



Financial Statements
December 31, 2024 and 2023

**Keefe Memorial Health Service District,
dba Keefe Memorial Hospital**

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Independent Auditor's Report

The Board of Directors
Keefe Memorial Health Service District
dba Keefe Memorial Hospital
Cheyenne Wells, Colorado

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Keefe Memorial Health Service District, dba Keefe Memorial Hospital (Hospital), as of and for the years then ended December 31, 2024 and 2023, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the Hospital, as of December 31, 2024 and 2023, and the respective changes in 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital 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 the 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 Hospital's ability to continue as a going concern for twelve months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities 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 auditor's 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 GAAS and *Government 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 GAAS and *Government 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 Hospital'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 Hospital'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.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Schedules of Revenue and Expenses — Budget and Actual on page 23 be presented to supplement the basic financial statements. Such information is the responsibility of management and, 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 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.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 28, 2025 on our consideration of the Hospital’s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 effectiveness of the Hospital’s 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 the Hospital’s internal control over financial reporting and compliance.



Denver, Colorado
May 28, 2025

Keefe Memorial Hospital
Statements of Net Position - Assets
December 31, 2024 and 2023

	2024	2023
Assets		
Current Assets		
Cash and cash equivalents	\$ 509,215	\$ 449,762
Short-term investments	6,158,997	5,998,059
Receivables		
Patient, net of estimated uncollectibles of \$464,000 in 2024 and \$739,000 in 2023	1,134,104	1,211,685
Property taxes	1,408,009	1,517,302
Estimated third-party payor settlements	203,102	-
Supplies	353,036	415,464
Prepaid expenses and other current assets	359,517	351,852
Total current assets	10,125,980	9,944,124
Capital Assets		
Capital assets not being depreciated	123,542	23,101
Capital assets being depreciated, net	5,825,477	6,559,588
Right to use leased assets, net	-	23,200
Right to use subscription IT assets, net	431,063	458,640
Total capital assets	6,380,082	7,064,529
Total assets	\$ 16,506,062	\$ 17,008,653

Keefe Memorial Hospital

Statements of Net Position - Liabilities, Deferred Inflows of Resources and Net Position
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Liabilities, Deferred Inflows of Resources and Net Position		
Current Liabilities		
Current maturities of leases	\$ -	\$ 6,663
Current maturities of subscription IT liabilities	146,290	120,797
Accounts payable	632,304	498,068
Accrued salaries and benefits	537,446	332,959
Estimated third-party payor settlements	-	99,359
Total current liabilities	<u>1,316,040</u>	<u>1,057,846</u>
Subscription IT liabilities, less current maturities	<u>300,522</u>	<u>350,805</u>
Total liabilities	<u>1,616,562</u>	<u>1,408,651</u>
Deferred Inflows of Resources- Property Taxes	<u>1,408,009</u>	<u>1,517,302</u>
Total liabilities and deferred inflows of resources	<u>3,024,571</u>	<u>2,925,953</u>
Net Position		
Net investment in capital assets	5,933,270	6,586,264
Unrestricted	<u>7,548,221</u>	<u>7,496,436</u>
Total net position	<u>13,481,491</u>	<u>14,082,700</u>
Total liabilities, deferred inflows of resources, and net position	<u>\$ 16,506,062</u>	<u>\$ 17,008,653</u>

Keefe Memorial Hospital
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2024 and 2023

	2024	2023
Operating Revenues		
Net patient service revenue (net of provision for bad debts of \$1,056,000 in 2024 and \$458,000 in 2023)	\$ 12,958,617	\$ 9,595,047
Other revenue	71,073	55,559
Total operating revenues	13,029,690	9,650,606
Operating Expenses		
Salaries and wages	5,773,896	4,931,579
Professional fees and purchased services	4,255,930	3,710,956
Employee benefits	1,135,168	830,489
Depreciation and amortization	990,258	887,317
Supplies and pharmaceuticals	1,669,881	1,388,810
Repairs and maintenance	578,193	465,635
Utilities	193,834	207,254
Laboratory	1,335,802	634,913
Other	679,604	537,929
Total operating expenses	16,612,566	13,594,882
Operating Loss	(3,582,876)	(3,944,276)
Nonoperating Revenues (Expenses)		
Property taxes	1,731,917	1,562,421
Investment income	170,052	122,100
Interest expense	(16,107)	(13,691)
Noncapital contributions and grants	767,799	584,435
Provider Relief Funds	-	253,881
Other	328,006	154,192
Net nonoperating revenues	2,981,667	2,663,338
Revenues Less Than Expenses and Change in Net Position	(601,209)	(1,280,938)
Net Position, Beginning of Year	14,082,700	15,363,638
Net Position, End of Year	\$ 13,481,491	\$ 14,082,700

