Independent Auditor's Report and Financial Statements

December 31, 2022 and 2021



December 31, 2022 and 2021

Contents

Independent Auditor's Report	
independent Additor 3 Report	····· I

Financial Statements

Balance Sheets	. 4
Statements of Operations	. 6
Statements of Changes in Net Assets	. 7
Statements of Cash Flows	. 8
Notes to Financial Statements	. 9



1801 California Street, Suite 2900 / Denver, CO 80202 P 303.861.4545 / F 303.832.5705 forvis.com

Independent Auditor's Report

Board of Directors Northwest Colorado Visiting Nurse Association d/b/a Northwest Colorado Health and Affiliate Steamboat Springs, Colorado

Opinion

We have audited the financial statements of Northwest Colorado Visiting Nurse Association d/b/a Northwest Colorado Health Affiliate (the Organization), which comprise the balance sheets as of December 31, 2022 and 2021, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as of December 31, 2022 and 2021, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As described in Note 10 to the financial statements, in 2022, the Organization adopted ASU 2016-02, *Leases* (Topic 842). Our opinion is not modified with respect to this matter.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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



In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Organization's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organization's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

FORVIS, LLP

Denver, Colorado August 29, 2023

Balance Sheets December 31, 2022 and 2021

Assets

	2022	2021
Current Assets		
Cash and cash equivalents	\$ 3,045,080	\$ 3,584,852
Patient accounts receivable	644,935	614,165
Due from agencies	518,111	872,581
Pledges receivable, current	42,433	-
Grant and other receivables	7,195	326,332
Prepaid expenses and other assets	284,743	238,003
Total current assets	4,542,497	5,635,933
Other Assets		
Deposits	301,229	26,279
Pledges receivable	51,434	-
Beneficial interest in assets held by Yampa Valley		
Community Foundation	410,972	363,644
Right-of -use assets - operating leases	340,114	
	1,103,749	389,923
Property and Equipment, at Cost		
Land	1,173,817	1,173,817
Buildings and building improvements	10,289,984	9,793,528
Furniture, equipment and vehicles	917,339	807,345
Construction in progress	<u> </u>	68,816
	12,381,140	11,843,506
Less accumulated depreciation	4,616,054	4,249,804
	7,765,086	7,593,702
Total assets	\$ 13,411,332	\$ 13,619,558

Balance Sheets (continued) December 31, 2022 and 2021

Liabilities and Net Assets

2022		2021
Current Liabilities		
Current maturities of long-term debt	\$ 75,991	\$ 73,328
Accounts payable	258,951	283,432
Accrued payroll and benefits	1,072,328	1,166,074
Accrued expenses	816,887	-
Assets held on behalf of others	55,511	54,980
Current maturities of operating lease liabilities	68,136	
Total current liabilities	2,347,804	1,577,814
Long-term Debt	1,590,000	1,661,875
Operating Lease Liabilities	280,980	
Total liabilities	4,218,784	3,239,689
Net Assets		
Without donor restrictions		
Board-designated	285,454	338,644
Undesignated	8,208,880	9,239,147
Total net assets without donor restrictions	8,494,334	9,577,791
With donor restrictions	698,214	802,078
Total net assets	9,192,548	10,379,869
Total liabilities and net assets	\$ 13,411,332	\$ 13,619,558

Statements of Operations

Years Ended December 31, 2022 and 2021

	2022	
Revenues, Gains and Other Support Without Donor Restrictions		
Patient service revenue	\$ 6,413,782	\$ 7,075,758
Agency contracts and grants	5,416,180	5,060,538
Contributions	946,260	1,080,557
Other income	15,207	55,532
Contributed nonfinancial assets	110,642	76,634
Net assets released from restrictions used for operations	836,586	810,398
Total revenues, gains and other		
support without donor restrictions	13,738,657	14,159,417
Expenses		
Salaries and benefits	10,134,626	10,018,482
Contract and professional services	996,563	826,942
Supplies	871,818	805,519
Other operating expenses	2,283,714	1,588,373
Depreciation and amortization	362,400	309,828
Interest expense	60,372	62,683
In-kind expenses	110,660	76,634
Total expenses	14,820,153	13,688,461
Operating Income (Loss)	(1,081,496)	470,956
Other Income (Loss)		
Change in beneficial interest in net assets held		
by Yampa Valley Community Foundation	(53,225)	34,308
Rental income, net of expenses	18,574	13,637
Investment income	32,690	2,934
Total other income (loss)	(1,961)	50,879
Excess (Deficiency) of Revenues Over Expenses	(1,083,457)	521,835
Net assets released from restrictions used for		
the purchase of property and equipment		491,788
Increase (Decrease) in Net Assets Without Donor Restrictions	\$ (1,083,457)	\$ 1,013,623

