FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS WILLIAM NEWTON MEMORIAL HOSPITAL DECEMBER 31, 2012 AND 2011

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WILLIAM NEWTON MEMORIAL HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS Years ended December 31, 2012 and 2011

Our discussion and analysis of the financial performance of William Newton Memorial Hospital (the Hospital) provides a narrative overview of the Hospital's financial activities for the years ended December 31, 2012 and 2011. Please read it in conjunction with the accompanying basic financial statements.

Financial highlights

The Hospital's net position increased by \$713,165 or 4.6 percent in 2012, \$1,057,230 or 7.4 percent in 2011, and by \$1,051,799 or 8.5 percent in 2010.

The Hospital reported an operating income of \$775,962 in 2012, \$1,088,745 in 2011, and \$1,225,833 in 2010.

Using these financial statements

The Hospital'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 Hospital, including resources held by or for the benefit of the Hospital, and resources restricted for specific purposes by contributors, grantors, and indenture agreements.

One of the most important questions asked about the Hospital's finances is, "Is the Hospital 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 Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. For purposes of these two statements, revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net position and changes in them. The Hospital's net position - the difference between assets and liabilities - may be thought of as one way to measure its financial health, or financial position. Over time, increases or decreases in the Hospital's net position are one indicator of whether its financial health is improving or deteriorating. Consideration must also be given to other nonfinancial indicators, such as changes in the Hospital's patient base and measures of the quality of service it provides to the community, as well as local economic factors, to assess the overall health of the Hospital.

The final required statement is the Statement of Cash Flows. This 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?"

WILLIAM NEWTON MEMORIAL HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED Years ended December 31, 2012 and 2011

Assets, liabilities, and net position

The Hospital's net position as of the end of each of the last three years is summarized as follows:

	2012	2011	2010
Assets			
Cash Patient accounts	\$ 4,965,095	\$ 6,534,777	\$ 4,760,301
receivable, net	3,418,026	4,362,572	4,364,179
Other current assets	1,782,165	949,371	1,517,771
Total current assets	10,165,286	11,846,720	10,642,251
Capital assets, net	14,269,579	12,049,829	13,360,720
Other assets	71,667		
Total assets	\$24,506,532	\$23,896,549	\$24,002,971
Liabilities and net position			
Current liabilities	\$ 3,378,935	\$ 3,530,928	\$ 3,164,959
Noncurrent liabilities	5,018,031	4,969,220	6,498,841
Net position	16,109,566	15,396,401	14,339,171
	\$24,506,532	\$23,896,549	\$24,002,971

The Hospital's cash balances decreased by \$1,569,682 in 2012 as compared to 2011 after increasing by \$1,774,476 in 2011. The decrease in the current year was due primarily to two items. Operating cash flows declined by \$1,391,041 in 2012 as compared to 2011 which was due principally to the difference in the change in the Hospital's receivable payable position with third-party payors. The second item affecting cash is due to the Hospital investing \$1,743,889 more in capital assets in 2012 as compared to 2011. These two items were offset somewhat by a decrease in accounts receivable which results in a generation of cash. The number of days net revenue in net patient accounts receivable represented 52 days in 2012, 65 days in 2011, and 67 days in 2010. Other current assets increased in 2012 as compared with 2011 due to a \$367,498 increase in other receivables. The 2011 amounts decreased from 2010 due to a decrease in the amount due from third-party payors which decreased by \$783,664 in 2011, as compared with 2010.

Capital assets increased by \$2,219,750 in 2012 and decreased by \$1,310,891 in 2011. The change in capital assets will vary based on the timing of replacement in equipment and the annual provision for depreciation. In 2012, we completed a renovation that resulted in the complete refurbishment and furnishing of an obstetrics wing along with an upgrade to various mechanical items.

We utilize long-term leases or debt to finance major capital expenditures and try to maintain sufficient liquidity in our balance sheet to cover day-to-day operating expenses of the Hospital and to provide flexibility in operating the Hospital. Our ratio of equity to total assets for the past three years was 66, 65, and 60 percent at December 31, 2012, 2011, and 2010, respectively. In 2012, we entered into several new leases which included new leases for MRI and CT machines. We did not enter into any new capital leases in 2011.

