Jefferson County Hospital d/b/a Jefferson County Health Center Fairfield, Iowa

FINANCIAL REPORT

June 30, 2014

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Jefferson County Hospital d/b/a Jefferson County Health Center OFFICIALS June 30, 2014

BOARD OF TRUSTEES	Expiration of term
Officers Renee Rebling, Chair Bob Keller, Vice Chair Merlin Miller, Secretary/Treasurer	December 31, 2016 December 31, 2016 December 31, 2014
Members Joan Tedrow Julie Greeson Greg Hanshaw Tom Kunkle	December 31, 2014 December 31, 2014 December 31, 2018 December 31, 2018
CHIEF EXECUTIVE OFFICER	
Deborah Cardin	

CHIEF FINANCIAL OFFICER

Larry Peach



INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
Jefferson County Hospital
d/b/a Jefferson County Health Center
Fairfield, Iowa

We have audited the accompanying financial statements of Jefferson County Hospital d/b/a Jefferson County Health Center, as of and for the years ended June 30, 2014 and 2013, and the related notes to the financial statements, as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits 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 Hospital'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 Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Jefferson County Hospital d/b/a Jefferson County Health Center, as of June 30, 2014 and 2013, and the changes in its financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matter

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, the budgetary comparison schedule and the schedule of funding progress for the retiree health plan on pages 6-12, 31 and 32, respectively, 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, which considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 16, 2014, on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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.

DENMAN & COMPANY, LLP

Denman & Company, dol

West Des Moines, Iowa October 16, 2014

JEFFERSON COUNTY HOSPITAL d/b/a JEFFERSON COUNTY HEALTH CENTER

MANAGEMENT'S DISCUSSION AND ANALYSIS

As management of Jefferson County Health Center, we offer readers of the Jefferson County Health Center's financial statements
this narrative overview and analysis of the financial performance of our Hospital during the fiscal years ended June 30, 2014, 2013
and 2012. Please read it in conjunction with the financial statements, which follow this section.

OVERVIEW OF THE FINANCIAL STATEMENTS

This annual report includes this management's discussion and analysis report, the independent auditor's report, the basic financial statements and supplementary information of Jefferson County Health Center. The financial statements also include notes that explain in more detail some of the information in the financial statements.

REQUIRED FINANCIAL STATEMENTS

The financial statements of Jefferson County Health Center report information of the Hospital using accounting methods similar to those used by private sector companies. These statements offer short- and long-term financial information about its activities. The balance sheet includes all of Jefferson County Health Center's assets and liabilities and provides information about the nature and amounts of investments in resources (assets) and the obligations to Jefferson County Health Center's creditors (liabilities). It also provides the basis for evaluating the capital structure of Jefferson County Health Center and assessing the liquidity and financial flexibility of the Hospital.

All of the current year's revenues and expenses are accounted for in the statement of revenues, expenses, and changes in net position. This statement measures the success of Jefferson County Health Center's operations over the past year and can be used to determine whether Jefferson County Health Center has successfully recovered all its costs through its patient service revenue and other revenue sources, profitability and credit worthiness.

The final required financial statement is the statement of cash flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, noncapital financing, capital and related financing and investing activities and provides answers to such questions as where did cash come from, what was cash used for, and what was the change in the cash balance during the reporting period.

FINANCIAL HIGHLIGHTS

- Total assets increased by \$914,187 from FY 2013 to \$60,667,243, following an increase in FY 2013 of \$4,524,566.
- Property and equipment decreased from FY 2013 by \$772,734, following an increase of \$1,888,485 in FY 2013.
- Total debt decreased from FY 2013 by \$740,000, following a decrease of \$710,000 in FY 2013.
- Net position increased in FY 2014 by \$2,707,781 and increased by \$3,083,079 in FY 2013.
- Net patient service revenue increased from FY 2013 by \$3,787,157. This followed an increase in FY 2013 of \$2,489,308.
- Expenses increased from FY 2013 by \$2,588,138 or 10.3 %. This is due to increased usage in Surgery related expenses
 as well as expanded services relating to Oncology and Urology ancillary areas. Also, employee benefits costs increased
 from the prior year.
- Total margin for FY 2014 was 9%, compared to 11% FY 2013.

FINANCIAL ANALYSIS OF THE HOSPITAL

The balance sheet and the statement of revenues, expenses, and changes in net position report the net position of Jefferson County Health Center and the changes in them. Jefferson County Health Center's net position – the difference between assets and liabilities – are a way to measure financial health or financial position. Over time, sustained increases or decreases in net position are one indicator of whether its financial health is improving or deteriorating. However, other non-financial factors such as changes in economic conditions, population growth and new or changed governmental legislation should also be considered.

NET ASSETS

A summary of the Hospital's balance sheets at June 30, 2014, 2013 and 2012, are presented in Table 1 below.

Table 1 Condensed Balance Sheets

	June 30, 2014	June 30, 2013	Dollar Change	Total % Change	June 30, 2012
Current and other assets	\$27,519,998	\$25,833,077	\$1,686,921	7%	\$23,196,996
Capital assets	\$33,147,245	\$33,919,979	(\$772,734)	(2%)	\$32,031,494
Total Assets	\$60,667,243	\$59,753,056	\$914,187	2%	\$55,228,490
Long-term debt outstanding	\$33,130,000	\$33,870,000	(\$740,000)	(2%)	\$34,580,000
Other liabilities	\$4,977,068	\$6,030,662	(\$1,053,594)	(17%)	\$3,879,175
Total liabilities	\$38,107,068	\$39,900,662	(\$1,793,594)	(4%)	\$38,459,175
Total net position	\$22,560,175	\$19,852,394	\$2,707,781	14%	\$16,769,315

REVENUES, EXPENSES, AND CHANGES IN NET POSITION

The following table presents a summary of the Jefferson County Health Center's historical revenues and expenses for each of the fiscal years ended June 30, 2014, 2013 and 2012.

Table 2
Condensed Statements of Revenue, Expenses, and Changes in net position

	Year ended June 30,			
	2014 2013		2012	
Total revenue	\$31,240,939	\$28,571,998	\$25,690,823	
Expenses	\$27,770,415	\$25,182,277	\$22,503,022	
Operating income	\$3,470,524	\$3,389,721	\$3,187,801	
Non-operating (losses)	\$(792,971)	(\$336,571)	(\$451,134)_	
Excess of revenues over expenses	\$2,677,553	\$3,053,150	\$2,736,667	
Other changes in net position-contributions	\$30,228	\$29,929	\$49,520	
Total net position, beginning	\$19,852,394	\$16,769,315	\$13,983,128	
Total net position, ending	\$22,560,175	\$19,852,394	\$16,769,315	

Operating and Financial Performance

Volume: Acute inpatient admissions for fiscal year 2014 were 642 compared to 685 in fiscal year 2013. Acute patient days decreased by 12.5 % compared to FY 2013 because of the decreased admissions. Swing bed admissions fiscal year 2014 were 234 compared to 274 in fiscal year 2013. Swing bed patient days decreased by 14.7% due to a decrease in admissions of 14.6%. Average swing bed length of stay did increase to 9.9 days from 9.7 days in fiscal year 2013. Outpatient visits increased by 10.2 % to 55,160 visits in FY 2014. Operating room procedures were 45.5% above FY 2013's level due mainly to an increase in outpatient surgical procedures. Outpatient surgeries were 295 procedures or 55.9 % above prior year levels. Inpatient procedures were the same as FY 2013 totals. Total operating room procedures in FY 2014 were 952 surgeries compared to 654 in FY 2013 with 86% of the surgeries being outpatient procedures.

Net Patient Service Revenue: Because of an increase in outpatient visits, net patient service revenues increased by \$3,787,157 or 15 % compared to fiscal year 2013. During the fiscal year, Jefferson County Health Center's contractual allowances (the difference between billed charges and paid charges from third party payors) increased by \$5,562,523 or 39% over FY 2013. The majority of the increase came from Medicare contractual allowance increases reflecting increased inpatient and outpatient activity.

The following table presents the relative percentages of gross charges for patient services by payor for the years ended June 30, 2014, 2013 and 2012.

Table 3
Payor Mix by Percentage

	Year Ended		
	2014	2013	2012
Medicare	52%	55%	54%
Wellmark	22%	23%	22%
Other Commercial Insurance	11%	12%	13%
Medicaid	11%	9%	9%
All other	4%	1%	2%
Total	100%	100%	100%

Significant changes in operations from FY 2014:

Outpatient Revenue: There was a 34.5% or \$9,930,831 increase in outpatient revenue in FY 2014 compared to FY 2013. Increased outpatient revenues in Lab, Pharmacy, Radiology, CT, MRI, Oncology, Anesthesia and Surgery account for the increased revenues.

Salaries and Employee Benefits: FY 2014 showed a 13.2%, or \$1,444,294 increase in salary and employee benefit expenses compared to FY 2013. The primary reason for the increase is an increase in nursing services and the addition of oncology under other professional services salary expenses as well as increase in health benefit expenses as compared to FY 2013.

Interest and Depreciation Expense: Interest expense decreased by \$32,130 from FY 2013 due to the maturing of one revenue bond. Depreciation expense increased by \$239,543 from FY 2013 levels due to increased equipment purchases and the completed MOB addition that is now being depreciated.

