

#### **COMBINED FINANCIAL STATEMENTS**

**AND** 

**REQUIRED SUPPLEMENTARY INFORMATION** 

**DECEMBER 31, 2016 AND 2015** 



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#### **REPORT OF INDEPENDENT AUDITORS**

Board of Trustees Memorial Hospital of Logansport Logansport, Indiana

#### REPORT ON THE COMBINED FINANCIAL STATEMENTS

We have audited the accompanying combined financial statements of Memorial Hospital of Logansport (the Hospital), a component unit of Cass County, which comprise the combined balance sheets as of December 31, 2016 and 2015, and the related combined statements of operations and changes in net position, and cash flows for the years then ended, and the related notes to the combined financial statements.

#### MANAGEMENT'S RESPONSIBILITY FOR THE COMBINED FINANCIAL STATEMENTS

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

Board of Trustees Memorial Hospital of Logansport Logansport, Indiana

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined 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 combined 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 combined 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 combined financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2016 and 2015, and the results of its operations, changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### REPORT ON REQUIRED SUPPLEMENTARY INFORMATION

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis be presented to supplement the combined financial statements. Such information, although not a part of the combined financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the combined 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 combined financial statements, and other knowledge we obtained during our audits of the combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Blue & Co., LLC

Indianapolis, Indiana April 24, 2017

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

Management's discussion and analysis of Memorial Hospital of Logansport's (the Hospital) financial performance provides an overview of the Hospital's financial activities for the year ended December 31, 2016 with comparable information for 2015 and 2014. Please read it in conjunction with the Hospital's combined financial statements and accompanying notes to the combined financial statements included in this report.

#### **USING THIS ANNUAL REPORT**

This annual report consists of two parts—management's discussion and analysis, and the basic combined financial statements.

- In the "management's discussion and analysis" section of this report, management discusses various components of the annual report and provides an analysis of the current financial statement information.
- The "basic combined financial statements" section of this report includes a series of combined financial statements, which provide information about the activities of the Hospital as a whole. The combined balance sheets reveal the assets, liabilities and net position of the Hospital on December 31, 2016 and 2015 while the Combined Statements of Operations and Changes in Net Position summarize the revenues and expenses, including nonoperating items for the years then ended. The Combined Statements of Cash Flows summarize the change in cash and cash equivalents as a result of operating, investing and financing activities during the years. The Notes to the Combined Financial Statements disclose additional information addressed within the body of the Combined Financial Statements.

The Hospital is a not-for-profit acute care hospital, established in 1925. It is a county-owned facility and operates under the Indiana County Hospital Law. Operations include a state-licensed, 83 bed acute care medical center offering a full range of inpatient and outpatient medical services including 24 hour emergency care, surgical, specialty, medical imaging, cancer, family birth centers and physician clinics. The Cass County Commissioners appoints the Board of Trustees of the Hospital. Although the Hospital is a governmental entity, the Hospital does not receive taxpayer support for operations.

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

The mission of the Hospital is "Your Health...Our Passion". The Hospital's vision is that it "will exceed the needs and desires of our community – as an employer, as a provider, and as a health advocate. Logansport Memorial Hospital lives this mission and vision by continually striving to improve the delivery of care and the overall health of the community, by creating and fostering strong partnerships both within the Hospital campus and the surrounding communities, as well as focusing on improving internal processes to better the patient, physician, employee and visitor experience while providing excellent care. The Hospital carries out its mission by focusing on its values as follows:

- Human Dignity
- Integrity
- Justice
- Service Excellence
- Stewardship

This management's discussion and analysis will include some of the highlights related to the operational and financial performance for 2016.

#### **FINANCIAL HIGHLIGHTS**

Overall, net position increased by approximately \$2.6 million during 2016 while operating income was approximately \$2.8 million compared to 2015 where the net position increased approximately \$5.2 million while operating income was approximately \$5.7 million. A significant contributing factor of the difference between years relates to worsening health claims experience, as the Hospital is self-insured for employee health claims.

Net capital assets decreased by approximately \$1.6 million compared to the prior year as acquisitions outpaced depreciation. Debt including capital leases decreased by approximately \$200,000 as a result of principal payments outweighing the current year debt issuances.

The Hospital's operating margin for 2016 was equal to 3.3% compared to 7.1% for 2015. The factors impacting this will be discussed in greater detail herein.

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

#### **USING THIS ANNUAL REPORT**

The following pages will highlight certain combined financial statements of the Hospital and include a brief analysis. The combined financial statements of the Hospital explain the results of operations. The combined statement of operations and changes in net position summarizes the effect of the year's activities, while the combined balance sheet summarizes the Hospital's net resources at the beginning and end of the year. The combined balance sheet includes all assets and liabilities of the Hospital, and provides information about the nature and amounts of investments in resources and obligations to its creditors. It also provides the basis for computing rate of return, evaluating the capital structure of the Hospital and assessing the liquidity and financial flexibility of the Hospital.

The combined statement of operations and changes in net position includes all the current year's revenue and expenses.

The final financial statement is the statement of cash flows. The primary purpose of this statement is to provide information about the Hospital's cash flows from operating activities, capital and financing activities, and investing activities, as well as providing information of the sources and uses of cash during the year.

#### THE HOSPITAL'S COMBINED BALANCE SHEET

Table 1: A summary of the Hospital and component units combined balance sheet as of December 31, 2016, 2015 and 2014 is presented below (in thousands):

	2016	Change 2015 2016 - 2015				2014	Change 15 - 2014
Assets	 						
Current assets	\$ 43,730	\$	42,549	\$	1,181	\$ 36,819	\$ 5,730
Assets limited to use (funded							
depreciation, escrow funds,							
contributions)	15,596		15,321		275	16,082	(762)
Capital assets	40,378		38,773		1,605	38,825	(52)
Other assets	 596		114		482	 400	 (286)
Total assets	\$ 100,300	\$	96,757	\$	3,543	\$ 92,126	\$ 4,631
					_		
Liabilities							
Current liabilities	\$ 12,282	\$	10,836	\$	1,446	\$ 9,768	\$ 1,068
Long-term debt	18,357		18,877		(520)	 20,484	 (1,607)
Total liabilities	30,639		29,713		926	30,252	(539)
Net position							
Net investment in capital assets	20,092		18,289		1,803	16,573	1,716
Restricted	4,004		4,097		(93)	5,033	(936)
Unrestricted	 45,565		44,658		907	 40,268	 4,390
Total net position	 69,661		67,044		2,617	 61,874	5,170
Total liabilities and net position	\$ 100,300	\$	96,757	\$	3,543	 \$92,126	\$ 4,631

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

The significant changes in the Hospital's assets included an increase in current assets of approximately \$1.2 million primarily due to increases in cash and patient accounts receivable from current year net income and an increase in revenues. Current liabilities increased approximately \$1.4 million due primarily to an increase in accounts payable due to timing.

Net position increased by approximately \$2.6 million consisting of a gain on operations and efforts to control associated expenses.