Keefe Memorial Hospital
Statements of Cash Flows
Years Ended December 31, 2024 and 2023

	2024	2023
Operating Activities		
Receipts from and on behalf of patients	\$ 12,733,737	\$ 9,229,400
Other receipts	71,073	55,559
Payments to suppliers and other contractors	(8,342,295)	(6,391,137)
Payments to and on behalf of employees	(6,704,577)	(5,900,829)
Net Cash used for Operating Activities	(2,242,062)	(3,007,007)
Noncapital Financing Activities		
Property taxes received	1,731,917	1,562,421
Noncapital contributions and grants	767,799	584,435
Nonoperating other revenue	328,006	154,192
Net Cash from Noncapital Financing Activities	2,827,722	2,301,048
Capital and Capital Related Financing Activities		
Purchases of capital assets	(371,203)	(1,425,669)
Principal payments on lease liabilities	(6,663)	(19,042)
Interest paid	(16,107)	(13,691)
Principal payments on subscription based IT liabilities	(141,348)	(116,151)
Net Cash used for Capital and Related Financing Activities	(535,321)	(1,574,553)
Investing Activities		
Purchases of short-term investments	(160,938)	(91,804)
Investment income	170,052	122,100
Net Cash from Investing Activities	9,114	30,296
Net Change in Cash and Cash Equivalents	59,453	(2,250,216)
Cash and Cash Equivalents, Beginning of Year	449,762	2,699,978
Cash and Cash Equivalents, End of Year	\$ 509,215	\$ 449,762

Keefe Memorial Hospital
Statements of Cash Flows
Years Ended December 31, 2024 and 2023

	2024	2023
Reconciliation of Operating Loss to Net Cash from (used for) Operating Activities		
Operating loss	\$ (3,582,876)	\$ (3,944,276)
Adjustments to reconcile operating loss to net cash from (used for) operating activities:		
Provision for bad debts	1,056,124	457,855
Depreciation and amortization	990,258	887,317
Changes in assets and liabilities		
Accounts receivable	(978,543)	(726,794)
Supplies	62,428	105,499
Prepaid expenses	(7,665)	7,568
Estimated third-party payor settlements	(302,461)	(96,708)
Accounts payable	316,186	441,293
Accrued expenses	204,487	(138,761)
Net Cash used for Operating Activities	\$ (2,242,062)	\$ (3,007,007)
Supplemental Disclosure of Noncash Capital and Capital Related Financing Activities		
Subscription IT liability for the acquisition of subscription IT assets	\$ 116,558	\$ 91,910
Accounts payable for capital assets	\$ -	\$ 181,950

Note 1 - Reporting Entity and Summary of Significant Accounting Policies

The financial statements of Keefe Memorial Health Service District, dba Keefe Memorial Hospital, (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

The Hospital is an 11-bed acute care hospital located in Cheyenne Wells, Colorado. The Hospital is organized as a political subdivision of the state of Colorado and has been recognized by the Internal Revenue Service as exempt from federal income taxes under Internal Revenue Code Section 501(a). The Hospital is governed by the Board of Directors, which is publicly elected. The Board of Directors exercises governing oversight responsibility for the Hospital which includes such duties as budget review, care of patients, and management of the facilities as set forth by the ordinance of Cheyenne Wells.

For financial reporting purposes, the Hospital has evaluated all funds, organizations, agencies, boards, commissions, and authorities, none of which met the criteria for inclusion within the Hospital financial statements. The Hospital has also considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Hospital are such that the exclusion would cause the Hospital's financial situation to be misleading or incomplete. The GASB has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Hospital to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the Hospital. The Hospital does not have a component unit which meets the GASB criteria.

Measurement Focus and Basis of Accounting

Measurement focus 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, liabilities, and deferred inflows of resources, with the difference reported as net position. Net position is reported in the following categories/components:

Net investment in capital assets consists of net capital assets and right to use leased assets, subscription IT assets, reduced by the outstanding balances of any related debt obligations, lease liabilities, subscription IT liabilities, 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:

Restricted – 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.

