

### Office of the Washington State Auditor Pat McCarthy

February 7, 2019

Board of Commissioners Pullman Regional Hospital Pullman, Washington

### Contracted CPA Firm's Audit Report on Financial Statements

We have reviewed the audit report issued by a certified public accounting (CPA) firm on the Pullman Regional Hospital's financial statements for the fiscal years ended December 31, 2017 and 2016. The District contracted with the CPA firm for this audit and requested that we accept in lieu of performing our own audit.

Based on this review, we have accepted this report in lieu of the audit required by RCW 43.09.260. The Office of the Washington State Auditor did not audit the accompanying financial statements and, accordingly, we do not express an opinion on those financial statements.

This report is being published on the Office of the Washington State Auditor website as a matter of public record.

Sincerely,

Pat McCarthy

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State Auditor

Olympia, WA

### Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital

Combined Basic Financial Statements and Independent Auditors' Reports

December 31, 2017 and 2016



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### INDEPENDENT AUDITORS' REPORT

**Board of Commissioners** Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Pullman, Washington

### Report on the Financial Statements

We have audited the accompanying combined financial statements of Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital (the District) as of and for the years ended December 31, 2017 and 2016, and the related notes to the financial statements, which collectively comprise the District'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 combined financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We did not audit the financial statements of the Pullman Regional Hospital Foundation (the Foundation), which represents 6 percent, 8 percent, and 3 percent, respectively, of the assets, net position, and revenues of the District at December 31, 2017, and 7 percent, 7 percent, and 2 percent, respectively, of the assets, net position, and revenues of the District at December 31, 2016. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Foundation, is based solely on the report of the other auditors. 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 the 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 combined 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 auditors' 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 auditors consider 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, based on our audits and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the respective financial position of the District 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 on pages 3 through 13 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 April 18, 2018 on our consideration of the District'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. We issued a similar report for the year ended December 31, 2016, dated April 25, 2017, which has not been included with the 2017 financial compliance report. The purpose of those reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing for each year, and not to provide an opinion on internal control over financial reporting or on compliance. Those reports are an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the District's internal control over financial reporting and compliance.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington April 18, 2018

Our discussion and analysis of Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital's (the District) financial performance provides an overview of the District's financial activities for the years ended December 31, 2017 and 2016. Please read it in conjunction with the District's financial statements, which begin on page 14.

### **Statement of People & Programs**

Public Hospital District No. 1-A (PHD 1-A) is a community consisting of:

- Pullman Regional Hospital (wholly owned by PHD 1-A)
- Pullman Regional Hospital Clinic Services, LLC (wholly owned by PHD 1-A)
  - o Palouse Pediatrics
  - o Palouse Psychiatry & Behavioral Health
  - o Pullman Family Medicine
  - o Palouse Heart Center
- Palouse Surgeons, LLC (jointly owned)
- Palouse Specialty Physicians, P.S. (jointly owned)

### We are a community of:

- 466 Full-time (287) and Part-time Employees (179)
- 157 Medical Staff (64 in active membership)

### As a team we served:

- 1,801 Men, Women, Children, & Newborns as inpatients
- 80,300 Individual outpatient visits
- 42,804 Clinic visits

#### That totals:

- 4,600 Patient Days (excluding newborns)
- 429 Births at the Hospital
- 677 Equivalent Observation Patient Days
- 16,250 Observation hours of care
- 12,188 Patients entered our Emergency Department
- 99,570 Laboratory tests were performed
- 32,652 Diagnostic Imaging studies completed
- 4,013 Surgical patients, 84 percent surgical vs.16 percent endoscopy

A summary of operations is shown in Table 1.



**Table 1: Operating Results** 

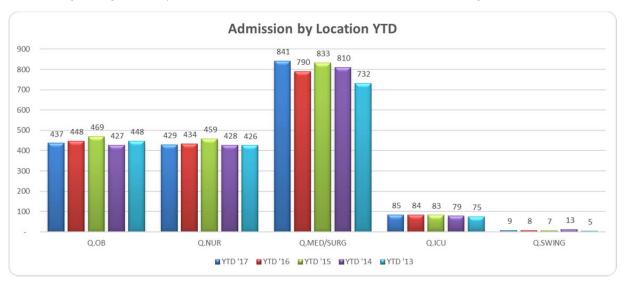
Hospital Based Services	YTD	Budget	<u>Variance</u>	% Variance	Prior Year	<u>Variance</u>	% Variance
Admissions	1,372	1,368	4	0.3%	1,330	42	3.2%
LOS	2.75	2.80	(0.05)	-1.9%	2.73	0.01	0.5%
Patient Days	3,767	3,829	(62)	-1.6%	3,634	133	3.7%
Observation Day Equiv.	755	703	52	7.4%	789	(34)	-4.3%
Adjusted Patient Days	14,234	14,678	(444)	-3.0%	13,833	401	2.9%
Average Daily Census	10.3	10.5	(0.2)	-1.9%	10.0	0.3	3.0%
Deliveries	429	450	(21)	-4.7%	432	(3.00)	-0.7%
Rehabilitation Services	15,867	16,500	(633)	-3.8%	14,815	1,052	7.1%
Emergency Visits	12,188	12,300	(112)	-0.9%	12,038	150	1.2%
Radiology Procedures	32,652	31,565	1,087	3.4%	30,220	2,432	8.0%
Lab Tests	99,570	100,000	(430)	-0.4%	96,636	2,934	3.0%
Clinic (PRHCN)	YTD	Budget	Variance	% Variance	Prior Year	Variance	% Variance
Palouse Pediatrics Visits	16,149	16,500	(351)	-2.1%	16,743	(594)	-3.5%
Palouse Psychiatry & Behavioral Health Visits	2,782	2,700	82	3.0%	2,646	136	5.1%
Pullman Family Medicine Visits	23,595	24,000	(405)	-1.7%	24,053	(458)	-1.9%
Palouse Heart Center Visits	278	275	3	1.1%	n/a		

**Table 2: Statement of Revenue and Expenses** 

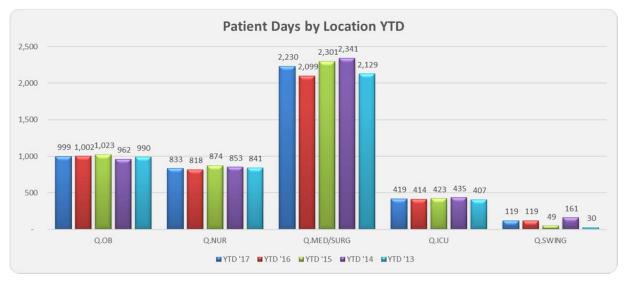
			NO. 1-A OF WHITM NT OF REVENUE FOR PERIOD EN December 31.	AND EXPEN					
		CURRENT	T YEAR 2017			PPIOP :	YEAR 2016		
'	*PRH	**PRCN, LLC	ADJUSTMENT & ELIMINATIONS	TOTAL	*PRH	**PRCN, LLC	ADJUSTMENT	TOTAL	% Variand
TOTAL OPERATING REVENUES	65,072,583	4,759,127		69,831,710	61,205,908	2,650,585		63,856,493	9.4%
OPERATING EXPENSES:									
SALARIES & WAGES	29,181,366	4,963,895		34,145,261	27,665,856	3,001,210		30,667,066	11.3%
BENEFITS	6,067,735	963,067		7,030,802	5,839,303	596,538		6,435,841	9.2%
SUPPLIES	11,507,487	327,702		11,835,189	12,035,002	118,167		12,153,169	-2.6%
DEPRECIATION AND AMORTIZATION	2,766,276	68,720		2,834,996	2,601,827	51,443		2,653,270	6.8%
ALL OTHER	12,397,730	1,218,762	(42,495)	13,573,997	11,470,779	702,166	(41,858)	12,131,087	11.99
TOTAL OPERATING EXPENSES	61,920,594	7,542,146	(42,495)	69,420,245	59,612,767	4,469,524	(41,858)	64,040,433	8.4%
NET OPERATING INCOME	3,151,989	(2,783,019)	42,495	411,465	1,593,141	(1,818,939)	41,858	(183,940)	-323.7
NON-OPER INCOME/EXPENSE:									
TAXATION	1,207,679	-		1,207,679	1,195,715	-		1,195,715	1.0%
CONTRIBUTIONS	244,939	-		244,939	306,409	-		306,409	100.0
CONTRIBUTIONS FROM PRH TO PRCN	(3,073,000)	3,073,000		-	(1,580,000)	1,580,000		-	0.0%
OTHER NONOPERATING REVENUES (EXPENSES), NET	(1,504,914)		(42,495)	(1,547,409)	(1,248,937)		(41,858)	(1,290,795)	19.99
TOTAL NON-OPERATING	(3,125,296)	3,073,000	(42,495)	(94,791)	(1,326,813)	1,580,000	(41,858)	211,329	-144.9
CAPITAL CONTRIBUTIONS/EXTRAORDINARY ITEMS	1,391,000			1,391,000	1,031,311			1,031,311	34.9%
CHANGE IN NET POSITION	1,417,693	289,981		1,707,674	1,297,639	(238,939)	_	1,058,700	61.39

### **Financial Highlights**

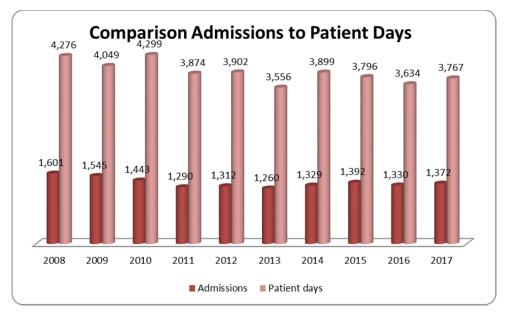
- The District's net position increased \$1,707,674 in 2017 and increased \$1,058,700 in 2016.
- The District received a maintenance and operational levy in 2017 that totaled \$594,862, the remaining taxation was for the debt service on the hospital building bonds.
- Patient Admissions increased 3 percent.
- Average Length of Stay (ALOS) Overall the ALOS held at 2.75, including newborns.