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

Table 2: A summary of the Hospital and component units combined statement of operations and changes in net position for 2016, 2015, and 2014 is presented below (in thousands):

			C	hange		C	Change
	 2016	 2015	2016	5- 2015	 2014	201	5 - 2014
Operating revenues							
Net patient service revenue	\$ 80,105	\$ 77,478	\$	2,627	\$ 71,125	\$	6,353
Other revenue	3,305	2,829		476	4,196		(1,367)
Total operating revenues	 83,410	80,307		3,103	 75,321		4,986
Operating expenses							
Salaries and benefits	40,277	37,308		2,969	33,854		3,454
Supplies and other	36,493	33,588		2,905	31,349		2,239
Depreciation and amortization	3,879	3,734		145	3,768		(34)
Total expenses	 80,649	74,630		6,019	68,971		5,659
Operating income	2,761	5,677		(2,916)	6,350		(673)
Total non-operating revenue (expense)	 (144)	 (507)		363	(1,063)		556
Change in net position	2,617	5,170		(2,553)	5,287		(117)
Net assets beginning of year	 67,044	 61,874		5,170	 56,587		5,287
Net assets end of year	\$ 69,661	\$ 67,044	\$	2,617	\$ 61,874	\$	5,170

#### **OPERATING AND FINANCIAL PERFORMANCE**

#### Revenue

Net patient revenue in the current year increased by approximately \$2.7 million as compared to 2015 and the 2015 net patient revenue increased by approximately \$6.4 million compared to 2014.

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

#### <u>Volumes</u>

The Hospital overall experienced an increase in outpatient volumes and visits during the current year, while inpatient days decreased approximately 7% from 2015 to 2016.

#### **Expenses**

The increase in operating expenses of approximately \$6 million in 2016 was primarily attributable to the increases in staffing and healthcare costs for employees, along with the increase in drug costs from 2015 to 2016.

#### **Overall Results**

The Hospital, Foundation (one of the Hospital's blended component units), and Health Professional Resources (HPR) (also a blended component unit of the Hospital) all experienced positive results during 2016 and 2015.

For the year ended 2016, the change in net position was approximately \$2.6 million compared to approximately \$5.2 million in 2015.

#### **SOURCES OF REVENUE**

During 2016, the Hospital derived substantially all of its revenue from patient service and other related activities. A significant portion of the patient service revenue is from patients that are insured by government health programs, principally Medicare and Medicaid, which are highly regulated and subject to frequent and substantial changes. Revenues from the Medicare and Medicaid programs represented 61% of the Hospital's gross revenue in 2016 but only 45% of the Hospital's net patient service revenues. This compares to 2015 where revenues from Medicare and Medicaid represented 59% of the Hospital's gross revenue and only 41% of its net patient service revenue. In addition, the opening of the Logansport Regional Cancer Center in mid-2015 helped provide treatment to patients in the care continuum and had a positive impact to the Hospital's service line growth.

Following is a table of major sources of gross patient revenues for 2016, 2015 and 2014.

Payor Mix	2016	2015	2014
Medicare	36%	38%	30%
Medicaid	25%	21%	16%
Commercial insurance	19%	20%	21%
Blue Cross/Anthem	17%	17%	25%
Self pay	3%	4%	8%
Total	100%	100%	100%

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

DECEMBER 31, 2016 AND 2015

(WITH COMPARATIVE TOTALS FOR 2014)

#### THE HOSPITAL'S STATEMENT OF CASH FLOWS

Table 3: A summary of the Hospital and component units combined statement of cash flows for 2016, 2015 and 2014 is presented below (in thousands):

			(	Change		C	hange
	2016	2015	201	6 - 2015	2014	201	5 - 2014
Cash flow from activities							
Operating activities	\$ 6,631	\$ 8,564	\$	(1,933)	\$ 11,285	\$	(2,721)
Noncapital financing activities	(17)	55		(72)	66		(11)
Capital and related financing activities	(6,186)	(5,933)		(253)	(5,937)		4
Investing activities	 240	(303)		543	 (231)		(72)
Net change in cash and cash equivalents	\$ 668	\$ 2,383	\$	(1,715)	\$ 5,183	\$	(2,800)

The Hospital has experienced positive cash flow from operating activities for all three years presented. The change between 2016 and 2015 was approximately \$1.7 million. Other changes in the Hospital's cash flows are primarily related to capital and related financing activities.

#### **CAPITAL ASSETS**

Including construction in progress, the Hospital invested approximately \$5.5 million in capital assets in 2016 and \$3.0 million in 2015. The majority of the acquisitions were attributable to clinical equipment and construction related to the Hospital facility. The change in capital assets is outlined in the following table (in thousands):

			C	hange			
	2016	2015	201	6 - 2015	2014	201	5 - 2014
Land and improvements	\$ 1,584	\$ 1,460	\$	124	\$ 1,460	\$	-0-
Buildings	60,615	59,002		1,613	58,483		519
Equipment	39,956	37,061		2,895	35,844		1,217
Total capital assets	102,155	97,523		4,632	95,787		1,736
Less accumulated depreciation	(64,397)	(60,536)		(3,861)	(57,531)		(3,005)
Construction in progress	 2,620	1,786		834	569		1,217
Net capital assets	\$ 40,378	\$ 38,773	\$	1,605	\$ 38,825	\$	(52)

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

DECEMBER 31, 2016 AND 2015

(WITH COMPARATIVE TOTALS FOR 2014)

#### **LONG-TERM DEBT**

The Hospital had approximately \$20.3 million in short and long term debt at year-end 2016, versus approximately \$20.5 million in 2015.

More detailed information about both capital assets and long-term debt is presented in the Notes to the Combined Financial Statements.

#### **ECONOMIC OUTLOOK**

Management believes that the healthcare industry's and the Hospital's operating margins will continue to be under pressure as a result of the changes in payor mix and growth in operating expenses, that exceed any increases in contractually arranged and legally established payments received for services provided. Another factor that poses a challenge to management is the increasing competitive market for the delivery of health care services. This competitive market challenge will potentially be offset by the expected growth in our service area. The Hospital will still be faced with the challenge of providing quality services in an increasingly competitive environment, while at the same time managing costs. The Hospital will be affected by the increases in labor costs due to the competition for health care workers. The Hospital is also affected by the uncertainty of federal healthcare reform, especially with the new federal administration in Washington, D.C.

#### CONCLUSION AND CONTACT INFORMATION

Memorial Hospital of Logansport intends to operate in a fashion that meets its community, operational, and financial obligations. This report is designed to provide a general overview of the Hospital and its finances to our stakeholders. Please address questions or requests regarding this financial report to the Chief Financial Officer, at Memorial Hospital of Logansport, 1101 Michigan Avenue, Logansport IN, 46947.

