



SCHNECK

Better Healthcare Begins Here

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

CONSOLIDATED FINANCIAL STATEMENTS

AND

REQUIRED SUPPLEMENTARY INFORMATION

DECEMBER 31, 2019 AND 2018

CPAs / ADVISORS



**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

TABLE OF CONTENTS
DECEMBER 31, 2019 AND 2018

	Page
Report of Independent Auditors	1
 Required Supplementary Information	
Management’s Discussion and Analysis (Unaudited).....	i
 Consolidated Financial Statements	
Consolidated Balance Sheets.....	4
Consolidated Statements of Operations and Changes in Net Position.....	6
Consolidated Statements of Cash Flows.....	7
Consolidated Statements of Fiduciary Net Position – 2019 and 2018 (Unaudited).....	9
Consolidated Statement of Changes in Fiduciary Net Position – 2019 and 2018 (Unaudited).....	10
Notes to Consolidated Financial Statements.....	11
 Required Supplementary Information	
Schedule of Changes in the Medical Center’s Net Pension (Asset) Liability and Related Ratios	56
Schedule of Medical Center Contributions.....	57



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REPORT OF INDEPENDENT AUDITORS

Board of Trustees
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) and Affiliated Organizations (collectively the "Medical Center"), component units of Jackson County, which comprise the consolidated balance sheets as of December 31, 2019 and 2018, and the related consolidated statements of operations and changes in net position, and cash flows for the years then ended, and the related notes to the consolidated financial statements. We have also audited the Medical Center's consolidated statement of fiduciary net position as of December 31, 2019 and the related consolidated statement of changes in fiduciary net position for the year then ended and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the *Uniform Compliance Guidelines for Audits of Hospitals and State and Local Governments by Authorized Independent Public Accountants*, issued by the Indiana State Board of Accounts. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the

Board of Trustees
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Medical Center as of December 31, 2019 and 2018 and the results of its operations, its changes in net position and its cash flows for the years then ended, and the Medical Center’s consolidated statement of fiduciary net position as of December 31, 2019 and the results of its consolidated changes in fiduciary net position for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Disclaimer of Opinion on the 2018 Fiduciary Financial Statements

Because we were not engaged to audit the 2018 fiduciary financial statements, which comprise of the consolidated statement of fiduciary net position as of December 31, 2018, and the related consolidated statement of changes in fiduciary net position for the year then ended, we did not extend our auditing procedures to enable us to express an opinion on the consolidated fiduciary net position as of December 31, 2018 and the consolidated statement of changes in fiduciary net position for the year ended December 31, 2018. Accordingly, we express no opinion on the 2018 consolidated fiduciary financial statements.

Change in Accounting Principle

As discussed in Note 2 to the consolidated financial statements, the Medical Center adopted Governmental Accounting Standards Board (“GASB”) Statement No. 84, *Fiduciary Activities*, and GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*. Our opinion is not modified with respect to these matters.

Board of Trustees
Jackson County Schneck Memorial Hospital
and Affiliated Organizations
Seymour, Indiana

Report on Required Supplementary Information

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis, and the schedules of pension plan information on pages i-x and 56-57, respectively, be presented to supplement the basic consolidated financial statements. Such information, although not a part of the basic consolidated 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 consolidated 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 consolidated financial statements, and other knowledge we obtained during our audits of the basic consolidated 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.

Blue & Co., LLC

Louisville, Kentucky
April 30, 2020

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

Management's discussion and analysis of the financial performance of Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) (the "Hospital") and Affiliated Organizations (collectively the "Medical Center") provides an overview of the Medical Center's financial activities and performance for the years ended December 31, 2019 and 2018. This discussion and analysis should be read in conjunction with the accompanying Medical Center's consolidated financial statements.

FINANCIAL HIGHLIGHTS

The Medical Center's net position increased \$35,312,036 from 2018 to 2019. During 2019, the Medical Center's total operating revenue increased by 6.2% to \$303,471,953 with total operating expenses increasing by 5.9% to \$284,572,017.

- The Medical Center raised rates by 5.9% in 2019.
- During the period from 2012 to 2014, the Medical Center assumed ownership of the bed licenses of fifteen long term care facilities. The Medical Center entered into management agreements with the previous owners and/or management entities to manage the day-to-day operations of the facilities. The Medical Center also leases the buildings and premises from the prior owners. The first full year of operations was 2015 with all fifteen facilities included in the Medical Center's financial results. The amount included in income from operations attributable to the nursing facilities was \$8,132,641 in 2019 and \$10,381,764 in 2018.
- In an effort to increase Medicaid reimbursement to hospitals, the State of Indiana implemented a Hospital Assessment Fee program in 2012. Indiana hospitals are assessed a fee which allows the state to access Federal funds allowing it to pay Medicaid patient claims at higher rates, not to exceed Medicare reimbursement. The Medical Center incurred Hospital Assessment Fees expense of \$8,040,460 in 2019 and \$6,520,582 in 2018.
- The construction of an 80,000 square foot addition to the main Hospital facility was completed in May of 2019. The addition is comprised of a five-story medical office building and attached parking garage. Upon completion, one floor of the building was immediately occupied by surgical physician specialists, including a new specialty of neurosurgery. Another floor of the building houses a new primary care office, along with pediatrics and infectious disease physician practices. The construction was completed within the amount budgeted for the project at a completed cost of \$40,764,300.
- During 2019, the Medical Center completed a renovation and expansion of its intensive care unit (ICU), moderate acuity adult care unit, and added an additional surgical suite. The cost of the completed project was \$7,577,100.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2019 AND 2018

The Medical Center's net position increased \$11,088,218 from 2017 to 2018. During 2018, the Medical Center's total operating revenue decreased by 0.2% to \$285,736,564 with total operating expenses increasing by 0.9% to \$268,648,623.

- The Medical Center raised rates by 2.8% in 2018.
- During the period from 2012 to 2014, the Medical Center assumed ownership of the bed licenses of fifteen long term care facilities. The Medical Center entered into management agreements with the previous owners and/or management entities to manage the day-to-day operations of the facilities. The Medical Center also leases the buildings and premises from the prior owners. The first full year of operations was 2015 with all fifteen facilities included in the Medical Center's financial results. The amount included in income from operations attributable to the nursing facilities was \$10,381,764 in 2018 and \$12,578,532 in 2017.
- In an effort to increase Medicaid reimbursement to hospitals, the State of Indiana implemented a Hospital Assessment Fee program in 2012. Indiana hospitals are assessed a fee which allows the state to access Federal funds allowing it to pay Medicaid patient claims at higher rates, not to exceed Medicare reimbursement. The Medical Center incurred Hospital Assessment Fees expense of \$6,520,582 in 2018 and \$5,216,041 in 2017.
- During 2018, ground was broken on a five-story medical office building and attached five-story parking garage. The project is expected to be completed in May 2019, and is anticipated to cost \$41,670,870. As of December 31, 2018, the Medical Center incurred costs of \$20,190,460 related to this project.

FINANCIAL STATEMENTS

The consolidated financial statements of the Medical Center present information about the Medical Center using financial reporting methods similar to those used by private sector companies. These statements offer short-term and long-term financial information. The consolidated balance sheets include all of the Medical Center's assets and liabilities and provide information about the nature and amounts of investments in resources (assets) and the obligations to the Medical Center's creditors (liabilities). It also provides the basis for compiling rate of return, evaluating the capital structure of the Medical Center, and assessing the liquidity and financial flexibility of the Medical Center. All of the current and prior year's revenues and expenses are accounted for in the consolidated statements of operations and changes in net position. This statement measures the financial results of the Medical Center's operations and presents revenues earned and expenses incurred. The consolidated statements of cash flows provide information about the Medical Center's cash flows from operating activities, capital and related financing activities, and investing activities, plus provide information on the sources and uses of cash during both the current and prior year.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2019 AND 2018

FINANCIAL ANALYSIS

The consolidated balance sheets and the consolidated statements of operations and changes in net position report information about the Medical Center's activities. These two statements report the net position of the Medical Center and its changes. Increases or decreases in the Medical Center's net position are one indicator of whether its financial health is improving or deteriorating. However, other non-financial factors such as changes in economic conditions, population changes (including uninsured and medically indigent individuals and families), and new or changed governmental legislation should also be considered.

CONDENSED FINANCIAL INFORMATION

A summary of the Medical Center's consolidated balance sheets as of December 31, 2019 and 2018 is presented below:

	2019	2018	\$ Change	% Change
Assets				
Current assets	\$ 133,097,353	\$ 128,472,530	\$ 4,624,823	3.6%
Capital assets	128,007,070	103,545,109	24,461,961	23.6%
Other assets	169,311,551	162,178,997	7,132,554	4.4%
Total assets	430,415,974	394,196,636	36,219,338	9.2%
Deferred outflows	3,828,501	4,189,274	(360,773)	-8.6%
Total assets and deferred outflows	<u>\$ 434,244,475</u>	<u>\$ 398,385,910</u>	<u>\$ 35,858,565</u>	9.0%
Liabilities				
Current liabilities	\$ 37,570,161	\$ 34,280,696	\$ 3,289,465	9.6%
Long-term liabilities	21,188,548	23,044,897	(1,856,349)	-8.1%
Total liabilities	58,758,709	57,325,593	1,433,116	2.5%
Deferred inflows	1,929,329	2,815,916	(886,587)	-31.5%
Total liabilities and deferred inflows	60,688,038	60,141,509	546,529	0.9%
Net position				
Net investment in capital assets	104,962,171	78,718,861	26,243,310	33.3%
Restricted expendable net position	5,367,529	5,095,651	271,878	5.3%
Restricted nonexpendable net position	344,540	301,276	43,264	14.4%
Unrestricted	262,882,197	254,128,613	8,753,584	3.4%
Total net position	373,556,437	338,244,401	35,312,036	10.4%
Total liabilities and net position	<u>\$ 434,244,475</u>	<u>\$ 398,385,910</u>	<u>\$ 35,858,565</u>	9.0%

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

A summary of the Medical Center's consolidated balance sheets as of December 31, 2018 and 2017 is presented below:

	2018	2017	\$ Change	% Change
Assets				
Current assets	\$ 128,472,530	\$ 129,017,032	\$ (544,502)	-0.4%
Capital assets	103,545,109	81,071,663	22,473,446	27.7%
Other assets	162,178,997	173,730,593	(11,551,596)	-6.6%
Total assets	<u>394,196,636</u>	<u>383,819,288</u>	<u>10,377,348</u>	2.7%
Deferred outflows	4,189,274	4,156,611	32,663	0.8%
Total assets and deferred outflows	<u>\$ 398,385,910</u>	<u>\$ 387,975,899</u>	<u>\$ 10,410,011</u>	2.7%
Liabilities				
Current liabilities	\$ 34,280,696	\$ 33,356,577	\$ 924,119	2.8%
Long-term liabilities	23,044,897	24,826,248	(1,781,351)	-7.2%
Total liabilities	<u>57,325,593</u>	<u>58,182,825</u>	<u>(857,232)</u>	-1.5%
Deferred inflows	2,815,916	2,636,891	179,025	6.8%
Total liabilities and deferred inflows	<u>60,141,509</u>	<u>60,819,716</u>	<u>(678,207)</u>	-1.1%
Net position				
Net investment in capital assets	78,718,861	54,544,064	24,174,797	44.3%
Restricted expendable net position	5,095,651	4,983,344	112,307	2.3%
Restricted nonexpendable net position	301,276	339,041	(37,765)	-11.1%
Unrestricted	254,128,613	267,289,734	(13,161,121)	-4.9%
Total net position	<u>338,244,401</u>	<u>327,156,183</u>	<u>11,088,218</u>	3.4%
Total liabilities and net position	<u>\$ 398,385,910</u>	<u>\$ 387,975,899</u>	<u>\$ 10,410,011</u>	2.7%

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

CONDENSED FINANCIAL INFORMATION

A summary of the Medical Center's consolidated statements of operations and changes in net position for the years ended December 31, 2019 and 2018 is presented below:

	2019	2018	\$ Change	% Change
Operating revenues				
Net patient service revenue	\$ 301,031,394	\$ 283,196,987	\$ 17,834,407	6.3%
Other revenue	2,440,559	2,529,446	(88,887)	-3.5%
Total operating revenues	303,471,953	285,726,433	17,745,520	6.2%
Operating expenses				
Salaries and benefits	163,287,322	154,351,904	8,935,418	5.8%
Supplies and drugs	38,603,560	34,889,577	3,713,983	10.6%
Depreciation and amortization	10,387,478	8,983,933	1,403,545	15.6%
Other operating expenses	72,293,657	70,423,209	1,870,448	2.7%
Total operating expenses	284,572,017	268,648,623	15,923,394	5.9%
Income from operations	18,899,936	17,077,810	1,822,126	10.7%
Nonoperating revenues (expenses)	16,412,100	(5,989,592)	22,401,692	374.0%
Change in net position	\$ 35,312,036	\$ 11,088,218	\$ 24,223,818	218.5%
Net position, end of year	\$ 373,556,437	\$ 338,244,401	\$ 35,312,036	10.4%

A summary of the Medical Center's consolidated statements of operations and changes in net position for the years ended December 31, 2018 and 2017 is presented below:

	2018	2017	\$ Change	% Change
Operating revenues				
Net patient service revenue	\$ 283,196,987	\$ 283,912,929	\$ (715,942)	-0.3%
Other revenue	2,529,446	2,456,973	72,473	2.9%
Total operating revenues	285,726,433	286,369,902	(643,469)	-0.2%
Operating expenses				
Salaries and benefits	154,351,904	151,310,885	3,041,019	2.0%
Supplies and drugs	34,889,577	34,278,532	611,045	1.8%
Depreciation and amortization	8,983,933	8,198,830	785,103	9.6%
Other operating expenses	70,423,209	72,401,842	(1,978,633)	-2.7%
Total operating expenses	268,648,623	266,190,089	2,458,534	0.9%
Income from operations	17,077,810	20,179,813	(3,102,003)	-15.4%
Nonoperating revenues (expenses)	(5,989,592)	12,214,505	(18,204,097)	-149.0%
Change in net position	\$ 11,088,218	\$ 32,394,318	\$ (21,306,100)	-65.8%
Net position, end of year	\$ 338,244,401	\$ 327,156,183	\$ 11,088,218	3.4%

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

SOURCES OF REVENUE

The Medical Center derives the majority of its revenue from charges for patient care and related services. The Medical Center is reimbursed for services from a variety of sources including the Medicare and Medicaid programs, insurance carriers, managed care plans, and patients. The Medical Center has established payment arrangements with Medicare, Medicaid, and various commercial insurance carriers. Services provided under those arrangements are paid at predetermined rates and/or reimbursable cost as defined. Provisions have been made in the consolidated financial statements for contractual adjustments representing the difference between the standard charges for services and the actual or estimated payment.

