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June 3, 2019

Board of Trustees
Decatur County Memorial Hospital
720 North Lincoln Street
Greensburg, IN 47240

We have reviewed the audit report of Decatur County Memorial Hospital which was opined upon by BKD, LLP, Independent Public Accountants, for the period January 1, 2018 to December 31, 2018. Per the *Independent Auditor's Report* the financial statements included in the report present fairly the financial condition of Decatur County Memorial Hospital as of December 31, 2018, and the results of its operations for the period then ended, on the basis of accounting described in the report.

In our opinion, BKD, LLP prepared the audit report in accordance with the guidelines established by the State Board of Accounts.

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


Paul D. Joyce, CPA
State Examiner

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Independent Auditor's Report and Financial Statements
December 31, 2018 and 2017

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
December 31, 2018 and 2017

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Independent Auditor's Report

Board of Trustees
Decatur County Memorial Hospital
Greensburg, Indiana

Report on the Financial Statements

We have audited the accompanying financial statements of Decatur County Memorial Hospital (Hospital), a component unit of Decatur County, Indiana, as of and for the years ended December 31, 2018 and 2017, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Decatur County Memorial Hospital as of December 31, 2018 and 2017, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

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

Other Information

Our audits were conducted for the purpose of forming an opinion on the financial statements that collectively comprise the Hospital's basic financial statements. The combining schedules as listed in the table of contents are presented for purposes of additional analysis and are not a required part of the basic financial statements.

The combining schedule information as listed in the table of contents is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the combining schedule information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we also have issued our report dated May 24, 2019, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

BKD, LLP

Indianapolis, Indiana
May 24, 2019

Decatur County Memorial Hospital

A Component Unit of Decatur County, Indiana

Management's Discussion and Analysis

December 31, 2018 and 2017

Introduction

This management's discussion and analysis of the financial performance of Decatur County Memorial Hospital (Hospital) provides an overview of the Hospital's financial activities for the years ended December 31, 2018 and 2017. It should be read in conjunction with the accompanying financial statements of the Hospital.

Financial Highlights

- Cash and investments increased in 2018 by \$3,233,104 or 11.8% compared to an increase of \$6,923,333 or 33.6% in 2017.
- The Hospital's net position increased in 2018 by \$2,565,573 or 4.5% compared to an increase of \$3,921,107 or 7.4% in 2017.
- The Hospital reported operating income of \$2,994,314 in 2018 compared to operating income of \$1,938,353 in 2017. The operating results in 2018 increased by \$1,055,961, while in 2017, the operating results decreased by \$644,252.
- Net nonoperating expenses for 2018 were \$428,741 compared to net nonoperating revenues of \$1,982,754 for 2017. This was a decrease of \$2,411,495 or 121.6%. In 2017, net nonoperating revenues increased by \$1,177,774 or 146.3%.

Using This Annual Report

The Hospital's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. These statements provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Hospital is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

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

One of the most important questions asked about any 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 revenues, expenses and changes in net position report information about the Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets, all liabilities and all deferred outflows of resources using the accrual basis of accounting. Using the accrual basis of accounting means that 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. The Hospital's total net position—the difference between assets, liabilities and deferred outflows of resources—is one measure of the Hospital's financial health or financial position. Over time, increases or decreases in the Hospital's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Hospital's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients, and local economic factors should also be considered to assess the overall financial health of the Hospital.

The Statement of Cash Flows

The statement of cash flows reports cash receipts, cash payments, and net changes in cash and cash equivalents resulting from four defined types of 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 and cash equivalents during the reporting period.

The Hospital's Net Position

The Hospital's net position is equal to its assets plus deferred outflows of resources, less liabilities reported in the balance sheets. The Hospital's net position increased by \$2,565,573 or 4.5% in 2018 over 2017 compared to an increase in net position of \$3,921,107 or 7.4% in 2017 over 2016, as shown in Table 1.

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

	2018	2017	2016
Assets and Deferred Outflows of Resources			
Patient accounts receivable, net	\$ 10,100,576	\$ 9,572,995	\$ 9,947,383
Other current assets	32,369,790	28,252,860	27,342,318
Capital assets, net	33,646,867	35,668,227	36,934,833
Other noncurrent assets and deferred outflows of resources	3,256,070	3,797,755	2,411,441
Total assets and deferred outflows of resources	<u>\$ 79,373,303</u>	<u>\$ 77,291,837</u>	<u>\$ 76,635,975</u>
Liabilities			
Long-term debt	\$ 5,385,566	\$ 7,069,784	\$ 8,807,913
Other current and long-term liabilities	14,601,153	13,401,042	14,928,158
Total liabilities	<u>19,986,719</u>	<u>20,470,826</u>	<u>23,736,071</u>
Net Position			
Net investment in capital assets	26,274,267	26,799,547	26,386,284
Restricted	1,490,802	2,008,724	2,040,508
Unrestricted	31,621,515	28,012,740	24,473,112
Total net position	<u>59,386,584</u>	<u>56,821,011</u>	<u>52,899,904</u>
Total liabilities and net position	<u>\$ 79,373,303</u>	<u>\$ 77,291,837</u>	<u>\$ 76,635,975</u>

A significant change in the Hospital's assets in 2018 is the increase in cash and investments of \$3,233,104 (11.8%), which is primarily a result of decreased spending on capital assets and related financing. Another significant change is the decrease in net capital assets of \$2,021,360 (5.7%), with lower overall acquisition and construction of capital assets compared to 2017.

A significant change in the Hospital's liabilities in 2018 is the decrease of \$1,684,218 (23.8%) in long-term debt, as the Hospital continues to make payment on outstanding obligations with no new borrowings during the year.

A significant change in the Hospital's assets in 2017 is the increase in cash and investments of \$6,923,333 (33.7%) as a result of improved cash flow from operations and investment earnings. Another significant change includes a decrease of \$3,108,031 in estimated third-party settlement receivable amounts related to final settlement and payment of outstanding Electronic Health Record incentive payments.

A significant change in the Hospital's liabilities in 2017 is the decrease in estimated third-party settlement liabilities by \$1,461,793 (62.8%) as a result of changes and ultimate settlement of amounts owed to the Medicare and Medicaid programs.

Operating Results and Changes in the Hospital's Net Position

In 2018, the Hospital's net position increased by \$2,565,573 or 4.5%, as shown in Table 2. This increase is made up of several different components and represents a decrease of 34.6% compared with the increase in net position for 2017 of \$3,921,107. The increase in net position for 2016 was \$3,387,585.

Table 2: Operating Results and Changes in Net Position

	2018	2017	2016
Operating Revenue			
Net patient service revenue	\$ 81,979,482	\$ 80,170,040	\$ 73,025,368
Other operating revenue	10,722,966	9,578,878	8,746,293
Total operating revenue	<u>92,702,448</u>	<u>89,748,918</u>	<u>81,771,661</u>
Operating Expenses			
Salaries, wages, contract labor and employee benefits	46,384,569	45,367,189	42,731,238
Purchased services and professional fees	14,419,554	13,802,349	11,288,285
Depreciation and amortization	3,869,463	3,883,418	3,269,849
Other operating expenses	25,034,548	24,757,609	21,899,684
Total operating expenses	<u>89,708,134</u>	<u>87,810,565</u>	<u>79,189,056</u>
Operating Income	<u>2,994,314</u>	<u>1,938,353</u>	<u>2,582,605</u>
Nonoperating Revenue (Expenses)			
Investment return	(844,567)	1,818,284	625,135
Interest expense	(266,086)	(308,473)	(296,374)
Noncapital grants and contributions	304,672	160,866	169,826
Noncapital appropriations - Decatur County	132,000	107,841	108,000
Other	245,240	204,236	198,393
Total nonoperating revenues (expenses)	<u>(428,741)</u>	<u>1,982,754</u>	<u>804,980</u>
Increase in Net Position	<u>\$ 2,565,573</u>	<u>\$ 3,921,107</u>	<u>\$ 3,387,585</u>

Operating Income

The first component of the overall change in the Hospital's net position is its operating income or loss—generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services.