# COMBINED BALANCE SHEETS DECEMBER 31, 2016 AND 2015

#### **ASSETS**

ASSETS		
	2016	2015
Current assets		
Cash and cash equivalents	\$ 30,132,034	\$ 29,567,393
Patient accounts receivable	9,744,585	9,285,955
Supplies and other current assets	3,854,546	3,696,186
Total current assets	43,731,165	42,549,534
Assets limited as to use		
Internally designated	11,591,501	11,224,112
Held by trustee	3,290,317	3,388,496
Restricted by contributors and grantors	 713,783	 708,185
Total assets limited as to use	15,595,601	15,320,793
Capital assets		
Land and construction in progress	3,498,418	2,663,674
Depreciable capital assets, net	 36,879,499	 36,109,149
Total capital assets	40,377,917	38,772,823
Other assets	 595,544	 114,318
Total assets	\$ 100,300,227	\$ 96,757,468

COMBINED BALANCE SHEETS DECEMBER 31, 2016 AND 2015

### **LIABILITIES AND NET POSITION**

	2016	2015
Current liabilities		
Current portion of long-term debt and capital leases	\$ 1,928,018	\$ 1,605,816
Accounts payable and accrued expenses	6,740,979	5,329,169
Accrued payroll and related liabilities	3,033,887	2,507,606
Estimated third-party payor settlements	578,727	1,392,937
Total current liabilities	12,281,611	10,835,528
Non current liabilities		
Capital leases, net of current portion	-0-	12,937
Long-term debt, net of current portion	 18,357,881	18,865,000
Total liabilities	30,639,492	29,713,465
Net position		
Net investment in capital assets	20,092,018	18,289,070
Restricted		
Held by trustee	3,290,317	3,388,496
Expendable for specific operating activities	377,107	371,509
Nonexpendable permanent endowments	336,676	336,676
Unrestricted	45,564,617	44,658,252
Total net position	69,660,735	67,044,003
Total liabilities and net position	\$ 100,300,227	\$ 96,757,468

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

	 2016	 2015
Operating revenues		
Net patient revenue (net of provisions for bad debt)	\$ 80,105,447	\$ 77,477,618
Other	 3,304,878	 2,829,231
Total operating revenues	83,410,325	80,306,849
Operating expenses		
Salaries and benefits	40,276,630	37,307,799
Medical and other professional fees	8,286,046	7,068,584
Medical supplies and drugs	6,590,985	6,383,579
Other supplies	2,085,175	1,914,197
Depreciation and amortization	3,878,858	3,733,954
Rent and leases	1,328,068	1,310,207
Utilities and postage	1,427,132	1,504,396
Maintenance and repairs	670,877	595,556
Insurance	824,252	814,357
Hospital assessment fee	1,089,762	977,875
Purchased services and other	14,191,373	13,019,391
Total operating expenses	80,649,158	 74,629,895
Operating income	2,761,167	5,676,954
Nonoperating revenues (expenses)		
Investment income	267,186	70,507
Interest expense	(524,786)	(553,606)
Noncapital grants and contributions	164,097	181,837
Gain on sale of equipment	21,322	400
Other expenses	 (72,254)	 (206,366)
Total nonoperating revenues (expenses)	 (144,435)	 (507,228)
Change in net position	2,616,732	5,169,726
Net position beginning of the year	 67,044,003	 61,874,277
Net position end of year	\$ 69,660,735	\$ 67,044,003

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

	2016	2015
Operating activities		
Cash received from patients and third party payors	\$ 79,589,733	\$ 75,783,805
Cash paid to employees for salaries and benefits	(39,750,349)	(37,107,724)
Cash paid to vendors for goods and services	(36,513,006)	(33,353,525)
Other operating receipts	3,304,878	3,241,556
Net cash flows from operating activities	 6,631,256	8,564,112
Noncapital financing activities		
Noncapital grants and contributions	164,097	181,837
Other noncapital financing payments	(181,546)	(126,372)
Net cash flows from noncapital financing activities	 (17,449)	 55,465
Capital and related financing activities		
Acquisition of capital assets	(5,487,833)	(3,615,162)
Principal paid on long-term debt	(1,697,854)	(1,767,733)
Proceeds from the issuance of long-term debt	1,500,000	-0-
Interest paid on long-term debt	(524,786)	(553,606)
Proceeds from sale of capital assets	25,203	2,249
Net cash flows from capital and related financing activities	 (6,185,270)	(5,934,252)
Investing activities		
Investment income	267,186	70,507
Purchases of investments in assets whose use is limited	(1,507,504)	(2,058,108)
Proceeds from sale of investments in assets whose use is limited	1,480,000	1,685,000
Net cash flows from investing activities	 239,682	 (302,601)
Net change in cash and cash equivalents	668,219	2,382,724
Cash and cash equivalents at beginning of year	 36,342,552	33,959,828
Cash and cash equivalents at end of year	\$ 37,010,771	\$ 36,342,552
Reconciliation of cash and cash equivalents		
to the statement of net position		
Cash and cash equivalents in current assets	\$ 30,132,034	\$ 29,567,393
Cash and cash equivalents in assets limited as to use	 6,878,737	 6,775,159
Total cash and cash equivalents	\$ 37,010,771	\$ 36,342,552

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

	2016	2015
Reconciliation of operating income to net cash		
flows from operating activities		
Operating income	\$ 2,761,167	\$ 5,676,954
Adjustments to reconcile operating income		
to net cash flows from operating activities		
Depreciation and amortization	3,878,858	3,733,954
Provision for bad debts	7,336,667	7,897,320
Changes in		
Patient accounts receivable	(7,795,297)	(9,564,052)
Supplies, other current assets and other assets	(674,020)	(409,434)
Accounts payable and accrued expenses	1,411,810	117,821
Accrued payroll and related liabilities	526,281	200,075
Estimated third-party payor settlements	(814,210)	911,474
Net cash flows from operating activities	\$ 6,631,256	\$ 8,564,112
Supplemental cash flows information		
Donated property and equipment	\$ -0-	\$ 69,054

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Reporting Entity

Memorial Hospital of Logansport (the Hospital) is a county-owned facility and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital provides acute care including inpatient, outpatient and emergency care as well as long-term care to Cass County and other surrounding counties.

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

The Board of County Commissioners of Cass County, upon written request of the Hospital Board of Trustees created the Memorial Hospital of Logansport Association. The Association, which is included in the Hospital, was created pursuant to the provisions of Indiana Code 16-22-6 for the exclusive purpose of financing and constructing hospital facilities for the Hospital. The Association is a component unit which has no assets, no liabilities and conducts no operating activities.

Pursuant to the provision of long-term care, beginning in 2012, the Hospital owns the operations of two long term care facilities by way of an arrangement with the manager of the facilities. These facilities provide inpatient and therapy services. Generally, gross revenues from the operation of the facilities are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. While the management and related lease agreements are in effect, the performance of all activities of the managers shall be on behalf of the Hospital and the Hospital retains the authority and legal responsibility for the operation of the facilities.

Related thereto, the Hospital entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities managed by the manager. Concurrently, the Hospital entered into agreements with the manager to manage the above leased facilities. As part of the agreements, the Hospital will pay the manager a management fee to continue managing the facilities on behalf of the Hospital in accordance with the terms of the agreements. These management fees consist of base management fees, subordinated management fees, and quarterly incentive payments. The agreements expire on July 1, 2018. The terms of these agreements may be renewed at the end of each term for an additional period of two years. All parties involved can terminate the agreement without cause with 120 days written notice.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Other current assets and liabilities related to long-term care include certain reimbursement receivables, accrued fees and expenses, and working capital balances related to the long-term care facilities.