CAPITAL ASSETS

At the end of fiscal year 2014, the Jefferson County Health Center has invested \$33,147,245 in capital assets. The increase in capital assets is due to increased equipment purchases in FY 2014.

The following table summarizes Jefferson County Health Center's capital assets as of June 30, 2014, 2013 and 2012.

Table 4
Capital Assets
(in Thousands)

	June 30,			
	2014	2013	Change	2012
Land	\$1,168.3	\$1,171.8	(\$3.5)	\$1,049.8
Land improvements	\$2,292.2	\$1,563.9	\$728.3	\$1,563.9
Buildings	\$35,870.4	\$32,316.5	\$3,553.9	\$32,292.8
Major moveable equipment	\$10,801.4	\$9,624.3	\$1,177.1	\$8,861.5
Construction in progress	\$2.4	\$3,509.1	(\$3,506.7)	\$4.0
Subtotal	\$50,134.7	\$48,185.6	\$1,949.1	\$43,772
Less accumulated depreciation	(\$16,987.5)	(\$14,265.6)	\$2,721.9	(\$11,740.5)
Property, plant and equipment, net	\$33,147.2	\$33,920.0	\$772.8	\$32,031.5

Long-Term Deb		
nas decreased f debt is presente	erson County Health Center had \$33,130,000 in long-term debt related to financing for a replacement facility. om \$33,870,000 in fiscal year 2013. More detailed information about Jefferson County Health Center's outstall in the Notes to the Financial Statements. Note that total long term debt represents 147 % of Jefferson County as of year-end.	andin
PERFORMANC	COMPARED TO BUDGET	
	nues were \$4,576,765 or 19% over budget for the fiscal year ended June 30, 2014. This was due to incresulting in a 21% increase in gross revenue over budget and contractual allowances being 24% over budget.	
Other operating receipts.	evenue was approximately \$1,708,500 under budget due mainly to less than expected 340B pharmacy pro-	ogran
	ses were approximately \$1,526,400 or 5.8 % above budget for the year with salaries and benefits being 4% ar. The other operating expenses reflect increases in nursing services department expenses and depreciation	
	ng gains were 14 % or approximately \$131,200 over budget due mainly to increased investment income from pital has invested in.	n joir

The following table compares fiscal year 2014 actual to budget information.

Table 5

Budget vs. Actual
(In Thousands)

	FY 2014	FY 2014	Dollar	Percent
	Budget	Actual	Variance	Variance
Gross patient service revenue Contractual adjustments and charity care	\$40,180.2 \$16,247.8	\$48,722.9 \$20,213.7	\$8,542.7 \$3,965.9	21.3% 24.4%
Net patient service revenue	\$23,932.4	\$28,509.2	\$4,576.8	19.1%
Other operating revenue	\$4,440.3	\$2,731.8	(\$1,708.5)	(38.5%)
Total operating revenue	\$28,372.7	\$31,241.0	\$2,868.3	10.1%
Operating expenses	\$26,244.0	\$27,770.4	\$1,526.4	5.8%
Operating income	\$2,128.7	\$3,470.6	\$1,341.9	63.0%
Income from investments	\$93.0	\$298.2	\$205.2	220.6%
Other non-operating gains (losses)	\$849.2	\$775.2	(\$74.0)	(8.7%)
Interest expense	(\$1,863.8)	(\$1,866.4)	(\$2.6)	(0.1%)
Excess of revenue over				
expenses before contributions	\$1,207.1	\$2,677.6	\$1,470.5	121.8%

ECONOMIC AND OTHER FACTORS AND NEXT YEAR'S BUDGET

Jefferson County Health Center's Board and management considered many factors when setting the fiscal year 2015 budget. Of primary importance in setting the 2015 budget is the status of the economy, which takes into account market forces and environmental factors such as:

- Medicare and Medicaid reimbursement rates
- Privacy legislation (HIPAA)
- Increased expectations for quality at a lower price
- Workforce shortages
- Cost of supplies
- Surging drug costs
- Replacement facility loan costs

Contacting the Hospital's Finance Department

The Hospital's financial statements are designed to present users with a general overview of the Hospital's finances and to demonstrate the Hospital's accountability. If you have questions about the report or need additional financial information, please contact the finance department at Jefferson County Health Center; 2000 S. Main; Fairfield, Iowa 52556. Phone number 641-472-4111.

Jefferson County Hospital d/b/a Jefferson County Health Center BALANCE SHEETS

		Jun	e 30
	ASSETS	2014	2013
OUDDENT ACCETO			
CURRENT ASSETS Cash		\$15 10 <i>4</i> 916	¢15 275 100
Assets whose use is limited, required for current liabi	lities	\$15,194,816 1,360,432	\$15,275,190 1,340,608
Patient receivables, less allowance for contractual	ilides	1,300,432	1,540,000
adjustments and uncollectibles 2014 \$2,219,019; 20	13 \$1 311 000	4,971,377	3,606,796
Other receivables	10 4 1,0 1 1,000	115,534	48,198
Estimated third-party payor settlements		200,000	-
Inventories		386,140	241,677
Prepaid expenses		387,395	331,068
Succeeding year property tax receivable		<u>834,600</u>	834,000
Total current assets		<u>23,450,294</u>	21,677,537
ASSETS WHOSE USE IS LIMITED			
Designated by board for plant replacement and expa	nsion	205.040	400.050
Cash and cash equivalents		225,942	<u>199,956</u>
Restricted by bond indenture agreement Cash and cash equivalents		4,056,612	3,859,879
U.S. Government Agency securities		4,030,012	230,000
o.o. Covernment Agency securities		4,056,612	4,089,879
Restricted by donors for specific purpose		4,000,012	
Cash and cash equivalents		58,179	49,195
Total assets whose use is limited		4,340,733	4,339,030
Less assets whose use is limited, required for curren	t liabilities	<u>1,360,432</u>	<u>1,340,608</u>
Noncurrent assets whose use is limited		<u>2,980,301</u>	2,998,422
CARITAL ACCETO		50 40 4 744	40 405 044
CAPITAL ASSETS		50,134,711	48,185,611
Less accumulated depreciation Total capital assets		<u>16,987,466</u> 33,147,245	<u>14,265,632</u> 33,919,979
Total capital assets		33, 147,243	33,515,515
OTHER ASSET			
Investment in joint ventures		1,089,403	1,157,118
•			
Totals		\$ <u>60,667,243</u>	\$ <u>59,753,056</u>

		June 30			
	LIABILITIES AND NET POSITION	2	014		2013
CURRENT LIABILITIES					
Current maturities of long-term debt		\$ 7	40,000	\$	710,000
Accounts payable		4.0			. =
Trade		1,6	55,213		1,716,817
Construction		7	- 83,507		460,759 717,963
Accrued employee compensation Payroll taxes and withholdings			63,30 <i>1</i> 43,316		360,515
Accrued interest			20,432		630,608
Estimated third-party payor settlements		· ·			600,000
Deferred revenue for succeeding year p	roperty tax receivable	8	34,600		834,000
Total current liabilities		4,9	77,068	_	6,030,662
LONG-TERM DEBT		33,8	70,000	3	4,580,000
Less current maturities			40,000	_	710,000
Total long-term debt		33,1	30,000	3	3,870,000
COMMITMENTS AND CONTINGENCIES	3				
NET POSITION (DEFICIT)					
Invested in capital assets, net of related Restricted	debt	(7	22,755)		(660,021)
By bond indenture agreement		4,0	56,612		4,089,879
For specific purpose by donors			58,179		49,195
Unrestricted			<u>68,139</u>		6,373,341
Total net position		22,5	60,175	1	19,852,394
				-	
Totals		\$ <u>60.6</u>	67,243	\$ <u>5</u>	9,753,056

Jefferson County Hospital d/b/a Jefferson County Health Center STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION

	Year end	ed June 30
	2014	2013
NET PATIENT SERVICE REVENUE, net of provision for bad debts 2014 \$1,198,862; 2013 \$1,278,482	\$28,509,169	\$24,722,012
OTHER REVENUE Total revenue	<u>2,731,770</u> <u>31,240,939</u>	3,849,986 28,571,998
EXPENSES Nursing service Other professional service General service Fiscal and administrative service and unassigned expenses Provision for depreciation Total expenses Operating income	6,225,487 11,292,214 2,140,780 5,345,431 2,766,503 27,770,415 3,470,524	5,279,953 10,693,172 1,935,415 4,746,777 2,526,960 25,182,277 3,389,721
NONOPERATING GAINS (LOSSES) County taxes Investment income Interest expense Equity in income of joint venture investments Gain (loss) on sale of property and equipment Total nonoperating (losses) Excess of revenues over expenses before contributions	853,414 60,940 (1,866,383) 237,236 (78,178) (792,971) 2,677,553	1,097,726 69,470 (1,898,513) 392,892 1,854 (336,571) 3,053,150
CONTRIBUTIONS Change in net position	30,228 2,707,781	29,929 3,083,079
TOTAL NET POSITION Beginning	<u>19,852,394</u>	<u>16,769,315</u>
Ending	\$ <u>22,560,175</u>	\$ <u>19,852,394</u>

Jefferson County Hospital d/b/a Jefferson County Health Center STATEMENTS OF CASH FLOWS