Statements of Changes in Net Assets Years Ended December 31, 2022 and 2021

	2022	2021
Net Assets Without Donor Restrictions Excess (deficiency) of revenues over expenses Net assets released from restrictions used for the purchase of property and equipment	\$ (1,083,457)	\$ 521,835 491,788
Increase (decrease) in net assets without donor restrictions	(1,083,457)	1,013,623
ret Assets With Donor Restrictions 732 Contributions received 732 Net assets released from restrictions (836 Increase (decrease) in net assets with donor restrictions (103		1,423,426 (1,302,186) 121,240
Change in Net Assets	(1,187,321)	1,134,863
Net Assets, Beginning of Year	10,379,869	9,245,006
Net Assets, End of Year	\$ 9,192,548	\$ 10,379,869

Statements of Cash Flows

Years Ended December 31, 2022 and 2021

	2022	2021
Operating Activities		
Change in net assets	\$ (1,187,321)	\$ 1,134,863
Items not requiring cash		
Depreciation and amortization	362,400	309,828
Change in beneficial interest in assets held by		
Yampa Valley Community Foundation	(47,328)	(184,309)
Noncash operating lease expense	49,721	-
Changes in		
Patient accounts receivable, net	(30,770)	99,412
Estimated amounts due from third-party payers	-	24,677
Due from agencies	354,470	(212,103)
Pledges receivable	(93,867)	-
Grant and other receivables	319,137	(326,332)
Prepaid expenses, other assets and deposits	(321,690)	43,529
Accounts payable and accrued expenses	792,406	46,834
Accrued payroll and benefits	(93,746)	43,211
Assets held on behalf of others	531	(54,542)
Operating lease liability	(40,719)	
Net cash provided by operating activities	63,224	925,068
Investing Activities		
Purchase of property and equipment	(530,239)	(592,692)
Net cash used in investing activities	(530,239)	(592,692)
Financing Activities		
Principal payments on long-term debt	(72,757)	(70,451)
Net cash used in financing activities	(72,757)	(70,451)
Increase (Decrease) in Cash and Cash Equivalents	(539,772)	261,925
Cash and Cash Equivalents, Beginning of Year	3,584,852	3,322,927
Cash and Cash Equivalents, End of Year	\$ 3,045,080	\$ 3,584,852
Supplemental Cash Flow Information	b c c c c c c	¢
ROU assets obtained in exchange for new operating lease liabilities	\$ 389,835	\$ -
Interest paid	\$ 59,955	\$ 62,683

Notes to Financial Statements December 31, 2022 and 2021

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

Nature of Operations

Northwest Colorado Visiting Nurse Association d/b/a Northwest Colorado Health (the Organization) is a not-for-profit agency providing services including prevention services, primary/dental/behavioral health care, home health, hospice, assisted living and respite care to clients in Northwest Colorado, primarily in Routt, Moffat and Jackson Counties. The Organization's primary mission is to improve the quality of life for all Northwest Colorado residents by providing comprehensive health resources and creating an environment that supports community wellness. The Organization is committed to, and actively involved in, providing comprehensive health and wellness services for people of all ages, income levels and insurance statuses. Most services are offered on a sliding scale; no individual is denied services or care based on his/her ability to pay.

Prevention Services

The Prevention Services program encompasses a wide variety of sub-programs that prevent disease, protect against avoidable injuries and promote healthy habits – all aimed at keeping the general population healthy, employed and self-sustaining. Programs include the following: Chronic Disease Screening and Prevention Programs (cardiovascular disease, diabetes, tobacco), Seniors Wellness Clinics, School Health; Nurse-Family Partnership, SafeCare Colorado, Women, Infants and Children (WIC), Tobacco Education and Prevention, Vital Statistics and Youth Resiliency.

Community Health Center

The Organization operates four Federally Qualified Health Centers (FQHC), one in Steamboat Springs, two in Craig and one in Oak Creek. The goal of the Community Health Center program is to provide all residents of northwest Colorado the opportunity to establish a medical home regardless of income. Community Health Centers ensure that everyone has access to preventative care and can see a health care provider when they are sick. These model clinics provide a full range of primary care services, such as treatment and management of acute and chronic illness, pediatric and adolescent care, physical exams, women's health, family planning, minor surgery, immunizations, assistance with prescriptions and behavioral health services, for people of all ages, income levels and insurance statuses – all on a sliding fee scale. The model also includes fully integrated primary and oral health care.