The accompanying combined financial statements present the activities of the Hospital (primary government) and its significant component units. The component units discussed below are included in the Hospital's reporting entity because of the significance of their operational or financial relationships with the Hospital. Blended component units, although legally separate entities are in substance part of the government's operations and exist solely to provide services for the government; data from these units is combined with data of the primary government.

The combined financial statements of the Hospital are intended to present the financial position and the changes in financial position and cash flows of only that portion of the business-type activities of Cass County attributable to the transactions of the Hospital and its blended component units. They do not purport to, and do not, present fairly the financial position of Cass County as of December 31, 2016 and 2015, the changes in its financial position or its cash flows for the years then ended.

#### **Blended Component Units**

Memorial Hospital Foundation of Cass County, Inc. d/b/a Memorial Hospital Foundation (the Foundation), is a significant blended component unit of the Hospital. The purpose of the Foundation is to assist in raising contributions from the community in order to enhance the ability of the Hospital to service the health needs of the patients it serves. The Hospital appoints a voting majority of the Foundation's Board and a financial benefit/burden relationship exists between the Hospital and the Foundation. Although it is legally separate from the Hospital, the Foundation is reported as if it were a part of the Hospital because it is substantively the same.

Health Professional Resources, Inc., (HPR) is a significant blended component unit wholly owned by the Hospital. HPR operates a community pharmacy and provides food service for a local county mental health organization. The primary government appoints a voting majority of HPR's Board and is able to impose its will. Although it is legally separate from the Hospital, HPR is reported as if it were a part of the Hospital because the two boards are substantively the same.

All significant intercompany transactions have been eliminated in the combined financial statements.

Complete financial statements for these components can be requested from Hospital administration located at Memorial Hospital of Logansport, 1101 Michigan Avenue, Logansport IN, 46947.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### **Use of Estimates**

The preparation of combined 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 disclosures of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### **Enterprise Fund Accounting**

The Hospital utilizes the enterprise fund method of accounting whereby revenue and expenses are recognized on the accrual basis of accounting. Substantially all revenues and expenses are subject to accrual.

### Cash and Cash Equivalents

Cash and cash equivalents include demand deposits and investments in highly liquid debt instruments with an original maturity of three months or less. The Hospital maintains its cash in accounts, which at times may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes that it is not exposed to any significant credit risk on cash and cash equivalents.

#### Assets Limited as to Use

Assets whose use is limited are stated at fair value in the combined financial statements. These assets include investments designated by the Hospital's Board for internal purposes and investments held by trustees for debt service and capital improvements. These investments consist primarily of cash and cash equivalents, certificates of deposit, money market deposit accounts, mutual funds, and government securities. Amounts restricted by contributors or grantors consist of amounts designated to be restricted for a particular purpose in accordance with donor or grantor agency stipulations. Investment income, to the extent not capitalized, is reported as nonoperating revenue in the combined statements of operations and changes in net position.

#### <u>Investments: Debt and Equity Securities and Other Investments</u>

Debt and equity securities are reported at fair value. Debt securities are defined as securities backed by the full faith and credit of the United States Treasury, fully insured, or guaranteed by the United States or any United States government agency.

Nonparticipating certificates of deposit, demand deposits, and similar nonparticipating negotiable instruments that are not reported as cash and cash equivalents are reported as investments at cost.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Investments in affiliated companies are reported using the equity method of accounting, or at cost, as applicable.

Investment income, including changes in the fair value of investments, is reported as non-operating revenues in the combined statements of operations and changes in net position.

#### Capital Assets and Depreciation

Capital assets such as property and equipment are stated at cost and include expenditures for new additions and other costs added which exceed \$1,000 and meet certain useful life thresholds. Maintenance, repairs and minor renewals are expensed as incurred. The Hospital provides for depreciation of property and equipment using annual rates, which are sufficient to depreciate the cost of depreciable assets over their estimated useful lives using the straight-line method.

The range of useful lives in computing depreciation is as follows:

	Capitalization	Depreciation	Estimated
	Threshold	Method	Useful Life
Land improvements	\$1,000	Straight-line	20 years
Buildings	\$1,000	Straight-line	30 years
Equipment	\$1,000	Straight-line	3-15 years

For depreciated assets, the cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized.

#### Costs of Borrowing

Except for capital assets acquired through gifts, contributions or capital grants, interest cost on borrowed funds, as well as interest earned on those funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. There was no capitalized interest in 2016 and 2015.

#### Patient Accounts Receivable and Revenues

Patient revenues and the related accounts receivable are recorded at the time services to patients are performed and are reported based on gross charges net of certain deductions from those charges. Management estimates an allowance for doubtful accounts receivable based on an evaluation of historical losses, current economic conditions, and other factors unique to the Hospital's customer base.

### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

The Hospital is a provider of services to patients entitled to coverage under Titles XVIII and XIX of the Health Insurance Act (Medicare and Medicaid). The Hospital is reimbursed for Medicare and Medicaid inpatient services based on a fixed price per discharge for each diagnosis related grouping. The Hospital is reimbursed for Medicare and Medicaid outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. At the Hospital's year-end, a cost report is filed with the Medicare program computing reimbursement amounts related to Medicare patients. The difference between computed reimbursement and interim reimbursement is reflected as a receivable from or payable to the third-party program.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying combined financial statements.

These programs have audited the year-end cost report filed with the Medicare program through December 31, 2013, with differences reflected as deductions from revenue. Amounts for unresolved cost reports for 2014 through 2016 as well as other allowances are reflected in estimated third-party settlements on the combined balance sheets. Differences from the prior year estimates related to the cost report settlements have been deemed immaterial by management for financial statement disclosure.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, 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. Patient charges under these programs, on which no interim payments have been received, are included in patient accounts receivable at the estimated net realizable value of such charges.

#### Hospital Assessment Fee (HAF) Program

The purpose of the HAF Program is to fund the State share of enhanced Medicaid payments and Medicaid Disproportionate Share payments for Indiana hospitals as reflected in the Hospital assessment fee expense reported in the statements of operations and changes in net position.

### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Previously, the State share was funded by governmental entities through intergovernmental transfers. The Medicaid enhanced payments relate to both fee for service and managed care claims. The Medicaid enhanced payments are designed to follow the patients and result in increased Medicaid rates. During 2016 and 2015, the Hospital recognized Hospital assessment fee expense of approximately \$1,090,000 and \$978,000, respectively, which resulted in increased Medicaid reimbursement.

### **Charity Care**

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Amounts deemed to be charity care are reported as deductions from revenues.

Of the Hospital's total expenses reported, an estimated \$766,000 and \$863,000 arose from providing services to charity patients during the years ended December 31, 2016 and 2015, respectively.

The estimated costs of providing charity services are based on a calculation that applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue.

#### **Net Position**

Net position of the Hospital is classified in various components. Net position - net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets.