Short-Term Investments

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

Patient Receivables

Patient receivables are uncollateralized noninterest bearing 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

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 Trustees to be collected in the next fiscal year. However, by statute, the tax asking becomes effective on the first day of the following year. Although the property tax receivable has been recorded, the related revenue is considered a deferred inflow of resources – unavailable revenue and will not be recognized as revenue until the year in which it is levied.

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

Supplies

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

Investment Income

Interest on deposits is included in nonoperating revenues when earned.

Capital Assets

Property and equipment acquisitions in excess of \$1,000 are capitalized and recorded at cost. Depreciation is provided over the estimated useful life of each depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. The estimated useful lives of capital assets are as follows:

Buildings	30-40 years
Improvements	10-15 years
Equipment	5-20 years

Gifts of long-lived assets such as land, buildings, or equipment are reported as additions to unrestricted net position and are excluded from revenues in excess of 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.

Right to Use Subscription IT Assets

Right to use subscription IT assets are recognized at the subscription commencement date and represent the Hospital's right to use the underlying IT asset for the subscription term. Right to use subscription IT assets are measured at the initial value of the subscription liability plus any payments made to the vendor at the commencement of the subscription term, less any subscription incentives received from the vendor at or before the commencement of the subscription term, plus any capitalizable initial implementation costs necessary to place the subscription asset into service. Right to use subscription IT assets are amortized over the shorter of the subscription term or useful life of the underlying asset using the straight-line method. The amortization period varies from 2 to 5 years.

Right to Use Leased Assets

Right to use leased assets are recognized at the lease commencement date and represent the Hospital's right to use an underlying asset for the lease term. Right to use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to place the lease asset into service. Right to use leased assets are amortized over the shorter of the lease term or useful life of the underlying asset using the straight-line method. The amortization period is 4 years.

Impairment of Long-Lived Assets

The Hospital considers whether indicators of impairment are present and performs the necessary analysis to determine if the carrying values of assets are appropriate. No impairment was identified for the years ended December 31, 2024 and 2023.

Compensated Absences

The Hospital's employees earn paid time-off days at varying rates depending on years of service. Employees may accumulate paid time-off up to a specified maximum. Employees are paid for accumulated paid time-off upon termination. The liability for compensated absences includes vacation, personal time, personal illness and the required payroll taxes. The liability is included with accrued salaries and benefits in the accompanying financial statements.

Deferred Inflows of Resources

Deferred inflows of resources represent an increase in net position that applies to future periods and so will not be recognized as an inflow of resources (revenue) until then. The deferred inflows of resources reported in the financial statements are unavailable property taxes. Property taxes will be recognized as revenue in the year they become available.

Lease Liabilities

Lease liabilities represent the Hospital's obligation to make lease payments arising for the lease. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments expected to be made during the lease term. The present value of lease payments are discounted based on a borrowing rate determined by the Hospital.

Subscription Liabilities

Subscription liabilities represent the Hospital's obligation to make subscription payments arising from the subscription contract. Subscription liabilities are recognized at the subscription commencement date based on the present value of future subscription payments expected to be made during the subscription term. The present value of subscription payments are discounted based on a borrowing rate determined by the Hospital.

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 of the Hospital result from exchange transactions associated with providing health care services - the Hospital's principal activity, and the costs of providing those services, including depreciation and excluding interest cost. All other revenues and expenses are reported as nonoperating.

Net Patient Service Revenue

The 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 estimated cost of providing these services was \$155,000 and \$106,000 for the years ended December 31, 2024 and 2023, 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.

Colorado Healthcare Affordability and Sustainability Enterprise

The Hospital participates in the Colorado Healthcare Affordability and Sustainability Enterprise (CHASE) 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 paid approximately \$112,000 and \$104,000 in CHASE fees for the years ended December 31, 2024 and 2023, which were recorded in operating expenses. The Hospital received approximately \$2,220,000 and \$1,379,000 of supplemental payments for the years ended December 31, 2024 and 2023, which are recorded in net patient service revenue.

Grants and Contributions

The Hospital may receive grants as well as contributions from individuals and private organizations. 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 nonoperating revenues. Amounts restricted to capital acquisitions are reported in nonoperating revenues (expenses).