Notes to Financial Statements December 31, 2022 and 2021

Home Health

Home Health provides skilled nursing and other personalized health care, in the comfort and security of the home for treatment of illness or injury. Home Health staff members provide nursing care, physical and occupational therapy services, social work, case management and referrals to other programs for homebound patients. Home Health also includes a range of in-home services aimed at enabling elderly patients to remain independent and in their homes as long as possible. The In-Home Services program provides skilled nursing services, personal care services and homemaker services (grocery shopping, laundry, light housekeeping, meal preparation, errand assistance, etc.) on an hourly basis to private pay individuals and low-income seniors.

Hospice

The Hospice program relieves suffering and improves quality of life for community members and their families facing life-threatening or terminal illness. The interdisciplinary hospice team is focused on the emotional needs, spiritual well-being and physical health of patients. Support and training for family caregivers is provided as well. Compassionate, high quality care enables patients to approach the end of life with dignity and comfort in the home, if desired. Hospice also offers bereavement services for family members of all ages.

Assisted Living

The Haven, a 20-bed assisted living facility, offers a caring, homelike atmosphere and exceptional amenities and programs for seniors 55 and older. The Haven also offers respite care for adults who need temporary assisted living care.

Supporting Services

Supporting services are those services necessary to ensure the financial, economic and programmatic viability of the Organization. They include management and general facility operations and resource development efforts.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues, expenses, gains, losses and other changes in net assets during the reporting period. Actual results could differ from those estimates.

Notes to Financial Statements December 31, 2022 and 2021

Cash and Cash Equivalents

The Organization considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2022, cash equivalents consisted primarily of short-term certificates of deposit. At December 31, 2021, the Organization did not have cash equivalents.

At December 31, 2022, the Organization's cash accounts exceeded federally insured limits by approximately \$2,632,000.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others. As a service to the patient, the Organization bills third-party payers directly and bills the patient when the patient's responsibility for co-pays, coinsurance and deductibles is determined. Patient accounts receivable are due in full when billed.

Contract Assets and Liabilities

Amounts related to health care services provided to patients which have not been billed and that do not meet the conditions of an unconditional right to payment at the end of the reporting period are contract assets. At December 31, 2022 and 2021, the Organization did not have contract assets.

Amounts received related to health care services that have not yet been provided to patients are contract liabilities. Contract liabilities consist of payments made by patients and third-party payers for services not yet performed. Contract liabilities are included in patient accounts receivable for approximately \$35,000 and \$16,000 at December 31, 2022 and 2021, respectively.

Property and Equipment

Property and equipment acquisitions over \$5,000 are stated at cost, less accumulated depreciation and amortization. Depreciation and amortization is charged to expense on the straight-line basis over the estimated useful life of each asset.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Buildings and building improvements	10-39 years
Furniture, equipment and vehicles	3–15 years

Notes to Financial Statements December 31, 2022 and 2021

Long-lived Asset Impairment

The Organization evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset are less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value.

No asset impairment was recognized during the years ended December 31, 2022 and 2021.

Debt Issuance Costs

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. The Organization records these costs as direct deductions from the related debt. Such costs are being amortized over the term of the respective debt using the straight-line method, which is not materially different from the effective interest method and are netted with long-term debt.

Assets Held on Behalf of Others

Assets held on behalf of others includes funds received which have not been used for their specific purpose. These funds are recorded in the balance sheets cash and cash equivalents.

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor or grantor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor or certain grantor restrictions. The governing board has designated, from net assets without donor or certain grantor restrictions, net assets for a special projects fund.

Net assets with donor restrictions are subject to donor or certain grantor restrictions. Some restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor.

Patient Service Revenue

Patient service revenue is recognized as the Organization satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to thirdparty payors, discounts provided to uninsured patients in accordance with the Organization's policies and implicit price concessions provided to uninsured patients.

Notes to Financial Statements December 31, 2022 and 2021

The Organization determines its estimates of explicit price concessions which represent adjustments and discounts based on contractual agreements, its discount policies and historical experience by payor groups. The Organization determines its estimate of implicit price concessions based on its historical collection experience by classes of patients. The estimated amounts also include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations by third-party payors.

Contributions

Contributions are provided to the Organization either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
Conditional gifts, with or without restriction Gifts that depend on the Organization overcoming a donor imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, <i>i.e.</i> , the donor imposed barrier is met
Unconditional gifts, with or without restriction Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Notes to Financial Statements December 31, 2022 and 2021

Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period the gift is received are recorded as revenue with donor restrictions and then released from restriction.

Conditional contributions and investment income having donor stipulations which are satisfied in the period the gift is received and the investment income is earned are recorded as revenue with donor restrictions and then released from restriction.

