,565,021	\$ 6,762,998	\$ (10,542,932)	\$ 15,920,116
Non-current cash and investments	4,202,371		131,345		4,333,716
Capital assets, net		9,905,211	2,759,997		12,665,208
Total	<u>\$ 11,337,400</u>	<u>\$ 22,470,232</u>	<u>\$ 9,654,340</u>	<u>\$ (10,542,932)</u>	<u>\$ 32,919,040</u>
LIABILITIES					
Current liabilities		\$ 13,406,545	\$ 470,599	\$ (10,542,932)	\$ 3,334,212
Long-term liabilities		2,759,259			2,759,259
Total liabilities	<u>\$ -</u>	<u>16,165,804</u>	<u>470,599</u>	<u>(10,542,932)</u>	<u>6,093,471</u>
DEFERRED INFLOWS OF RESOURCES	<u>1,020,633</u>				<u>1,020,633</u>
NET POSITION					
Net investment in capital assets		6,507,328	2,759,997		9,267,325
Restricted expendable	1,770,165		131,345		1,901,510
Unrestricted	8,546,602	(202,900)	6,292,399		14,636,101
Total net position	<u>10,316,767</u>	<u>6,304,428</u>	<u>9,183,741</u>	<u>-</u>	<u>25,804,936</u>
Total	<u>\$ 11,337,400</u>	<u>\$ 22,470,232</u>	<u>\$ 9,654,340</u>	<u>\$ (10,542,932)</u>	<u>\$ 32,919,040</u>
DECEMBER 31, 2021					
	DISTRICT	HOSPITAL	NURSING HOME	ELIMINATIONS	TOTALS
ASSETS					
Current assets	\$ 6,066,395	\$ 13,399,362	\$ 5,938,970	\$ (7,102,559)	\$ 18,302,168
Non-current cash and investments	4,198,698		77,269		4,275,967
Capital assets, net		6,086,899	2,893,480		8,980,379
Total	<u>\$ 10,265,093</u>	<u>\$ 19,486,261</u>	<u>\$ 8,909,719</u>	<u>\$ (7,102,559)</u>	<u>\$ 31,558,514</u>
LIABILITIES					
Current liabilities		\$ 9,295,839	\$ 501,939	\$ (7,102,559)	\$ 2,695,219
Long-term liabilities		1,363,862			1,363,862
Total liabilities	<u>\$ -</u>	<u>10,659,701</u>	<u>501,939</u>	<u>(7,102,559)</u>	<u>4,059,081</u>
DEFERRED INFLOWS OF RESOURCES	<u>1,007,633</u>				<u>1,007,633</u>
NET POSITION					
Net investment in capital assets		4,339,675	2,796,147		7,135,822
Restricted expendable	1,770,204		77,269		1,847,473
Unrestricted	7,487,256	4,486,885	5,534,364		17,508,505
Total net position	<u>9,257,460</u>	<u>8,826,560</u>	<u>8,407,780</u>	<u>-</u>	<u>26,491,800</u>
Total	<u>\$ 10,265,093</u>	<u>\$ 19,486,261</u>	<u>\$ 8,909,719</u>	<u>\$ (7,102,559)</u>	<u>\$ 31,558,514</u>

The following tables include condensed combining statements of revenues, expenses and changes in net position information for the District and its blended component units for the years ended December 31, 2022 and 2021:

YEAR END DECEMBER 31, 2022					
DISTRICT	HOSPITAL	NURSING HOME	ELIMINATIONS	TOTALS	
OPERATING REVENUES					
Net patient service revenue	\$ 19,649,295	\$ 8,612,581		\$ 28,261,876	
Other operating revenue	278,064	1,378,037		1,656,101	
Total operating revenues	\$ -	19,927,359	9,990,618	\$ -	29,917,977
OPERATING EXPENSES					
Depreciation	1,090,093	356,030		1,446,123	
Other operating expenses	23,269,111	10,333,340		33,602,551	
Total operating expenses	100	24,359,204	10,689,370	-	35,048,674
INCOME (LOSS) FROM OPERATIONS	(100)	(4,431,845)	(698,752)	-	(5,130,697)
NON-OPERATING INCOME (EXPENSE)					
Employer retention tax credits		1,934,380	1,368,715		3,303,095
Property taxes	1,060,374				1,060,374
Non-capital grants and gifts		48,592	68,074		116,666
Other	(967)	(73,259)	(1,899)		(76,125)
Non-operating income, net	1,059,407	1,909,713	1,434,890	-	4,404,010
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS AND TRANSFERS	1,059,307	(2,522,132)	736,138		(726,687)
CAPITAL GRANTS AND GIFTS			39,823		39,823
CHANGE IN NET POSITION	1,059,307	(2,522,132)	775,961	-	(686,864)
NET POSITION, BEGINNING OF YEAR	9,257,460	8,826,560	8,407,780		26,491,800
NET POSITION, END OF YEAR	\$ 10,316,767	\$ 6,304,428	\$ 9,183,741	\$ -	\$ 25,804,936