WILLIAM NEWTON MEMORIAL HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED Years ended December 31, 2012 and 2011

Operating results and changes in net position

The Hospital's operating results and changes in net position for each of the last three years are summarized as follows:

	2012	2011	2010
Operating revenues	\$25,962,353	\$25,743,461	\$24,435,461
Operating expenses Salaries and benefits Supplies and other Depreciation	14,285,012 8,937,527 1,963,852	13,706,644 9,035,253 1,912,819	13,179,631 8,220,589 1,809,408
Total operating expenses	25,186,391	24,654,716	23,209,628
Operating income Other changes in net position	775,962 (62,797)	1,088,745 (31,515)	1,225,833 (174,034)
Increase in net position	\$ 713,165	\$ 1,057,230	\$ 1,051,799

The first, and most significant, component of the overall change in the Hospital's net position is its operating income - generally, the difference between net patient service revenue and the expenses incurred to perform those services. The Hospital's operating income decreased by \$312,783 in 2012 and by \$137,088 during 2011, both as compared with the prior year. The Hospital is designated as a critical access hospital and is generally reimbursed based on cost reimbursement principles by Medicare and traditional Medicaid beneficiaries.

Our operating margin decreased to 3.0 percent in 2012 as compared with 4.2 percent in 2011 and 5.0 percent in 2010. Total operating revenues increased by .9 percent in 2012 as compared to an increase of 5.4 percent in 2011. Operating revenues are impacted by volume of services provided, payor mix, level of charity care and uncompensated care, timing of recognition of electronic health record incentive payments, and expenses as this impacts our revenues associated with cost reimbursed services. As a not-for-profit hospital, we serve all patients who come to our Hospital, regardless of ability to pay. During 2012, 2011, and 2010 the Hospital wrote off \$962,637, \$1,665,211, and \$1,399,482 in charges related to bad debts or patients who qualify for charity care under our charity care policy. The decline in net write-offs in 2012 was directly related to an increase in recoveries primarily due to our participation in the Kansas set-off program. We receive some relief for the cost of uncompensated care as we qualify for Medicaid disproportionate share payments (DSH) which is designed to reimburse hospitals for the cost of uncompensated care related to both uninsured and Medicaid beneficiaries. Total payments received under the Medicaid DSH program in 2012, 2011, and 2010 were \$890,324, \$890,324, and \$845,808, respectively. The level of payments under this program is continually at risk due to budget constraints at both the federal and state levels of government.

Operating expenses increased by 2.2 percent in 2012 as compared with 2011 and increased by 6.2 percent in 2011 as compared to 2010. Significant changes in operating expenses in 2012 as compared with 2011 would include a \$231,456 increase due to the opening of a surgical clinic beginning in mid-July 2012. We also incurred an increase in pension costs of \$117,797 and collection agency fees of \$117,226 which was due to increased recoveries. These amounts were offset by decreases in maintenance and repair costs of \$252,142 and drug and supply costs that equaled \$253,139. Significant items affecting the increase in operating

WILLIAM NEWTON MEMORIAL HOSPITAL MANAGEMENT'S DISCUSSION AND ANALYSIS - CONTINUED Years ended December 31, 2012 and 2011

expenses in 2011 as compared to 2010 were an increase in salaries and benefits for employees of \$527,013, an increase in radiation therapy contract services of \$360,000, and an increase in repairs and maintenance expense of \$225,000. We manage our expenses closely and attempt to hold them at or below normal inflationary pressures. Each year we evaluate our charge structure and adjust rates accordingly. These rate adjustments, however, do not impact net revenues proportionately, as the majority of third-party payors reimburse us for services based on either costs or set fee schedule rates that we have very little ability to control.

Other changes in net position were impacted in 2012 by the \$122,862 decrease in interest costs that are associated with long-term leases and the decrease of grants and contributions in the amount of \$154,552. In 2011, there was a decrease in interest cost of \$281,830 and a decrease in grants and contributions of \$132,805.

The focus of Hospital management remains that of maintaining and growing utilization of Hospital services. Although the population living in our primary market area is not anticipated to fluctuate dramatically in the future, patient out-migration to other health care markets is a concern as some residents look outside our community for services. Our philosophy is to commit resources to maintain updated facilities and to invest in state of the art technology. We are also committed to offering programs and services that improve patient safety and promote a high level of quality care within the Hospital. Many factors, both internal and external, affect our ability to meet our goals. For example, to maintain or grow hospital utilization there is a requirement that the community have an adequate number and mix of primary care and specialty physicians. We monitor these numbers and continue to be proactive in the recruitment of physicians to our community.

This financial report is designed to provide a general overview of the Hospital's finances and to demonstrate the Hospital's accountability for the funds it receives. If you have any questions about this report or need additional information, contact the Administration Office at 1300 East 5th Avenue, Winfield, Kansas 67156.



