

**Greene County General Hospital**  
A Component Unit of Greene County, Indiana

Independent Auditor's Report and Financial Statements  
December 31, 2016 and 2015

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**December 31, 2016 and 2015**

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## Independent Auditor's Report

Board of Trustees  
Greene County General Hospital  
Linton, Indiana

### Report on the Financial Statements

We have audited the accompanying financial statements of Greene County General Hospital (Hospital), a component unit of Greene County, Indiana, as of and for the years ended December 31, 2016 and 2015, 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 Greene County General Hospital as of December 31, 2016 and 2015, 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 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 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 has not been subjected to the auditing procedures applied in the audits of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

### ***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated August 28, 2017, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is 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 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  
August 28, 2017

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Management's Discussion and Analysis**  
**December 31, 2016 and 2015**

**Introduction**

This management's discussion and analysis of the financial performance of Greene County General Hospital (Hospital) provides an overview of the Hospital's financial activities for the years ended December 31, 2016 and 2015. It should be read in conjunction with the accompanying financial statements of the Hospital.

**Financial Highlights**

- Cash and investments increased in 2016 by \$1,096,513 or 19.4% compared to an increase of \$1,453,068 or 34.7% in 2015.
- The Hospital's net position increased in 2016 by \$83,616, or 0.9% compared to an increase of \$222,289 or 2.4% in 2015.
- The Hospital reported operating income in 2016 of \$1,541,973. Operating income in 2016 improved by \$943,637 or 157.7% compared to operating income reported in 2015 of \$598,336.
- Net nonoperating expenses for 2016 were \$1,486,541, which represented an increase of \$1,218,494 or 454.58% compared to net nonoperating expenses of \$268,047 in 2015.

**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 and all liabilities 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 them. The Hospital's total net position—the difference between assets and liabilities—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, less liabilities reported in the balance sheets. The Hospital's net position increased by \$83,616, or 0.9% in 2016 over 2015 compared to an increase in net position of \$222,289 or 2.4% in 2015 over 2014 as shown in Table 1.

**Table 1: Assets, Liabilities and Net Position**

	<b>2016</b>	<b>2015</b>	<b>2014</b>
<b>Assets</b>			
Patient accounts receivable, net	\$ 6,813,470	\$ 6,370,289	\$ 6,426,640
Other current assets	9,760,746	7,777,021	6,547,821
Capital assets, net	9,707,311	10,544,916	11,663,917
Other noncurrent assets	1,495,083	1,048,897	1,121,351
Total assets	<u>\$ 27,776,610</u>	<u>\$ 25,741,123</u>	<u>\$ 25,759,729</u>
<b>Liabilities</b>			
Long-term debt	\$ 7,952,021	\$ 8,217,364	\$ 8,565,689
Other current and noncurrent liabilities	10,331,065	8,113,851	8,006,421
Total liabilities	<u>18,283,086</u>	<u>16,331,215</u>	<u>16,572,110</u>
<b>Net Position</b>			
Net investment in capital assets	1,371,104	1,954,765	2,740,715
Restricted for debt service	640,080	639,323	639,327
Unrestricted	7,482,340	6,815,820	5,807,577
Total net position	<u>9,493,524</u>	<u>9,409,908</u>	<u>9,187,619</u>
Total liabilities and net position	<u>\$ 27,776,610</u>	<u>\$ 25,741,123</u>	<u>\$ 25,759,729</u>

A significant change in the Hospital's assets in 2016 is an increase in other current assets by \$1,983,725 or 25.5%. This increase is primarily related to the timing of supplemental Medicaid payments and an increase in other receivables. Another significant change in the Hospital's assets in 2016 is an increase in other noncurrent assets of \$446,186 or 42.5%. This change is primarily related to a note receivable for funding of physician clinics which were previously operated by the Hospital and its blended component units (see Note 13).

A change in the Hospital's assets in 2015 is a decrease in patient accounts receivable by \$56,351 (0.9%). This is coupled with the increase in net patient service revenues in 2015 by \$11,255,517 (25.4%). These figures result from the addition of one long-term care facility in 2015 and two long-term care facilities in late 2014 as well as changes in patient volumes. Another significant change in the Hospital's balance sheet is an increase in estimated third-party settlements of \$1,054,238, included in other current assets above, as a result of changes in open cost report appeals and settlements.

## Operating Results and Changes in the Hospital's Net Position

In 2016, the Hospital's increase in net position was \$83,616 or 0.9% as shown in Table 2. This increase is made up of several different components and represents a decrease of 62.4% compared with the increase in net position for 2015 of \$222,289. The decrease in net position for 2014 was \$1,015,853.

*Table 2: Operating Results and Changes in Net Position*

	2016	2015	2014 (Unaudited)
<b>Operating Revenues</b>			
Net patient service revenue	\$ 54,675,103	\$ 55,567,227	\$ 44,311,710
Other operating revenue	5,944,563	3,552,714	2,325,699
Total operating revenue	<u>60,619,666</u>	<u>59,119,941</u>	<u>46,637,409</u>
<b>Operating Expenses</b>			
Salaries and wages and employee benefits	19,121,197	19,380,301	19,771,545
Purchased services and professional fees	22,999,736	20,766,081	12,062,785
Depreciation and amortization	1,122,887	1,091,610	1,106,359
Other operating expenses	15,833,873	17,283,613	14,702,438
Total operating expenses	<u>59,077,693</u>	<u>58,521,605</u>	<u>47,643,127</u>
<b>Operating Income (Loss)</b>	<u>1,541,973</u>	<u>598,336</u>	<u>(1,005,718)</u>
<b>Nonoperating Revenues (Expenses)</b>			
Investment income	29,665	151	18,856
Interest expense	(344,344)	(345,938)	(357,968)
Noncapital grants and contributions	32,438	31,065	25,827
Impairment loss - note receivable	(1,000,000)	-	-
Other	(204,300)	46,675	83,150
Total nonoperating revenue (expense)	<u>(1,486,541)</u>	<u>(268,047)</u>	<u>(230,135)</u>
<b>Excess (Deficiency) of Revenues Over Expenses Before Capital Grants, Contributions and Transfers</b>	55,432	330,289	(1,235,853)
<b>Capital Grants, Contributions and Transfers</b>	<u>28,184</u>	<u>(108,000)</u>	<u>220,000</u>
<b>Increase (Decrease) in Net Position</b>	83,616	222,289	(1,015,853)
<b>Net Position, Beginning of Year</b>	<u>9,409,908</u>	<u>9,187,619</u>	<u>10,203,472</u>
<b>Net Position, End of Year</b>	<u>\$ 9,493,524</u>	<u>\$ 9,409,908</u>	<u>\$ 9,187,619</u>

## **Operating Income or Loss**

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 \$1,541,973 for 2016 compared to operating income of \$598,336 for 2015, which equates to an increase of \$943,637 or 157.7%. Operating income for 2015 increased by \$1,604,054 or 159.5% as compared to the operating loss in 2014 of \$1,005,718. The primary components of the change in operating income are:

- Net patient service revenue was \$54,675,103 for 2016 compared to \$55,567,227 in 2015, which is a decrease of \$892,124 or 1.6%. Net patient service revenue in 2015 represented an increase of \$11,255,517 or 25.4% compared to 2014.
- Other operating revenue was \$5,944,563 for 2016 compared to \$3,552,714 in 2015, which is an increase of \$2,391,849 or 67.3%. Other operating revenue in 2015 represented an increase of \$1,227,015 or 52.8% compared to 2014.
- Purchased services and professional fees were \$22,999,736 for 2016 compared to \$20,766,081 in 2015, which is an increase of \$2,233,655 or 10.8%. Purchased services and professional fees in 2015 represented an increase of \$8,703,296 or 72.2% compared to 2014.

The decline in net patient service revenue in 2016 is the result of the transfer of operations of Hospital's primary care clinics effective June 1, 2016. These clinics were previously operated by Greene County General Hospital, LLC (LLC). These operations were transferred to Greene County Health, Inc. (INC), a separate legal entity uncontrolled by the Hospital which was formed to pursue Federally Qualified Health Center (FQHC) status. This also led to the increase in other operating revenue as the LLC began leasing the services of certain Hospital medical professionals to the newly formed entity (see Note 13). The increase in purchased services and professional fees is attributable to increases in nursing home operations, as well as increases in volumes of certain Hospital departments.