Contributed Nonfinancial Assets

In addition to receiving cash contributions, the Organization receives in-kind contributions from various donors. It is the policy of the Organization to record the estimated fair value of certain in-kind donations as an expense in its financial statements, and similarly increase contribution revenue by the same amount. For the years ended December 31, 2022 and 2021, approximately \$111,000 and \$77,000, respectively, was received in in-kind contributions. Contributed nonfinancial assets are made up of donated vaccines and services.

For the years ended December 31, 2022 and 2021, donated vaccines totaled approximately \$81,000 and \$57,000, respectively. Vaccines are valued based on a comparable produce purchase price and are unrestricted.

Contributions of services are recognized as revenue at their estimated fair value only when the services received create or enhance nonfinancial assets or require specialized skills possessed by the individuals providing the service and the service would typically need to be purchased if not donated. For the years ended December 21, 2022 and 2021, donated services totaled approximately \$30,000 and \$20,000, respectively. These services are valued based on the market price to purchase the service and are unrestricted.

Excess (Deficiency) of Revenues Over Expenses

The statements of operations include excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers to and from affiliates for other than goods and services and contributions of long-lived assets, including assets acquired using contributions, which by donor restriction were to be used for the purpose of acquiring such assets, if applicable.

Notes to Financial Statements December 31, 2022 and 2021

Self-insurance

The Organization has elected to self-insure certain costs related to employee health and accident benefit programs. Costs resulting from noninsured losses are charged to income when incurred. The Organization has purchased insurance that limits its exposure for individual claims and that limits its aggregate exposure. Aggregate loss limits are assessed annually based enrollment.

Income Taxes

The Organization is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Organization is subject to federal income tax on any unrelated business taxable income.

The Organization files tax returns in the U.S. federal jurisdiction.

Liability Claims

The Organization purchases workers' compensation insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Organization also purchases insurance that limits its exposure for employee health insurance claims that exceed the individual limit per covered person, per year.

Reclassifications

Certain reclassifications have been made to the 2021 financial statements to conform to the 2022 financial statement presentation within the functional expense footnote. These reclassifications had no effect on the change in net assets and did not change total program expenses.

Notes to Financial Statements December 31, 2022 and 2021

Note 2: Beneficial Interest in Assets of Yampa Valley Community Foundation

The Organization has transferred assets to Yampa Valley Community Foundation (the Foundation) and retained a beneficial interest in those assets. In addition, the Organization is the beneficiary of donations made to the Foundation on the Organization's behalf. The Foundation makes all of the investment decisions for the funds. The beneficial interest consists of four funds as follows:

	2022		2021	
Hospice Services of Northwest Colorado Donor Advised Fund	\$	24,469	\$	29,911
Northwest Colorado Health Fund Donor Advised Fund		97,958		121,020
The Haven Fund Donor Advised Fund		50,418		61,954
Northwest Colorado Health Endowment Fund Board Designated Endowment Funds Donor Restricted Endowment Funds		112,573 125,554		125,759 25,000
Total Northwest Colorado Health Endowment Fund	1	238,127		150,759
Retained beneficial interest, end of year	\$	410,972	\$	363,644

The Foundation may distribute earnings to the Organization of the funds based on the fund agreement. Any undistributed earnings remain in the funds and without donor restrictions as they are for the purpose of funding ongoing operations of the Organization. Transfers of assets and earnings between the Organization and the Foundation are recognized as increases or decreases in the beneficial interest.

Note 3: Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Notes to Financial Statements December 31, 2022 and 2021

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Organization. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The Organization believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Organization receiving services in its outpatient centers or in their homes (home care). The Organization measures the performance obligation from admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of completion of the services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to its patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the Organization does not believe it is required to provide additional goods related to the patient.

Transaction Price

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by explicit price concessions which consist of contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount policy, and implicit price concessions provided to uninsured patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Third-party Payors

Agreements with third-party payors typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

Medicare. Covered Federally Qualified Health Center (FQHC) services rendered to Medicare program beneficiaries are paid in accordance with provisions of Medicare's Prospective Payment System (PPS) for FQHCs. Medicare payments, including patient coinsurance, are paid on the lesser of the Organization's actual charge or the applicable PPS rate. Services not covered under the FQHC benefit are paid based on established fee schedules.

Services rendered to Medicare program beneficiaries for home health are reimbursed under a prospective methodology, and no additional settlement will be made on the difference between the interim prospective amounts paid and actual cost. Hospice services provided by the Organization are reimbursed prospectively subject to certain limitations, and no additional settlement will be made on the difference between the interim per diem rates and actual costs.