Operating income was \$2,994,314 for 2018 compared to an operating income of \$1,938,353 for 2017, which equates to an increase of \$1,055,961 or 54.5%. The operating income for 2017 decreased by \$644,252 or 25.0% as compared to 2016. The primary components of the change in operating income in 2018 are:

- Net patient service revenue was \$81,979,482 for 2018 compared to \$80,170,040 in 2017, which is an increase of \$1,809,442 or 2.3%. Net patient service revenue in 2017 represented an increase of \$7,144,672 or 9.8% compared to 2016.
- Salaries, wages, contract labor and employee benefits for the Hospital was \$46,384,569 for 2018 compared to \$45,367,189 for 2017, which results in an increase of \$1,017,380 or 2.2%. In 2017, salaries, wages and benefits increased by \$2,635,951 or 6.2% compared to 2016.
- Other operating revenues were \$10,722,966 for 2018 compared to \$9,578,878 in 2017, which is an increase of \$1,144,088 or 11.9%.

The increase in net patient service revenue in 2018 is primarily the result of an increase in Hospital operations, including the conversion of two primary care sites to provider based rural health clinics. Employee salaries and wages and benefits increased in 2018 in connection with the Hospital's retention and recruitment efforts.

The increase in net patient service revenue in 2017 is the result of an increase in Hospital operations. Employee salaries and wages and benefits increased in 2017 in connection with the Hospital's retention and recruitment efforts, as well as changes in long-term care operations.

Expenditures for medical supplies, prescription drugs and other supplies are a major component of the Hospital's costs. In 2017, medical supplies and prescription drug costs totaled \$12,179,986 or 13.9% of total operating expenses, compared to 2016 when they totaled \$10,170,221 or 12.8% of total operating expenses, which was an increase of \$2,009,765 or 19.8% from 2016.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of investment income, noncapital grants and interest expense. Interest expense and noncapital grants and contributions remained relatively constant in 2018 as compared to 2017. However, investment return decreased in 2018 by \$2,662,851 as a result of market conditions.

The increase in nonoperating revenues and expenses in 2017, as compared to 2016, was driven by the overall market conditions which resulted in an increase in investment return of \$1,193,149 from 2016.

The Hospital's Cash Flows

Changes in the Hospital's cash flows fluctuated with operating cash receipts offset by decreases in capital and related financing activities and investing activities. Decreases in cash balances provided by and used in operating activities was attributed to lower receipts from and on behalf of patients. This was the result of significant collection efforts in 2017 after a period of slower cash receipts from an electronic health record system conversion occurring in 2016.

During 2017, the increases in cash provided by operating activities was attributed to lower settlement of estimated amounts due to the Medicare and Medicaid programs as well as increases in Medicaid Disproportionate Share Hospital (DSH) payments and other operating results

Capital Asset and Debt Administration

Capital Assets

At the end of 2018, the Hospital had \$33,646,867 invested in capital assets, net of accumulated depreciation, compared to \$35,668,227 at the end of 2017, as detailed in Note 6 to the financial statements. These decreases are a result of continued deprecation of previous renovations and a decline in capital outlays in 2018.

Debt

At December 31, 2018, the Hospital had \$7,059,675 in revenue bonds, notes payable and capital lease obligations outstanding compared to \$8,868,680 at December 31, 2017. Borrowing and payment activity during the year are outlined in Note 10 to the financial statements.

Contacting the Hospital's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to the Hospital's Administration by telephoning (812) 663-4331.

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Balance Sheets
December 31, 2018 and 2017

Assets and Deferred Outflows of Resources

	2018	2017
Current Assets		
Cash and cash equivalents	\$ 10,686,785	\$ 9,264,293
Short-term investments	16,841,335	14,512,801
Patient accounts receivable, net of allowance; 2018 - \$5,510,871, 2017 - \$6,690,191	10,100,576	9,572,995
Contributions receivable	-	17,817
Supplies	940,396	1,289,113
Estimated third-party settlements	1,591,147	-
Prepaid expenses and other assets	2,310,127	3,168,836
Total current assets	<u>42,470,366</u>	<u>37,825,855</u>
Noncurrent Cash and Investments		
Internally designated for capital improvements	1,704,265	1,704,265
Held by trustee for debt service	951,612	950,363
Restricted by contributors and grantors	539,190	1,058,361
	<u>3,195,067</u>	<u>3,712,989</u>
Capital Assets, net	<u>33,646,867</u>	<u>35,668,227</u>
Other Assets	<u>58,406</u>	<u>51,000</u>
Total assets	79,370,706	77,258,071
Deferred Outflows of Resources - losses on debt refunding	<u>2,597</u>	<u>33,766</u>
Total assets and deferred outflows of resources	<u>\$ 79,373,303</u>	<u>\$ 77,291,837</u>

Liabilities and Net Position

Current Liabilities		
Current maturities of long-term debt	\$ 1,674,109	\$ 1,798,896
Accounts payable and accrued expenses	12,128,405	10,735,005
Estimated third-party settlements	798,639	867,141
Total current liabilities	<u>14,601,153</u>	<u>13,401,042</u>
Long-Term Debt	<u>5,385,566</u>	<u>7,069,784</u>
Total liabilities	<u>19,986,719</u>	<u>20,470,826</u>
Net Position		
Net investment in capital assets	26,274,267	26,799,547
Restricted:		
For debt service	951,612	950,363
Expendable for capital acquisitions	225,573	827,515
Expendable for specific operating activities	313,617	230,846
Unrestricted	31,621,515	28,012,740
Total net position	<u>59,386,584</u>	<u>56,821,011</u>
Total liabilities and net position	<u>\$ 79,373,303</u>	<u>\$ 77,291,837</u>

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2018 - \$7,818,420, 2017 - \$6,025,905	\$ 81,979,482	\$ 80,170,040
Other	<u>10,722,966</u>	<u>9,578,878</u>
Total operating revenues	<u>92,702,448</u>	<u>89,748,918</u>
Operating Expenses		
Salaries, wages and contract labor	40,207,498	39,062,868
Employee benefits	6,177,071	6,304,321
Purchased services and professional fees	14,419,554	13,802,349
Medical supplies, drugs and other supplies	12,278,154	12,179,986
Utilities	1,339,811	1,281,690
Repairs and maintenance	2,688,385	2,386,468
Lease and rentals	2,571,781	2,654,581
Insurance	1,056,484	1,071,751
Depreciation and amortization	3,869,463	3,883,418
Other	3,639,001	3,494,843
Provider hospital assessment fee	<u>1,460,932</u>	<u>1,688,290</u>
Total operating expenses	<u>89,708,134</u>	<u>87,810,565</u>
Operating Income	<u>2,994,314</u>	<u>1,938,353</u>
Nonoperating Revenues (Expenses)		
Investment return	(844,567)	1,818,284
Interest expense	(266,086)	(308,473)
Noncapital grants and contributions	304,672	160,866
Noncapital appropriations - Decatur County	132,000	107,841
Other	<u>245,240</u>	<u>204,236</u>
Total nonoperating revenues (expenses)	<u>(428,741)</u>	<u>1,982,754</u>
Excess of Revenues Over Expenses and Increase in Net Position	2,565,573	3,921,107
Net Position, Beginning of Year	<u>56,821,011</u>	<u>52,899,904</u>
Net Position, End of Year	<u>\$ 59,386,584</u>	<u>\$ 56,821,011</u>

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Statements of Cash Flows
Years Ended December 31, 2018 and 2017

