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September 14, 2017

Board of Directors  
Henry County Memorial Hospital  
1000 North 16<sup>th</sup> Street  
New Castle, IN 47362-0490

We have reviewed the audit report prepared by Blue & Co., LLC, Independent Public Accountants, for the period January 1, 2016 to December 31, 2016. In our opinion, the audit report was prepared in accordance with the guidelines established by the State Board of Accounts. Per the Report of Independent Auditors, the financial statements included in the report present fairly the financial condition of the Henry County Memorial Hospital, as of December 31, 2016 and the results of its operations for the period then ended, on the basis of accounting described in the report.

The audit report is filed with this letter in our office as a matter of public record.

*Paul D. Joyce*  
Paul D. Joyce, CPA  
State Examiner



**CONSOLIDATED FINANCIAL STATEMENTS**

**AND**

**SUPPLEMENTARY INFORMATION**

**DECEMBER 31, 2016 AND 2015**

**CPAs / ADVISORS**



# HENRY COMMUNITY HEALTH

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## REPORT OF INDEPENDENT AUDITORS

Board of Trustees  
Henry Community Health  
New Castle, Indiana

### REPORT ON THE CONSOLIDATED FINANCIAL STATEMENTS

We have audited the accompanying consolidated financial statements of Henry County Memorial Hospital d/b/a Henry Community Health ( the Hospital), a component unit of Henry County, which comprise the consolidated balance sheets as of December 31, 2016 and 2015, 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.

### 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 did not audit the financial statements of Henry County Hospital Foundation (The Foundation), a blended component unit, which statements reflect total assets of approximately \$42.8 million and \$37.8 million as of December 31, 2016 and 2015, respectively, and total revenues of approximately \$3.9 million and \$3.8 million, respectively, for the years then ended. Also, we did not audit the financial statements of HCMH Diversified Management Corporation (DMC), a blended component unit, which statements reflect total assets of approximately \$5.1 million and \$3.8 million as of December 31, 2016 and 2015, respectively, and total revenues of approximately \$21.6 million and \$20.7 million, respectively, for the years then ended. Those financial statements were audited by other auditors whose reports have been furnished to us, and our opinion, in so far as it relates to the amounts included for the Foundation and DMC, is based solely on the reports of the other auditors. 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 audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

Board of Trustees  
Henry Community Health  
New Castle, Indiana

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 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, based on our audits and the reports of other auditors, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2016 and 2015, and the results of its operations, changes in its net position, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

## **CHANGE IN ACCOUNTING PRINCIPLES**

As discussed in Note 2 to the consolidated financial statements, in 2016, the Hospital adopted new accounting guidance, Governmental Accounting Standards Board (GASB) Statement No. 72, *Fair Value Measurement and Application* and GASB Statement No. 76, *The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments*. Our opinion is not modified with respect to these matters.

## **REPORT ON REQUIRED SUPPLEMENTARY INFORMATION**

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

Board of Trustees  
Henry Community Health  
New Castle, Indiana

## **REPORT ON SUPPLEMENTARY INFORMATION**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statement as a whole. The supplementary information listed in the table of contents is presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations, and cash flows of the individual companies, and it is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The supplementary information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, which insofar as it relates to the Foundation and DMC, is based on the reports of other auditors, the supplementary information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*Blue & Co., LLC*

Indianapolis, Indiana  
May 5, 2017

**REQUIRED SUPPLEMENTARY INFORMATION**

# **HENRY COMMUNITY HEALTH**

## **MANAGEMENT'S DISCUSSION AND ANALYSIS**

DECEMBER 31, 2016

(WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

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Management's discussion and analysis of Henry Community Health's (the Hospital) financial performance provides an overview of the Hospital's financial activities for the fiscal year ended December 31, 2016. Please read it in conjunction with the Hospital's financial statements, which begin on page 4. As mentioned in Note 1, the financial statements include the Hospital, as well as Henry County Hospital Foundation, Inc. and HCMH Diversified Management Corporation (DMC), collectively referred to as the Hospital.

### **USING THIS ANNUAL REPORT**

The Hospital's financial statements consist of a Balance Sheet, a Statement of Operations and Changes in Net Position, and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the Hospital.

### **THE BALANCE SHEET AND STATEMENT OF OPERATIONS AND CHANGES IN NET POSITION**

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

These two statements report the Hospital's net position and changes in it. You can think of the Hospital's net position – the difference between assets and liabilities - as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net position are one indicator of whether the financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the Hospital's patient base and measures of the quality of service provided to the community, as well as local economic factors to assess the overall health of the Hospital.

### **THE STATEMENT OF CASH FLOWS**

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

# HENRY COMMUNITY HEALTH

## MANAGEMENT'S DISCUSSION AND ANALYSIS DECEMBER 31, 2016 (WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

### THE HOSPITAL'S NET POSITION

The Hospital's net position is the difference between its assets and deferred outflows compared to its liabilities reported in the Balance Sheet on pages 4-5. The Hospital's net position increased by approximately \$7.2 million or 6.9% from 2015 to 2016 and increased by approximately \$10.4 million or 11.1% from 2014 to 2015 as you can see from Table 1.

Table 1: Assets, Deferred Outflows, Liabilities and Net Position:

	2016	2015	2016-2015 Change	2014
<b>Assets and deferred outflows</b>				
Current assets	\$ 87,754,007	\$ 79,430,261	\$ 8,323,746	\$ 72,093,057
Capital assets, net	46,691,872	36,493,019	10,198,853	31,852,451
Other investments and assets	41,767,556	45,418,240	(3,650,684)	46,390,313
Deferred outflows	-0-	-0-	-0-	131,932
Total assets and deferred outflows	<u>\$ 176,213,435</u>	<u>\$ 161,341,520</u>	<u>\$ 14,871,915</u>	<u>\$ 150,467,753</u>
<b>Liabilities</b>				
Current liabilities	\$ 47,926,887	\$ 39,404,578	\$ 8,522,309	\$ 38,160,859
Long term debt, net of current portion	16,045,000	17,039,000	(994,000)	17,922,948
Other long term liabilities	701,536	584,613	116,923	467,690
Total liabilities	<u>\$ 64,673,423</u>	<u>\$ 57,028,191</u>	<u>\$ 7,645,232</u>	<u>\$ 56,551,497</u>
<b>Net Position</b>				
Net investment in capital assets	\$ 29,652,872	\$ 18,320,060	\$ 11,332,812	\$ 12,773,712
By donor - expendable - for capital acquisition	1,074,460	1,056,822	17,638	1,065,693
Unrestricted	80,812,680	84,936,447	(4,123,767)	80,076,851
Total net position	<u>\$ 111,540,012</u>	<u>\$ 104,313,329</u>	<u>\$ 7,226,683</u>	<u>\$ 93,916,256</u>

The increase in current assets relates primarily to an increase in supplies and other current assets during 2016 with the continued expansion into long-term care. The increase in current liabilities relates to the Hospital's continued expansion into long-term care.

It should also be noted that there was an increase in total net position from 2014 to 2016 of approximately \$17.6 million or 18.8%, showing the stability of the Hospital and its operations.

# HENRY COMMUNITY HEALTH

## MANAGEMENT'S DISCUSSION AND ANALYSIS DECEMBER 31, 2016 (WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

### OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET POSITION AND CASH FLOWS

In 2016, the Hospital's operating revenues decreased by approximately \$6.8 million as shown in Table 2.

Table 2: Operating Results and Changes in Net Position

	2016	2015	2016-2015 Change	2014
<b>Operating revenues</b>				
Net patient service revenues	\$ 259,877,366	\$ 264,477,644	\$ (4,600,278)	\$ 207,681,261
Other operating revenues	4,642,179	6,794,688	(2,152,509)	6,866,574
Total operating revenues	<u>264,519,545</u>	<u>271,272,332</u>	<u>(6,752,787)</u>	<u>214,547,835</u>
<b>Operating expenses</b>				
Salaries and benefits	58,919,870	54,760,115	4,159,755	50,560,374
Medical supplies and drugs	20,274,197	20,590,758	(316,561)	18,744,056
Depreciation and amortization	5,620,494	5,292,112	328,382	5,006,306
Other operating expenses	173,755,868	179,334,696	(5,578,828)	129,371,981
Total operating expenses	<u>258,570,429</u>	<u>259,977,681</u>	<u>(1,407,252)</u>	<u>203,682,717</u>
Operating income	5,949,116	11,294,651	(5,345,535)	10,865,118
<b>Non-operating revenues and expenses</b>				
Investment income (loss)	1,814,039	(939,659)	2,753,698	796,635
Other non-operating revenues and expenses, net	(536,472)	42,081	(578,553)	(210,521)
Total non-operating revenues (expenses)	<u>1,277,567</u>	<u>(897,578)</u>	<u>2,175,145</u>	<u>586,114</u>
Change in net position	7,226,683	10,397,073	(3,170,390)	11,451,232
<b>Net position beginning of year</b>	<u>104,313,329</u>	<u>93,916,256</u>	<u>10,397,073</u>	<u>82,465,024</u>
<b>Net position end of year</b>	<u>\$ 111,540,012</u>	<u>\$ 104,313,329</u>	<u>\$ 7,226,683</u>	<u>\$ 93,916,256</u>

### OPERATING INCOME

The addition of two long-term care facilities during 2015 substantially increased net patient service revenues. These facilities are leased and managed by various management organizations, which substantially increased other operating expenses during 2015. No additional long-term care facilities were added during 2016. During 2016, there were decreases in volumes, which attributed to declines in net patient service revenue during the year. In addition, health insurance expenses were higher during 2016 related to worse self-insured health claims experience.

# HENRY COMMUNITY HEALTH

## MANAGEMENT'S DISCUSSION AND ANALYSIS DECEMBER 31, 2016 (WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

### NONOPERATING INCOME

Nonoperating income was primarily driven by an increase in investment income, with income of approximately \$1.8 million in 2016 and a loss of approximately \$.9 million in 2015. This can be attributed to improved market conditions in 2016 compared to 2015.

Table 3: Hospital Cash Flows

	2016	2015	2016 - 2015 Change	2014
<b>Cash flows from activities</b>				
Operating	\$ 6,474,186	\$ 22,225,616	\$ (15,751,430)	\$ 16,808,054
Capital and related financing	(16,764,185)	(11,089,102)	(5,675,083)	(6,241,473)
Investing	5,506,995	(41,044)	5,548,039	1,477,892
	<u>\$ (4,783,004)</u>	<u>\$ 11,095,470</u>	<u>\$ (15,878,474)</u>	<u>\$ 12,044,473</u>

In 2016, the Hospital continued to generate strong cash flows from operations with approximately \$6.5 million generated in 2016 and approximately \$22.2 million generated in 2015. Cash flows used in capital and related financing activities relate primarily to the purchase of property and equipment.