Certified Public Accountants and Management Consultants

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Board of Trustees William Newton Memorial Hospital

We have audited the accompanying financial statements of the business-type activity and discretely presented component unit of William Newton Memorial Hospital as of and for the years ended December 31, 2012 and 2011, which collectively comprise the Hospital's financial statements as listed in the table of contents and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the Kansas Municipal Audit Guide. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinions

In our opinion, the financial statements referred to previously present fairly, in all material respects, the respective financial position of the business-type activity and discretely presented component unit of William Newton Memorial Hospital as of December 31, 2012 and 2011, and the respective changes in financial position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other-Matters

Accounting principles generally accepted in the United States of America require that management's discussion and analysis on pages 1 through 4 be presented to supplement the financial statements. Such information, although not a part of the financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the 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 financial statements, and other knowledge we obtained during our audit of the 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. Wendling Noe Alson + John 220

Topeka, Kansas June 14, 2013



WILLIAM NEWTON MEMORIAL HOSPITAL STATEMENTS OF NET POSITION December 31,

ASSETS

	20)12	2011		
	<u>Hospital</u>	Component unit	<u> Hospital</u>	Component unit	
CURRENT ASSETS					
Cash and cash equivalents Short-term investments Patient accounts receivable, net of allowance for doubtful accounts of \$1,162,694 in 2012	\$ 4,965,095	\$ 179,515 428,921	\$ 6,534,777	\$ 145,533 397,854	
and \$852,096 in 2011	3,418,026		4,362,572		
Other receivables Inventories Prepaid expenses Estimated third-party payor	389,864 357,015 266,987	34,000	22,366 280,680 215,820	100,000	
settlements	768,299		430,505		
Total current assets	10,165,286	642,436	11,846,720	643,387	
ASSETS LIMITED AS TO USE					
Principal of permanent endowments		447,317	-	443,250	
CAPITAL ASSETS, net	14,269,579		12,049,829		
OTHER ASSETS	71,667				
	\$ 24,506,532	\$ 1,089,753	\$ 23,896,549	\$ 1,086,637	

LIABILITIES AND NET POSITION

	20)12	2011			
	Hospital	Component unit	Hospital	Component unit		
CURRENT LIABILITIES						
Current maturities of capital	•					
leases	\$ 1,498,378	\$ -	\$ 1,494,554	\$ -		
Accounts payable	441,574		484,126			
Salaries, wages, and related						
withholdings payable	678,109		573,916			
Accrued discretionary leave	760,874		724,475			
Estimated third-party payor settlements			253,857			
Total current liabilities	3,378,935		3,530,928	-		
CAPITAL LEASES, net of current						
maturities	5,018,031		4,969,220			
madall de de						
Total liabilities	8,396,966	Am	8,500,148	11,000,000		
NET POSITION						
Invested in capital assets - net						
of related debt	7,753,170		5,586,055			
Temporarily restricted	7,755,170	277,920	3,300,033	441,845		
Restricted nonexpendable permanent		2111320		441,045		
endowments		447,317		443,250		
Unrestricted	8,356,396	364,516	9,810,346	201,542		
	16,109,566	1,089,753	15,396,401	1,086,637		
		<u> </u>	13,370,401			
	\$24,506,532	\$ 1,089,753	\$23,896,549	\$ 1,086,637		

WILLIAM NEWTON MEMORIAL HOSPITAL STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITON Years ended December 31,

	20	12	2011		
		Component		Component	
	<u>Hospital</u>	<u>unit</u>	<u>Hospital</u>	<u>unit</u>	
Operating revenues					
Net patient service revenue Electronic health records	\$ 24,193,565	\$ -	\$ 24,436,893	\$ -	
incentive revenue	914,495		467,029		
Other	854,293	140,916	839,539	139,336	
Total operating revenues	25,962,353	140,916	25,743,461	139,336	
Operating expenses					
Salaries and wages	11,527,449		11,112,949		
Employee benefits	2,757,563		2,593,695		
Supplies and other	8,937,527	230,895	9,035,253	355,192	
Depreciation and amortization	1,963,852		1,912,819		
Total operating expenses	25,186,391	230,895	24,654,716	355,192	
Operating income (loss)	775,962	(89,979)	1,088,745	(215,856)	
Nonoperating revenues (expenses)					
Investment income	24,941	93,095	27,074	(6,185)	
Interest expense	(314,976)	557055	(437,838)	(0,105)	
Noncapital grants and	(311/3/0)		(457,050)		
contributions	64,549		146,770		
Other	3,268		727		
Total nonoperating					
revenues (expenses)	(222,218)	93,095	(263,267)	(6,185)	
Excess of revenues over (under)					
expenses before capital grants					
and contributions	553,744	3,116	825,478	(222,041)	
Capital grants and contributions	159,421	3,110	•	(222,041)	
capital grants and contributions	159,421		231,752		
Change in net position	713,165	3,116	1,057,230	(222,041)	
Net position at beginning of year	15,396,401	1,086,637	14,339,171	1,308,678	
Net position at end of year	\$16,109,566	\$ 1,089,753	\$15,396,401	\$ 1,086,637	