The increase in net patient service revenue in 2015 was attributable to growth of long-term care operations. This increase was partially offset by increases in purchased services and professional fees related to costs to operate the long-term care facilities, which are managed by third-party managers.

## **Nonoperating Revenues and Expenses**

Nonoperating revenues and expenses consist primarily of investment income, interest expense, contribution expense and impairment charges related to outstanding notes receivable. The Hospital recognized interest expense in 2016 of \$344,344, which was a decrease of \$1,594 or 0.5% from \$345,938 in 2015. The Hospital recorded a contribution expense of \$250,000 to support the operations of INC as it pursues FQHC status. This contribution is included on other nonoperating expense. The Hospital also recorded an impairment loss on its outstanding note receivable with INC of \$1,000,000 in 2016.

## **The Hospital's Cash Flows**

The Hospital's cash flows from operating activities increased by \$99,648 or 4.4% from \$2,265,339 in 2015 to \$2,364,987 in 2016. The Hospital had cash flows used in investing activities totaling \$1,649,085, which is a decline from cash provided by investing activities in 2015 of \$83,066. This change was primarily the result of advances made to INC under a loan agreement to fund working capital as the clinics pursue FQHC status. Remaining changes in the Hospital's cash flows are consistent with the financing of capital improvements during the year.



## **Capital Asset and Debt Administration**

### **Capital Assets**

At the end of 2016, the Hospital had \$9,707,311 invested in capital assets, net of accumulated depreciation, as detailed in Note 5 to the financial statements. In 2016, the Hospital purchased new equipment costing \$362,797 compared to \$110,937 during 2015.

### **Debt**

At December 31, 2016, the Hospital had \$8,336,207 in revenue bonds and capital lease obligations outstanding. At December 31, 2016, the Hospital also had outstanding balances under its line of credit agreement totaling \$1,347,348.

## **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 Business Administration by telephoning (812) 847-2281.

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Balance Sheets**  
**December 31, 2016 and 2015**

**Assets**

	<u>2016</u>	<u>2015</u>
<b>Current Assets</b>		
Cash	\$ 4,715,684	\$ 3,647,897
Short-term investments	1,131,553	1,128,501
Patient accounts receivable, net of allowance: 2016 - \$2,662,289, 2015 - \$1,665,038	6,813,470	6,370,289
Other receivables	3,283,139	1,694,683
Estimated third-party settlements	-	627,124
Supplies	292,785	354,139
Prepaid expenses and other	337,585	324,677
Total current assets	<u>16,574,216</u>	<u>14,147,310</u>
<b>Noncurrent Cash and Investments</b>		
Internally designated	250,263	225,346
Held by trustee for debt service	640,080	639,323
Total noncurrent cash and investments	<u>890,343</u>	<u>864,669</u>
<b>Capital Assets, net</b>	<u>9,707,311</u>	<u>10,544,916</u>
<b>Note Receivable</b> , net of allowance of \$1,000,000	<u>445,724</u>	<u>-</u>
<b>Other Assets</b>	<u>159,016</u>	<u>184,228</u>
Total assets	<u>\$ 27,776,610</u>	<u>\$ 25,741,123</u>

**Liabilities and Net Position**

<b>Current Liabilities</b>		
Current maturities of long-term debt	\$ 384,186	\$ 372,787
Line of credit	1,347,348	95,000
Accounts payable and accrued expenses	7,980,975	7,646,064
Estimated third-party settlements	618,556	-
Total current liabilities	<u>10,331,065</u>	<u>8,113,851</u>
<b>Long-Term Debt</b>	<u>7,952,021</u>	<u>8,217,364</u>
Total liabilities	<u>18,283,086</u>	<u>16,331,215</u>
<b>Net Position</b>		
Net investment in capital assets	1,371,104	1,954,765
Restricted for debt service	640,080	639,323
Unrestricted	7,482,340	6,815,820
Total net position	<u>9,493,524</u>	<u>9,409,908</u>
Total liabilities and net position	<u>\$ 27,776,610</u>	<u>\$ 25,741,123</u>

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Statements of Revenues, Expenses and Changes in Net Position**  
**Years Ended December 31, 2016 and 2015**

	<b>2016</b>	<b>2015</b>
<b>Operating Revenues</b>		
Net patient service revenue, net of provision for uncollectible accounts; 2016 - \$6,497,922, 2015 - \$6,573,493	\$ 54,675,103	\$ 55,567,227
Other	5,944,563	3,552,714
Total operating revenues	60,619,666	59,119,941
<b>Operating Expenses</b>		
Salaries and wages	15,418,042	15,917,236
Employee benefits	3,703,155	3,463,065
Purchased services and professional fees	22,999,736	20,766,081
Supplies and other	15,283,315	16,682,955
Depreciation and amortization	1,122,887	1,091,610
Provider hospital assessment fee	550,558	600,658
Total operating expenses	59,077,693	58,521,605
<b>Operating Income</b>	1,541,973	598,336
<b>Nonoperating Revenues (Expenses)</b>		
Investment income	29,665	151
Interest expense	(344,344)	(345,938)
Noncapital grants and contributions	32,438	31,065
Impairment loss - note receivable	(1,000,000)	-
Other	(204,300)	46,675
Total nonoperating expense	(1,486,541)	(268,047)
<b>Excess of Revenues Over Expenses Before Transfers</b>	55,432	330,289
<b>Transfer (to) from Greene County</b>	28,184	(108,000)
<b>Increase in Net Position</b>	83,616	222,289
<b>Net Position, Beginning of Year</b>	9,409,908	9,187,619
<b>Net Position, End of Year</b>	\$ 9,493,524	\$ 9,409,908

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Statements of Cash Flows**  
**Years Ended December 31, 2016 and 2015**

	<b>2016</b>	<b>2015</b>
<b>Operating Activities</b>		
Receipts from and on behalf of patients	\$ 57,850,910	\$ 57,486,084
Payments to suppliers and contractors	(38,119,253)	(37,618,542)
Payments to employees	(18,888,730)	(19,561,313)
Other payments	1,522,060	1,959,110
Net cash provided by operating activities	2,364,987	2,265,339
<b>Noncapital Financing Activities</b>		
Borrowings on line of credit	1,669,406	1,863,420
Repayments on line of credit	(417,058)	(1,963,656)
Noncapital grants, contributions and transfers	60,622	31,065
Net cash provided by (used in) noncapital financing activities	1,312,970	(69,171)
<b>Capital and Related Financing Activities</b>		
Acquisition and construction of capital assets	(216,154)	(85,116)
Principal paid on long-term debt	(304,867)	(295,029)
Principal paid on capital leases	(95,720)	(63,843)
Interest paid on long-term debt and capital leases	(344,344)	(345,938)
Net cash used in capital and related financing activities	(961,085)	(789,926)
<b>Investing Activities</b>		
Interest and dividends on investments	4,351	3,500
Proceeds from disposition of investments	-	32,891
Purchases of investments	(3,412)	-
Advances under note receivable agreement	(1,695,724)	-
Other investing activities	45,700	46,675
Net cash provided by (used in) investing activities	(1,649,085)	83,066
<b>Increase in Cash</b>	1,067,787	1,489,308
<b>Cash, Beginning of Year</b>	3,647,897	2,158,589
<b>Cash, End of Year</b>	\$ 4,715,684	\$ 3,647,897
<b>Reconciliation of Operating Income to</b>		
<b>Net Cash Provided by Operating Activities</b>		
Operating income	\$ 1,541,973	\$ 598,336
Depreciation and amortization	1,122,887	1,091,610
Provision for uncollectible accounts	6,497,922	6,573,493
Changes in operating assets and liabilities:		
Patient accounts receivable	(6,941,103)	(6,517,142)
Estimated amounts due to/from third-party payers	1,245,680	(627,124)
Accounts payable and accrued expenses	334,911	192,392
Supplies and other current assets	(1,437,283)	953,774
Net cash provided by operating activities	\$ 2,364,987	\$ 2,265,339
<b>Supplemental Cash Flow Information</b>		
Capital assets transferred to County	\$ -	\$ 108,000
Capital assets acquired through capital lease	146,643	25,821

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

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

***Nature of Operations and Reporting Entity***

Greene County General Hospital (Hospital) is an acute care hospital located in Linton, Indiana. The Hospital is a component unit of Greene County (County) and the Board of County Commissioners appoints members to the Board of Governors 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 Greene County area. It also operates a home health agency in the same geographic area.