### CAPITAL ASSETS

During 2016, the Hospital's net capital assets have increased by approximately \$10.2 million. This compares to an increase of approximately \$4.6 million during 2015. The change in capital assets is outlined in the following table:

	2016	2015	2016-2015 Change	2014
Land and improvements	\$ 4,960,004	\$ 4,774,319	\$ 185,685	\$ 4,739,593
Buildings and improvements	54,181,371	52,692,060	1,489,311	51,867,681
Equipment	64,999,727	57,270,784	7,728,943	53,358,150
Construction in progress	7,997,452	4,560,855	3,436,597	43,626
Total capital assets	<u>132,138,554</u>	<u>119,298,018</u>	<u>12,840,536</u>	<u>110,009,050</u>
Less accumulated depreciation	<u>85,446,682</u>	<u>82,804,999</u>	<u>2,641,683</u>	<u>78,156,599</u>
Capital assets, net	<u>\$ 46,691,872</u>	<u>\$ 36,493,019</u>	<u>\$ 10,198,853</u>	<u>\$ 31,852,451</u>

Net capital assets have increased due to capital additions. The Hospital continually evaluates facilities and equipment to ensure that everything is upgraded as necessary. See the notes to the consolidated financial statements for additional information about capital assets.

# HENRY COMMUNITY HEALTH

## MANAGEMENT'S DISCUSSION AND ANALYSIS DECEMBER 31, 2016 (WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

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### DEBT

The Hospital has the following debt outstanding, which approximates \$17.0 million as of December 31, 2016:

- 2015 tax-exempt revenue bonds
- Capital lease obligations

More detailed information about the Hospital's long-term debt is presented in the Notes to the Consolidated Financial Statements.

### BAD DEBT AND CHARITY CARE

Bad debt and charity care decreased in 2016 compared to 2015 experience due to the success of ClaimAid in helping eligible patients receive Medicaid coverage and due to the expansion of coverage under the Affordable Care Act.

	<u>Bad Debt</u>	<u>Charity</u>	<u>Total</u>	<u>% Chg</u>
2013	\$8,195,281	\$3,407,242	\$11,602,523	
2014	\$8,313,843	\$2,977,492	\$11,291,335	-3%
2015	\$5,448,009	\$1,991,900	\$7,439,909	-34%
2016	\$5,971,428	\$1,137,690	\$7,109,118	-4%

### ECONOMIC OUTLOOK

Management believes that the health care industry's and the Hospital's operating margins will continue to be under pressure due to a variety of factors including, but not limited to, uncertainty regarding health care reform, changes in payor and services mix, and growth in operating expenses that are in excess of the increases in contractually arranged and legally established payments received for services rendered. In addition, the adoption of high-deductible health plans by employers continues to occur and patients are increasingly being held responsible for more of the cost of health care. Consequently, the health care market place has been increasingly more competitive. The ongoing challenge facing the Hospital is to continue to provide quality patient care in this competitive environment, and to attain reasonable rates for the services that are provided while managing costs. The most significant factor affecting the Hospital is finding the balance in maintaining and controlling labor costs in the face of pressures on volume and pricing for its services in this increasingly competitive, retail-like environment.

# **HENRY COMMUNITY HEALTH**

MANAGEMENT'S DISCUSSION AND ANALYSIS  
DECEMBER 31, 2016  
(WITH COMPARATIVE TOTALS FOR 2015 AND 2014)

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## **CONTACTING THE HOSPITAL'S FINANCIAL MANAGEMENT**

This financial report is designed to provide fiscal reporting to patients, county residents, suppliers and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. If you have questions about this report or need additional financial information, contact the Controller at Henry Community Health, 1000 North 16<sup>th</sup> Street, New Castle, Indiana 47362.

# HENRY COMMUNITY HEALTH

## CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2016 AND 2015

<b>ASSETS</b>		
	2016	2015
<b>Current assets</b>		
Cash and money market deposit accounts	\$ 33,994,184	\$ 38,844,920
Patient accounts receivable, net of estimated allowance for uncollectible accounts of approximately \$6,800,000 in 2016 and \$7,000,000 in 2015	28,550,035	26,020,395
Supplies and other current assets	24,112,876	13,277,778
Due from related parties	178,456	226,245
Current portion of assets whose use is limited	918,456	1,060,923
Total current assets	87,754,007	79,430,261
<b>Investments</b>	26,780,128	25,235,241
<b>Assets whose use is limited</b>		
Internally designated	10,779,942	16,884,682
By donor - expendable - for capital acquisition	1,074,460	1,056,822
	11,854,402	17,941,504
Less current portion	918,456	1,060,923
Total assets whose use is limited	10,935,946	16,880,581
<b>Capital assets, net</b>	46,691,872	36,493,019
<b>Other assets</b>	4,051,482	3,302,418
Total assets	\$ 176,213,435	\$ 161,341,520

### LIABILITIES AND NET POSITION

	2016	2015
<b>Current liabilities</b>		
Current portion of long-term debt	\$ 994,000	\$ 1,133,959
Accounts payable and accrued expenses	42,553,915	32,346,851
Accrued wages and related liabilities	3,840,602	4,217,416
Estimated third-party settlements	538,370	1,706,352
Total current liabilities	47,926,887	39,404,578
<b>Other long-term liabilities</b>	701,536	584,613
<b>Long-term debt, net of current portion</b>	16,045,000	17,039,000
Total liabilities	64,673,423	57,028,191
<b>Net position</b>		
Unrestricted	80,812,680	84,936,447
Net investment in capital assets	29,652,872	18,320,060
Restricted		
By donor - expendable - for capital acquisition	1,074,460	1,056,822
Total net position	111,540,012	104,313,329
Total liabilities and net position	\$ 176,213,435	\$ 161,341,520

See accompanying notes to consolidated financial statements.

## HENRY COMMUNITY HEALTH

### CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
<b>Operating revenue</b>		
Net patient service revenue	\$ 259,877,366	\$ 264,477,644
Other revenue	4,642,179	6,794,688
Total revenue	264,519,545	271,272,332
<b>Operating expenses</b>		
Salaries and benefits	58,919,870	54,760,115
Medical professional fees	958,618	950,205
Purchased services	108,960,439	117,645,559
Medical supplies and drugs	20,274,197	20,590,758
Other supplies	13,414,727	14,404,738
Depreciation and amortization	5,620,494	5,292,112
Utilities	4,807,931	4,734,710
Rent	16,876,061	14,597,286
Hospital assessment fee	2,265,705	1,997,366
Other	26,472,387	25,004,832
Total expenses	258,570,429	259,977,681
Operating income	5,949,116	11,294,651
<b>Nonoperating revenues (expenses)</b>		
Investment income (loss)	1,814,039	(939,659)
Interest expense	(368,545)	(359,463)
Other nonoperating	(167,927)	401,544
Total nonoperating revenues (expenses)	1,277,567	(897,578)
Change in net position	7,226,683	10,397,073
<b>Net position</b>		
Beginning of year	104,313,329	93,916,256
End of year	\$ 111,540,012	\$ 104,313,329

See accompanying notes to consolidated financial statements.

# HENRY COMMUNITY HEALTH

## CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2016 AND 2015

	2016	2015
<b>Cash flows from operating activities</b>		
Cash received from patients and third party payors	\$ 253,914,039	\$ 263,467,882
Cash paid to employees for wages and benefits	(59,296,684)	(54,848,235)
Cash paid to vendors for goods and services	(193,056,405)	(193,054,553)
Other operating receipts, net	4,913,236	6,660,522
Net cash flows from operating activities	6,474,186	22,225,616
<b>Cash flows from capital and related financing activities</b>		
Acquisition and construction of capital assets	(18,096,940)	(9,830,118)
Loss (gain) on disposal of property and equipment	500,256	5,044
Proceeds from sale of property and equipment	2,335,003	1,215
Interest on long-term debt	(368,545)	(359,463)
Proceeds from 2015 bonds issuance	-0-	18,000,000
Principal payments on long-term debt	(1,133,959)	(18,905,780)
Net cash flows from capital and related financing activities	(16,764,185)	(11,089,102)
<b>Cash flows from investing activities</b>		
Investment income and other non-operating	1,646,112	(538,115)
Change in other assets, net	(749,064)	549,364
Purchases of investments in assets whose use is limited - internally designated, held by trustee, and investments	(7,043,876)	(9,628,276)
Proceeds from sale of investments in assets whose use is limited - internally designated, held by trustee and investments	11,671,461	9,567,112
Change in assets whose use is limited - restricted by donor, net	(17,638)	8,871
Net cash flows from investing activities	5,506,995	(41,044)
Net change in cash and cash equivalents	(4,783,004)	11,095,470
<b>Cash and cash equivalents</b>		
Beginning of year	39,040,893	27,945,423
End of year	\$ 34,257,889	\$ 39,040,893

See accompanying notes to consolidated financial statements.

# HENRY COMMUNITY HEALTH

## CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2016 AND 2015

<b>Reconciliation of operating income to net cash flows from operating activities</b>	2016	2015
Operating income	\$ 5,949,116	\$ 11,294,651
Adjustment to reconcile operating income to net cash flows from operating activities		
Depreciation and amortization	5,620,494	5,292,112
Bad debts	5,971,428	5,448,009
Changes in assets and liabilities		
Patient accounts receivable	(8,501,068)	(5,050,256)
Supplies and other current assets	(10,835,098)	3,954,220
Accounts payable and accrued expenses	9,649,398	691,093
Accrued salaries and related liabilities	(376,814)	(88,120)
Other long-term liabilities	116,923	116,923
Due from (to) related parties	47,789	(22,867)
Estimated third-party settlements	(1,167,982)	589,851
Net cash flows from operating activities	\$ 6,474,186	\$ 22,225,616
<b>Reconciliation of cash and cash equivalents to the balance sheets</b>		
Cash and cash equivalents		
In current assets	\$ 33,994,184	\$ 38,844,920
In assets whose use is limited - internally designated	263,705	195,973
Total cash and cash equivalents	\$ 34,257,889	\$ 39,040,893
<b>Supplemental cash flows information</b>		
Property included in accounts payable	\$ 557,666	\$ 120,590

See accompanying notes to consolidated financial statements.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### 1. SIGNIFICANT ACCOUNTING POLICIES

#### Organization and Reporting Entity

Henry County Memorial Hospital d/b/a Henry Community Health (the Hospital) is a county owned facility and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital provides short-term inpatient and outpatient healthcare.

The Board of County Commissioners of Henry County appoints the Governing Board of the Hospital (Board) and a financial benefit/burden relationship exists between Henry County and the Hospital. For these reasons, the Hospital is considered a component unit of Henry County.

