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June 8, 2018

Board of Trustees
Sullivan County Community Hospital
2200 North Section Street
Sullivan, IN 47882

We have reviewed the audit report prepared by BKD, LLP, Independent Public Accountants, for the period January 1, 2017 to December 31, 2017. In our opinion, the audit report was prepared in accordance with the guidelines established by the State Board of Accounts. Per the Independent Auditor's Report, the financial statements included in the report present fairly the financial condition of the Sullivan County Community Hospital, as of December 31, 2017, and the results of its operations for the period then ended, on the basis of accounting described in the report.

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

A handwritten signature in blue ink that reads "Paul D. Joyce".

Paul D. Joyce, CPA
State Examiner

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana

Independent Auditor's Report and Financial Statements
December 31, 2017 and 2016

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
December 31, 2017 and 2016

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Independent Auditor's Report

Board of Trustees
Sullivan County Community Hospital
Sullivan, Indiana

Report on the Financial Statements

We have audited the accompanying financial statements of Sullivan County Community Hospital (Hospital), a component unit of Sullivan County, Indiana, and SCCH Fitness Center, Inc., the Hospital's discretely presented component unit, as of and for the years ended December 31, 2017 and 2016, 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 opinions 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 opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of Sullivan County Community Hospital and of its discretely presented component unit as of December 31, 2017 and 2016, and the respective changes in financial position and where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis as listed as 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 audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 24, 2018, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

BKD, LLP

Indianapolis, Indiana
May 24, 2018

Sullivan County Community Hospital

A Component Unit of Sullivan County, Indiana

Management's Discussion and Analysis

Years Ended December 31, 2017 and 2016

Introduction

This management's discussion and analysis of the financial performance of Sullivan County Community Hospital (Hospital) provides an overview of the Hospital's financial activities for the years ended December 31, 2017 and 2016. It should be read in conjunction with the accompanying financial statements of the Hospital.

Financial Highlights

- Cash and investments increased in 2017 by \$365,082 or 2.4% compared to a decrease of \$1,939,077 or 11.5% in 2016.
- The Hospital's net position decreased in 2017 by \$1,328,110 or 4.2% compared to a decrease of \$277,130 or 0.9% in 2016.
- The Hospital reported operating losses in both 2017 \$(1,407,690) and 2016 \$(238,107). The operating results in 2017 decreased by \$1,169,583 or 491.2% over the operating results reported in 2016. The operating results in 2016 decreased by \$569,933 or 171.8% from the operating results reported in 2015.
- Net nonoperating results increased by \$118,603 or 303.9% in 2017 compared to 2016, and by \$26,369 or 40.3% in 2016 compared to 2015.

Using This Annual Report

The Hospital's financial statements consist of three statements—the balance sheets; the statements of revenues, expenses and changes in net position; and the statements 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 Sheets and Statements 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 sheets and the statements 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 Statements of Cash Flows

The statements of cash flows report 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 the difference between its assets and liabilities reported in the balance sheets. The Hospital's net position decreased by \$1,328,110 or 4.2% in 2017 over 2016 compared to a decrease in net position of \$277,130 or 0.9% in 2016 over 2015 as shown in Table 1.

Table 1: Assets, Liabilities and Net Position

	2017	2016	2015
Assets			
Patient accounts receivable, net	\$ 3,611,589	\$ 3,476,184	\$ 3,344,057
Other current assets	6,415,893	6,438,174	6,920,036
Capital assets, net	18,599,508	14,388,027	13,585,472
Other noncurrent assets	11,158,617	11,091,706	11,037,515
	<u>\$ 39,785,607</u>	<u>\$ 35,394,091</u>	<u>\$ 34,887,080</u>
Liabilities			
Long-term debt	\$ 5,209,846	\$ -	\$ -
Other current and long-term liabilities	4,053,414	3,543,634	2,759,493
Total liabilities	<u>9,263,260</u>	<u>3,543,634</u>	<u>2,759,493</u>
Net Position			
Net investment in capital assets	14,300,945	14,388,027	13,585,472
Unrestricted	16,221,402	17,462,430	18,542,115
Total net position	<u>30,522,347</u>	<u>31,850,457</u>	<u>32,127,587</u>
Total liabilities and net position	<u>\$ 39,785,607</u>	<u>\$ 35,394,091</u>	<u>\$ 34,887,080</u>

A significant change in the Hospital's assets in 2017 is the increase in capital assets of \$4,211,481 or 29.3%. This increase was a result of ongoing capital projects at the Hospital. This increase was funded by the issuance of long-term debt of \$5,400,000. Patient accounts receivable increased by \$135,405 or 3.9% in 2017 despite a decrease of net patient revenue of \$877,782 or 2.7%, which equates to an increase of 3 days of revenue at December 31, 2017 versus December 31, 2016. This increase results primarily from changes in the Hospital collection cycle and remittances from third-party payers.

A significant change in the Hospital's assets in 2016 was a decrease in other current assets of \$481,862 or 7.0%. This decrease was a result of a decrease in cash of \$1,993,268 due to a decline in cash provided by operating activities and increases in purchases of capital assets. This decrease was offset by an increase in estimated amounts due from third-party payers based on the timing of payments from the state. Patient accounts receivable increased by \$132,127 or 4.0% in 2016 as a result of stable collection efforts and an increase in net patient service revenue of \$1,352,098 or 4.4%.