	Year end	ed June 30
	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES Cash received from patients and third-party payors Cash paid to suppliers for goods and services Cash paid to employees for services Other operating revenue received Net cash provided by operating activities	\$26,344,588 (15,729,733) (9,488,228) <u>2,665,923</u> <u>3,792,550</u>	\$25,506,221 (12,952,314) (8,492,253) 3,930,267 7,991,921
CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES County taxes received Net cash provided by noncapital financing activities	854,903 854,903	1,092,338 1,092,338
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES Acquisition of capital assets and construction in progress Principal payments on long-term debt Proceeds from sale of capital assets Interest paid on long-term debt Contributions restricted for purchase of capital assets Net cash (used in) capital and related financing activities	(2,560,610) (710,000) 24,923 (1,876,559) 39,212 (5,083,034)	(3,952,872) (670,000) 40 (1,911,925) 33,787 (6,500,970)
CASH FLOWS FROM INVESTING ACTIVITIES Investments in joint ventures Distributions from investments in joint ventures Investment income received Proceeds from U.S. Government Agency securities Net cash provided by investing activities	(50,000) 354,954 51,956 230,000 586,910	325,000 65,612 2,060,625 2,451,237
NET INCREASE IN CASH AND CASH EQUIVALENTS	151,329	5,034,526
CASH AND CASH EQUIVALENTS Beginning	19,384,220	<u>14,349,694</u>
Ending	\$ <u>19,535,549</u>	\$ <u>19,384,220</u>

Jefferson County Hospital d/b/a Jefferson County Health Center STATEMENTS OF CASH FLOWS (continued)

	Year ended June 30	
	2014	2013
RECONCILIATION OF OPERATING INCOME TO NET CASH		
PROVIDED BY OPERATING ACTIVITIES		
Operating income	\$ 3,470,524	\$ 3,389,721
Adjustments to reconcile operating income to		
net cash provided by operating activities		
Provision for depreciation	2,766,503	2,526,960
Change in assets and liabilities		
Patient receivables	(1,364,581)	84,209
Other receivables, net of noncapital financing activities	(65,847)	80,281
Inventories	(144,463)	(37,027)
Prepaid expenses	(56,327)	(52,563)
Accounts payable, net of capital assets payable	(61,604)	1,154,586
Accrued employee compensation	65,544	132,408
Payroll taxes and withholdings	(17,199)	13,346
Net estimated third-party payor settlements	<u>(800,000)</u>	<u>700,000</u>
Net cash provided by operating activities	\$ <u>3,792,550</u>	\$ <u>7,991,921</u>
RECONCILIATION OF CASH AND CASH EQUIVALENTS PER		
STATEMENT OF CASH FLOWS TO THE BALANCE SHEET		
Per balance sheet		
Current assets	\$15,194,816	\$15,275,190
Assets whose use is limited		
Restricted by bond indenture agreement	4,056,612	3,859,879
Restricted by donors for specific purpose	58,179	49,195
Designated by board for plant replacement and expansion	225,942	<u>199,956</u>
Total per statement of cash flows	\$ <u>19,535,549</u>	\$ <u>19,384,220</u>

NOTE 4	CICNIEICANT	ACCOUNTING	POLICIES
NOIL	SIGNIFICANT	ACCOUNTING	POLICIES

The Hospital is a county public hospital organized under Chapter 347, Code of lowa, not subject to taxes on income or property, and receives tax support from Jefferson County.

Reporting Entity

For financial reporting purposes, Jefferson County Hospital d/b/a Jefferson County Health Center has included all funds, organizations, account groups, agencies, boards, commissions and authorities that are not legally separate. In accordance with GASB Statement No. 39, Determining Whether Certain Organizations are Component Units, the Hospital has considered all potential component units for which it is financially accountable, and other organizations for which the nature and significance of their relationship with the Hospital are such that exclusion would cause the Hospital's financial statements to be misleading or incomplete. The Governmental Accounting Standards Board has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body, and (1) the ability of the Hospital to impose its will on that organization or (2) the potential for the organization to provide specific benefits to, or impose specific financial burdens on the Hospital. These criteria also include organizations that are fiscally dependent on the Hospital. Jefferson County Hospital has no material component units which meet the Governmental Accounting Standards Board criteria.

Measurement Focus and Basis of Accounting

The Hospital is accounted for on the flow of economic resources measurement focus. The fundamental objective of this focus is to measure whether the Hospital is better or worse off economically as a result of events and transactions of the period.

The financial statements have been prepared in accordance with accounting principles which are applicable to health care proprietary funds of a governmental entity. The Hospital uses the accrual basis of accounting. Under this basis, revenues are recorded when earned and expenses are recorded when incurred, even though actual payment or receipt may not occur until after the period ends.

Accounting Standards

The Hospital has elected to apply all applicable Governmental Accounting Standards Board (GASB) pronouncements.

Cash and Cash Equivalents

For the purpose of reporting the statement of cash flows the Hospital considers all cash accounts and mutual funds to be cash equivalents.

Electronic Health Record Incentive Payments

The Hospital has received payments from the Medicare and Medicaid programs under the Electronic Health Records (EHR) Incentive Program. To qualify for EHR incentive payments, the Hospital must meet designated EHR meaningful use criteria. These incentive payments are reported in other revenue in the financial statements.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (continued)

Investments and Investment Income

The Hospital's investments and the methods used in determining the reported amounts are as follows:

<u>Type</u> <u>Method</u>

Open-end mutual funds

Mutual Funds Fair value determined by current share price

U.S. Government Agency securities

Maturity of one year or less when purchased Amortized cost

Maturity of one year or more when purchased Fair value based on quoted market prices

The U.S. Government Agency securities are nonparticipating contracts not significantly affected by impairment of the issuer's credit standing or other factors.

Investments in certain partnerships are accounted for using the equity method under which the net income of the partnerships is recognized as investment income and added to the investment account.

Investment income includes interest income and the net increase (decrease) in the fair value of investments. Investment income is reported as nonoperating gains.

Inventories

Inventories are stated at cost, based on the first-in, first-out method.

Capital Assets

Capital asset acquisitions are recorded at cost. Capital assets donated for Hospital operations are recorded at fair value at the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method using these asset lives:

Land improvements10 to 25 yearsBuildings5 to 40 yearsEquipment3 to 20 years

Property Tax Receivable

Property tax receivable is recognized on the levy or lien date, which is the date that the tax asking is certified by the County Board of Supervisors. Current year delinquent property taxes receivable represents unpaid taxes for the current year. The succeeding year property tax receivable represents taxes certified by the Board of Supervisors to be collected in the next fiscal year for the purposes set out in the budget for the next fiscal year. By statute, the Board of Supervisors is required to certify the budget in March of each year for the subsequent fiscal year. However, by statute, the tax asking and budget certification for the following fiscal year becomes effective on the first day of that year. Although the succeeding year property tax receivable has been recorded, the related revenue is deferred and will not be recognized as revenue until the year for which it is levied.

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (continued)

Deferred Revenue

Although certain revenues are measurable, they are not available. Available means collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred revenue represents the amount of assets that have been recognized, but the related revenue has not been recognized since the assets are not collected within the current period or expected to be collected soon enough thereafter to be used to pay liabilities of the current period. Deferred revenue consists of succeeding year property tax receivable.

Net Position (Deficit)

Net position (deficit) is presented in the following components:

Invested in capital assets, net of related debt

Invested in capital assets, net of related debt consists of capital assets, net of accumulated depreciation and amortization and reduced by the outstanding balances of the revenue notes payable that are attributable to the acquisition, construction, or improvement of those assets.

Restricted

Restricted net position consists of funds on which constraints have been externally imposed by creditors (such as through debt covenants) grantors or contributors, or laws or regulations of other governments.

Unrestricted

Unrestricted net position has no externally imposed restrictions on use.

When both restricted and unrestricted net position are available for use, generally it is the Hospital's policy to use restricted net position first.

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. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Net Patient Service Revenue

Patient service revenue is reported at the Hospital's established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Budgets and Budgetary Accounting

The budgetary comparison and related disclosures are reported as Required Supplementary Information. During the year ended June 30, 2014, disbursements exceeded the amount budgeted.

NOTES TO FINANCIAL S	TATEMENTS	
NOTE 1 SIGNIFICANT ACCOUNTING POLICIES (continued)		
Statements of Revenues, Expenses, and Changes in Net Posit	tion	
For purposes of display, transactions deemed by management to be care services are reported as operating revenues and expenses. nonoperating gains and losses. Operating expenses are all expenses.	Peripheral or incidental transac	tions are reported as
Credit Policy		
The Hospital grants credit to patients, substantially all of whom are	county residents.	
Accounting Estimates and Assumptions		
The preparation of financial statements in accordance with management to make estimates and assumptions that affect the recontingent assets and liabilities at the date of the financial state expenses during the reporting periods. Actual results could differ f	eported amounts of assets and li- tements and the reported amou	abilities, disclosure of
NOTE 2 CASH AND INVESTMENTS		
The Hospital's deposits in banks at June 30, 2014 and 2013 were Sinking Fund in accordance with Chapter 12C of the Code of low against the depositories to insure there will be no loss of public fundaments.	a. This Chapter provides for ad	
The Hospital is authorized by statute to invest public funds in obliq and instrumentalities; certificates of deposit or other evidences approved by the Board of Trustees; prime eligible bankers accepta repurchase agreements; certain registered open-end managements; and warrants or improvement certificates of a drainage distr	of deposit at federally insured of ances; certain high rated comme nent investment companies; cer	tepository institutions rcial paper; perfected
The mutual fund investments are uninsured and unregistered, widepartment or agent, but not in the Hospital's name. The investrement of the Hospital does not have a formal policy limiting investment of the value losses from increasing interest rates (interest rate risk).	ments listed below are subject to	custodial credit risk
The Hospital's investments at June 30, 2014 are as follows:	Maturities	Fair value
Mutual funds	Daily	\$ <u>284,121</u>
The primary objectives of the Hospital's investment policy include investment portfolio, the maintenance of necessary liquidity to m		

investment portfolio, the maintenance of necessary liquidity to match expected liabilities, and obtaining a reasonable return. Funds not identified as operating funds may be invested in investments with maturities longer than three hundred ninety-seven days, provided that the maturities shall be consistent with the needs and use of the Hospital.