Notes to Financial Statements December 31, 2022 and 2021

The Organization's Medicare hospice revenue is subject to an annual per-beneficiary limit (Medicare cap). The Medicare cap limits total Medicare payments to each of the Organization's hospice licenses to a specified dollar amount multiplied by the prorated number of Medicare beneficiaries receiving services from that provider during the cap year. Prorated beneficiaries are calculated by determining the ratio of the hospice services provided by the Organization to each beneficiary as a proportion of the total past, current and future hospice services that beneficiary receives from any hospice provider. The cap year ends on September 30 each year. The Organization monitors its license carefully, and at December 31, 2022 and 2021, there was no estimated cap liability.

Medicaid. Covered FQHC services rendered to Medicaid program beneficiaries are paid based on a prospective reimbursement methodology with final settlement determined after submission of an annual cost report. The Organization is reimbursed a set encounter rate for all services provided under the plan.

Home health and hospice services rendered to Medicaid program beneficiaries are reimbursed prospectively at rates established by the state Medicaid program, with no settlement made on the difference between the interim prospective amounts paid and actual costs.

Other. Payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations provide for payment using prospectively determined rates, discounts from established charges and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Organization's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Organization. In addition, the contracts the Organization has with commercial payors also provide for retroactive audit and review of claims.

Settlements with third-party payors for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or are no longer subject to such audits, reviews and investigations.

Notes to Financial Statements December 31, 2022 and 2021

Patient and Uninsured Payors

Consistent with the Organization's mission, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Organization expects to collect based on its collection history with those patients.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. As required by Section 330 of the Public Health Service Act (42 U.S.C. §254b), the Organization also has established a sliding fee discount program and offers low-income patients a sliding fee discount from standard charges. The Organization estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2022 and 2021, no significant revenue was recognized due to changes in its estimates of implicit price concessions, discounts and contractual adjustments for performance obligations satisfied in prior years. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Refund Liabilities

From time to time the Organization will receive overpayments of patient balances from third-party payors or patients resulting in amounts owed back to either the patients or third-party payors. These amounts are excluded from revenues and are recorded in patient accounts receivable until they are refunded. As of December 31, 2022 and 2021, the Organization recorded refunds to third-party payors and patients of approximately \$12,000 and \$43,000, respectively, in patient accounts receivable.

Revenue Composition

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the following factors:

- Payors (for example: Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Lines of business that provided the service (for example: community health center, home health, hospice, assisted living, etc.)

For the years ended December 31, 2022 and 2021, the Organization recognized all patient service revenue from goods and services as a transfer to the customer over time.

Notes to Financial Statements December 31, 2022 and 2021

Note 4: Concentration of Credit Risk

The Organization grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of receivables from patients and third-party payers at December 31, 2022 and 2021, is:

	2022	2021
Medicare	45%	45%
Medicaid	26%	25%
Other third-party payers	6%	13%
Private pay	23%	17%
	100%	100%

Note 5: Pledges Receivable

Pledges receivable at year-end consisted of approximately \$47,500 expected to be collected in less than one year and \$46,000 in one to three years. An allowance for uncollectible pledges is provided based on specific circumstances. At December 31, 2022, pledges receivable were evaluated to be collectible.

Note 6: Conditional Grants and Contributions

The Organization has received the following conditional promises to give at December 31, 2022 and 2021 that are not recognized in the financial statements:

	2022	2021	
Conditional grant to give upon incurring			
allowable expenditures under the agreement	\$ 3,567	\$ 4,311,8	348

Notes to Financial Statements December 31, 2022 and 2021

Note 7: Long-term Debt

	2022	2021
Note payable (A)	\$ 719,190	\$ 768,415
Note payable (B)	336,889	345,409
Note payable (C)	615,229	630,241
	1,671,308	1,744,065
Less unamortized debt issuance costs	(5,317)	(8,862)
Less current maturities	(75,991)	(73,328)
	\$ 1,590,000	\$ 1,661,875

- (A) In 2014, the Organization obtained a note payable in the original amount of \$1,082,474 with a due date of June 1, 2034; monthly payments of \$6,403 each, including interest at a fixed rate of 3.65%; secured by the Organization's property. The note payable agreement requires the Organization to comply with certain covenants. Unamortized debt issuance costs were \$5,317 and \$8,862 at December 31, 2022 and 2021, respectively.
- (B) In 2018, the Organization obtained a note payable in the original amount of \$682,000 with a due date of March 27, 2048; monthly payments of \$3,063 each, including interest at a fixed rate of 3.50%; secured by the Organization's property.
- (C) In 2018, the Organization obtained a note payable in the original amount of \$375,000 with a due date of March 15, 2048; monthly payments of \$1,632 each, including interest at a fixed rate of 3.25%; secured by the Organization's property.