Operating Results and Changes in the Hospital's Net Position

In 2017, the Hospital's net position decreased by \$1,328,110 or 4.2%, as shown in Table 2. This decrease is made up of several different components and represents a decrease of 379.2% compared with the decrease in net position for 2016 of \$277,130. In 2016, the decrease in net position of \$277,130 represents a decrease of 171.8% compared with the increase in net position for 2015 of \$266,434.

Table 2: Operating Results and Changes in Net Position

	2017	2016	2015
Operating Revenues			
Net patient service revenue	\$ 31,054,684	\$ 31,932,466	\$ 30,408,368
Other operating revenues	853,034	157,329	200,487
Total operating revenues	<u>31,907,718</u>	<u>32,089,795</u>	<u>30,608,855</u>
Operating Expenses			
Salaries and wages and employee benefits	19,868,538	19,964,059	18,364,944
Purchased services and professional fees	4,539,645	4,107,114	4,050,431
Depreciation and amortization	1,776,727	1,682,220	1,641,981
Other operating expenses	7,130,498	6,574,509	6,219,673
Total operating expenses	<u>33,315,408</u>	<u>32,327,902</u>	<u>30,277,029</u>
Operating Income (Loss)	<u>(1,407,690)</u>	<u>(238,107)</u>	<u>331,826</u>
Nonoperating Revenues (Expenses)			
Investment income	73,769	57,148	48,551
Interest expense	(21,116)	-	-
Other	26,927	(96,171)	(113,943)
Total nonoperating revenues (expenses)	<u>79,580</u>	<u>(39,023)</u>	<u>(65,392)</u>
Increase (Decrease) in Net Position	<u>\$ (1,328,110)</u>	<u>\$ (277,130)</u>	<u>\$ 266,434</u>

Operating Income

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

The operating loss was \$1,407,690 for 2017 compared to operating loss of \$238,107 for 2016, which equates to a decrease in operating results of \$1,169,583, or 491.2%, while the operating results for 2016 decreased by \$569,933, or 171.8% compared to 2015. The primary components of the change in operating loss in 2017 are:

- Purchased services and professional fees for the Hospital were \$4,539,645 for 2017 compared to \$4,107,114 for 2016, which results in an increase of \$432,531 or 10.5%.
- Provider hospital assessment fee for the Hospital was \$822,134 for 2017 compared to \$459,973 for 2016, which results in an increase of \$362,161 or 78.7%.

Purchased services and professional fees increased in both 2017 and 2016 in connection with the Hospital's increase in physician fees and contracted management costs. The provider hospital assessment fee increased in 2017 is a result of additional fees assessed by the Indiana Medicaid Program to help fund Medicaid expansion and leverage the maximum amount to increase Medicaid payments to hospitals under the Upper Payment Limit.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses consist primarily of investment income, interest expense, rental income on Hospital-owned property and payments made to subsidize the Hospital's discretely presented component unit. Changes in investment and rental income were insignificant in 2017 and 2016. The Hospital's subsidy of its discretely presented component unit increased by approximately \$5,000 or 2.3% to \$214,764 in 2017. The Hospital recognized losses of \$51,824 from its equity method investments in 2017. The Hospital recognized \$21,116 of interest costs related to its debt issuance and expensed \$70,600 of issuance costs in 2017.

The Hospital's Cash Flows

The Hospital's operating cash flows increased \$719,334 in 2017 compared to 2016. The primary driver of this increase was an increase in cash receipts from patients. The Hospital's cash flows used in capital and related financing activity decreased by \$1,561,465 in 2017 compared to 2016 as a result of financing the purchase of capital assets. The Hospital's cash flows used in investing activities decreased by \$10,640 in 2017 compared to 2016.

Capital Asset and Debt Administration

Capital Assets

At the end of 2017, the Hospital had \$18,599,508 invested in capital assets, net of accumulated depreciation. In 2017 and 2016, the Hospital had capital acquisitions of approximately \$5,821,000 and \$2,480,000, respectively. The majority of these purchases were related to overall Hospital facility improvements and expansion. Please reference Note 5 of the audited financial statements for additional disclosures concerning capital asset activity.

Debt

At December 31, 2017, the Hospital had \$5,209,845 in revenue bonds outstanding. There was no outstanding debt at December 31, 2016. See Note 8 to the basic financial statements for more information regarding long-term debt.

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 Administration by telephoning (812) 268-4311.

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Balance Sheets
December 31, 2017 and 2016

Assets

	2017	2016
Current Assets		
Cash	\$ 3,243,224	\$ 3,856,336
Restricted cash	911,283	-
Patient accounts receivable, net of allowance: 2017 - \$1,171,306; 2016 - \$1,568,240	3,611,589	3,476,184
Supplies	789,392	672,824
Estimated amounts due from third-party payers	540,346	1,263,519
Prepaid expenses and other current assets	931,648	645,495
Total current assets	10,027,482	9,914,358
Noncurrent Investments - funded depreciation	11,158,617	11,091,706
Capital Assets	18,599,508	14,388,027
Total assets	\$ 39,785,607	\$ 35,394,091