The Medical Center's percentages of gross revenue by payor for 2019, 2018, and 2017 are as follows:

<u>Payor Mix</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
Medicare	40 %	40 %	40 %
Medicaid	24	26	27
Blue Cross	17	17	16
SIHO*	4	3	4
Other third-party payors	8	7	7
Self-pay	7	7	6
Total	<u>100 %</u>	<u>100 %</u>	<u>100 %</u>

*Southeastern Indiana Health Organization

OPERATING AND FINANCIAL PERFORMANCE

The Medical Center's financial performance from operations was positive in 2019. The same is true for the Medical Center's overall financial performance. A discussion of the highlights of 2019 operations and changes in activity is presented below:

Revenues

The Medical Center's net patient service revenues increased by \$17,834,407 in 2019. Highlights of this change are as follows:

- The Medical Center raised rates by 5.9% in 2019.
- Upper Payment Limit (UPL) revenue relating to ownership of fifteen nursing home licenses decreased approximately \$1,000,000 from 2018 to 2019. UPL revenue is reliant on each home's Medicaid days and per day rate.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

- Patient volume increases were noted for surgeries, laboratory tests, diagnostic imaging procedures, physical therapy, occupational therapy, speech therapy, cancer treatment services, births, and home health services.

Expenses

Total operating expenses increased by \$15,923,394 in 2019. Highlights of this change are as follows:

- Salary and benefits costs increased \$8,935,418. This was due to staffing needs in new and existing physician practices and market wage adjustments for many positions.
- Hospital assessment fee increased \$1,519,878. The State determines the hospital assessment fee due from each facility, which in turn allows the State to leverage Federal funds and increase Medicaid reimbursement of patient claims.

The Medical Center's financial performance from operations was positive in 2018. The same is true for the Medical Center's overall financial performance. A discussion of the highlights of 2018 operations and changes in activity is presented below:

Revenues

The Medical Center's net patient service revenues decreased by \$715,942 in 2018. Highlights of this change are as follows:

- The Medical Center raised rates by 2.8% in 2018.
- Upper Payment Limit (UPL) revenue relating to ownership of fifteen nursing home licenses decreased approximately \$2.0 million from 2017 to 2018. UPL revenue is reliant on each home's Medicaid days and per day rate.
- Patient volume increases were noted for surgeries, laboratory tests, diagnostic imaging procedures, physical therapy, occupational therapy, speech therapy, and home health and hospice services. Patient volume decreases were noted in inpatient days, births, emergency department visits, and respiratory therapy.

Expenses

Total operating expenses increased by \$2,458,534 in 2018. Highlights of this change are as follows:

- Salary and benefits costs increased \$3,041,019. This was due to staffing needs, market wage adjustments for many positions, and increases in benefit costs.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

- Hospital assessment fee increased \$1,304,541. The State determines the hospital assessment fee due from each facility, which in turn allows the State to leverage Federal funds and increase Medicaid reimbursement of patient claims.

FINANCIAL ANALYSIS – CASH FLOWS

The Medical Center's 2019 cash flows decreased \$7,100,357 due to an increase in the purchase of capital assets primarily related to the construction of a new medical office building, parking garage, and remodeled and expanded ICU, as well as the construction of an additional surgical suite.

The Medical Center's 2018 cash flows decreased \$5,925,267 due to an increase in the purchase of capital assets primarily related to the construction of a new medical office building.

FIDUCIARY FUNDS

As described in Note 2 to the consolidated financial statements, the Medical Center adopted Governmental Accounting Standards Board Statement No. 84 – *Fiduciary Activities* in 2019. Fiduciary funds are used to account for resources held for the benefit of individuals or units outside of the Medical Center. The Medical Center is the trustee or fiduciary responsible for assets, which can be used only for the trust beneficiaries per trust arrangements. The Medical Center is responsible for ensuring that the assets reported in these funds are used for their intended purposes. All of the Medical Center's fiduciary activities are reported in separate consolidated statements of fiduciary net position and consolidated statements of changes in fiduciary net position. The accounting for fiduciary funds is much like that used for proprietary funds. The Medical Center's Employees' Pension Plan, 403(b) Retirement Plan, 457(f) Executive Deferred Compensation Plan, and 457(b) Deferred Compensation Plan are reported under the fiduciary funds. Since the resources of these funds are not available to support the Medical Center's own programs, they are not reflected in the government-wide financial statements. The consolidated statements of fiduciary net position and the consolidated statements of changes in fiduciary net position can be found on pages 9 and 10, respectively, of this report.

Capital Assets

	2019	2018	\$Change	%Change
Land and land improvements	\$ 15,641,118	\$ 14,439,341	\$ 1,201,777	8.3%
Leasehold improvements	866,949	866,949	-0-	0.0%
Buildings	146,550,313	100,392,144	46,158,169	46.0%
Equipment	64,983,276	61,012,501	3,970,775	6.5%
Construction in progress	4,126,307	22,815,694	(18,689,387)	-81.9%
	<u>232,167,963</u>	<u>199,526,629</u>	<u>32,641,334</u>	16.4%
Less accumulated depreciation	104,160,893	95,981,520	8,179,373	8.5%
Capital assets, net	<u>\$ 128,007,070</u>	<u>\$ 103,545,109</u>	<u>\$ 24,461,961</u>	23.6%

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

Net capital assets increased in 2019 due to capital purchases exceeding annual depreciation and the disposal of assets that have exhausted their useful lives. Buildings increased significantly due to the purchase of additional property and the completion of several large projects.

	2018	2017	\$Change	%Change
Land and land improvements	\$ 14,439,341	\$ 13,122,140	\$ 1,317,201	10.0%
Leasehold improvements	866,949	866,949	-0-	0.0%
Buildings	100,392,144	93,757,257	6,634,887	7.1%
Equipment	61,012,501	58,550,124	2,462,377	4.2%
Construction in progress	22,815,694	5,565,424	17,250,270	310.0%
	<u>199,526,629</u>	<u>171,861,894</u>	<u>27,664,735</u>	16.1%
Less accumulated depreciation	<u>95,981,520</u>	<u>90,790,231</u>	<u>5,191,289</u>	5.7%
Capital assets, net	<u>\$ 103,545,109</u>	<u>\$ 81,071,663</u>	<u>\$ 22,473,446</u>	27.7%

Net capital assets increased in 2018 due to capital purchases exceeding annual depreciation and the disposal of assets that have exhausted their useful lives. Buildings increased significantly due to the purchase of additional property and the completion of several large projects.

See additional information on capital assets in the notes to the consolidated financial statements in footnote number 6.

Long-Term Debt

At December 31, 2019, the Medical Center had long-term debt (including current portion) of \$23,044,899, which is comprised of revenue bonds outstanding.

At December 31, 2018, the Medical Center had long-term debt (including current portion) of \$24,826,248, which is comprised of revenue bonds outstanding.

ECONOMIC FACTORS AND 2020 BUDGET

The Medical Center's Board and management considered many factors when establishing the 2020 budget. Included was the status of the economy, which takes into consideration market factors and other environmental factors such as the following items:

- The effect of the Coronavirus pandemic on the healthcare industry
- Advances in medical equipment and information systems technology and the need to replace obsolete equipment
- Decreasing reimbursement from governmental and commercial insurance payors
- Increasing costs of supplies and services

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)
DECEMBER 31, 2019 AND 2018

- Nationwide workforce shortages in nursing and other healthcare specialist positions
- Expectation to maintain high quality of care
- Patient sensitivity to amount charged for services provided
- Community need of greater access to healthcare
- Increased competition from niche providers
- Size, composition, and needs of the Medical Center's physician medical staff

CONTACTING THE MEDICAL CENTER

This report is designed to provide our citizens, customers and creditors with a general overview of the Medical Center's finances. These consolidated financial statements include the activities of the Hospital, Jackson County Schneck Memorial Hospital Foundation (the "Foundation"), Jackson Medical Building, LLC, and Health Development Corporation and Affiliated Organization ("HDC"). Separately-issued audited financial statements are available for both HDC and the Foundation. If you have questions about this report or need additional information, contact Deborah Mann, Vice President of Finance at 812-522-0171.

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**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2019 AND 2018

ASSETS	2019	2018
Current assets		
Cash and cash equivalents	\$ 77,450,369	\$ 76,792,722
Investments	9,323,353	8,814,747
Patient accounts receivable, net of estimated uncollectibles of \$22,729,279 in 2019 and \$24,091,370 in 2018	29,508,531	26,263,186
Inventories	4,837,193	4,299,676
Prepaid expenses and other current assets	9,244,920	9,623,847
Estimated third-party payor settlements	61,068	-0-
Other assets, current portion	705,911	758,253
Current portion of assets whose use is limited	1,966,008	1,920,099
Total current assets	133,097,353	128,472,530
Assets whose use is limited, net of amount required to meet current obligations	150,805,716	143,959,606
Capital assets, net	128,007,070	103,545,109
Net pension asset	9,391,521	9,875,174
Other assets, net of current portion	9,114,314	8,344,217
Total assets	430,415,974	394,196,636
Deferred outflows	3,828,501	4,189,274
Total assets and deferred outflows	\$ 434,244,475	\$ 398,385,910

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED BALANCE SHEETS
DECEMBER 31, 2019 AND 2018

LIABILITIES AND NET POSITION

	2019	2018
Current liabilities		
Accounts payable	\$ 21,164,189	\$ 20,145,144
Accrued personnel costs	14,393,397	10,715,541
Accrued expenses	156,224	1,344,058
Estimated third-party payor settlements	-0-	294,602
Current portion of long-term debt	1,856,351	1,781,351
Total current liabilities	37,570,161	34,280,696
 Long-term debt, net of current portion	 21,188,548	 23,044,897
 Pension deferred inflows	 1,929,329	 2,815,916
Total liabilities and deferred inflows	60,688,038	60,141,509
 Net position		
Net investment in capital assets	104,962,171	78,718,861
Restricted		
Expendable for debt service	3,289,205	3,212,920
Expendable for donor-restricted purposes	2,078,324	1,882,731
Nonexpendable perpetual trust	344,540	301,276
Unrestricted	262,882,197	254,128,613
Total net position	373,556,437	338,244,401
Total liabilities and net position	\$ 434,244,475	\$ 398,385,910

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION
YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Operating revenues		
Net patient service revenue	\$ 301,031,394	\$ 283,196,987
Other revenue	2,440,559	2,529,446
Total operating revenues	303,471,953	285,726,433
Operating expenses		
Salaries and wages	146,523,578	137,224,987
Employee benefits and payroll taxes	16,763,744	17,126,917
Professional medical fees	1,904,394	2,162,743
Medical supplies	16,823,584	14,963,915
Other supplies	8,631,374	8,439,847
Drugs	13,148,602	11,485,815
Purchased services	24,112,822	24,373,781
Utilities	4,974,801	4,833,822
Insurance	3,907,921	3,536,528
Depreciation and amortization	10,387,478	8,983,933
Rent	21,146,230	20,585,304
Hospital assessment fee	8,040,460	6,520,582
Other operating expenses	8,207,029	8,410,449
Total operating expenses	284,572,017	268,648,623
Income from operations	18,899,936	17,077,810
Nonoperating revenues (expenses)	16,412,100	(5,989,592)
Change in net position	35,312,036	11,088,218
Net position, beginning of year	338,244,401	327,156,183
Net position, end of year	\$ 373,556,437	\$ 338,244,401

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Operating activities		
Cash received for patient services	\$ 297,430,379	\$ 285,479,041
Cash paid to/for employees	(159,746,480)	(154,941,242)
Cash paid to vendors and suppliers	(111,801,704)	(105,295,259)
Other receipts, net	2,440,559	2,529,446
Net cash flows from operating activities	28,322,754	27,771,986
Noncapital financing activities		
Noncapital contributions	455,780	879,477
Capital and related financing activities		
Principal payments on long-term debt	(1,755,000)	(1,675,000)
Interest paid	(751,648)	(626,238)
Purchase of capital assets	(34,292,030)	(31,539,016)
Proceeds from sale of capital assets	28,000	3,343
Change in bond premiums	(26,349)	(26,351)
(Gain) loss on disposal of capital assets	86,552	322,579
Net cash flows from capital and related financing activities	(36,710,475)	(33,540,683)
Investing activities		
Investment income	17,257,331	(6,365,353)
Other nonoperating revenues (expenses)	(549,363)	122,522
Change in investments	(508,606)	(71,182)
Change in assets whose use is limited	(14,650,023)	5,702,279
Change in other assets	(717,755)	(424,313)
Net cash flows from investing activities	831,584	(1,036,047)
Net change in cash and cash equivalents	(7,100,357)	(5,925,267)
Cash and cash equivalents, beginning of year	146,414,397	152,339,664
Cash and cash equivalents, end of year	\$ 139,314,040	\$ 146,414,397
Reconciliation of cash and cash equivalents to the balance sheets		
Cash and cash equivalents in current assets	\$ 77,450,369	\$ 76,792,722
Cash and cash equivalents in assets whose use is limited	61,863,671	69,621,675
Total cash and cash equivalents	\$ 139,314,040	\$ 146,414,397