NOTE 3 PATIENT RECEIVABLES

Patient accounts receivable reported as current assets consisted of these amounts:

	June 30	
	2014	2013
Receivable from patients	\$1,220,984	\$1,076,569
Receivable from insurance carriers	2,475,720	1,953,630
Receivable from Medicare	2,871,238	1,610,050
Receivable from Medicaid	622,454	277,547
Total patient receivables	7,190,396	4,917,796
Less allowances for contractual and other adjustments	(<u>2,219,019</u>)	(<u>1,311,000</u>)
Totals	\$ <u>4.971,377</u>	\$ <u>3,606,796</u>

NOTE 4 ASSETS RESTRICTED BY BOND INDENTURE AGREEMENT

Assets restricted by the bond indenture agreement include funds that are required to be funded under the terms of the agreement. The agreement requires, among other things, the maintenance of the "Bond Sinking Fund", the "Debt Service Reserve Fund" and the "Interest Fund" (a "Taxable Early Interest Account" and a "Tax-Exempt Early Interest Account"). There are provisions outlined in the agreement regarding deposit requirements in the various funds. Following are the changes in these funds for the year ended June 30, 2014:

	Bond Sinking Fund	Debt Service Reserve <u>Fund</u>	Interest Fund	Total
BALANCE, beginning	\$ 694,025	\$2,601,121	\$ 794,733	\$4,089,879
Deposits	694,917	_	1,858,506	2,553,423
Investment income	34	539	47	620
Fees	_	_	(750)	(750)
Principal payments	(710,000)	_	` _ ′	(710,000)
Interest payments			(<u>1,876,560</u>)	(<u>1,876,560</u>)
BALANCE, ending	\$ <u>678,976</u>	\$ <u>2,601,660</u>	\$ <u>775,976</u>	\$ <u>4,056,612</u>

NOTE 5 NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows.

Medicare and Medicaid

The Hospital is designated as a Critical Access Hospital. As a Critical Access Hospital, services related to Medicare and Medicaid beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through the year ended June 30, 2012.

Other

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

NOTE 6 CAPITAL ASSETS

A summary of changes in capital assets for the year ended June 30, 2014 and 2013 follows:

	Balance July 1, 2013	Additions	<u>Deletions</u>	<u>Transfers</u>	Balance June 30, 2014
Land	\$ 1,171,780	\$ 19,000	\$ (99,445)	\$ 77,000	\$ 1,168,335
Land improvements	1,563,838	35,228	_	693,140	2,292,206
Buildings	32,316,526	211,249	(4,000)	3,346,610	35,870,385
Equipment	9,624,325	1,079,765	(44,345)	141,680	10,801,425
Construction and equipment			, , ,		
installations in progress	3,509,142	751,648		(4,258,430)	2,360
Totals	48,185,611	2,096,890	(147,790)		50,134,711
Less accumulated depreciation	•	, ,			, ,
and amortization	(14,265,632)	(<u>2,766,503</u>)	44,669		(16,987,466)
Net capital assets	\$ <u>33,919,979</u>	\$ <u>(669,613</u>)	\$ <u>(103,121</u>)	\$	\$ <u>33,147,245</u>

NOTE 6 CAPITAL ASSETS (continued)

	Balance July 1, 2012	Additions	Deletions	<u>Transfers</u>	Balance June 30, 2013
Land	\$ 1,049,780	\$ 24,320	\$ -	\$ 97,680	\$ 1,171,780
Land improvements	1,563,838	_	_	_	1,563,838
Buildings	32,292,832	127,374	_	(103,680)	32,316,526
Equipment	8,861,530	553,322	_	209,473	9,624,325
Construction and equipment					
installations in progress	4,000	3,708,615		(203,473)	3,509,142
Totals	43,771,980	4,413,631	-	_	48,185,611
Less accumulated depreciation					
and amortization	(<u>11,740,486</u>)	(<u>2,526,960</u>)	<u>1,814</u>		<u>14,265,632</u>
Net capital assets	\$ <u>32,031,494</u>	\$ <u>1,886,671</u>	\$ <u>1,814</u>	\$	\$ <u>33,919,979</u>

Construction and equipment installation in progress at June 30, 2014 consisted of costs incurred for equipment installations.

NOTE 7 LONG TERM DEBT

The Board of Trustees of the Jefferson County Hospital adopted a resolution authorizing the issuance of revenue bonds to provide financing for the constructing and equipping a replacement hospital for the Jefferson County Hospital and constructing and equipping and improving medical office space located on the Hospital's campus. The bonds issued are as follows:

- Jefferson County Hospital Revenue Refunding Bonds, Series 2007B dated September 6, 2007. The bonds
 mature serially through August 2024. Interest is payable on February 1 and August 1 each year at annual rates
 ranging from 4.30% to 5.00%. Bonds maturing on or after August 1, 2017 are subject to redemption. The
 balance at June 30, 2013 is \$9,290,000.
- Jefferson County Hospital Revenue Bonds, Series 2007C dated September 25, 2007. The bonds mature serially through August 2037, with the initial payment due August 2024. Interest is payable on February 1 and August 1 each year at annual rates ranging from 5.375% to 5.950%. Bonds maturing on or after August 1, 2024 are subject to redemption. The balance at June 30, 2013 is \$24,580,000.

The agreements also require the maintenance of certain funds during the term of the agreements (See Note 4).

NOTE 7 LONG TERM DEBT (continued)

As to the above Hospital Revenue Bonds, the Hospital has pledged all future revenue to pay the principal and interest. The Bonds were issued to finance capital improvements of the Hospital and to provide financing for the constructing and equipping of a replacement hospital. The revenues are pledged through August 2037. The remaining principal and interest on the obligations as of June 30, 2014 is \$62,040,682. The following is a comparison of the pledged revenues and the principal and interest requirements of the Bonds for the years ended June 30, 2014 and 2013:

	Year ended June 30		
	2014	2013	
Change in net position Provision for depreciation	\$2,707,781 2,766,503	\$3,083,079 2,526,960	
Interest expense on the Notes and Bonds (Gain) loss on sale of property	1,866,383 78,178	1,898,513 (1,854)	
Pledged revenues	\$ <u>7,418,845</u>	\$ <u>7,506,698</u>	
Principal and interest requirements	\$ <u>2,576,383</u>	\$ <u>2,568,513</u>	

Principal and interest maturities of long-term debt at June 30, 2014 are summarized as follows:

Year ending June 30	_ Principal_	<u>Interest</u>	Total
2015	\$ 740,000	\$ 1,845,108	\$ 2,585,108
2016	770,000	1,811,788	2,581,788
2017	810,000	1,776,430	2,586,430
2018	845,000	1,738,981	2,583,981
2019	885,000	1,699,181	2,584,181
2020-2024	5,125,000	7,794,269	12,919,269
2025-2029	6,655,000	6,276,543	12,931,543
2030-2034	8,835,000	4,092,378	12,927,378
2035-2039	<u>9,205,000</u>	1,136,004	10,341,004
Total	33,870,000	28,170,682	62,040,682
Less current maturities	740,000	1,845,108	2,585,108
Total long-term debt	\$ <u>33,130,000</u>	\$ <u>26,325,574</u>	\$ <u>59,455,574</u>

A summary of changes in long-term debt for the year ended June 30, 2014 follows:

Hospital Revenue Refunding	Beginning balance	Additions	Principal payments	Ending balance	Amounts due within one year
	\$10,000,000 <u>24,580,000</u>	\$ <u> </u>	\$ 710,000 ———	\$ 9,290,000 <u>24,580,000</u>	\$ 740,000
Totals	\$ <u>34,580,000</u>	\$	\$ <u>710,000</u>	\$ <u>33,870,000</u>	\$ <u>740,000</u>

NOTE 7 LONG TERM DEBT (continued)

A summary of changes in long-term debt for the year ended June 30, 2013 follows:

	Beginning balance	_Adc	litions		ncipal ments	Ending balance	Amounts due within one year
Hospital Revenue Refunding	,						
Bonds (Series 2007B)	\$10,000,000	\$	_	\$	_	\$10,000,000	\$ 710,000
Hospital Revenue Bonds (Series 2007A	() 670,000		_	6	70,000	_	_
Hospital Revenue Bonds (Series 20070	24,580,000					24,580,000	
Totals	\$ <u>35,250,000</u>	\$		\$ <u>_6</u>	<u>70,000</u>	\$ <u>34,580,000</u>	\$ <u>710,000</u>

NOTE 8 CONTINGENCIES

The Hospital is insured by a claims-made policy for protection against liability claims resulting from professional services provided or which should have been provided. Coverage limits are \$1,000,000 per claim and \$3,000,000 in the aggregate.