WILLIAM NEWTON MEMORIAL HOSPITAL STATEMENTS OF CASH FLOWS Years ended December 31,

	20	12	2011		
		Component		Component	
	<u> Hospital</u>	<u>unit</u>	<u> Hospital</u>	<u>unit</u>	
Cash flows from operating activities Receipts from and on behalf of patients Payments to or on behalf of employees Payments to suppliers Other receipts and payments	\$ 24,546,460 (14,144,420) (9,179,248) 1,401,290	\$ - (230,895) 206,916	\$ 25,222,164 (13,633,314) (8,873,141) 1,299,414	\$ - (355,192) 185,336	
Net cash provided (used) by operating activities	2,624,082	(23,979)	4,015,123	(169,856)	
Cash flows from noncapital financing activities Noncapital grants and contributions Net cash provided by	64,549		146,770		
noncapital financing activities	64,549	_	146,770	_	
Cash flows from capital and related financing activities Purchases of capital assets Grants and contributions for capital Proceeds from sale of equipment Principal payments on capital leases Interest paid	(2,345,817) 159,421 3,268 (1,785,150) (314,976)		(601,928) 231,752 727 (1,607,204) (437,838)		
Net cash used by capital and related financing activities	(4,283,254)		(2,414,491)	_ _	
Cash flows from investing activities (Increase) decrease in investments and permanent endowments Investment income received	24,941	34,999 22,962	27,074	(237,868)	
Net cash provided (used) by investing activities	24,941	57,961	27,074	(203,048)	
Change in cash and cash equivalents Cash and cash equivalents at beginning	(1,569,682)	33,982	1,774,476	(372,904)	
of year	6,534,777	145,533	4,760,301	518,437	
Cash and cash equivalents at end of year	\$ 4,965,095	\$ 179,515	\$ 6,534,777	\$ 145,533	

WILLIAM NEWTON MEMORIAL HOSPITAL STATEMENTS OF CASH FLOWS - CONTINUED Years ended December 31,

	2012			2011				
·	H	<u> </u>	Cc	omponent unit	Hos	spital	C -	omponent unit
Reconciliation of operating income (loss) to net cash provided (used) by operating activities								
Operating income (loss) Adjustments to reconcile operating income (loss) to net cash provided (used) by operating activities	\$	775,962	\$	(89,979)	\$ 1,	088,745	\$	(215,856)
Depreciation and amortization		1,963,852			1,	912,819		
Provision for bad debts		432,720			1,	092,899		
Changes in Patient accounts receivable Inventories Prepaid expenses Other receivables Other assets Accounts payable and accrued expenses Estimated third-party payor settlements		511,826 (76,335) (51,167) (367,498) (71,667) 98,040 (591,651)		66,000		091,292) 31,123 14,624 (7,154) 189,695 783,664		46,000
Net cash provided (used) by operating activities	\$:	2,624,082	\$	(23,979)	\$ 4,	015,123	\$	(169,856)
Supplemental schedule of noncash investing and financing activities Net change in unrealized gains on investments Capital lease obligations incurred	\$	- 1,837,785	\$	70,133	\$	-	\$	(41,005)

WILLIAM NEWTON MEMORIAL HOSPITAL NOTES TO FINANCIAL STATEMENTS

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of the significant accounting policies of William Newton Memorial Hospital consistently applied in the preparation of the accompanying financial statements follows.

1. Reporting entity

William Newton Memorial Hospital (Hospital) is owned by the City of Winfield, Kansas (City), and is governed by a five-member Board of Trustees appointed by the City Commissioners. The Hospital, which was organized in 1927, is a 25-bed, not-for-profit general hospital located in Winfield, Kansas. The Hospital can sue and be sued, and can buy, sell, or lease real property.

The component unit discussed in Note A2 is included in the Hospital's reporting entity because of the nature and significance of its relationship with the Hospital.

2. Component unit

The financial statements include the financial data of the discretely presented component unit, William Newton Healthcare Foundation, Inc. (Foundation). The component unit is reported separately to emphasize that it is legally separate from the Hospital.

The Foundation is a legally separate not-for-profit corporation established in 2006 for the purpose of providing financial assistance to the Hospital and assisting the Hospital and others in the recruitment of physicians and other medical health care personnel to locate and practice in Winfield, Kansas. The Foundation is administered by a self-perpetuating Board of Directors which is appointed by the Hospital who is the sole voting member of the Foundation.