On June 7, 1976, the Board of County Commissioners of Henry County, upon written request of the Henry County Hospital Board of Trustees created the Henry County Hospital Association. The Association was created pursuant to the provisions of Indiana Code 16-22-6 for the exclusive purpose of financing and constructing facilities for the Hospital. The Association has no assets, no liabilities and conducts no operations.

Pursuant to the provision of long-term care, the Hospital owns the operations of thirty-one 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 and legal responsibility for the operation of the facilities.

During 2012 through 2015, the Hospital entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities managed by the Managers. Concurrently, the Hospital entered into agreements with the Managers to manage the above leased facilities. 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 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.

#### Blended Component Units

The component units discussed below are included in the Hospital's reporting entity because of the significance of their operational or financial relationships with the Hospital.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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Henry County Hospital Foundation, Inc. (the Foundation) is a significant component unit of the Hospital. The Hospital appoints a voting majority of the Foundation's Board of Directors and a financial benefit/burden relationship exists between the Hospital and the Foundation. Although it is legally separate from the Hospital, the Foundation is reported as if it were a part of the Hospital because it provides services entirely or almost entirely to the Hospital.

The activities of the Foundation may include capital improvements, educational programs, medical related research and initial capital for experimental health services related to the principal purpose of the Hospital. The Foundation also manages investments and rental property, provides equipment, grants scholarships for health careers, conducts physician recruitment and other medical programs as directed under the terms of a contract with the Hospital. The Foundation's separate audited financial statements can be obtained by contacting the Foundation.

HCMH Diversified Management Corporation (DMC) is a significant component unit of the Hospital. The Hospital is the sole shareholder and appoints DMC's Board of Directors and is able to impose its will. Although it is legally separate from the Hospital, DMC is reported as if it were a part of the Hospital because the two Boards of Directors/Trustees are substantially the same.

DMC provides pharmacy services to the surrounding communities. DMC's separate audited financial statements can be obtained by directly contacting DMC.

DMC owns New Castle Clinic, Inc., which operates a physician group practice. DMC's results within these financials include those of the Clinic for the years ended December 31, 2016 and 2015.

Separate financial statements related to the individual component units may be obtained by contacting Hospital management

All intercompany accounts and transactions have been eliminated.

### 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.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Use of Estimates

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

### Cash and Cash Equivalents

Cash and cash equivalents include all cash held in checking, savings and money market deposit accounts available for operating purposes with original maturity dates of 90 days or less. The Hospital maintains its cash in accounts, which at times may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes that it is not exposed to any significant credit risk on cash and cash equivalents.

### Patient Accounts Receivable, Net and Net Patient Service Revenue

Patient service revenue and patient accounts receivable are recorded at the net realizable amounts based on established charges when the patient service is rendered. The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, discounted charges and per diem payments. Charges for services to patients are primarily based on the patients' ability to pay.

Patient accounts receivable are reduced by an allowance for uncollectible accounts based on the Hospital's evaluation of its major payor sources of revenue, the aging of the accounts, historical losses, current economic conditions, and other factors unique to its 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 uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary. For receivables associated with self-pay payments, the Hospital 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 uncollectible accounts.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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During 2016, the Hospital's allowance for uncollectible accounts changed from \$7,000,000 to \$6,800,000. As of December 31, 2016, the allowance for uncollectible accounts of \$6,800,000 was comprised of approximately \$6,500,000 reserved for self-pay balances and \$300,000 reserved for third-party payor balances. As of December 31, 2015, the allowance for uncollectible accounts of \$7,000,000 was comprised of \$6,500,000 reserved for self-pay balances and \$500,000 reserved for third-party payor balances.

Any changes in net position in 2016 and 2015 due to the differences between original estimates and subsequent revisions for the final settlement of cost reports are immaterial to the financial statements.

Net revenues from Medicare and Medicaid programs accounted for approximately 27 percent and 39 percent, respectively, for the year ended 2016 and 27 percent and 38 percent, respectively, for the year ended 2015. 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.

### Supplies and Other Current Assets

Supplies and other current assets consist primarily of drug and medical supply inventories, prepaid expenses, other reimbursement receivables related to long-term care services and various other current items. These assets are classified as current as they are expected to be utilized within the next fiscal year. Supplies and other current assets consist of the following at December 31, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Drug and medical supply inventories	\$ 1,371,150	\$ 1,381,076
Prepaid expenses	1,026,068	960,399
Receivables related to long-term care	21,110,657	10,149,909
Other	605,001	786,394
	<u>\$ 24,112,876</u>	<u>\$ 13,277,778</u>

### Inventories

Pharmaceutical inventories are valued at the lower of cost or market with cost being determined on the first-in, first-out (FIFO) method while medical and all other supplies are priced using the last-in, first-out (LIFO) method.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Due from Related Parties

Amounts due from related parties consist of amounts owed from the Hospital's joint venture with St. Vincent Health. See footnote 15 for further information.

### Investments in Debt and Equity Securities

Investments in debt and equity securities are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating income when earned.

### Assets Whose Use Is Limited

Assets whose use is limited are stated at fair value in the consolidated financial statements. These assets include investments internally designated by the Hospital Board for acquisition of property and equipment and debt service and donor restricted funds. These investments consist primarily of cash, money market mutual funds, mutual funds, and common stocks. Investment income (loss) is reported as nonoperating income in the consolidated statements of operations and changes in net position.

### Capital Assets

Capital assets such as property and equipment are stated at cost and include expenditures for new additions and other costs added to existing facilities, which exceed \$1,000 and meet certain useful life thresholds. Contributed capital assets are reported at their estimated fair market value at the time of their donation. Maintenance, repairs and minor renewals are expensed as incurred.

All capital assets, other than land, are depreciated using the straight-line method of depreciation using these asset lives:

<u>Description</u>	<u>Range of Useful Lives</u>
Land improvements	5 - 30 years
Buildings and fixed equipment	3 - 50 years
Major movable equipment	3 - 20 years

### Other Assets

Other assets consist primarily of the value of the split dollar life insurance policy on a key employee and investments in affiliates. See footnotes 11 and 15 for further information.

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# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Investment in Affiliate

The Hospital has an equity interest in a joint venture. This investment is recorded on the equity method of accounting in the Hospital's consolidated financial statements. The total equity interest in this joint venture was approximately \$980,000 and \$922,000 as of December 31, 2016 and 2015. This balance is included within other assets on the consolidated balance sheets. See footnote 15 for further information.

### Compensated Absences

Regular employees of the Hospital earn paid days off (PDO) at rates of twenty-three days to thirty-nine days per year, based on the length of continuous employment and regular hours worked. PDO is adjusted proportionately to hours worked for employees working less than full time. No limit exists on the amount of PDO that may be accumulated. Accrued PDO is paid to employees who resign, giving a two-week notice or in the event of death. All employees may elect to be paid for PDO accumulated in excess of ten days. This option is available twice during the calendar year. The Hospital tracks the PDO accrual computed on the hourly rate and PDO balance per employee, and the consolidated financial statements recognize this liability. Accumulated PDO is reported as a current liability in the approximate amount of \$2,304,000 and \$2,106,000 for 2016 and 2015, respectively, and is included within accrued wages and related liabilities in the consolidated balance sheets.

### Other Long-Term Liabilities

Other long-term liabilities consist of the deferred liability for the salary continuation plan for a key employee that is due in over one year.

### Net Position

Net position of the Hospital is classified in various components. Net position - net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted net position consists of noncapital assets that must be used for a particular purpose, as specified by creditors, grantors, or donors external to the Hospital, including amounts deposited with trustees as required by revenue bond indentures. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets, or restricted net position.

### Restricted Resources

When the Hospital has both restricted and unrestricted resources available to finance a particular program, it is the Hospital's policy to use restricted resources before unrestricted resources.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Grants and Contributions

From time to time, the Hospital 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. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

### Hospital Assessment Fee (HAF) Program

The purpose of the HAF Program is to fund the State share of enhanced Medicaid payments and Medicaid Disproportionate Share (DSH) payments for Indiana inpatient providers. Previously, the State share was funded by governmental 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 patients and result in increased Medicaid rates.

During 2016 and 2015, the Hospital recognized HAF Program expense of approximately \$2,270,000 and \$2,000,000, respectively, which resulted in increased Medicaid reimbursement. The HAF Program was approved for extension in March 2014 by CMS for the period July 1, 2013 through June 30, 2017.

### Operating Revenues and Expenses

The Hospital's statement of operations and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services—the Hospital's principal activity. Nonoperating revenues include contributions received and other nonoperating activities. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

### Electronic Health Records (EHR) Incentive Payments

The Hospital receives EHR incentive payments under the Medicare and Medicaid programs. To qualify for the EHR incentive payments, the Hospital must meet "meaningful use" criteria that become more stringent over time. The Hospital 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 September 30<sup>th</sup>). The related EHR incentive payments are paid out over a four-year transition schedule and are based upon data that is captured in the Hospital's cost reports.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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The payment calculation is based upon an initial amount as adjusted for discharges, Medicare and Medicaid 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 the first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Hospital recognizes EHR incentive payments as grant income when there is reasonable assurance that the Hospital 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 2016 and 2015, the Hospital recognized approximately \$103,000 and \$646,000, respectively, in EHR incentive payments as grant income using the ratable recognition method. Under the ratable recognition method, the Hospital recognizes income ratably over the entire EHR reporting period when it is reasonably assured at the outset of the EHR reporting period that it will comply with the minimum requirements of the program.

EHR incentive income is included in other revenue in the consolidated statements of operations and changes in net position. EHR incentive income recognized is 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 Hospital as prescribed by the programs, subject to future audits and may be subject to repayment upon a determination of noncompliance.

### Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and 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.

### Costs of Borrowing

Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. There was no interest capitalized during either 2016 or 2015.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Federal or State Income Taxes

The Hospital is a governmental instrumentality organized under Title 16, Article 12, of the Indiana statutes. The Hospital is generally exempt from federal income tax under Section 115 of the Internal Revenue Code of 1986 as a not-for-profit organization under Section 501(c)(3). As a governmental entity, the Hospital is not required to file Federal Form 990 – Return of Organization Exempt from Income Tax, which is an informational return only.

The Foundation is organized as a not-for-profit corporation under Section 501(c)(3) of the United States Internal Revenue Code. As such, the Foundation is generally exempt from income taxes. However, the Foundation is required to file Federal Form 990 – Return of Organization Exempt from Income Tax, which is an informational return only. The Foundation has filed its federal and state income tax returns for periods through December 31, 2015. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

DMC is a for-profit organization incorporated in 1985 and the sole shareholder is the Hospital. DMC has filed its federal and state income tax returns for periods through December 31, 2015. These income tax returns are generally open to examination by relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

DMC has federal net operating loss carry forwards to reduce future taxable income of approximately \$39,468,000, and a similar amount for state income taxes as of December 31, 2016. Including valuation allowances, DMC has a net deferred tax asset of \$-0- for 2016 and 2015. These federal and state carry forwards begin to expire in 2023. The valuation allowance is established to reduce the deferred tax asset to the amount expected to be realized when it is more likely than not that all or some portion of the deferred tax asset will not be realized.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital, Foundation, and DMC and recognize a tax liability if these organizations have taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by these organizations, and has concluded that as of December 31, 2016 and 2015, 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. The Foundation and DMC are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Charity Care

The Hospital 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 Hospital does not collect amounts deemed to be charity care, they are not reported as revenue. The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of services and supplies furnished under its charity care policy. The charity care charges provided during 2016 and 2015 were approximately \$1,138,000 and \$1,992,000, respectively.