The Hospital is from time to time subject to claims and suits alleging malpractice. In the opinion of management, the ultimate cost, if any, related to the resolution of such pending legal proceedings will be within the limits of insurance coverage and, accordingly, will not have a significant effect on the financial position or the results of operations of the Hospital.

Incidents occurring through June 30, 2014 may result in the assertion of additional claims. Other claims may be asserted arising from services provided to patients in the past. Management is unable to estimate the ultimate cost, if any, of the resolution of such potential claims and, accordingly, no accrual has been made for them; however, management believes that these claims, if asserted, would be settled within the limits of insurance coverage.

NOTE 9 DEFINED BENEFIT PENSION PLAN

The Hospital contributes to the Iowa Public Employees Retirement System (IPERS) which is a cost-sharing multiple-employer defined benefit pension plan administered by the State of Iowa. IPERS provides retirement and death benefits which are established by State statute to plan members and beneficiaries. IPERS issues a publicly available financial report that includes financial statements and required supplementary information. The report may be obtained by writing to IPERS, P.O. Box 9117, Des Moines, Iowa 50306-9117.

Plan members are required to contribute 5.95% of their annual salary and the Hospital is required to contribute 8.93% of annual covered payroll. Contribution requirements are established by State statute. The Hospital's contributions to IPERS for the years ended June 30, 2014, 2013 and 2012 were \$840,696, \$727,808 and \$647,445, respectively, equal to the required contributions for each year.

NOTE 10 CHARITY CARE

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy and equivalent service statistics. The following information measures the level of charity care provided during the years ended June 30, 2014 and 2013.

and 2010.	2014	2013
Charges foregone, based on established rates	\$ <u>296,970</u>	\$ <u>356,862</u>
Equivalent percentage of charity care patients to all patients served	6%	9%

NOTE 11 EMPLOYEE BENEFITS

The Hospital has developed a self-insured health insurance program for all employees. Claims for health care services for employees and their families are accrued when incurred. The plan contains a stop-loss provision which limits the amount of claims paid by the plan to \$65,000 per person, with an aggregate stop-loss provision for the plan as a whole of approximately \$4,000,000. Total expense, which includes claims, administration fees, and stop-loss insurance, under this self-insurance program for the years ended June 30, 2014 and 2013 was \$1,058,903 and \$770,798, respectively.

NOTE 12 HOSPITAL RISK MANAGEMENT

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. These risks are covered by commercial insurance purchased from independent third parties. The Hospital assumes liability for any deductibles and claims in excess of coverage limitations. Settled claims from these risks have not exceeded commercial insurance coverage for the past three years.

NOTE 13 ROBERT A. RYAN, M.D. ENDOWED SCHOLARSHIP FUND

This fund was established through a donation received from Robert A. Ryan, M.D. The investment is to be maintained in perpetuity and the income only to be used for a nursing scholarship for a member of the senior class graduating from Fairfield High School, Fairfield, Iowa or from another high school in the area. At June 30, 2014 and 2013, the balance of the fund was being maintained in mutual funds with a total balance of \$58,179 and \$49,195, respectively.

NOTE 14 INVESTMENT IN JOINT VENTURES

The Hospital has varying interests in several joint ventures engaged in providing various health care services. The investments are accounted for using the equity method. The Hospital has recorded its share of the joint ventures' income of \$237,236 in 2014 and \$392,892 in 2013.

NOTE 15 ELECTRONIC HEALTH RECORD INCENTIVE PAYMENTS

The Hospital has met the EHR meaningful use criteria and has received payments from the Medicare and Medicaid programs. Payments received and included in other revenue total \$363,717 and \$231,808 for the years ended June 30, 2014 and 2013, respectively.

NOTE 16 OTHER POST EMPLOYMENT BENEFITS (OPEB)

The Hospital operates a single-employer retiree benefit plan which provides medical benefits for retirees and their spouses and dependents. There are 115 active and -0- retired members in the plan. Participants must be age 55 or older at retirement.

The medical benefit plans are self-insured and are administered by a third party. Retirees under age 65 pay 100% of the full active employee premium rates. This results in an implicit subsidy and an Other Post Employment Benefit, OPEB, liability. The contribution requirements of plan members are established and may be amended by the Hospital. The Hospital currently finances the retiree benefit plan on a pay-as-you-go basis.

The Hospital's annual OPEB cost is calculated based on the annual required contribution, ARC, of the Hospital, an amount actuarially determined. The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover normal cost each year and amortize any unfunded actuarial liabilities over a period not to exceed 30 years. The following table shows the components of the Hospital's annual OPEB cost for June 30, 2014, the amount actually contributed to the plan and changes in the Hospital's net OPEB obligation:

Annual required contribution, ARC	\$ 3,931
Interest on net OPEB obligation	119
Adjustment to annual required contribution	(1,139)
Annual OPEB cost	2,911
Contributions made	
Increase in net OPEB obligation	2,911
Net OPEB obligation, beginning of year	<u>11,876</u>
Net OPEB obligation, end of year	\$ 14.787
	T

For calculation of the net OPEB obligation, the actuary has set the transition day as July 1, 2010. The end of year net OPEB obligation was calculated by the actuary as the cumulative difference between the actuarially determined funding requirements and the actual contributions for the year ended June 30, 2014.

For the year ended June 30, 2014, the Hospital contributed \$-0- to the plan. The Hospital's annual OPEB cost, the percentage of annual OPEB cost contributed to the plan, and the net OPEB obligation as of June 30, 2014 are summarized as follows:

Fiscal year ended	Annual OPEB cost	Percentage of annual OPEB cost contributed	Net OPEB <u>obligation</u>
June 30, 2012	\$ <u>3,557</u>	0%	\$ <u>8,459</u>
June 30, 2013	\$ <u>3,417</u>	0%	\$ <u>11,876</u>
June 30, 2014	\$ <u>2,911</u>	0%	\$ <u>. 14,787</u>

As of July 1, 2013, the most recent actuarial valuation date for the period July 1, 2012 through June 30, 2014, the actuarial accrued liability was \$25,000 with no actuarial value of assets, resulting in an unfunded actuarial accrued liability, UAAL, of \$25,000. As of June 30, 2014, there were no trust fund assets.

NOTE 16 OTHER POST EMPLOYMENT BENEFITS (OPEB) (continued)

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Actuarially determined amounts are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedule of funding progress, presented as required supplementary information in the section following the Notes to Financial Statements, will present multiyear trend information about whether the actuarial value of the plan assets is increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Projections of benefits for financial reporting purposes are based on the plan as understood by the employer and the plan members and include the types of benefits provided at the time of each valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

As of the July 1, 2013 actuarial valuation date, the projected unit credit actuarial cost method was used. The actuarial assumptions include a 1% discount rate based on the Hospital's funding policy. The projected annual medical trend rate is 5%. The ultimate medical trend rate is 4%. The medical trend rate is reduced 1% each year until reaching the 4% ultimate trend rate.

Mortality rates are from the RP2000 Group Annuity Mortality Table, applied on a gender-specific basis. Annual retirement and termination probabilities were developed from the Actuary's Pension Handbook.

Projected claim costs of the medical plan are approximately \$927 per month for retirees. The UAAL is being amortized as a level dollar amount on an open basis over a period of 30 years.

NOTE 17 PROPERTY LEASED TO OTHERS

The Hospital has entered into a lease agreement to lease medical office building space to physicians. The lease requires initial monthly payments of \$12,017 through December, 2014. Lease payments will be adjusted each year after the initial three year lease period based on the Consumer Price Index. The Hospital is responsible for utilities, housekeeping and maintenance.

Future minimum payments under the lease are as follows:

Year ending June 30

2014

\$ 72,104

NOTE 18 PROSPECTIVE ACCOUNTING CHANGE

The Governmental Accounting Standards Board has issued Statement No. 68, Accounting and Financial Reporting for Pensions – an Amendment of GASB No. 27. This statement will be implemented for the fiscal year ending June 30, 2015. The revised requirements establish new financial reporting requirements for state and local governments which provide their employees with pension benefits, including additional note disclosures and required supplementary information. In addition, the Statement of Net Position is expected to include a significant liability for the government's proportionate share of the employee pension plan.

REQUIRED SUPPLEMENTARY INFORMATION

Jefferson County Hospital d/b/a Jefferson County Health Center BUDGETARY COMPARISON SCHEDULE OF REVENUES, EXPENSES AND CHANGES IN NET POSITION, BUDGET AND ACTUAL Year ended June 30, 2014

The following is a comparison of actual expenditures to budget:

	Reported amounts (GAAP basis)					
	*General funds	Donor- restricted <u>funds</u>	Total (memorandum only)	Budget basis adjustments	Budget basis	Amended Budget
Amount to be raised		_		_		
by taxation	\$ 853,414	\$ -	\$ 853,414	\$ -	\$ 853,414	\$ 853,414
Other revenue/receipts	<u>31,482,181</u>	<u>8,984</u>	<u>31,491,165</u>		<u>31,491,165</u>	<u> 27,813,691</u>
	32,335,595	8,984	32,344,579	_	32,344,579	28,667,105
Expenses/expenditures	29,636,798	_	29,636,798	341,226	29,978,024	29,938,714
Net	2,698,797	8,984	2,707,781	(341,226)	2,366,555	(1,271,609)
Balance, beginning	19,803,199	<u>49,195</u>	<u>19,852,394</u>	(18,373,430)	1,478,964	4,726,559
Balance, ending	\$ <u>22,501,996</u>	\$ <u>58,179</u>	\$ <u>22,560,175</u>	\$(<u>18,714,656</u>)	\$ <u>3,845,519</u>	\$ <u>3,454,950</u>

^{*}Includes unrestricted net position, net position invested in capital assets, net of related debt and restricted by bond indenture agreement net position.