Key: Q.OB=Obstetrics, Q.NUR=Nursery, Q.Med/Surg=Medical/Surgical Unit, Q.ICU=Intensive Care Unit, & Q.Swing=Swing Bed Unit

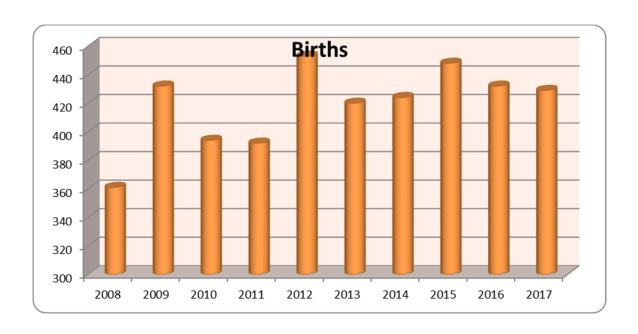


### Financial Highlights (continued)



 BirthPlace – BirthPlace had 429 deliveries for the year compared to 432 in 2016. Below is a brief review of delivery methods for 2017; of special note is the reduction in cesarean sections. Below is a historical look at total births since 2008:

Delivery Method	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>
Normal (Spontaneous)	62.5%	61.9%	67.4%	63.9%
Cesarean	33.0%	33.5%	29.3%	31.7%
Vacuum	4.5%	4.6%	3.3%	4.4%



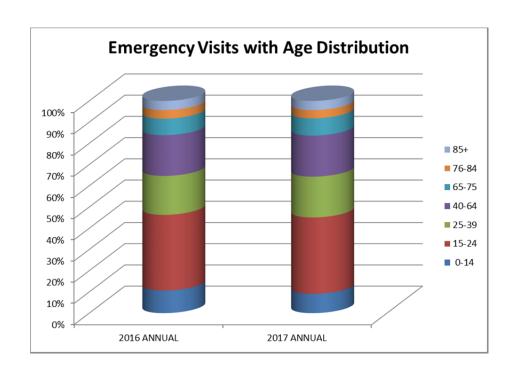
### **Financial Highlights (continued)**

• Emergency Department – Overall revenue was up 7 percent from budget. Volumes were up 1 percent from 2016. A brief historical review is provided below:

### PULLMAN REGIONAL HOSPITAL EMERGENCY DEPARTMENT STATISTICS REPORT

Census:	Total
Census:	Average Daily
Volume % by Shift	0700-1500
Volume % by Shift	1500-2300
Volume % by Shift	2300-0700
Admissions *	Total
Admissions as a % of visits	

2012	2013	2014	2015	2016	2017
Annual	Annual	Annual	Annual	Annual	Annual
10,322	9,637	10,680	11,818	12,038	12,188
28	26	29	32	33	33
40%	38%	38%	41%	40%	42%
44%	45%	45%	44%	43%	43%
16%	16%	17%	15%	16%	15%
1,123	1,026	1,144	1,104	1,200	1,214
10.88%	10.65%	10.71%	9.34%	9.97%	9.96%



### **Using This Annual Report**

The District's financial statements consist of three statements — a Statement of Net Position; a Statement of Revenues, Expenses, and Changes in Net Position; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the District, including resources held by the District, but restricted for specific purposes by contributors, grantors, or enabling legislation.

### The Statement of Net Position and Statement of Revenues, Expenses, and Changes in Net Position

Our analysis of the District's finances begins on page 14. One of the most important questions asked about the District's finances is, "Is the District as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the District'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. All of the current year's revenues and expenses are taken into account regardless of when the cash is received or paid.

These two statements report the District's net position and changes in net position. One can think of the District's net position (the difference between assets and liabilities) as a way to measure the District's financial health, or financial position. Over time, increases or decreases in the District's net position are one indicator of whether its financial health is improving or deteriorating. When reviewing, also consider other nonfinancial factors, such as changes in the District's patient base and measures of the quality of service it provides to the community, as well as the local economic factors, to assess the overall health of the District.

### The Statement of Cash Flows

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing 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 balance during the reporting period?"

### The District's Net Position

The District's net position is the difference between its assets and liabilities reported in the Combined Statement of Net Position on pages 14 and 15. A simple chart on the Total Margin is presented below:

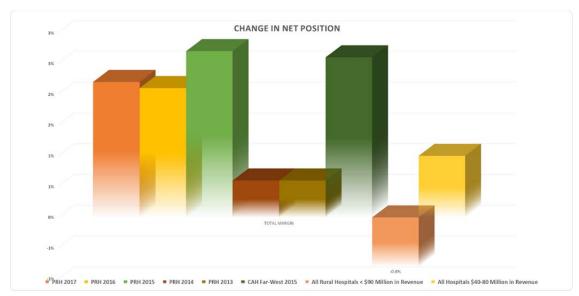
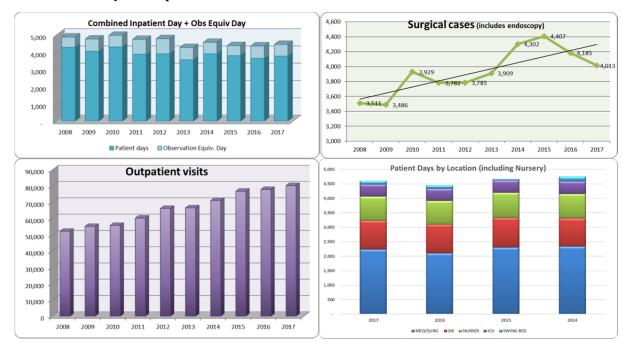


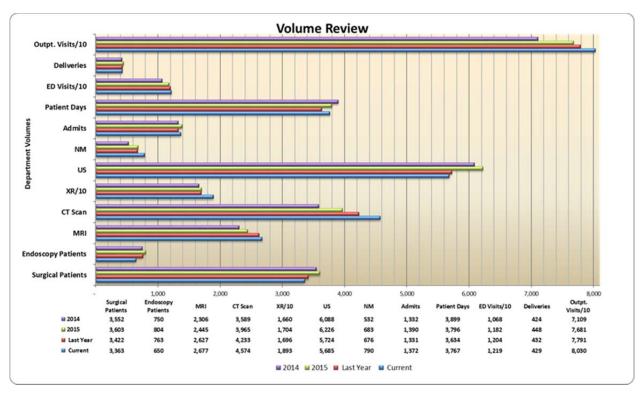
Table 3: Assets, Deferred Outflows of Resources, Liabilities, and Net Position

	2017	2016	2015
Assets and deferred outflows of resources			
Current assets	\$ 21,932,755	\$ 21,310,074	\$ 20,709,512
Capital assets, net	25,172,510	23,526,746	22,855,715
Other noncurrent assets	1,720,476	1,628,805	1,473,471
Total assets	48,825,741	46,465,625	45,038,698
Deferred outflows of resources	182,943	213,989	245,035
Total assets and deferred outflows of resources	\$ 49,008,684	\$ 46,679,614	\$ 45,283,733
Liabilities			
Current liabilities	\$ 6,616,496	\$ 6,439,580	\$ 5,700,479
Noncurrent liabilities	12,598,005	12,153,525	12,555,445
Total liabilities	19,214,501	18,593,105	18,255,924
Net position			
Net investment in capital assets	10,891,766	9,718,199	9,624,844
Restricted	1,067,481	1,036,547	889,532
Unrestricted	17,834,936	17,331,763	16,513,433
Total net position	29,794,183	28,086,509	27,027,809
Total liabilities and net position	\$ 49,008,684	\$ 46,679,614	\$ 45,283,733

**Table 4: Summary of Hospital Statistics** 



**Table 5: Statistical Review** 



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

In 2017, the District's net position increased by \$1,707,674, as shown in Table 6.

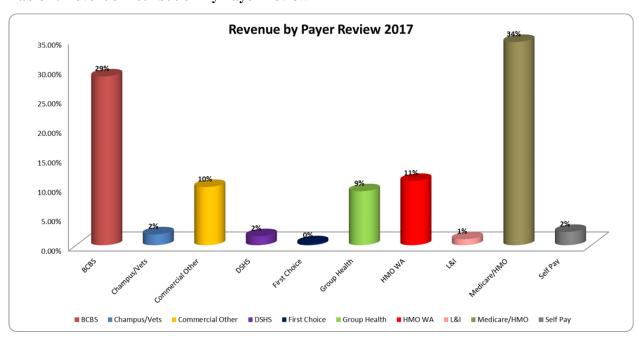
**Table 6: Operating Results and Changes in Net Position** 

	2017	2016	2015
Operating revenues			
Net patient service revenue	\$ 68,470,980	\$ 62,365,772	\$ 59,735,997
Other operating revenue	1,360,730	1,490,721	1,362,970
Total operating revenues	69,831,710	63,856,493	61,098,967
Operating expenses			
Salaries and benefits	41,176,063	37,102,907	33,977,483
Supplies	11,835,189	12,153,169	11,758,075
Depreciation	2,834,996	2,653,270	2,553,126
Other operating expenses	13,573,997	12,131,087	11,807,305
Total operating expenses	69,420,245	64,040,433	60,095,989
Operating income (loss)	411,465	(183,940)	1,002,978
Nonoperating revenues (expenses)			
Taxation for bond principal and interest	612,817	612,278	609,091
Taxation for maintenance and operations	594,862	583,437	578,988
Interest income	72,383	34,865	11,543
Interest expense	(479,140)	(480,404)	(522,199)
Gain (loss) on disposal of capital assets	(65,699)	3,681	3,388
Other, net	(830,014)	(542,528)	(635,667)
Total nonoperating revenues			
(expenses), net	(94,791)	211,329	45,144
Excess revenues over expenses			
before capital contributions	316,674	27,389	1,048,122
Capital contributions	1,391,000	1,031,311	645,824
Change in net position	1,707,674	1,058,700	1,693,946
Net position, beginning of year	28,086,509	27,027,809	25,333,863
Net position, end of year	\$ 29,794,183	\$ 28,086,509	\$ 27,027,809

### **Operating Income**

The first component of the overall change in the District's net position is its operating income. The operating gain for 2017 was \$411,465 compared to operating loss for 2016 was \$183,940. For fiscal year 2017, the District had a year-to-date average daily census of 10.3 patients per day as compared to 10.5 budgeted and 10.0 last year. The occupancy rate for the year was at 41.3 percent compared to last year's rate of 39.8 percent (does not include observation patients). Observation hours were down from 2016 by 1,036 hours, or 6.0 percent.