Of the Hospital's total expenses reported, an estimated \$715,000 and \$1,250,000 arose from providing services to charity patients during the years ended December 31, 2016 and December 31, 2015, respectively.

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 providing care to charity patients. The ratio of costs to charges is calculated based on the Hospital's total expenses (including interest expense) divided by gross patient service revenue.

### Litigation

The Hospital is involved in litigation arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position, results of operations and cash flows.

### Reclassifications

Certain amounts from 2015 have been reclassified in order to conform to the 2016 presentation.

### Subsequent Events

The Hospital evaluates events or transactions occurring subsequent to the consolidated balance sheet date for recognition and disclosure in the accompanying financial statements through the date the financial statements are issued which is May 5, 2017.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### 2. CHANGE IN ACCOUNTING PRINCIPLES

During 2016, the Hospital implemented Government Accounting Standards Board (GASB) Statement No. 72 *Fair Value Measurement and Application*. This Statement addresses accounting and financial reporting issues related to fair value measurements and provides guidance for determining a fair value measurement for financial reporting purposes. It also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements. There was no impact to these consolidated financial statement disclosures as a result of adoption of this statement as these disclosures have been provided historically by the Hospital.

During 2016, the Hospital also implemented GASB Statement No. 76 *The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments*. This Statement reduces the GAAP hierarchy to two categories of authoritative GAAP and addresses the use of authoritative and nonauthoritative literature in the event that the accounting treatment for a transaction or other event is not specified within a source of authoritative GAAP. There was no impact to these consolidated financial statement disclosures as a result of adoption of this statement.

### 3. ACCOUNTS RECEIVABLE AND PAYABLE

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at December 31 are as follows:

	2016	2015
Patient accounts receivable		
Receivable from patients and their insurance carriers	\$ 29,776,281	\$ 20,867,420
Receivable from Medicare	19,947,643	12,156,082
Receivable from Medicaid	9,405,924	12,964,149
Total patient accounts receivable	59,129,848	45,987,650
Less contractual allowances	(23,776,610)	(12,988,771)
Less allowances for uncollectible accounts	(6,803,203)	(6,978,484)
Patient accounts receivable, net	<u>\$ 28,550,035</u>	<u>\$ 26,020,395</u>
Accounts payable and accrued expenses		
Payable to employees (including payroll taxes)	\$ 3,256,272	\$ 3,554,103
Payable to suppliers	42,553,915	32,346,851
Accrued employee health benefit claims	584,330	663,313
Total accounts payable and accrued expenses	<u>\$ 46,394,517</u>	<u>\$ 36,564,267</u>

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# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

### 4. ASSETS WHOSE USE IS LIMITED

Assets that are required for obligations classified as current liabilities are reported in current assets. The composition of assets whose use is limited at December 31 is as follows:

	2016	2015
Board designated		
Funded depreciation		
Investments	\$ 10,516,237	\$ 16,688,709
Cash	263,705	195,973
Donor restricted assets		
Investments	1,074,460	1,056,822
Total assets limited to use	\$ 11,854,402	\$ 17,941,504

### 5. DEPOSITS AND INVESTMENTS

Deposits with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation or by the Indiana Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying financial institution.

Net realized gains and losses on security transactions are determined on the specific identification cost basis. Funded depreciation investments consist of cash equivalents, mutual funds and common stocks.

The Hospital's investments generally are reported at fair value, as discussed in Note 1. As of December 31, 2016 and 2015, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by custodial banks that are agents of the Hospital.

December 31, 2016					
	Carrying Amount	Investment Maturities (in years)			
		Less than 1	1-5	6-10	More than 10
Mutual funds	\$ 36,299,856	\$ 36,299,856	\$ -0-	\$ -0-	\$ -0-
Common stocks	2,070,969	2,070,969	-0-	-0-	-0-
Money market mutual funds	263,705	263,705	-0-	-0-	-0-
	\$ 38,634,530	\$ 38,634,530	\$ -0-	\$ -0-	\$ -0-

  

December 31, 2015					
	Carrying Amount	Investment Maturities (in years)			
		Less than 1	1-5	6-10	More than 10
Mutual funds	\$ 41,766,855	\$ 41,766,855	\$ -0-	\$ -0-	\$ -0-
Common stocks	1,213,917	1,213,917	-0-	-0-	-0-
Money market mutual funds	195,973	195,973	-0-	-0-	-0-
	\$ 43,176,745	\$ 43,176,745	\$ -0-	\$ -0-	\$ -0-

Interest rate risk - The Hospital does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates.

## HENRY COMMUNITY HEALTH

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

Credit risk – The Hospital’s investment policy authorizes it to invest in interest bearing deposit accounts, passbook savings accounts, certificates of deposit, money market deposit accounts, mutual funds, pooled fund investments, securities backed by the full faith and credit of the United States Treasury and repurchase agreements. The policy also requires that repurchase agreements be fully collateralized by U.S. Government or U.S. Government Agency obligations.

Concentration of credit risk - The Hospital places no limit on the amount it may invest in any one issuer. The Hospital maintains its investments, which at times may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes that it is not exposed to any significant credit risk on investments.

Deposits and investments consist of the following as of December 31, 2016 and 2015:

	2016	2015
Carrying amount		
Deposits	\$ 34,257,889	\$ 39,040,893
Investments	38,370,825	42,980,772
	\$ 72,628,714	\$ 82,021,665
Included in the balance sheet captions		
Cash and money market deposit accounts	\$ 33,994,184	\$ 38,844,920
Investments	26,780,128	25,235,241
Internally designated	10,779,942	16,884,682
By donor - expendable - for capital acquisition	1,074,460	1,056,822
	\$ 72,628,714	\$ 82,021,665

Investment income (loss) for 2016 and 2015 is summarized as follows:

	2016	2015
Unrealized gains (losses)	\$ 79,167	\$ (1,834,325)
Realized gains (losses)	514,236	(651,528)
Interest and dividends	1,220,636	1,546,194
Total investment income (loss)	\$ 1,814,039	\$ (939,659)

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### 6. FAIR VALUE MEASUREMENTS

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 markets for identical assets or liabilities (level 1) and the lowest 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 Hospital 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 as of December 31, 2016 and 2015:

- *Common stocks*: Valued at the closing price reported on the active market on which the individual securities are traded.
- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Hospital are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Hospital are deemed to be actively traded.
- *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.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2016 are as follows:

	December 31, 2016			
	Total	Level 1	Level 2	Level 3
<b>Assets</b>				
Investments & assets whose use is limited				
Mutual funds:				
Diversified emerging markets	\$ 1,162,319	\$ 1,162,319	\$ -0-	\$ -0-
Foreign large blend	2,879,366	2,879,366	-0-	-0-
High yield bond	562,940	562,940	-0-	-0-
Intermediate-term bond	14,245,979	14,245,979	-0-	-0-
Large blend	4,291,083	4,291,083	-0-	-0-
Large growth	2,886,461	2,886,461	-0-	-0-
Mid-cap growth	820,965	820,965	-0-	-0-
Multisector bond	4,279,804	4,279,804	-0-	-0-
Small blend	898,716	898,716	-0-	-0-
Small value	832,618	832,618	-0-	-0-
World bond	1,782,270	1,782,270	-0-	-0-
Other	1,657,335	1,657,335	-0-	-0-
Money market mutual funds	263,705	-0-	263,705	-0-
Common stocks:				
Capital goods	74,143	74,143	-0-	-0-
Consumer	36,103	36,103	-0-	-0-
Energy	26,602	26,602	-0-	-0-
Finance	102,430	102,430	-0-	-0-
Health care	96,483	96,483	-0-	-0-
Services	106,295	106,295	-0-	-0-
Technology	106,879	106,879	-0-	-0-
Utilities	13,433	13,433	-0-	-0-
World stock	1,449,728	1,449,728	-0-	-0-
Other	58,873	58,873	-0-	-0-
Total investments & assets whose use is limited	<u>\$ 38,634,530</u>	<u>\$ 38,370,825</u>	<u>\$ 263,705</u>	<u>\$ -0-</u>

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2015 are as follows:

	December 31, 2015			
	Total	Level 1	Level 2	Level 3
<b>Assets</b>				
Investments & assets whose use is limited				
Mutual funds:				
Diversified emerging markets	\$ 1,311,948	\$ 1,311,948	\$ -0-	\$ -0-
Foreign large blend	6,240,579	6,240,579	-0-	-0-
High yield bond	248,917	248,917	-0-	-0-
Intermediate-term bond	6,967,907	6,967,907	-0-	-0-
Large blend	7,768,885	7,768,885	-0-	-0-
Large growth	4,089,656	4,089,656	-0-	-0-
Mid-cap growth	1,643,923	1,643,923	-0-	-0-
Multisector bond	4,900,320	4,900,320	-0-	-0-
Small blend	857,276	857,276	-0-	-0-
Small value	721,544	721,544	-0-	-0-
World bond	4,855,544	4,855,544	-0-	-0-
Other	2,160,356	2,160,356	-0-	-0-
Money market mutual funds	195,973	-0-	195,973	-0-
Common stocks:				
Capital goods	127,202	127,202	-0-	-0-
Consumer	186,616	186,616	-0-	-0-
Energy	59,078	59,078	-0-	-0-
Finance	220,515	220,515	-0-	-0-
Health care	175,093	175,093	-0-	-0-
Services	90,811	90,811	-0-	-0-
Technology	168,647	168,647	-0-	-0-
Utilities	62,109	62,109	-0-	-0-
Other	123,846	123,846	-0-	-0-
Total investments & assets whose use is limited	<u>\$ 43,176,745</u>	<u>\$ 42,980,772</u>	<u>\$ 195,973</u>	<u>\$ -0-</u>

The Hospital's policy is to recognize transfers between levels as of the actual date of the event or change in circumstances. There were no significant transfers between levels during 2016 and 2015.