In accordance with the Code of lowa, the Board of Trustees annually adopts a budget for all funds following required public notice and hearings. The annual budget may be amended during the year utilizing similar statutorily-prescribed procedures. The Hospital prepares its annual budget on a basis (budget basis) which differs from generally accepted accounting principles (GAAP basis). The major differences between budget and GAAP bases are that depreciation is not recorded as an expenditure on the budget basis and capital expenditures and debt service are recorded on the budget basis.

For the year ended June 30, 2014, the Hospital's expenditures exceeded the amended budgeted amount.

Jefferson County Hospital d/b/a Jefferson County Health Center SCHEDULE OF FUNDING PROGRESS FOR THE RETIREE HEALTH PLAN (In Thousands)

Required Supplementary Information

Fiscal year ended	Actuarial valuation date	Actuarial value of assets (a)	Actuarial accrued liability (AAL) (b)	Unfunded AAL (UAAL) (b - a)	Funded ratio (a/b)	Covered payroll (c)	UAAL as a percentage of covered payroll ((b - a)/c)
2012	June 30, 2012	\$	\$ <u>20</u>	\$ <u>20</u>	<u>_0.0</u> %	\$ <u>8,068</u>	2%
2013	June 30, 2013	\$	\$ <u>25</u>	\$ <u>25</u>	<u>0.0</u> %	\$ <u>8,625</u>	<u>3</u> %
2014	June 30, 2014	\$	\$ <u>25</u>	\$ <u>25</u>	<u>0.0</u> %	\$ <u>9,554</u>	<u>3</u> %

See Note 16 in the accompanying Notes to Financial Statements for the plan description, funding policy, annual OPEB Cost and Net OPEB Obligation, funded status and funding progress.



INDEPENDENT AUDITOR'S REPORT ON THE OTHER SUPPLEMENTARY INFORMATION

The Board of Trustees Jefferson County Hospital d/b/a Jefferson County Health Center Fairfield, lowa

We have audited the financial statements of Jefferson County Hospital d/b/a Jefferson County Health Center as of and for the years ended June 30, 2014 and 2013, and have issued our report thereon dated October 16, 2014, which contains an unmodified opinion on those financial statements. Our audits were performed for the purpose of forming an opinion on the financial statements as a whole. The following supplementary information is presented for the purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and related directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole. We previously audited the years ended June 30, 2012 and 2011, and expressed unmodified opinions on those financial statements.

> Denman & Company, & 28 **DENMAN & COMPANY, LLP**

West Des Moines, Iowa October 16, 2014

OTHER SUPPLEMENTARY INFORMATION

Jefferson County Hospital d/b/a Jefferson County Health Center ANALYSIS OF PATIENT RECEIVABLES

	AmountsJune 30		Percent to total June 30	
Age of accounts				
(by date of discharge)	2014	2013	2014	2013
0 - 30 days (includes patients				
in Hospital at end of year)	\$4,343,296	\$2,627,193	62.83%	55.33%
31 - 60 days	1,226,795	1,003,405	17.74	21.13
61 - 90 days	449,047	385,000	6.50	8.11
Over 90 days	<u>894,113</u>	<u>732,341</u>	<u>12.93</u>	<u> 15.43</u>
	<u>6,913,251</u>	4,747,939	<u>100.00</u> %	<u>100.00</u> %
Physician Clinic	_277,145	169,857		
Total receivables	7,190,396	4,917,796		
Allowances				
Contractual				
Medicare	1,257,000	665,000		
Medicaid and Wellmark	710,000	477,000		
Uncollectibles	160,000	101,000		
Physician Clinic	<u>92,019</u>	<u>68,000</u>		
Total allowances	2,219,019	1,311,000		
Totals	\$ <u>4,971,377</u>	\$ <u>3,606,796</u>		

ANALYSIS OF ALLOWANCE FOR UNCOLLECTIBLES

	Amounts Year ended June 30 2014 2013		Percent of net patient service revenue Year ended June 30 2014 2013	
BALANCE, beginning	\$ 101,000	\$ 111,000		
ADD Provision for bad debts	1,198,862	1,278,482	4.21%	5.17%
DEDUCT Accounts written off	(<u>1,139,862</u>)	(<u>1,288,482</u>)	4.00	5.21
BALANCE, ending	\$ <u>160,000</u>	\$ <u>101,000</u>		

Jefferson County Hospital d/b/a Jefferson County Health Center INVENTORIES

	June 30		Increase	
	2014	2013	(decrease)	
Storeroom	\$ 94,482	\$ 63,127	\$ 31,355	
Pharmacy	239,710	116,361	123,349	
Dietary	15,045	17,265	(2,220)	
Uniforms and linen	36,903	44,924	(8,021)	
Totals	\$ <u>386,140</u>	\$ <u>241,677</u>	\$ <u>144,463</u>	

Jefferson County Hospital d/b/a Jefferson County Health Center INSURANCE COVERAGE June 30, 2014

Insurer	Coverage Type	Effective Dates	Coverage Amount
Chubb	Directors and Officers	July 2013 to July 2014	\$2,000,000
Travelers	Employee Honesty Bond	May 2014 to May 2015	\$100,000/employee
Midwest Medical Insurance	Physician Liability Coverage Each claim Total facility	January 2014 to January 2015	\$2,000,000 \$4,000,000
Pro Assurance	Physician Liability Coverage Each claim Aggregate Excess coverage - each clain Excess coverage - aggregate		\$1,000,000 \$3,000,000 \$1,000,000 \$1,000,000
Coverys Insurance	Hospital General Liability/ Medical Professional Liability Each claim Total facility	May 2014 to May 2015	\$1,000,000 \$3,000,000
Coverys Insurance	Umbrella Excess Liability Each claim Total facility	May 2014 to May 2015	\$7,000,000 \$7,000,000
General Casualty	Business Auto	May 2014 to May 2015	\$1,000,000
General Casualty	Building and Contents Business Interruption	May 2014 to May 2015	\$46,231,120 \$13,500,000

The summary of insurance coverage is presented on the basis of information obtained from policies on file at the Hospital.

Jefferson County Hospital d/b/a Jefferson County Health Center PATIENT SERVICE REVENUE

		Total	
	Year ende	ed June 30	Increase
	2014	2013	<u>(decrease)</u>
DAILY PATIENT SERVICES			
Medical and surgical	\$ 3,120,754	\$ 3,099,944	\$ 20,810
Critical care unit	43,470	81,940	(38,470)
Swing bed	<u>1,364,037</u>	<u>1,502,355</u>	<u>(138,318</u>)
	<u>4,528,261</u>	<u>4,684,239</u>	<u>(155,978</u>)
OTHER NURSING SERVICES			
Operating and recovery rooms	9,778,847	6,654,294	3,124,553
Central supply	209,517	293,141	(83,624)
Emergency services	<u>4,668,149</u>	<u>4,496,450</u>	<u> 171,699</u>
	<u>14,656,513</u>	<u>11,443,885</u>	<u>3,212,628</u>
OTHER PROFESSIONAL SERVICES			
Laboratory and blood bank	7,681,964	6,383,945	1,298,019
Electrocardiology	480,305	446,224	34,081
Radiology	3,316,829	2,973,984	342,845
CT scans	3,154,981	2,495,857	659,124
Magnetic resonance imaging	1,833,685	1,466,985	366,700
Pharmacy	5,078,657	3,333,444	1,745,213
Anesthesiology	1,077,488	686,955	390,533
Respiratory therapy	1,100,378	1,299,697	(199,319)
Physical therapy	1,702,637	1,807,778	(105,141)
Speech therapy	125,393	159,050	(33,657)
Occupational therapy	354,065	343,900	10,165
Oncology	339,646	27,973	311,673
Medical arts	260,023	178,116	81,907
Physician clinic	2,017,195	885,810	1,131,385
Sleep lab	736,307	767,523	(31,216)
Urology	242,490	_	242,490
Rheumotology	<u>36,113</u>	<u>47,777</u>	<u>(11,664</u>)
	<u>29,538,156</u>	23,305,018	<u>6,233,138</u>
	48,722,930	39,433,142	9,289,788
Charity care charges foregone, based on established rates	(296,970)	<u>(356,862</u>)	<u>59,892</u>
Total gross patient service revenue	48,425,960	39,076,280	9,349,680
Provisions for contractual and other adjustments	(<u>19,916,791</u>)	(<u>14,354,268</u>)	(<u>5,562,523</u>)
Net patient service revenue	\$ <u>28,509,169</u>	\$ <u>24.722,012</u>	\$ <u>3,787,157</u>