Additionally, Table 7 provides a review of the revenue distribution by primary payer to Pullman Regional Hospital.



**Table 7: Revenue Distribution By Payer Review** 

### **Nonoperating Revenues and Expenses**

Nonoperating revenues (expenses) consist primarily of taxation for bond principal and interest on the outstanding District Unlimited Tax General Obligation (UTGO) Bonds, taxation for maintenance and operations, interest income and expenses, and lease income and expenses. It also includes the gain or loss associated with joint venture investments held on the equity basis due to a decrease in the carrying value of these investments.

#### The District's Cash Flows

Changes in the District's cash flows are consistent with changes in operating losses and nonoperating revenues and expenses, as discussed earlier.

### **Capital Assets and Debt Administration**

### Capital Assets

As the District has experienced significant growth in surgical volumes since opening the new facility in 2004, the need for expansion has created a new strategic effort. At the end of 2017, the District had \$25,172,510 invested in capital assets, net of accumulated depreciation up \$1,645,764, as detailed in Note 5 to the financial statements.

#### Debt

At year end, the District had \$12,598,005 in long-term debt and capital lease obligations, excluding current maturities. This is an increase of \$444,480, or 4 percent, from 2016 as a result of the expanded operating room effort.

#### Other Economic Factors

Public Hospital District No. 1-A, Whitman County, Washington, is located in the southeastern portion of Whitman County (the County). The County is located in eastern Washington and has a 2017 estimated population of 47,950. The District owns and operates Pullman Regional Hospital, Pullman Regional Hospital Clinic Network, LLC (the PRHCN, LLC), is a 40 percent owner in Palouse Surgeons, LLC, and a 45 percent owner in Palouse Specialty Physicians, PS., a joint venture with Gritman Medical Center (Moscow, ID) and Whitman Hospital & Medical Center (Colfax, WA).

Pullman, Washington is situated only six miles west of the Idaho border. Pullman is part of the wheat-producing agricultural area known as the Palouse region. Historically a pea and lentil farming area, the city is also a bustling college town owing to the presence and strong local prominence of Washington State University (WSU). The estimated median household income for Pullman was \$26,228. The main employers in Pullman are Washington State University, Schweitzer Engineering, and Pullman Regional Hospital. Compared to the rest of the country, Pullman's cost of living index was 111 (higher than average, U.S. average is 100). Through the 1990's, Pullman's population grew by approximately 5 percent; since then, there has been a steady growth of approximately 1 percent.

### Contacting the District's Financial Department

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the District's finances and to show the District's accountability for the money it receives. If you have questions about this report or need additional information, contact the District's financial department at: Pullman Regional Hospital Administration, 835 S.E. Bishop Boulevard, Pullman, Washington 99163, email administration@pullmanregional.org or visit us at www.pullmanregional.org.

# Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Combined Statements of Net Position December 31, 2017 and 2016

ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	2	2017		
Current assets				
Cash and cash equivalents	\$ 10	0,577,628	\$	10,904,645
Receivables:				
Patient accounts, net of estimated uncollectibles of				
approximately \$626,000 and \$677,000, respectively	•	7,850,334		6,634,637
Estimated third-party payor settlements		439,892		932,000
Other		274,809		424,941
Inventories		1,786,696		1,748,460
Prepaid expenses		1,003,396		665,391
Total current assets	2	1,932,755		21,310,074
Noncurrent assets  Cash and cash equivalents restricted for capital acquisition Cash and cash equivalents restricted for debt service Taxes receivable restricted for debt service Capital assets, net Investment in joint ventures	2:	500,000 531,880 35,601 5,172,510 652,995		466,575 529,420 40,552 23,526,746 592,258
Total noncurrent assets	20	6,892,986		25,155,551
Total assets		8,825,741		46,465,625
Deferred outflows of resources				
Deferred charge on debt refunding		182,943		213,989
Total assets and deferred outflows of resources	\$ 49	9,008,684	\$	46,679,614

# Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Combined Statements of Net Position (Continued) December 31, 2017 and 2016

LIABILITIES AND NET POSITION	2017	2016
Current liabilities		
Accrued interest payable	\$ 163,302	\$ 168,295
Accounts payable	2,069,651	2,128,615
Capital accounts payable	82,475	672,770
Accrued compensation and related liabilities	2,681,163	2,441,954
Current maturities of long-term debt and capital lease obligations	1,619,905	1,027,946
Total current liabilities	6,616,496	6,439,580
Noncurrent liabilities		
Long-term debt and capital lease obligations, less current maturities	12,598,005	12,153,525
Total liabilities	19,214,501	18,593,105
Net position		
Net investment in capital assets	10,891,766	9,718,199
Restricted	1,067,481	1,036,547
Unrestricted	17,834,936	17,331,763
Total net position	29,794,183	28,086,509
Total liabilities and net position	\$ 49,008,684	\$ 46,679,614

### Pullman Regional Hospital Foundation Discretely Presented Component Unit Statements of Financial Position – Discretely Presented Component Unit December 31, 2017 and 2016

ASSETS	2017	2016
Current assets		
Cash and cash equivalents	\$ 120,998	\$ 291,750
Investments	469,288	905,332
Grant revenue receivable	-	33,115
Promises to give, net of allowances	339,425	504,032
Total current assets	929,711	1,734,229
Noncurrent assets		
Property and equipment, net	2,544	2,777
Assets limited or restricted as to use:		
Cash and cash equivalents	127,234	71,730
Investments	1,536,830	964,140
Contributions receivable from charitable trusts	323,166	263,212
Total noncurrent assets	1,989,774	1,301,859
Total assets	\$ 2,919,485	\$ 3,036,088
LIABILITIES AND NET ASSETS	2017	2016
Current liabilities		
Accounts payable	\$ 710	\$ 77,090
Deferred revenue	11,176	126,187
Current portion of promises to give	410,399	881,448
Total current liabilities	422,285	1,084,725
Net assets		
Unrestricted	185,742	115,971
Temporarily restricted	816,796	427,989
Permanently restricted	1,494,662	1,407,403
Total net assets	2,497,200	1,951,363
Total liabilities and net assets	\$ 2,919,485	\$ 3,036,088

# Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Combined 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 bad debts of			
approximately \$1,132,000 and \$1,029,000, respectively	\$ 68,470,980	\$	62,365,772
Grants	14,039	•	8,955
Electronic health records incentive payback	_		(10,335)
Other	1,346,691		1,492,101
Total operating revenues	69,831,710		63,856,493
Operating expenses			
Salaries and wages	34,145,261		30,667,066
Employee benefits	7,030,802		6,435,841
Professional fees	5,693,589		4,547,598
Supplies	11,835,189		12,153,169
Utilities	818,156		670,226
Repairs and maintenance	2,091,462		1,779,653
Depreciation and amortization	2,834,996		2,653,270
Rent	919,510		1,322,968
Insurance	284,957		240,639
Other	3,766,323		3,570,003
Total operating expenses	69,420,245		64,040,433
Operating income (loss)	411,465		(183,940)
Nonoperating revenues (expenses)			
Taxation for bond principal and interest	612,817		612,278
Taxation for maintenance and operations	594,862		583,437
Contributions	244,939		306,409
Loss on investment in joint venture	(1,267,885)		(1,020,176)
Rental operations	192,932		171,239
Interest income	72,383		34,865
Interest expense	(479,140)		(480,404)
(Loss) gain on disposal of capital assets	(65,699)		3,681
Total nonoperating revenues (expenses), net	(94,791)		211,329
Excess revenues over expenses			
before capital contributions	316,674		27,389
Capital contributions	1,391,000		1,031,311
Change in net position	1,707,674		1,058,700
Net position, beginning of year	28,086,509		27,027,809
Net position, end of year	\$ 29,794,183	\$	28,086,509

### Pullman Regional Hospital Foundation Discretely Presented Component Unit Statements of Activities – Discretely Presented Component Unit Years Ended December 31, 2017 and 2016

	 2017	2016
Unrestricted net assets		
Support and revenue		
Contributions	\$ 1,030,461 \$	1,019,937
Grants	465,978	262,943
Special event revenue, net of related expenses		
of \$86,575 and \$69,446, respectively	107,317	98,355
Investment income	47,184	29,158
Investment gains	59,328	33,514
Net assets released from restrictions	102,227	155,598
Total support and revenue	1,812,495	1,599,505
Expenses		
Program services	570,733	635,786
Management and general	879,140	669,984
Fundraising	293,851	377,057
Total expenses	1,743,724	1,682,827
Change in unrestricted net assets	68,771	(83,322)
Temporarily restricted net assets		
Contributions for a specific purpose	391,322	38,471
Investment income	11,015	3,099
Investment gains	5,265	3,485
Net assets released from restrictions	(17,795)	(141,840)
Change in temporarily restricted net assets	389,807	(96,785)
Permanently restricted net assets		
Contributions for a specific purpose	8,430	13,890
Investment income	69,190	29,814
Investment gains (losses)	94,071	33,025
Net assets released from restrictions	(84,432)	(13,758)
Change in permanently restricted net assets	87,259	62,971
Change in net assets	545,837	(117,136)
Net assets, beginning of year	1,951,363	2,068,499
Net assets, end of year	\$ 2,497,200 \$	1,951,363

# Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Combined Statements of Cash Flows Years Ended December 31, 2017 and 2016