The Hospital operates long-term facilities (LTC) through various lease arrangements. These facilities provide inpatient and therapy services in their geographic area and supports the Hospital's mission to provide quality 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 associated operating expenses and working capital requirements.

In accordance with Governmental Auditing Standards Board (GASB) Statement No. 61, the financial statements include the financial statements of the Greene County Home Healthcare Agency, LLC (HHC), Greene County General Hospital, LLC (LLC), and Greene County General Hospital Foundation, Inc. (Foundation). The HHC and LLC focus on specialized care while 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. These entities are reported as blended component units. Separate financial statements for each blended component units are available by contacting their respective management teams at:

Foundation - 409 NE A Street, Linton, IN 47441  
HHC - 409 NE A Street, Linton, IN 47441  
LLC - 1185 North County Rd 1000 W, Linton, IN 47441

Effective June 1, 2016, the clinic operations of the LLC were transferred to Greene County Health, Inc., a separate legal entity which is not included in the Hospital's financial statements. See further discussion in Note 13.

***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 from exchange and exchange-like transactions are recognized when the exchange transaction takes place. Operating revenues and expenses include exchange transactions and program-specific, government-mandated nonexchange transactions. Government-mandated nonexchange transactions that are not program specific investment income and interest on capital assets-related debt are included in nonoperating revenues and expenses.

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Notes to the Financial Statements**  
**December 31, 2016 and 2015**

***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 and liabilities 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.

***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.

***Cash Equivalents***

The Hospital considers all liquid investments available for use in operations with original maturities of three months or less to be cash equivalents. Highly liquid investments with original maturities of three months or less which are designated as short-term investments under the Hospital's investment policy are excluded from cash equivalents. At December 31, 2016 and 2015, the Hospital had no highly liquid investments considered cash equivalents.

***Investments and Investment Income***

Investments in U.S. Treasury, agency and instrumentality obligations with a remaining maturity of one year or less at time of acquisition are carried at amortized cost. 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.

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
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**Notes Receivable**

Notes receivable are stated at their outstanding principal amounts, net of allowance for uncollectible notes. The Hospital provides an allowance for uncollectible notes, which is based upon a review of outstanding receivables, historical collection information and existing economic conditions. Outstanding notes accrue interest based on the terms of the respective note agreements. Delinquent notes are written off based on individual credit evaluation and specific circumstances of the borrower.

**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	10 - 25 years
Buildings and improvements	5 - 40 years
Equipment	5 - 20 years

**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 when earned to the extent the employee is expected to realize the benefit in cash determined using the termination payment method. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. 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.

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***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 components of net position are 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 assets, less remaining liabilities that do not meet the definition of net investment in capital assets or restricted.

***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 uncollectable 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 \$438,479 and \$571,114 for 2016 and 2015, respectively.

***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) 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.

HHC and LLC are not directly subject to income taxes under the provisions of the Internal Revenue Code and applicable state laws. Taxable income or loss is allocated to their members in accordance with their respective ownership percentages.



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***Reclassifications***

Certain reclassifications have been made to the 2015 financial statements to conform to the 2016 presentation. The reclassifications had no effect on the changes in net position.

**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 fiscal intermediary.

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 are 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.

Approximately 70% and 69% of net patient service revenue are from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2016 and 2015, 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.

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The Hospital 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 \$1.2 million and \$1.8 million within net patient service revenue related to this supplemental payment program for the years ended December 31, 2016 and 2015, respectively. At December 31, 2016 and 2015, approximately \$1.8 million and \$839,000, respectively, were accrued as a receivable in other receivables. This represents management's best estimate of DSH funds due to the Hospital, which are typically paid in arrears.

The Hospital participates in a state-specific provider assessment program to increase Medicaid payments to hospitals. The Hospital incurred approximately \$551,000 and \$601,000 of assessed fees related to this Medicaid program in 2016 and 2015, respectively, which is recorded as an operating expense in the statements of revenues, expenses and changes in net position. Outstanding fees owed of approximately \$148,000 and \$62,000 are included in estimated third-party settlements at December 31, 2016 and 2015, respectively. In January 2017, the Hospital received notice that its Medicaid Inpatient Utilization Rate (MIUR) exceeded state-wide thresholds, as defined by state regulation. A benefit of having a MIUR exceeding this threshold includes a 25% reduction in the provider assessment fee for the period July 1, 2015 through June 30, 2017. During 2016, the Hospital reduced its recorded expenses by approximately \$298,000, which represents the 25% benefit restorative to July 1, 2015. The provider assessment fee program is subject to further 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, including the 25% benefit. With approval by the Indiana General Assembly in 2017, the program is scheduled to sunset on June 30, 2019. There is no assurance this program will continue to be implemented in the future.

The results of the state's MIUR measurement are subject to appeal by all providers. It is possible that another provider's appeal could result in a change in the Hospital's MIUR eligibility as the MIUR threshold is adjusted. Additionally, the state measures MIUR percentages no less than every two years and no more than every four years. At each measurement period, the state-defined MIUR threshold changes, which could affect the Hospital's eligibility status. Any change in MIUR eligibility would affect the Hospital's ability to receive the 25% provider assessment fee reduction. Any change in the amount of tax due as a result of eligibility changes will be recorded in the period once the state has made its determination.

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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. The Hospital recognized approximately \$3.2 million and \$2.7 million related to this supplemental payment program for the years ended December 31, 2016 and 2015, respectively, which is included in other operating revenue in the statements of revenues, expenses and changes in net position. At December 31, 2016 and 2015, \$664,000 and \$788,000, respectively, were accrued and included in other receivables.

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.

During 2015, the Hospital received favorable rulings on appeals of previously settled Medicare cost reports. These appeals and resulting changes in reserves resulted in an increase of net patient service revenue of approximately \$794,000.

**Note 3: Deposits, Investments and Investment Income**

***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.

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**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. At December 31, 2016 and 2015, the Hospital's investments consisted of the following investments and maturities:

December 31, 2016					
Type	Fair Value	Maturities in Years			
		Less	1-5	6-10	More
		Than 1			
Money market accounts	\$ 1,771,634	\$ 1,771,634	\$ -	\$ -	\$ -
Equity mutual funds	250,262	250,262	-	-	-
	<u>\$ 2,021,896</u>	<u>\$ 2,021,896</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
December 31, 2015					
Type	Fair Value	Maturities in Years			
		Less	1-5	6-10	More
		Than 1			
Money market accounts	\$ 1,768,221	\$ 1,768,221	\$ -	\$ -	\$ -
Equity mutual funds	224,949	224,949	-	-	-
	<u>\$ 1,993,170</u>	<u>\$ 1,993,170</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 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, 2016, the Hospital's investments were not rated by Standard & Poor's or by 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.