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2019 AND 2018

	2019	2018
Reconciliation of income from operations to net cash and cash equivalents from operating activities		
Income from operations	\$ 18,899,936	\$ 17,077,810
Adjustments to reconcile income from operations to net cash flows from operating activities		
Depreciation	10,292,625	8,887,331
Amortization	94,853	96,603
Provision for bad debts	14,856,070	17,562,591
Changes in operating assets and liabilities		
Patient accounts receivable	(18,101,415)	(15,391,662)
Inventories	(537,517)	(340,610)
Prepaid expenses and other current assets	378,927	(342,726)
Net pension asset	483,653	(523,546)
Pension and goodwill deferred outflows	265,920	(129,266)
Accounts payable	441,937	(432,198)
Accrued personnel costs	3,677,856	(115,551)
Accrued expenses	(1,187,834)	1,133,060
Estimated third-party payor settlements	(355,670)	111,125
Pension deferred inflows	(886,587)	179,025
Net cash flows from operating activities	\$ 28,322,754	\$ 27,771,986
Supplemental disclosures of noncash operating and capital and related financing activities		
Property and equipment acquired included in accounts payable	\$ 577,108	\$ 147,683

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED STATEMENTS OF FIDUCIARY NET POSITION
DECEMBER 31, 2019 AND 2018 (UNAUDITED)

	2019	2018 - Unaudited
	Pension (and other employee benefit) trust funds	Pension (and other employee benefit) trust funds
Assets		
Investments at fair value		
Money market funds	\$ 793,060	\$ 577,779
Mutual funds	52,161,598	42,260,809
Exchange traded funds	1,086,509	1,046,468
Common stocks	29,459,304	29,623,692
U.S. government securities	995,566	1,035,917
Fixed income guaranteed option	96,014	172,909
Total investments	<u>84,592,051</u>	<u>74,717,574</u>
Other assets	823,023	700,230
Total assets	<u>\$ 85,415,074</u>	<u>\$ 75,417,804</u>
Net position		
Restricted for:		
Pensions	\$ 39,311,805	\$ 39,469,308
Postemployment benefits other than pensions	<u>46,103,269</u>	<u>35,948,496</u>
Total net position	<u>\$ 85,415,074</u>	<u>\$ 75,417,804</u>

See accompanying notes to consolidated financial statements.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

CONSOLIDATED STATEMENTS OF CHANGES IN FIDUCIARY NET POSITION
DECEMBER 31, 2019 AND 2018 (UNAUDITED)

	2019	2018 - Unaudited
	Pension (and other employee benefit) trust funds	Pension (and other employee benefit) trust funds
Additions		
Contributions:		
Employee	\$ 3,802,379	\$ 3,559,603
Employer	1,720,896	1,550,265
Other plans	354,319	383,598
Total contributions	<u>5,877,594</u>	<u>5,493,466</u>
Investments earnings		
Net increase in fair value	6,341,357	(2,005,444)
Interest, dividends, and other	3,718,028	3,251,134
Total investment earnings	<u>10,059,385</u>	<u>1,245,690</u>
Miscellaneous	194,203	64,144
Total additions	<u>16,131,182</u>	<u>6,803,300</u>
Deductions		
Benefits paid to participants or beneficiaries	5,901,336	3,917,964
Administrative expenses	104,329	49,601
Distributions to shareholders	128,172	-0-
Other disbursements	75	25,930
Total deductions	<u>6,133,912</u>	<u>3,993,495</u>
Net increase in fiduciary net position	9,997,270	2,809,805
Net position - beginning of year	<u>75,417,804</u>	<u>72,607,999</u>
Net position - end of year	<u>\$ 85,415,074</u>	<u>\$ 75,417,804</u>

See accompanying notes to consolidated financial statements.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

Jackson County Schneck Memorial Hospital (d/b/a Schneck Medical Center) (the "Hospital") is a not-for-profit, acute care hospital located in Seymour, Indiana. The Hospital is county owned and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital is organized for the purpose of providing healthcare services to the residents of Jackson County and the surrounding area. The Hospital's primary sources of support are from patient revenues and other ancillary income. Patient revenues include funds received from Medicare, state agencies, insurance companies, and the patients themselves.

Pursuant to the provision of long-term care, the Hospital owns the operations of fifteen long term care facilities by way of an arrangement with the managers of the facilities. These facilities provide inpatient and therapy services. Generally, gross revenues from the operation of the facilities are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. While the management and related lease agreements are in effect, the performance of all activities of the managers shall be on behalf of the Hospital and the Hospital retains the authority for the operation of the facilities.

The Hospital has entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities. Concurrently, the Hospital entered into agreements with the long-term care facilities to manage the above leased facilities, collectively referred to as the Managers. As part of the agreements, the Hospital will pay the Managers a management fee to continue managing the facilities on behalf of the Hospital in accordance with the terms of the agreements. These management fees consist of base management fees, subordinated management fees, and quarterly incentive payments. The agreements' initial terms expire at various times beginning in 2016 and beyond. The terms of these agreements may be renewed at the end of each term for an additional period of two years. All parties involved can terminate the agreement without cause with 90 days written notice. Other current assets and liabilities include certain reimbursement receivables, accrued fees and expenses, and working capital balances related to the long-term care facilities.

Health Development Corporation ("HDC") is a not-for-profit corporation located in Seymour, Indiana. HDC was organized to operate exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Hospital by recruiting physicians to the surrounding area and by providing medical education programs to the medical and Hospital staff. HDC's primary sources of revenue are from service fees charged to the Hospital.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

HDC's consolidated financial statements at December 31, 2019 and 2018, include the accounts of Coordinated Health, LLC (the "Clinic"). The Clinic is wholly-owned by HDC and began operations in 2002. The Clinic was organized to operate exclusively for the benefit of HDC and the purposes for which HDC is organized and operated, including the promotion and support of the health of Jackson County, Indiana residents and residents of surrounding communities. Currently, the Clinic operates three healthcare facilities located in North Vernon, Salem, and Scottsburg, Indiana. The Clinic's primary source of revenue is from patient services.

The Jackson County Schneck Memorial Hospital Foundation, Inc. (d/b/a Schneck Medical Center Foundation) (the "Foundation") is a not-for-profit organization located in Seymour, Indiana. The Foundation operates for the benefit of the Hospital. The Foundation's main sources of revenue are earnings on investments, and donations received.

Jackson Medical Building, LLC ("JMB") is a limited liability company that is wholly owned by the Hospital. JMB was organized to own and operate a medical office building located on the Hospital's campus. JMB's primary source of revenue is from rental income.

The significant accounting policies followed by the Hospital, HDC, JMB, and the Foundation (collectively the "Medical Center") in the preparation of the consolidated financial statements are summarized below:

Reporting Entity and Consolidation Policy

The accompanying consolidated financial statements include the accounts of the Hospital, HDC, the Clinic, JMB, and the Foundation. The Board of County Commissioners of Jackson County appoints the governing Board of Trustees of the Hospital, and a financial benefit/burden relationship exists between the Hospital and the Jackson County government. For these reasons, the Hospital is considered a component unit of Jackson County. Similarly, due to their organized purposes, HDC, the Clinic, JMB, and the Foundation are considered blended component units of the Hospital. Intercompany transactions and balances have been eliminated in consolidation. The separate audited financial statements of HDC (including the Clinic) and the Foundation may be obtained by contacting the Hospital as follows:

Schneck Medical Center
411 W. Tipton Street
P.O. Box 2349
Seymour, IN 47274

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Measurement Focus and Basis of Accounting

The consolidated financial statements are reported using the economic resources measurement focus and on the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows.

Pensions

For purposes of measuring the net pension asset, deferred outflows, and deferred inflows of resources related to pensions, pension expense, information about the fiduciary net position of the Jackson County Schneck Memorial Hospital Employees' Pension Plan, Schneck Medical Center 403(b) Plan, Schneck Medical Center 457(b) Plan, and Schneck Medical Center Retirement Allowance Plan 457(f) (the "Plans"), and additions to/deductions from the Plans' fiduciary net position have been determined on the same basis as they are reported by the Plans. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Fiduciary Funds

Following the Medical Center's consolidated financial statements are separate financial statements for fiduciary funds. Fiduciary funds are excluded from the Medical Center's financial statements as these assets are held in a trust capacity for the various associates and cannot be used to support the Hospital's programs. These funds include the Jackson County Schneck Memorial Hospital Employees' Pension Plan, Schneck Medical Center 403(b) Plan, Schneck Medical Center 457(b) Plan, and Schneck Medical Center Retirement Allowance Plan 457(f).

Risk Management

The Medical Center 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; 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. The Medical Center is insured for medical malpractice claims and judgments.

Cash and Cash Equivalents

Cash and cash equivalents as reported on the consolidated balance sheets include petty cash and other cash on hand amounts, checking accounts, and savings accounts that are readily available for use. Cash and cash equivalents as reported on the consolidated statements of cash flows include investments in highly liquid assets with maturity dates of 90 days or less when purchased.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Investments

Investments include certificates of deposit amounts maturing within one year of the dates of the consolidated balance sheets. Investments are recorded at cost, which approximates market value.

Patient Accounts Receivable and Net Patient Service Revenue

The Medical Center recognizes net patient service revenues on the accrual basis of accounting in the reporting period in which services are performed based on the current gross charge structure, less actual adjustments and estimated discounts for contractual allowances, principally for patients covered by Medicare, Medicaid, managed care, and other health plans. Gross patient service revenue is recorded in the accounting records using the established rates for the types of service provided to the patient. The Medical Center recognizes an estimated contractual allowance to reduce gross patient charges to the estimated net realizable amount for service rendered based upon previously agreed-to rates with a payor. The Medical Center utilizes the patient accounting system to calculate contractual allowances on a payor-by-payor basis based on the rates in effect for each primary third-party payor. Another factor that is considered and could further influence the level of the contractual reserves includes the status of accounts receivable balances as inpatient or outpatient. The Medical Center's management continually reviews the contractual estimation process to consider and incorporate updated laws and regulations and the frequent changes in managed care contractual terms that result from contract negotiations and renewals.

Payors include federal and state agencies, including Medicare and Medicaid, managed care health plans, commercial insurance companies, and patients. These third-party payors provide payments to the Medical Center at amounts different from its established rates based on negotiated reimbursement agreements. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and fee schedule payments. Retroactive adjustments under reimbursement agreements with third-party payors are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Allowance for Doubtful Accounts

Accounts receivable are reduced by an allowance for doubtful accounts based on the Medical Center's evaluation of its major payor sources of revenue, the aging of the accounts, historical losses, current economic conditions, and other factors unique to the service area and the healthcare industry. Management regularly reviews data about the major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts.

For receivables associated with services provided to patients who have third-party payor coverage, the Medical Center analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulty that make the realization of amounts due

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

unlikely). For receivables associated with self-pay payments, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Medical Center records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts. The December 31, 2019 and 2018 allowance for doubtful accounts balances were comprised of the following:

	2019	2018
Reserve for third-party payor balances	\$ 5,104,156	\$ 5,655,161
Reserve for self-pay balances	17,625,123	18,436,209
Total allowance for doubtful accounts	\$ 22,729,279	\$ 24,091,370

Inventories

Inventories consist of medical supplies, pharmaceuticals, and office supplies and are valued at the lower of cost or net realizable value, with cost being determined on the first-in, first-out (FIFO) method.

Investments and Assets Whose Use is Limited

Investments in certificates of deposit are reported in the consolidated financial statements at cost, which approximates fair value.

Assets whose use is limited include assets set aside by the respective Boards for future capital improvements, over which the Boards retain control and may at their discretion subsequently use for other purposes; assets held by trustees under indenture agreements; and assets that have been restricted by donors for specific purposes.

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair market value in the consolidated balance sheets. Investment income or loss, including realized gains and losses on investments and assets whose use is limited, net change in the market value of assets whose use is limited, interest, and dividends, is included in nonoperating revenues (expenses) when earned.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Capital Assets

The Medical Center's capital assets are reported at historical cost and include expenditures for additions and repairs which substantially increase the useful lives of capital assets. Maintenance, repairs, and minor improvements are expensed as incurred. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land and construction in progress are depreciated using the straight-line method of depreciation over their estimated useful lives based upon the American Hospital Association Guide for Estimated Useful Lives for Fixed Assets.

Costs of Borrowing

Except for capital assets acquired through gifts, contributions, or capital grants, interest costs on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets. For the years ended December 31, 2019 and 2018, interest costs were incurred as follows:

	2019	2018
Interest costs capitalized	\$ 255,282	\$ 244,812
Interest costs expensed	722,557	597,515
Interest costs incurred	\$ 977,839	\$ 842,327

Pension and Goodwill Deferred Outflows

The Medical Center purchased certain assets of a physical practice resulting in a recognition of goodwill in the amount of \$1,075,000. Goodwill is being amortized over 136 months. The amount of unamortized goodwill at December 31, 2019 and 2018 was \$766,728 and \$861,581, respectively.