Liabilities and Net Position

Current Liabilities		
Current maturities of long-term debt	\$ 239,793	\$ -
Accounts payable	1,450,379	1,209,093
Accrued expenses	2,315,664	2,154,138
Estimated amounts due to third-party payers	287,371	180,403
Total current liabilities	4,293,207	3,543,634
Long-Term Debt	4,970,053	-
Total liabilities	9,263,260	3,543,634
Net Position		
Net investment in capital assets	14,300,945	14,388,027
Unrestricted	16,221,402	17,462,430
Total net position	30,522,347	31,850,457
Total liabilities and net position	\$ 39,785,607	\$ 35,394,091

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
SCCH Fitness Center, Inc.
Statements of Financial Position
December 31, 2017 and 2016

Assets

	2017	2016
Property and equipment, net of accumulated depreciation of \$913,205 and \$854,710 for 2017 and 2016, respectively	\$ 374,835	\$ 434,211
Total assets	\$ 374,835	\$ 434,211

Liabilities and Net Assets

Liabilities		
Accrued expenses	\$ 49,855	\$ 39,834
Net Assets - unrestricted	324,980	394,377
Total liabilities and net assets	\$ 374,835	\$ 434,211

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2017 and 2016

	2017	2016
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts of \$1,625,744 and \$2,039,874 for 2017 and 2016, respectively	\$ 31,054,684	\$ 31,932,466
Other	853,034	157,329
Total operating revenues	31,907,718	32,089,795
Operating Expenses		
Salaries and wages	15,255,538	15,441,301
Employee benefits	4,613,000	4,522,758
Purchased services and professional fees	4,539,645	4,107,114
Supplies	2,936,431	2,921,703
Utilities	489,787	443,852
Repair and maintenance	1,385,715	1,393,393
Leases and rentals	336,807	323,247
Insurance	393,060	419,900
Depreciation and amortization	1,776,727	1,682,220
Other	766,564	612,441
Provider hospital assessment fee	822,134	459,973
Total operating expenses	33,315,408	32,327,902
Operating Loss	(1,407,690)	(238,107)
Nonoperating Revenues (Expenses)		
Investment income	73,769	57,148
Interest expense	(21,116)	-
Other	26,927	(96,171)
Total nonoperating expenses	79,580	(39,023)
Decrease in Net Position	(1,328,110)	(277,130)
Net Position, Beginning of Year	31,850,457	32,127,587
Net Position, End of Year	\$ 30,522,347	\$ 31,850,457

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
SCCH Fitness Center, Inc.
Statements of Activities
Years Ended December 31, 2017 and 2016

	2017	2016
Revenues, Gains and Other Support		
Membership, training, class and other revenue	\$ 235,461	\$ 224,479
Operating support from the Hospital	214,764	209,884
Total revenues, gains and other support	450,225	434,363
Expenses		
Salaries and wages	247,065	261,721
Employee benefits	134,794	100,294
Purchased services	34,676	33,200
Supplies	6,059	5,339
Utilities	20,342	19,233
Repair and maintenance	4,000	5,474
Depreciation	58,495	62,958
Other	14,191	16,834
Total expenses	519,622	505,053
Decrease in Net Assets	(69,397)	(70,690)
Unrestricted Net Assets, Beginning of Year	394,377	465,067
Unrestricted Net Assets, End of Year	\$ 324,980	\$ 394,377

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Statements of Cash Flows
Years Ended December 31, 2017 and 2016

	2017	2016
Operating Activities		
Receipts from and on behalf of patients	\$ 30,927,286	\$ 30,137,410
Payments to suppliers and contractors	(10,285,067)	(9,784,664)
Payments to employees	(19,707,012)	(19,679,313)
Other payments, net	86,470	(371,090)
Net cash provided by operating activities	1,021,677	302,343
Capital and Related Financing Activities		
Purchase of capital assets	(5,778,662)	(2,151,397)
Proceeds from issuance of long-term debt	5,400,000	-
Principal payments made on long-term debt	(190,154)	-
Interest payments on long-term debt	(21,116)	-
Net cash used in capital and related financing activities	(589,932)	(2,151,397)
Investing Activities		
Interest and dividends on investments	73,769	57,148
Purchase of investments	(10,178,202)	(8,046,001)
Proceeds from disposition of investments	10,111,291	7,991,810
Other investing activities	(140,432)	(147,171)
Net cash used in investing activities	(133,574)	(144,214)
Increase (Decrease) in Cash	298,171	(1,993,268)
Cash, Beginning of Year	3,856,336	5,849,604
Cash, End of Year	\$ 4,154,507	\$ 3,856,336
Reconciliation of Cash to the Balance Sheets		
Cash	\$ 3,243,224	\$ 3,856,336
Restricted cash	911,283	-
Total cash	\$ 4,154,507	\$ 3,856,336

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Statements of Cash Flows (Continued)
Years Ended December 31, 2017 and 2016

	2017	2016
Reconciliation of Operating Loss to Net Cash Provided by Operating Activities		
Operating loss	\$ (1,407,690)	\$ (238,107)
Depreciation and amortization	1,776,727	1,682,220
Provision for uncollectible accounts	1,625,744	2,039,874
Changes in operating assets and liabilities:		
Patient accounts receivable	(1,761,149)	(2,172,001)
Estimated amounts due to/from third-party payers	830,141	(1,202,956)
Accounts payable and accrued expenses	360,625	390,200
Other assets	(402,721)	(196,887)
Net cash provided by operating activities	\$ 1,021,677	\$ 302,343
Supplemental Cash Flow Information		
Purchase of capital assets included in accounts payable	\$ 375,565	\$ 333,378