	2018	2017
Operating Activities		
Receipts from and on behalf of patients	\$ 82,311,798	\$ 85,046,597
Payments to suppliers and contractors	(36,597,754)	(36,296,565)
Payments to employees	(46,079,310)	(45,015,735)
Other receipts, net	7,488,193	6,639,135
Net cash provided by operating activities	<u>7,122,927</u>	<u>10,373,432</u>
Noncapital Financing Activities		
Noncapital grants and contributions	322,489	160,866
Noncapital appropriations - Decatur County	132,000	107,841
Net cash provided by noncapital financing activities	<u>454,489</u>	<u>268,707</u>
Capital and Related Financing Activities		
Acquisition and construction of capital assets	(1,855,016)	(2,790,160)
Proceeds from sale of capital assets	153,953	-
Capital grants and contributions	-	85,790
Repayments under line of credit	-	(1,000,000)
Principal paid on long-term debt	(1,772,632)	(1,722,110)
Principal paid on capital leases	(19,954)	(21,123)
Interest paid on long-term debt and capital leases	(251,336)	(293,723)
Net cash used in capital and related financing activities	<u>(3,744,985)</u>	<u>(5,741,326)</u>
Investing Activities		
Interest and dividends on investments	995,550	660,700
Purchase of investments	(5,363,414)	(5,623,898)
Proceeds from disposition of investments	1,628,130	975,888
Other investing activities	245,240	204,236
Net cash used in investing activities	<u>(2,494,494)</u>	<u>(3,783,074)</u>
Increase in Cash and Cash Equivalents	1,337,937	1,117,739
Cash and Cash Equivalents, Beginning of Year	<u>9,794,216</u>	<u>8,676,477</u>
Cash and Cash Equivalents, End of Year	<u><u>\$ 11,132,153</u></u>	<u><u>\$ 9,794,216</u></u>
Reconciliation of Cash and Cash Equivalents to the Balance Sheets		
Cash and cash equivalents	\$ 10,686,785	\$ 9,264,293
Noncurrent cash and cash equivalents	445,368	529,923
	<u><u>\$ 11,132,153</u></u>	<u><u>\$ 9,794,216</u></u>

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Statements of Cash Flows (Continued)
Years Ended December 31, 2018 and 2017

	<u>2018</u>	<u>2017</u>
Reconciliation of Operating Income to		
Net Cash Provided by Operating Activities		
Operating income	\$ 2,994,314	\$ 1,938,353
Depreciation and amortization	3,869,463	3,883,418
Provision for uncollectible accounts	7,818,420	6,025,905
Loss on sale of capital assets	23,385	-
Changes in operating assets and liabilities:		
Patient accounts receivable	(8,346,001)	(5,651,517)
Supplies and other current assets	1,200,020	1,406,588
Estimated third-party settlements	(1,659,649)	1,646,238
Accounts payable and accrued expenses	<u>1,222,975</u>	<u>1,124,447</u>
Net cash provided by operating activities	<u><u>\$ 7,122,927</u></u>	<u><u>\$ 10,373,432</u></u>
Supplemental Cash Flows Information		
Capital asset additions included in accounts payable	\$ 312,925	\$ 142,500
Capital asset acquired through capital lease	-	79,783

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Notes to Financial Statements
December 31, 2018 and 2017

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Decatur County Memorial Hospital (Hospital) is an acute care hospital located in Greensburg, Indiana. The Hospital is a component unit of Decatur County (County) and the Board of County Commissioners appoints members to the Board of Trustees of the Hospital pursuant to the provisions of Indiana Code 16-22-2-2. The Hospital primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Decatur County area.

The Hospital operates five long-term care facilities (LTC) through various lease arrangements. These facilities provide inpatient and therapy services in their geographic area and support the Hospital's mission to provide quality care and services to the facilities' residents. The facilities are managed by third parties under various management agreements. The revenues from operations are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. During 2018, one long-term care facility was closed, leaving four in operation at December 31, 2018.

In accordance with GASB Statement No. 61, the financial statements include the financial statements of the Decatur County Memorial Hospital Foundation (Foundation). The Foundation's purpose is to provide philanthropic support through fundraising and other activities for the acquisition of equipment, facility development and support of programs at the Hospital, and has therefore been reported as a blended component unit.

The Hospital has a 51% ownership interest in Decatur County Memorial Pain Management, LLC (Pain Management), which is organized to offer pain management services in the Hospital's primary service area. The Hospital's ownership interest is accounted for under the equity method. Separate audited financial statements are not issued for Pain Management.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets and liabilities and deferred outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated nonexchange transactions (principally county appropriations) are recognized when all applicable eligibility requirements are met. Government-mandated nonexchange transactions that are not program specific (such as county appropriations), investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position is available.

Decatur County Memorial Hospital
A Component Unit of Decatur County, Indiana
Notes to Financial Statements
December 31, 2018 and 2017

Use of Estimates

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

Cash Equivalents

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2018 and 2017, cash equivalents consisted primarily of money market accounts with brokers.

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 other than employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

The Hospital is self-insured for a portion of its exposure to risk of loss from employee health claims. Annual estimated provisions are accrued for the self-insured portion of employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Investments and Investment Income

Investments in certificates of deposit are stated at cost plus accrued interest, which approximates fair value. The investment in equity investee is reported on the equity method of accounting. All other investments are carried at fair value. Fair value is determined using quoted market prices.

Investment income includes dividend and interest income and the net change for the year in the fair value of investments carried at fair value.

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information and existing economic conditions.

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Supplies

Supply inventories are stated at the lower of cost, determined using the first-in, first-out method, or market.

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or fair value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations and leasehold improvements are depreciated over the shorter of the lease term or their respective estimated useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	5 - 25 years
Buildings and improvements	5 - 40 years
Equipment	5 - 25 years
Major moveable equipment	3 - 25 years
Vehicles	4 years

The Hospital capitalizes interest costs as a component of construction in progress, based on interest costs of borrowing specifically for the project, net of interest earned on investments acquired with the proceeds of the borrowing. No interest amounts were capitalized in 2018 or 2017.

Capital Asset Impairment

The Hospital evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss. No asset impairment was recognized during the years ended December 31, 2018 and 2017.

Deferred Outflows of Resources

The Hospital reports the consumption of net position that is applicable to a future period as deferred outflows of resources in a separate section of its balance sheets.

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Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Expense and the related liability for sick leave benefits are recognized to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date, plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date. The estimated compensated absences liability is expected to be paid within one year of the balance sheet date, and is therefore included in current liabilities.

Net Position

Net position of the Hospital is classified in three components. Net investment in capital assets, consist of capital assets, net of accumulated depreciation and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets. Restricted component of net position is 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 bond indentures, reduced by the outstanding balances of any related borrowings. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

Charges excluded from revenue under the Hospital's charity care policy were \$3,314,357 and \$3,102,562 for 2018 and 2017, respectively. The costs of charity care provided under the Hospital's charity care policy were \$1,253,128 and \$1,180,920 for 2018 and 2017, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

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Income Taxes

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

The Foundation is exempt from federal income taxes under Section 501(c)(3) and 509(a)(2) of the U.S. Internal Revenue Code and a similar provision of state law. However, the Foundation is subject to federal income tax on any unrelated business taxable income. The Foundation files federal tax returns in the U.S. federal jurisdiction.

Foundation

The Foundation is a legally separate, tax-exempt component unit of the Hospital. The Foundation's primary function is to raise and hold funds to support the Hospital and its programs. The board of the Foundation is self-perpetuating. Separate financial statements of the Foundation may be obtained by contacting their office at 720 North Lincoln Street, Greensburg, Indiana 47240.

Note 2: Net Patient Service Revenue

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

Medicare

The Hospital is designated by Medicare as a critical access hospital (CAH). Inpatient acute care and swing bed services, and most outpatient services, are reimbursed based on a cost reimbursement methodology. Interim per diem rates for inpatient services and percent of charges for outpatient services are reimbursed throughout the year, with final settlement determined after submission of the annual cost reports by the Hospital and audits thereof by the Medicare administrative contractor.

Long-term care services rendered to Medicare program beneficiaries are paid under a prospectively determined payment system on a per diem basis based on each resident's health at admission. Medicare reimburses for 100 days of skilled nursing facility care subject to certain eligibility requirements.

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to the service provided and the patient diagnosis.

Long-term care services rendered to Medicaid program beneficiaries are paid on a per diem basis.

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Approximately 58% and 56% of net patient service revenue are from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2018 and 2017, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital participates in a state-specific provider assessment program to increase Medicaid payments to hospitals. The Hospital incurred approximately \$1,460,000 and \$1,690,000 related to this Medicaid program for 2018 and 2017, respectively, which is recorded as an operating expense in the statements of revenues, expenses and changes in net position.

In November 2018, the Hospital received notice that its Medicaid Inpatient Utilization Rate (MIUR) exceeded state-wide thresholds, as defined by state regulation, for the period July 1, 2017 through June 30, 2019. A benefit of having the Hospital's MIUR over state-wide thresholds includes paying 75% of the provider assessment fee, where nonqualified hospitals must pay 100% of the provider assessment fee. During 2018, the Hospital recognized expense reduction approximating \$860,000 related to MIUR status retroactive to July 1, 2017 through December 31, 2018. Amounts due to the Hospital related to the fee reduction were \$766,000 at December 31, 2018 and are included in estimated third-party settlements. Outstanding fees owed at December 31, 2017 approximate \$386,000 and are included in estimated third-party settlements.