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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:

	<u><b>2016</b></u>	<u><b>2015</b></u>
Carrying value:		
Deposits	\$ 4,715,684	\$ 3,647,897
Investments	<u>2,021,896</u>	<u>1,993,170</u>
	<u><u>\$ 6,737,580</u></u>	<u><u>\$ 5,641,067</u></u>
Included in the following balance sheet captions:		
Cash	\$ 4,715,684	\$ 3,647,897
Short-term investments	1,131,553	1,128,501
Noncurrent cash and investments		
Internally designated	250,263	225,346
Held by trustee for debt service	<u>640,080</u>	<u>639,323</u>
	<u><u>\$ 6,737,580</u></u>	<u><u>\$ 5,641,067</u></u>

**Investment Income**

Investment income for the years ended December 31, 2016 and 2015 consisted of:

	<u><b>2016</b></u>	<u><b>2015</b></u>
Interest and dividend income	\$ 4,351	\$ 3,500
Net increase (decrease) in fair value of investments	<u>25,314</u>	<u>(3,349)</u>
	<u><u>\$ 29,665</u></u>	<u><u>\$ 151</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, 2016 and 2015 consisted of:

	<b>2016</b>	<b>2015</b>
Medicare	\$ 2,809,126	\$ 2,169,531
Medicaid	1,810,824	1,504,727
Other third-party payers	2,495,650	2,364,290
Patients	2,360,159	1,996,779
	9,475,759	8,035,327
Less allowance for uncollectible accounts	2,662,289	1,665,038
	\$ 6,813,470	\$ 6,370,289

**Note 5: Capital Assets**

Capital assets activity for the years ended December 31, 2016 and 2015 was:

	<b>2016</b>				<b>Ending Balance</b>
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Disposals</b>	<b>Transfers</b>	
Land	\$ 677,136	\$ -	\$ -	\$ -	\$ 677,136
Land improvements	335,729	-	-	-	335,729
Buildings	8,013,068	-	(189,488)	-	7,823,580
Fixed equipment	3,707,904	68,999	(26,641)	-	3,750,262
Major movable equipment	2,449,249	293,798	(356,281)	-	2,386,766
	15,183,086	362,797	(572,410)	-	14,973,473
Less accumulated depreciation:					
Land improvements	(65,321)	(29,614)	-	-	(94,935)
Buildings	(2,668,218)	(346,744)	151,239	-	(2,863,723)
Fixed equipment	(760,900)	(273,030)	15,535	-	(1,018,395)
Major movable equipment	(1,143,731)	(473,499)	328,121	-	(1,289,109)
	(4,638,170)	(1,122,887)	494,895	-	(5,266,162)
	\$ 10,544,916	\$ (760,090)	\$ (77,515)	\$ -	\$ 9,707,311

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	2015				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	\$ 787,464	\$ -	\$ (2,328)	\$ (108,000)	\$ 677,136
Land improvements	381,772	6,500	(52,543)	-	335,729
Buildings	8,047,088	5,980	(40,000)	-	8,013,068
Fixed equipment	3,688,406	21,980	(2,482)	-	3,707,904
Major movable equipment	2,456,328	76,477	(278,792)	195,236	2,449,249
Construction in process	195,236	-	-	(195,236)	-
	<u>15,556,294</u>	<u>110,937</u>	<u>(376,145)</u>	<u>(108,000)</u>	<u>15,183,086</u>
Less accumulated depreciation:					
Land improvements	(80,999)	(36,865)	52,543	-	(65,321)
Buildings	(2,323,535)	(356,683)	12,000	-	(2,668,218)
Fixed equipment	(487,495)	(275,887)	2,482	-	(760,900)
Major movable equipment	(1,000,348)	(422,175)	278,792	-	(1,143,731)
	<u>(3,892,377)</u>	<u>(1,091,610)</u>	<u>345,817</u>	<u>-</u>	<u>(4,638,170)</u>
	<u>\$ 11,663,917</u>	<u>\$ (980,673)</u>	<u>\$ (30,328)</u>	<u>\$ (108,000)</u>	<u>\$ 10,544,916</u>

**Note 6: Medical Malpractice Claims**

The Hospital purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice 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 7: 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 \$60,000 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 2016 and 2015 are summarized as follows:

	<b>2016</b>	<b>2015</b>
Balance, beginning of year	\$ 185,000	\$ 516,700
Current year claims incurred and changes in estimates for claims incurred in prior years	2,230,197	1,920,788
Claims and expenses paid	(1,865,197)	(2,252,488)
Balance, end of year	\$ 550,000	\$ 185,000

**Note 8: Long-Term Obligations and Line of Credit**

The following is a summary of long-term obligation transactions for the Hospital for the years ended December 31, 2016 and 2015:

<b>2016</b>					
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Deductions</b>	<b>Ending Balance</b>	<b>Current Portion</b>
Long-term debt:					
Revenue bonds payable:					
Lease rental revenue refunding bonds, series 2013	\$ 8,471,963	\$ -	\$ (304,867)	\$ 8,167,096	\$ 318,179
Capital lease obligations	118,188	146,643	(95,720)	169,111	66,007
Total long-term debt	\$ 8,590,151	\$ 146,643	\$ (400,587)	\$ 8,336,207	\$ 384,186

<b>2015</b>					
	<b>Beginning Balance</b>	<b>Additions</b>	<b>Deductions</b>	<b>Ending Balance</b>	<b>Current Portion</b>
Long-term debt:					
Revenue bonds payable:					
Lease rental revenue refunding series 2013	\$ 8,766,992	\$ -	\$ (295,029)	\$ 8,471,963	\$ 304,867
Capital lease obligations	156,210	25,821	(63,843)	118,188	67,920
Total long-term debt	\$ 8,923,202	\$ 25,821	\$ (358,872)	\$ 8,590,151	\$ 372,787



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***Lease Rental Revenue Refunding Bonds, Series 2013***

The Lease Rental Revenue Refunding Bonds, Series 2013 consist of bonds payable in the original amount of \$8,945,000 dated December 24, 2013, issued by the Greene County Hospital Association (Association). The Hospital entered into an agreement with the Association where the Hospital would be responsible for 100% of the principal and interest payments on these bonds. The bonds are payable in semiannual installments through August 2034 and bear interest at 0.50% to 4.50%. The bonds are secured by the lease rental payments pledged by the Hospital to be paid from net operating revenues.

The debt service requirements as of December 31, 2016 are as follows:

Year Ending December 31	Total to be Paid	Principal	Interest
2017	\$ 640,000	\$ 318,179	\$ 321,821
2018	636,000	326,828	309,172
2019	641,000	345,123	295,877
2020	638,000	355,915	282,085
2021	639,000	371,140	267,860
2022 - 2026	3,194,000	2,091,521	1,102,479
2027 - 2031	3,205,000	2,558,616	646,384
2032 - 2034	1,927,000	1,799,774	127,226
	<u>\$ 11,520,000</u>	<u>\$ 8,167,096</u>	<u>\$ 3,352,904</u>

***Capital Lease Obligations***

The Hospital is obligated under lease for equipment that is accounted for as capital leases. The following is a schedule by year of future minimum lease payments under capital leases. Interest on these capital leases was determined to be insignificant.

2017	\$ 66,007
2018	34,765
2019	34,765
2020	32,047
2021	1,527
Total minimum lease payments	<u>\$ 169,111</u>

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Assets under capital leases at December 31, 2016 and 2015, totaled:

	<b>2016</b>	<b>2015</b>
Major moveable equipment	\$ 391,158	\$ 244,515
Accumulated depreciation	(169,923)	(94,135)
	\$ 221,235	\$ 150,380

***Revolving Line of Credit***

At December 31, 2015, the Hospital has a \$1.0 million line of credit with a local bank, which was amended in 2016 to increase the credit limit to \$3.0 million. This increase was made to provide cash flow for funding of Intergovernmental Transfer amounts related to nursing home operations. The current line of credit matures November 2017. Interest on outstanding draws accrues at the bank's prime rate, which was 3.75% and 3.25% at December 31, 2016 and 2015, respectively. The line of credit is secured by certain assets of the Hospital. At December 31, 2016 and 2015, \$1,347,348 and \$95,000, respectively, were drawn against the line of credit.

**Note 9: Operating Leases**

The Hospital and Foundation lease various buildings and equipment under operating leases, which expire in various years through 2030. These leases contain various renewal options for periods and require the entities to pay all property taxes, maintenance utilities and insurance in addition to monthly rental amounts. The leased space by the Foundation pertaining to physician clinics is subleased to Greene County Health, Inc. under leases expiring over the next fourteen years. See Note 13 for further details.