	2017	2016
Increase (Decrease) in Cash and Cash Equivalents		
Cash flows from operating activities		
Receipts from and on behalf of patients	\$ 67,747,391	\$ 61,577,024
Receipts from other revenue	1,194,855	1,476,516
Receipts from grants	14,039	8,955
Payments to or on behalf of employees	(40,936,854)	(36,826,304)
Payments to suppliers and contractors	(25,844,391)	(24,498,464)
Payment of electronic health records incentive liability	-	(363,975)
Net cash provided by operating activities	2,175,040	1,373,752
Cash flows from noncapital financing activities		
Contributions received	244,939	306,409
Property taxes for maintenance and operations	594,862	583,437
Net cash provided by noncapital financing activities	839,801	889,846
Cash flows from capital and related financing activities		
Property taxes for bond principal and interest	617,768	610,847
Principal paid on long-term debt	(1,285,679)	(911,324)
Interest paid	(482,766)	(483,869)
Purchase of capital assets	(2,799,366)	(1,896,027)
Proceeds from sale of capital assets	14,409	67,872
Capital contributions	1,692,968	782,861
Net cash used in capital and related financing activities	(2,242,666)	(1,829,640)
Cash flows from investing activities		
Interest income	72,383	34,865
Rental receipts	212,078	190,385
Cash contributed to joint ventures	(1,347,768)	(1,047,641)
Net cash used in investing activities	(1,063,307)	(822,391)
Net decrease in cash and cash equivalents	(291,132)	(388 122)
Cash and cash equivalents, beginning of year	11,900,640	(388,433)
Cash and cash equivalents, beginning of year	11,900,040	12,289,073
Cash and cash equivalents, end of year	\$ 11,609,508	\$ 11,900,640

# Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Combined Statements of Cash Flows (Continued) Years Ended December 31, 2017 and 2016

	2017	2016
Reconciliation of Cash and Cash Equivalents		
to the Statements of Net Position		
•		
Cash and cash equivalents	\$ 10,577,628	\$ 10,904,645
Cash and cash equivalents restricted for capital acquisition	500,000	466,575
Cash and cash equivalents restricted for debt service	531,880	529,420
Total cash and cash equivalents	\$ 11,609,508	\$ 11,900,640
Reconciliation of Operating Income (Loss) to Net		
Cash Provided by Operating Activities		
Operating income (loss)	\$ 411,465	\$ (183,940)
Adjustments to reconcile operating income (loss) to net		
cash provided by operating activities		
Depreciation and amortization	2,834,996	2,653,270
Provision for bad debts	1,132,308	1,029,306
Decrease (increase) in assets:		
Receivables:		
Patient accounts, net	(2,348,005)	(1,086,054)
Estimated third-party payor settlements	492,108	(732,000)
Other	(151,836)	(15,585)
Inventories	(38,236)	(94,771)
Prepaid expenses	(338,005)	12,975
Increase (decrease) in liabilities:		
Accounts payable	(58,964)	(132,412)
Accrued compensation and related liabilities	239,209	276,603
Electronic health records incentive payment	-	(353,640)
Net cash provided by operating activities	\$ 2,175,040	\$ 1,373,752

### Noncash Capital Financing Activities

During the year ended December 31, 2017, the District entered into:

- Two capital leases to finance acquisition of light source, monitors, and camera equipment in the amount of \$118,692, and for Urology Holium Laser equipment in the amount of \$52,000.
- Two notes payables to finance the purchase of an MRI and a CT scanner in the amount of \$1,092,525, and Insight Operation equipment in the amount of \$1,088,570.

During the year ended December 31, 2016, the District entered into two capital leases for surgical robotics equipment in the amount of \$722,934 and for radiology equipment in the amount of \$96,761.

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies:

### a. Reporting Entity

Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital (the District) operates a 25-bed critical access hospital in Pullman, Washington, as provided for under the laws of the state of Washington for Washington state municipal corporations. The Board of Commissioners consists of seven community members elected to six-year terms. As organized, the District is exempt from payment of federal income taxes

The reporting entity of the District also includes the consolidated financial information of Pullman Regional Hospital Clinic Network, LLC (PRHCN). PRHCN owns and operates the District's physician practices. The practices operated under this entity include Palouse Pediatrics, PLLC and Palouse Behavioral Health, LLC. The District provides financial oversight and support of these practices, appoints PRHCN's management, and is responsible for any losses incurred by these entities.

As required by accounting principles generally accepted in the United States of America, the financial statements present the District — the primary government — and its component unit. The component unit discussed below is included in the District reporting entity because of the significance of its operations and financial relationships with the District.

Pullman Regional Hospital Foundation (the Foundation) is a separate nonprofit corporation. The Foundation was organized in 1981 to assist the District in fundraising. Although the District does not control the Foundation, the majority of resources or income that the Foundation holds and invests is used for the benefit of the District. Additionally, the District employs certain personnel who work for the Foundation.

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

#### b. The Foundation

The Foundation provided contributions of approximately \$1,135,000 and \$940,000 to the District in 2017 and 2016, respectively.

The District has committed to provide yearly operational support to the Foundation in the amount of \$250,000 as part of a new Vision project. The yearly commitment is for five years, beginning in 2013 and extending through 2017. In turn, the Foundation has pledged to make the following contributions to the District, which are recorded as promises to give in the Foundation's financial statements for the years ended December 31, 2017 and 2016:

	2017	2016
Community Health Vision 2020 of \$625,000, maturing in 2017.	\$ -	\$ 155,615
2017 Highest Need pledge of \$531,000 to Pullman Regional Hospital, maturing December 2017.	_	527,339
2018 Highest Needs pledge of \$230,000 to Pullman Regional		321,337
Hospital, installments start March 2018, discounted at 1.74%,	227 (22)	
maturing December 2018.	227,608	-
2018 Regional High School Athletic Training Program pledge of		
\$135,000 to Pullman Regional Hospital, installments of \$45,000 each quarter beginning in June 2018, discounted at 1.74%,		
maturing December 2018.	133,311	-
2017 and 2016 Innovation Director pledge of \$50,000 to Pullman		
Regional Hospital, installments of \$12,500 each quarter		
beginning March 2016 and 2017, discounted at .83% and .62%, maturing December 2017 and December 2016.	49,480	62,246
2016 Highest Needs pledge of \$546,500 to Pullman Regional		
Hospital, maturing in 2017.	-	136,248
Total pledges payable	410,399	881,448
Less: current portion	410,399	881,448
Total	\$ -	\$ -

The District has not recorded these pledges as receivables.

Fair value measurements – The Foundation defines fair value as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. The Foundation classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

### b. The Foundation (continued)

*Fair value measurements (continued)* – The three levels of the fair value hierarchy are described below:

**Level 1** – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 – Quoted prices in markets that are not considered to be active, or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 – Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

*Investments* – The rate of return the Foundation achieved in 2017 and 2016 on its investments was 12.46 percent and 6.82 percent, respectively. The Foundation's investments were in mutual funds at December 31, 2017 and 2016, which were Level 1 investments.

Assets held in charitable trusts – Assets held in charitable trusts are Level 3 fair value measurements and consisted of the following types of investments at December 31, 2017 and 2016:

	;	2017	2016
Cash equivalents	\$	4,258 \$	3,949
Fixed income		186,784	154,242
Equities		88,964	72,383
Real estate securities		43,160	32,638
Assets, at fair market value	\$	323,166 \$	263,212

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

### b. The Foundation (continued)

Endowment fund – The Foundation has interpreted the Uniform Prudent Management of Institutional Funds Act of 2006 (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation classifies as permanently restricted net assets (1) the original value of gifts donated to the permanent endowment, (2) the original value of subsequent gifts to the permanent endowment, and (3) accumulation to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In accordance with UPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation or deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Foundation, and (7) the Foundation's investment policies.

On August 20, 2013, the Endowment for Quality and Access was funded. The endowment funds segregated by net asset class in accordance with UPMIFA and ASC 958-205 are as follows:

			2017	
		]	Permanently	
	Unrestricted		Restricted	Total
Donor-restricted funds	\$ -	\$	1,461,586	\$ 1,461,586
Board-designated funds	79,973		-	79,973
Total endowment funds	\$ 79,973	\$	1,461,586	\$ 1,541,559
			2016	
		]	Permanently	
	Unrestricted		Restricted	Total
Donor-restricted funds	\$ -	\$	1,378,534	\$ 1,378,534
Board-designated funds	70,312		-	70,312
Total endowment funds	\$ 70,312	\$	1,378,534	\$ 1,448,846

**Temporarily and permanently restricted net assets** – Temporarily restricted net assets are those whose use by the Foundation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Foundation in perpetuity. The earnings from the net assets are available for the specific purpose identified by the donor.

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

### b. The Foundation (continued)

**Temporarily and permanently restricted net assets (continued)** – Temporarily restricted net assets at December 31, 2017 and 2016, are as follows:

	2017	2016
Facility improvement	\$ 598	\$ 552
Employee education scholarship	3,848	10,815
Medical technology	294,038	37,812
Gaskins Pharmacy scholarship	39,669	40,225
Innovation	20,219	22,682
Women's leadership guild	44,005	30,002
Center for orthopedic excellence	90,738	2,622
Women and children's center	323,681	283,279
Total temporarily restricted net assets	\$ 816,796	\$ 427,989

Permanently restricted net assets at December 31, 2017 and 2016, are as follows:

	2017	2016
Endowment for quality and access	\$ 1,461,586	\$ 1,378,534
Roberta McFadden fund	33,076	28,869
Total permanently restricted net assets	\$ 1,494,662	\$ 1,407,403

Complete audited financial statements for the Foundation can be obtained from the Pullman Regional Hospital Foundation, 835 SE Bishop Blvd., Pullman, Washington 99163.

### c. Summary of Significant Accounting Policies

*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 the 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.

**Enterprise fund accounting** – The District's accounting policies conform to accounting principles generally accepted in the United States of America as applicable to proprietary funds of governments. The District uses enterprise fund accounting. Revenue and expenses are recognized on the accrual basis using the economic resources measurement focus.

*Cash and cash equivalents* – Cash and cash equivalents include highly liquid investments with original maturity dates of three months or less.

*Inventories* – Inventories are stated at cost on the first-in, first-out method. Inventories consist of pharmaceutical, medical-surgical, and other supplies used in the operation of the District.

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

### c. Summary of Significant Accounting Policies (continued)

*Noncurrent cash and cash equivalents* – Noncurrent cash and cash equivalents consist of amounts collected under the District's special bond tax levy and amounts externally restricted for capital acquisition.

*Investments* – Investments include a building that is owned by the District and used as a rental property. Investments also include the District's share of assets of two jointly-owned physician practices, Palouse Surgeons, LLC, and Palouse Specialty Physicians, P.S.