The state measures the MIUR no less than every four years and no more than every two years. At each measurement period, the state-defined MIUR changes, which may affect the Hospital. Any change in the amount of tax due as a result of eligibility changes will be recorded in the period the state has made its determination. The provider assessment fee program is subject to further retroactive rate setting by the state of Indiana and its Medicaid program and the amounts expensed represent the current fees that have been assessed to the Hospital.

The Hospital also qualifies as a Medicaid Disproportionate Share Hospital (DSH) provider under Indiana law and, as such, is eligible to receive supplemental Medicaid payments. The amounts of these supplemental payments are dependent on regulatory approval by agencies of the federal and state governments and is determined by level, extent and cost of uncompensated care and various other factors. Supplemental payments have been made by the State of Indiana, and the Hospital records such amounts as revenue when it has been reasonably determined that the funds will be received. The Hospital recognized approximately \$1.3 million within net patient service revenue related to this supplemental payment program for each of the years ended December 31, 2018 and 2017. Net deferred revenue at December 31, 2018 related to advance funding of payments totaled \$135,000 and was included in accounts payable and accrued expenses. Amounts outstanding at December 31, 2017 totaled \$674,000 and are accrued as a receivable in prepaid expenses and other assets. These amounts represent management's best estimate of DSH funds due to the Hospital, which are typically paid in arrears.

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The long-term care operations of the Hospital qualify for supplemental Medicaid payments through the Upper Payment Limit (UPL) program. The UPL is established to pay qualifying providers the difference between what Medicare would have paid and what Medicaid actually paid. The UPL is distributed through an intergovernmental transfer (IGT) arrangement. The Hospital is responsible for funding the IGT for the long-term care operations. Revenue associated with the UPL program is recorded net of IGT payments made to the program and is included in other operating revenue. The Hospital recognized approximately \$3.2 million and \$2.9 million related to this supplemental payment program for the years ended December 31, 2018 and 2017, respectively. At December 31, 2018 and 2017, \$781,000 and \$837,000, respectively, are accrued and included in prepaid expenses and other current assets.

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

Note 3: Deposits, Investments and Investment Return

Deposits

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

Deposits with financial institutions in the State of Indiana at year end were entirely insured by the Federal Depository Insurance Corporation (FDIC) or by the Indiana Public Deposit Insurance Fund (IPDIF). This includes any deposit accounts issued or offered by a qualifying financial institution. Accordingly, all deposits in excess of FDIC levels are covered by the IPDIF and are considered collateralized.

Investments

The Hospital may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest in certain deposit accounts, mutual funds, repurchase agreements and pooled investment funds as authorized by Indiana Code 16-22-3-20.

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At December 31, 2018 and 2017, the Hospital had the following investments and maturities:

		2018			
		Maturities in Years			
Type	Fair Value	Less Than 1	1-5	6-10	More Than 10
Money market mutual funds	\$ 1,033,229	\$ 1,033,229	\$ -	\$ -	\$ -
Equity mutual funds	11,655,800	11,655,800	-	-	-
Fixed income mutual funds	5,851,440	5,851,440	-	-	-
Balanced mutual funds	1,050,565	1,050,565	-	-	-
	<u>\$ 19,591,034</u>	<u>\$ 19,591,034</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

		2017			
		Maturities in Years			
Type	Fair Value	Less Than 1	1-5	6-10	More Than 10
Money market mutual funds	\$ 1,034,205	\$ 1,034,205	\$ -	\$ -	\$ -
Equity mutual funds	9,953,957	9,953,957	-	-	-
Fixed income mutual funds	5,230,194	5,230,194	-	-	-
Balanced mutual funds	1,377,511	1,377,511	-	-	-
	<u>\$ 17,595,867</u>	<u>\$ 17,595,867</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Interest Rate Risk - Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Hospital does not have a formal investment policy for interest rate risk.

Credit Risk - Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. The Hospital does not have a formal investment policy for credit risk. At December 31, 2018 and 2017, the Hospital's investments were not rated by Standard & Poor's or Moody's Investors Service.

Custodial Credit Risk - For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Hospital will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. The Hospital's investment policy does not address how securities underlying repurchase agreements are to be held.

Concentration of Credit Risk - The Hospital places no limit on the amount that may be invested in any one issuer. The Hospital's policy is to limit holdings in equities to 70% and to limit fixed income holdings to 60%.

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Summary of Carrying Values

The carrying values of deposits and investments shown above are included in the balance sheets as follows:

	2018	2017
Carrying value:		
Deposits	\$ 11,132,153	\$ 9,894,216
Investments	<u>19,591,034</u>	<u>17,595,867</u>
	<u><u>\$ 30,723,187</u></u>	<u><u>\$ 27,490,083</u></u>
Included in the following balance sheets captions:		
Cash and cash equivalents	\$ 10,686,785	\$ 9,264,293
Short-term investments	16,841,335	14,512,801
Noncurrent cash and investments		
Internally designated for capital improvements	1,704,265	1,704,265
Held by trustee for debt service	951,612	950,363
Restricted by contributors and grantors	<u>539,190</u>	<u>1,058,361</u>
	<u><u>\$ 30,723,187</u></u>	<u><u>\$ 27,490,083</u></u>

Nonnegotiable certificates of deposit totaling \$100,000 are included in deposit balances at December 31, 2017.

Investment Return

Investment return for the years ended December 31 consisted of:

	2018	2017
Interest and dividend income	\$ 995,550	\$ 660,700
Net increase (decrease) in fair value of investments	<u>(1,840,117)</u>	<u>1,157,584</u>
	<u><u>\$ (844,567)</u></u>	<u><u>\$ 1,818,284</u></u>

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Note 4: Patient Accounts Receivable

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

	2018	2017
Medicare	\$ 2,622,669	\$ 2,736,702
Medicaid	2,120,982	2,045,756
Other third-party payers	3,776,608	3,594,101
Patients	7,091,188	7,886,627
	<u>15,611,447</u>	<u>16,263,186</u>
Less allowance for uncollectible accounts	<u>5,510,871</u>	<u>6,690,191</u>
	<u><u>\$ 10,100,576</u></u>	<u><u>\$ 9,572,995</u></u>

Note 5: Investment in Equity Investee

The investment in equity investee relates to a 51% ownership of Decatur County Memorial Pain Management, LLC (Pain Management). The Hospital's investment in Pain Management was \$58,406 and \$51,000 at December 31, 2018 and 2017, respectively, which represents its share of operating gains and is recorded in other noncurrent assets. The Hospital provides support to the joint venture through labor and supply costs, which are billed to Pain Management on a monthly basis. The Hospital also provides billing and collections services for Pain Management and remits patient collections to the joint venture to satisfy operating expenses. Financial position and results of operations of the investee are summarized below:

	2018	2017
Current and total assets	\$ 139,426	\$ 131,728
Current and total liabilities	<u>24,905</u>	<u>53,809</u>
Net assets	<u><u>\$ 114,521</u></u>	<u><u>\$ 77,919</u></u>
Revenues	<u><u>\$ 440,836</u></u>	<u><u>\$ 400,648</u></u>
Excess of revenues over expenses	<u><u>\$ 104,769</u></u>	<u><u>\$ 93,638</u></u>

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Note 6: Capital Assets

Capital assets activity for the years ended December 31 was:

2018					
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 1,127,637	\$ 7,000	\$ -	\$ -	\$ 1,134,637
Land improvements	546,014	-	-	45,932	591,946
Buildings and leasehold improvements	40,834,503	350,583	-	140,301	41,325,387
Equipment	3,359,261	93,337	-	124,333	3,576,931
Major moveable equipment	26,751,076	628,851	(414,745)	179,351	27,144,533
Vehicles	121,373	-	-	-	121,373
Construction in progress	120,753	945,670	-	(489,917)	576,506
	<u>72,860,617</u>	<u>2,025,441</u>	<u>(414,745)</u>	<u>-</u>	<u>74,471,313</u>
Less accumulated depreciation:					
Land improvements	404,664	21,522	-	-	426,186
Buildings and leasehold improvements	15,219,049	1,376,144	-	-	16,595,193
Equipment	2,417,256	231,272	-	-	2,648,528
Major moveable equipment	19,061,081	2,231,312	(237,407)	-	21,054,986
Vehicles	90,340	9,213	-	-	99,553
	<u>37,192,390</u>	<u>3,869,463</u>	<u>(237,407)</u>	<u>-</u>	<u>40,824,446</u>
Capital assets, net	<u>\$ 35,668,227</u>	<u>\$ (1,844,022)</u>	<u>\$ (177,338)</u>	<u>\$ -</u>	<u>\$ 33,646,867</u>

2017					
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 1,127,637	\$ -	\$ -	\$ -	\$ 1,127,637
Land improvements	464,037	7,160	-	74,817	546,014
Buildings and leasehold improvements	39,486,310	168,008	-	1,180,185	40,834,503
Equipment	3,354,725	4,536	-	-	3,359,261
Major moveable equipment	25,912,973	609,774	(291,332)	519,661	26,751,076
Vehicles	89,373	32,000	-	-	121,373
Construction in progress	94,981	1,800,435	-	(1,774,663)	120,753
	<u>70,530,036</u>	<u>2,621,913</u>	<u>(291,332)</u>	<u>-</u>	<u>72,860,617</u>
Less accumulated depreciation:					
Land improvements	384,339	20,325	-	-	404,664
Buildings and leasehold improvements	13,919,140	1,299,909	-	-	15,219,049
Equipment	2,171,755	245,501	-	-	2,417,256
Major moveable equipment	17,040,754	2,306,558	(286,231)	-	19,061,081
Vehicles	79,215	11,125	-	-	90,340
	<u>33,595,203</u>	<u>3,883,418</u>	<u>(286,231)</u>	<u>-</u>	<u>37,192,390</u>
Capital assets, net	<u>\$ 36,934,833</u>	<u>\$ (1,261,505)</u>	<u>\$ (5,101)</u>	<u>\$ -</u>	<u>\$ 35,668,227</u>

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Note 7: Accounts Payable and Accrued Expenses

Accounts payable and accrued expenses included in current liabilities at December 31 consisted of:

	2018	2017
Payable to suppliers and contractors	\$ 8,814,828	\$ 7,726,687
Payable to employees (including payroll taxes and benefits)	<u>3,313,577</u>	<u>3,008,318</u>
Balance, end of year	<u><u>\$ 12,128,405</u></u>	<u><u>\$ 10,735,005</u></u>

Note 8: Medical Malpractice Claims

The Hospital purchases medical malpractice insurance up to coverage limits under the Indiana Malpractice Act (the Act) under a claims-made policy on a fixed premium basis. The Hospital is covered under the Act which limits professional liability for claims prior to July 1, 2017 to a maximum recovery of \$1,250,000 per occurrence, \$250,000 of which would be paid through malpractice insurance coverage, while the remaining balance would be paid by the State of Indiana Patient Compensation Fund (the Fund). For claims on or after July 1, 2017, the maximum recovery is \$1,650,000 per occurrence, \$400,000 of which would be paid through malpractice insurance coverage, with the remainder due from the Fund. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claims costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Note 9: Employee Health Claims

Substantially all of the Hospital's employees and their dependents are eligible to participate in the Hospital's employee health insurance plan. The Hospital is self-insured for health claims of participating employees and dependents. Commercial stop-loss insurance coverage is purchased for claims in excess of \$150,000 with a maximum aggregate annual reimbursement of \$1,000,000. A provision is accrued for self-insured employee health claims including both claims reported and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims, and other economic and social factors. It is reasonably possible that the Hospital's estimate will change by a material amount in the near term.

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Activity in the Hospital's accrued employee health claims liability during 2018 and 2017 is summarized as follows:

	2018	2017
Balance, beginning of year	\$ 250,080	\$ 420,000
Current year claims incurred and changes in estimates for claims incurred in prior years	2,969,428	3,264,133
Claims and expenses paid	<u>(2,919,428)</u>	<u>(3,434,053)</u>
Balance, end of year	<u><u>\$ 300,080</u></u>	<u><u>\$ 250,080</u></u>

Note 10: Long-Term Obligations

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

	2018				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt:					
Revenue bonds payable:					
First mortgage refunding bonds, series 2011	\$ 522,500	\$ -	\$ (345,000)	\$ 177,500	\$ 177,500
Capital improvement bond, series 2012	5,923,566	-	(495,869)	5,427,697	508,992
Note payable to bank	2,324,968	-	(931,763)	1,393,205	969,253
Plus: bond premium	17,788	-	(16,419)	1,369	-
Capital lease obligations	<u>79,858</u>	<u>-</u>	<u>(19,954)</u>	<u>59,904</u>	<u>18,364</u>
Total long-term debt	<u><u>\$ 8,868,680</u></u>	<u><u>\$ -</u></u>	<u><u>\$ (1,809,005)</u></u>	<u><u>\$ 7,059,675</u></u>	<u><u>\$ 1,674,109</u></u>

	2017				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt:					
Revenue bonds payable:					
First mortgage refunding bonds, series 2011	\$ 857,500	\$ -	\$ (335,000)	\$ 522,500	\$ 345,000
Capital improvement bond, series 2012	6,406,185	-	(482,619)	5,923,566	495,513
Note payable to bank	3,229,459	-	(904,491)	2,324,968	938,429
Plus: bond premium	34,207	-	(16,419)	17,788	-
Capital lease obligations	<u>21,198</u>	<u>79,783</u>	<u>(21,123)</u>	<u>79,858</u>	<u>19,954</u>
Total long-term debt	<u><u>\$ 10,548,549</u></u>	<u><u>\$ 79,783</u></u>	<u><u>\$ (1,759,652)</u></u>	<u><u>\$ 8,868,680</u></u>	<u><u>\$ 1,798,896</u></u>

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First Mortgage Refunding Bonds, Series 2011

The First Mortgage Refunding Bonds, Series 2011 (Series 2011 Bonds) consist of bonds payable in the original amount of \$5,595,000 dated December 1, 2011, issued by the Decatur County Hospital Association (Association). These bonds were made up of two components referred to as: a) 2011 lease revenue refunding bonds and b) 2011 revenue refunding bonds. The Hospital entered into an agreement with the Association where the Hospital would be responsible for 50% of principal and interest on the 2011 lease revenue refunding bonds totaling \$4,515,000. The County is responsible for the remaining 50% of principal and interest payments on these bonds. The bonds are payable in semiannual installments through January 2019 and bear interest at 2.0% to 4.0%. The total liability recorded by the Hospital at December 31, 2018 and 2017 related to these bonds was \$177,500 and \$522,500, respectively.

The Hospital is required to make monthly deposits to the debt service fund held by the trustee. Accordingly, these funds are included as assets held by trustee for debt service in the balance sheets. The Series 2011 Bonds are not subject to optional redemption prior to maturity. The Series 2011 Bonds are secured by the net revenues and accounts receivable of the Hospital and the assets restricted under the bond indenture agreement.

Capital Improvements Bond, Series 2012

The Capital Improvements Bond, Series 2012 (Series 2012 Bond) consist of bonds payable in the original amount up to \$8,000,000 dated August 1, 2012, issued by the Hospital. The bonds were issued to fund certain expansions of the Hospital. During the construction phase, bond advances were made to fund the costs of the construction project. The bond is payable in monthly installments of \$54,059 through June 2028 and bears interest at 2.65%. The total liability recorded by the Hospital at December 31, 2018 and 2017 related to these bonds was \$5,427,697 and \$5,923,566, respectively. The Series 2012 Bond is secured by a mortgage on certain improvements and real property of the Hospital.

Note Payable to Bank

The Hospital borrowed funds to finance the acquisition of certain information technology improvements. The note payable to bank, dated May 18, 2015, allows for borrowings up to \$5 million and bears interest at 1 Month LIBOR plus 2.5%, (5.0% at December 31, 2018). The Hospital was required to make interest only payments through March 2016, followed by 50 monthly principal and interest payments through May 2020. The note is secured by certain inventories, accounts receivable and capital assets of the Hospital. The total liability recorded by the Hospital at December 31, 2018 and 2017 under this agreement was \$1,393,205 and \$2,324,968, respectively.