Budgets

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

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 a cost reimbursement methodology with final settlement determined after submission of annual cost reports by the Hospital and are subject to audits thereof by the Medicare intermediary. Prior to obtaining CAH status, inpatient acute care and outpatient services rendered to Medicare program beneficiaries were paid at prospectively determined rates per visit. These rates varied according to a patient classification system based on clinical, diagnostic, and other factors. The Hospital’s Medicare cost reports have been settled by the Medicare intermediary through the year ended December 31, 2020.

Medicaid – Inpatient services and outpatient 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.

Blue Cross – Inpatient services rendered to Blue Cross subscribers are paid at prospectively determined rates per discharge. Outpatient services are reimbursed at outpatient payment fee screens or at charges less a prospectively determined discount. The prospectively determined discount is not subject to retroactive adjustment.

The Hospital has also entered into payment agreements with other 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, 2024 and 2023:

	2024	2023
Medicare	26%	37%
Medicaid	13%	16%
Blue Cross	21%	18%
Other commercial and government payors	38%	26%
Self pay	2%	3%
	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.

Net patient service revenues decreased by approximately \$50,000 and \$88,000 for the years ended December 31, 2024 and 2023, respectively due to adjustments to amounts previously estimated third party settlements as a result of final settlements, adjustments to amounts previously estimated and years that are no longer likely subject to audits, reviews, and investigations. For the year ended December 31, 2024, additional revenue of approximately \$545,000 was recognized due to changes in the estimate of allowance for doubtful accounts and contractual adjustments due to better than anticipated collections.

Note 3 - Deposits

The carrying amounts of deposits as of December 31, 2024 and 2023 is as follows:

	2024	2023
Carrying Amount		
Cash and deposits	\$ 6,668,212	\$ 6,447,821

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

	2024	2023
Cash and cash equivalents	\$ 509,215	\$ 449,762
Short-term investments	6,158,997	5,998,059
	\$ 6,668,212	\$ 6,447,821

The Hospital’s short-term investments consist of certificates of deposit that are carried at cost plus accrued interest with a maturity of less than one year.

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 deposits in excess of federal insurance levels must be collateralized by eligible collateral as determined by the PDPA.

PDPA allows the financial institution to create a single collateral pool for all public funds held. The pool is to be maintained by another institution, or held in trust for all the uninsured public deposits as a group. The market value of the collateral must be at least equal to 102% of the uninsured deposits. At December 31, 2024 and 2023, the Hospital’s deposits in banks were entirely covered by federal depository insurance and PDPA.

Note 4 - Capital Assets, Leases, and Subscription IT Arrangements

Capital assets activity and balances for the year ended December 31, 2024 are as follows:

	December 31, 2023	Additions	Transfers and Retirements	December 31, 2024
Capital assets not being depreciated				
Land	\$ 11,258	\$ -	\$ -	\$ 11,258
Construction in progress	11,843	100,441	-	112,284
Total capital assets not being depreciated	<u>\$ 23,101</u>	<u>\$ 100,441</u>	<u>\$ -</u>	<u>\$ 123,542</u>
Capital assets being depreciated				
Buildings and improvements	\$ 8,114,594	\$ -	\$ -	\$ 8,114,594
Equipment	5,759,548	88,812	-	5,848,360
Total capital assets being depreciated	<u>\$ 13,874,142</u>	<u>\$ 88,812</u>	<u>\$ -</u>	<u>\$ 13,962,954</u>
Less accumulated depreciation for:				
Buildings and improvements	(3,065,356)	\$ (335,650)	\$ -	(3,401,006)
Equipment	(4,249,198)	(487,273)	-	(4,736,471)
Total accumulated depreciation	<u>(7,314,554)</u>	<u>\$ (822,923)</u>	<u>\$ -</u>	<u>(8,137,477)</u>
Net capital assets being depreciated	<u>\$ 6,559,588</u>			<u>\$ 5,825,477</u>
Capital assets, net	<u>\$ 6,582,689</u>			<u>\$ 5,949,019</u>

Capital assets activity and balances for the year ended December 31, 2023, are as follows:

	December 31, 2022	Additions	Transfers and Retirements	December 31, 2023
Capital assets not being depreciated				
Land	\$ 11,258	\$ -	\$ -	\$ 11,258
Construction in progress	4,394	758,376	(750,927)	11,843
Total capital assets not being depreciated	<u>\$ 15,652</u>	<u>\$ 758,376</u>	<u>\$ (750,927)</u>	<u>\$ 23,101</u>
Capital assets being depreciated				
Buildings and improvements	\$ 7,198,587	\$ 165,081	\$ 750,926	\$ 8,114,594
Equipment	5,439,286	320,262	-	5,759,548
Total capital assets being depreciated	<u>12,637,873</u>	<u>485,343</u>	<u>750,926</u>	<u>13,874,142</u>
Less accumulated depreciation for:				
Buildings and improvements	(2,782,151)	\$ (283,205)	\$ -	(3,065,356)
Equipment	(3,778,615)	(470,583)	-	(4,249,198)
Total accumulated depreciation	<u>(6,560,766)</u>	<u>(753,788)</u>	<u>-</u>	<u>(7,314,554)</u>
Net capital assets being depreciated	<u>\$ 6,077,107</u>			<u>\$ 6,559,588</u>
Capital assets, net	<u>\$ 6,092,759</u>			<u>\$ 6,582,689</u>

Projects in progress at December 31, 2024 and 2023, primarily represents ongoing building improvements.

Lessee Activities

The Hospital entered into an agreement for medical equipment. The lease terminated in 2024 and was not renewed. Under the terms of the lease agreement, the Hospital paid monthly principal and interest payments of \$1,691. The lease liability was valued using a discount rate of 7.3% based on the Hospital's incremental borrowing rate at the inception of the lease.

Subscription-Based Information Technology Arrangements (SBITAs)

The Hospital entered into numerous SBITA contracts for access to various software. The Hospital is required to make principal and interest payments through January 2029. The Hospital used a discount rate based off the Hospital's incremental borrowing rate.

Right to use lease and subscription IT asset activity for the year ended December 31, 2024, are as follows:

	December 31, 2023	Additions	Transfers and Retirements	December 31, 2024
Right-to-use leased assets being amortized				
Equipment	\$ 84,730	\$ -	\$ -	\$ 84,730
Total right-of-use leased assets	84,730	-	-	84,730
Less accumulated amortization for:				
Equipment	(61,530)	(23,200)	-	(84,730)
Total accumulated amortization	(61,530)	\$ (23,200)	\$ -	(84,730)
Net right-of-use leased assets	<u>\$ 23,200</u>			<u>\$ -</u>
Right-of-use subscription IT assets	\$ 634,409	\$ 116,558	\$ -	\$ 750,967
Less accumulated amortization	(175,769)	(144,135)	-	(319,904)
Net right to use subscription	<u>\$ 458,640</u>			<u>\$ 431,063</u>

Right to use lease and subscription IT asset activity for the year ended December 31, 2023, are as follows:

	December 31, 2022	Additions	Transfers and Retirements	December 31, 2023
Right-to-use leased assets being amortized				
Equipment	\$ 84,730	\$ -	\$ -	\$ 84,730
Total right-of-use leased assets being amortized	84,730	-	-	84,730
Less accumulated amortization for:				
Equipment	(49,426)	(12,104)	-	(61,530)
Total accumulated amortization	(49,426)	\$ (12,104)	\$ -	(61,530)
Net right-of-use leased assets	<u>\$ 35,304</u>			<u>\$ 23,200</u>
Right-of-use subscription IT assets	\$ 542,499	\$ 91,910	\$ -	\$ 634,409
Less accumulated amortization	(54,344)	(121,425)	-	(175,769)
Net right to use subscription	<u>\$ 488,155</u>			<u>\$ 458,640</u>

Note 5 - Long-Term Liabilities

A schedule of changes in the Hospital's long-term liabilities during the years ended December 31, 2024 and 2023, are as follows:

	Balance December 31, 2023	Additions	Payments	Balance December 31, 2024	Due Within One Year
Lease liabilities	\$ 6,663	\$ -	\$ (6,663)	\$ -	\$ -
Subscription IT liabilities	471,602	116,558	(141,348)	446,812	146,290
Compensated Absences*	214,166	129,057	-	343,223	343,223
Total long-term debt	\$ 692,431	\$ 245,615	\$ (148,011)	\$ 790,035	\$ 489,513

	Balance December 31, 2022	Additions	Payments	Balance December 31, 2023	Due Within One Year
Lease liabilities	\$ 25,705	\$ -	\$ (19,042)	\$ 6,663	\$ 6,663
Subscription IT liabilities	495,843	91,910	(116,151)	471,602	120,797
Compensated Absences*	338,076	(123,910)	-	214,166	214,166
Total long-term debt	\$ 859,624	\$ (32,000)	\$ (135,193)	\$ 692,431	\$ 341,626

* The roll-forward schedule only reports the net change in the compensated absences liability.