Compensated absences – Nonexempt District employees, whose position is budgeted for 16 hours per pay period, earn personal leave time for subsequent use or for payment. Time is earned at varying rates depending on years of service. Personal leave time that is unused at the end of the employee's anniversary year will be cashed out at the lesser of their actual personal leave time remaining or 15 percent of the total year's accrual. Any personal leave time in excess of 15 percent of the total year's accrual at the end of the anniversary year will be lost. The estimated amount of personal leave time payable is expensed and reported as a component of accrued compensation and related liabilities in the statements of net position. Exempt employees are not subject to specific personal leave requirements, but are instead expected to work hours necessary to accomplish the duties assigned under their job description.

Employees also earn sick leave benefits at varying rates depending on hours worked. Employees may accumulate sick leave up to a maximum of 992 hours. At the end of every year in which an employee's accrued sick leave exceeds 480 hours, they have the choice of cashing out all excess hours. The hours greater than 480 will be paid at 30 percent of the employee's year-end base wage. Unused sick pay is not paid out upon termination of employment.

PRHCN employees earn paid time off at varying rates, based on years of service. Accumulated paid time off is paid out upon termination of employment. The estimated amount of personal leave time payable is expensed and reported as a component of accrued compensation and related liabilities in the statements of net position.

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

**Net position** – Net position of the District is classified into three components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted net position* is noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the District. *Unrestricted net position* is the remaining net position that does not meet the definition of *net investment in capital assets* or *restricted*.

Operating revenues and expenses – The District's statements of revenues, expenses, and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions, including grants for specific operating activities associated with providing healthcare services — the District's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide healthcare services, other than financing costs.

### 1. Reporting Entity, the Foundation, and Summary of Significant Accounting Policies (continued):

### c. Summary of Significant Accounting Policies (continued)

Grants and contributions – From time to time, the District receives grants from the state of Washington and others as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts restricted for capital acquisitions are reported after nonoperating revenues and expenses. Grants that are restricted for specific projects or purposes related to the District's operating activities are reported as operating revenue. Grants that are used to subsidize operating deficits are reported as nonoperating revenue. Contributions, except for capital contributions, are reported as nonoperating revenue.

**Subsequent events** – The District has evaluated subsequent events through April 18, 2018, the date on which the financial statements were available to be issued.

### 2. Bank Deposits and Investments:

The District's deposits are covered by the Federal Deposit Insurance Corporation up to \$250,000 at December 31, 2017 and 2016, or by collateral held in a multiple financial institution collateral pool administered by the Washington Public Deposit Protection Commission. The District's deposits in banks were fully insured in 2017 and 2016. Custodial credit risk is the risk that, in the event of a depository institution failure, the District's deposits may not be returned to it. The District does not have a deposit policy for custodial credit risk.

The Revised Code of Washington, Chapter 39, authorizes municipal governments to invest their funds in a variety of investments including federal, state, and local government certificates, notes, or bonds; the Washington State Local Government Investment Pool; savings accounts in qualified public depositories; and certain other investments. Amounts invested in the Washington State Local Government Investment Pool at December 31, 2017 and 2016, were \$6,961,629 and \$7,590,691, respectively.

### 3. Property Taxes:

The Whitman County (the County) Treasurer acts as an agent to collect property taxes levied in the County for all taxing authorities. Taxes are levied annually on January 1 on property values listed as of the prior July 1. Assessed values are established by the County Assessor at 100% of fair market value. A revaluation of all property is required every four years.

Taxes are due in two equal installments on April 30 and October 31. Collections are distributed monthly to the District by the County Treasurer.

The District is permitted by law to levy up to \$0.75 per \$1,000 of assessed valuation for general district purposes. The Washington State Constitution and Washington State Law, RCW 84.55.010, limit the rate. The District may also levy taxes at a lower rate. Further amounts of tax need to be authorized by a vote of the people.

### 3. Property Taxes (continued):

A special Unlimited Tax General Obligation (UTGO) bond levy was authorized in 2017 and 2016. For 2017, the District's UTGO bond levy was \$0.35 per \$1,000 on total assessed property of \$1,749,609,008, for a total of \$611,438. For 2016, the District's UTGO bond levy was \$0.38 per \$1,000 on total assessed property of \$1,612,222,756, for a total of \$614,565.

A maintenance and operations levy (the levy) was approved by the voters of the District for the 2017 and 2016 tax year. In 2017, the levy was \$0.34 per \$1,000 on total assessed property of \$1,754,142,330, for a total levy of \$597,451. In 2016, the levy was \$0.36 per \$1,000 on total assessed property of \$1,615,523,756, for a total levy of \$580,843.

Property taxes are recorded as receivables when levied. Since state law allows for sale of property for failure to pay taxes, no estimate of uncollectible taxes is made.

#### 4. Patient Accounts Receivable:

Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the District analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the District analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which include both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the District records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible.

The District's allowance for uncollectible accounts for self-pay patients has not changed significantly from prior years. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

### 4. Patient Accounts Receivable (continued):

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

	2017	2016
Receivables from patients and other insurance carriers	\$ 4,452,577	\$ 3,955,179
Receivables from Premera Blue Cross	1,524,366	1,515,550
Receivables from Medicare	1,513,807	1,160,993
Receivables from Medicaid	986,095	680,086
Total patient accounts receivable	8,476,845	7,311,808
Less allowance for uncollectible accounts	626,511	677,171
Patient accounts receivable, net	\$ 7,850,334	\$ 6,634,637

### 5. Capital Assets:

All capital assets, other than land and construction in progress, are being depreciated or amortized (in the case of capital leases), using the straight-line method over the shorter period of the lease term or the estimated useful life of the capital asset. Amortization from equipment under capital leases is included in depreciation and amortization in the financial statements. Expenditures for maintenance and repairs are charged to operations as incurred; betterments and major renewals are capitalized. Useful lives have been estimated as follows:

Land improvements	5-40 years
Buildings	5-40 years
Fixed equipment	3-25 years
Movable equipment	3-20 years

The District capitalizes assets whose costs exceed \$5,000, and with an estimated useful life of at least two years; lesser amounts are expensed. Capital assets are reported at historical cost or their estimated fair value at the date of donation. When such assets are disposed of, the related costs and accumulated depreciation or amortization are removed from the accounts, and the resulting gain or loss is classified in nonoperating revenues or expenses.

### 5. Capital Assets (continued):

Capital asset activity was as follows:

	Balance December 31, 2016	Additions	Retirements	Transfers	Balance December 31, 2017
Capital assets not being depreciated					
Land	\$ 1,094,803	\$ -	\$ - \$	- <b>\$</b>	1,094,803
Land held for future expansion	718,502	-	-	-	718,502
Construction in progress	2,100,825	2,386,192	-	(3,315,301)	1,171,716
Total capital assets not being					
depreciated	3,914,130	2,386,192	-	(3,315,301)	2,985,021
Capital assets being depreciated					
Land improvements	2,354,235	-	-	536,075	2,890,310
Buildings	14,261,597	-	(88,290)	856,963	15,030,270
Fixed equipment	15,003,061	42,136	(231,299)	594,081	15,407,979
Movable equipment	14,284,981	2,132,540	(1,594,027)	1,328,182	16,151,676
Total capital assets being					
depreciated	45,903,874	2,174,676	(1,913,616)	3,315,301	49,480,235
Less accumulated depreciation for					
Land improvements	1,568,506	83,174	-	-	1,651,680
Buildings	3,954,824	245,034	(88,289)	-	4,111,569
Fixed equipment	10,716,989	772,600	(231,298)	-	11,258,291
Movable equipment	10,050,939	1,734,188	(1,513,921)	-	10,271,206
Total accumulated					
depreciation	26,291,258	2,834,996	(1,833,508)	-	27,292,746
Total capital assets being					
depreciated, net	19,612,616	(660,320)	(80,108)	3,315,301	22,187,489
Capital assets, net	\$ 23,526,746	\$ 1,725,872	\$ (80,108) \$	- \$	25,172,510

### 5. Capital Assets (continued):

	Balance December 31, 2015	Additions	Retirements	Transfers	Balance December 31, 2016
Capital assets not being depreciated					
Land	\$ 1,094,803	- \$	- \$	- <b>\$</b>	1,094,803
Land held for future expansion	718,502	-	-	-	718,502
Construction in progress	936,535	1,943,558	-	(779,268)	2,100,825
Total capital assets not being					
depreciated	2,749,840	1,943,558	-	(779,268)	3,914,130
Capital assets being depreciated					
Land improvements	2,384,479	-	(30,244)	-	2,354,235
Buildings	13,905,425	1,661	(14,007)	368,518	14,261,597
Fixed equipment	14,850,849	22,372	(24,278)	154,118	15,003,061
Movable equipment	13,379,668	1,420,901	(772,220)	256,632	14,284,981
Total capital assets being					
depreciated	44,520,421	1,444,934	(840,749)	779,268	45,903,874
Less accumulated depreciation for					
Land improvements	1,502,300	96,450	(30,244)	-	1,568,506
Buildings	3,773,980	194,851	(14,007)	-	3,954,824
Fixed equipment	9,988,155	753,112	(24,278)	-	10,716,989
Movable equipment	9,150,112	1,608,857	(708,030)	-	10,050,939
Total accumulated					
depreciation	24,414,547	2,653,270	(776,559)	-	26,291,258
Total capital assets being					
depreciated, net	20,105,874	(1,208,336)	(64,190)	779,268	19,612,616
Capital assets, net	\$ 22,855,714	\$ 735,222 \$	(64,190) \$	- <b>s</b>	23,526,746

Construction in progress at December 31, 2017, consisted of the following:

- A medical office building which is expected to be completed in 2020. The cost to complete cannot yet be estimated due to the preliminary nature of the project.
- A same-day surgery expansion is expected to be completed in 2019. The cost to complete is estimated to be \$3,100,000.
- Pharmacy relocation is expected to be completed in 2018. The cost to complete is estimated to be \$200,000.

As of December 31, 2017, there was a balance of \$718,502 recorded as land held for future expansion, which represents improvements made to the approximate seven acres of land purchased in 2013. Due to the preliminary nature of this project, the expected cost and date of completion cannot yet be determined.

#### 6. Investments:

The District owns a medical office building as a real property investment. The investment is reported at cost net of related accumulated depreciation. The value of the investment as of December 31, 2017 and 2016, is approximately \$507,000 and \$526,000, respectively.