The Hospital is also required to comply with certain restrictive covenants including maintaining a historical debt-service coverage ratio of at least 1.5 to 1.0, maintenance of minimum working capital of \$8,000,000 and maintenance of a current ratio of at least 2.0 to 1.0.

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The debt service requirements on the bonds and note payable as of December 31, 2018, are as follows:

Year Ending December 31,	Total to be Paid	Principal	Interest
2019	\$ 1,829,452	\$ 1,655,745	\$ 173,707
2020	1,076,004	946,421	129,583
2021	648,703	537,049	111,654
2022	648,703	551,657	97,046
2023	648,703	566,663	82,040
2024 - 2028	<u>2,919,164</u>	<u>2,740,867</u>	<u>178,297</u>
	<u><u>\$ 7,770,729</u></u>	<u><u>\$ 6,998,402</u></u>	<u><u>\$ 772,327</u></u>

Capital Lease Obligations

The Hospital is obligated under leases for equipment that are accounted for as capital leases. The following is a schedule by year of future minimum lease payments under the capital leases including interest at rates of 5.5% to 5.6% together with the present value of the future minimum lease payments as of December 31, 2018:

2019	\$ 21,241
2020	21,241
2021	21,160
2022	<u>1,689</u>
Total minimum lease payments	65,331
Less amount representing interest	<u>5,427</u>
Present value of future minimum lease payments	<u><u>\$ 59,904</u></u>

Assets under capital leases at December 31, 2018 and 2017, totaled:

	<u>2018</u>	<u>2017</u>
Machinery and equipment	\$ 92,492	\$ 119,905
Accumulated depreciation	<u>(28,602)</u>	<u>(34,643)</u>
	<u><u>\$ 63,890</u></u>	<u><u>\$ 85,262</u></u>

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Note 11: Pension Plan

The Hospital contributes to a defined-contribution pension plan covering substantially all employees. Pension expense is recorded for the amount of the Hospital's required contributions, determined in accordance with the terms of the plan. The plan administrator is the Executive Director of Human Resources for the Hospital. The plan provides retirement and death benefits to plan members and their beneficiaries. Benefit provisions are contained in the plan document and were established and can be amended by action of the Hospital's governing body. The Hospital is required to match 100% of the employee contribution up to 1% of employee's compensation. In addition, the Hospital may make a discretionary contribution as determined by the Hospital Board, which was 3% for 2018 and 2017. Hospital expense related to the employer contributions to the plan approximated \$842,000 for 2018 compared to \$801,000 for 2017.

Note 12: Disclosures About Fair Value of Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

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Recurring Measurements

The following tables present the fair value measurements of assets recognized in the accompanying financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2018 and 2017:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2018				
Investments by fair value level				
Equity mutual funds	\$ 11,655,800	\$ 11,655,800	\$ -	\$ -
Fixed income mutual funds	5,851,440	5,851,440	-	-
Balanced mutual funds	1,050,565	1,050,565	-	-
Total investments measured by fair value level	18,557,805	<u>\$ 18,557,805</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at the net asset value (NAV)				
Money market mutual funds	<u>1,033,229</u>			
Total investments measured at fair value	<u>\$ 19,591,034</u>			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2017				
Investments by fair value level				
Equity mutual funds	\$ 9,953,957	\$ 9,953,957	\$ -	\$ -
Fixed income mutual funds	5,230,194	5,230,194	-	-
Balanced mutual funds	1,377,511	1,377,511	-	-
Total investments measured by fair value level	16,561,662	<u>\$ 16,561,662</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at the net asset value (NAV)				
Money market mutual funds	<u>1,034,205</u>			
Total investments measured at fair value	<u>\$ 17,595,867</u>			

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Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Hospital does not have any Level 2 or Level 3 assets at December 31, 2018 and 2017.

Note 13: Commitments and Contingencies

Litigation

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

Note 14: Noncapital Appropriations - Decatur County

Decatur County, of which the Hospital is a component unit, subsidized the Hospital for providing the County with ambulance service. The Hospital recognizes these payments as nonoperating revenue. The Hospital recognized subsidy revenue of approximately \$132,000 and \$108,000 for 2018 and 2017, respectively.

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Note 15: Condensed Combining Information

The following tables include condensed combining balance sheet information for the Hospital and its blended component unit as of December 31, 2018 and 2017:

	December 31, 2018			
	Hospital	Foundation	Eliminations	Total
Assets				
Current assets	\$ 41,882,858	\$ 587,508	\$ -	\$ 42,470,366
Due from related party	23,301	-	(23,301)	-
Capital assets, net	33,646,867	-	-	33,646,867
Other assets	2,722,152	531,321	-	3,253,473
Total assets	78,275,178	1,118,829	(23,301)	79,370,706
Deferred Outflows of Resources	2,597	-	-	2,597
Total assets and deferred outflows of resources	<u>\$ 78,277,775</u>	<u>\$ 1,118,829</u>	<u>\$ (23,301)</u>	<u>\$ 79,373,303</u>
Liabilities				
Current liabilities	\$ 14,601,153	\$ -	\$ -	\$ 14,601,153
Due to related party	-	23,301	(23,301)	-
Noncurrent liabilities	5,385,566	-	-	5,385,566
Total liabilities	19,986,719	23,301	(23,301)	19,986,719
Net Position				
Net investment in capital assets	26,274,267	-	-	26,274,267
Restricted	959,481	531,321	-	1,490,802
Unrestricted	31,057,308	564,207	-	31,621,515
Total net position	58,291,056	1,095,528	-	59,386,584
Total liabilities and net position	<u>\$ 78,277,775</u>	<u>\$ 1,118,829</u>	<u>\$ (23,301)</u>	<u>\$ 79,373,303</u>

	December 31, 2017			
	Hospital	Foundation	Eliminations	Total
Assets				
Current assets	\$ 37,182,842	\$ 643,013	\$ -	\$ 37,825,855
Due from related party	30,829	-	(30,829)	-
Capital assets, net	35,668,227	-	-	35,668,227
Other assets	2,716,581	1,047,408	-	3,763,989
Total assets	75,598,479	1,690,421	(30,829)	77,258,071
Deferred Outflows of Resources	33,766	-	-	33,766
Total assets and deferred outflows of resources	<u>\$ 75,632,245</u>	<u>\$ 1,690,421</u>	<u>\$ (30,829)</u>	<u>\$ 77,291,837</u>
Liabilities				
Current liabilities	\$ 13,401,042	\$ -	\$ -	\$ 13,401,042
Due to related party	-	30,829	(30,829)	-
Noncurrent liabilities	7,069,784	-	-	7,069,784
Total liabilities	20,470,826	30,829	(30,829)	20,470,826
Net Position				
Net investment in capital assets	26,799,547	-	-	26,799,547
Restricted	961,316	1,047,408	-	2,008,724
Unrestricted	27,400,556	612,184	-	28,012,740
Total net position	55,161,419	1,659,592	-	56,821,011
Total liabilities and net position	<u>\$ 75,632,245</u>	<u>\$ 1,690,421</u>	<u>\$ (30,829)</u>	<u>\$ 77,291,837</u>

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The following tables include condensed combining statements of revenues, expenses and changes in net position information for the Hospital and its blended component unit for the years ended December 31, 2018 and 2017.