Aggregate annual maturities of long-term debt at December 31, 2022:

2023	\$ 75,991
2024	78,751
2025	81,612
2026	84,576
2027	87,649
Thereafter	 1,262,729
	\$ 1,671,308

Notes to Financial Statements December 31, 2022 and 2021

Note 8: Net Assets

Net Assets with Donor Restrictions

Net assets with donor restrictions at December 31 are restricted for the following purposes or periods:

	 2022	2021
Subject to expenditure for specified purpose		
Prevention Services	\$ 118,490	\$ 125,828
Community Health Center	297,690	254,493
Administration and other	146,659	361,755
Home Health and Hospice	9,857	35,002
Not subject to spending policy or appropriation		
Beneficial interest in assets held by Yampa		
Valley Community Foundation	 125,518	 25,000
	\$ 698,214	\$ 802,078

Net Assets Released from Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors.

	 2022		2021	
Purpose restrictions accomplished				
Provider Relief Funds	\$ 26,019	\$	288,073	
Prevention Services	198,138		208,964	
Community Health Center	253,666		655,554	
Administration and other	322,120		62,095	
Home Health and Hospice	 36,643		87,500	
Total restrictions released	\$ 836,586	\$	1,302,186	

Net Assets Without Donor Restrictions

Net assets without donor restrictions at December 31 are restricted by the board for the following purposes:

	2022			2021		
Board-designated special projects fund	\$	122,427	=	\$ 150,931		
Board-designated endowment fund	\$	163,027	=	\$ 187,713		

Notes to Financial Statements December 31, 2022 and 2021

Note 9: Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of December 31, 2022 and 2021, comprise the following:

	2022	2021
Financial Assets at Year-end		
Cash and cash equivalents	\$ 3,045,080	\$ 3,584,852
Patient accounts receivable	644,935	614,165
Due from agencies	518,111	872,581
Pledges receivable	93,867	-
Grant and other receivables	7,195	326,332
Interest in assets held by Yampa		
Valley Community Foundation	 410,972	 363,644
Total financial assets	 4,720,160	 5,761,574
Less Amounts Not Available to be Used Within One Year Board-designated with liquidity horizons		
greater than one year	285,454	338,644
Donor designated funds held by		
Yampa Valley Community Foundation	125,518	25,000
Pledges receivable, long-term	 51,434	
Financial assets not available		
to be used within one year	 462,406	 363,644
Financial assets available to meet general		
expenditures within one year	\$ 4,257,754	\$ 5,397,930

The Organization has certain board-designated and donor-restricted assets limited to use which are available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. Certain board-designated assets are designated for future special projects. These assets limited to use, which are more fully described in Notes 1 and 7, are not available for general expenditure within the next year. However, the board-designated amounts could be made available, if necessary.

As part of the Organization's liquidity management, there is a Reserves Policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due.

Notes to Financial Statements December 31, 2022 and 2021

Note 10: Functional Expenses

The Organization provides health care services primarily to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services, general and administrative and fundraising functional expense classifications based on employee time and effort, direct department expenses, and other methods. The following schedules present the natural classification of expenses by function as follows:

								20	22								
	Health Care Services											Support Services					
	Р	revention			С	ommunity					G	eneral and					
		Service	Но	me Services	He	alth Center	Т	he Haven		Total	Adı	ninistrative	Fun	draising		Total	
Salaries and benefits	\$	954,513	\$	1,514,329	\$	4,942,660	\$	834,210	\$	8,245,712	\$	1,878,154	\$	10,760	\$	10,134,626	
Contract and professional services		21,675		168,767		627,656		5,886		823,984		172,579		-		996,563	
Supplies		48,254		59,609		602,983		115,945		826,791		37,551		7,476		871,818	
Other operating expenses		134,460		167,191		382,300		66,607		750,558		1,522,874		10,282		2,283,714	
Depreciation and amortization		-		-		-		-		-		362,400		-		362,400	
Interest expense		-		-		-		-		-		60,372		-		60,372	
In-kind expenses		85,568		-	_	-		9,885		95,453		-		15,207	_	110,660	
Total expenses	\$	1,244,470	\$	1,909,896	\$	6,555,599	\$	1,032,533	\$	10,742,498	\$	4,033,930	\$	43,725	\$	14,820,153	