Palouse Millennium Properties Condominium Association (Condominium Association) was formed on January 1, 2008, to manage the existing medical office building formerly owned by Palouse Millennium Properties LLC. The District receives rental income from rental of the medical office building. The District is responsible for any losses incurred by the Condominium Association.

In January 2009, the District entered into a joint venture agreement with Gritman Medical Center and Whitman Hospital and Medical Center, and established Palouse Surgeons, LLC (the LLC). The purpose of the joint venture is to improve access to general surgeons and maintain surgeon coverage in the Palouse geographical area. The District and Gritman Medical Center each owns a 40 percent interest, and Whitman Hospital and Medical Center owns a 20 percent interest. During 2017 and 2016, the District made capital contributions of \$430,516 and \$536,635, respectively. The District had an equity contribution due to the LLC at year end 2017 and 2016, and thus, recorded a liability balance for this investment of \$297,050 and \$77,213 as of December 31, 2017 and 2016, respectively. The District is responsible for its respective share of any losses incurred by the LLC.

In February 2014, the District entered into a joint venture agreement with Gritman Medical Center and Whitman Hospital and Medical Center, and established Palouse Specialty Physicians, P.S. (Palouse Specialty). The purpose of the joint venture is to manage and oversee specialty physicians that are jointly used by the three joint venture partners. The District and Gritman Medical Center each owns a 45 percent interest, and Whitman Hospital and Medical Center owns a 10 percent interest. During 2017 and 2016, the District made capital contributions of \$917,252 and \$511,006, respectively. The investment had a carrying value of \$441,051 and \$141,331as of December 31, 2017 and 2016, respectively. The District is responsible for its respective share of any losses incurred by Palouse Specialty.

In 2016, a management services agreement was signed between Palouse Specialty and Medical Business Consultants, a management services company owned and operated by PRHCN, which is fully owned by the District. Under this agreement Palouse Specialty paid PRHCN approximately \$171,000 and \$258,000 during the years ended December 31, 2017 and 2016, respectively.

Effective July 2016, the District sold its audiology service division, including fixed assets and related supplies to Palouse Specialty at a purchase price of \$59,307.

Until 2016, Palouse Urology was owned 49 percent by Palouse Specialty Physicians and 51 percent by the urology physician. At the end of 2016, purchase/sale agreements were executed in which the physician sold his 51 percent share of the practice to Palouse Specialty, making Palouse Specialty the sole owner.

### 6. Investments (continued):

The condensed balance sheets and statements of revenues, expenses, and changes in members' equity of Palouse Surgeons, LLC, are summarized as follows:

	2017	2016
Current assets	\$ 538,347	\$ 638,120
Noncurrent assets	 320,668	383,592
Total assets	\$ 859,015	\$ 1,021,712
Current liabilities	\$ 337,346	\$ 211,801
Members' equity	521,669	809,911
Total liabilities and members' equity	\$ 859,015	\$ 1,021,712
Revenue	\$ 3,182,676	\$ 2,856,029
Expenses	4,808,558	4,266,956
Net loss	(1,625,882)	(1,410,927)
Equity contributions	1,337,640	1,627,125
Change in members' equity	(288,242)	216,198
Members' equity, beginning of year	809,911	593,713
Members' equity, end of year	\$ 521,669	\$ 809,911

# 6. Investments (continued):

The condensed balance sheets and statements of revenues, expenses, and changes in members' equity of Palouse Specialty Physicians, P.S., are summarized as follows:

	 2017	2016
Current assets Noncurrent assets	\$ 755,691 388,171	\$ 171,606 185,873
Total assets	\$ 1,143,862	\$ 357,479
Current liabilities	\$ 129,293	\$ 54,320
Members' equity	1,014,569	303,159
Total liabilities and members' equity	\$ 1,143,862	\$ 357,479
Revenue Expenses	\$ 3,603,305 4,975,598	\$ 1,089,453 2,102,354
Net loss	(1,372,293)	(1,012,901)
Equity contributions	2,083,703	1,153,440
Change in members' equity Members' equity, beginning of year	711,410 303,159	140,539 162,620
Members' equity, end of year	\$ 1,014,569	\$ 303,159

## 7. Employee Health Self-insurance:

The District participates in a self-insured health insurance plan administered by Premera Blue Cross (the TPA). District employees who work twenty or more hours per week are eligible to participate beginning in the month following their employment date. PRHCN employees are not eligible to participate in this plan. The District records plan expenses as incurred. The District also has an agreement with LifeWise to provide excess loss insurance coverage. Coverage under this excess loss plan is effective when individual claims exceed \$85,000. The calculation of loss coverage is based upon a set dollar amount per covered employee. The District accrues an incurred but not reported liability for plan claims that had been incurred but that have not yet been reported to the TPA. Activity in the District's accrued employee health claims liability is as follows:

	2017	2016
Balance, beginning of period	\$ 300,000	\$ 244,200
Current year claims incurred and changes in estimates	2,463,841	2,526,992
Claims and expenses paid	(2,498,541)	(2,471,192)
Balance, end of period	\$ 265,300	\$ 300,000

### 8. Long-term Debt and Capital Lease Obligations:

A schedule of changes in the District's long-term debt and capital lease obligations follows:

	Balance December 31, 2016	Additions	Reductions	Balance December 31, 2017	Amounts Due Within One Year
Bonds payable					
Unlimited tax general obligation					
bonds:					
1978	\$ 5,000	\$ -	\$ (5,000)	\$ -	\$ -
2011 refunding	2,535,000	-	(465,000)	2,070,000	480,000
2011 bond premium	148,393	-	(29,679)	118,714	-
Limited tax general obligation					
bonds 2014	9,725,130	-	(211,205)	9,513,925	218,146
Notes Payable					
Insight Investments	-	1,088,580	-	1,088,570	220,802
GE Heatlhcare Financial Services	-	1,092,525	(172,664)	919,871	327,458
Total long-term debt	12,413,523	2,181,105	(883,548)	13,711,080	1,246,406
Capital lease obligations	767,948	170,692	(431,810)	506,830	373,499
Total long-term debt and capital lease obligations	\$ 13,181,471	\$ 2,351,797	<b>\$</b> (1,315,358)	\$ 14,217,910	\$ 1,619,905

### 8. Long-term Debt and Capital Lease Obligations (continued):

									Amounts
	Balance December 31,						alance ember 31,	I	Oue Within
			Additions Reductions		Reductions	Dec	2016		One Year
Bonds payable									
Unlimited tax general obligation									
bonds:									
1978	\$ 5,000	\$	-	\$	-	\$	5,000	\$	5,000
2011 refunding	2,985,000		-		(450,000)	2	,535,000		465,000
2011 bond premium	178,071		-		(29,678)		148,393		-
Limited tax general obligation									
bonds 2014	9,929,615		-		(204,485)	9	,725,130		211,205
Total long-term debt	13,097,686		-		(684,163)	12	,413,523		681,205
Capital lease obligations	205,092		819,695		(256,839)		767,948		346,741
	0 12 202 550		010 (05	•	(0.41, 0.02)	e 12	101 451	•	1 025 046
Total long-term debt and capital lease obligations	\$ 13,302,778	\$	819,695	\$	(941,002)	\$ 13	,181,471	\$	1,027,946

*Long-term debt* – Unlimited Tax General Obligation Bonds, 1978, Series A, dated January 1, 1978, in the original amount of \$3,000,000.

Unlimited Tax General Obligation Refunding Bonds, 2011, payable to D.A. Davidson & Co., dated August 30, 2011, in the original amount of \$3,895,000, due in monthly principal installments ranging from \$480,000 to \$560,000, plus interest ranging from 4 percent to 5 percent through December 2021. The District issued the bonds for the call, payment, and redemption of the callable portion of the Unlimited Tax General Obligation Bonds, Series 2001 and 2002.

The 2011 Unlimited Tax General Obligation Bonds are direct and general obligations of the District and are secured by an irrevocable pledge of the District that it will have sufficient funds available to pay the bond principal and interest due by levying each year a tax upon the taxable property within the District. The voters of the District approved the 2011 bonds and a special levy to pay the principal and interest. Tax receipts limited for bond redemption and interest are used to pay the principal and interest each year.

Healthcare System Revenue Bonds 2014 (the Bond), in the original amount of \$10,000,000 payable to Columbia State Bank, used to refund Healthcare System Revenue Bonds, Series 2003, 2004, and 2004B. The Bond is payable in semiannual principal and interest installments of \$263,268, to be paid January 15 and July 15 of each year, including interest at 3.26 percent, due through December 2045.

The Bond includes financial covenants that must be complied with as a condition of the bonds.

### 8. Long-term Debt and Capital Lease Obligations (continued):

**Long-term debt** (continued) – Note payable to GE Healthcare Financial Services for equipment, dated June 13, 2017, in the original amount of \$1,092,525, due in monthly principal and interest installments of \$32,150, including interest at 3.7 percent, through July 1, 2020. The note is collateralized by equipment.

Note payable to Insight Investments, LLC, for equipment, dated December 1, 2017, in the original amount of \$1,088,570, due in monthly principal and interest installments of \$19,963, including interest at 3.96 percent, through November 1, 2022. The note is collateralized by equipment.

Capital Lease Obligations – Capital lease obligations are due in monthly installments including principal and interest of \$32,562, including interest at varying rates from 4.67 percent to 8.54 percent through December 2020; collateralized by capital. At December 31, 2017 and 2016, the capitalized cost of the equipment acquired under the capital lease obligations was \$1,100,462 and \$1,147,373, respectively, and accumulated amortization was \$580,593 and \$265,942, respectively.