3. Use of estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

4. Basis of accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

5. Fair value of financial instruments

The carrying amount reported in the balance sheet for financial instruments including cash and cash equivalents, short-term investments, assets whose use is limited, accounts payable and other liabilities, settlements with third-party payors, and capital lease obligations approximate fair value.

WILLIAM NEWTON MEMORIAL HOSPITAL NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2012 and 2011

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

6. Cash and cash equivalents

Cash and cash equivalents include all cash and highly liquid debt instruments with maturities of three months or less excluding any such amounts included in short-term investments or assets limited as to use.

7. Allowance for doubtful accounts

The Hospital provides for accounts receivable that could become uncollectible in the future by establishing an allowance to reduce the carrying value of such receivables to their estimated net realizable value. The Hospital estimates this allowance based on a percentage of revenue, the aging of its accounts receivable by type of payor, and its historical collection experience for each type of payor.

8. Inventories

Inventories are stated at cost as determined by the first-in, first-out method.

9. Assets limited as to use

Assets limited as to use include assets required to be retained in perpetuity by the contributors.

10. Capital assets

Capital assets (including assets recorded as capital leases) are stated at cost. Depreciation and amortization of capital assets are provided on the straight-line method over the estimated useful lives of the assets. The estimated lives used are generally in accordance with the guidelines established by the American Hospital Association.

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. Gains and losses on disposition of capital assets are included in nonoperating gains and losses.

11. Grants and contributions

From time to time, the Hospital receives grants and contributions from individuals and private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues.

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

12. Accrued discretionary leave

Employees of the Hospital are entitled to paid time off depending on length of service and whether they are full-time or part-time. Upon resignation, termination, or retirement from service with the Hospital, employees are entitled to payment for all accrued discretionary leave, up to an allowable maximum. The Hospital accrues these benefits as earned.

13. Net position

Net position of the Hospital is classified in four components. "Net position invested in capital assets net of related debt" consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. "Temporarily restricted" is net position whose use has been limited by donors to a specific time period or purpose. "Restricted nonexpendable" is net position equal to the principal portion of permanent endowments. "Unrestricted net position" is remaining net position that do not meet the definition of "invested in capital assets net of related debt," "temporarily restricted," or "restricted."

14. Operating revenues and expenses

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

15. Charity care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The amount of charity care provided by the Hospital is disclosed in Note B.

16. Income taxes

The Hospital is exempt from federal income taxes pursuant to Section 115 of the Internal Revenue Code.

The Foundation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code. Management is unaware of any uncertainties in income tax positions. Tax years ending on or after December 31, 2010, are subject to examination by taxing authorities.

NOTE A - DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

17. Reclassifications

Certain reclassifications have been made to the 2011 financial statements to conform with the current year's presentation. There reclassifications did not affect previously report net position or changes in net position.

NOTE B - NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established charge rates. The amounts reported on the balance sheet as estimated third-party payor settlements consist of management's best estimate of the differences between the contractual amounts for providing covered services and the interim payments received for those services. A summary of the payment arrangements with major third-party payors follows:

Medicare - The Hospital is a critical access hospital for purposes of the Medicare program and is paid for most services rendered to Medicare beneficiaries under various cost reimbursement methodologies. Physician services except for the rural health clinic, are prospectively paid based on their respective fee schedules. The Hospital is paid for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits or reviews thereof by the Medicare administrative contractor. The Hospital's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. The Hospital's Medicare cost reports have been audited or reviewed by the Medicare administrative contractor through December 31, 2009.

Medicaid - Acute care services rendered to Medicaid beneficiaries, other than those covered under HMO plans, are paid under provisions applicable to critical access hospitals. Payments to the Hospital under the critical access hospital provisions are based on cost reimbursement methodologies used by the Medicare program. Final settlement with the Medicaid program is based on a cost report after it is final settled by the Medicare program.

Blue Cross and Blue Shield - All services rendered to patients who are insured by Blue Cross and Blue Shield are paid on the basis of prospectively determined rates per discharge or discounts from established charges.