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Long-term debt: The fair value of the Hospital's variable rate debt is based on current traded value. The carrying value of loans payable and capital lease obligations approximates fair value based on the variable nature of its primary debt and current fixed rates available to similar entities with similar credit ratings.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

### 7. CAPITAL ASSETS

A summary of capital assets, including assets under capital leases, as of December 31, 2016 and 2015, follows:

	Balance December 31, 2015	Additions	Retirements	Transfers	Balance December 31, 2016
Land	\$ 2,453,234	\$ -0-	\$ -0-	\$ -0-	\$ 2,453,234
Land improvements	2,321,085	56,905	-0-	128,780	2,506,770
Buildings and improvements	52,692,060	859,197	-0-	630,114	54,181,371
Fixed equipment	15,789,321	4,266	-0-	-0-	15,793,587
Major equipment	41,481,463	11,281,433	(5,814,070)	2,257,314	49,206,140
Construction in progress	4,560,855	6,452,805	-0-	(3,016,208)	7,997,452
<b>Total capital assets</b>	<b>119,298,018</b>	<b>18,654,606</b>	<b>(5,814,070)</b>	<b>-0-</b>	<b>132,138,554</b>
Less accumulated depreciation:					
Land improvements	(2,175,637)	(22,880)	-0-	-0-	(2,198,517)
Buildings and improvements	(36,660,920)	(2,119,353)	50	-0-	(38,780,223)
Fixed equipment	(14,189,462)	(467,680)	-0-	-0-	(14,657,142)
Major equipment	(29,778,980)	(3,010,581)	2,978,761	-0-	(29,810,800)
<b>Total accumulated depreciation</b>	<b>(82,804,999)</b>	<b>(5,620,494)</b>	<b>2,978,811</b>	<b>-0-</b>	<b>(85,446,682)</b>
<b>Capital assets, net</b>	<b>\$ 36,493,019</b>	<b>\$ 13,034,112</b>	<b>\$ (2,835,259)</b>	<b>\$ -0-</b>	<b>\$ 46,691,872</b>

  

	Balance December 31, 2014	Additions	Retirements	Transfers	Balance December 31, 2015
Land	\$ 2,453,234	\$ -0-	\$ -0-	\$ -0-	\$ 2,453,234
Land improvements	2,286,359	34,726	-0-	-0-	2,321,085
Buildings and improvements	51,867,681	662,495	-0-	161,884	52,692,060
Fixed equipment	15,735,005	54,316	-0-	-0-	15,789,321
Major equipment	37,623,145	4,399,468	(541,150)	-0-	41,481,463
Construction in progress	43,626	4,679,113	-0-	(161,884)	4,560,855
<b>Total capital assets</b>	<b>110,009,050</b>	<b>9,830,118</b>	<b>(541,150)</b>	<b>-0-</b>	<b>119,298,018</b>
Less accumulated depreciation:					
Land improvements	(2,156,907)	(18,730)	-0-	-0-	(2,175,637)
Buildings and improvements	(34,683,762)	(1,977,158)	-0-	-0-	(36,660,920)
Fixed equipment	(13,666,418)	(523,044)	-0-	-0-	(14,189,462)
Major equipment	(27,649,512)	(2,664,359)	534,891	-0-	(29,778,980)
<b>Total accumulated depreciation</b>	<b>(78,156,599)</b>	<b>(5,183,291)</b>	<b>534,891</b>	<b>-0-</b>	<b>(82,804,999)</b>
<b>Capital assets, net</b>	<b>\$ 31,852,451</b>	<b>\$ 4,646,827</b>	<b>\$ (6,259)</b>	<b>\$ -0-</b>	<b>\$ 36,493,019</b>

Construction in progress as of December 31, 2016 primarily relates to construction on the surgery suite, construction of the physician office building, and the power plant upgrade. The estimated cost to complete the projects as of December 31, 2016 is approximately \$17,300,000, of which all has been contractually committed.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### **8. LONG-TERM DEBT**

During March 2015, the Hospital borrowed \$18,000,000 from the Indiana Financing Authority (the Authority) and issued Health Facility Revenue Bonds Series 2015 (Series 2015 Bonds) to refund the Series 2009 and Series 2012 bonds. The Series 2015 Bonds bear interest at rates as determined by daily, weekly, flexible, semiannual, or fixed modes, which was 1.58% as of December 31, 2016.

The Hospital and Authority then entered into an agreement with a Regions bank (Regions) whereby Regions purchased from the Authority all of the Series 2015 Bonds in a private placement. The agreement provided that Regions would hold the Series 2015 Bonds during the Bank Purchase Mode Period which runs through March 2030. During the Bank Purchase Mode Period, the Series 2015 Bonds would bear interest at the Bank Purchase Rate (1.17% plus 67% of 1M BBA LIBOR), reset monthly, with principal and interest payments determined using a 15-year amortization schedule. The Series 2015 bonds had an interest rate of 1.33% at December 31, 2015, and are collateralized by Hospital revenues.

The net proceeds of approximately \$17.8 million (after bond issuance costs of approximately \$200,000) were used to pay all outstanding principal and interest on the called 2009 and 2012 Series Bonds. These transactions created a deferred loss on the refunding of the 2009 and 2012 bonds, the effect of which is immaterial to these consolidated financial statements as a whole.

Annual bond payments for the 2015 bonds commenced during March 2016 and continue through March 2030 ranging from approximately \$961,000 to \$1,469,000.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

A summary of long-term debt borrowings, payments and balances at and for the years ended December 31 follows:

	Balance December 31, 2015	Additional borrowings	Payments	Balance December 31, 2016	Current portion	Long-term portion
Demand Revenue Bonds, Series 2015	\$ 18,000,000	\$ -0-	\$ 961,000	\$ 17,039,000	\$ 994,000	\$ 16,045,000
Capital leases	172,959	-0-	172,959	-0-	-0-	-0-
	<u>\$ 18,172,959</u>	<u>\$ -0-</u>	<u>\$ 1,133,959</u>	<u>\$ 17,039,000</u>	<u>\$ 994,000</u>	<u>\$ 16,045,000</u>

	Balance December 31, 2014	Additional borrowings	Payments	Balance December 31, 2015	Current portion	Long-term portion
Demand Revenue Bonds, Series 2009	\$ 13,446,128	\$ -0-	\$ 13,446,128	\$ -0-	\$ -0-	\$ -0-
Demand Revenue Bonds, Series 2012	5,144,798	-0-	5,144,798	-0-	-0-	-0-
Demand Revenue Bonds, Series 2015	-0-	18,000,000	-0-	18,000,000	961,000	17,039,000
Capital leases	487,813	-0-	314,854	172,959	172,959	-0-
	<u>\$ 19,078,739</u>	<u>\$ 18,000,000</u>	<u>\$ 18,905,780</u>	<u>\$ 18,172,959</u>	<u>\$ 1,133,959</u>	<u>\$ 17,039,000</u>

The Hospital is also required to meet certain financial and affirmative covenants. One of these covenants requires that the Hospital maintain a minimum of \$9.2 million in cash and investments with Regions. The Hospital believes it is in compliance with all covenants as of December 31, 2016 and 2015.

Scheduled principal repayments on long-term debt are as follows:

<u>Years Ending December 31,</u>	<u>Long-term debt</u>	
	<u>Principal</u>	<u>Interest</u>
2017	\$ 994,000	\$ 255,585
2018	1,025,000	240,675
2019	1,055,000	225,300
2020	1,087,000	209,475
2021	1,121,000	193,170
2021-2025	6,138,000	703,170
2026-2030	5,619,000	213,885
	<u>\$ 17,039,000</u>	<u>\$ 2,041,260</u>

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### 9. NET PATIENT SERVICE REVENUE

Patient service revenue for 2016 and 2015 consists of the following:

	2016	2015
Inpatient services	\$ 60,329,127	\$ 63,496,028
Outpatient services	158,015,562	153,084,748
Long term care	195,146,150	198,404,728
Gross patient service revenue	413,490,839	414,985,504
Contractual allowances	146,504,355	143,067,951
Bad debts	5,971,428	5,448,009
Charity care	1,137,690	1,991,900
Deductions from revenue	153,613,473	150,507,860
Net patient service revenue	\$ 259,877,366	\$ 264,477,644

The Board of Directors approves the fee schedule, which is administered with the expectation that clients are to pay for services at a rate commensurate with their ability to pay. No clients will be refused services because of their inability to pay. Essentially, the Hospital's policies define charity services as those services for which a discounted obligation for payment is anticipated. In assessing a client's inability to pay, the Hospital uses an ability-to-pay schedule based on income and dependents. The Hospital also adjusts charges based on contractual agreements with third-party payors. The Hospital maintains records to identify and monitor the level of charges foregone for services furnished under charity care policy and contractual adjustments. The Hospital has agreements with third-party payors including Medicare, Medicaid and the State of Indiana and other commercial insurance carriers that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

#### Medicare

Payments for inpatient acute care services are made based upon the patient's diagnosis, irrespective of cost. The diagnosis upon which payment is based is subject to review by Medicare representatives. Outpatient claims are reimbursed under Ambulatory Payment Classifications, which are based on the procedures performed and are subject to review by the program. Medicare reimbursements are subject to audit by Medicare. Provisions have been made for the estimated effect of review and audits by the program.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### Medicaid

Reimbursement for Medicaid services are paid at prospectively determined rates per discharge or per occasion of service.

### Other

Payment agreements with certain commercial insurance carriers and other payors provide for payment using prospectively determined daily rates and discounts from established charges.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. The Hospital believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigation involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretations, as well as significant regulatory action including fines, penalties, and exclusions from the Medicare and Medicaid programs. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term.

## **10. PENSION PLANS**

### Plan Description

The Henry County Memorial Employees' Pension Plan is a defined contribution pension plan as authorized by Indiana Code 16-22-3-11. The Plan is administered by the Hospital and covers all employees who meet eligibility requirements as to age and length of service. The plan provides retirement, disability and death benefits to plan members and beneficiaries. The plan's provisions and contribution requirements were established by written agreement between the Hospital Board of Trustees and Meridian Investment Advisors, Inc. (Plan Administrators). The Plan Administrators issue a publicly available financial report that includes the financial statements and required supplementary information of the plan. The report is available by contacting the Hospital's accounting department.

### Funding Policy

The contribution requirements of plan members are established by the written agreement between the Hospital Board of Trustees and the Plan Administrator. The Hospital is required to contribute at the Board approved rate.

The Hospital contributes 4% of an eligible employee's wages and matches 50% of an employee's contribution to the plan up to 2% of their wages. Hospital contributions to the plan for 2016 and 2015 were approximately \$1,434,000 and \$1,344,000, respectively.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### **11. SPLIT-DOLLAR LIFE INSURANCE POLICY**

The Hospital has a Split-Dollar Life Insurance Agreement (the Agreement) for a key employee that is recorded at contract value in Other Assets at approximately \$2,487,000 and \$2,381,000 as of December 31, 2016 and 2015, respectively. The Hospital is the sole and absolute owner of the related life insurance policy. The Agreement was used to fund a supplemental retirement benefit plan. In the event the employee remains employed by the Hospital at least until reaching sixty five years of age, or as is otherwise provided in the Agreement, beginning with the retirement date, the Hospital will pay an annual benefit, as is stipulated in the Agreement until the death of the employee. An annual expense is recorded for the death benefit and the salary continuation components of the agreement.