Future minimum lease payments at December 31, 2016, were:

2017	\$ 433,577
2018	259,376
2019	218,577
2020	162,980
2021	120,926
Thereafter	786,940
Future minimum lease payments	\$ 1,982,376

Rental expense for all operating leases was \$906,260 and \$615,052 during the years ended December 31, 2016 and 2015, respectively

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**Note 10: Pension Plan**

The Hospital contributes to a defined-contribution pension plan covering substantially all employees of the Hospital, LLC and HHC. Pension expense is recorded for the amount of the Hospital's required contributions, determined in accordance with the terms of the plan. The plan is administered by a board of trustees appointed by 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. Contribution rates for plan members and the Hospital expressed as a percentage of covered payroll was 5% of an employee's eligible compensation for both 2016 and 2015. Expense related to the employer contributions to the plan was \$441,000 and \$220,000 for 2016 and 2015, respectively.

**Note 11: 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, 2016 and 2015:

	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>December 31, 2016</b>				
<b>Investment by fair value level</b>				
Money market accounts	\$ 1,771,634	\$ 1,771,634	\$ -	\$ -
Equity mutual funds	250,262	250,262	-	-
	<u>\$ 2,021,896</u>	<u>\$ 2,021,896</u>	<u>\$ -</u>	<u>\$ -</u>

	<b>Fair Value</b>	<b>Quoted Prices in Active Markets for Identical Assets (Level 1)</b>	<b>Significant Other Observable Inputs (Level 2)</b>	<b>Significant Unobservable Inputs (Level 3)</b>
<b>December 31, 2015</b>				
<b>Investment by fair value level</b>				
Money market accounts	\$ 1,768,221	\$ 1,768,221	\$ -	\$ -
Equity mutual funds	224,949	224,949	-	-
	<u>\$ 1,993,170</u>	<u>\$ 1,993,170</u>	<u>\$ -</u>	<u>\$ -</u>

**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, 2016 and 2015.

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**Note 12: Long-Term Care Operations**

The Hospital entered into various agreements to lease the facilities and equipment for the operation of four 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. The agreements expire at various times through October 2018 and include optional two-year extensions. The management and lease agreements include optional termination clauses by either party with 90 days' written notice.

The lease agreements call for monthly base rent payments during the initial term. Rental payments will increase by 1% during the extension period if not negotiated between the parties. Rental expense for 2016 and 2015 approximated \$2.4 million and \$2.3 million, respectively. Future minimum rent payments at December 31, 2016 are as follows:

2017		\$ 2,181,480
2018		<u>1,284,619</u>
Future minimum lease payments		<u><u>\$ 3,466,099</u></u>

The management agreements include management fees consisting of base management fees, subordinate management fees and incentive management fees. These amounts are based on the net patient service revenue of the individual facilities. Subordinate and incentive management fees are to be paid only if sufficient working capital exists as outlined in the agreements. The agreements also call for annual quality and monthly intangible licensing fees to be paid. Management and other fees approximated \$719,000 and \$1,934,000 for 2016 and 2015, respectively, and include fee forgiveness amounts provided by the managers based on available working capital to satisfy fees.

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, the Hospital has entered into agreements with Managers to loan amounts for working capital needs in the form of revolving notes. Interest accrues on outstanding amounts at nominal rates. Consequently, the majority of accounts payable and accrued expenses of the long-term care operations approximating \$5.5 million and \$4.6 million at December 31, 2016 and 2015, respectively, reflect amounts due to the Managers.

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**Note 13: Agreements With Greene County Health, Inc.**

Effective June 1, 2016, the Hospital transitioned operations of its primary care clinics from the LLC to Greene County Health, Inc. (INC) in an effort to pursue Federally Qualified Health Center (FQHC) status. As part of the transfer operations, certain employees of the LLC were terminated and hired directly by INC. The Hospital and its blended component units entered into various agreements with INC as outlined below.

***Staff Lease Agreement***

LLC and INC entered into a staff lease agreement where the LLC shall lease the services of certain physician and midlevel providers to the INC to provide primary care services at the clinics for a period of two years. The agreement shall renew for additional one year terms and may be terminated by either party without cause with ninety days' written notice. INC shall compensate LLC in an amount equal to the providers' compensation plus a one percent administrative fee. All billing rights for the leased providers is assigned to the INC. LLC recognized revenue approximating \$1,432,000 under this agreement in 2016, which is included in other operating revenue in the statements of revenues, expenses and changes in net position. Amounts due from INC under this agreement at December 31, 2016 approximated \$276,000 and are included in other receivables on the balance sheet.

***Facility and Equipment Lease Agreements***

Commensurate with the transfer of operations, all building leases entered into by the LLC were assigned to the Foundation. Similarly, all equipment utilized in the clinics was transferred from the LLC to the Foundation. The Foundation entered into various lease and sublease agreements for the buildings and equipment. At December 31, 2016, minimum future rentals receivable under noncancellable operating leases and subleases expiring at various dates through 2030 approximated \$1,538,000. The Foundation recognized revenue approximating \$145,000 under these agreements in 2016, which is included in other operating revenue in the statements of revenues, expenses and changes in net position.

***Support Funding and Loan Agreement***

Effective February 2016, the Hospital entered into a support funding agreement to fund working capital shortfalls of INC as it pursued FQHC status. Funding was made at the Hospital's discretion through a loan agreement originally due July 1, 2017. Interest on outstanding advances accrued at prime + 1% (4.75% at December 31, 2016).

In June 2017, the Hospital agreed to forgive \$250,000 and delay repayment of the loan. The loan was amended subsequent to year-end requiring monthly installments over a 10 year period beginning October 1, 2018 with final maturity on September 28, 2028. The amended agreement allows maximum borrowings of \$3,200,000 and provides the Hospital a security interest in substantially all assets of INC. The interest rate was amended and fixed at 5.25% through maturity.

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Total advances under the support and loan agreement were \$1,695,724 as of December 31, 2016. The forgiveness of \$250,000 was recorded at December 31, 2016 and is included as a contribution in other nonoperating expense in the statements of revenues, expenses and changes in net position.

The Hospital evaluated collectability based on expected future collections and recorded an impairment loss of \$1,000,000 in 2016. The Hospital will continue to evaluate collectability and will revise its estimate of net realizable value as changes in expected future collections are known.

**Note 14: Condensed Combining Information**

The following tables include condensed combining balance sheet information for the Hospital and its blended component units as of December 31, 2016 and 2015:

	December 31, 2016					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
<b>Assets</b>						
Current assets	\$ 16,863,931	\$ 520,474	\$ 359,319	\$ 82,840	\$ (1,252,348)	\$ 16,574,216
Capital assets, net	9,125,164	-	5,350	576,797	-	9,707,311
Other assets	1,368,275	126,808	-	-	-	1,495,083
Total assets	<u>\$ 27,357,370</u>	<u>\$ 647,282</u>	<u>\$ 364,669</u>	<u>\$ 659,637</u>	<u>\$ (1,252,348)</u>	<u>\$ 27,776,610</u>
<b>Liabilities</b>						
Current liabilities	\$ 11,010,553	\$ 390,502	\$ 127,391	\$ 54,967	\$ (1,252,348)	\$ 10,331,065
Noncurrent liabilities	7,952,021	-	-	-	-	7,952,021
Total liabilities	<u>18,962,574</u>	<u>390,502</u>	<u>127,391</u>	<u>54,967</u>	<u>(1,252,348)</u>	<u>18,283,086</u>
<b>Net Position</b>						
Net investment in capital assets	788,957	-	5,350	576,797	-	1,371,104
Restricted for debt service	640,080	-	-	-	-	640,080
Unrestricted net position	6,965,759	256,780	231,928	27,873	-	7,482,340
Total net position	<u>8,394,796</u>	<u>256,780</u>	<u>237,278</u>	<u>604,670</u>	<u>-</u>	<u>9,493,524</u>
Total liabilities and net position	<u>\$ 27,357,370</u>	<u>\$ 647,282</u>	<u>\$ 364,669</u>	<u>\$ 659,637</u>	<u>\$ (1,252,348)</u>	<u>\$ 27,776,610</u>