Remaining principal and interest payments on subscription IT liabilities at December 31, 2024, are as follows:

<u>Years Ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2025	\$ 146,290	\$ 12,033
2026	150,607	7,716
2027	109,163	3,457
2028	39,686	869
2029	1,066	4
	\$ 446,812	\$ 24,079

Note 6 - Pension Plan

The Hospital participates in the Keefe Memorial Hospital Employees' Retirement Plan, a defined contribution pension plan sponsored by the Hospital under which employees become eligible upon reaching age 21 and completion of three months of service. The plan is administered by One America. The Hospital matches employee contributions up to 5% after the employees first year of service. Employees vest at a rate of 20% annually over five years and are 100% vested at the end of five years. The Hospital has the authority to change the terms of the plan. There were no forfeitures or employee liabilities for the years ended December 31, 2024, 2023 and 2022. Total pension plan expense was approximately \$80,000, \$60,000, and \$49,000 for the years ended December 31, 2024, 2023 and 2022, respectively.

Note 7 - Concentrations 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, 2024 and 2023 was as follows:

	2024	2023
Medicare	20%	26%
Medicaid	6%	11%
Blue Cross	21%	10%
Other commercial and government payors	37%	23%
Self pay	16%	30%
	100%	100%

Note 8 - Contingencies

Risk Management

The Hospital is exposed to various risks of loss from torts; theft or 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. 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 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.

Colorado Hospital Association Trust - Workers' Compensation Pool

The Hospital is exposed to various risks of loss related to injuries of employees while on the job. On June 1, 1985 the Hospital joined together with other hospitals in the State of Colorado to form the Colorado Hospital Association Trust - Workers' Compensation Pool, a public entity risk pool currently operating as a carrier risk management and insurance program for member hospitals. The Hospital pays an annual contribution to the pool for workers compensation insurance coverage. The pool is financially self-sustaining through member contributions and additional assessments, if necessary, and the Pool purchases reinsurance for claims in excess of a specified self-insured retention, which is determined by the trust. There have been no significant reductions in coverage from the prior year and settled claims have not exceeded coverage in any of the past three fiscal years.

Colorado Counties Health Insurance Pool

The Hospital is exposed to various risks of loss related to health insurance coverage. In June 1988 due to the high cost of health coverage, the Hospital joined together with other counties in the State of Colorado to form the County Health Insurance Pool, a public entity risk pool operating as a common risk management and insurance program for member counties. The Hospital pays monthly premiums for health insurance coverage. The intergovernmental agreement provides that the pool will be financially self-sustaining through member contributions and additional assessments. There have been no significant reductions in coverage from the prior year and settled claims have not exceeded coverage in any of the past three fiscal years.

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.

Note 9 - Related Parties

During the years ended December 31, 2024 and 2023, the Hospital had consulting expenses of approximately \$466,000 and \$675,000, respectively and a payable of approximately \$38,000 and \$37,000 as of December 31, 2024 and 2023, respectively to a Company owned by a member of management. The Hospital had revenue of approximately \$23,000 and \$0 from the Foundation Prairie View Health Resources, Inc. during the years ended December 31, 2024 and 2023, respectively.



Supplementary Information
December 31, 2024

**Keefe Memorial Health Service District,
dba Keefe Memorial Hospital**

Keefe Memorial Hospital
Schedules of Revenues and Expenses – Budget and Actual
Year Ended December 31, 2024