Classification of Net Position

The net position of the Medical Center is classified in four components. (1) *Net investment in capital assets* consists of capital assets net of accumulated depreciation which are reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. (2) *Restricted expendable net position* includes assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Medical Center, including amounts deposited with trustees as required by revenue bond indentures. (3) *Restricted nonexpendable net position* includes the principal portion of permanent endowments and non-controlling interests owned by external investors. (4) *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*. When both restricted and unrestricted resources are available for use, the Medical Center's policy is to use restricted resources first, then unrestricted resources as they are needed.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Consolidated Statements of Operations and Changes in Net Position

For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as revenues and expenses. Peripheral and incidental transactions are reported as nonoperating revenues (expenses). Nonoperating revenues (expenses) which are excluded from income from operations include investment income, contributions received, restricted expenditures, and the net change in the market value of assets whose use is limited.

Advertising and Marketing Costs

Advertising and marketing costs are charged to operations when incurred. Advertising and marketing costs charged to operations were \$906,335 and \$1,013,820 for the years ended December 31, 2019 and 2018, respectively.

Charity Care

The Medical Center provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts determined to qualify as charity care are reported as reductions of net patient service revenue.

Income Taxes

The Hospital has been granted exemption from taxation as a not-for-profit organization by the Internal Revenue Service under Section 115, and in 2005 was also granted exemption from Federal income tax under Section 501(c)(3) of the Internal Revenue Code for purposes of maintaining a 403b deferred compensation plan. Therefore, no provision for income taxes has been provided in the consolidated statements of operations and changes in net position. HDC and the Foundation are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. As such HDC and the Foundation are generally exempt from income taxes. However, HDC and the Foundation are required to file Federal Form 990 – Return of Organization Exempt from Income Tax which is an informational return only. The Clinic and JMB are both organized as a single-member Limited Liability Company (LLC). As of December 31, 2019, the 2015 - 2019 income tax years are still open for tax examinations for both the Clinic and JMB. HDC is the sole member of the Clinic, and the Hospital is the sole member of JMB. As such, the Clinic and JMB are not required to file separate State or Federal tax returns. For tax reporting purposes, all activities of the Clinic are required to be filed with the activities of HDC, and all activities of JMB are required to be filed with the activities of the Hospital.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by each entity comprising the Medical Center and recognize a tax liability if any Medical Center entity has taken an uncertain tax position that more likely than not would not be sustained upon examination by various federal and state taxing authorities.

JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL AND AFFILIATED ORGANIZATIONS

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2019 AND 2018

Management has analyzed the tax positions taken by each entity of the Medical Center, and has concluded that as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements. Each entity of the Medical Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Grants and Contributions

From time to time, the Medical Center receives 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.

Subsequent Events

The Medical Center has evaluated events or transactions occurring subsequent to the consolidated balance sheet date for recognition and disclosure in the accompanying consolidated financial statements through the date the consolidated financial statements are issued, which is April 30, 2020.

Reclassifications

Certain reclassifications have been made to the 2018 consolidated financial statements to correspond to the current year's format. Total net position and change in net position are unchanged due to these reclassifications.

2. CHANGE IN ACCOUNTING PRINCIPLE

In 2019, the Medical Center adopted Governmental Accounting Standards Board ("GASB") Statement No. 84, *Fiduciary Activities*. Generally, this statement requires governmental entities, who control assets of a fiduciary activity in which a fiduciary relationship exists with beneficiaries, to include those activities in two separate, interrelated financial statements, the statement of fiduciary net position and the statement of changes in fiduciary net position. Prior to the adoption of this statement, the assets, net position and activity related the Medical Center's pension plan were not included in the Medical Center's consolidated financial statements.

The Medical Center's fiduciary activities related to its pension plan, 403(b) defined contribution plan, 457(f) executive deferred compensation plan, and 457(b) deferred compensation plan have been presented in the pension (and other employee benefit) trust funds column of the newly added statements of fiduciary position and accompanying statements of changes in fiduciary

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

position. The changes adopted to conform to the provisions of this statement were applied retroactively by restating the consolidated financial statements for 2018.

In 2019, the Medical Center also adopted GASB Statement No. 88, *Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements*. This statement requires that additional essential information related to debt be disclosed in the notes to the consolidated financial statements, including unused lines of credit; assets pledged as collateral for the debt; and terms specified in debt agreements related to significant events of default with finance-related consequences, significant termination events with finance-related consequences, and significant subjective acceleration clauses. This statement also requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. Changes as a result of this adoption include a breakout of debt from general obligation bonds, capital leases, and direct borrowings. Additionally, we noted additional disclosures relating to provisions within the debt agreements for direct borrowing note payables in the event of default. See Note 11 for additional disclosures related to debt.

3. DEPOSITS AND INVESTMENTS

Deposits and investments are comprised of the following at December 31, 2019 and 2018:

	2019	2018
Carrying amount		
Cash and cash equivalents	\$ 139,314,040	\$ 146,414,397
Certificates of deposit	14,000,000	14,000,000
Brokered certificates of deposit	4,393,690	3,856,207
Market-linked certificates of deposit	170,338	146,702
Mutual funds	74,749,689	60,225,306
Exchange-traded funds	363,908	473,104
Corporate bonds	-0-	2,011
Money market mutual funds	4,387,698	4,440,242
Perpetual trust	344,540	301,276
Interest receivable	41,836	57,300
Common stocks	1,764,738	1,570,629
Preferred stocks	14,969	-0-
Total	\$ 239,545,446	\$ 231,487,174

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	2019	2018
Included in the consolidated balance sheet captions:		
Cash and cash equivalents	\$ 77,450,369	\$ 76,792,722
Investments	9,323,353	8,814,747
Assets whose use is limited	152,771,724	145,879,705
Total	\$ 239,545,446	\$ 231,487,174

Custodial Credit Risk - Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the Medical Center's deposits may not be returned to it. The Medical Center does not have a deposit policy for custodial credit risk. Deposits with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation ("FDIC") or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying institution.

Investments are carried at fair value or cost which approximates fair value. Net realized gains and losses on security transactions are determined on the specific identification cost basis. As of December 31, 2019 and 2018, the Medical Center had the following investments and maturities, all of which were held in the Medical Center's name by custodial banks or investment companies that are agents of the Medical Center:

December 31, 2019					
	Carrying Amount	Investment Maturities (in years)			
		Less than 1	1 - 5	6 - 10	More than 10
Certificates of deposit	\$ 18,564,028	\$ 18,393,690	\$ 170,338	\$ -0-	\$ -0-
Corporate bonds	-0-	-0-	-0-	-0-	-0-
Total	\$ 18,564,028	\$ 18,393,690	\$ 170,338	\$ -0-	\$ -0-

December 31, 2018					
	Carrying Amount	Investment Maturities (in years)			
		Less than 1	1 - 5	6 - 10	More than 10
Certificates of deposit	\$ 18,002,909	\$ 14,670,623	\$ 3,289,008	\$ 43,278	\$ -0-
Corporate bonds	2,011	2,011	-0-	-0-	-0-
Total	\$ 18,004,920	\$ 14,672,634	\$ 3,289,008	\$ 43,278	\$ -0-

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Interest Rate Risk

Interest risk rate is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates.

The Medical Center does have formal investment policies that limit investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates. The Hospital's current investment policy limits investments with maturities of two years or longer to no more than 60 percent of total investments. The Foundation's investment policy prohibits the purchase of fixed income securities with original maturities of more than 10 years, unless the securities are part of a fund portfolio which has an average maturity of not greater than 10 years.

Credit Risk – Investments

Credit risk is the risk that, in the event of a failure of a financial institution, the Medical Center would not be able to recover deposits, the value of its investments, or collateral securities that are in the possession of an outside party.

Statutes authorize the Medical Center to invest in interest-bearing deposit accounts, passbook savings accounts, certificates of deposit, money market deposit accounts, repurchase agreements, mutual funds, pooled fund investments, and securities backed by the full faith and credit of the United States Treasury. The statutes require that repurchase agreements be fully collateralized by U.S. Government or U.S. Government Agency obligations.

<u>Investment Type</u>	<u>Credit Rating Moody's</u>	<u>Fair Value 2019</u>	<u>Fair Value 2018</u>
Corporate bonds	Ba1	\$ -0-	\$ 2,011

Concentration of Credit Risk

The Hospital places no limit on the amount it may invest in any one issuer. The Foundation limits investments in securities of a single issuer to 10 percent of the portfolio's total market value. This limitation does not include U.S. Government Securities. The Medical Center maintains its investments, which at times may exceed federally insured limits. The Medical Center has not experienced any losses in such accounts. The Medical Center believes that it is not exposed to any significant credit risk on investments.

Fair Value Measurements and Disclosures

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active market for identical assets or liabilities (Level 1) and the lowest

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Medical Center has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

- *Brokered certificates of deposit*: Determined by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Medical Center are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Medical Center are deemed to be actively traded.
- *Corporate bonds*: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.
- *Perpetual trust*: Valued at fair value as reported by the trustee, which represents the Medical Center's *pro rata* interest in the net position of the trust, substantially all of which are valued on a mark-to-market basis.
- *Common and preferred stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

- *Fixed income guaranteed option:* Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology the Finance Committee evaluates a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate).
- *U.S. Government securities:* Valued using pricing models maximizing the use of observable inputs for similar securities.
- *Money market mutual funds:* Generally transact subscription and redemption activity at a \$1 stable net asset value (NAV) however, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.
- *Exchange-traded funds (ETFs):* Valued at the closing price on the active exchange on which the individual securities are traded. Unlike mutual funds, ETFs trade like common stocks and are not required to publish and transact their daily net asset value. The ETFs held by the Medical Center are deemed to be actively traded.
- *Market-linked certificates of deposit:* Determined by earning interest based on a market index, or a basket of equities (or both) that are underlying the certificate of deposit. The interest earned is based on the participation rate within the linked index.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The following table set forth by level, within the hierarchy, the Medical Center's assets measured at fair value on a recurring basis as of December 31, 2019 are as follows:

<u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Small	\$ 5,444,642	\$ -0-	\$ -0-	\$ 5,444,642
Mid	14,208,868	-0-	-0-	14,208,868
Large	23,460,953	-0-	-0-	23,460,953
Government	360,421	-0-	-0-	360,421
Foreign	11,239,026	-0-	-0-	11,239,026
Diversified emerging markets	4,304,186	-0-	-0-	4,304,186
World large stock	7,156,416	-0-	-0-	7,156,416
Inflation protected bond	181,432	-0-	-0-	181,432
Intermediate core bond	8,382,132	-0-	-0-	8,382,132
Bank loan	11,613	-0-	-0-	11,613
	<u>74,749,689</u>	<u>-0-</u>	<u>-0-</u>	<u>74,749,689</u>
Common stocks	1,764,738	-0-	-0-	1,764,738
Preferred stocks	14,969	-0-	-0-	14,969
Exchange-traded funds	363,908	-0-	-0-	363,908
Money market mutual funds	-0-	4,387,698	-0-	4,387,698
Brokered certificates of deposit	-0-	4,393,690	-0-	4,393,690
Market-linked certificates of deposit	-0-	170,338	-0-	170,338
Perpetual trust, held by trustee	-0-	-0-	344,540	344,540
Total assets at fair value	<u>\$ 76,893,304</u>	<u>\$ 8,951,726</u>	<u>\$ 344,540</u>	86,189,570
Cash and cash equivalents				139,314,040
Certificates of deposit				14,000,000
Interest receivable				41,836
Total deposits and investments				<u>\$ 239,545,446</u>

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The following table set forth by level, within the hierarchy, the Medical Center's fiduciary activities assets measured at fair value on a recurring basis as of December 31, 2019 are as follows:

<u>Assets</u>	Level 1	Level 2	Level 3	Total
Mutual funds				
Small	\$ 1,814,336	\$ -0-	\$ -0-	\$ 1,814,336
Small mid	509,133	-0-	-0-	509,133
Mid	1,842,767	-0-	-0-	1,842,767
Large	10,227,658	-0-	-0-	10,227,658
Foreign	810,707	-0-	-0-	810,707
Diversified emerging markets	712,245	-0-	-0-	712,245
Intermediate core bond	966,250	-0-	-0-	966,250
Target date	34,234,721	-0-	-0-	34,234,721
Allocation	1,043,781	-0-	-0-	1,043,781
	<u>52,161,598</u>	<u>-0-</u>	<u>-0-</u>	<u>52,161,598</u>
Common stocks				
Basic materials	78,945	-0-	-0-	78,945
Communication services	1,604,201	-0-	-0-	1,604,201
Consumer cyclical	3,958,445	-0-	-0-	3,958,445
Consumer defensive	1,253,953	-0-	-0-	1,253,953
Energy	1,010,077	-0-	-0-	1,010,077
Financial services	6,315,401	-0-	-0-	6,315,401
Healthcare	2,257,128	-0-	-0-	2,257,128
Industrials	5,024,517	-0-	-0-	5,024,517
Technology	7,160,221	-0-	-0-	7,160,221
Utilities	796,416	-0-	-0-	796,416
	<u>29,459,304</u>	<u>-0-</u>	<u>-0-</u>	<u>29,459,304</u>
Exchange-traded funds	1,086,509	-0-	-0-	1,086,509
Money market mutual funds	-0-	793,060	-0-	793,060
U.S. government securities	-0-	995,566	-0-	995,566
Fixed income guaranteed option	-0-	96,014	-0-	96,014
	<u>-0-</u>	<u>96,014</u>	<u>-0-</u>	<u>96,014</u>
Total assets at fair value	<u>\$ 82,707,411</u>	<u>\$ 1,884,640</u>	<u>\$ -0-</u>	<u>\$ 84,592,051</u>

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The following table set forth by level, within the hierarchy, the Medical Center's asset measured at fair value on a recurring basis as of December 31, 2018 are as follows:

<u>Assets</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Small	\$ 3,558,030	\$ -0-	\$ -0-	\$ 3,558,030
Mid	10,420,141	-0-	-0-	10,420,141
Large	20,584,366	-0-	-0-	20,584,366
Government	176,324	-0-	-0-	176,324
Foreign	6,235,365	-0-	-0-	6,235,365
Diversified emerging markets	3,444,660	-0-	-0-	3,444,660
World large stock	5,687,302	-0-	-0-	5,687,302
Inflation protected bond	1,852,135	-0-	-0-	1,852,135
Intermediate core bond	8,214,009	-0-	-0-	8,214,009
Allocation	15,852	-0-	-0-	15,852
Bank loan	22,389	-0-	-0-	22,389
Real estate	14,733	-0-	-0-	14,733
	<u>60,225,306</u>	<u>-0-</u>	<u>-0-</u>	<u>60,225,306</u>
Common stocks	1,570,629	-0-	-0-	1,570,629
Exchange-traded funds	473,104	-0-	-0-	473,104
Money market mutual funds	-0-	4,440,242	-0-	4,440,242
Brokered certificates of deposit	-0-	3,856,207	-0-	3,856,207
Market-linked certificates of deposit	-0-	146,702	-0-	146,702
Corporate bonds	-0-	2,011	-0-	2,011
Perpetual trust, held by trustee	-0-	-0-	301,276	301,276
Total assets at fair value	<u>\$ 62,269,039</u>	<u>\$ 8,445,162</u>	<u>\$ 301,276</u>	<u>71,015,477</u>
Cash and cash equivalents				146,414,397
Certificates of deposit				14,000,000
Interest receivable				<u>57,300</u>
Total deposits and investments				<u>\$ 231,487,174</u>

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The following table set forth by level, within the hierarchy, the Medical Center's fiduciary activities assets measured at fair value on a recurring basis as of December 31, 2018 are as follows:

	Level 1	Level 2	Level 3	Total
<u>Assets</u>				
Mutual funds				
Small	\$ 2,103,077	\$ -0-	\$ -0-	\$ 2,103,077
Small mid	351,926	-0-	-0-	351,926
Mid	1,741,112	-0-	-0-	1,741,112
Large	8,077,503	-0-	-0-	8,077,503
Foreign	1,302,743	-0-	-0-	1,302,743
Diversified emerging markets	743,445	-0-	-0-	743,445
Intermediate core bond	886,798	-0-	-0-	886,798
Target date	26,286,739	-0-	-0-	26,286,739
Allocation	767,466	-0-	-0-	767,466
	42,260,809	-0-	-0-	42,260,809
Common stocks				
Basic materials	139,449	-0-	-0-	139,449
Communication services	1,650,190	-0-	-0-	1,650,190
Consumer cyclical	4,635,070	-0-	-0-	4,635,070
Consumer defensive	1,284,061	-0-	-0-	1,284,061
Energy	1,391,219	-0-	-0-	1,391,219
Financial services	6,152,084	-0-	-0-	6,152,084
Healthcare	2,464,748	-0-	-0-	2,464,748
Industrials	4,233,190	-0-	-0-	4,233,190
Real estate	121,831	-0-	-0-	121,831
Technology	6,920,980	-0-	-0-	6,920,980
Utilities	630,870	-0-	-0-	630,870
	29,623,692	-0-	-0-	29,623,692
Exchange-traded funds	1,046,468	-0-	-0-	1,046,468
Money market mutual funds	-0-	577,779	-0-	577,779
U.S. government securities	-0-	1,035,917	-0-	1,035,917
Fixed income guaranteed option	-0-	172,909	-0-	172,909
Total assets at fair value	\$ 72,930,969	\$ 1,786,605	\$ -0-	\$ 74,717,574

The Medical Center's policy is to recognize transfers between levels as of the end of the reporting period. There were no significant transfers between levels 1, 2, and 3 during 2019 and 2018.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The following summary sets forth a summary of changes in the fair values of the Medical Center's Level 3 assets for the years ended December 31, 2019 and 2018:

	2019	2018
	Perpetual Trust Held by Trustee	Perpetual Trust Held by Trustee
Balance, beginning of the year	\$ 301,276	\$ 339,041
Purchase of investments	-0-	-0-
Redemption	-0-	-0-
Change in investment value	43,264	(37,765)
Balance, end of year	\$ 344,540	\$ 301,276

4. PATIENT ACCOUNTS RECEIVABLE

Patient accounts receivable reported as current assets at December 31, 2019 and 2018, consist of the following:

	2019	2018
Medicare	\$ 20,508,568	\$ 20,108,527
Medicaid	14,872,251	12,318,512
Blue Cross	8,464,405	7,511,937
Other insurance carriers	12,134,647	11,898,557
Patients	20,091,615	20,445,257
Total patient accounts receivable	76,071,486	72,282,790
Less allowance for contractals	23,833,676	21,928,234
Less allowance for uncollectible amounts	22,729,279	24,091,370
Patient accounts receivable, net	\$ 29,508,531	\$ 26,263,186

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

5. ASSETS WHOSE USE IS LIMITED

Assets whose use is limited that are required for obligations classified as current liabilities are reported in current assets. Assets whose use is limited are reported at market value and include the following at December 31, 2019 and 2018:

	2019	2018
Cash and cash equivalents	\$ 61,863,671	\$ 69,621,675
Money market funds	4,387,698	4,440,242
Exchange-traded market funds	363,908	473,104
Interest receivable	41,836	57,300
Certificates of deposit	6,000,000	6,000,000
Brokered certificates of deposit	4,393,690	3,856,207
Market-linked certificates of deposit	170,338	146,702
Corporate bonds	-0-	2,011
Common stocks	441,385	755,882
Preferred stocks	14,969	-0-
Mutual funds	74,749,689	60,225,306
Perpetual trust, held by trustee	344,540	301,276
	152,771,724	145,879,705
Less amount required for current obligations	1,966,008	1,920,099
Assets whose use is limited, net of amount required to meet current obligations	\$ 150,805,716	\$ 143,959,606
 Investment Summary by Fund		
Board-Designated Funds	\$ 147,059,317	\$ 140,482,778
Trustee-Held Funds	3,289,543	3,212,920
Donor-Restricted Funds	2,422,864	2,184,007
Total	\$ 152,771,724	\$ 145,879,705

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Board-Designated Funds

The Hospital's Board of Trustees approved the funding of depreciation expense to meet the capital asset replacement needs of the facility. Depreciation is funded totally with expenditures for capital items reducing the funded depreciation balance. Board-designated funds also include amounts intended for specific purposes, as established by the Hospital's, HDC's, and Foundation's separate Boards. All income earned by the board-designated accounts is left to accumulate as additions to the funds. Board-designated funds remain under the control of the separate Boards, which may at their discretion later use for other purposes. Therefore, all board-designated funds are included in unrestricted net position.

Trustee-Held Funds

The trustee-held funds are restricted for the payments of principal and interest related to certain long-term debt agreements.

Donor-Restricted Funds

Donor-restricted funds represent donations that have been restricted by donors for specific purposes.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

6. CAPITAL ASSETS

Capital asset activity for the years ended December 31, 2019 and 2018, was as follows:

	2019			
	Beginning Balance	Additions	Retirements/ Transfers	Ending Balance
Land	\$ 9,899,246	\$ -0-	\$ 923,024	\$ 10,822,270
Land improvements	4,540,095	144,958	133,795	4,818,848
Leasehold improvements	866,949	-0-	-0-	866,949
Buildings	100,392,144	108,416	46,049,753	146,550,313
Fixed equipment	6,402,538	33,685	1,261,687	7,697,910
Movable equipment	54,609,963	4,762,388	(2,086,985)	57,285,366
Construction in progress	<u>22,815,694</u>	<u>29,819,691</u>	<u>(48,509,078)</u>	<u>4,126,307</u>
Total historical cost	199,526,629	34,869,138	(2,227,804)	232,167,963
Less accumulated depreciation for				
Land improvements	(2,788,788)	(166,777)	7,722	(2,947,843)
Leasehold improvements	(706,931)	-0-	(33,909)	(740,840)
Buildings	(47,065,353)	(5,488,169)	199,090	(52,354,432)
Fixed equipment	(4,471,570)	(265,207)	55,222	(4,681,555)
Movable equipment	<u>(40,948,878)</u>	<u>(4,372,472)</u>	<u>1,885,127</u>	<u>(43,436,223)</u>
Total accumulated depreciation	<u>(95,981,520)</u>	<u>(10,292,625)</u>	<u>2,113,252</u>	<u>(104,160,893)</u>
Capital assets, net	<u>\$ 103,545,109</u>	<u>\$ 24,576,513</u>	<u>\$ (114,552)</u>	<u>\$ 128,007,070</u>
	2018			
	Beginning Balance	Additions	Retirements/ Transfers	Ending Balance
Land	\$ 8,588,973	\$ 26,567	\$ 1,283,706	\$ 9,899,246
Land improvements	4,533,167	3,650	3,278	4,540,095
Leasehold improvements	866,949	-0-	-0-	866,949
Buildings	93,757,257	1,033,729	5,601,158	100,392,144
Fixed equipment	5,378,198	397,885	626,455	6,402,538
Movable equipment	53,171,926	3,211,579	(1,773,542)	54,609,963
Construction in progress	<u>5,565,424</u>	<u>27,013,289</u>	<u>(9,763,019)</u>	<u>22,815,694</u>
Total historical cost	171,861,894	31,686,699	(4,021,964)	199,526,629
Less accumulated depreciation for				
Land improvements	(2,705,615)	(188,642)	105,469	(2,788,788)
Leasehold improvements	(673,022)	-0-	(33,909)	(706,931)
Buildings	(43,303,590)	(4,134,536)	372,773	(47,065,353)
Fixed equipment	(4,311,514)	(201,659)	41,603	(4,471,570)
Movable equipment	<u>(39,796,490)</u>	<u>(4,362,494)</u>	<u>3,210,106</u>	<u>(40,948,878)</u>
Total accumulated depreciation	<u>(90,790,231)</u>	<u>(8,887,331)</u>	<u>3,696,042</u>	<u>(95,981,520)</u>
Capital assets, net	<u>\$ 81,071,663</u>	<u>\$ 22,799,368</u>	<u>\$ (325,922)</u>	<u>\$ 103,545,109</u>

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Long-Lived Asset Impairment

The Medical Center evaluates the recoverability of the carrying value of long-lived assets on an ongoing basis and recognizes any impairment in the year of determination. It is reasonably possible that relevant conditions could change in the near term and necessitate a change in management's estimate of the recoverability of these assets. No asset impairment was recognized during the years ended December 31, 2019 and 2018.

7. OTHER ASSETS

At December 31, 2019 and 2018, other assets consist of the following:

	2019	2018
Physician notes receivable	\$ 1,723,638	\$ 1,844,570
Notes receivable	32,497	16,759
Investment in managed care company	4,291,877	3,360,735
Investment in RCG Columbus, LLC	974,900	974,900
Investment in captive insurance company	335,311	335,311
Captive insurance company subscriber savings	1,838,405	1,663,525
Investment in Inspire Health Partners	616,097	899,170
Other	7,500	7,500
Total other assets	9,820,225	9,102,470
Other assets, current portion	(705,911)	(758,253)
Other assets, net of current portion	\$ 9,114,314	\$ 8,344,217

Physician notes receivable are in varying amounts maturing through 2025. If the physicians meet the period of service requirement, the Medical Center will forgive these notes. If the physicians do not meet the period-of-service requirement, the notes are immediately due in full. Interest rates are at the prime rate + 1 percent (5.75 percent at December 31, 2019).

The Medical Center has an ownership interest in a healthcare managed care company of 50 percent and 33 1/3 percent at December 31, 2019 and 2018, respectively. The Medical Center accounts for its investment using the equity method.

The Medical Center made a \$974,900 contribution to purchase a 12.25 percent ownership interest in RCG Columbus, LLC ("RCG"). RCG provides renal care to patients. The Medical Center's investment in RCG is being accounted for under the cost method.

The Medical Center is a 7.1 percent owner of Tecumseh Health Reciprocal Risk Retention Group (the "Captive"), a risk retention company created to purchase professional liability and general liability

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

insurance for its members. The Medical Center accounts for this investment using the cost method. In addition, the Captive retains a subscriber savings account for each of its members based upon the premiums paid in and the resulting claims paid out, plus other factors. Members are paid the balance of their subscriber savings account once they leave the Captive in accordance with the terms of the Captive agreement.

The Medical Center is a 50 percent owner of Inspire Health Partners (“Inspire”), which is a clinically integrated network of physicians and healthcare providers who work together to coordinate patient care. Inspire is a collaboration between various hospitals, physicians, and the Medical Center to offer a community-based provider network that ensures patients get the right care, at the right time, in the right setting, in the most cost-effective manner. The Medical Center does not have majority voting rights or control over Inspire. The Medical Center accounts for this investment using the equity method.

Separate financial statements related to the joint ventures described above may be obtained by contacting Medical Center management.

8. COMPENSATED ABSENCES

The Medical Center provides a paid time off (PTO) policy to employees for vacation, sick time, personal days, and holidays. Upon employment, full and part-time employees who are budgeted, scheduled, and work at least 37.5 hours per pay period accrue PTO from the date of hire. After completion of 3 months of service as a benefit eligible employee, PTO may be used with pay for the total amount accrued.