YEAR END DECEMBER 31, 2021					
DISTRICT	HOSPITAL	NURSING HOME	ELIMINATIONS	TOTALS	
OPERATING REVENUES					
Net patient service revenue	\$ 18,103,320	\$ 7,772,882		\$ 25,876,202	
Other operating revenue	449,532	1,274,254		1,723,786	
Total operating revenues	\$ -	18,552,852	9,047,136	\$ -	27,599,988
OPERATING EXPENSES					
Depreciation	978,830	342,220		1,321,050	
Other operating expenses	141	17,550,345	9,113,309		26,663,795
Total operating expenses	141	18,529,175	9,455,529	-	27,984,845
INCOME (LOSS) FROM OPERATIONS	(141)	23,677	(408,393)	-	(384,857)
NON-OPERATING INCOME (EXPENSE)					
Forgiveness of debt		2,598,804	1,043,926		3,642,730
Property taxes	1,011,973				1,011,973
Non-capital grants and gifts		1,417,021	1,133,055		2,550,076
Other	27,998	(76,120)	(3,886)		(52,008)
Non-operating income, net	1,039,971	3,939,705	2,173,095	-	7,152,771
REVENUES OVER EXPENSES BEFORE CAPITAL GRANTS, GIFTS AND TRANSFERS	1,039,830	3,963,382	1,764,702	-	6,767,914
CAPITAL GRANTS AND GIFTS		332,551			332,551
CHANGE IN NET POSITION	1,039,830	4,295,933	1,764,702	-	7,100,465
NET POSITION, BEGINNING OF YEAR	8,217,630	4,530,627	6,643,078		19,391,335
NET POSITION, END OF YEAR	\$ 9,257,460	\$ 8,826,560	\$ 8,407,780	\$ -	\$ 26,491,800

The following tables include condensed combining statements of cash flows information for the District and its blended component units for the years ended December 31, 2022 and 2021:

	YEAR END DECEMBER 31, 2022			
	DISTRICT	HOSPITAL	NURSING HOME	TOTALS
NET CASH PROVIDED BY (USED IN):				
Operating activities	\$ (100)	\$ (1,157,172)	\$(2,382,460)	\$ (3,539,732)
Noncapital financing activities	100	1,106,123	66,175	1,172,398
Capital and related financing activities		(3,358,610)	(280,057)	(3,638,667)
Investing activities	2,507	25,706		28,213
Increase (decrease) in cash and cash equivalents	2,507	(3,383,953)	(2,596,342)	(5,977,788)
Cash and cash equivalents, beginning of year	2,130,738	9,713,166	2,905,245	14,749,149
Cash and cash equivalents, end of year	<u>\$ 2,133,245</u>	<u>\$ 6,329,213</u>	<u>\$ 308,903</u>	<u>\$ 8,771,361</u>
	YEAR END DECEMBER 31, 2021			
	DISTRICT	HOSPITAL	NURSING HOME	TOTALS
NET CASH PROVIDED BY (USED IN):				
Operating activities	\$ (141)	\$ 339,501	\$ (244,809)	\$ 94,551
Noncapital financing activities	(20,486)	2,452,128	1,129,169	3,560,811
Capital and related financing activities		(1,531,366)	(243,385)	(1,774,751)
Investing activities	18,706	1,416		20,122
Increase in cash and cash equivalents	(1,921)	1,261,679	640,975	1,900,733
Cash and cash equivalents, beginning of year	2,132,659	8,451,487	2,264,270	12,848,416
Cash and cash equivalents, end of year	<u>\$ 2,130,738</u>	<u>\$ 9,713,166</u>	<u>\$ 2,905,245</u>	<u>\$ 14,749,149</u>

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

Supplementary Information

**HUERFANO COUNTY HOSPITAL DISTRICT
D/B/A SPANISH PEAKS REGIONAL HEALTH CENTER**

**BUDGET AND ACTUAL REVENUES AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022**

	<u>ACTUAL</u>	<u>BUDGET</u>	<u>FAVORABLE (UNFAVORABLE) VARIANCE</u>
OPERATING REVENUES			
Net patient service revenue	\$ 28,261,876	\$ 31,319,281	\$ (3,057,405)
Other operating revenue	<u>1,656,101</u>	<u>2,918,351</u>	<u>(1,262,250)</u>
Total operating revenues	<u>29,917,977</u>	<u>34,237,632</u>	<u>(4,319,655)</u>
OPERATING EXPENSES			
Salaries, wages and employee benefits	21,078,569	22,053,310	974,741
Other operating expenses	<u>13,970,105</u>	<u>11,664,004</u>	<u>(2,306,101)</u>
Total operating expenses	<u>35,048,674</u>	<u>33,717,314</u>	<u>(1,331,360)</u>
INCOME (LOSS) FROM OPERATIONS	(5,130,697)	520,318	(5,651,015)
NON-OPERATING INCOME, NET	4,404,010	1,078,398	3,325,612
CAPITAL GRANTS AND GIFTS	<u>39,823</u>	<u>-</u>	<u>39,823</u>
INCREASE (DECREASE) IN NET POSITION	<u>\$ (686,864)</u>	<u>\$ 1,598,716</u>	<u>\$ (2,285,580)</u>