# 8. Long-term Debt and Capital Lease Obligations (continued):

Scheduled principal and interest payments are as follows:

Years Ending	UTGO Bonds Payable					
December 31,	-	Principal	I	nterest		Total
2018	\$	480,000	\$	98,700	\$	578,700
2019		505,000		79,500		584,500
2020		525,000		54,250		579,250
2021		560,000		28,000		588,000
	6	2 070 000	6	260.450	e.	2 220 450

Years Ending		LTGO Bonds Payable					
December 31,	I	Principal		Interest		Total	
2018	\$	218,146	\$	308,390	\$	526,536	
2019		225,316		301,221		526,537	
2020		232,721		293,816		526,537	
2021		240,370		286,167		526,53	
2022		248,270		278,267		526,53	
2023-2027		1,369,238		1,263,446		2,632,684	
2028-2032		1,609,527		1,023,157		2,632,684	
2033-2037		1,891,984		740,700		2,632,684	
2038-2042		2,224,010		408,674		2,632,684	
2043-2046		1,254,343		61,998		1,316,34	

Years Ending	MRI and CT Notes Payable					
December 31,	F	rincipal	I	nterest		Total
2018	\$	327,458	\$	26,187	\$	353,645
2019		370,117		15,688		385,805
2020		222,296		2,751		225,047
	s	919,871	_	44,626	_	964,497

9,513,925 \$

4,965,836 \$

109,227 \$ 1,197,798

14,479,761

Years Ending					
December 31,	P	Principal	I	nterest	Total
2018	\$	220,802	\$	38,721 \$	259,523
2019		208,943		30,617	239,560
2020		217,374		22,186	239,560
2021		226,145		13,414	239,559
2022		215,307		4,289	219,596

Years Ending						
December 31,	F	Principal	I	nterest		Total
2018	\$	373,499	\$	17,246	\$	390,745
2019		90,199		4,942		95,141
2020		43,132		646		43,778
	\$	506,830	\$	22,834	\$	529,664

1,088,571 \$

### 8. Long-term Debt and Capital Lease Obligations (continued):

Line of credit – The District maintains a corporate credit card through the American Express Commercial Account Program, with a credit limit of \$400,000 as of December 31, 2017. The credit card is used by the District as an operational line of credit for the purpose of paying established accounts payable vendors. The credit agreement calls for late fees equal to the greater of \$29 or 2.99 percent of the statement billing period balance. Such fees will continue each billing period until paid. This credit agreement may be terminated with 30 days' written notice and remains in effect until terminated. This line of credit had an outstanding balance of approximately \$348,000 and \$361,000 as of December 31, 2017 and 2016, respectively. The balance is recorded in accounts payable in the statements of net position.

#### 9. Retirement Plans:

The District sponsors a deferred compensation plan. The Pullman Regional Hospital 457b Deferred Compensation Plan (the 457b Plan) covers substantially all of the District's employees who have reached the age of 18. Participants may defer a percentage of their compensation up to certain limits specified by the Internal Revenue Code. Participants are fully vested in their salary deferrals to the 457b Plan. Participant contributions to the 457b Plan during the years ended December 31, 2017 and 2016, were approximately \$1,751,000 and \$1,578,000, respectively.

The District sponsors a 401a Pension Plan (the 401a Plan) for the District's matching contributions to the 457b Plan. Participants must be 18 years of age to participate, be employed in a regular part-time or greater position (at least 40 hours per two-week pay period), and have been employed for at least one year before the matching contributions begin. The District matches 5 percent of gross earnings not to exceed \$5,000 per calendar year. Once contributions are made into the 401a Plan, the contributions are 100 percent vested. The District made matching contributions to the 401a Plan of approximately \$874,000 and \$842,000, for the years ended December 31, 2017 and 2016, respectively. The 457b Plan and 401a Plan are administered by VALIC Retirement Services Company (VALIC).

The District also sponsors a 414-H profit-sharing plan called the Public Hospital District No. 1-A of Whitman County Pension Plan (the 414-H Plan). As a condition of employment, anyone employed as an emergency physician must participate in the 414-H Plan. Employee nonelective contributions in the amount of \$840 of compensation per pay period are required. A participant must be employed on the last day of the 414-H Plan year, December 31, in order to share in the allocation, unless the participant worked at least 1,000 hours of service during the year. Participant contributions to the 414-H Plan for the years ended December 31, 2017 and 2016, were approximately \$283,000 and \$211,000, respectively. The 414-H Plan is administered by VALIC.

PRHCN sponsors the Palouse Pediatrics 401(k) Plan (the Plan). PRHCN matches 100 percent of each participant's first 3 percent of salary deferrals made into the Plan, plus 50 percent of the participant's deferrals that exceed 3 percent but do not exceed 5 percent of the participant's compensation. Participants are eligible for the employer matching contributions once they have completed three consecutive months of employment and are 21 years of age. Participants are fully vested in PRHCN's matching contributions to the Plan. Participant contributions to the Plan during the years ended December 31, 2017 and 2016, were approximately \$201,000 and \$155,000, respectively. PRHCN made matching contributions to the Plan of approximately \$147,000 and \$85,000 in the years ended December 31, 2017 and 2016, respectively. The Plan is administered by PRHCN.

The District has the authority to amend all retirement plans.

#### 10. Net Patient Service Revenue:

The District recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients who do not qualify for charity care, the District recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the District's uninsured patients will be unable or unwilling to pay for the services provided. The District's provisions for bad debts and writeoffs have not changed significantly from prior years. The District has not changed its charity care or uninsured discount policies during the years ended December 31, 2017 or 2016. The District does not maintain a material allowance for uncollectible accounts from third-party payors, nor did it have significant writeoffs from third-party payors. Patient service revenue, net of contractual adjustments and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	2017		2016
Patient service revenue (net of contractual			
adjustments and discounts):			
Medicare	\$ 20,936,01	1 \$	18,528,441
Medicaid	8,386,989	)	7,855,703
Premera Blue Cross	21,241,86	1	21,495,341
Other third-party payors	17,883,95	1	13,910,674
Patients	2,024,47	5	2,089,482
	70,473,29	)	63,879,641
Less:			
Charity care	870,00	2	484,563
Provision for bad debts	1,132,30	3	1,029,306
Net patient service revenue	\$ 68,470,98	) \$	62,365,772

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

- Medicare The District is classified as a critical access hospital and is reimbursed for most
  inpatient and outpatient services at cost with final settlement determined after submission of
  annual cost reports by the District and subject to audits thereof by the Medicare
  administrative contractor. Physician services are reimbursed on a fee schedule.
- Medicaid The District is reimbursed at cost for most hospital services, with final settlement determined after submission of annual cost reports by the District and review thereof by the Washington State Department of Social and Health Services (DSHS). The DSHS program's administrative procedures preclude final determination of amounts due to the District for such services until after the District's annual cost report is audited or otherwise reviewed or settled upon by DSHS. Physician services are reimbursed on a fee schedule.

### 10. Net Patient Service Revenue (continued):

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

Laws and regulations governing Medicare, Medicaid, and other programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased by approximately \$122,000 and decreased by approximately \$85,000 in 2017 and 2016, respectively, due to differences between original estimates and final settlements or revised estimates.

The District provides charity care to patients who are financially unable to pay for the healthcare services they receive. The District's policy is not to pursue collection of amounts determined to qualify as charity care. Accordingly, the District does not report these amounts in net operating revenues or in the allowance for uncollectible accounts. The District determines the costs associated with providing charity care by aggregating the applicable direct and indirect costs, including salaries and wages, benefits, supplies, and other operating expenses, based on data from its costing system. The costs of caring for charity care patients for the years ended December 31, 2017 and 2016, were approximately \$492,000 and \$289,000, respectively. Disproportionate share hospital payments from the state of Washington received to subsidize charity services provided for the years ended December 31, 2017 and 2016, were approximately \$102,000 and \$170,000, respectively.

### 11. Lease Obligations:

Following is a summary of estimated future minimum rentals under noncancellable operating leases that expire in various years through 2020:

Years Ending December 31,	Amount
2018	\$ 137,081
2019	55,808
	\$ 192,889

#### 12. Risk Management and Contingencies:

**Risk management** – The District 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; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

## 12. Risk Management and Contingencies (continued):

Medical malpractice claims – The District has professional liability insurance with Washington Casualty Company (WA Casualty). The WA Casualty policy provides protection on a "claimsmade" basis whereby only malpractice claims reported to the insurance carrier in the current year are covered by the current policies. If there are unreported incidents which result in a malpractice claim in the current year, such claims would be covered in the year the claim was reported to the insurance carrier only if the District purchased claims-made insurance in that year or the District purchased "tail" insurance to cover claims incurred before but reported to the insurance carrier after cancellation or expiration of a claims-made policy. The malpractice insurance provides \$1,000,000 per claim of primary coverage with an annual aggregate limit of \$5,000,000. The policy has no deductible.

The District also has excess professional liability insurance with WA Casualty on a claims-made basis. The excess malpractice insurance provides \$9,000,000 per claim of primary coverage with an annual aggregate limit of \$9,000,000. The policy has no deductible.

No liability has been accrued for future coverage of acts, if any, occurring in this or prior years. Also, it is possible that claims may exceed coverage available in any given year.

Industry regulations – The healthcare industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditations, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity continues with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

**Risk transfer pools** – The District has a self-insured workers' compensation plan for its employees. The District is a part of the Public Hospital District Workers' Compensation Trust which is a risk transfer pool administered by the Washington State Hospital Association. The District pays its share of actual workers' compensation claims, maintenance of reserves, and administrative expenses. During 2017 and 2016, respectively, the District recognized dividends of approximately \$156,000 and \$140,000 from the Public Hospital District Workers' Compensation Fund, which were used to reduce payments charged to workers' compensation expense. Payments by the District charged to workers' compensation expense, net of related dividends, were approximately \$105,000 and \$100,000 in 2017 and 2016, respectively.

**Purchase obligation** – The District entered into an agreement dated August 1, 2015, whereby the District agreed to purchase a unit in the Palouse Millennium Properties Building Condominium (the Premises) if the current owner chooses to sell between August 1, 2018 and August 1, 2019. If this purchase option is exercised by the current owner, the District's purchase price shall be the fair market value of the Premises, which is estimated by the hospital to range from approximately \$350,000 to \$500,000.

#### 13. Concentrations:

**Receivables** – The District grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The majority of these patients are geographically concentrated in and around Whitman County.

The mix of receivables from patients was as follows:

	2017	2016
Medicare	24 %	21 %
Medicaid	11	9
Premera Blue Cross	21	26
Other third-party payors	28	24
Patients	16	20
	100 %	100 %

**Physicians** – The District is dependent on local physicians practicing in its service area to provide admissions and utilize hospital services on an outpatient basis. A decrease in the number of physicians providing these services or change in their utilization patterns may have an adverse effect on the District's operations.