	Budgeted Amounts	Actual	Variance Favorable (Unfavorable)
Revenues			
Operating revenues			
Net patient service revenue	\$ 14,962,764	\$ 12,958,617	\$ (2,004,147)
Other revenue	35,180	71,073	35,893
Net operating revenues	<u>14,997,944</u>	<u>13,029,690</u>	<u>(1,968,254)</u>
Nonoperating revenues			
Property tax income	1,656,428	1,731,917	75,489
Investment income	87,379	170,052	82,673
Interest expense	(102)	(16,107)	(16,005)
Noncapital contributions and grants	730,388	767,799	37,411
Other	102,417	328,006	225,589
	<u>2,576,510</u>	<u>2,981,667</u>	<u>405,157</u>
Total revenues	<u>17,574,454</u>	<u>16,011,357</u>	<u>(1,563,097)</u>
Expenditures			
Salaries, wages and benefits	7,617,727	6,909,064	708,663
Professional fees and purchased services	3,049,541	4,255,930	(1,206,389)
Supplies and pharmaceuticals	1,474,818	1,669,881	(195,063)
Repairs and maintenance	563,855	578,193	(14,338)
Utilities	235,331	193,834	41,497
Depreciation	798,775	990,258	(191,483)
Laboratory and other	3,205,089	2,015,406	1,189,683
Total expenditures	<u>16,945,136</u>	<u>16,612,566</u>	<u>332,570</u>
Change in Net Position	<u>\$ 629,318</u>	<u>\$ (601,209)</u>	<u>\$ (1,230,527)</u>

Notes to Schedule

1. Annual budgets are adopted as required by Colorado Statutes. Formal budgetary integration is employed as a management control device during the year. Budgets are adopted on a basis that is consistent with generally accepted accounting principles.
2. Appropriations are adopted by resolutions in total. For the year ended December 31, 2024, there were no additional resolutions for supplementary budget and appropriation.
3. 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
Keefe Memorial Health Service District
dba Keefe Memorial Hospital
Cheyenne Wells, Colorado

We have audited in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of Keefe Memorial Health Service District, dba Keefe Memorial Hospital (Hospital) as of and for the year ended December 31, 2024, and the related notes to the financial statements, which collectively comprise the Hospital’s basic financial statements and have issued our report thereon dated May 28, 2025.

Report on 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) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital’s internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital’s internal control.

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. We identified certain deficiencies in internal control, described in the accompanying Schedule of Findings and Responses as items 2024-001 and 2024-002 to be material weaknesses.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. 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 Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the Hospital's response to the findings identified in our audit and described in the accompanying Schedule of Findings and Responses. The Hospital's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

Purpose of this Report

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

A handwritten signature in cursive script that reads "Eide Bailly LLP".

Denver, Colorado
May 28, 2025

Financial Statement Findings

2024-001 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 in accordance with GAAP.

Condition – The Hospital does not have an internal control system designed to provide for the preparation of financial statements being audited, including related disclosures in accordance with U.S generally accepted accounting principles (GAAP).

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

Effect – Lack of internal control over financial reporting could adversely impact the ability to record, process, and report financial information consistent with management’s assertions.

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 identify issues timely and make proper changes.

Views of Responsible Officials – The Hospital agrees with the finding and will continue to monitor the Hospital’s operations and procedures very closely. In addition, the Hospital will review its internal control over its financial reporting process and implement improvements in the review and timeliness of review of the financial reporting process.

2024-002 Reconciliation Controls and Material Misstatements
Material Weakness in Internal Control Over Financial Reporting

Criteria – An effective system of internal control depends on adequate and timely controls over account reconciliations. Accordingly, an effective system of internal control will be designed such that these functions are performed by in a timely and an accurate manner.

Condition – The Hospital does not have an internal control structure to ensure all significant accounts are fully reconciled. We noted incomplete reconciliations of cash, allowance for patient receivables, third-party settlements, and subscription IT arrangements.

Cause – The Hospital’s control system does not currently require significant accounts to be fully reconciled monthly.

Effect – Incomplete reconciliations could adversely affect the Hospital’s ability to detect and correct unintentional or intentional misstatements in a timely fashion. This resulted in material audit adjustments and can affect reliability of monthly financial statements used for business decisions throughout the year.

Recommendation – We recognize your staffing levels may not be sufficient to permit timely and complete review of account reconciliations. However, the Hospital should consider implementing a control to ensure timely and fully reconciliation of significant accounts.

Views of Responsible Officials – The Hospital agrees with the finding and will continue to monitor the Hospital’s operations and procedures, acknowledging areas for improvement. We recognize that our previous financial software had limitations in fully supporting account reconciliations resulting in manual reconciliations. Effective January 1, 2025, the Hospital implemented a new accounting software system that fully incorporates account reconciliation functionality.