The rate at which full-time employees earn PTO and the maximum number of hours that may be banked are as follows:

Employee Type	Length of Service	PTO earned for each hour paid	Maximum PTO bank
Non-exempt	0 - 2 years	0.0885	368 hours
Non-exempt	2 - 10 years	0.1077	448 hours
Non-exempt	10 or more years	0.1270	528 hours
Exempt	0 - 2 years	0.0885	368 hours
Exempt	2 - 5 years	0.1077	448 hours
Exempt	5 or more years	0.1270	528 hours
Vice Presidents	Upon hire	0.1462	608 hours

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

PTO days are accrued when incurred. The PTO accrual at December 31, 2019 and 2018 was \$5,825,115 and \$5,238,437, respectively and is reported in accrued personnel costs on the consolidated financial statements.

9. EMPLOYEE HEALTH BENEFIT PLAN

The Medical Center operates a self-funded health plan covering substantially all employees. The Medical Center has an annual stop loss limit on the plan of \$100,000 per insured per year and an aggregate stop loss limit of approximately \$8,500,000. Claim expenditures and liabilities are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. These losses include an estimate of claims that have been incurred but not reported. Claims liabilities are calculated considering the effects of inflation, recent claim settlement trends including frequency and amounts of pay out, and other economic and social factors. The accrued liability for claims liabilities is recorded in accrued personnel costs on the consolidated balance sheets.

Changes in the balance of claims liabilities during the years ended December 31, 2019 and 2018, were as follows:

	2019	2018
Accrued liability, beginning of year	\$ 1,588,719	\$ 1,480,665
Incurred claims, changes in estimates, and fees/premiums	10,020,181	11,156,391
Claim payments	(10,153,182)	(11,048,337)
Accrued liability, end of year	\$ 1,455,718	\$ 1,588,719

10. DEFINED BENEFIT PENSION PLAN

Plan Description

The Medical Center sponsors a single-employer, defined benefit pension plan established to provide retirement, termination/severance, disability, and survivor benefits for Medical Center employees. The Plan was established on May 1, 1975 and was last restated effective May 1, 2013. Benefit provisions are established or may be amended at any time by the action of the Plan's Board of Trustees. The Medical Center functions as the plan administrator of the defined benefit pension plan, as authorized by IC 16-22-3-11. A publicly available financial report that includes the defined benefit pension plan's financial statements and required supplementary information may be obtained by contacting:

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Schneck Medical Center
P.O. Box 2349
Seymour, IN 47274
Ph. (812) 522-0118

Benefits Provided

The Plan provides that the monthly retirement benefit shall be a pension payable for the member's lifetime equal to one percent (1.00%) of the member's monthly plan compensation, plus sixty-five hundredths of one percent (0.65%) in excess of covered compensation. This sum is then multiplied by the years of benefit service up to thirty (30) years to arrive at the benefit amount. Benefit service is not credited prior to May 1, 1970. The accrued benefit shall not be less than the benefit accrued as of April 30, 1990.

Employees became eligible members of the Plan after one year of service and age twenty-one. Participants are fully vested after 5 years of service. Participation and the accrual of benefits for additional years of service for active participants was frozen as of July 1, 2010.

The employee normal retirement date is age 65 if the employee's date of participation is prior to May 1, 1990, or the later of age 65 or 5 years of service if the employee's date of participation is on or after May 1, 1990. The employee early retirement date can occur once an employee has attained age 55 and has 10 years of service. A reduced early retirement benefit is available to members with at least ten years of vesting service any time after attainment of age 55, with a reduction factor determined by the date of severance from employment.

For participants who severed employment prior to May 1, 2002, the accrued benefit is reduced one-one hundred eightieth (1/180) for each completed month of the first five years and one-three hundred sixtieth (1/360) for each completed month of the next five years by which the date of commencement precedes the normal retirement date. For participants who severed employment on or after May 1, 2002, the accrued benefit is reduced three percent for each year by which the date of commencement precedes the normal retirement date.

A terminated participant is eligible for termination benefits after five or more years of service with an hour of service after May 1, 2000. A disabled participant is eligible for disability retirement after five or more years of service with an hour of service after May 1, 2000.

The employee's death benefit is payable to a surviving spouse after the satisfaction of early retirements and prior to actual or normal retirement. If a participant's death occurs while an employee on or after satisfaction of early retirement requirements and prior to the earlier of their termination of employment or late retirement, their surviving spouse, if any, will be entitled to a fifty percent survivor benefit. If a participant's death occurs on or after their actual retirement while an employee, but prior to the commencement of their retirement benefit their beneficiary will be entitled to the benefit if any, payable on account of the participant's death, assuming their retirement benefit had commenced the day before their death.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Funding Policy

No contributions from active plan members are required or permitted. The Internal Revenue Service has determined that the plan is a government plan which is not subject to Employee Retirement Income Security Act (ERISA) minimum funding requirements.

Employees Covered by Benefit Terms

At April 30, 2019 and 2018, the following employees were covered by the benefit terms:

	2019	2018
Inactive plan members or beneficiaries currently receiving benefits	284	267
Inactive plan members or beneficiaries entitled to but not yet receiving benefits	128	128
Active plan members	363	386
Total	775	781

Contributions

The annual required contributions for the years ended April 30, 2019 and 2018 and estimated liabilities as of May 1, 2019 and 2018 were determined as part of the actuarial valuations using the Entry Age actuarial cost method. The Medical Center intends to contribute to the Plan each year such amounts as may be required to operate the Plan on a sound actuarial basis.

Net Pension (Asset) Liability

The total pension liability was measured as of May 1, 2019 and 2018, and the total pension liability used to calculate the net pension (asset) liability was determined by an actuarial valuation as of that date.

Actuarial Assumptions

The total pension liability in the May 1, 2019 and 2018 actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2019	2018
Inflation	2.50%	2.50%
Salary increases	Not applicable (Plan is frozen)	Not applicable (Plan is frozen)
Investment rate of return	8%	8%

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Mortality rates were based on the Society of Actuaries (SOA) published mortality table: RP-2014 mixed collar table adjusted from 2006 using MP-2018 (separate tables for male and female participants).

The actuarial value of assets was determined using the Market Value method and the trust information furnished by PNC Institutional Investments as of April 30, 2019 and 2018.

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return
Cash	-0- %	0.0%
Fixed income securities	40	3.3%
Domestic and foreign equities	60	9.0%
Total	100 %	

Discount Rate

The discount rate used to measure the total pension liability was 8 percent as of April 30, 2019 and 2018, and is equal to the long-term expected return on plan investments. The projection cash flows used to determine the discount rate assumed that employer contributions would be made at the actuarially calculated rate computed to prevent the deterioration in the actuarial status of the trust. The future contribution assumption was based upon the review of recent Medical Center contribution history compared to the corresponding actuarially determined contributions. Based on this assumption, the Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members.

Sensitivity of the Net Pension (Asset) Liability

The following presents the 2019 net pension (asset) liability of the Plan, calculated using the discount rate of 8 percent, as well as what the Plan's net pension (asset) liability would be if it were calculated using a discount rate that is 1-percentage-point lower (7 percent) or 1-percentage-point higher (9 percent) than the current rate:

	1 % Decrease (7.0%)	Current Discount Rate (8.0%)	1% Increase (9.0%)
Net pension (asset) liability	\$ (6,288,108)	\$ (9,391,521)	\$ (12,008,464)

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Detailed information about the Plan's fiduciary net position is available in a separately issued actuarial valuation report.

Changes in the Net Pension (Asset) Liability

The change in the net pension (asset) liability during the 2019 and 2018 Plan year was as follows:

	2019		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension (Asset) Liability (a) - (b)
Balances at 4/30/2018	\$ 29,594,134	\$ 39,469,308	\$ (9,875,174)
Changes of the year:			
Service cost	-0-	-0-	-0-
Interest	2,283,328	-0-	2,283,328
Difference between expected and actual experience	(12,770)	-0-	(12,770)
Change in assumptions	-0-	-0-	-0-
Benefit payments	(1,944,408)	(1,944,408)	-0-
Employer contributions	-0-	-0-	-0-
Net investment income	-0-	1,887,878	(1,887,878)
Administrative expenses	-0-	(100,898)	100,898
Other	-0-	(75)	75
Net changes	326,150	(157,503)	483,653
Balances at 4/30/2019	\$ 29,920,284	\$ 39,311,805	\$ (9,391,521)

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	2018		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension (Asset) Liability (a) - (b)
	Balances at 4/30/2017	\$ 27,879,097	\$ 37,230,725
Changes of the year:			
Service cost	-0-	-0-	-0-
Interest	2,150,623	-0-	2,150,623
Difference between expected and actual experience	82,553	-0-	82,553
Change in assumptions	1,321,201	-0-	1,321,201
Benefit payments	(1,839,340)	(1,839,340)	-0-
Employer contributions	-0-	-0-	-0-
Net investment income	-0-	4,124,238	(4,124,238)
Administrative expenses	-0-	(46,265)	46,265
Other	-0-	(50)	50
Net changes	1,715,037	2,238,583	(523,546)
Balances at 4/30/2018	\$ 29,594,134	\$ 39,469,308	\$ (9,875,174)

Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended December 31, 2019 and 2018, the Medical Center recognized pension expense (gain) of \$(136,690) and \$(472,037), respectively. At December 31, 2019, the Medical Center reported deferred outflows of resources and deferred inflows of resources related to pension from the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Balance, 4/30/2018	\$ 3,327,693	\$ (2,815,916)
Changes in assumptions	(243,027)	-0-
Liability experience gains (losses)	(45,589)	45,640
Investment gains (losses)	22,696	840,947
Balance, 4/30/2019	\$ 3,061,773	\$ (1,929,329)

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	Deferred Outflows of Resources	Deferred Inflows of Resources
Balance, 4/30/2017	\$ 3,200,177	\$ (2,636,891)
Changes in assumptions	1,078,174	-0-
Liability experience gains (losses)	36,964	55,941
Investment gains (losses)	(987,622)	(234,966)
Balance, 4/30/2018	\$ 3,327,693	\$ (2,815,916)

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pension will be recognized in pension expense as follows:

Year ended April 30:	Amount
2020	\$ 690,964
2021	(296,658)
2022	286,429
2023	452,133
2024	(425)
	\$ 1,132,443

11. LONG-TERM DEBT

At December 31, 2019 and 2018, the Medical Center was obligated for long-term debt agreements as follows:

	2019	2018
Indiana Financing Authority Series 2010 Revenue Bonds dated December 2010, payable in annual principal installments commencing February 2011 through February 2022, in amounts ranging from \$325,000 to \$1,765,000. Serial fixed interest rates ranging from 3.0% to 5.0%. Secured by gross revenues.	\$ 4,945,000	\$ 6,550,000

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Direct borrowing Series 2006B Revenue Bonds dated May 2006, payable in annual principal installments commencing February 2007 through February 2036 in amounts ranging from \$150,000 to \$950,000. In May 2013, bonds were converted to long-mode and issued to Capital One Public Funding, LLC and Jackson County Bank who will hold the bonds through February 2023 at which time a balloon payment is due for all remaining unpaid principal and interest. In February 2023, Capital One and Jackson County Bank may exercise a put option on the bonds, or refinance the remaining principal with the Medical Center. Fixed interest rate of 2.8% on \$18,795,000. Secured by gross revenues.

	<u>18,045,000</u>	<u>18,195,000</u>
	22,990,000	24,745,000
Unamortized bond premium	54,899	81,248
Less current portion	<u>(1,856,351)</u>	<u>(1,781,351)</u>
Long-term debt, net of current portion	<u>\$ 21,188,548</u>	<u>\$ 23,044,897</u>

Long-term debt activity for the years ended December 31, 2019 and 2018 was as follows:

	2019				
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
Revenue bonds, series 2006B	\$ 18,195,000	\$ -0-	\$ (150,000)	\$ 18,045,000	\$ 150,000
Revenue bonds, series 2010	6,550,000	-0-	(1,605,000)	4,945,000	1,680,000
Bond premiums	81,248	-0-	(26,349)	54,899	26,351
Total long-term debt	\$ 24,826,248	\$ -0-	\$ (1,781,349)	\$ 23,044,899	\$ 1,856,351

	2018				
	Beginning Balance	Increases	Decreases	Ending Balance	Current Portion
Revenue bonds, series 2006B	\$ 18,345,000	\$ -0-	\$ (150,000)	\$ 18,195,000	\$ 150,000
Revenue bonds, series 2010	8,075,000	-0-	(1,525,000)	6,550,000	1,605,000
Bond premiums	107,599	-0-	(26,351)	81,248	26,351
Total long-term debt	\$ 26,527,599	\$ -0-	\$ (1,701,351)	\$ 24,826,248	\$ 1,781,351

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Debt service requirements on long-term debt at December 31, 2019 are based on the interest rate modes in effect and are as follows:

<u>Year Ending December 31,</u>	<u>Principal</u>	<u>Interest</u>
2020	\$ 1,856,351	\$ 750,810
2021	1,941,351	664,310
2022	1,652,197	571,860
2023	17,595,000	492,660
Total	<u>\$ 23,044,899</u>	<u>\$ 2,479,640</u>

The Medical Center's debt agreements contain various restrictive covenants, including covenants related to days cash on hand ratio, debt service coverage ratio, debt to capitalization ratio, and audited financial statement submission requirements. Failure to meet any of these covenants would result in all principal and accrued interest due immediately without the granting of a waiver from the debt holders. Management believes the Medical Center was in compliance with all restrictive covenants during 2019 and 2018.

12. DEFERRED COMPENSATION PLANS

The Medical Center offers its employees deferred compensation plans in accordance with Internal Revenue Code Sections 457(b), 457(f), and 403(b). The 403(b) and 457(b) plans, available to all Medical Center employees, permit them to defer a portion of their salary until future years. The 457(f) plan, available to management, is funded by discretionary contributions by the Medical Center. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The deferred compensation assets and related liabilities under these plans are reported in the consolidated statements of fiduciary net position.