	December 31, 2018			Total
	Hospital	Foundation	Eliminations	
Operating Revenue				
Net patient service revenue	\$ 81,979,482	\$ -	\$ -	\$ 81,979,482
Other operating revenue	10,722,966	-	-	10,722,966
Total operating revenue	<u>92,702,448</u>	<u>-</u>	<u>-</u>	<u>92,702,448</u>
Operating Expenses				
Salaries, wages, contract labor and employee benefits	46,384,569	-	-	46,384,569
Purchased services and professional fees	14,419,554	-	-	14,419,554
Depreciation and amortization	3,869,463	-	-	3,869,463
Other operating expenses	25,034,548	-	-	25,034,548
Total operating expenses	<u>89,708,134</u>	<u>-</u>	<u>-</u>	<u>89,708,134</u>
Operating Income	<u>2,994,314</u>	<u>-</u>	<u>-</u>	<u>2,994,314</u>
Nonoperating Revenue (Expenses)				
Investment return	(798,598)	(45,969)	-	(844,567)
Interest expense	(266,086)	-	-	(266,086)
Noncapital grants and contributions	631,598	304,922	(631,848)	304,672
Noncapital appropriations - Decatur County	132,000	-	-	132,000
Other	436,409	(823,017)	631,848	245,240
Total nonoperating revenues (expenses)	<u>135,323</u>	<u>(564,064)</u>	<u>-</u>	<u>(428,741)</u>
Increase (Decrease) in Net Position	<u>\$ 3,129,637</u>	<u>\$ (564,064)</u>	<u>\$ -</u>	<u>\$ 2,565,573</u>

	December 31, 2017			Total
	Hospital	Foundation	Eliminations	
Operating Revenue				
Net patient service revenue	\$ 80,170,040	\$ -	\$ -	\$ 80,170,040
Other operating revenue	9,578,878	-	-	9,578,878
Total operating revenue	<u>89,748,918</u>	<u>-</u>	<u>-</u>	<u>89,748,918</u>
Operating Expenses				
Salaries, wages, contract labor and employee benefits	45,367,189	-	-	45,367,189
Purchased services and professional fees	13,802,349	-	-	13,802,349
Depreciation and amortization	3,883,418	-	-	3,883,418
Other operating expenses	24,757,609	-	-	24,757,609
Total operating expenses	<u>87,810,565</u>	<u>-</u>	<u>-</u>	<u>87,810,565</u>
Operating Income	<u>1,938,353</u>	<u>-</u>	<u>-</u>	<u>1,938,353</u>
Nonoperating Revenue (Expenses)				
Investment return	1,731,277	87,007	-	1,818,284
Interest expense	(308,473)	-	-	(308,473)
Noncapital grants and contributions	20,472	160,866	(20,472)	160,866
Noncapital appropriations - Decatur County	107,841	-	-	107,841
Other	328,631	(144,867)	20,472	204,236
Total nonoperating revenues	<u>1,879,748</u>	<u>103,006</u>	<u>-</u>	<u>1,982,754</u>
Increase in Net Position	<u>\$ 3,818,101</u>	<u>\$ 103,006</u>	<u>\$ -</u>	<u>\$ 3,921,107</u>

Decatur County Memorial Hospital
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Notes to Financial Statements
December 31, 2018 and 2017

Note 16: Long-Term Care Operating Lease and Management Agreements

The Hospital has entered into various agreements to lease the facilities and equipment for the operation of five nursing homes. Along with the lease agreements, the Hospital also entered into management agreements with the facilities' previous managers (Managers) to continue to operate the facilities. These agreements included original expiration dates at various times through September 2017 and are operating currently in optional two year extension periods. The management agreements include optional termination clauses by either party if material changes in circumstances, as defined in the agreements, occur. The leases include termination clauses where the lease shall automatically end at the termination of the management agreement between the Hospital and the Managers.

The lease agreements call for monthly base rent payments as outlined in the agreements. Rental expense approximated \$2.6 million and \$2.3 million in 2018 and 2017, respectively. Future minimum rent payments for the years ending December 31, 2019 and 2020, approximate \$1,280,000 and \$430,000, respectively, which represent future minimum rentals required during the two year extension period for properties where the base rental term has ended.

The management agreements include management fees consisting of base management fees, subordinated management fees and incentive management fees. Base and subordinate management fees are determined on percentages of net patient service revenue of the individual facilities and range from 2% to 4.75%. Incentive management fees are to be paid only if sufficient working capital exists. The agreements also call for quality, royalty and capital improvement fees to be paid to the Managers. Management and other fees approximated \$1.8 million and \$1.6 million in 2018 and 2017, respectively, and include waivers of certain fees as insufficient cash flows existed to fund the amounts due.

Under the management agreements, the employees necessary to operate the facilities are contracted by the Hospital. The majority of all costs in the ordinary course of business are paid by the Managers who are then reimbursed by the Hospital from operations of the facilities. Similarly, Managers of certain facilities have provided working capital to cover insufficient cash flows from operations. Consequently, the majority of accounts payable and accrued expenses of the long-term care operations approximating \$6.4 million and \$6.3 million at December 31, 2018 and 2017, reflect amounts due to the Managers and their vendors.

Subsequent to year-end, the Hospital entered into additional agreements to lease the facilities and equipment for operation of two nursing homes. The lease and management agreements have similar terms to the nursing home arrangements currently in place.

Note 17: Future Accounting Standards

In fiscal year 2020, the Hospital will implement GASB Statement No. 87, *Leases*. The statement provides a new framework for accounting for leases under the principal that leases are financings and lessees should recognize an intangible asset and a corresponding liability while the lessor will recognize a lease receivable and related deferred inflow of resources. The Hospital has not determined the impact of this new standard on its financial statements, however, it could have a material future impact.

Supplementary Information

Decatur County Memorial Hospital

A Component Unit of Decatur County, Indiana

Combining Balance Sheet Information

December 31, 2018

	2018				
	Hospital	LTC	Hospital Foundation	Eliminations	Total
Assets and Deferred Outflows of Resources					
Current Assets					
Cash and cash equivalents	\$ 7,357,373	\$ 2,864,949	\$ 464,463	\$ -	\$ 10,686,785
Short-term investments	16,718,290	-	123,045	-	16,841,335
Patient accounts receivable, net of allowance of Hospital - \$4,532,076; LTC - \$978,795	7,857,769	2,242,807	-	-	10,100,576
Supplies	940,396	-	-	-	940,396
Estimated third-party settlements	1,015,345	575,802	-	-	1,591,147
Prepaid expenses and other assets	1,524,322	785,805	-	-	2,310,127
Due from related party	23,301	-	-	(23,301)	-
Total current assets	35,436,796	6,469,363	587,508	(23,301)	42,470,366
Noncurrent Cash and Investments					
Internally designated for capital improvements	1,704,265	-	-	-	1,704,265
Held by trustee for debt service	951,612	-	-	-	951,612
Restricted by contributors and grantors	7,869	-	531,321	-	539,190
	2,663,746	-	531,321	-	3,195,067
Capital Assets, net	33,646,867	-	-	-	33,646,867
Other Assets	58,406	-	-	-	58,406
Total assets	71,805,815	6,469,363	1,118,829	(23,301)	79,370,706
Deferred Outflows of Resources - debt defeasance costs	2,597	-	-	-	2,597
Total assets and deferred outflows of resources	\$ 71,808,412	\$ 6,469,363	\$ 1,118,829	\$ (23,301)	\$ 79,373,303
Liabilities and Net Position					
Current Liabilities					
Current maturities of long-term debt	\$ 1,674,109	\$ -	\$ -	\$ -	\$ 1,674,109
Accounts payable and accrued expenses	5,932,788	6,195,617	-	-	12,128,405
Estimated third-party settlements	632,486	166,153	-	-	798,639
Due to related party	-	-	23,301	(23,301)	-
Total current liabilities	8,239,383	6,361,770	23,301	(23,301)	14,601,153
Long-Term Debt	5,385,566	-	-	-	5,385,566
Total liabilities	13,624,949	6,361,770	23,301	(23,301)	19,986,719
Net Position					
Net investment in capital assets	26,274,267	-	-	-	26,274,267
Restricted:					
For debt service	951,612	-	-	-	951,612
Expendable for capital acquisitions	-	-	225,573	-	225,573
Expendable for specific operating activities	7,869	-	305,748	-	313,617
Unrestricted	30,949,715	107,593	564,207	-	31,621,515
Total net position	58,183,463	107,593	1,095,528	-	59,386,584
Total liabilities and net position	\$ 71,808,412	\$ 6,469,363	\$ 1,118,829	\$ (23,301)	\$ 79,373,303

Decatur County Memorial Hospital

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Combining Balance Sheet Information