Restricted expendable net position includes assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue note indentures. Unrestricted net position is remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### **Grants and Contributions**

From time to time, the Hospital receives grants from Cass County and the State of Indiana as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted either for specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

#### **Restricted Net Position**

Expendable net position restricted for specific operating activities are available for the following purposes:

	2016	2015
Charity care	\$ 281,656	\$ 262,488
Community education	15,000	21,122
Hospice	-0-	21,312
Capital projects fund	39,082	34,860
Other	 41,369	31,727
Total	\$ 377,107	\$ 371,509

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

Restricted nonexpendable net position as of December 31, 2016 and 2015 represent the principal amounts of permanent endowments, restricted to investment in perpetuity. Investment earnings from the permanent endowments are expendable to support the activities of the Hospital.

#### Operating Revenues and Expenses

The Hospital's combined statements of operations and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services — the Hospital's principal activity. Non-exchange revenues including grants, and contributions received for purposes other than capital asset acquisition are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### Electronic Health Records (EHR) Incentive Payments

The Hospital receives EHR incentive payments under the Medicare and Medicaid programs. To qualify for the EHR incentive payments, the Hospital must meet "meaningful use" criteria that become more stringent over time. The Hospital periodically submits and attests to its use of certified EHR technology, satisfaction of meaningful use objectives, and various patient data. These submissions generally include performance measures for each annual EHR reporting period (Federal fiscal year ending September 30<sup>th</sup>). The related EHR incentive payments are paid out over a four-year transition schedule and are based upon data that is captured in the Hospital's cost reports.

The payment calculation is based upon an initial amount as adjusted for discharges, Medicare and Medicaid utilization using inpatient days multiplied by a factor of total charges excluding charity care to total charges, and a transitional factor that ranges from 100% in first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Hospital recognizes EHR incentive payments as other operating income when there is reasonable assurance that the Hospital will comply with the conditions of the meaningful use objectives and any other specific requirements. In addition, the financial statement effects of the grants must be both recognizable and measurable. During 2016 and 2015, the Hospital recognized approximately \$531,000 and \$288,000, respectively, in EHR incentive payments using the ratable recognition method. Under the ratable recognition method, the Hospital recognizes income ratably over the entire EHR reporting period when it is reasonably assured at the outset of the EHR reporting period that it will comply with the minimum requirements of the program.

EHR incentive income is included in other operating revenue in the combined statement of operations and changes in net position. EHR incentive income recognized is based on management's estimate and amounts are subject to change, with such changes impacting operations in the period the changes occur. Receipt of EHR is subject to the fulfillment of certain obligations by the Hospital as prescribed by the programs, subject to future audits and may be subject to repayment upon a determination of noncompliance.

### **Compensated Absences**

Short-Term Disability

The Hospital utilizes a short-term disability benefit program. The Hospital self-funds their short-term disability program as expenses are incurred.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### Personal Leave

Hospital employees who work at least 32 hours per pay period earn personal leave at the rate of 72 to 144 hours per year based upon the number of years of service. Unused personal leave may be accumulated to a maximum of 240 hours. Accumulated personal leave is paid to employees through a lump sum cash payment upon separation of employment.

Personal leave is accrued when incurred and reported as a liability.

#### Federal or State Income Taxes

The Hospital is a governmental instrumentality organized under Title 16, Article 22, of the Indiana statutes. The Internal Revenue Service recognizes the Hospital as exempt from federal income tax as a charitable, educational, and scientific organization as described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Memorial Hospital Foundation is also a 501(c)(3) not-for-profit organization. Health Professional Resources, Inc. is an Indiana corporation. Income taxes for HPR for those that are currently due and for deferred taxes have been deemed immaterial by management for separate disclosure within these combined financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital (and it's component units) and recognize a tax liability if the Hospital or it's component units have taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities.

Management has analyzed the tax positions taken and has concluded that as of December 31, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying combined financial statements. The Hospital and its component units are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Where applicable these entities have filed their federal and state income tax returns for periods through December 31, 2015. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

#### <u>Advertising</u>

The Hospital uses advertising for recruiting and to promote its programs among the audiences it serves. The production costs of advertising are expensed as incurred. The total amount of advertising expense was approximately \$938,000 and \$717,000 during 2016 and 2015, respectively, and are included within purchased services and other in the combined statements of operations and changes in net position.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

### Risk Management

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omission; job related illnesses or injuries to employees; medical benefits to employees and dependents. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims from these risks have not exceeded commercial insurance coverage for the past several years.

#### Other Revenue

Other revenue consists of pharmacy sales from one of the component units of approximately \$1,810,000 and \$1,460,000 for 2016 and 2015 after intercompany eliminations. The remainder of other revenue is generated by the Hospital and consists of cafeteria sales, revenue associated with renting and cleaning the medical office buildings, electronic health record incentive payments, and other.

#### **Subsequent Events**

The Hospital evaluated events or transactions occurring subsequent to the combined balance sheet date for recognition and disclosure in the accompanying combined financial statements through the date the combined financial statements are issued which is April 24, 2017.

#### 2. CHANGE IN ACCOUNTING PRINCIPLES

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

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

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 3. FAIR VALUE OF FINANCIAL INSTRUMENTS

The Hospital's investments are reported at fair value in the accompanying combined balance sheets. Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction, which requires an entity to maximize the use of observable inputs when measuring fair value.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015. The Hospital does not have any level 3 assets or liabilities.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds
  held by the Hospital are open-end mutual funds that are registered with the
  Securities and Exchange Commission. These funds are required to publish their daily
  net asset value (NAV) and to transact at that price. The mutual funds held by the
  Hospital are deemed to be actively traded.
- Interest rate swap agreements: Valued using pricing models that are derived principally from observable market data based on discounted cash flows and interest rate yield curves at quoted intervals for the full term of the swap.

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2016 and 2015 are as follows:

			20	16		
		Total	Level 1		Level 2	evel 3
Assets						
Assets whose use is limited						
Mutual funds						
Intermediate-term bond	\$	309,065	\$ 309,065	\$	-0-	\$ -0-
Large blend		148,430	148,430		-0-	-0-
Large value		961,803	961,803		-0-	-0-
Total mutual funds		1,419,298	\$ 1,419,298	\$	-0-	\$ -0-
Money market deposit accounts		6,878,737				
Accrued interest		34,375				
Certificates of deposit *		7,263,191				
Total assets whose use is limited	\$	15,595,601				
Liabilities						
Interest rate swap agreements	\$	157,154	\$ -0-	\$	157,154	\$ -0-

<sup>\*</sup> Certificates of deposit are reported at contract value

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

			20	15			
		Total	Level 1		Level 2	Le	evel 3
Assets			_				
Assets whose use is limited							
Mutual funds							
High yield bond	\$	79,086	\$ 79,086	\$	-0-	\$	-0-
Intermediate-term bond		236,312	236,312		-0-		-0-
World bond		81,228	81,228		-0-		-0-
Large blend		144,413	144,413		-0-		-0-
Large value		746,588	746,588		-0-		-0-
Total mutual funds		1,287,627	\$ 1,287,627	\$	-0-	\$	-0-
Money market deposit accounts		6,775,159					
Accrued interest		33,477					
Certificates of deposit *		7,224,530					
Total assets whose use is limited	\$ ^	5,320,793					
Liabilities							
Interest rate swap agreements	\$	300,880	\$ -0-	\$	300,880	\$	-0-

<sup>\*</sup> Certificates of deposit are reported at contract value

The Hospital's policy is to recognize transfers between levels as of the end of the reporting period. The Hospital did not have any transfers between levels as of December 31, 2016 and 2015.