	December 31, 2015					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
<b>Assets</b>						
Current assets	\$ 13,216,716	\$ 729,344	\$ 243,544	\$ 36,322	\$ (78,616)	\$ 14,147,310
Capital assets, net	9,869,842	89,084	18,338	567,652	-	10,544,916
Other assets	907,089	141,808	-	-	-	1,048,897
Total assets	<u>\$ 23,993,647</u>	<u>\$ 960,236</u>	<u>\$ 261,882</u>	<u>\$ 603,974</u>	<u>\$ (78,616)</u>	<u>\$ 25,741,123</u>
<b>Liabilities</b>						
Current liabilities	\$ 7,586,020	\$ 499,732	\$ 97,669	\$ 9,046	\$ (78,616)	\$ 8,113,851
Noncurrent liabilities	8,217,364	-	-	-	-	8,217,364
Total liabilities	<u>15,803,384</u>	<u>499,732</u>	<u>97,669</u>	<u>9,046</u>	<u>(78,616)</u>	<u>16,331,215</u>
<b>Net Position</b>						
Net investment in capital assets	1,279,691	89,084	18,338	567,652	-	1,954,765
Restricted for debt service	639,323	-	-	-	-	639,323
Unrestricted net position	6,271,249	371,420	145,875	27,276	-	6,815,820
Total net position	<u>8,190,263</u>	<u>460,504</u>	<u>164,213</u>	<u>594,928</u>	<u>-</u>	<u>9,409,908</u>
Total liabilities and net position	<u>\$ 23,993,647</u>	<u>\$ 960,236</u>	<u>\$ 261,882</u>	<u>\$ 603,974</u>	<u>\$ (78,616)</u>	<u>\$ 25,741,123</u>

**Greene County General Hospital**  
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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 units for the years ended December 31, 2016 and 2015.

	Year Ended December 31, 2016					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
<b>Operating Revenues</b>						
Net patient service revenue	\$ 52,577,795	\$ 945,697	\$ 1,151,611	\$ -	\$ -	\$ 54,675,103
Other	4,284,455	1,823,913	33,957	145,438	(343,200)	5,944,563
Total operating revenues	<u>56,862,250</u>	<u>2,769,610</u>	<u>1,185,568</u>	<u>145,438</u>	<u>(343,200)</u>	<u>60,619,666</u>
<b>Operating Expenses</b>	<u>53,539,314</u>	<u>4,086,314</u>	<u>1,443,756</u>	<u>351,509</u>	<u>(343,200)</u>	<u>59,077,693</u>
<b>Operating Income (Loss)</b>	3,322,936	(1,316,704)	(258,188)	(206,071)	-	1,541,973
<b>Nonoperating Expense</b>	(1,551,026)	-	-	64,485	-	(1,486,541)
<b>Transfers</b>	<u>(1,567,377)</u>	<u>1,112,980</u>	<u>331,253</u>	<u>151,328</u>	<u>-</u>	<u>28,184</u>
<b>Increase (Decrease) in Net Position</b>	204,533	(203,724)	73,065	9,742	-	83,616
<b>Net Position, Beginning of Year</b>	<u>8,190,263</u>	<u>460,504</u>	<u>164,213</u>	<u>594,928</u>	<u>-</u>	<u>9,409,908</u>
<b>Net Position, End of Year</b>	<u>\$ 8,394,796</u>	<u>\$ 256,780</u>	<u>\$ 237,278</u>	<u>\$ 604,670</u>	<u>\$ -</u>	<u>\$ 9,493,524</u>

	Year Ended December 31, 2015					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
<b>Operating Revenues</b>						
Net patient service revenue	\$ 51,842,658	\$ 2,818,514	\$ 906,055	\$ -	\$ -	\$ 55,567,227
Other	3,484,537	648,874	3,303	-	(584,000)	3,552,714
Total operating revenues	<u>55,327,195</u>	<u>3,467,388</u>	<u>909,358</u>	<u>-</u>	<u>(584,000)</u>	<u>59,119,941</u>
<b>Operating Expenses</b>	<u>52,450,397</u>	<u>5,288,102</u>	<u>1,251,213</u>	<u>115,893</u>	<u>(584,000)</u>	<u>58,521,605</u>
<b>Operating Income (Loss)</b>	2,876,798	(1,820,714)	(341,855)	(115,893)	-	598,336
<b>Nonoperating Expense</b>	(342,727)	-	-	74,680	-	(268,047)
<b>Transfers</b>	<u>(2,420,528)</u>	<u>1,947,014</u>	<u>365,514</u>	<u>-</u>	<u>-</u>	<u>(108,000)</u>
<b>Increase (Decrease) in Net Position</b>	113,543	126,300	23,659	(41,213)	-	222,289
<b>Net Position, Beginning of Year</b>	<u>8,076,720</u>	<u>334,204</u>	<u>140,554</u>	<u>636,141</u>	<u>-</u>	<u>9,187,619</u>
<b>Net Position, End of Year</b>	<u>\$ 8,190,263</u>	<u>\$ 460,504</u>	<u>\$ 164,213</u>	<u>\$ 594,928</u>	<u>\$ -</u>	<u>\$ 9,409,908</u>



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The following tables include condensed combining statements of cash flows information for the Hospital and its blended component units for the years ended December 31, 2016 and 2015.

	Year Ended December 31, 2016					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
Operating Activities	\$ 3,846,566	\$ (1,134,396)	\$ (236,491)	\$ (110,692)	\$ -	\$ 2,364,987
Noncapital Financing Activities	(303,979)	1,194,017	331,253	91,679	-	1,312,970
Capital and Related Financing	(960,436)	-	(649)		-	(961,085)
Investing Activities	(1,649,085)	-	-		-	(1,649,085)
Increase (Decrease) in Cash and Cash Equivalents	933,066	59,621	94,113	(19,013)	-	1,067,787
Cash and Cash Equivalents, Beginning of Year	3,493,906	71,557	50,082	32,352	-	3,647,897
Cash and Cash Equivalents, End of Year	<u>\$ 4,426,972</u>	<u>\$ 131,178</u>	<u>\$ 144,195</u>	<u>\$ 13,339</u>	<u>\$ -</u>	<u>\$ 4,715,684</u>

	Year Ended December 31, 2015					
	Hospital	LLC	HHC	Foundation	Eliminations	Total
Operating Activities	\$ 4,563,412	\$ (1,894,303)	\$ (374,208)	\$ (29,562)	\$ -	\$ 2,265,339
Noncapital Financing Activities	(2,381,699)	1,947,014	365,514	-	-	(69,171)
Capital and Related Financing	(809,624)	(29,767)	(3,900)	53,365	-	(789,926)
Investing Activities	83,066	-	-	-	-	83,066
Increase (Decrease) in Cash and Cash Equivalents	1,455,155	22,944	(12,594)	23,803	-	1,489,308
Cash and Cash Equivalents, Beginning of Year	2,038,751	48,613	62,676	8,549	-	2,158,589
Cash and Cash Equivalents, End of Year	<u>\$ 3,493,906</u>	<u>\$ 71,557</u>	<u>\$ 50,082</u>	<u>\$ 32,352</u>	<u>\$ -</u>	<u>\$ 3,647,897</u>

**Note 15: 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.

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***Medicare Compliance***

As a Medicare participating provider, the Hospital routinely assesses its compliance with a comprehensive framework of state and federal regulatory requirements. On October 10, 2014, the Hospital self-disclosed a regulatory compliance matter to the Center for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services that involved technical compliance with certain requirements related to a limited number of physician financial relationships. These technical errors were discovered by Hospital administration during a review of its physician financial arrangements. This matter is still pending and the Hospital has not entered into any settlement discussions with CMS, therefore, the Hospital believes it is too early to determine a likely outcome or a likely amount of damages that CMS may assess against the Hospital.

**Note 16: Subsequent Events**

Subsequent to year end, the Hospital advanced an additional \$1,330,000 to INC under the Support Funding and Loan Agreement.