In 2010, the Medical Center amended its 403(b) defined contribution plan to allow for employer discretionary and matching contributions. For the years ended December 31, 2019 and 2018, the Medical Center recognized \$1,682,442 and \$1,580,149, respectively, in expense related to the 403(b) plan.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

13. DONOR-RESTRICTED AND NONEXPENDABLE RESTRICTED NET POSITION

Donor-restricted net position amounts are donor-restricted for a specific use or by the passage of time. Nonexpendable restricted net position amounts include a perpetual trust. Donor-restricted and nonexpendable restricted net position amounts include the following at December 31, 2019 and 2018:

	2019	2018
Donor-restricted net position		
Dr. Bud Fund	\$ 635,242	\$ 538,435
Medical Technology Fund	126,613	126,342
Educational/Scholarship Fund	30,198	26,063
Women's Center Fund	3,668	3,667
Cancer Fund	586,233	546,507
Hospice Fund	406,139	386,293
EPIC Fund	281,731	252,281
Employee Humanitarian Fund	8,500	3,143
Total donor-restricted net position	\$ 2,078,324	\$ 1,882,731
Nonexpendable restricted net position		
Perpetual trust, held by trustee	\$ 344,540	\$ 301,276

Dr. Bud Fund

The Dr. Bud Fund was established to provide scholarships to area students seeking to pursue careers in healthcare. Scholarships are awarded based on the recommendations of the Dr. Bud Fund Scholarship Committee.

Medical Technology Fund

The Medical Technology Fund was established to address the rapid changes in medical technology and related increased costs to replace outdated equipment. The assets of the fund are used to purchase medical equipment.

Cancer Fund

The Cancer Fund was established to provide support for the detection/prevention of cancer.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

Hospice Fund

The Hospice Fund was established to support Hospice program and patient needs.

EPIC Fund

The EPIC (Employee Partners Invested in Caring) Fund was established to receive financial support from its members for special projects and programs recommended by those members.

Perpetual Trust, Held by Trustee

The perpetual trust, held by trustee represents a donation that is held in a separate trust account. The donation is to be held in perpetuity. The Medical Center has no control over the investment strategy of the trust, and will not receive any payments from the trust's principal. However, the Medical Center is entitled to receive 20 percent of the trust's net income each year. All of the Medical Center's portion of income earned by this trust is unrestricted and may be used at the Medical Center's Board of Trustee's discretion.

14. NET PATIENT SERVICE REVENUE

For the years ended December 31, 2019 and 2018, net patient service revenue was as follows:

	2019	2018
Gross patient service revenue		
Inpatient services	\$ 71,232,165	\$ 65,282,074
Outpatient services	362,479,824	315,572,198
Long-term care services	153,632,699	156,673,760
Total gross patient service revenue	587,344,688	537,528,032
Deductions from revenue		
Contractual allowances	(292,198,292)	(259,194,813)
Charity care	(5,515,637)	(4,575,366)
Bad debts	(14,856,070)	(17,562,591)
Medicaid DSH payments recognized*	3,741,646	3,453,828
Nursing homes UPL payments recognized**	22,515,059	23,547,897
Total deductions from revenue	(286,313,294)	(254,331,045)
Total net patient service revenue	\$ 301,031,394	\$ 283,196,987

* - Disproportionate Share (DSH)

** - Upper Payment Limit (UPL)

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

The Medical Center grants credit without collateral to its patients, most of whom are local residents and insured under third-party payor agreements. The mix of gross revenues and receivables from patients and third-party payors at December 31, 2019 and 2018, was as follows:

	2019		2018	
	Revenues	Receivables	Revenues	Receivables
Medicare	40 %	27 %	40 %	28 %
Medicaid	24	20	26	17
Blue Cross	17	11	17	10
SIHO*	4	3	3	3
Other third-party payors	8	13	7	14
Patients	7	26	7	28
	100 %	100 %	100 %	100 %

*Southeastern Indiana Health Organization

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

- **Medicare.** The Medical Center is a provider of services to patients entitled to coverage under Title XVIII (Medicare) of the Health Insurance Act. The Medical Center is reimbursed for Medicare inpatient services based on a fixed price per discharge for each diagnosis related grouping (DRG) and Medicare outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. At the Hospital's year end, a cost report is filed with the Medicare program computing reimbursement amounts related to Medicare patients. The difference between computed reimbursement and interim reimbursement is reflected as a receivable from or payable to the third-party program. The Hospital's classification of patients under the Medicare program and the appropriateness of their admissions are subject to an independent review by a peer review organization under contract with the Hospital.
- **Medicaid.** The Medical Center is a provider of services to patients entitled to coverage under Title XIX (Medicaid) of the Health Insurance Act. The Medical Center is reimbursed for Medicaid inpatient services based on a fixed price per discharge for each diagnosis related grouping (DRG) and Medicaid outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. There is no cost settlement for either of the inpatient or outpatient programs.
- **Charity Care.** The Medical Center provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. Because the Medical Center does not collect amounts deemed to be charity care, they are not reported as revenue. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

providing care to charity patients. The ratio of cost to charges is calculated based on the Medical Center's total operating expenses divided by gross patient service revenue. For the years ended December 31, 2019 and 2018, the Medical Center incurred estimated costs of \$2,672,359 and \$2,286,991, respectively.

- **Other.** The Medical Center has also entered into preferred provider agreements with certain commercial insurance carriers. The basis for payment to the Medical Center under these agreements includes discounts from established charges, fee schedules, as well as inpatient DRG reimbursement methodologies.

Laws and regulations governing the Medicare and Medicaid 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. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Recently, government activity has increased with respect to investigation and/or allegations concerning possible violations of fraud and abuse statutes and/or regulations by health care providers.

The Centers for Medicare and Medicaid Services ("CMS") has been granted authority to suspend payments, in whole or in part, to Medicare providers if CMS possess reliable information on overpayment, fraud, or if willful misrepresentation exists. If CMS suspects payments are being made as the result of fraud or misrepresentation exists, CMS may suspend payment at any time without providing prior notice to the Medical Center. The initial suspensions period is limited to 180 days. However, the payment suspension period can be extended indefinitely if the matter is under investigation by the United States Department of Health, Human Services Office of Inspector General, or the United States Department of Justice. Therefore, the Medical Center is unable to predict if or when it may be subject to a suspension of payments by the Medicare and/or Medicaid programs, the possible length of the suspension period, or the potential cash flow impact of a payment suspension. Any such suspension would adversely impact the Medical Center's financial position, results of operations, and cash flows. The Medical Center believes that it is in compliance with all applicable laws and regulations.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

15. ELECTRONIC HEALTH RECORDS (EHR) INCENTIVE PAYMENTS

The Medical Center receives EHR incentive payments under the Medicare and Medicaid programs. To qualify for EHR incentive payments, the Medical Center must meet "meaningful use" criteria that become more stringent over time. The Medical Center periodically submits and attests to its use of certified EHR technology, satisfaction of meaningful use objectives, and various patient data. These submissions generally include performance measures for each annual EHR reporting period (Federal fiscal year ending on September 30th). The related EHR incentive payments are paid out over a four year transition schedule and are based upon data that is captured in the Medical Center's cost reports. The payment calculation is based upon an initial amount as adjusted for discharges, program utilization using inpatient days multiplied by a factor of total charges excluding charity care to total charges, and a transitional factor that ranges from 100% in first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Medical Center recognizes EHR incentive payments as grant income when there is reasonable assurance that the Medical Center will comply with the conditions of the meaningful use objectives and any other specific grant requirements. In addition, the financial statement effects of the grants must be both recognizable and measurable. During 2019 and 2018, the Medical Center recognized approximately \$-0- and \$30,963, respectively, in EHR incentive payments as grant income using the cliff recognition method. Under the cliff recognition method, the Medical Center records income at the end of EHR reporting period in which compliance is achieved. EHR incentive income is included in other revenue on the consolidated statements of operations and changes in net position. EHR incentive income is recognized based on management's estimate and amounts are subject to change, with such changes impacting operations in the period the changes occur.

Receipt of these funds is subject to the fulfillment of certain obligations by the Medical Center as prescribed by the program, subject to future audits and may be subject to repayment upon a determination of noncompliance.

16. HOSPITAL ASSESSMENT FEE

The purpose of the Hospital Assessment Fee ("HAF") Program is to fund the State share of enhanced Medicaid payments and Medicaid DSH payments for Indiana hospitals as reflected in the hospital assessment fee reported in the consolidated statements of operations and changes in net position. Previously, the State share was funded by government entities through intergovernmental transfers. The Medicaid enhanced payments relate to both fee for service and managed care claims. The Medicaid enhanced payments are designed to follow the patient and result in increased Medicaid rates. The Medical Center recognized HAF program expense of \$8,040,460 and \$6,520,582 at December 31, 2019 and 2018, respectively. For the years ended December 31, 2019 and 2018, the Medical Center recognized revenue in net patient service revenue totaling \$3,741,646 and \$3,453,828, respectively, relating to the DSH adjustments.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

17. NONOPERATING REVENUES (EXPENSES)

For the years ended December 31, 2019 and 2018, nonoperating revenues (expenses) were as follows:

	2019	2018
Investment income (loss)	\$ 17,214,067	\$ (6,327,588)
Interest expense	(722,557)	(597,515)
Gain (loss) on disposal of capital assets	(86,552)	(322,579)
Donations	(267,229)	(41,984)
Contributions and grants	455,780	879,477
Change in perpetual trust	43,264	(37,765)
Inspire, gain (loss)	(141,835)	525,292
Miscellaneous	(82,838)	(66,930)
Total nonoperating revenues (expenses)	\$ 16,412,100	\$ (5,989,592)

18. PROFESSIONAL LIABILITY INSURANCE

The Indiana Medical Malpractice Act (ACT), IC 34-18 provides for a maximum recovery of \$1,650,000 through the period ending June 30, 2019, and \$1,800,000 beginning June 30, 2019. The Act requires the Medical Center to maintain Medical malpractice liability insurance of \$400,000 per occurrence (\$8,000,000 in the annual aggregate) through the period ending June 30, 2019, and \$500,000 per occurrence (\$10,000,000 in the annual aggregate) beginning July 1, 2019. The Act also requires the Medical Center to pay a surcharge to the State Patient's Compensation Fund (the "Fund"). The Fund is used to pay medical malpractice claims in excess of the per occurrence and annual aggregate amounts noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not able to be reasonably estimated. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

The Medical Center maintains professional liability insurance through a multiprovider reciprocal risk retention group (the "Group"), in which premiums are accrued based on the Group's experience to date. As of December 31, 2019 and 2018, this provides protection from liability in amounts not to exceed as follows:

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	2019	2018
Medical Center per occurrence	\$ 500,000	\$ 400,000
Medical Center aggregate	\$ 10,000,000	\$ 8,000,000
Group umbrella aggregate	\$ 10,000,000	\$ 10,000,000
Group first additional umbrella aggregate	10,000,000	10,000,000
Group second additional umbrella aggregate	10,000,000	10,000,000
Total Group umbrella aggregate	\$ 30,000,000	\$ 30,000,000

Liabilities for incurred but not reported losses at December 31, 2019 and 2018 are not determinable; however, in management's opinion, such liabilities, if any, will not have a material effect on the Medical Center's financial position and its malpractice and general liability insurance is adequate to cover losses, if any. Should the policies not be renewed or replaced with appropriate insurance coverage, claims based upon occurrences during these terms, but reported subsequently, will be uninsured. The Medical Center intends to continue carrying such insurance.

19. RELATED PARTY TRANSACTIONS

Jackson County Bank

The Medical Center's President and Chief Executive Officer serves as a member of the Board of Directors for Jackson County Bank ("JCB"). At December 31, 2019 and 2018, and for the years then ended, the Medical Center had the following related party transactions with JCB:

	2019	2018
Deposits	\$ 62,078,422	\$ 57,922,770
Bonds payable	\$ 2,875,020	\$ 2,900,016
Interest income	\$ 290,734	\$ 265,644
Interest expense	\$ 79,917	\$ 80,617

Southeastern Indiana Health Organization (SIHO)

The Medical Center is a 50 percent owner of the SIHO insurance company. This investment is reported in other assets on the consolidated statements of operations and changes in net position, and is titled "investment in managed care company" in footnote 7. At December 31, 2019 and 2018, and for the years then ended, the Medical Center had the following related party transactions with SIHO:

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	2019	2018
Patient accounts receivable	\$ 2,063,234	\$ 1,917,094
Gross patient revenue	\$ 21,034,719	\$ 18,778,218
Operating expenses	\$ 11,130,945	\$ 13,853,871

20. CONCENTRATIONS OF CREDIT RISK

The Medical Center maintains its cash in bank deposit accounts, which at times, may exceed federally insured limits. The Medical Center has not experienced any losses on such accounts. The Medical Center believes it is not exposed to any significant credit risk on cash.

21. OPERATING LEASES

The Medical Center leases certain building space and equipment under noncancelable operating leases expiring in various years through 2023. Minimum future rental payments under these noncancelable operating leases, as of December 31, 2019, are as follows:

Year Ending December 31,	Amount
2020	\$ 465,493
2021	183,078
2022	71,571
2023	71,571
Total minimum payments	\$ 791,713

The Medical Center incurred \$21,146,230 and \$20,585,304 in total rent expense for the years ended December 31, 2019 and 2018, respectively, under cancelable and noncancelable operating leases.

22. CONTINGENCIES

The Medical Center is susceptible to a variety of legal proceedings and claims by others against the Medical Center in a variety of matters arising out of the conduct of the Medical Center's business. The ultimate resolution of such claims would not, in the opinion of management, have a material adverse effect on the consolidated financial statements.