NOTE B - NET PATIENT SERVICE REVENUE - Continued

A summary of Hospital gross and net patient service revenue for the years ended December 31, 2012 and 2011, is as follows:

	2012	2011
Gross patient service revenue Deductions from patient service	\$38,788,426	\$39,466,653
revenue Third-party contractual		
adjustments	(14,401,022)	(14,125,928)
Medicaid DSH payments	890,324	890,324
Other discounts and allowances	(121,526)	(128,945)
Charity care	(529,917)	(572,312)
Provision for bad debts	(432,720)	(1,092,899)
Net patient service revenue	\$24,193,565	\$24,436,893

The Hospital estimates that the cost of providing charity care, based on overall cost to charge ratios obtained from the Hospital's cost reports was \$317,645 and \$347,234 for 2012 and 2011, respectively.

Revenue from the Medicare and Medicaid programs accounted for approximately 35 percent and 8 percent and 39 percent and 10 percent, respectively, of the Hospital's net patient service revenue during 2012 and 2011. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term.

The American Recovery and Reinvestment Act of 2009 (ARRA) provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and physician practices that demonstrate meaningful use of certified electronic health record (EHR) technology. These provisions of ARRA are intended to promote the adoption and meaningful use of interoperable health information technology and qualified EHR technology.

The Hospital recognizes revenue for EHR incentive payments when it has reasonable assurance that it has demonstrated meaningful use of certified EHR technology for the applicable period and complied with the reporting conditions to receive the payment. The demonstration of meaningful use is based upon meeting a series of objectives and varies between hospital facilities and physician practices and between the Medicare and Medicaid programs. Additionally, meeting the objectives in order to demonstrate meaningful use becomes progressively more stringent as its implementation is phased in through stages as outlined by Centers for Medicare & Medicaid Services. The Hospital recognized \$914,495 and \$467,029 of revenue for EHR incentive payments during 2012 and 2011, respectively. The payments consisted of \$104,082 in Medicare EHR incentive payments and \$810,413 in Medicaid EHR incentive payments in 2012 and \$467,029 in Medicare EHR incentive payments in 2011. These amounts are included in operating revenues on the statement of operations for the years ended December 31, 2012 and 2011.

NOTE B - NET PATIENT SERVICE REVENUE - Continued

The Hospital incurs both capital expenditures and operating expenses in connection with the implementation of its EHR initiatives. The amounts and timing of these expenditures do not directly correlate with the timing of the Hospital's recognition of EHR incentive payments as other income.

NOTE C - ASSETS LIMITED AS TO USE AND SHORT-TERM INVESTMENTS

Short-term investments and assets limited as to use, held by the Foundation, are carried at fair value which is determined based on quoted market prices in active markets, which are considered Level 1 inputs under GAAP. These assets are invested as follows and reported in the balance sheet under the following categories:

		2012	
		Unrealized	Fair
		gains	market
	<u>Cost</u>	(losses)	<u>value</u>
Equity mutual funds Fixed income mutual funds Certificates of deposit	\$ 428,740 159,494 205,000	\$ 72,231 10,773	\$ 500,971 170,267 205,000
	\$ 793,234	\$ 83,004	\$ 876,238
Short-term investments Assets limited as to use			\$ 428,921 447,317
			\$ 876,238
		2011	
		Unrealized	Fair
	Cost	gains (losses)	market <u>value</u>
Equity mutual funds Fixed income mutual funds Certificates of deposit	\$ 428,740 159,494 240,000	\$ 7,812 5,058	\$ 436,552 164,552 240,000
	\$ 828,234	\$ 12,870	\$ 841,104
Short-term investments Assets limited as to use			\$ 397,854 443,250
			\$ 841,104

NOTE D - CAPITAL ASSETS

Capital assets consist of the following:

	Balance December 31, 2011	Transfers and <u>additions</u>	<u>Retirements</u>	Balance December 31, 2012
Land Land improvements Buildings Equipment	\$ 101,702 287,413 20,081,693 11,620,080	\$ - 1,620,771 2,562,831	\$ -	\$ 101,702 287,413 21,702,464 11,972,042
	32,090,888	4,183,602	2,210,869	34,063,621
Less accumulated depreciation and amortization				
Land improvements	272,516	2,728		275,244
Buildings	11,276,544	511,269		11,787,813
Equipment	8,491,999	1,449,855	2,210,869	7,730,985
	20,041,059	1,963,852	2,210,869	19,794,042
Capital assets, net	\$12,049,829	\$ 2,219,750	\$ -	\$14,269,579
	Balance December 31, 2010	Transfers and additions	Retirements	Balance December 31,
Land	\$ 101,702	\$ -	\$ -	\$ 101,702
Land improvements	287,413	•		287,413
Buildings	20,066,451	15,242		20,081,693
Equipment	11,299,468	586,686	266,074	11,620,080
	31,755,034	601,928	266,074	32,090,888
Less accumulated depreciation and amortization				
Land improvements	269,727	2,789		272,516
Buildings	10,791,249	485,295		11,276,544
Equipment	7,333,338	1,424,735	266,074	8,491,999
	18,394,314	1,912,819	266,074	20,041,059
Capital assets, net	\$13,360,720	\$(1,310,891)	<u>\$</u>	\$12,049,829