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Notes to Financial Statements
December 31, 2017 and 2016

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

Nature of Operations and Reporting Entity

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

In accordance with GASB Statement No. 61, the financial statements include the financial statements of MSO Clinics, Inc. (MSO Clinics), reported as a blended component unit. The primary government appoints a voting majority of the MSO Clinics' board of directors and a financial benefit/burden relationship exists between the Hospital and MSO Clinics. Although it is legally separate from the Hospital, MSO Clinics is reported as if it were a part of the Hospital as it provides services entirely or almost entirely for the benefit of the Hospital. All significant intercompany transactions have been eliminated for financial reporting purposes. Separate audited financial statements are not issued for MSO Clinics.

During 2016, the Hospital invested for a 51% ownership in Sullivan County Community Hospital Pain Management, LLC (Pain Management), which was organized to offer pain management services in the Hospital's primary service area. The Hospital's ownership interest is accounted for under the equity method. Separate audited financial statements are not issued for Pain Management.

During 2017, the Hospital invested for a 10% ownership in Solidago Dialysis, LLC (Dialysis), which was organized to provide dialysis services in the Hospital's primary service area. The Hospital's ownership interest is accounted for under the equity method. Separate audited financial statements are not issued for Dialysis.

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.

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Notes to Financial Statements
December 31, 2017 and 2016

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.

Investments and Investment Income

Investments in nonnegotiable certificates of deposit are carried at amortized cost. The investments in equity investees are reported on the equity method of accounting. All other investments are carried at fair value. Fair value is determined using quoted market prices.

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

Patient Accounts Receivable

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

Supplies

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

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Notes to Financial Statements
December 31, 2017 and 2016

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. The following estimated useful lives are being used by the Hospital:

Land improvements	5 - 20 years
Buildings and leasehold improvements	10 - 20 years
Equipment	3 - 10 years

The Hospital capitalizes interest costs as a component of construction in progress, based on the weighted-average rates paid for long-term borrowing. Total interest incurred was:

	2017
	<hr/>
Interest costs capitalized	\$ 109,529
Interest costs charged to expense	21,116
	<hr/>
Total interest incurred	<u>\$ 130,645</u>

Compensated Absences

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

Net Position

Net position of the Hospital is classified in two components. Net investment in capital assets consists 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. Unrestricted net position are remaining assets, less remaining liabilities that do not meet the definition of net investment in capital assets or restricted net position.

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Notes to Financial Statements
December 31, 2017 and 2016

Net Patient Service Revenue

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

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients meeting certain criteria under its charity care policy. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue. Charges excluded from revenue under the Hospital's charity care policy were \$826,286 for 2017 compared to \$930,654 for 2016.

SCCH Fitness Center

SCCH Fitness Center, Inc. (Fitness Center) is a legally separate, tax-exempt component unit of the Hospital. The Fitness Center's primary function is to provide community access to health and fitness equipment. The Hospital appoints a voting majority of the Fitness Center's board and a financial relationship exists where the Hospital subsidizes the operations of the Fitness Center. Because of this relationship, the Fitness Center is considered a component unit of the Hospital and is discretely presented in the Hospital's financial statements. Separate financial statements for the Fitness Center may be obtained by contacting Fitness Center management.

During the years ended December 31, 2017 and 2016, the Hospital provided \$214,764 and \$209,884, respectively, of support to the Fitness Center for operations.

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. In addition, the Hospital is exempt from taxes under Section 501(c)(3) of the Internal Revenue Code. However, the Hospital is subject to federal income tax on any unrelated business taxable income.

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

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MSO Clinics 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, MSO Clinics is subject to federal income tax on any unrelated business taxable income. MSO Clinics files federal tax returns in the U.S. federal jurisdiction.

Reclassifications

Certain reclassifications have been made to the 2016 financial statements to conform to the 2017 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.

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.

Approximately 53% and 51% percent of net patient service revenue are from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2017 and 2016, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital 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 \$764,000 and \$955,000 within net patient service revenue related to this supplemental payment program for the years ended December 31, 2017 and 2016, respectively. Amounts outstanding totaled \$382,000 and \$1,146,000 at December 31, 2017 and 2016, respectively, and are included in estimated amounts due from third-party payers.

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The Hospital participates in a state specific provider assessment fee program to increase Medicaid payments to hospitals. The Hospital incurred fees approximating \$822,000 and \$460,000 related to this program for 2017 and 2016, respectively, which are recorded as an operating expense in the statements of revenues, expenses and changes in net position. 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 expense by approximately \$244,000, which represents the 25% benefit through December 31, 2016 retroactive to July 1, 2015. The expense reduction for the period January 1, 2017 to June 30, 2017 approximated \$100,000. Total amounts due to the Hospital related to the fee reduction were \$199,000 and \$244,000 at December 31, 2017 and 2016, respectively. These amounts are included in estimated amounts due from third-party payers. The provider assessment fee program is subject to further retroactive rate settings 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 through December 31, 2017.

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.

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

Note 3: Deposits, Investments and Investment 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, in bank repurchase agreements, and other investments defined in Indiana Code 16-22-3-20.

