

**CIBOLA GENERAL  
HOSPITAL CORPORATION**

**FINANCIAL STATEMENTS**

**JUNE 30, 2015**

**CIBOLA GENERAL  
HOSPITAL CORPORATION**

**TABLE OF CONTENTS**

Official Roster	1
Independent Auditor's Report	2
Management's Discussion and Analysis	4
<b>FINANCIAL STATEMENTS</b>	
Statements of Net Position	9
Statements of Revenues, Expenses and Changes in Net Position	10
Statements of Cash Flows	11
Notes to Financial Statements	13
<b>SUPPLEMENTARY INFORMATION (AUDITED)</b>	
Schedule of Revenues, Expenses and Changes in Net Position- Budget and Actual (2015)	26
Schedule of Revenues, Expenses and Changes in Net Position- Budget and Actual (2014)	27
<b>NM STATE AUDITOR'S SUPPLEMENTARY INFORMATION</b>	
Schedule of Pledged Collateral	28
Schedule of Individual Deposit and Investment Accounts	29
Schedule of Vendor Information	30
<b>Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i></b>	32
<b>Schedule of Findings and Responses</b>	34
<b>Summary of Prior Audit Findings</b>	35
<b>Exit Conference</b>	36

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**June 30, 2015**

**Official Roster**

**Board of Trustees**

Ron Ortiz, Chairperson  
Bob Tenequer, Vice Chairperson  
Paul Milan, Treasurer  
Nestor Griego, Secretary  
Karl Gutierrez, MD, Chief of Medical Staff  
Carlos Tapia, Member  
Judy Martinez, Member  
Chase Elkins, Member  
Lloyd Felipe, Member

**Principal Employees**  
**(Employed through Quorum Health Resources)**

Bob Phillips, Interim Chief Executive Officer  
J.F. Rimel Assistant Administrator and CFO

**Independent Auditor's Report**

To the Board of Trustees  
Cibola General Hospital Corporation  
Grants, New Mexico  
and  
Timothy Keller, State Auditor

**Report on the Financial Statements**

We have audited the accompanying financial statements of Cibola General Hospital Corporation (the "Hospital"), a component unit of Cibola County (the County"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents. We have also audited the budget comparison schedule for the year ended June 30, 2015, presented as supplementary information, as defined by the Governmental Accounting Standards Board.

**Management's Responsibility for the Financial Statements**

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

**Auditor's Responsibility**

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

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

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

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Hospital as of June 30, 2015, and the changes in its financial position and cash flows, and the respective budget comparison schedule for the year then ended in accordance with accounting principles generally accepted in the United States of America.

## **Other Matters**

### *Prior Year Auditor's Report*

The financial statements of the Hospital as of June 30, 2014, were audited by other auditors whose report dated November 5, 2014, expressed an unmodified opinion.

### *Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

### *Other Information*

Our audit was conducted for the purpose of forming opinions on the basic financial statements and the budget comparison schedule that collectively comprise the Hospital's financial statements as a whole. The accompanying schedules of pledged collateral, individual deposit and investment accounts, and schedule of vendor information, as required by Section 2.2.2 NMAC, are presented for purposes of additional analysis and are not required parts of the basic financial statements.

Such information is the responsibility of management and was derived from and relate directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

### *Other Information*

The Schedule of Vendor Information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 9, 2015, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

### ***Ricci & Company LLC***

Albuquerque, New Mexico  
October 9, 2015

**CIBOLA GENERAL HOSPITAL CORPORATION  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED JUNE 30, 2015**

**Introduction**

This section of the financial report presents management's discussion and analysis of Cibola General Hospital Corporation (the "Hospital") financial performance during the fiscal year that ended June 30, 2015. This section presents comparative information and balances for the years ended June 30, 2015, 2014 and 2013. Please read it in conjunction with the Hospital's basic financial statements, which follow this section.

**Financial Highlights**

- ◆ Current assets increased by \$3,538,445 in 2015 and decreased by \$1,636,573 in 2014, or 16% and -7%, respectively.
- ◆ Assets limited as to use increased by \$432,102 in 2015 and \$4,522,488 in 2014, or 6% and 167%, respectively.
- ◆ The Hospital's net position increased by \$3,421,395 in 2015 and \$4,099,292 in 2014, or 9% and 12%, respectively.
- ◆ The Hospital reported an operating income in 2015 of \$2,154,608, which represents a decrease of \$573,307, or 21%, compared to the operating income reported in 2014.
- ◆ Net nonoperating revenues decreased by \$104,590 or 8% in 2015, compared to an increase of \$75,209 or 6% in 2014.

**Using This Annual Report**

The Hospital's financial statements consist of three statements: balance sheets; statements of revenues, expenses and changes in net position; and statements of cash flows. These statements provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by creditors, contributors, grantors or enabling legislation. The Hospital is accounted for as a business-type activity and presents its financial statement using the economic resources measurement focus and the accrual basis of accounting.