	2021															
				ŀ	lealth	Support Services										
		revention Service	Hor	ne Services		ommunity alth Center	Th	ie Haven		Total		eneral and ninistrative	Fun	draising		Total
Salaries and benefits	\$	1.070.001	\$	1.629.878	\$	5.011.343	s	544.010	s	8,255,232	s	1.747.935	s	15.315	s	10.018.482
Contract and professional services	Ψ	122,293	Ψ	192,640	Ψ	290,379	φ	-	Ŷ	605,312	Ŷ	218,684	Ŷ	2,946	Ψ	826,942
Supplies		55,554		47,259		524,332		70,442		697,587		90,420		17,512		805,519
Other operating expenses		124,971		168,458		273,536		2,144		569,109		997,251		22,013		1,588,373
Depreciation and amortization		-		-		-		-		-		309,828		-		309,828
Interest expense		-		-		-		-		-		62,683		-		62,683
In-kind expenses		61,716		-		-		-		61,716		14,918		-		76,634
Total expenses	\$	1,434,535	\$	2,038,235	\$	6,099,590	\$	616,596	\$	10,188,956	\$	3,441,719	\$	57,786	\$	13,688,461

Note 11: Leases

Change in Accounting Principle

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. This ASU requires lessees to recognize a lease liability and a right-of-use (ROU) asset on a discounted basis, for substantially all leases, as well as additional disclosures regarding leasing arrangements. Disclosures are required to enable users of financial statements to assess the amount, timing and uncertainty of cash flows arising from leases. In July 2018, the FASB issued ASU 2018-11, *Leases (Topic 842): Targeted Improvements*, which provides an optional transition method of applying the new lease standard. Topic 842 can be applied using either a modified retrospective approach at the beginning of the earliest period presented or, as permitted by ASU 2018-11, at the beginning of the period in which it is adopted, *i.e.*, the comparatives under ASC 840 option.

Notes to Financial Statements December 31, 2022 and 2021

The most significant impact of adoption was the recognition of operating lease ROU assets and operating lease liabilities of \$389,835. The standard did not significantly affect the accompanying statements of operations or cash flows.

Accounting Policies

The Organization determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of ROU assets and lease liabilities on the balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. The Entity determines lease classification as operating or finance at the lease commencement date.

At lease commencement, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives. The Organization has made a policy election to use a risk-free rate (the rate of a zero-coupon U.S. Treasury instrument) for the initial and subsequent measurement of all lease liabilities. The risk-free rate is determined using a period comparable with the lease term.

The lease term may include options to extend or to terminate the lease that the Organization is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

The Organization has elected not to record leases with an initial term of 12 months or less on the balance sheets. Lease expense on such leases is recognized on a straight-line basis over the lease term.

Nature of Leases

The Organization has entered into the following lease arrangements:

Operating Leases

The Organization leases an office space that expires in April 2027. This lease contains renewal option for two additional five year terms. Lease payments have an escalating fee schedule, which range from a 5.5% to 7.1% increase each year. Termination of the leases is generally prohibited unless there is a violation under the lease agreement. The discount rate used to record the present value of future minimum payments was 2.92%.

The Organization has no related-party leases.

As of December 31, 2022, the Organization did not have any leases that had not yet commenced.

Notes to Financial Statements December 31, 2022 and 2021

Future minimum operating lease payments and reconciliation to the balance sheet at December 31, 2022, are as follows:

2023	\$ 77,440
2024	82,720
2025	88,000
2026	93,280
2027	 31,680
Total future undiscounted lease payments	373,120
Less imputed interest	24,004
	\$ 349,116

Note 12: Employee Retirement Plan

The Organization has a 403(b) retirement savings plan (the Plan) covering all employees. Employees are immediately eligible to make elective deferrals to the Plan. Prior to July 1, 2019, employees were immediately vested 100% in all contributions. The Plan contains a three-year vesting schedule for employer-matching and profit-sharing contributions. The Plan allows the employer to vary the amount of the employer contributions during the plan year, and the Organization's profit-sharing contributions are discretionary as determined by the Organization's Board of Directors. During 2022 and 2021, the Organization elected to make matching contributions of 100% of employees' salary deferral amounts on the first 3% of employees' compensation.

The Board of Directors also approved a profit-sharing contribution of approximately \$80,000 paid to employees hired on or before December 21, 2020 that worked 1,000 hours in the calendar year 2021 and were still employed at December 31, 2021. A profit-sharing contribution was not made in 2022. For the years ended December 31, 2022 and 2021, the Organization had total retirement plan contribution expenses of \$162,386 and \$249,670, respectively.

Notes to Financial Statements December 31, 2022 and 2021

Note 13: Disclosures About Fair Values of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets or liabilities
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3 Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following tables present the fair value measurements of assets and liabilities recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2022 and 2021:

		Fair V	alue Measurements	s Using
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2022 Beneficial interest in assets held by Yampa Valley Community Foundation	<u>\$ 410,972</u>	<u>\$</u>	<u>\$ 410,972</u>	<u>\$</u>

Notes to Financial Statements December 31, 2022 and 2021

		Fair V	alue Measurements	Using
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
	Fair Value	(Level 1)	(Level 2)	(Level 3)
December 31, 2021 Beneficial interest in assets held by Yampa Valley Community Foundation	<u>\$ 363,644</u>	<u>\$</u>	\$ 363,644	<u>\$</u>

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2022.