	<u>Inpatient</u>			<u>Outpatient</u>		
Year end	ed June 30	Increase	Year ended June 30 Incre			
2014	2013	<u>(decrease)</u>	2014	2013	(decrease)	
\$ 3,120,754	\$ 3,099,944	\$ 20,810	\$ -	\$ -	\$ -	
43,470	81,940	(38,470)	_	_	_	
<u> 1,364,037</u>	<u> 1.502,355</u>	<u>(138,318</u>)				
4,528,261	4,684,239	<u>(155,978</u>)				
1,419,245	1,125,110	294,135	8,359,602	5,529,184	2,830,418	
200,664	284,970	(84,306)	8,853	8,171	682	
<u>74,447</u>	<u>113,615</u>	(39,168)	4,593,702	4,382,835	<u>210,867</u>	
<u>1,694,356</u>	<u>1,523,695</u>	170,661	12,962,157	9,920,190	<u>3,041,967</u>	
748,891	770,936	(22,045)	6,933,073	5,613,009	1,320,064	
20,650	32,091	(11,441)	459,655	414,133	45,522	
180,094	212,385	(32,291)	3,136,735	2,761,599	375,136	
217,158	233,604	(16,446)	2,937,823	2,262,253	675,570	
60,787	107,096	(46,309)	1,772,898	1,359,889	413,009	
1,054,394	1,140,798	(86,404)	4,024,263	2,192,646	1,831,617	
155,317	145,415	9,902	922,171	541,540	380,631	
692,999	1,029,230	(336,231)	407,379	270,467	136,912	
497,033	589,182	(92,149)	1,205,604	1,218,596	(12,992)	
39,718	49,187	(9,469)	85,675	109,863	(24,188)	
210,170	223,013	(12,843)	143,895	120,887	23,008	
_	-	-	339,646	27,973	311,673	
_			260,023	178,116	81,907	
_	_		2,017,195	885,810	1,131,385	
_	_		736,307	767,523	(31,216)	
_	_		242,490	_	242,490	
			<u>36,113</u>	<u>47,777</u>	(11,664)	
3,877,211	4,532,937	(655,726)	25,660,945	18,772,081	6,888,864	
\$ <u>10,099,828</u>	\$ <u>10,740,871</u>	\$ <u>(641,043</u>)	\$ <u>38,623,102</u>	\$28,692,271	\$ <u>9,930,831</u>	

Jefferson County Hospital d/b/a Jefferson County Health Center PROVISIONS FOR CONTRACTUAL AND OTHER ADJUSTMENTS

	Year ended	Year ended June 30	
	2014	2013	(decrease)
Contractual adjustments			
Medicare	\$11,031,522	\$ 7,799,627	\$3,231,895
Medicaid	2,765,691	1,711,652	1,054,039
Wellmark	3,371,500	2,418,456	953,044
Provision for bad debts	1,198,862	1,278,482	(79,620)
Discounts and other adjustments	<u>1,549,216</u>	<u>1,146,051</u>	403,165
Totals	\$ <u>19,916,791</u>	\$ <u>14,354,268</u>	\$ <u>5,562,523</u>

OTHER REVENUE

	<u>Year ende</u> 2014	ed June 30 2013	Increase (decrease)
Electronic health records meaningful use incentive revenue	\$ 363,717	\$ 231,808	\$ 131,909
340(b) program revenue	686,584	2,095,619	(1,409,035)
Employee and guest meals	112,434	100,763	11,671
Lifeline	65,853	71,734	(5,881)
Specialty clinics rent	51,660	91,284	(39,624)
Rental income, net	44,090	44,673	(583)
Miscellaneous, net	<u>1,407,432</u>	<u>1,214,105</u>	<u>193,327</u>
Totals	\$ <u>2,731,770</u>	\$ <u>3,849,986</u>	\$(<u>1,118,216</u>)

Jefferson County Hospital d/b/a Jefferson County Health Center NURSING SERVICE EXPENSES

	<u>Year end</u> 2014	ed June 30 2013	Increase (decrease)
ADMINISTRATIVE			,,
Salaries	\$ 233,394	\$ 197,574	\$ 35,820
Supplies and expense	7,945	19,123	(11,178)
	241,339	216,697	24,642
MEDICAL AND SURGICAL			
Salaries	1,526,307	1,433,161	93,146
Supplies and expense	<u> 191,595</u>	205,542	<u>(13,947</u>)
	<u>1,717,902</u>	<u>1,638,703</u>	<u>79,199</u>
CRITICAL CARE UNIT			
Salaries	<u>11,193</u>	<u>23,555</u>	(12,362)
OPERATING AND RECOVERY ROOMS			
Salaries	647,215	481,593	165,622
Supplies and expense	1,241,842	719,047	522,795
	1,889,057	1,200,640	688,417
CENTRAL SUPPLY			
Salaries	39,768	31,076	8,692
Supplies and expense	90,903	90,575	328
	130,671	121,651	9,020
EMERGENCY SERVICES			
Salaries	832,355	774,171	58,184
Professional fees	1,288,674	1,202,389	86,285
Supplies and expense	<u> 114,296</u>	<u>102,147</u>	<u>12,149</u>
	<u>2,235,325</u>	<u>2,078,707</u>	<u> 156,618</u>
Totals	\$ <u>6,225,487</u>	\$ <u>5,279,953</u>	\$ <u>945,534</u>

Jefferson County Hospital d/b/a Jefferson County Health Center OTHER PROFESSIONAL SERVICE EXPENSES

	Year end	ed June 30	Increase
	2014	2013	(decrease)
LABORATORY AND BLOOD BANK			1400.04007
Salaries	\$ 534,858	\$ 478,978	\$ 55,880
Professional fees	286,457	256,911	29,546
Supplies and expense	668,605	<u>555,553</u>	113,052
Supplies and expense	1,489,920	1,291,442	198,478
ELECTROCARDIOLOGY	1,400,020	1,201,772	
Salaries	34,279	46,433	(12,154)
Supplies and expense	14,22 <u>6</u>	18,089	(12,154)
Supplies and expense	48,505	64,522	(16,017)
RADIOLOGY	40,000	04,322	(10,017)
Salaries	544,043	522,199	21,844
	•	,	
Professional fees	247,202	225,219	21,983
Supplies and expense	428,758	438,318	<u>(9,560</u>)
OT COANS	1,220,003	<u>1,185,736</u>	<u>34,267</u>
CT SCANS	040 575	000 240	(47.744)
Supplies and expense	242,575	<u>290,319</u>	<u>(47,744</u>)
MACHETIC PECONANCE IMACINO			
MAGNETIC RESONANCE IMAGING	200.450	200 250	70.400
Professional fees	398,450	326,350	72,100
Supplies and expenses	7,204	7,914	<u>(710</u>)
	405,654	<u>334,264</u>	<u>71,390</u>
PHARMACY	000 000	040 470	40.750
Salaries	262,226	218,470	43,756
Professional fees	_	2,000	(2,000)
Drugs	1,615,288	2,373,029	(757,741)
Supplies and expense	<u> 189,407</u>	60,088	129,319
	<u>2,066,921</u>	<u>2,653,587</u>	<u>(586,666</u>)
ANESTHESIOLOGY			
Professional fees	458,920	297,600	161,320
Supplies and expense	<u>19,874</u>	20,444	<u>(570</u>)
	<u>478,794</u>	<u>318,044</u>	<u> 160,750</u>
RESPIRATORY THERAPY			
Salaries	110,314	94,979	15,335
Oxygen	21,717	20,653	1,064
Supplies and expense	<u>42,882</u>	<u>43,485</u>	<u>(603</u>)
	<u> 174,913</u>	<u> 159,117</u>	<u> 15,796</u>
PHYSICAL THERAPY			
Salaries	22,428	21,639	789
Professional fees	838,904	881,088	(42,184)
Supplies and expense	<u> 18,268</u>	29,340	(11,072)
•	<u>879,600</u>	932,067	(52,467)
SPEECH THERAPY			
Professional fees	27,362	<u>35,315</u>	<u>(7,953</u>)

Jefferson County Hospital d/b/a Jefferson County Health Center OTHER PROFESSIONAL SERVICE EXPENSES (continued)

	Year end	ed June 30	Increase
	2014	2013	(decrease)
OCCUPATIONAL THERAPY			
Professional fees	\$ 165,465	\$ 157,366	\$ 8,099
Supplies and expense	<u>2,976</u>	<u>2,611</u>	<u> 365</u>
	<u> 168,441</u>	<u> 159,977</u>	<u>8,464</u>
PHYSICIANS CLINIC			
Salaries	1,138,646	948,817	189,829
Supplies and expense	38,686	29,212	9,474
FAIRFIELD CLINIC	<u>1,177,332</u>	978,029	<u>199,303</u>
Salaries	100.650	122.070	66 690
	190,650	123,970	66,680 77,192
Supplies and expense	228,303 418,953	<u>151,111</u> <u>275,081</u>	
MEDICAL RECORDS	410,500	273,061	<u>143,872</u>
Salaries	311,245	275,921	35,324
Supplies and expense	<u> 158,805</u>	<u> 136,953</u>	<u>21,852</u>
osppilos and oxpones	470,050	412,874	57,176
QUALITY ASSURANCE			
Salaries	222,615	191,524	31,091
Supplies and expense	18,303	19,647	(1,344)
,	240,918	211,171	29,747
MEDICAL ARTS	<u> </u>		
Salaries	604,826	582,672	22,154
Supplies and expense	<u>399,472</u>	<u>554,780</u>	<u>(155,308</u>)
	<u>1,004,298</u>	<u>1,137,452</u>	<u>(133,154</u>)
SLEEP LAB			
Salaries	108,615	91,382	17,233
Supplies and expense	<u>15,029</u>	15,238	(209)
BUELWOTOLOGY	<u>123,644</u>	<u>106,620</u>	<u> 17.024</u>
RHEUMOTOLOGY	E 500	5.074	(400)
Salaries	5,509 <u>28,784</u>	5,971 <u>57,276</u>	(462)
Supplies and expense	34,293	63,247	<u>(28,492)</u> <u>(28,954)</u>
ONCOLOGY		05,241	(20,554)
Salaries	91,971	8,789	83,182
Supplies and expense	276,786	<u>68,831</u>	207,955
	368,757	77,620	291,137
UROLOGY			
Supplies and expense	245,420	_	_245,420
••			
DIALYSIS			
Salaries	4,867	5,207	(340)
Supplies and expense	994	1,481	(487)
	5,861	<u>6,688</u>	(827)
Totals	\$ <u>11,292,214</u>	\$ <u>10,693,172</u>	\$ <u>599,042</u>