NOTE E - CAPITAL LEASES

Capital lease obligations consist of the following:

	Date	Original	Interest	Outstand	ing balance
	<u>issued</u>	<u>amount</u>	<u>rate</u>	2012	2011
Capital lease obligations collateralized by lease equipment with an amortized cost of \$2,044,82	various 4 dates	\$4,676,858	0.00% to 6.52%	\$1,873,286	\$ 629,978
Capital lease obligations collateralized by build or building improvement with an amortized cost \$6,545,836	lings .s	8,100,270	4.25% to 8.28%	4,643,123	5,833,796
Total capital leases	-			6,516,409	6,463,774
Less current maturities of capital leases	Dİ.			1,498,378	1,494,554
Capital leases, net of current maturities				\$5,018,031	\$4,969,220
The following is a sum	mary of chang	ges in capi	tal lease	s:	
	Beginning principal utstanding	Additions to principal		uction of ncipal	Ending principal outstanding
2012 activity Capital leases	6,463,774	\$ 1,837,78	\$ 1,	785,150	\$6,516,409
2011 activity Capital leases	8,070,978	<u>\$</u>	<u>-</u> \$ 1,	607,204	\$6,463,774
Scheduled annual futur follows:	e minimum le	ease payment	s under	capital le	ases are as
<u>Year</u>		<u>Principa</u>	<u>l Int</u>	terest	<u>Total</u>
2013 2014 2015 2016 2017 2018 - 2022 2023 - 2027 2028 - 2032		\$ 1,498,37 1,718,09 499,96 515,79 440,79 817,79 1,011,03	90 57 93 99 90	265,067 168,543 118,134 102,307 85,966 309,346 116,100 52	\$ 1,763,445 1,886,633 618,101 618,100 526,765 1,127,136 1,127,135 14,609
Total		\$ 6,516,40	9 \$ 1,	165,515	<u>\$ 7,681,924</u>

NOTE F - DEFINED BENEFIT PENSION PLAN

Plan description. The Hospital participates in the Kansas Public Employees Retirement System (KPERS), a cost-sharing multiple-employer defined benefit pension plan as provided by K.S.A. 74-4901, et. seq. KPERS provides retirement benefits, life insurance, disability income benefits, and death benefits. Kansas law establishes and amends benefit provisions. KPERS issues a publicly available financial report that includes financial statements and required supplementary information. That report may be obtained by writing to KPERS (611 S. Kansas Avenue, Topeka, Kansas 66603-3869) or by calling 1-888-275-5737.

Funding policy. K.S.A. 74-4919 establishes the KPERS member-employee contribution rate at 4 percent of covered salary for an employee first employed before July 1, 2009. K.S.A. 74-49,210 establishes the KPERS member-employee contribution rate at 6 percent of covered salary for an employee first employed on or after July 1, 2009. The employer collects and remits member-employee contributions according to the provisions of Section 414(h) of the Internal Revenue Code. State law provides that the employer contribution rate be determined annually based on the results of an annual actuarial valuation. KPERS is funded on an actuarial reserve basis. State law sets a limitation on annual increases in the contribution rates for KPERS employers. The employer rate established by statute at December 31, 2012 and 2011, is 8.09 percent and 7.49 percent. The Hospital employer contribution to KPERS for the year ended December 31, 2012 and 2011, was \$923,874 and \$806,077, equal to the statutory required contributions for each year.

NOTE G - OPERATING LEASES

The Hospital leases equipment under operating leases with related rentals charged to operations as incurred. Total rent expense for 2012 and 2011 was approximately \$305,000 and \$224,000, respectively.

NOTE H - RISK MANAGEMENT

The Hospital is insured for professional liability under a comprehensive hospital liability policy provided by an independent insurance carrier with limits of \$200,000 per occurrence up to an annual aggregate of \$600,000 for all claims made during the policy year. The Hospital is further covered by the Kansas Health Care Stabilization Fund for claims in excess of its comprehensive hospital liability policy up to \$800,000 pursuant to any one judgment or settlement against the Hospital for any one party, subject to an aggregate limitation for all judgments or settlements arising from all claims made in the policy year in the amount of \$2,400,000. The policy provided by an independent insurance carrier also provides for umbrella liability in excess of the underlying limits set forth above in the amount of \$1,000,000 per occurrence with an aggregate in any one policy year of \$1,000,000. All coverage is on a claims-made basis. The Hospital renewed this coverage in January 2013 for a one-year term. Claims have been asserted which are being defended by the insurance company's legal counsel. Management is vigorously defending these asserted claims and believes that any potential liability will be covered by insurance and not material to the financial statements.