Beneficial Interest in Assets Held by Yampa Valley Community Foundation

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy.

Note 14: Letter of Credit

The Organization maintains a letter of credit with a financial institution in the amount of approximately \$54,000 with an expiration date of May 16, 2024. Interest accrues at a fixed rate of 3.85% on any outstanding balances.

The letter of credit is secured by certificates of deposit held with the financial institution. The letter of credit is maintained to meet unemployment coverage requirements with the state of Colorado. At December 31, 2022, there were no amounts outstanding.

Notes to Financial Statements December 31, 2022 and 2021

Note 15: Coronavirus COVID-19 Pandemic and CARES Act Funding

Provider Relief Fund

During the years ended December 31, 2022 and 2021, the Organization received approximately \$26,000 and \$211,000, respectively, of distributions from the *Coronavirus Aid, Relief, and Economic Security Act* (CARES Act) Provider Relief Fund (collectively, the Provider Relief Fund). These distributions from the Provider Relief Fund are not subject to repayment, provided the Organization is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services.

The Organization accounts for such payments as conditional contributions in accordance with ASC Topic 958-605, *Revenue Recognition*. Payments are recognized as contribution revenue once the applicable terms and conditions required to retain the funds have been substantially met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the Organization's revenues and expenses through December 31, 2022 and 2021, the Organization recognized the full amount received from the Provider Relief Fund, and these payments are recorded as contribution revenue with donor restriction and releases from restrictions used in operations in the accompanying statements of operations and changes in net assets.

The Organization has recognized revenue from the Provider Relief Fund based on guidance issued by HHS as of December 31, 2022 and any clarifications issued by HHS subsequent to year-end. The Organization will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the effect of the pandemic on the Organization's revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the Organization is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions received may be affected. Additionally, the amounts recorded in the financial statements compared to the Organization's Provider Relief Fund reporting could differ. Provider Relief Fund payments are subject to government oversight, including potential audits.

Note 16: Significant Estimates and Concentrations

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Variable Consideration

Estimates of variable consideration in determining the transaction price for patient service revenue as described in Notes 1 and 3.

Notes to Financial Statements December 31, 2022 and 2021

Professional Liability Coverage and Claims

The Organization pays fixed premiums for annual professional liability insurance coverage under an occurrence-based policy while the Organization pays premiums under a claims-made policy. There were no claims outstanding at December 31, 2022 and the Organization is not aware of any unasserted claims or unreported incidents that are expected to exceed malpractice insurance coverage limits.

Self-insurance

The Organization has a partially self-insured plan for employee health insurance benefits which is managed by a third-party administrator. The Organization makes regular payments to the plan to pay estimated claims. The Organization has purchased insurance that limits its exposure for individual claims and that limits its aggregate exposure to \$37,500 per covered person, per year. The liability on the plan at December 31, 2022 and 2021 was \$273,548 and \$347,525, respectively, and is included in accrued payroll and benefits on the balance sheets.

The liability for 2022 is presented net of expected insurance recoveries in the statements of operations which was approximately \$115,000 for 2022. Liability reserve estimates represent the estimated ultimate cost of all reported and unreported losses incurred through the respective consolidated balance sheet dates.

The reserve for incurred but not reported expenses are estimated using historical data. Those estimates are subject to the effects of trends in claims. The estimates are continually reviewed and adjustments are recorded as experience develops or new information becomes known. Although variability is inherent in self-insured liability reserve estimates, management believes the reserves for losses and loss expenses are adequate based on information currently known. It is reasonably possible that this estimate could change materially in the near term.

General Litigation

The Organization is subject to claims and lawsuits that could arise in the ordinary course of its activities. Some of these allegations could be in areas not covered by the Organization's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Organization evaluates such allegations by conducting investigations to determine the validity of each potential claim. It is the opinion of management the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the balance sheets, change in net assets and cash flows of the Organization. Events could occur that would change this estimate materially in the near term.

Notes to Financial Statements December 31, 2022 and 2021

Note 17: Subsequent Events

Subsequent to year-end, the Organization has identified and estimated a repayment due to Medicaid of approximately \$500,000 related to services provided since 2019. The estimated liability is included in accrued expenses in 2022 in the accompanying balance sheets. Management believes the liability is adequate based on information currently known.

Subsequent events have been evaluated through August 29, 2023, which is the date the financial statements were available to be issued.