### **12. EMPLOYEE HEALTH PLAN**

The Hospital participates in a self-funded health plan covering substantially all employees. Covered services include medical benefits. The plan has annual reinsurance coverage starting at a specific level of \$300,000 per individual with an unlimited specific lifetime maximum reimbursement per covered person and no aggregate limit. The financial statements include an estimated provision for claims that have been incurred but not reported. Total health claims expense was approximately \$5,515,000 and \$5,245,000 for the years ended December 31, 2016 and 2015, respectively.

### **13. NET POSITION RESTRICTED BY DONOR**

Net position restricted by donor of approximately \$1,074,000 and \$1,057,000 at December 31, 2016 and 2015, respectively, consist of donor-restricted funds held by the Foundation primarily for Hospital construction projects.

### **14. MALPRACTICE INSURANCE**

The Indiana Medical Malpractice Act, IC 27-12 (the Act), provides a recovery for an occurrence of malpractice and for any injury or death of a patient due to an act of malpractice in excess of certain thresholds. The Act requires the Hospital to maintain medical malpractice liability insurance on a per occurrence basis and in the annual aggregate for amounts below the thresholds of the Act. The Act provides for a maximum recovery of \$1,250,000 per occurrence (\$7,500,000 annual aggregate) with the first \$250,000 covered by the Hospital's insurance and the remainder by the Fund.

The Hospital is a member in a captive insurance company, Suburban Health Organization Segregated Portfolio Company, LLC, to fund the Hospital's required portion of the professional and physician insurance coverage pursuant to the Act as well as its general liability insurance and excess coverage.

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

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### 15. INVESTMENT IN AFFILIATES

The Hospital has an operating agreement with St. Vincent Health, Inc. to form Henry County Hospital St. Vincent Health Catheterization Lab Services, LLC (Cath Lab). The Hospital contributed \$1,800,000 to obtain a 50% equity interest in the new company whose purpose is to operate a cardiac catheterization laboratory within the Hospital. The agreement will continue until the Company is dissolved.

As a result of this joint venture, the Hospital recognized a gain during 2016 of approximately \$57,000 and a loss of approximately \$189,000 in 2015, related to changes in equity of the Cath Lab. The gain or loss is included within other operating revenue in the consolidated statements of operations and changes in net position. During 2016, both owners of the Cath Lab decided to cease operations and the net assets will be distributed equally to both parties during 2017.

The Hospital has investments in other joint ventures included within other assets in the consolidated balance sheets, which are immaterial to the financial statements as a whole.

Separate financial statements related to this joint venture may be obtained by contacting Hospital management

### 16. CONCENTRATIONS OF CREDIT RISK

The Hospital grants credit without collateral to its patients, who are primarily local residents and are insured under third-party payor agreements. The mix of receivables and gross patient service revenues from patients and third-party payors for 2016 and 2015 was as follows:

	Receivables		Revenues	
	2016	2015	2016	2015
Self pay	15%	22%	7%	7%
Medicare and Medicaid	50%	55%	69%	70%
Other commercial	35%	23%	24%	23%
	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

### 17. BLENDED COMPONENT UNITS

The Hospital's consolidated financial statements include the accounts of its Blended Component Units, DMC and the Foundation. The following is a summary of the financial position of DMC and the Foundation as of December 31, 2016, and a summary of the related statements of operations, changes in net position, and cash flows for the year then ended:

	DMC	Foundation	Total
Assets:			
Cash and cash equivalents	\$ 430,643	\$ 942,109	\$ 1,372,752
Patient accounts receivable, net	3,474,053	-0-	3,474,053
Supplies and other current assets	842,800	97,810	940,610
Due from Hospital	186,664	159,084	345,748
Total current assets	4,934,160	1,199,003	6,133,163
Investments	-0-	26,780,128	26,780,128
Assets whose use is limited - by donor	-0-	1,074,460	1,074,460
Capital assets, net	126,207	13,775,263	13,901,470
Other assets	38,837	-0-	38,837
Total assets	\$ 5,099,204	\$ 42,828,854	\$ 47,928,058
Liabilities:			
Current portion of long-term debt	\$ -0-	\$ 75,544	\$ 75,544
Accounts payable and accrued expenses	558,509	152,549	711,058
Due to Hospital	45,246,228	235,832	45,482,060
Total current liabilities	45,804,737	463,925	46,268,662
Long-term debt, net of current portion	-0-	1,219,420	1,219,420
Total liabilities	45,804,737	1,683,345	47,488,082
Net position			
Unrestricted net position (deficit)	(40,831,740)	27,590,750	(13,240,990)
Net investment in capital assets	126,207	12,480,299	12,606,506
Restricted by donor for capital acquisition	-0-	1,074,460	1,074,460
Total net position	(40,705,533)	41,145,509	439,976
Total liabilities and net position	\$ 5,099,204	\$ 42,828,854	\$ 47,928,058

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

	DMC	Foundation	Total
Operating revenues			
Net patient service revenue	\$ 21,623,960	\$ 1,106,455	\$ 22,730,415
Other revenue	-0-	2,800,996	2,800,996
Total operating revenues	<u>21,623,960</u>	<u>3,907,451</u>	<u>25,531,411</u>
Operating expenses			
Salaries and benefits	13,620,894	353,577	13,974,471
Medical professional fees	-0-	-0-	-0-
Purchased services	4,130,720	295,337	4,426,057
Medical supplies and drugs	8,790,071	-0-	8,790,071
Other supplies	-0-	14,217	14,217
Depreciation and amortization	25,222	567,353	592,575
Utilities	124,436	256,719	381,155
Rent	566,835	-0-	566,835
Other	675,586	1,427,786	2,103,372
Total operating expenses	<u>27,933,764</u>	<u>2,914,989</u>	<u>30,848,753</u>
Gain (loss) from operations	(6,309,804)	992,462	(5,317,342)
Non-operating revenues (expenses)			
Investment income (loss)	247	988,239	988,486
Interest expense	(46,872)	(19,826)	(66,698)
Other nonoperating	77,236	3,225,438	3,302,674
Total nonoperating revenues (expenses)	<u>30,611</u>	<u>4,193,851</u>	<u>4,224,462</u>
Change in net position (deficit)	(6,279,193)	5,186,313	(1,092,880)
Net position - beginning of year	(34,426,340)	35,959,196	1,532,856
Net position - end of year	<u>\$ (40,705,533)</u>	<u>\$ 41,145,509</u>	<u>\$ 439,976</u>
Cash flows from activities			
Operating	\$ (73,713)	\$ 1,366,186	\$ 1,292,473
Capital and related financing	(114,848)	(3,294,247)	(3,409,095)
Investing	77,483	2,651,152	2,728,635
Net change in cash and cash equivalents	<u>(111,078)</u>	<u>723,091</u>	<u>612,013</u>
Cash - beginning of year	541,721	219,018	760,739
Cash - end of year	<u>\$ 430,643</u>	<u>\$ 942,109</u>	<u>\$ 1,372,752</u>

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

The following is a summary of the financial position of DMC and the Foundation as of December 31, 2015, and a summary of the related statements of operations, changes in net position, and cash flows for the year then ended:

	DMC	Foundation	Total
<b>Assets:</b>			
Cash and cash equivalents	\$ 541,721	\$ 219,018	\$ 760,739
Patient accounts receivable, net	2,296,434	-0-	2,296,434
Supplies and other current assets	819,994	113,530	933,524
Due from Hospital	28,513	-0-	28,513
Total current assets	3,686,662	332,548	4,019,210
Investments	-0-	25,235,241	25,235,241
Assets whose use is limited - by donor	-0-	1,056,822	1,056,822
Capital assets, net	83,453	11,141,231	11,224,684
Other assets	38,837	-0-	38,837
Total assets	\$ 3,808,952	\$ 37,765,842	\$ 41,574,794
<b>Liabilities:</b>			
Current portion of long-term debt	\$ -0-	\$ 73,036	\$ 73,036
Accounts payable and accrued expenses	665,764	168,817	834,581
Due to Hospital	37,569,528	269,829	37,839,357
Total current liabilities	38,235,292	511,682	38,746,974
Long-term debt, net of current portion	-0-	1,294,964	1,294,964
Total liabilities	38,235,292	1,806,646	40,041,938
<b>Net position</b>			
Unrestricted net position (deficit)	(34,509,793)	25,129,143	(9,380,650)
Net investment in capital assets	83,453	9,773,231	9,856,684
Restricted by donor for capital acquisition	-0-	1,056,822	1,056,822
Total net position	(34,426,340)	35,959,196	1,532,856
Total liabilities and net position	\$ 3,808,952	\$ 37,765,842	\$ 41,574,794

# HENRY COMMUNITY HEALTH

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2016 AND 2015

	DMC	Foundation	Total
Operating revenues			
Net patient service revenue	\$ 20,720,307	\$ 1,108,750	\$ 21,829,057
Other revenue	-0-	2,692,781	2,692,781
Total operating revenues	20,720,307	3,801,531	24,521,838
Operating expenses			
Salaries and benefits	12,331,788	320,261	12,652,049
Medical professional fees	-0-	-0-	-0-
Purchased services	4,214,916	253,178	4,468,094
Medical supplies and drugs	8,447,162	-0-	8,447,162
Other supplies	-0-	14,254	14,254
Depreciation and amortization	14,321	656,676	670,997
Utilities	115,171	234,660	349,831
Rent	528,421	-0-	528,421
Other	690,589	1,638,696	2,329,285
Total operating expenses	26,342,368	3,117,725	29,460,093
Gain (loss) from operations	(5,622,061)	683,806	(4,938,255)
Non-operating revenues (expenses)			
Investment income	200	(665,733)	(665,533)
Interest expense	(46,872)	(22,186)	(69,058)
Other nonoperating	138,791	56,248	195,039
Total nonoperating revenues (expenses)	92,119	(631,671)	(539,552)
Change in net position	(5,529,942)	52,135	(5,477,807)
Net position - beginning of year	(28,896,398)	35,907,061	7,010,663
Net position - end of year	\$ (34,426,340)	\$ 35,959,196	\$ 1,532,856
Cash flows from activities			
Operating	\$ 198,781	\$ 1,547,316	\$ 1,746,097
Capital and related financing	(75,685)	(163,468)	(239,153)
Investing	138,991	(1,926,300)	(1,787,309)
Net change in cash and cash equivalents	262,087	(542,452)	(280,365)
Cash - beginning of year	279,634	761,470	1,041,104
Cash - end of year	\$ 541,721	\$ 219,018	\$ 760,739