Jefferson County Hospital d/b/a Jefferson County Health Center GENERAL SERVICE EXPENSES

	Year endo	ed June 30 2013	Increase (decrease)
DIETARY		2013	(decrease)
Salaries	\$ 332,743	\$ 352,912	\$ (20,169)
Food	150,417	140,656	9,761
Supplies and expense	<u>95,413</u>	<u>57.365</u>	<u>38,048</u>
	578,573	550,933	27,640
PLANT OPERATION AND MAINTENANCE			
Salaries	351,437	317,056	34,381
Utilities	510,063	418,464	91,599
Supplies and expense	<u>270,467</u>	<u>243,893</u>	<u>26,574</u>
	<u>1,131,967</u>	<u>979,413</u>	<u> 152,554</u>
BIO MEDICAL			
Supplies and expense	38,008	<u>27,266</u>	10,742
HOUSEKEEPING			
Salaries	239,645	239,354	291
Supplies and expense	<u> 78,530</u>	52,694	25,836
FF	318,175	292,048	26,127
LAUNDRY AND LINEN			
Salaries	18,344	58,998	(40,654)
Supplies and expense	<u> 55,713</u>	26,757	28,956
	74,057	85,755	(11,698)
Totals	\$ <u>2,140,780</u>	\$ <u>1,935,415</u>	\$ <u>205,365</u>

Jefferson County Hospital d/b/a Jefferson County Health Center FISCAL AND ADMINISTRATIVE SERVICE AND UNASSIGNED EXPENSES

	Year ended June 30		Increase	
	2014	2013	(decrease)	
FISCAL AND ADMINISTRATIVE SERVICE				
Salaries				
Administrative	\$ 177,067	\$ 200,704	\$ (23,637)	
Fiscal and accounting	564,388	521,765	42,623	
Purchasing and stores	96,741	91,139	5,602	
Public relations	63,068	60,857	2,211	
Data processing	112,216	109,976	2,240	
Human resources	120,799	113,819	6,980	
Data processing expense	346,616	304,307	42,309	
Human resources supplies and expenses	26,863	36,154	(9,291)	
Professional fees	43,118	14,679	28,439	
Office supplies and expenses	477,017	472,095	4,922	
Telephone	69,305	53,828	15,477	
Collection fees	234,601	232,667	1,934	
Purchasing and stores expense	19,504	18,476	1,028	
Public relations expense	10,520	10,860	(340)	
UNASSIGNED EXPENSES				
Physician recruiting	23,856	73,175	(49,319)	
Insurance	171,741	159,448	12,293	
Employee benefits				
FICA	654,767	579,716	75,051	
IPERS	840,696	727,808	112,888	
Group health insurance	1,058,903	770,798	288,105	
Group disability insurance	33,649	29,203	4,446	
Workers' compensation	143,888	107,691	36,197	
Unemployment compensation	11,275	26,259	(14,984)	
Other employee benefits	<u>44,833</u>	<u>31,353</u>	13,480	
Totals	\$ <u>5,345,431</u>	\$ <u>4,746,777</u>	\$ <u>598,654</u>	

Jefferson County Hospital d/b/a Jefferson County Health Center COMPARATIVE REVENUES AND EXPENSES

	Year ended June 30			
	2014	2013	2012	2011
NET PATIENT SERVICE REVENUE	\$28,509,169	\$24,722,012	\$22,232,704	\$20,543,824
OTHER REVENUE Total revenue	2,731,770	3,849,986	3,458,119	621,876
	31,240,939	28,571,998	25,690,823	21,165,700
EXPENSES Salaries Supplies, professional fees and other expenses Provision for depreciation Total expenses Operating income	9,553,772	8,624,661	8,068,079	7,414,208
	15,450,140	14,030,656	11,952,346	10,232,906
	2,766,503	2,526,960	2,482,597	2,503,743
	27,770,415	25,182,277	22,503,022	20,150,857
	3,470,524	3,389,721	3,187,801	1,014,843
NONOPERATING GAINS (LOSSES) County taxes Investment income and equity in net income of joint venture investments Interest expense Gain (loss) on sale of property and equipment Total nonoperating (losses)	853,414	1,097,726	1,064,318	1,076,390
	298,176	462,362	467,945	239,131
	(1,866,383)	(1,898,513)	(1,938,793)	(2,019,719)
	(78,178)	1,854	(44,604)	(4,338,619)
	(792,971)	(336,571)	(451,134)	(5,042,817)
Excess (deficiency) of revenues over expenses before contributions CONTRIBUTIONS	2,677,553	3,053,150	2,736,667	(4,027,974)
	30,228	29,929	49,520	418,537
Change in net position	\$ <u>2,707,781</u>	\$ <u>3,083,079</u>	\$ <u>2,786,187</u>	\$ <u>(3,609,437</u>)

Jefferson County Hospital d/b/a Jefferson County Health Center COMPARATIVE STATISTICS

	Year ende	ed June 30 2013
PATIENT DAYS Adult and pediatric Swing bed	2,281 2,291	2,606 2,687
Total patient days	4,572	<u>5,293</u>
ADMISSIONS Adult and pediatric Swing bed	642 	685
Total admissions	<u>876</u>	959
DISCHARGES Adult and pediatric Swing bed	635 231	690 276
Total discharges	<u>866</u>	<u>966</u>
AVERAGE LENGTH OF STAY Adult and pediatric Swing bed	3.59 9.92	3.78 9.74
BEDS Adult and pediatric	25	25
OCCUPANCY PERCENT Adult and pediatric Swing bed	25.00% 25.11%	28.56% 29.45%
NET PATIENT SERVICE REVENUE PER CALENDAR DAY	\$78,107	\$67,732
NUMBER OF DAYS NET PATIENT SERVICE REVENUE IN NET PATIENT RECEIVABLES AT END OF YEAR	64	53



INDEPENDENT AUDITOR'S 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

To the Board of Trustees Jefferson County Hospital d/b/a Jefferson County Health Center Fairfield, Iowa

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 Jefferson County Hospital d/b/a Jefferson County Health Center, as of and for the year ended June 30, 2014, and the related notes to the financial statements, which collectively comprise Jefferson County Hospital's basic financial statements, and have issued our report thereon dated October 16, 2014.

Internal Control Over Financial Reporting

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

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

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

Comments involving statutory and other legal matters about the Hospital's operations for the year ended June 30, 2014 are based exclusively on knowledge obtained from procedures performed during our audit of the financial statements of the Hospital. Since our audit was based on tests and samples, not all transactions that might have had an impact on the comments were necessarily audited. The comments involving statutory and other legal matters are not intended to constitute legal interpretations of those statutes. Those comments are presented in Part II of the accompanying Schedule of Findings.

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 Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Denman & Company, of 20 DENMAN & COMPANY, LLP

West Des Moines, Iowa October 16, 2014 Jefferson County Hospital d/b/a Jefferson County Health Center SCHEDULE OF FINDINGS Year ended June 30, 2014

Part I—Findings Related to the Financial Statements

No matters regarding significant deficiencies, material weaknesses or instances of noncompliance relative to the financial statements were reported.

Jefferson County Hospital d/b/a Jefferson County Health Center SCHEDULE OF FINDINGS Year ended June 30, 2014

		Part II—Findings Related to Required Statutory Reporting
	14-II-A	CERTIFIED BUDGET
m		Comment
		Based on a comparison of actual operating expenses with amended budget basis expenditures, it appears the Hospital exceeded its amended budget for the year ended June 30, 2014.
		Recommendation
		Should this occur in the future, we recommend the budget be further amended.
		Response
		In the future, we will amend the budget, as necessary.
Li		Conclusion
		Response accepted.
	14-II-B	QUESTIONABLE EXPENDITURES
		No questionable expenditures of Hospital funds were noted.
	14-II-C	TRAVEL EXPENSES
		No expenditures of Hospital money for travel expenses of spouses of Hospital officials and/or employees were noted.
	14-II-D	BUSINESS TRANSACTIONS
		No business transactions were found between the Hospital and Hospital officials and/or employees.
	14-II-E	BOARD MINUTES
		No transactions were found that we believe should have been approved in the Board minutes but were not.
Ú	14-II-F	DEPOSITS AND INVESTMENTS
		We noted no instances of noncompliance with the deposit and investment provisions of Chapters 12B and 12C of the Code of Iowa and the Hospital's investment policy.