Realized gains and losses and interest income are reported in the combined statements of operations and changes in net position as a component of investment income. Net realized gains and losses and interest income approximated \$167,000 and \$171,000 during 2016 and 2015, respectively.

The unrealized gains and losses are included in earnings for the period attributable to the change in unrealized gains and losses relating to assets held as of December 31, 2016 and 2015. During 2016 and 2015, the Hospital recognized an unrealized gain of approximately \$100,000 and an unrealized loss of approximately \$100,000, respectively, which is included in the combined statement of operations and changes in net position as a component of investment income.

### NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

The Hospital holds investments which are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying combined financial statements.

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

<u>Long-term debt</u>: Fair value of the Hospital's variable rate revenue bonds is based on current traded value. The carrying value of the remaining debt obligations approximates fair value based on incremental borrowing rates of similarly rated entities.

#### 4. ASSETS LIMITED AS TO USE

The composition of assets limited as to use includes the following as of December 31:

	2016	2015
Internally designated		
Funded depreciation		
Money market deposit accounts	\$ 3,588,420	\$ 3,386,663
Investments	7,968,706	7,803,972
Accrued interest receivable	34,375	33,477
Total funded depreciation	11,591,501	 11,224,112
Held by trustee		
Money market deposit accounts	3,290,317	3,388,496
Restricted by contributors and grantors		
Investments	 713,783	 708,185
Total assets limited as to use	\$ 15,595,601	\$ 15,320,793

#### 5. DEPOSITS AND INVESTMENTS

#### **Deposits and Investments**

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

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Investments are carried generally at fair market value. Net realized gains and losses on security transactions are determined on the specific identification cost basis. Funded depreciation investments consist of cash equivalents, certificates of deposits, and U.S. Government securities.

As of December 31, 2016 and 2015, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by custodial banks that are agents of the Hospital:

	 De	cemb	er 31, 2016						
				Inv	estment Matu	res (iı	n years)		
	Carrying		Less						More
	Amount		than 1		1-5		6-10	than 10	
Certificates of deposit	\$ 7,263,191	\$	2,129,838	\$	5,133,353	\$	-0-	\$	-0-
Mutual funds	1,419,298		1,419,298		-0-		-0-		-0-
	\$ 8,682,489	\$	3,549,136	\$	5,133,353	\$	-0-	\$	-0-
	_								
	Dei	cemb	er 31, 2015	Inv	estment Matu	res (iu	n vears)		
		cemb	·	Inv	estment Matu	res (ii	n years)		More
	Carrying Amount	cemb	er 31, 2015 Less than 1	Inv	estment Matu	res (ii	n years) 6-10		More
Certificates of deposit	\$ Carrying	cemb \$	Less	Inv		res (ii			nan 10
Certificates of deposit Mutual funds	 Carrying Amount		Less than 1		1-5		6-10	th	

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

Credit risk – Statutes authorize the Hospital to invest in interest bearing deposit accounts, passbook savings accounts, certificates of deposit, money market funds, mutual funds, pooled fund investments, securities backed by the full faith and credit of the United States Treasury and repurchase agreements. The statutes require that repurchase agreements be fully collateralized by U.S. Government or U.S. Government Agency obligations. It is the Hospital's policy to invest only in securities that meet the ratings requirements set by state statute.

Concentration of credit risk – The Hospital places no limit on the amount it may invest in any one issuer. The Hospital believes that it is not exposed to any significant credit risk on investments.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Deposits and investments consist of the following as of December 31:

		2016	2015
Carrying amount			
Deposits	\$	37,010,771	\$ 36,342,552
Accrued interest		34,375	33,477
Investments		8,682,489	8,512,157
	\$	45,727,635	\$ 44,888,186
Included in the balance sheet captions			
Cash and cash equivalents	\$	30,132,034	\$ 29,567,393
Internally designated		11,591,501	11,224,112
Held by trustee for debt service		3,290,317	3,388,496
Restricted by contributors and grantors	5	713,783	708,185
	\$	45,727,635	\$ 44,888,186

#### 6. ACCOUNTS RECEIVABLE AND PAYABLE

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at year-end consisted of these amounts as of December 31, 2016 and 2015:

	2016	2015		
Patient accounts receivable				
Receivable from patients and their insurance carriers	\$ 15,667,667	\$	19,386,808	
Receivable from Medicare	6,735,765		4,536,804	
Receivable from Medicaid	6,528,176		2,118,599	
Total patient accounts receivable	 28,931,608		26,042,211	
Less allowance for contractual agreements	(12,076,780)		(10,625,091)	
Less allowance for doubtful accounts	(7,110,243)		(6,131,165)	
Patient accounts receivable, net	\$ 9,744,585	\$	9,285,955	
Accounts payable and accrued expenses				
Payable to suppliers	\$ 6,740,979	\$	5,329,169	
Payable to employees (including payroll taxes and				
benefits)	3,033,887		2,507,606	
Total accounts payable and accrued expenses	\$ 9,774,866	\$	7,836,775	

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 7. CAPITAL ASSETS

A summary of capital assets at December 31, 2016 and 2015 follows:

		Balance								Balance
	D	ecember 31,							D	ecember 31,
		2015		Additions	Re	tirements		Transfers		2016
Land	\$	878,337	\$	-0-	\$	-0-	\$	-0-	\$	878,337
Land improvements		582,157		123,147		-0-		-0-		705,304
Building and improvements		59,002,244		630,061		-0-		982,824		60,615,129
Equipment		37,061,171		1,752,013		(22,346)		1,165,044		39,955,882
Construction in progress		1,785,337		2,982,612		-0-		(2,147,868)		2,620,081
Total capital assets		99,309,246		5,487,833		(22,346)		-0-		104,774,733
Less accumulated depreciation										
Land improvements		(389,103)		(38,087)		-0-		-0-		(427,190)
Building and improvements		(32,523,045)		(1,935,973)		-0-		-0-		(34,459,018)
Equipment		(27,624,275)		(1,904,798)		18,465		-0-		(29,510,608)
Total accumulated depreciation		(60,536,423)		(3,878,858)		18,465		-0-		(64,396,816)
Capital assets, net	\$	38,772,823	\$	1,608,975	\$	(3,881)	\$	-0-	\$	40,377,917
		Balance								Balance
	D	ecember 31,							D	ecember 31,
		2014		Additions	Re	tirements		Transfers	_	2015
Land	\$	878,337	-\$		\$	-0-	\$	-0-	\$	878,337
Land improvements	-	582,157	7	-0-	-	-0-	-	-0-	-	582,157
Building and improvements		58,483,409		141,443		(2,387)		379,779		59,002,244
Equipment		35,844,040		1,048,274		(728,037)		896,894		37,061,171
Construction in progress		567,511		2,494,499		-0-		(1,276,673)		1,785,337
Total capital assets		96,355,454		3,684,216		(730,424)		-0-		99,309,246
Less accumulated depreciation										
Land improvements		(354,389)		(34,714)		-0-		-0-		(389,103)
Building and improvements		(30,638,970)		(1,886,462)		2,387		-0-		(32,523,045)
Equipment		(26,537,285)		(1,812,778)		725,788		-0-		(27,624,275)
Total accumulated depreciation		(57,530,644)		(3,733,954)		728,175		-0-		(60,536,423)
Capital assets, net	\$	38,824,810	\$	(49,738)	\$	(2,249)	\$	-0-	\$	38,772,823