## **Other Information**

**Greene County General Hospital**  
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**Combining Balance Sheet Information**  
**December 31, 2016**

	2016						Total
	Hospital	Nursing Homes	LLC	Home Health	Hospital Foundation	Eliminations	
<b>Assets</b>							
<b>Current Assets</b>							
Cash	\$ 589,343	\$ 3,837,629	\$ 131,178	\$ 144,195	\$ 13,339	\$ -	\$ 4,715,684
Short-term investments	1,131,553	-	-	-	-	-	1,131,553
Patient accounts receivable, net of allowance of \$2,662,289	4,277,942	2,279,390	46,890	209,248	-	-	6,813,470
Other receivables	3,572,799	661,087	281,776	-	19,825	(1,252,348)	3,283,139
Supplies	261,665	31,120	-	-	-	-	292,785
Prepaid expenses and other assets	162,102	59,301	60,630	5,876	49,676	-	337,585
Total current assets	<u>9,995,404</u>	<u>6,868,527</u>	<u>520,474</u>	<u>359,319</u>	<u>82,840</u>	<u>(1,252,348)</u>	<u>16,574,216</u>
<b>Noncurrent Cash and Investments</b>							
Internally designated	250,263	-	-	-	-	-	250,263
Held by trustee for debt service	640,080	-	-	-	-	-	640,080
Total noncurrent cash and investments	<u>890,343</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>890,343</u>
<b>Capital Assets, net</b>	<u>9,125,164</u>	<u>-</u>	<u>-</u>	<u>5,350</u>	<u>576,797</u>	<u>-</u>	<u>9,707,311</u>
<b>Note Receivable</b> , net of allowance of \$1,000,000	<u>445,724</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>445,724</u>
<b>Other Assets</b>	<u>32,208</u>	<u>-</u>	<u>126,808</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>159,016</u>
Total assets	<u>\$ 20,488,843</u>	<u>\$ 6,868,527</u>	<u>\$ 647,282</u>	<u>\$ 364,669</u>	<u>\$ 659,637</u>	<u>\$ (1,252,348)</u>	<u>\$ 27,776,610</u>
<b>Liabilities and Net Position</b>							
<b>Current Liabilities</b>							
Current maturities of long-term debt	\$ 384,186	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 384,186
Line of credit	1,347,348	-	-	-	-	-	1,347,348
Accounts payable and accrued expenses	3,184,788	5,475,675	390,502	127,391	54,967	(1,252,348)	7,980,975
Estimated third-party settlements	618,556	-	-	-	-	-	618,556
Total current liabilities	<u>5,534,878</u>	<u>5,475,675</u>	<u>390,502</u>	<u>127,391</u>	<u>54,967</u>	<u>(1,252,348)</u>	<u>10,331,065</u>
<b>Long-Term Debt</b>	<u>7,952,021</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>7,952,021</u>
Total liabilities	<u>13,486,899</u>	<u>5,475,675</u>	<u>390,502</u>	<u>127,391</u>	<u>54,967</u>	<u>(1,252,348)</u>	<u>18,283,086</u>
<b>Net Position</b>							
Net investment in capital assets	788,957	-	-	5,350	576,797	-	1,371,104
Restricted for debt service	640,080	-	-	-	-	-	640,080
Unrestricted	5,572,907	1,392,852	256,780	231,928	27,873	-	7,482,340
Total net position	<u>7,001,944</u>	<u>1,392,852</u>	<u>256,780</u>	<u>237,278</u>	<u>604,670</u>	<u>-</u>	<u>9,493,524</u>
Total liabilities and net position	<u>\$ 20,488,843</u>	<u>\$ 6,868,527</u>	<u>\$ 647,282</u>	<u>\$ 364,669</u>	<u>\$ 659,637</u>	<u>\$ (1,252,348)</u>	<u>\$ 27,776,610</u>

**Greene County General Hospital**  
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**Combining Balance Sheet Information**  
**December 31, 2015**

	2015						Total
	Hospital	Nursing Homes	LLC	Home Health	Hospital Foundation	Eliminations	
<b>Assets</b>							
<b>Current Assets</b>							
Cash	\$ 554,825	\$ 2,939,081	\$ 71,557	\$ 50,082	\$ 32,352	\$ -	\$ 3,647,897
Short-term investments	1,128,501	-	-	-	-	-	1,128,501
Patient accounts receivable, net of allowance of \$2,366,412	3,687,905	1,938,107	563,711	180,566	-	-	6,370,289
Other receivables	982,274	787,789	-	-	3,236	(78,616)	1,694,683
Estimated third-party settlements	627,124	-	-	-	-	-	627,124
Supplies	323,597	30,542	-	-	-	-	354,139
Prepaid expenses and other assets	159,337	57,634	94,076	12,896	734	-	324,677
Total current assets	<u>7,463,563</u>	<u>5,753,153</u>	<u>729,344</u>	<u>243,544</u>	<u>36,322</u>	<u>(78,616)</u>	<u>14,147,310</u>
<b>Noncurrent Cash and Investments</b>							
Internally designated	225,346	-	-	-	-	-	225,346
Held by trustee for debt service	639,323	-	-	-	-	-	639,323
Total noncurrent cash and investments	<u>864,669</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>864,669</u>
<b>Capital Assets, net</b>	<u>9,869,842</u>	<u>-</u>	<u>89,084</u>	<u>18,338</u>	<u>567,652</u>	<u>-</u>	<u>10,544,916</u>
<b>Other Assets</b>	<u>42,420</u>	<u>-</u>	<u>141,808</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>184,228</u>
Total assets	<u>\$ 18,240,494</u>	<u>\$ 5,753,153</u>	<u>\$ 960,236</u>	<u>\$ 261,882</u>	<u>\$ 603,974</u>	<u>\$ (78,616)</u>	<u>\$ 25,741,123</u>
<b>Liabilities and Net Position</b>							
<b>Current Liabilities</b>							
Current maturities of long-term debt	\$ 372,787	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 372,787
Line of credit	95,000	-	-	-	-	-	95,000
Accounts payable	2,538,371	4,579,862	499,732	97,669	9,046	(78,616)	7,646,064
Total current liabilities	<u>3,006,158</u>	<u>4,579,862</u>	<u>499,732</u>	<u>97,669</u>	<u>9,046</u>	<u>(78,616)</u>	<u>8,113,851</u>
<b>Long-Term Debt</b>							
Total liabilities	<u>8,217,364</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,217,364</u>
Total liabilities	<u>11,223,522</u>	<u>4,579,862</u>	<u>499,732</u>	<u>97,669</u>	<u>9,046</u>	<u>(78,616)</u>	<u>16,331,215</u>
<b>Net Position</b>							
Net investment in capital assets	1,279,691	-	89,084	18,338	567,652	-	1,954,765
Restricted for debt service	639,323	-	-	-	-	-	639,323
Unrestricted	5,097,958	1,173,291	371,420	145,875	27,276	-	6,815,820
Total net position	<u>7,016,972</u>	<u>1,173,291</u>	<u>460,504</u>	<u>164,213</u>	<u>594,928</u>	<u>-</u>	<u>9,409,908</u>
Total liabilities and net position	<u>\$ 18,240,494</u>	<u>\$ 5,753,153</u>	<u>\$ 960,236</u>	<u>\$ 261,882</u>	<u>\$ 603,974</u>	<u>\$ (78,616)</u>	<u>\$ 25,741,123</u>

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Combining Statement of Revenues, Expenses and Changes in Net Position Information**  
**Year Ended December 31, 2016**