**SUPPLEMENTARY INFORMATION**

## HENRY COMMUNITY HEALTH

### CONSOLIDATING BALANCE SHEETS DECEMBER 31, 2016

ASSETS	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Current assets</b>					
Cash and cash equivalents	\$ 32,621,432	\$ 942,109	\$ 430,643	\$ -0-	\$ 33,994,184
Patient accounts receivable, net	25,075,982	-0-	3,474,053	-0-	28,550,035
Supplies and other current assets	23,178,997	97,810	842,800	(6,731)	24,112,876
Due from related parties	44,059,615	159,084	186,664	(44,226,907)	178,456
Current portion of assets whose use is limited	918,456	-0-	-0-	-0-	918,456
Total current assets	125,854,482	1,199,003	4,934,160	(44,233,638)	87,754,007
<b>Investments</b>	-0-	26,780,128	-0-	-0-	26,780,128
<b>Assets whose use is limited</b>					
Internally designated	10,779,942	-0-	-0-	-0-	10,779,942
By donor - expendable - for capital acquisition	-0-	1,074,460	-0-	-0-	1,074,460
	10,779,942	1,074,460	-0-	-0-	11,854,402
Less current portion	918,456	-0-	-0-	-0-	918,456
Total assets whose use is limited	9,861,486	1,074,460	-0-	-0-	10,935,946
<b>Capital assets, net</b>	32,790,402	13,775,263	126,207	-0-	46,691,872
<b>Other assets</b>	5,444,058	-0-	38,837	(1,431,413)	4,051,482
Total assets	\$ 173,950,428	\$ 42,828,854	\$ 5,099,204	\$ (45,665,051)	\$ 176,213,435

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# HENRY COMMUNITY HEALTH

## CONSOLIDATING BALANCE SHEETS DECEMBER 31, 2016

<b>LIABILITIES AND NET POSITION</b>	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Current liabilities</b>					
Current portion of long-term debt	\$ 918,456	\$ 75,544	\$ -0-	\$ -0-	\$ 994,000
Accounts payable and accrued expenses	42,025,848	152,549	558,509	(182,991)	42,553,915
Accrued wages and related liabilities	3,840,602	-0-	-0-	-0-	3,840,602
Estimated third-party settlements	538,370	-0-	-0-	-0-	538,370
Due to related parties	-0-	235,832	45,246,228	(45,482,060)	-0-
Total current liabilities	47,323,276	463,925	45,804,737	(45,665,051)	47,926,887
<b>Other long-term liabilities</b>	701,536	-0-	-0-	-0-	701,536
<b>Long-term debt, net of current portion</b>	14,825,580	1,219,420	-0-	-0-	16,045,000
Total liabilities	62,850,392	1,683,345	45,804,737	(45,665,051)	64,673,423
<b>Net position</b>					
Unrestricted	94,053,670	27,590,750	(40,831,740)	-0-	80,812,680
Net investment in capital assets	17,046,366	12,480,299	126,207	-0-	29,652,872
Restricted					
By donor - expendable - for capital acquisition	-0-	1,074,460	-0-	-0-	1,074,460
Total net position	111,100,036	41,145,509	(40,705,533)	-0-	111,540,012
Total liabilities and net position	\$ 173,950,428	\$ 42,828,854	\$ 5,099,204	\$ (45,665,051)	\$ 176,213,435

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## HENRY COMMUNITY HEALTH

### CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEAR ENDED DECEMBER 31, 2016

	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Operating revenue</b>					
Net patient service revenue	\$ 238,368,823	\$ 1,106,455	\$ 21,623,960	\$ (1,221,872)	\$ 259,877,366
Other revenue	5,327,643	2,800,996	-0-	(3,486,460)	4,642,179
Total revenue	<u>243,696,466</u>	<u>3,907,451</u>	<u>21,623,960</u>	<u>(4,708,332)</u>	<u>264,519,545</u>
<b>Operating expenses</b>					
Salaries and benefits	45,822,242	353,577	13,620,894	(876,843)	58,919,870
Medical professional fees	958,618	-0-	-0-	-0-	958,618
Purchased services	104,702,703	295,337	4,130,720	(168,321)	108,960,439
Medical supplies and drugs	11,792,459	-0-	8,790,071	(308,333)	20,274,197
Other supplies	13,400,510	14,217	-0-	-0-	13,414,727
Depreciation and amortization	5,027,919	567,353	25,222	-0-	5,620,494
Utilities	4,426,776	256,719	124,436	-0-	4,807,931
Rent	18,463,443	-0-	566,835	(2,154,217)	16,876,061
Hospital assessment fee	2,265,705	-0-	-0-	-0-	2,265,705
Other	25,569,633	1,427,786	675,586	(1,200,618)	26,472,387
Total expenses	<u>232,430,008</u>	<u>2,914,989</u>	<u>27,933,764</u>	<u>(4,708,332)</u>	<u>258,570,429</u>
Operating income (loss)	11,266,458	992,462	(6,309,804)	-0-	5,949,116
<b>Nonoperating revenues (expenses)</b>					
Investment income	872,425	988,239	247	(46,872)	1,814,039
Interest expense	(348,719)	(19,826)	(46,872)	46,872	(368,545)
Other nonoperating	(3,470,601)	3,225,438	77,236	-0-	(167,927)
Total nonoperating revenues (expenses)	<u>(2,946,895)</u>	<u>4,193,851</u>	<u>30,611</u>	<u>-0-</u>	<u>1,277,567</u>
Change in net position (deficit)	8,319,563	5,186,313	(6,279,193)	-0-	7,226,683
<b>Net position beginning of year</b>	102,780,473	35,959,196	(34,426,340)	-0-	104,313,329
<b>Net position end of year</b>	<u>\$ 111,100,036</u>	<u>\$ 41,145,509</u>	<u>\$ (40,705,533)</u>	<u>\$ -0-</u>	<u>\$ 111,540,012</u>

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# HENRY COMMUNITY HEALTH

## CONSOLIDATING STATEMENTS OF CASH FLOWS YEAR ENDED DECEMBER 31, 2016

	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Cash flows from operating activities</b>					
Cash received from patients and third party payors	\$ 233,583,115	\$ 1,106,455	\$ 20,446,341	\$ (1,221,872)	\$ 253,914,039
Cash paid to employees for wages and benefits	(46,199,056)	(353,577)	(13,620,894)	876,843	(59,296,684)
Cash paid to vendors for goods and services	(188,162,565)	(2,187,688)	(6,899,160)	4,193,008	(193,056,405)
Other operating receipts, net	5,327,643	2,800,996	-0-	(3,215,403)	4,913,236
Net cash flows from operating activities	4,549,137	1,366,186	(73,713)	632,576	6,474,186
<b>Cash flows from capital and related financing activities</b>					
Acquisition and construction of capital assets	(14,827,579)	(3,201,385)	(67,976)	-0-	(18,096,940)
Gain on disposal of property and equipment	501,006	-0-	(750)	-0-	500,256
Proceeds from sale of equipment	2,334,253	-0-	750	-0-	2,335,003
Interest on long-term debt	(348,719)	(19,826)	(46,872)	46,872	(368,545)
Principal payments on long-term debt, net	(1,060,923)	(73,036)	-0-	-0-	(1,133,959)
Net cash flows from capital and related financing activities	(13,401,962)	(3,294,247)	(114,848)	46,872	(16,764,185)
<b>Cash flows from investing activities</b>					
Investment income and other non-operating	(2,598,176)	4,213,677	77,483	(46,872)	1,646,112
Change in other assets, net	(116,488)	-0-	-0-	(632,576)	(749,064)
Purchases of investments in assets whose use is limited - internally designated, held by Trustee, and investments	(5,717,906)	(1,325,970)	-0-	-0-	(7,043,876)
Proceeds from sale of investments in assets whose use is limited - internally designated, held by Trustee, and investments	11,890,378	(218,917)	-0-	-0-	11,671,461
Change in assets whose use is limited - restricted by donor, net	-0-	(17,638)	-0-	-0-	(17,638)
Net cash flows from investing activities	3,457,808	2,651,152	77,483	(679,448)	5,506,995
Net change in cash and cash equivalents	(5,395,017)	723,091	(111,078)	-0-	(4,783,004)
<b>Cash and cash equivalents</b>					
Beginning of year	38,280,154	219,018	541,721	-0-	39,040,893
End of year	\$ 32,885,137	\$ 942,109	\$ 430,643	\$ -0-	\$ 34,257,889

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# HENRY COMMUNITY HEALTH

## CONSOLIDATING STATEMENTS OF CASH FLOWS YEAR ENDED DECEMBER 31, 2016

	Hospital	Foundation	Management Corporation	Eliminations	Total
<b>Reconciliation of operating income (loss)</b>					
<b>to net cash flows from operating activities</b>					
Operating income (loss)	\$ 11,266,458	\$ 992,462	\$ (6,309,804)	\$ -0-	\$ 5,949,116
Adjustment to reconcile operating income (loss) to net cash flows from operating activities:					
Depreciation and amortization	5,027,919	567,353	25,222	-0-	5,620,494
Bad debts	3,848,663	-0-	2,122,765	-0-	5,971,428
Changes in assets and liabilities:					
Patient accounts receivable	(5,200,684)	-0-	(3,300,384)	-0-	(8,501,068)
Supplies and other current assets	(10,834,743)	15,720	(22,806)	6,731	(10,835,098)
Accounts payable and accrued expenses	9,418,133	(16,268)	(107,255)	354,788	9,649,398
Accrued salaries and related liabilities	(376,814)	-0-	-0-	-0-	(376,814)
Other long-term liabilities	116,923	-0-	-0-	-0-	116,923
Due from (to) related parties	(7,548,736)	(193,081)	7,518,549	271,057	47,789
Estimated third-party settlements	(1,167,982)	-0-	-0-	-0-	(1,167,982)
Net cash flows from operating activities	\$ 4,549,137	\$ 1,366,186	\$ (73,713)	\$ 632,576	\$ 6,474,186
<b>Reconciliation of cash and cash equivalents to the balance sheets</b>					
Cash and cash equivalents					
In current assets	\$ 32,621,432	\$ 942,109	\$ 430,643	\$ -0-	\$ 33,994,184
In assets whose use is limited - internally designated	263,705	-0-	-0-	-0-	263,705
Total cash and cash equivalents	\$ 32,885,137	\$ 942,109	\$ 430,643	\$ -0-	\$ 34,257,889
<b>Supplemental cash flows information</b>					
Property included in accounts payable	\$ 557,666	\$ -0-	\$ -0-	\$ -0-	\$ 557,666