Interest Rate Risk - As a means of limiting its exposure to fair value losses arising from rising interest rates, the Hospital's investment policy limits investments to certificates of deposit and certain bond and mutual funds. No more than 50% of the total Hospital portfolio (including deposits) should be invested in bond mutual funds. Generally, the maturity date on all investments shall not exceed two years.

Credit Risk - Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. It is the Hospital's policy to limit its investments in certain bond and mutual funds to the American Hospital Association's Investment Fund and other portfolios with AAA or government-backed ratings.

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.

Summary of Carrying Values

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

	2017	2016
Carrying value:		
Deposits	<u>\$ 15,313,124</u>	<u>\$ 14,948,042</u>
Included in the following balance sheets captions:		
Cash	\$ 3,243,224	\$ 3,856,336
Restricted cash	911,283	-
Noncurrent investments - funded depreciation	<u>11,158,617</u>	<u>11,091,706</u>
	<u>\$ 15,313,124</u>	<u>\$ 14,948,042</u>

Non-negotiable certificates of deposit totaling \$11,158,617 and \$11,091,706 are included in deposit balances at December 31, 2017 and 2016, respectively.

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Investment Income

Investment income for the years ended December 31 consisted of:

	<u>2017</u>	<u>2016</u>
Interest and dividend income	\$ 73,769	\$ 57,148
Investment income	<u>\$ 73,769</u>	<u>\$ 57,148</u>

Note 4: Patient Accounts Receivable

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

	<u>2017</u>	<u>2016</u>
Medicare	\$ 1,286,831	\$ 879,503
Medicaid	462,517	422,783
Other third-party payers	1,405,557	1,624,719
Patients	<u>1,627,990</u>	<u>2,117,419</u>
	4,782,895	5,044,424
Less allowance for uncollectible accounts	<u>1,171,306</u>	<u>1,568,240</u>
	<u>\$ 3,611,589</u>	<u>\$ 3,476,184</u>

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Note 5: Capital Assets

Capital assets activity for the years ended December 31 was:

	2017				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Hospital					
Land and improvements	\$ 1,042,227	\$ -	\$ (9,500)	\$ -	\$ 1,032,727
Buildings and leasehold improvements	19,179,644	45,826	-	2,994,685	22,220,155
Equipment	18,448,132	1,066,422	(30,275)	47,142	19,531,421
Construction in progress	745,123	4,708,601	-	(3,041,827)	2,411,897
	<u>39,415,126</u>	<u>5,820,849</u>	<u>(39,775)</u>	<u>-</u>	<u>45,196,200</u>
Less accumulated depreciation:					
Buildings and leasehold improvements	12,372,790	902,322	(780)	-	13,274,332
Equipment	12,654,309	874,405	(206,354)	-	13,322,360
	<u>25,027,099</u>	<u>1,776,727</u>	<u>(207,134)</u>	<u>-</u>	<u>26,596,692</u>
Total Hospital capital assets, net	<u>\$ 14,388,027</u>	<u>\$ 4,044,122</u>	<u>\$ 167,359</u>	<u>\$ -</u>	<u>\$ 18,599,508</u>
2016					
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Hospital					
Land and improvements	\$ 1,042,227	\$ -	\$ -	\$ -	\$ 1,042,227
Buildings and leasehold improvements	19,179,644	-	-	-	19,179,644
Equipment	16,668,198	1,779,934	-	-	18,448,132
Construction in progress	40,282	704,841	-	-	745,123
	<u>36,930,351</u>	<u>2,484,775</u>	<u>-</u>	<u>-</u>	<u>39,415,126</u>
Less accumulated depreciation:					
Buildings and leasehold improvements	11,564,908	807,882	-	-	12,372,790
Equipment	11,779,971	874,338	-	-	12,654,309
	<u>23,344,879</u>	<u>1,682,220</u>	<u>-</u>	<u>-</u>	<u>25,027,099</u>
Total Hospital capital assets, net	<u>\$ 13,585,472</u>	<u>\$ 802,555</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 14,388,027</u>

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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 up to an annual aggregate amount of \$1,000,000, and an individual policy maximum of \$95,000. Commercial stop-loss insurance coverage is purchased for claims in excess of the aggregate annual amount. 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.

Activity in the Hospital's accrued employee health claims liability during 2017 and 2016 is summarized as follows:

	2017	2016
Balance, beginning of year	\$ 315,085	\$ 256,362
Current year claims incurred and changes in estimates for		
claims incurred in prior years	3,240,911	2,850,836
Claims and expenses paid	(3,267,825)	(2,792,113)
Balance, end of year	\$ 288,171	\$ 315,085

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Note 8: Long-Term Debt

The following is a summary of long-term debt transactions for the Hospital for the year ended December 31, 2017

	2017				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt:					
Health facility revenue bonds, Series 2017A	\$ -	\$ 3,900,000	\$ (140,820)	\$ 3,759,180	\$ 177,442
Taxable health facility revenue bonds, Series 2017B	-	1,500,000	(49,334)	1,450,666	62,351
Total long-term debt	<u>\$ -</u>	<u>\$ 5,400,000</u>	<u>\$ (190,154)</u>	<u>\$ 5,209,846</u>	<u>\$ 239,793</u>

Health Facility Revenue Bonds, Series 2017A and Series 2017B

During 2017, the Hospital issued bonds to fund certain capital expansions of the Hospital. The Series 2017A revenue bonds consist of nontaxable revenue bonds in the original amount of \$3,900,000 dated April 5, 2017, which bear interest at 2.865%. The Series 2017B revenue bonds consist of taxable revenue bonds in the original amount of \$1,500,000 dated April 5, 2017, which bear interest at 4.100%. Beginning July of 2017, the bonds are payable quarterly through April 1, 2032. The bonds are secured by all existing and future net revenues and accounts of the Hospital. Unspent proceeds from the issuance are held by the trustee and restricted for the ongoing capital expansion project.