December 31, 2017

	2017				
	Hospital		Hospital Foundation		Total
	Hospital	LTC	Foundation	Eliminations	
Assets and Deferred Outflows of Resources					
Current Assets					
Cash and cash equivalents	\$ 5,935,463	\$ 2,911,420	\$ 417,410	\$ -	\$ 9,264,293
Short-term investments	14,305,015	-	207,786	-	14,512,801
Patient accounts receivable, net of allowance of Hospital - \$5,886,144; LTC - \$804,047	7,349,544	2,223,451	-	-	9,572,995
Contributions receivable	-	-	17,817	-	17,817
Supplies	1,289,113	-	-	-	1,289,113
Prepaid expenses and other assets	2,133,100	1,035,736	-	-	3,168,836
Due from related party	30,829	-	-	(30,829)	-
Total current assets	31,043,064	6,170,607	643,013	(30,829)	37,825,855
Noncurrent Cash and Investments					
Internally designated for capital improvements	1,704,265	-	-	-	1,704,265
Held by trustee for debt service	950,363	-	-	-	950,363
Restricted by contributors and grantors	10,953	-	1,047,408	-	1,058,361
	2,665,581	-	1,047,408	-	3,712,989
Capital Assets, net	35,668,227	-	-	-	35,668,227
Other Assets	51,000	-	-	-	51,000
Total assets	69,427,872	6,170,607	1,690,421	(30,829)	77,258,071
Deferred Outflows of Resources - debt defeasance costs	33,766	-	-	-	33,766
Total assets and deferred outflows of resources	\$ 69,461,638	\$ 6,170,607	\$ 1,690,421	\$ (30,829)	\$ 77,291,837
Liabilities and Net Position					
Current Liabilities					
Current maturities of long-term debt	\$ 1,798,896	\$ -	\$ -	\$ -	\$ 1,798,896
Accounts payable and accrued expenses	4,434,724	6,300,281	-	-	10,735,005
Estimated third-party settlements	867,141	-	-	-	867,141
Due to related party	-	-	30,829	(30,829)	-
Total current liabilities	7,100,761	6,300,281	30,829	(30,829)	13,401,042
Long-Term Debt	7,069,784	-	-	-	7,069,784
Total liabilities	14,170,545	6,300,281	30,829	(30,829)	20,470,826
Net Position					
Net investment in capital assets	26,799,547	-	-	-	26,799,547
Restricted:					
For debt service	950,363	-	-	-	950,363
Expendable for capital acquisitions	-	-	827,515	-	827,515
Expendable for specific operating activities	10,953	-	219,893	-	230,846
Unrestricted	27,530,230	(129,674)	612,184	-	28,012,740
Total net position	55,291,093	(129,674)	1,659,592	-	56,821,011
Total liabilities and net position	\$ 69,461,638	\$ 6,170,607	\$ 1,690,421	\$ (30,829)	\$ 77,291,837

Decatur County Memorial Hospital

A Component Unit of Decatur County, Indiana

Combining Statement of Revenues, Expenses and Changes in Net Position Information Year Ended December 31, 2018

	2018				
	Hospital	LTC	Hospital Foundation	Eliminations	Total
Operating Revenues					
Net patient service revenue, net of provision for uncollectible accounts of Hospital - \$7,247,634; LTC - \$570,786	\$ 57,858,851	\$ 24,120,631	\$ -	\$ -	\$ 81,979,482
Other	7,347,002	3,375,964	-	-	10,722,966
Total operating revenues	65,205,853	27,496,595	-	-	92,702,448
Operating Expenses					
Salaries, wages and contract labor	27,421,024	12,786,474	-	-	40,207,498
Employee benefits	6,177,071	-	-	-	6,177,071
Purchased services and professional fees	9,418,120	5,001,434	-	-	14,419,554
Medical supplies, drugs and other supplies	10,169,985	2,108,169	-	-	12,278,154
Utilities	730,073	609,738	-	-	1,339,811
Repairs and maintenance	2,542,174	146,211	-	-	2,688,385
Lease and rentals	74,215	2,497,566	-	-	2,571,781
Insurance	649,961	406,523	-	-	1,056,484
Depreciation and amortization	3,869,463	-	-	-	3,869,463
Other	1,054,059	2,584,942	-	-	3,639,001
Provider hospital assessment fee	1,460,932	-	-	-	1,460,932
Total operating expenses	63,567,077	26,141,057	-	-	89,708,134
Operating Income	1,638,776	1,355,538	-	-	2,994,314
Nonoperating Revenues (Expenses)					
Investment return	(798,598)	-	(45,969)	-	(844,567)
Interest expense	(266,086)	-	-	-	(266,086)
Noncapital grants and contributions	631,598	-	304,922	(631,848)	304,672
Noncapital appropriations - Decatur County	132,000	-	-	-	132,000
Other	436,409	-	(823,017)	631,848	245,240
Total nonoperating revenues (expenses)	135,323	-	(564,064)	-	(428,741)
Excess (Deficiency) of Revenues Over Expenses Before Transfers	1,774,099	1,355,538	(564,064)	-	2,565,573
Transfers	1,118,271	(1,118,271)	-	-	-
Increase (Decrease) in Net Position	2,892,370	237,267	(564,064)	-	2,565,573
Net Position, Beginning of Year	55,291,093	(129,674)	1,659,592	-	56,821,011
Net Position, End of Year	\$ 58,183,463	\$ 107,593	\$ 1,095,528	\$ -	\$ 59,386,584

Decatur County Memorial Hospital

A Component Unit of Decatur County, Indiana

Combining Statement of Revenues, Expenses and Changes in Net Position Information Year Ended December 31, 2017

	2017				
	Hospital	LTC	Hospital Foundation	Eliminations	Total
Operating Revenues					
Net patient service revenue, net of provision for uncollectible accounts of Hospital - \$5,692,047; LTC - \$333,858	\$ 56,620,080	\$ 23,549,960	\$ -	\$ -	\$ 80,170,040
Other	6,561,740	3,017,138	-	-	9,578,878
Total operating revenues	63,181,820	26,567,098	-	-	89,748,918
Operating Expenses					
Salaries, wages and contract labor	26,397,631	12,665,237	-	-	39,062,868
Employee benefits	6,304,321	-	-	-	6,304,321
Purchased services and professional fees	9,142,750	4,659,599	-	-	13,802,349
Medical supplies, drugs and other supplies	10,130,411	2,049,575	-	-	12,179,986
Utilities	678,293	603,397	-	-	1,281,690
Repairs and maintenance	2,232,176	154,292	-	-	2,386,468
Lease and rentals	68,909	2,585,672	-	-	2,654,581
Insurance	618,211	453,540	-	-	1,071,751
Depreciation and amortization	3,883,418	-	-	-	3,883,418
Other	1,017,530	2,477,313	-	-	3,494,843
Provider hospital assessment fee	1,688,290	-	-	-	1,688,290
Total operating expenses	62,161,940	25,648,625	-	-	87,810,565
Operating Income	1,019,880	918,473	-	-	1,938,353
Nonoperating Revenues (Expenses)					
Investment return	1,731,277	-	87,007	-	1,818,284
Interest expense	(308,473)	-	-	-	(308,473)
Noncapital grants and contributions	20,472	-	160,866	(20,472)	160,866
Noncapital appropriations - Decatur County	107,841	-	-	-	107,841
Other	328,631	-	(144,867)	20,472	204,236
Total nonoperating revenues	1,879,748	-	103,006	-	1,982,754
Excess of Revenues Over Expenses Before Transfers	2,899,628	918,473	103,006	-	3,921,107
Transfers	1,089,479	(1,089,479)	-	-	-
Increase (Decrease) in Net Position	3,989,107	(171,006)	103,006	-	3,921,107
Net Position, Beginning of Year	51,301,986	41,332	1,556,586	-	52,899,904
Net Position, End of Year	\$ 55,291,093	\$ (129,674)	\$ 1,659,592	\$ -	\$ 56,821,011

**Report on Internal Control Over Financial Reporting and on Compliance and
Other Matters Based on an Audit of Financial Statements Performed in
Accordance With *Government Auditing Standards***

Independent Auditor's Report

Board of Trustees
Decatur County Memorial Hospital
Greensburg, Indiana

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of Decatur County Memorial Hospital (Hospital), a component unit of Decatur County, Indiana, which comprise the balance sheet as of December 31, 2018, and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 24, 2019.

Internal Control Over Financial Reporting

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

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

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit, we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

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

BKD, LLP

Indianapolis, Indiana
May 24, 2019