There may be unknown incidents arising from services provided to patients. However, because the annual insurance policy only covers claims that have been asserted and incidents reported to the insurance carrier, these unknown incidents are not yet covered by insurance. Management

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

intends to maintain the current claims-made insurance coverage to cover any unknown incidents that may be asserted.

HIPAA

Management continues to implement policies, procedures, and a compliance-monitoring organizational structure to enforce and monitor compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other government statutes and regulations. The Medical Center's compliance with such laws and regulations is subject to future government review and interpretations, as well as regulatory actions which are unknown or unasserted at this time.

23. COMMITMENTS

As of December 31, 2019, the Medical Center has construction and renovation project commitments as follows:

Project	Expected Date of Completion	Estimated Total Cost of Project	Costs Incurred as of December 31, 2019
3N Relocation	2020	\$ 2,937,000	\$ 91,213
Chiller	2020	1,339,700	1,204,812
Pharmacy expansion	2020	800,000	764,584
Window replacement	2020	622,500	26,730
MOB and garage	2020	525,000	421,864
Citrix project	2020	475,000	422,633
SPC interior renovations	2020	470,500	57,624
All other projects	2020	1,454,500	1,136,847
		\$ 8,624,200	\$ 4,126,307

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

24. CONDENSED FINANCIAL INFORMATION

The Medical Center includes three blended component units in its reporting entity. Condensed component unit information for all of its blended as of and for the year ended December 31, 2019 is as follows:

	HDC	Foundation	JMB	Total
Balance sheet				
Assets				
Current assets	\$ 844,128	\$ 1,513,138	\$ 1,697,672	\$ 4,054,938
Assets whose use is limited	-0-	2,078,324	-0-	2,078,324
Capital assets, net	650,097	-0-	3,115,067	3,765,164
Other assets	103,152	-0-	-0-	103,152
Total assets	<u>1,597,377</u>	<u>3,591,462</u>	<u>4,812,739</u>	<u>10,001,578</u>
Deferred outflows	-0-	-0-	-0-	-0-
Total assets and deferred outflows	<u>\$ 1,597,377</u>	<u>\$ 3,591,462</u>	<u>\$ 4,812,739</u>	<u>\$ 10,001,578</u>
Liabilities				
Current liabilities	\$ 970,471	\$ -0-	\$ 1,114	\$ 971,585
Long-term liabilities	-0-	-0-	-0-	-0-
Total liabilities	<u>970,471</u>	<u>-0-</u>	<u>1,114</u>	<u>971,585</u>
Net position				
Net investment in capital assets	650,097	-0-	3,115,067	3,765,164
Restricted expendable	-0-	2,078,324	-0-	2,078,324
Restricted nonexpendable	-0-	-0-	-0-	-0-
Unrestricted	(23,191)	1,513,138	1,696,558	3,186,505
Total net position	<u>626,906</u>	<u>3,591,462</u>	<u>4,811,625</u>	<u>9,029,993</u>
Total liabilities and net position	<u>\$ 1,597,377</u>	<u>\$ 3,591,462</u>	<u>\$ 4,812,739</u>	<u>\$ 10,001,578</u>
	HDC	Foundation	JMB	Total
Statement of operations and changes in net position				
Operating revenues				
Net patient service revenue	\$ 2,025,146	\$ -0-	\$ -0-	\$ 2,025,146
Other operating revenue	2,452,456	394,314	800,158	3,646,928
Total operating revenues	<u>4,477,602</u>	<u>394,314</u>	<u>800,158</u>	<u>5,672,074</u>
Operating expenses				
Depreciation and amortization	101,650	-0-	209,790	311,440
Other operating expenses	4,501,138	447,816	396,495	5,345,449
Total operating expenses	<u>4,602,788</u>	<u>447,816</u>	<u>606,285</u>	<u>5,656,889</u>
Income (loss) from operations	(125,186)	(53,502)	193,873	15,185
Nonoperating revenue (expenses)	808	798,932	-0-	799,740
Change in net position	(124,378)	745,430	193,873	814,925
Net position - beginning of year	751,284	2,846,032	4,617,752	8,215,068
Net position - end of year	<u>\$ 626,906</u>	<u>\$ 3,591,462</u>	<u>\$ 4,811,625</u>	<u>\$ 9,029,993</u>

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	HDC	Foundation	JMB	Total
Statement of cash flows				
Cash provided by				
Operating activities	\$ 22,227	\$ 163,694	\$ 403,620	\$ 589,541
Capital and related financing activities	(52,725)	-0-	(31,774)	(84,499)
Investing activities	64,839	(126,323)	-0-	(61,484)
Total	34,341	37,371	371,846	443,558
Cash - beginning of year	436,138	152,414	1,315,049	1,903,601
Cash - end of year	\$ 470,479	\$ 189,785	\$ 1,686,895	\$ 2,347,159

Condensed component unit information for all of its blended components as of and for the year ended December 31, 2018 is as follows:

	HDC	Foundation	JMB	Total
Balance sheet				
Assets				
Current assets	\$ 878,027	\$ 967,161	\$ 1,325,783	\$ 3,170,971
Assets whose use is limited	-0-	1,882,731	-0-	1,882,731
Capital assets, net	699,025	-0-	3,293,083	3,992,108
Other assets	100,252	-0-	-0-	100,252
Total assets	1,677,304	2,849,892	4,618,866	9,146,062
Deferred outflows	-0-	-0-	-0-	-0-
Total assets and deferred outflows	\$ 1,677,304	\$ 2,849,892	\$ 4,618,866	\$ 9,146,062
Liabilities				
Current liabilities	\$ 926,020	\$ 3,860	\$ 1,114	\$ 930,994
Long-term liabilities	-0-	-0-	-0-	-0-
Total liabilities	926,020	3,860	1,114	930,994
Net position				
Net investment in capital assets	699,025	-0-	3,293,083	3,992,108
Restricted expendable	-0-	1,882,731	-0-	1,882,731
Restricted nonexpendable	-0-	-0-	-0-	-0-
Unrestricted	52,259	963,301	1,324,669	2,340,229
Total net position	751,284	2,846,032	4,617,752	8,215,068
Total liabilities and net position	\$ 1,677,304	\$ 2,849,892	\$ 4,618,866	\$ 9,146,062

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

	HDC	Foundation	JMB	Total
Statement of operations and changes in net position				
Operating revenues				
Net patient service revenue	\$ 2,214,550	\$ -0-	\$ -0-	\$ 2,214,550
Other operating revenue	<u>2,496,196</u>	<u>356,658</u>	<u>771,991</u>	<u>3,624,845</u>
Total operating revenues	4,710,746	356,658	771,991	5,839,395
Operating expenses				
Depreciation and amortization	112,611	-0-	201,752	314,363
Other operating expenses	<u>4,687,537</u>	<u>402,569</u>	<u>383,608</u>	<u>5,473,714</u>
Total operating expenses	<u>4,800,148</u>	<u>402,569</u>	<u>585,360</u>	<u>5,788,077</u>
Income (loss) from operations	(89,402)	(45,911)	186,631	51,318
Nonoperating revenue (expenses)	<u>125</u>	<u>120,439</u>	<u>-0-</u>	<u>120,564</u>
Change in net position	(89,277)	74,528	186,631	171,882
Net position - beginning of year	<u>840,561</u>	<u>2,771,504</u>	<u>4,431,121</u>	<u>8,043,186</u>
Net position - end of year	<u>\$ 751,284</u>	<u>\$ 2,846,032</u>	<u>\$ 4,617,752</u>	<u>\$ 8,215,068</u>
	HDC	Foundation	JMB	Total
Statement of cash flows				
Cash provided by				
Operating activities	\$ (489,533)	\$ 369,531	\$ 388,680	\$ 268,678
Capital and related financing activities	(11,185)	-0-	(335,203)	(346,388)
Investing activities	<u>67,838</u>	<u>(401,114)</u>	<u>-0-</u>	<u>(333,276)</u>
Total	(432,880)	(31,583)	53,477	(410,986)
Cash - beginning of year	<u>869,018</u>	<u>183,997</u>	<u>1,261,572</u>	<u>2,314,587</u>
Cash - end of year	<u>\$ 436,138</u>	<u>\$ 152,414</u>	<u>\$ 1,315,049</u>	<u>\$ 1,903,601</u>

25. SUBSEQUENT EVENTS

On March 11, 2020, the World Health Organization declared Coronavirus (COVID-19) a pandemic. The continued spread of COVID-19, or any similar outbreaks in the future, may adversely impact the local, regional, national and global economies. The extent to which COVID-19 impacts the Medical Center's operating results is dependent on the breadth and duration of the pandemic and could be affected by other factors management is not currently able to predict. Potential impacts include, but are not limited to, additional costs for responding to COVID-19, shortages of healthcare personnel, shortages of clinical supplies, increased demand for services, delays, loss of, or reduction to, revenue, contributions and funding, and investment portfolio declines. Management believes the Medical Center is taking appropriate actions to respond to the pandemic, however, the full impact is unknown and cannot be reasonably estimated at the date the consolidated financial statements were issued.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

26. RECENT GASB PRONOUNCEMENTS

Management has not currently determined what effects, if any, the implementation of the following recently enacted statements may have on its future consolidated financial statements:

GASB Statement No. 87, *Leases*, issued June 2017, will be effective for periods beginning after December 15, 2019. This Statement requires recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It established a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset.

GASB Statement No. 89, *Accounting for Interest Cost Incurred before the End of a Construction Period*, issued June 2018, will be effective for periods beginning after December 15, 2019. This Statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost incurred for financial statements prepared using the economic resources management focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund.

REQUIRED SUPPLEMENTARY INFORMATION

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

REQUIRED SUPPLEMENTARY INFORMATION
DECEMBER 31, 2019

**SCHEDULE OF CHANGES IN THE MEDICAL CENTER'S NET PENSION (ASSET) LIABILITY
AND RELATED RATIOS**

	2019	2018	2017	2016	2015
Total pension liability					
Service cost	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Interest	2,283,328	2,150,623	2,127,933	2,077,981	2,056,704
Difference between expected and actual experience	(12,770)	82,553	(110,540)	216,064	(278,935)
Change in assumptions	-0-	1,321,201	40,006	39,514	38,454
Benefit payments	(1,944,408)	(1,839,340)	(1,727,210)	(1,654,220)	(1,430,850)
Net change in total pension liability	326,150	1,715,037	330,189	679,339	385,373
Total pension liability - beginning	29,594,134	27,879,097	27,548,908	26,869,569	26,484,196
Total pension liability - ending (a)	\$ 29,920,284	\$ 29,594,134	\$ 27,879,097	\$ 27,548,908	\$ 26,869,569
Plan fiduciary net position					
Employer contributions	\$ -0-	\$ -0-	\$ -0-	\$ -0-	\$ -0-
Net transfers into (out of) trust	-0-	-0-	-0-	-0-	-0-
Net investment income	1,887,878	4,124,238	5,660,569	(2,126,387)	3,223,583
Benefit payments	(1,944,408)	(1,839,340)	(1,727,210)	(1,654,220)	(1,430,850)
Administrative expenses	(100,898)	(46,265)	(104,316)	(42,455)	(67,884)
Other	(75)	(50)	(50)	-0-	(37,011)
Net change in plan fiduciary net position	(157,503)	2,238,583	3,828,993	(3,823,062)	1,687,838
Plan fiduciary net position - beginning	39,469,308	37,230,725	33,401,732	37,224,794	35,536,956
Plan fiduciary net position - ending (b)	\$ 39,311,805	\$ 39,469,308	\$ 37,230,725	\$ 33,401,732	\$ 37,224,794
Medical Center net pension (asset) liability - ending (a) - (b)	\$ (9,391,521)	\$ (9,875,174)	\$ (9,351,628)	\$ (5,852,824)	\$ (10,355,225)
Plan fiduciary net position as a percentage of the total net pension liability	131.39%	133.37%	133.54%	121.25%	138.54%
Covered payroll	N/A	N/A	N/A	N/A	N/A
Medical Center net pension (asset) liability as a percentage of covered payroll	N/A	N/A	N/A	N/A	N/A

*The schedule is presented to illustrate the requirement to show information for 10 years. However, until a full 10-year trend is compiled, the Medical Center will present information for those years for which information is available.

**JACKSON COUNTY SCHNECK MEMORIAL HOSPITAL
AND AFFILIATED ORGANIZATIONS**

REQUIRED SUPPLEMENTARY INFORMATION
DECEMBER 31, 2019

SCHEDULE OF MEDICAL CENTER CONTRIBUTIONS

	Actuarially determined contribution	Employer contributions	Contribution deficiency (excess)	Covered payroll	Contributions as a % of covered payroll
4/30/2019	\$ -0-	\$ -0-	\$ -0-	N/A	N/A
4/30/2018	-0-	-0-	-0-	N/A	N/A
4/30/2017	-0-	-0-	-0-	N/A	N/A
4/30/2016	-0-	-0-	-0-	N/A	N/A
4/30/2015	-0-	-0-	-0-	N/A	N/A
4/30/2014	-0-	-0-	-0-	N/A	N/A
4/30/2013	-0-	-0-	-0-	N/A	N/A
4/30/2012	-0-	-0-	-0-	N/A	N/A
4/30/2011	-0-	-0-	-0-	N/A	N/A

Notes to Schedule

Valuation date: Actuarially determined contribution rates are calculated as of May 1, one year prior to the end of the fiscal year in which contributions are reported.

Methods and assumptions used to determine most current contribution rate above:

Actuarial cost method	Entry Age
Amortization method	Level dollar, open
Remaining amortization method	30 years
Asset valuation method	Market value
Inflation	2.50%
Salary increases	Not applicable (Plan is frozen)
Investment rate of return	8.00%
Retirement age	65
Mortality	SOA published mortality table: RP-2014 mixed collar table adjusted from 2006 using MP-2018