The Hospital is required to comply with certain restrictive covenants, including maintaining an annual cash flow coverage ratio greater than 1.25 to 1.00.

The debt service requirements as of December 31, 2017 are as follows:

Year Ending December 31,	Total to be Paid	Principal	Interest
2018	\$ 379,172	\$ 239,793	\$ 139,379
2019	455,007	299,162	155,845
2020	455,007	308,412	146,595
2021	455,007	318,791	136,216
2022	455,007	329,105	125,902
2023 - 2027	2,275,033	1,812,356	462,677
2028 - 2032	<u>2,047,529</u>	<u>1,902,227</u>	<u>145,302</u>
	<u>\$ 6,521,762</u>	<u>\$ 5,209,846</u>	<u>\$ 1,311,916</u>

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Note 9: Pension Plan

The Hospital and MSO Clinics contribute to defined-contribution pension plans covering substantially all employees following one year of service. Pension expense is recorded for the amount of the employer's required contributions, determined in accordance with the terms of the plans. The Hospital plans are administered by a board of trustees appointed by the Hospital Board. The MSO Clinics plan is administered by its governing body. The plans provide retirement and death benefits to plan members and their beneficiaries. Benefit provisions are contained in the plan documents and were established and can be amended by action of the Hospital's governing body. Plan members may contribute up to \$18,000 of their annual covered salary. The Hospital and MSO Clinics are required to match one-half of the employee contribution up to 5% of employee's compensation. In addition, the Hospital contributes 2% of the annual covered payroll for all eligible active participants. The MSO Clinics may make a discretionary contribution as determined by its governing body. Expense related to employer contributions to the plans was \$427,017 for 2017 and \$268,559 for 2016. The Hospital had accrued benefits payable to the plan of \$227,136 at December 31, 2017 compared to \$170,459 as of December 31, 2016.

Note 10: Operating Leases

A noncancellable operating lease for primary care outpatient office space began in October 2013 and expires in October 2018. Future minimum lease payments due for 2018 approximate \$165,000. This lease contains renewal options for five year periods and requires the Hospital to pay all executory costs (property taxes, maintenance and insurance). Rental expense for operating leases during 2017 and 2016 were \$334,283 and \$323,247, respectively.

Note 11: 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 may be 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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Note 12: Investment in Equity Investee

The Hospital invested \$51,000 for a 51% ownership of Sullivan County Community Hospital Pain Management, LLC (Pain Management). The Hospital's investment in Pain Management was \$(47,643) and \$(12,825) at December 31, 2017 and 2016, respectively, which represents its share of operating losses and is recorded in prepaid expenses and other current assets. The Hospital provides support to the joint venture through labor and supply costs which are billed to Pain Management on a monthly basis. Amounts due from Pain Management totaling \$220,451 and \$125,162 at December 31, 2017 and 2016, respectively, are included in prepaid expenses and other current assets. The Hospital also provides billing and collection services for Pain Management and remits patient collections to the joint venture to satisfy operating expenses. Amounts due to Pain Management totaling \$207,443 and \$143,512 at December 31, 2017 and 2016, respectively, are included in accrued expenses. Financial position and results of operations of the investee are summarized below.

	2017	2016
Current assets	\$ 26,081	\$ 26,129
Patient billings and receipts due from Sullivan County Community Hospital	207,433	143,512
Other assets	5,323	-
Total assets	<u>238,837</u>	<u>169,641</u>
Current liabilities	93,684	69,625
Advances payable to Sullivan County Community Hospital	220,451	125,162
Total liabilities	<u>314,135</u>	<u>194,787</u>
Net assets	<u>\$ (75,298)</u>	<u>\$ (25,146)</u>
Revenues	\$ 343,704	\$ 369,641
Deficiency of revenues over expenses	\$ (50,152)	\$ (125,146)

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The Hospital invested \$100,000 for a 10% ownership of Solidago Dialysis, LLC (Dialysis). The Hospital's investment in Dialysis at December 31, 2017 was \$73,753, which represents its share of the net assets of Dialysis, and is recorded in prepaid expenses and other current assets. Dialysis has a \$1.6 million bank loan outstanding, which the Hospital has guaranteed 10%. The Hospital entered into a lease agreement with Dialysis for operating space. The lease terminates in April 2027 and requires annual rental payments due to the Hospital of \$117,000 through April 2022 and \$129,000 for the remaining term. Financial positions and results of operations of the investee are summarized below.