	2016						Total
	Hospital	Nursing Homes	LLC	Home Health	Hospital Foundation	Eliminations	
<b>Operating Revenues</b>							
Net patient service revenue, net of provision for uncollectible accounts of \$6,497,922	\$ 27,345,348	\$ 25,232,447	\$ 945,697	\$ 1,151,611	\$ -	\$ -	\$ 54,675,103
Other	491,669	3,792,786	1,823,913	33,957	145,438	(343,200)	5,944,563
Total operating revenues	<u>27,837,017</u>	<u>29,025,233</u>	<u>2,769,610</u>	<u>1,185,568</u>	<u>145,438</u>	<u>(343,200)</u>	<u>60,619,666</u>
<b>Operating Expenses</b>							
Salaries and wages	11,782,806	-	2,825,238	746,941	63,057	-	15,418,042
Employee benefits	2,912,778	-	488,520	301,857	-	-	3,703,155
Purchased services and professional fees	3,645,337	19,290,395	199,312	207,892	-	(343,200)	22,999,736
Supplies and other	5,942,399	8,346,466	565,197	173,429	255,824	-	15,283,315
Depreciation and amortization	1,068,575	-	8,047	13,637	32,628	-	1,122,887
Provider hospital assessment fee	550,558	-	-	-	-	-	550,558
Total operating expenses	<u>25,902,453</u>	<u>27,636,861</u>	<u>4,086,314</u>	<u>1,443,756</u>	<u>351,509</u>	<u>(343,200)</u>	<u>59,077,693</u>
<b>Operating Income (Loss)</b>	<u>1,934,564</u>	<u>1,388,372</u>	<u>(1,316,704)</u>	<u>(258,188)</u>	<u>(206,071)</u>	<u>-</u>	<u>1,541,973</u>
<b>Nonoperating Revenues (Expenses)</b>							
Investment income	29,665	-	-	-	-	-	29,665
Interest expense	(344,344)	-	-	-	-	-	(344,344)
Noncapital grants and contributions	11,050	-	-	-	21,388	-	32,438
Impairment loss - note receivable	(1,000,000)	-	-	-	-	-	(1,000,000)
Other	(247,397)	-	-	-	43,097	-	(204,300)
Total nonoperating revenues (expenses)	<u>(1,551,026)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>64,485</u>	<u>-</u>	<u>(1,486,541)</u>
<b>Excess (Deficiency) of Revenues Over Expenses Before</b>							
Transfers	383,538	1,388,372	(1,316,704)	(258,188)	(141,586)	-	55,432
Transfer From Greene County	28,184	-	-	-	-	-	28,184
Transfer (To) From Affiliate	(426,750)	(1,168,811)	1,112,980	331,253	151,328	-	-
<b>Increase (Decrease) in Net Position</b>	<u>(15,028)</u>	<u>219,561</u>	<u>(203,724)</u>	<u>73,065</u>	<u>9,742</u>	<u>-</u>	<u>83,616</u>
<b>Net Position, Beginning of Year</b>	<u>7,016,972</u>	<u>1,173,291</u>	<u>460,504</u>	<u>164,213</u>	<u>594,928</u>	<u>-</u>	<u>9,409,908</u>
<b>Net Position, End of Year</b>	<u>\$ 7,001,944</u>	<u>\$ 1,392,852</u>	<u>\$ 256,780</u>	<u>\$ 237,278</u>	<u>\$ 604,670</u>	<u>\$ -</u>	<u>\$ 9,493,524</u>

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Combining Statement of Revenues, Expenses and Changes in Net Position Information**  
**Year Ended December 31, 2015**

	2015						Total
	Hospital	Nursing Homes	LLC	Home Health	Hospital Foundation	Eliminations	
<b>Operating Revenues</b>							
Net patient service revenue, net of provision for uncollectible accounts of \$6,573,493	\$ 27,087,411	\$ 24,755,247	\$ 2,818,514	\$ 906,055	\$ -	\$ -	\$ 55,567,227
Other	449,090	3,035,447	648,874	3,303	-	(584,000)	3,552,714
Total operating revenues	<u>27,536,501</u>	<u>27,790,694</u>	<u>3,467,388</u>	<u>909,358</u>	<u>-</u>	<u>(584,000)</u>	<u>59,119,941</u>
<b>Operating Expenses</b>							
Salaries and wages	11,538,163	-	3,504,722	819,868	54,483	-	15,917,236
Employee benefits	2,968,357	-	299,703	195,005	-	-	3,463,065
Purchased services and professional fees	2,887,752	18,199,114	195,558	67,657	-	(584,000)	20,766,081
Supplies and other	6,877,655	8,348,193	1,272,012	153,446	31,649	-	16,682,955
Depreciation and amortization	1,030,505	-	16,107	15,237	29,761	-	1,091,610
Provider hospital assessment fee	600,658	-	-	-	-	-	600,658
Total operating expenses	<u>25,903,090</u>	<u>26,547,307</u>	<u>5,288,102</u>	<u>1,251,213</u>	<u>115,893</u>	<u>(584,000)</u>	<u>58,521,605</u>
<b>Operating Income (Loss)</b>	<u>1,633,411</u>	<u>1,243,387</u>	<u>(1,820,714)</u>	<u>(341,855)</u>	<u>(115,893)</u>	<u>-</u>	<u>598,336</u>
<b>Nonoperating Revenues (Expenses)</b>							
Investment income	151	-	-	-	-	-	151
Interest expense	(345,938)	-	-	-	-	-	(345,938)
Noncapital grants and contributions	100	-	-	-	30,965	-	31,065
Other	2,960	-	-	-	43,715	-	46,675
Total nonoperating revenues (expenses)	<u>(342,727)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>74,680</u>	<u>-</u>	<u>(268,047)</u>
<b>Excess (Deficiency) of Revenues Over Expenses Before</b>							
Transfers	1,290,684	1,243,387	(1,820,714)	(341,855)	(41,213)	-	330,289
Transfer to Greene County	(108,000)	-	-	-	-	-	(108,000)
Transfer (To) From Affiliate	<u>(1,461,865)</u>	<u>(850,663)</u>	<u>1,947,014</u>	<u>365,514</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b>Increase (Decrease) in Net Position</b>	(279,181)	392,724	126,300	23,659	(41,213)	-	222,289
<b>Net Position, Beginning of Year</b>	<u>7,296,153</u>	<u>780,567</u>	<u>334,204</u>	<u>140,554</u>	<u>636,141</u>	<u>-</u>	<u>9,187,619</u>
<b>Net Position, End of Year</b>	<u>\$ 7,016,972</u>	<u>\$ 1,173,291</u>	<u>\$ 460,504</u>	<u>\$ 164,213</u>	<u>\$ 594,928</u>	<u>\$ -</u>	<u>\$ 9,409,908</u>

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

Board of Trustees  
Greene County General Hospital  
Linton, 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 Greene County General Hospital (Hospital), a component unit of Greene County, Indiana, which comprise the balance sheet as of December 31, 2016, 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 August 28, 2017.

### ***Internal Control Over Financial Reporting***

Management of the Hospital is responsible for establishing and maintaining effective internal control over financial reporting (internal control). In planning and performing our audit of the financial statements, we considered the Hospital's 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 Hospital'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. We identified a certain deficiency in internal control described in the accompanying schedule of findings and responses as item 2016-001 that we consider to be a significant deficiency in internal control.



### ***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free of 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*.

### ***Management's Response to Findings***

The Hospital's response to the findings identified in our audit are described in the accompanying schedule of findings and responses. Management's response was not subjected to the auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on it.

We also noted certain additional matters that we have reported to the Hospital's management in a separate letter dated August 28, 2017.

### ***Purpose of this Report***

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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 Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

**BKD, LLP**

Indianapolis, Indiana  
August 28, 2017

**Greene County General Hospital**  
**A Component Unit of Greene County, Indiana**  
**Schedule of Findings and Responses**  
**Year Ended December 31, 2016**

Reference Number	Finding
2016-001	<p><b>Criteria or Specific Requirement:</b> <b>Internal Control Over Financial Reporting</b></p> <p><b>Condition:</b> The Hospital did not reconcile its other receivable account, which resulted in an adjustment to the financial statements.</p> <p><b>Context:</b> Reconciliation of significant balance sheet accounts is critical to external financial reporting to interested parties.</p> <p><b>Effect:</b> Potential misstatements in the financial statements could occur and not be detected and/or corrected in a timely manner.</p> <p><b>Cause:</b> Certain payments received from Medicare for open cost reporting periods were recorded incorrectly in the other receivable account. This account was not reconciled at year-end, which resulted in an adjustment to the financial statements as the payments had already been accounted for in a separate balance sheet account.</p> <p><b>Recommendation:</b> We recommend that the Hospital reconcile all significant balance sheet accounts, including the other receivable account, on a routine basis to ensure that amounts recorded are tracked and monitored. This will also allow for follow-up on collection of delinquent amounts.</p> <p><b>Views of Responsible Officials and Planned Corrective Actions:</b> We concur. Management continues to evaluate current controls related to the reconciliation of all balance sheet accounts.</p>