*Collective bargaining unit* – The District has a collective bargaining agreement with the Washington State Nurses Association (the WSNA) effective from October 1, 2016, through September 30, 2019. As of December 31, 2017 and 2016, approximately 19 percent and 20 percent, respectively, of the District's employees were represented by the union under this collective bargaining agreement.

# 14. Blended Component Unit:

A condensed combining statement of net position for the year ended December 31, 2017, is as follows:

	Pullman Regional Hospital	Pullman Regional Hospital Clinic Network LLC	Adjustments and Eliminations	Total
Assets and deferred outflows of resources				
Current assets	\$ 21,275,234	\$ ,-	\$ -	\$ 21,932,755
Capital assets, net	24,999,827	172,683	-	25,172,510
Other noncurrent assets	1,720,476	-	-	1,720,476
Total assets	47,995,537	830,204	-	48,825,741
Deferred outflows of resources	 182,943	-	-	182,943
Total assets and deferred outflows of resources	\$ 48,178,480	\$ 830,204	\$ -	\$ 49,008,684
Liabilities				
Current liabilities	\$ 6,305,441	\$ 311,055	\$ -	\$ 6,616,496
Long-term debt, less current maturities	12,598,005	-	-	12,598,005
Total liabilities	18,903,446	311,055	-	19,214,501
Net position				
Net investment in capital assets	10,719,083	172,683	-	10,891,766
Restricted	1,067,481	-	-	1,067,481
Unrestricted	17,488,470	346,466	-	17,834,936
Total net position	29,275,034	519,149	-	29,794,183
Total liabilities and net position	\$ 48,178,480	\$ 830,204	\$ -	\$ 49,008,684

# 14. Blended Component Unit (continued):

A condensed combining statement of net position for the year ended December 31, 2016, is as follows:

		Pullman Regional Hospital		Pullman Regional Hospital Clinic Network LLC		Adjustments and Eliminations		Total
		•						
Assets								
Current assets	\$	21,003,718	\$	306,356	\$	-	\$	21,310,074
Capital assets, net		23,420,360		106,386		-		23,526,746
Other noncurrent assets		1,628,805		-		-		1,628,805
Total assets		46,052,883		412,742		-		46,465,625
Deferred outflows of resources		213,989		-		-		213,989
Total assets and deferred outflows of resources	\$	46,266,872	\$	412,742	\$	_	\$	46,679,614
Liabilities								
Current liabilities	\$	6 256 006	\$	192 574	\$		\$	6 420 590
• · · · · · · · · · · · · · · · · · · ·	3	6,256,006	Ф		Э	-	Þ	6,439,580
Long-term debt, less current maturities  Total liabilities		12,153,525 18,409,531		183,574				12,153,525 18,593,105
1 our montes		10, 10,,551		105,671				10,070,100
Net position								
Net investment in capital assets		9,611,813		106,386		-		9,718,199
Restricted		1,036,547		-		-		1,036,547
Unrestricted		17,208,981		122,782		-		17,331,763
Total net position		27,857,341		229,168		-		28,086,509
Total liabilities and net position	\$	46,266,872	\$	412,742	\$	-	\$	46,679,614

## 14. Blended Component Unit (continued):

A condensed combining statement of revenues, expenses, and changes in net position for the year ended December 31, 2017, is as follows:

		Pullman Regional		Pullman Regional Hospital Clinic		Adjustments and		T
		Hospital		Network LLC		Eliminations		Total
Operating revenues								
Net patient service revenue, net of provision for								
bad debts of approximately \$1,132,000	\$	63,894,060	\$	4,576,920	\$	_	\$	68,470,980
Grants	*	14,039	-	-,-,-,	-	_	•	14,039
Other		1,164,484		182,207		_		1,346,691
Total operating revenues		65,072,583		4,759,127		-		69,831,710
Operating expenses								
Salaries and wages		29,181,366		4,963,895		_		34,145,261
Employee benefits		6,067,735		963,067		_		7,030,802
Professional fees		5,477,676		215,913		_		5,693,589
Supplies		11,507,487		327,702		_		11,835,189
Depreciation and amortization		2,766,276		68,720		_		2,834,996
Other		6,920,054		1,002,849		(42,495)		7,880,408
Total operating expenses		61,920,594		7,542,146		(42,495)		69,420,245
Operating income (loss)		3,151,989		(2,783,019)		42,495		411,465
Nonoperating revenues (expenses)								
Taxation for bond principal and interest		612,817		-		-		612,817
Taxation for maintenance and operations		594,862		-		-		594,862
Contributions		244,939		-		-		244,939
Distributions to PRHCN		(3,073,000)		-		3,073,000		-
Distributions from Pullman Regional Hospital		-		3,073,000		(3,073,000)		-
Other nonoperating revenues (expenses), net		(1,504,914)		-		(42,495)		(1,547,409)
Total nonoperating revenues (expenses), net		(3,125,296)		3,073,000		(42,495)		(94,791)
Capital contributions		1,391,000		-		-		1,391,000
Change in net position		1,417,693		289,981		-		1,707,674
Net position, beginning of year		27,857,341		229,168		-		28,086,509
Net position, end of year	\$	29,275,034	\$	519,149	\$	<u>-</u>	\$	29,794,183

## 14. Blended Component Unit (continued):

A condensed combining statement of revenues, expenses and changes in net position for the year ended December 31, 2016, is as follows:

		Pullman Regional Hospital	Pullman Regional Hospital Clinic Network LLC	Adjustments and Eliminations	Total
Operating revenues					
Net patient service revenue, net of provision for					
bad debts of approximately \$1,029,000	\$	59,990,799	\$ 2,374,973	\$ -	\$ 62,365,772
Grants		8,955	-	-	8,955
Electronic health records incentive payback		(10,335)	-	-	(10,335)
Other		1,216,489	275,612	-	1,492,101
Total operating revenues		61,205,908	2,650,585	-	63,856,493
Operating expenses					
Salaries and wages		27,665,856	3,001,210	_	30,667,066
Employee benefits		5,839,303	596,538	_	6,435,841
Professional fees		4,440,416	107,182	-	4,547,598
Supplies		12,035,002	118,167	-	12,153,169
Depreciation		2,601,827	51,443	-	2,653,270
Other		7,030,363	594,984	(41,858)	7,583,489
Total operating expenses		59,612,767	4,469,524	(41,858)	64,040,433
Operating income (loss)		1,593,141	(1,818,939)	41,858	(183,940)
Nonoperating revenues (expenses)					
Taxation for bond principal and interest		612,278	_	-	612,278
Taxation for maintenance and operations		583,437	_	-	583,437
Contributions		306,409	_	-	306,409
Distributions to PRHCN		(1,580,000)	-	1,580,000	_
Distributions from Pullman Regional Hospital		-	1,580,000	(1,580,000)	-
Other nonoperating expenses, net		(1,248,937)	-	(41,858)	(1,290,795)
Total nonoperating revenues (expenses), net		(1,326,813)	1,580,000	(41,858)	211,329
Capital contributions		1,031,311	-		1,031,311
Change in net position		1,297,639	(238,939)	-	1,058,700
Net position, beginning of year		26,559,702	468,107	-	27,027,809
Net position, end of year	s	27,857,341	\$ 229,168	\$ -	\$ 28,086,509

## 14. Blended Component Unit (continued):

A condensed combining statement of cash flows for the year ended December 31, 2017, is as follows:

	Pullman Regional Hospital	Pullman Regional Hospital Clinic Network LLC	Adjustments and Eliminations	Total
Increase (Decrease) in Cash and Cash Equivalents				
Net cash provided by (used in):				
Operating activities	\$ 5,060,729	\$ (2,885,689)	\$ -	\$ 2,175,040
Noncapital financing activities	839,801	-	-	839,801
Capital and related financing activities	(2,107,649)	(135,017)	-	(2,242,666)
Investing activities	(4,136,307)	3,073,000	-	(1,063,307)
Net decrease in cash and cash equivalents	(343,426)	52,294	-	(291,132)
Cash and cash equivalents, beginning of year	11,787,666	112,974	-	11,900,640
Cash and cash equivalents, end of year	\$ 11,444,240	\$ 165,268	\$ -	\$ 11,609,508

A condensed combining statement of cash flows for the year ended December 31, 2016, is as follows:

	Pullman Regional Hospital	]	Pullman Regional Hospital Clinic Network LLC	Adjustments and Eliminations	Total
Increase (Decrease) in Cash and Cash Equivalents					
Net cash provided by (used in):					
Operating activities	\$ 3,087,184	\$	(1,713,432)	\$ -	\$ 1,373,752
Noncapital financing activities	889,846		-	-	889,846
Capital and related financing activities	(1,830,490)		850	-	(1,829,640)
Investing activities	(2,402,391)		1,580,000	-	(822,391)
Net increase in cash and cash equivalents	(255,851)		(132,582)	_	(388,433)
Cash and cash equivalents, beginning of year	12,043,517		245,556	-	12,289,073
Cash and cash equivalents, end of year	\$ 11,787,666	\$	112,974	\$ _	\$ 11,900,640



### INDEPENDENT AUDITORS' 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

**Board of Commissioners** Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Pullman, Washington

We have audited the financial statements of Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital (the District) as of and for the year ended December 31, 2017, and the related notes to the financial statements, which collectively comprise the District's combined basic financial statements, as listed in the table of contents, and have issued our report thereon dated April 18, 2018. We conducted our audit in accordance with the 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. Our report includes a reference to other auditors who audited the financial statements of the Foundation, as described in our report on the District's financial statements. The financial statements of the Foundation were not audited in accordance with Government Auditing Standards, and accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with the Foundation.

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

In planning and performing our audit of the combined financial statements, we considered the District'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 combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we do not express an opinion on the effectiveness of the District'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 District's combined financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

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

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington April 18, 2018

Public Hospital District No. 1-A of Whitman County, Washington doing business as Pullman Regional Hospital Summary Schedule of Prior Audit Findings Year Ended December 31, 2017

The audit for the year ended December 31, 2016, reported no findings, nor were there any unresolved prior year audit findings from periods ended December 31, 2015, or prior. Therefore, there are no matters to report in this schedule for the year ended December 31, 2017.