	2017
Current assets	\$ 724,940
Capital assets	1,742,728
Total assets	2,467,668
Current liabilities	4,605
Long-term liabilities	1,725,531
Total liabilities	1,730,136
Net assets	\$ 737,532
Revenues	\$ 2,006
Deficiency of revenues over expenses	\$ (262,468)

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Note 13: Combining Financial Statement Information

The Hospital's combining financial statement information, including that of its blended component unit, was summarized as follows for the years ended December 31, 2017 and 2016:

Combining Balance Sheets as of December 31, 2017 and 2016

	2017			2016		
	Hospital	MSO Clinics	Total	Hospital	MSO Clinics	Total
Assets						
Current Assets						
Cash	\$ 2,554,631	\$ 688,593	\$ 3,243,224	\$ 3,821,218	\$ 35,118	\$ 3,856,336
Restricted cash	911,283	-	911,283	-	-	-
Patient accounts receivable, net of allowance 2017 - \$1,171,306, 2016 - \$1,568,240	3,317,376	294,213	3,611,589	3,074,275	401,909	3,476,184
Supplies	725,798	63,594	789,392	543,563	129,261	672,824
Estimated amounts due from third-party payers	540,346	-	540,346	1,263,519	-	1,263,519
Prepaid expenses and other current assets	848,851	82,797	931,648	645,495	-	645,495
Total current assets	8,898,285	1,129,197	10,027,482	9,348,070	566,288	9,914,358
Noncurrent Investments - funded depreciation	11,158,617	-	11,158,617	11,091,706	-	11,091,706
Capital Assets	17,497,598	1,101,910	18,599,508	13,216,239	1,171,788	14,388,027
Total assets	\$ 37,554,500	\$ 2,231,107	\$ 39,785,607	\$ 33,656,015	\$ 1,738,076	\$ 35,394,091
Liabilities and Net Position						
Current Liabilities						
Current maturities of long-term debt	\$ 239,793	\$ -	\$ 239,793	\$ -	\$ -	\$ -
Accounts payable	1,450,379	-	1,450,379	1,209,093	-	1,209,093
Accrued expenses	2,187,233	128,431	2,315,664	2,045,462	108,676	2,154,138
Estimated amounts due to third-party payers	287,371	-	287,371	180,403	-	180,403
Total current liabilities	4,164,776	128,431	4,293,207	3,434,958	108,676	3,543,634
Long-Term Debt	4,970,053	-	4,970,053	-	-	-
Total liabilities	9,134,829	128,431	9,263,260	3,434,958	108,676	3,543,634
Net Position						
Net investment in capital assets	13,199,035	1,101,910	14,300,945	13,216,239	1,171,788	14,388,027
Unrestricted	15,220,636	1,000,766	16,221,402	17,004,818	457,612	17,462,430
Total net position	28,419,671	2,102,676	30,522,347	30,221,057	1,629,400	31,850,457
Total liabilities and net position	\$ 37,554,500	\$ 2,231,107	\$ 39,785,607	\$ 33,656,015	\$ 1,738,076	\$ 35,394,091

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Combining Statements of Revenues, Expenses and Changes in Net Position for the Years Ended December 31, 2017 and 2016

	2017			2016		
	Hospital	MSO Clinics	Total	Hospital	MSO Clinics	Total
Operating Revenues						
Net patient service revenue, net of provision for uncollectible accounts of 2017 - \$1,625,744; 2016 - \$2,039,874	\$ 26,343,456	\$ 4,711,228	\$ 31,054,684	\$ 26,732,371	\$ 5,200,095	\$ 31,932,466
Other	339,535	513,499	853,034	157,329	-	157,329
Total operating revenues	<u>26,682,991</u>	<u>5,224,727</u>	<u>31,907,718</u>	<u>26,889,700</u>	<u>5,200,095</u>	<u>32,089,795</u>
Operating Expenses						
Salaries and wages	10,996,599	4,258,939	15,255,538	11,072,101	4,369,200	15,441,301
Employee benefits	3,588,528	1,024,472	4,613,000	3,831,524	691,234	4,522,758
Purchased services and professional fees	3,969,884	569,761	4,539,645	3,555,252	551,862	4,107,114
Supplies	2,385,485	550,946	2,936,431	2,409,218	512,485	2,921,703
Utilities	468,463	21,324	489,787	406,911	36,941	443,852
Repair and maintenance	1,379,625	6,090	1,385,715	1,374,025	19,368	1,393,393
Leases and rentals	111,767	225,040	336,807	85,134	238,113	323,247
Insurance	351,646	41,414	393,060	351,219	68,681	419,900
Depreciation	1,706,590	70,137	1,776,727	1,586,471	95,749	1,682,220
Other	686,362	80,202	766,564	547,766	64,675	612,441
Provider hospital assessment fee	822,134	-	822,134	459,973	-	459,973
Total operating expenses	<u>26,467,083</u>	<u>6,848,325</u>	<u>33,315,408</u>	<u>25,679,594</u>	<u>6,648,308</u>	<u>32,327,902</u>
Operating Income (Loss)	<u>215,908</u>	<u>(1,623,598)</u>	<u>(1,407,690)</u>	<u>1,210,106</u>	<u>(1,448,213)</u>	<u>(238,107)</u>
Nonoperating Revenues (Expenses)						
Investment income	73,769	-	73,769	57,148	-	57,148
Interest expense	(21,116)	-	(21,116)	-	-	-
Other	26,927	-	26,927	(96,171)	-	(96,171)
Total nonoperating expenses	<u>79,580</u>	<u>-</u>	<u>79,580</u>	<u>(39,023)</u>	<u>-</u>	<u>(39,023)</u>
Increase (Decrease) in Net Position	295,488	(1,623,598)	(1,328,110)	1,171,083	(1,448,213)	(277,130)
Transfer From (To) Affiliate	(2,096,874)	2,096,874	-	(1,231,045)	1,231,045	-
Net Position, Beginning of Year	<u>30,221,057</u>	<u>1,629,400</u>	<u>31,850,457</u>	<u>30,281,019</u>	<u>1,846,568</u>	<u>32,127,587</u>
Net Position, End of Year	<u>\$ 28,419,671</u>	<u>\$ 2,102,676</u>	<u>\$ 30,522,347</u>	<u>\$ 30,221,057</u>	<u>\$ 1,629,400</u>	<u>\$ 31,850,457</u>