NOTE I - DEPOSITS WITH FINANCIAL INSTITUTIONS

Kansas statutes authorize the Hospital, with certain restrictions, to deposit or invest in open accounts, time deposits, certificates of deposit, repurchase agreements, the State Treasurer's municipal investment pool, and U.S. Treasury bills and notes. Statutes also require that financial institutions pledge securities with a market value equal to total deposits, in excess of F.D.I.C. coverage at any given time, and the securities pledged be deposited with a Kansas state or national bank or trust company, the Federal Reserve Bank, the Federal Home Loan Bank, or the Kansas State Treasurer.

The carrying amount of the Hospital's deposits with financial institutions including repurchase agreements was \$4,965,095 and the bank balance was \$5,088,326 at December 31, 2012. The bank balance is categorized as follows at December 31, 2012:

Amount insured by the F.D.I.C., or collateralized with securities held by the Hospital in the Hospital's name

\$ 849,026

Uncollateralized (collateralized with securities held in safekeeping under joint custody receipts by an authorized depository other than the pledging financial institution's trust department but not in the Hospital's name)

4,239,300

\$ 5,088,326

NOTE J - CONCENTRATION OF CREDIT RISK

The Hospital is located in Winfield, Kansas. The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors is as follows:

		2012	2011
Medicare Medicaid Blue Cross Commercial Self-pay	insurance	25% 7 14 19 35	29% 9 16 20 26
		100%	100%

NOTE K - COMMITMENTS AND CONTINGENCIES

The Hospital sponsors a self-funded Employee Group Benefit Trust (EGBT) for the benefit of its employees. The Hospital deposits funds into the EGBT monthly and pays claims submitted on behalf of its employees. The EGBT purchases reinsurance to cover claims in excess of specific limits. Since the assets of the EGBT are not controlled by the Hospital and are held for the sole benefit of its employees, the assets and related liabilities are not included in the Hospital's financial statements. At December 31, 2012, the EGBT had total assets of \$719,578 with which to pay claims.

In addition to the risk disclosed elsewhere in these financial statements and notes thereto, the Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The Hospital purchases commercial insurance for these risks. Settled claims have not exceeded this commercial coverage in any of the past three years.

NOTE L - RELATED PARTY TRANSACTIONS

William Newton Memorial Hospital Foundation is a component unit of the Hospital (see Note A2). The Hospital employs the Foundation director and staff and provides office space to the Foundation at no cost. The Foundation also periodically transfers funds to the Hospital to support the Hospital's mission. During 2012 and 2011, the Foundation transferred \$209,421 and \$332,353 to the Hospital for the purchase of equipment, capital improvements to patient rooms, and physician recruiting.

NOTE M - RESTRICTED NET ASSETS

When a donor specifies the purpose of a contribution, the contribution and related income is recorded as either temporarily restricted or permanently restricted according to the donor's request. If the Foundation receives a gift that does not specify a restriction, the Foundation records the gift as unrestricted.

The Foundation's net assets include permanent endowments, the income from which is to accumulate to enable the Foundation to provide continuing support to the Hospital. As required by generally accepted accounting principles, net assets associated with the endowment funds are classified and reported based on the existence of donor-imposed restrictions.

The Board of Trustees has interpreted the Kansas Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the 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 (a) the original value of gifts donated to the permanent endowments, (b) the original value of subsequent gifts to the permanent endowments, and (c) accumulations to the permanent endowments made in accordance with the direction of the applicable donor gift instrument at the

NOTE M - RESTRICTED NET ASSETS - Continued

time the accumulation is added to the funds. The remaining portion of the donor-restricted endowment funds is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Board of Trustees in a manner consistent with the standard of prudence prescribed by UPMIFA.

It is the policy of the board to manage its investment in a prudent manner consistent with good stewardship, yet striving to enhance its return on the available funds. To assist in accomplishing this objective, the board has established an asset allocation policy, engages a professional investment advisor, and monitors the investments and investment returns.

If the fair value of assets associated with donor-restricted funds falls below the level that the donor or UPMIFA requires the Foundation to retain as permanently restricted, such deficiencies are reported in unrestricted net assets. At December 31, 2012, no such deficiencies existed.

NOTE N - SUBSEQUENT EVENTS

Management has reviewed subsequent events through the date of the independent accountant's report, which is the date the financial statements were available to be issued.