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## HENRY COMMUNITY HEALTH

### CONSOLIDATING BALANCE SHEETS DECEMBER 31, 2015

<b>ASSETS</b>	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Current assets</b>					
Cash and cash equivalents	\$ 38,084,181	\$ 219,018	\$ 541,721	\$ -0-	\$ 38,844,920
Patient accounts receivable, net	23,723,961	-0-	2,296,434	-0-	26,020,395
Supplies and other current assets	12,344,254	113,530	819,994	-0-	13,277,778
Due from related parties	36,510,879	-0-	28,513	(36,313,147)	226,245
Current portion of assets whose use is limited	1,060,923	-0-	-0-	-0-	1,060,923
Total current assets	111,724,198	332,548	3,686,662	(36,313,147)	79,430,261
<b>Investments</b>	-0-	25,235,241	-0-	-0-	25,235,241
<b>Assets whose use is limited</b>					
Internally designated	16,884,682	-0-	-0-	-0-	16,884,682
By donor - expendable - for capital acquisition	-0-	1,056,822	-0-	-0-	1,056,822
	16,884,682	1,056,822	-0-	-0-	17,941,504
Less current portion	1,060,923	-0-	-0-	-0-	1,060,923
Total assets whose use is limited	15,823,759	1,056,822	-0-	-0-	16,880,581
<b>Capital assets, net</b>	25,268,335	11,141,231	83,453	-0-	36,493,019
<b>Other assets</b>	5,327,570	-0-	38,837	(2,063,989)	3,302,418
Total assets	\$ 158,143,862	\$ 37,765,842	\$ 3,808,952	\$ (38,377,136)	\$ 161,341,520

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## HENRY COMMUNITY HEALTH

### CONSOLIDATING BALANCE SHEETS DECEMBER 31, 2015

LIABILITIES AND NET POSITION	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Current liabilities</b>					
Current portion of long-term debt	\$ 1,060,923	\$ 73,036	\$ -0-	\$ -0-	\$ 1,133,959
Accounts payable and accrued expenses	32,050,049	168,817	665,764	(537,779)	32,346,851
Accrued wages and related liabilities	4,217,416	-0-	-0-	-0-	4,217,416
Estimated third-party settlements	1,706,352	-0-	-0-	-0-	1,706,352
Due to related parties	-0-	269,829	37,569,528	(37,839,357)	-0-
Total current liabilities	<u>39,034,740</u>	<u>511,682</u>	<u>38,235,292</u>	<u>(38,377,136)</u>	<u>39,404,578</u>
<b>Other long-term liabilities</b>	584,613	-0-	-0-	-0-	584,613
<b>Long-term debt, net of current portion</b>	15,744,036	1,294,964	-0-	-0-	17,039,000
Total liabilities	<u>55,363,389</u>	<u>1,806,646</u>	<u>38,235,292</u>	<u>(38,377,136)</u>	<u>57,028,191</u>
<b>Net position</b>					
Unrestricted	94,317,097	25,129,143	(34,509,793)	-0-	84,936,447
Net investment in capital assets	8,463,376	9,773,231	83,453	-0-	18,320,060
Restricted					
By donor - expendable - for capital acquisition	-0-	1,056,822	-0-	-0-	1,056,822
Total net position	<u>102,780,473</u>	<u>35,959,196</u>	<u>(34,426,340)</u>	<u>-0-</u>	<u>104,313,329</u>
Total liabilities and net position	<u>\$ 158,143,862</u>	<u>\$ 37,765,842</u>	<u>\$ 3,808,952</u>	<u>\$ (38,377,136)</u>	<u>\$ 161,341,520</u>

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## HENRY COMMUNITY HEALTH

### CONSOLIDATING STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEAR ENDED DECEMBER 31, 2015

	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Operating revenue</b>					
Net patient service revenue	\$ 244,885,397	\$ 1,108,750	\$ 20,720,307	\$ (2,236,810)	\$ 264,477,644
Other revenue	6,116,398	2,692,781	-0-	(2,014,491)	6,794,688
Total revenue	251,001,795	3,801,531	20,720,307	(4,251,301)	271,272,332
<b>Operating expenses</b>					
Salaries and benefits	42,874,840	320,261	12,331,788	(766,774)	54,760,115
Medical professional fees	950,205	-0-	-0-	-0-	950,205
Purchased services	113,267,465	253,178	4,214,916	(90,000)	117,645,559
Medical supplies and drugs	12,606,424	-0-	8,447,162	(462,828)	20,590,758
Other supplies	14,390,484	14,254	-0-	-0-	14,404,738
Depreciation and amortization	4,621,115	656,676	14,321	-0-	5,292,112
Utilities	4,384,879	234,660	115,171	-0-	4,734,710
Rent	15,891,814	-0-	528,421	(1,822,949)	14,597,286
Hospital assessment fee	1,997,366	-0-	-0-	-0-	1,997,366
Other	23,784,297	1,638,696	690,589	(1,108,750)	25,004,832
Total expenses	234,768,889	3,117,725	26,342,368	(4,251,301)	259,977,681
Operating income (loss)	16,232,906	683,806	(5,622,061)	-0-	11,294,651
<b>Nonoperating revenues (expenses)</b>					
Investment income	(227,254)	(665,733)	200	(46,872)	(939,659)
Interest expense	(337,277)	(22,186)	(46,872)	46,872	(359,463)
Other nonoperating	206,505	56,248	138,791	-0-	401,544
Total nonoperating revenues (expenses)	(358,026)	(631,671)	92,119	-0-	(897,578)
Change in net position	15,874,880	52,135	(5,529,942)	-0-	10,397,073
<b>Net position beginning of year</b>	86,905,593	35,907,061	(28,896,398)	-0-	93,916,256
<b>Net position end of year</b>	\$ 102,780,473	\$ 35,959,196	\$ (34,426,340)	\$ -0-	\$ 104,313,329

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## HENRY COMMUNITY HEALTH

### CONSOLIDATING STATEMENTS OF CASH FLOWS YEAR ENDED DECEMBER 31, 2015

	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Cash flows from operating activities</b>					
Cash received from patients and third party payors	\$ 243,511,716	\$ 1,108,750	\$ 21,084,226	\$ (2,236,810)	\$ 263,467,882
Cash paid to employees for wages and benefits	(42,962,960)	(320,261)	(12,331,788)	766,774	(54,848,235)
Cash paid to vendors for goods and services	(185,494,758)	(1,933,954)	(8,553,657)	2,927,816	(193,054,553)
Other operating receipts, net	6,116,398	2,692,781	-0-	(2,148,657)	6,660,522
Net cash flows from operating activities	<u>21,170,396</u>	<u>1,547,316</u>	<u>198,781</u>	<u>(690,877)</u>	<u>22,225,616</u>
<b>Cash flows from capital and related financing activities</b>					
Acquisition and construction of capital assets	(9,699,780)	(101,525)	(28,813)	-0-	(9,830,118)
Loss on disposal of property and equipment	5,044	-0-	-0-	-0-	5,044
Proceeds from sale of equipment	1,215	-0-	-0-	-0-	1,215
Interest on long-term debt	(337,277)	(22,186)	(46,872)	46,872	(359,463)
Proceeds from 2015 bonds issuance	16,632,000	1,368,000	-0-	-0-	18,000,000
Principal payments on long-term debt, net	(17,498,023)	(1,407,757)	-0-	-0-	(18,905,780)
Net cash flows from capital and related financing activities	<u>(10,896,821)</u>	<u>(163,468)</u>	<u>(75,685)</u>	<u>46,872</u>	<u>(11,089,102)</u>
<b>Cash flows from investing activities</b>					
Investment income and other non-operating	(20,749)	(609,485)	138,991	(46,872)	(538,115)
Change in other assets, net	(194,261)	52,748	-0-	690,877	549,364
Purchases of investments in assets whose use is limited - internally designated, held by Trustee, and investments	(7,111,260)	(2,517,016)	-0-	-0-	(9,628,276)
Proceeds from sale of investments in assets whose use is limited - internally designated, held by Trustee, and investments	8,428,530	1,138,582	-0-	-0-	9,567,112
Change in assets whose use is limited - restricted by donor, net	-0-	8,871	-0-	-0-	8,871
Net cash flows from investing activities	<u>1,102,260</u>	<u>(1,926,300)</u>	<u>138,991</u>	<u>737,749</u>	<u>(41,044)</u>
Net change in cash and cash equivalents	<u>11,375,835</u>	<u>(542,452)</u>	<u>262,087</u>	<u>-0-</u>	<u>11,095,470</u>
<b>Cash and cash equivalents</b>					
Beginning of year	26,904,319	761,470	279,634	-0-	27,945,423
End of year	<u>\$ 38,280,154</u>	<u>\$ 219,018</u>	<u>\$ 541,721</u>	<u>\$ -0-</u>	<u>\$ 39,040,893</u>

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# HENRY COMMUNITY HEALTH

## CONSOLIDATING STATEMENTS OF CASH FLOWS YEAR ENDED DECEMBER 31, 2015

	Hospital	Foundation	Diversified Management Corporation	Eliminations	Total
<b>Reconciliation of operating income (loss) to net cash flows from operating activities</b>					
Operating income (loss)	\$ 16,232,906	\$ 683,806	\$ (5,622,061)	\$ -0-	\$ 11,294,651
Adjustment to reconcile operating income (loss) to net cash flows from operating activities:					
Depreciation and amortization	4,621,115	656,676	14,321	-0-	5,292,112
Bad debts	4,760,447	-0-	687,562	-0-	5,448,009
Changes in assets and liabilities:					
Patient accounts receivable	(4,726,613)	-0-	(323,643)	-0-	(5,050,256)
Supplies and other current assets	3,930,731	83,481	102,891	(162,883)	3,954,220
Accounts payable and accrued expenses	917,735	(43,945)	211,131	(393,828)	691,093
Accrued salaries and related liabilities	(88,120)	-0-	-0-	-0-	(88,120)
Other long-term liabilities	116,923	-0-	-0-	-0-	116,923
Due from (to) related parties	(5,184,579)	167,298	5,128,580	(134,166)	(22,867)
Estimated third-party settlements	589,851	-0-	-0-	-0-	589,851
Net cash flows from operating activities	<u>\$ 21,170,396</u>	<u>\$ 1,547,316</u>	<u>\$ 198,781</u>	<u>\$ (690,877)</u>	<u>\$ 22,225,616</u>
<b>Reconciliation of cash and cash equivalents to the balance sheets</b>					
Cash and cash equivalents					
In current assets	\$ 38,084,181	\$ 219,018	\$ 541,721	\$ -0-	\$ 38,844,920
In assets whose use is limited - internally designated	195,973	-0-	-0-	-0-	195,973
Total cash and cash equivalents	<u>\$ 38,280,154</u>	<u>\$ 219,018</u>	<u>\$ 541,721</u>	<u>\$ -0-</u>	<u>\$ 39,040,893</u>
<b>Supplemental cash flows information</b>					
Property included in accounts payable	\$ 120,590	-0-	-0-	-0-	\$ 120,590

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