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Combining Statements of Cash Flows for the Years Ended December 31, 2017 and 2016

	2017			2016		
	Hospital	MSO Clinics	Total	Hospital	MSO Clinics	Total
Operating Activities						
Receipts from and on behalf of patients	\$ 26,108,362	\$ 4,818,924	\$ 30,927,286	\$ 24,860,929	\$ 5,276,481	\$ 30,137,410
Payments to suppliers and contractors	(8,853,362)	(1,431,705)	(10,285,067)	(8,356,712)	(1,427,952)	(9,784,664)
Payments to employees	(14,443,356)	(5,263,656)	(19,707,012)	(14,642,320)	(5,036,993)	(19,679,313)
Other payments, net	(346,568)	433,038	86,470	(275,563)	(95,527)	(371,090)
Net cash provided by (used in) operating activities	2,465,076	(1,443,399)	1,021,677	1,586,334	(1,283,991)	302,343
Noncapital Financing Activity -						
transfer from (to) affiliate	(2,096,874)	2,096,874	-	(1,231,045)	1,231,045	-
Capital and Related Financing Activity -						
Purchase of capital assets	(5,778,662)	-	(5,778,662)	(2,140,529)	(10,868)	(2,151,397)
Interest payments on capital debt and leases	(21,116)	-	(21,116)	-	-	-
Principal payments made on LTD	(190,154)	-	(190,154)	-	-	-
Proceeds from issuance of LTD	5,400,000	-	5,400,000	-	-	-
Net cash used in financing activities	(589,932)	-	(589,932)	(2,140,529)	(10,868)	(2,151,397)
Investing Activities						
Interest and dividends on investments	73,769	-	73,769	57,148	-	57,148
Purchase of investments	(10,178,202)	-	(10,178,202)	(8,046,001)	-	(8,046,001)
Proceeds from disposition of investments	10,111,291	-	10,111,291	7,991,810	-	7,991,810
Other investing activities	(140,432)	-	(140,432)	(147,171)	-	(147,171)
Net cash used in investing activities	(133,574)	-	(133,574)	(144,214)	-	(144,214)
Increase (Decrease) in Cash	(355,304)	653,475	298,171	(1,929,454)	(63,814)	(1,993,268)
Cash, Beginning of Year	3,821,218	35,118	3,856,336	5,750,672	98,932	5,849,604
Cash, End of Year	\$ 3,465,914	\$ 688,593	\$ 4,154,507	\$ 3,821,218	\$ 35,118	\$ 3,856,336
Reconciliation of Net Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities						
Operating income (loss)	\$ 215,908	\$ (1,623,598)	\$ (1,407,690)	\$ 1,210,106	\$ (1,448,213)	\$ (238,107)
Depreciation	1,706,590	70,137	1,776,727	1,586,471	95,749	1,682,220
Provision for uncollectible accounts	1,585,119	40,625	1,625,744	1,926,586	113,288	2,039,874
Changes in operating assets and liabilities:						
Patient accounts receivable	(1,828,220)	67,071	(1,761,149)	(2,135,099)	(36,902)	(2,172,001)
Estimated amounts due to third-party payers	830,141	-	830,141	(1,202,956)	-	(1,202,956)
Accounts payable and accrued expenses	340,870	19,755	360,625	366,759	23,441	390,200
Other assets and liabilities	(385,332)	(17,389)	(402,721)	(165,533)	(31,354)	(196,887)
Net cash provided by (used in) operating activities	\$ 2,465,076	\$ (1,443,399)	\$ 1,021,677	\$ 1,586,334	\$ (1,283,991)	\$ 302,343

Sullivan County Community Hospital
A Component Unit of Sullivan County, Indiana
Notes to Financial Statements
December 31, 2017 and 2016

Note 14: Future Accounting Standards

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

Note 15: Subsequent Events

The Hospital entered into two equipment leases in 2018 requiring 36 monthly payments of \$4,100 and 60 monthly payments of \$5,500, respectively

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

Independent Auditor's Report

Board of Trustees
Sullivan County Community Hospital
Sullivan, 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 Sullivan County Community Hospital (Hospital), which comprise the balance sheet as of December 31, 2017 and the related statements of revenues, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 24, 2018.

Internal Control Over Financial Reporting

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 entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

Compliance and Other Matters

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

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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

BKD, LLP

Indianapolis, Indiana
May 24, 2018