The following is an analysis of the leased assets included in capital assets as of December 31, 2016 and 2015:

	 2016	2015
Equipment	\$ 69,950	\$ 69,950
Less: accumulated depreciation	58,292	 44,302
	\$ 11,658	\$ 25,648

The estimated cost to complete outstanding construction projects is approximately \$4,100,000 at December 31, 2016, which is to be funded with internal reserves.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 8. LONG-TERM DEBT

The terms and due dates of the Hospital's long-term debt, including capital lease obligations, at December 31, 2016 and 2015 are as follows:

- a. 2010 equipment loan payable, fixed interest rate of 3.4%, with monthly principal and interest payments totaling \$43,919, due June 1, 2015, collateralized by certain Hospital assets. This loan payable was paid in full during 2015.
- b. 2013A tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2038, collateralized by net revenues of the Hospital. Interest rate is variable at 1.71% as of December 31, 2016. An associated interest rate swap has fixed rate of 2.77% with a liability fair value of approximately \$113,000 and \$185,000 as of December 31, 2016 and 2015, respectively, the effects of which are immaterial to the financial statements as a whole.
- c. 2013B tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2024, collateralized by net revenues of the Hospital. Interest rate is variable at 1.58% as of December 31, 2016. An associated interest rate swap has fixed rate of 2.39% with a liability fair value of approximately \$44,000 and \$116,000 as of December 31, 2016 and 2015, respectively, the effects of which are immaterial to the financial statements as a whole.
- d. 2016 equipment loan payable, fixed interest rate of 3.4%, with monthly principal and interest payments totaling \$27,241, due August 2, 2021, collateralized by certain Hospital assets with an approximate net book value of \$1,350,000.
- e. Capital lease obligation with a monthly payment of \$1,325, with a fixed interest rate of 5.15%, collateralized by leased equipment. The capital lease matures in full during 2017.

The Hospital and the Indiana Financing Authority (the Authority) entered into an agreement with Huntington Public Capital Corporation (Huntington) whereby Huntington purchased from the Authority all of the Series 2013A and 2013B tax-exempt revenue bonds (2013 Bonds) in a private placement. The agreement provided that Huntington would hold the Series 2013 Bonds during the Initial Mode Period which runs through May 2023. During the Initial Mode Period, the Series 2013 Bonds would bear interest at the Initial Rate Mode (Libor plus 32 basis points plus the applicable spread of 150 basis points for the 2013A Bonds and Libor plus 32 basis points plus the applicable spread of 130 basis points for the 2013B Bonds) for 120 months with principal and interest payments determined using a 25-year amortization schedule for the 2013A Series revenue bonds and a 20-year amortization schedule for the 2013B Series revenue bonds.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

At the end of the Initial Mode Period, the Series 2013 bonds may be converted to another interest rate mode and remarketed to another bondholder or holders or renewed for another term period with Huntington. The Series 2013 Bonds could be converted to another interest rate mode to accommodate market conditions at that time. If the Series 2013 Bonds could not be remarketed at the end of the Initial Mode Period, the Hospital would be subject to payment of the remaining principal of approximately \$7,800,000.

Under the terms of the revenue bond indenture, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with restricted cash and investments in the combined balance sheet. The revenue bond indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performances as long as the bonds are outstanding. The Hospital is also required to meet certain financial covenants. The Hospital believes it is in compliance with all covenants as of December 31, 2016 and 2015.

A summary of long-term debt as of December 31, 2016 and 2015 includes the following:

		Balance at						Balance at					
	D	ecember 31,	A	Additional			D	December 31,		Current		Long-term	
		2015	borrowings		Payments		2016		portion		portion		
2016 Equipment loan	\$	-0-	\$	1,500,000	\$	92,038	\$	1,407,962		283,081	\$	1,124,881	
2013A Bond		8,357,000		-0-		266,000		8,091,000		281,000		7,810,000	
2013B Bond		12,099,000		-0-		1,325,000		10,774,000		1,351,000		9,423,000	
Capital leases		27,753		-0-		14,816		12,937		12,937		-0-	
	\$	20,483,753	\$	1,500,000	\$	1,697,854	\$	20,285,899	\$	1,928,018	\$	18,357,881	
		Balance at						Balance at					
	D	ecember 31,	A	Additional			D	ecember 31,	Current		Long-term		
		2014	b	orrowings		Payments		2015		portion		portion	
2010 Equipment loan	\$	195,658	\$	-0-	\$	195,658	\$	-0-	\$	-0-	\$	-0-	
2013A Bond		8,622,000		-0-		265,000		8,357,000		266,000		8,091,000	
2013B Bond		13,392,000		-0-		1,293,000		12,099,000		1,325,000		10,774,000	
Capital leases		41,828		-0-		14,075		27,753		14,816		12,937	
	\$	22,251,486	\$	-0-	\$	1,767,733	\$	20,483,753	\$	1,605,816	\$	18,877,937	

Scheduled principal and interest payments on long-term debt at December 31, 2016 are as follows:

	Long-term debt				Capital	lease	S
Years Ending December 31,	Principal Interest		 Principal		Interest		
2017	\$	1,915,081	\$	510,269	\$ 12,937	\$	307
2018		2,004,833		455,821	-0-		-0-
2019		2,018,987		403,953	-0-		-0-
2020		2,082,527		361,243	-0-		-0-
2021		1,999,534		296,613	-0-		-0-
2022-2026		5,303,000		910,239	-0-		-0-
Thereafter		4,949,000		818,290	-0-		-0-
	\$	20,272,962	\$	3,756,428	\$ 12,937	\$	307

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

The future maturities related to the 2013 bonds are based upon two interest rate swap agreements, the effects of which are immaterial to the financial statements.

#### 9. NET PATIENT REVENUE

Net patient revenue consists of the following at December 31:

	2016	2015
Inpatient revenue	\$ 33,600,229	\$ 36,164,728
Outpatient revenue	138,019,135	126,585,917
Long term care	 10,916,483	10,471,452
Gross patient revenue	182,535,847	173,222,097
Contractual allowances	(93,462,841)	(85,966,145)
Charity care	(1,630,892)	(1,881,014)
Bad debt expense	(7,336,667)	(7,897,320)
Deductions from revenue	(102,430,400)	(95,744,479)
Net patient revenue	\$ 80,105,447	\$ 77,477,618

#### 10. EMPLOYEE HEALTH PLAN

The Hospital is self-insured for employee health claims. A third party administrator processes the claims for the Hospital. The plan has annual reinsurance coverage starting at a specific level of \$150,000 per individual with no lifetime maximum reimbursement per covered person. The Hospital maintains an estimated liability for the amount of claims incurred but not reported. The Hospital maintains reinsurance including a stop loss for specific incident claims over a stipulated amount per year. Substantially all employees are covered for major medical benefits.

Claim expenditures and liabilities of the fund are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. These losses include an estimate of claims that have been incurred but not reported.

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Changes in the balance of claim liabilities during the past two years are as follows:

	2016	2015		
Unpaid claims, beginning of year	\$ 617,298	\$ 613,014		
Incurred claims, costs, and changes in estimates	5,691,010	4,666,610		
Claim payments	(5,318,318)	(4,662,326)		
Unpaid claims, end of year	\$ 989,990	\$ 617,298		

#### 11. PENSION PLAN

### Plan Description

The Hospital has a defined contribution pension plan, as authorized by Indiana Code 16-22-3-11, which is administered by the Hospital. The contribution requirements of plan members are established by the written agreement between the Hospital Board of Trustees and ING National Trust, ING Financial Advisors, LLC, and ING Life Insurance and Annuity Company, as the plan administrators. If an employee chooses to participate in the 403(b) portion of the plan, the Hospital will match employee contributions up to 2% of gross wages. Hospital contributions to the plans were approximately \$302,000 and \$257,000 for 2016 and 2015, respectively.

#### 12. CONCENTRATIONS OF CREDIT RISK

The Hospital is located in Logansport, Indiana. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. Gross accounts receivable and revenues from self-pay and third party payors were as follows at December 31 and for the year then ended:

	Receival	bles	Revenues				
	2016	2015	2016	2015			
Medicare	24%	28%	36%	38%			
Medicaid	22%	13%	25%	21%			
Blue Cross/Anthem	11%	10%	19%	20%			
Commercial	14%	18%	17%	17%			
Self-pay	29%	31%	3%	4%			
	100%	100%	100%	100%			

NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 13. COMMITMENTS AND CONTINGENCIES

#### Litigation

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

#### Malpractice Insurance

The Indiana Medical Malpractice Act, Indiana Code 34-18 (Act) provides a maximum recovery of \$1,250,000 for an occurrence of malpractice. The Act requires the Hospital to maintain medical malpractice liability insurance in the amount of at least \$250,000 per occurrence and \$7,500,000 in the annual aggregate. The Act also requires the Hospital to pay a surcharge to the State Patient's Compensation Fund (Fund). The Fund is used to pay medical malpractice claims in excess of per occurrence and the annual aggregate amounts as noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not reasonably estimable. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

The Hospital purchases premium insurance to cover its exposure of \$250,000 per event and \$7,500,000 aggregate liability for Hospital and HPR operations.

#### **Operating Leases**

The Hospital leases various equipment and facilities under operating leases expiring at various dates through October 2020. Operating lease expense was approximately \$1,330,000 and \$1,310,000 during 2016 and 2015, respectively.

The following is a schedule by year of future minimum lease payments under non-cancelable operating leases as of December 31, 2016, that have initial or remaining lease terms in excess of one year.

Year Ending		
December 31,	_	
2017	\$	155,000
2018		90,000
2019		46,000
2020		36,000
	\$	327,000

NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

#### 14. BLENDED COMPONENT UNITS

The Hospital's combined financial statements include the accounts of its blended component units. Below is condensed financial information related to HPR and the Foundation as of and for the year ended December 31, 2016:

	HPR		Foundation		Total	
Cash and cash equivalents	\$	454,591	\$	36,920	\$	491,511
Patient accounts receivable, net		175,603		-0-		175,603
Supplies and other current assets		245,310		25,962		271,272
Total current assets		875,504		62,882	·	938,386
Assets limited as to use		-0-		1,621,392		1,621,392
Capital assets		10,535		768,377		778,912
Total assets	\$	886,039	\$	2,452,651	\$	3,338,690
Accounts payable and accrued expenses	\$	39,015	\$	8,298	\$	47,313
Related party payables		28,931		-0-		28,931
Total current liabilities		67,946		8,298		76,244
Net position		818,093		2,444,353		3,262,446
Total liabilities and net position	\$	886,039	\$	2,452,651	\$	3,338,690
Total operating revenue	\$	1,811,137	\$	-0-	\$	1,811,137
Total non-operating income (loss)		(2,665)		73,441		70,776
Total revenue		1,808,472		73,441		1,881,913
Salaries and benefits		261,468		-0-		261,468
Other professional fees		11,713		7,010		18,723
Medical supplies and drugs		1,369,345		-0-		1,369,345
Depreciation		5,859		9,288		15,147
Rent and leases		30,400		-0-		30,400
Purchased services and other		107,907		-0-		107,907
Total expenses		1,786,692		16,298		1,802,990
Change in net position	\$	21,780	\$	57,143	\$	78,923
Cash flows from activities						
Operating	\$	(12,582)	\$	3,172	\$	(9,410)
Noncapital financing		(4,184)		(47,699)		(51,883)
Investing		1,519		(14,924)		(13,405)
Net change in cash and cash equivalents	\$	(15,247)	\$	(59,451)	\$	(74,698)

# NOTES TO COMBINED STATEMENTS DECEMBER 31, 2016 AND 2015

Below is condensed financial information related to HPR and the Foundation as of and for the year ended December 31, 2015:

	HPR		Foundation		Total	
Cash and cash equivalents	\$	469,838	\$	96,371	\$	566,209
Patient accounts receivable, net		116,684		-0-		116,684
Supplies and other current assets		300,082		27,846		327,928
Total current assets		886,604		124,217		1,010,821
Assets limited as to use		-0-		1,485,328		1,485,328
Capital assets		16,394		777,665		794,059
Total assets	\$	902,998	\$	2,387,210	\$	3,290,208
Accounts payable and accrued expenses	\$	63,169	\$	-0-	\$	63,169
Related party payables		43,516		-0-		43,516
Total current liabilities		106,685		-0-		106,685
Net position		796,313		2,387,210		3,183,523
Total liabilities and net position	\$	902,998	\$	2,387,210	\$	3,290,208
Total operating revenue	\$	1,459,618	\$	-0-	\$	1,459,618
Total non-operating income (loss)		(42,624)		60,876		18,252
Total revenue		1,416,994		60,876		1,477,870
Salaries and benefits		262,071		-0-		262,071
Other professional fees		6,230		5,783		12,013
Medical supplies and drugs		920,047		-0-		920,047
Depreciation		6,888		5,555		12,443
Rent and leases		30,400		-0-		30,400
Purchased services and other  Total expenses		1,335,311		-0- 11,338		109,675 1,346,649
Total expenses		1,555,511		11,550		1,540,045
Change in net position	\$	81,683	\$	49,538	\$	131,221
Cash flows from activities						
Operating	\$	102,273	\$	(2,322)	\$	99,951
Noncapital financing		(43,506)		25,660		(17,846)
Investing		882		(119,853)		(118,971)
Net change in cash and cash equivalents	\$	59,649	\$	(96,515)	\$	(36,866)