**The Balance Sheets and Statements of Revenues, Expenses and Changes in Net Position**

One of the most important questions asked about any Hospital's finances is, "Is the Hospital as a whole better or worse off as a result of the year's activities?" The balance sheets and the statements of revenues, expenses and changes in net position report information about the Hospital's resources and its activities in a way that helps answer this question.

These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

**CIBOLA GENERAL HOSPITAL CORPORATION  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED JUNE 30, 2015**

These two statements report the Hospital's net position and changes in them. The Hospital's total net position, the difference between assets and liabilities, is one measure of the Hospital's financial health or financial position. Over time, increases or decreases in the Hospital's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Hospital's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients and local economic factors should also be considered to assess the overall financial health of the Hospital.

**The Statements of Cash Flows**

The statements of cash flows report cash receipts, cash payments, and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for, and what was the change in cash and cash equivalents during the reporting period.

**The Hospital's Net Position**

The Hospital's net position is the difference between its assets and liabilities reported in the balance sheets. The Hospital's net position increased in 2015 by \$3,421,395, or 9%, and increased in 2014 by \$4,099,292 or 12%, as shown in the following table:

	2015	2014	2013
Current assets	<u>\$ 25,084,338</u>	\$ 21,545,893	\$ 23,182,466
Capital assets, net	<u>10,561,785</u>	11,609,974	10,601,155
Assets limited as to use	<u>7,665,488</u>	7,233,386	2,710,898
Total assets	<u>\$ 43,311,611</u>	<u>\$ 40,389,253</u>	<u>\$ 36,494,519</u>
Current liabilities	<u>\$ 2,387,398</u>	<u>\$ 2,886,435</u>	<u>\$ 3,090,993</u>
Net position			
Net investment in capital assets	<u>10,561,785</u>	11,609,974	10,601,155
Unrestricted	<u>30,362,428</u>	25,892,844	22,802,371
Total net position	<u>40,924,213</u>	37,502,818	33,403,526
Total liabilities and net position	<u>\$ 43,311,611</u>	<u>\$ 40,389,253</u>	<u>\$ 36,494,519</u>

**CIBOLA GENERAL HOSPITAL CORPORATION  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED JUNE 30, 2015**

The increase in net position of \$3,421,395 in 2015, as opposed to the increase of \$4,099,292 in 2014, was due primarily to lower operating revenue in 2015 than in 2014. This in turn is due mainly to a decline in Sole Community Provider Funds, offset by increased Net patient service revenues.

**Operating Results and Changes in the Hospital's Net Position**

The Hospital's operating income in 2015 was \$2,154,608, a 21% decrease in the operating income compared to 2014 results. In 2014, the operating income was \$2,727,915. This compares to 2013 operating income of \$4,006,773. These results are shown in the following table:

	2015	2014	2013
Net patient service revenues	\$ 25,552,829	\$ 24,173,954	\$ 24,854,335
Sole community provider	-	2,459,947	2,909,785
Safety net care pool	401,524	418,812	-
Other revenue	<u>1,288,653</u>	<u>335,394</u>	<u>182,626</u>
Total operating revenue	<u>27,243,006</u>	<u>27,388,107</u>	<u>27,946,746</u>
Salaries, wages, payroll taxes and benefits	13,681,288	13,424,671	13,003,672
Purchased services and other	4,500,348	4,556,117	4,342,314
Depreciation	1,383,180	1,214,196	1,035,220
Other operating expenses	<u>5,523,582</u>	<u>5,465,208</u>	<u>5,558,767</u>
Total operating expenses	<u>25,088,398</u>	<u>24,660,192</u>	<u>23,939,973</u>
Operating income	<u>2,154,608</u>	2,727,915	4,006,773
Ad Valorem taxes	1,278,315	1,310,975	1,234,057
Other revenues	2,161	4,030	4,450
Interest income	137,150	96,966	79,085
Other expenses	<u>(150,839)</u>	<u>(40,594)</u>	<u>(21,424)</u>
Total nonoperating revenue (expense), net	<u>1,266,787</u>	<u>1,371,377</u>	<u>1,296,168</u>
Change in net position	<u>3,421,395</u>	<u>4,099,292</u>	<u>5,302,941</u>
Net position, beginning of year	<u>37,502,818</u>	<u>33,403,526</u>	<u>28,705,537</u>
Net position, end of year	<u>\$ 40,924,213</u>	<u>\$ 37,502,818</u>	<u>\$ 34,008,478</u>



**CIBOLA GENERAL HOSPITAL CORPORATION  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED JUNE 30, 2015**

Operating Income

The first component of the overall change in the Hospital's net position is its operating income or loss – the difference between net patient service and other operating revenues and the expenses incurred to perform those services. The Hospital reported an operating income in 2015 of \$2,154,608, a decrease of \$573,307 compared to the 2014 operating income of \$2,727,915. The primary components of the decrease in operating results in 2015 from 2014 are as follows:

- ◆ Increase in net patient service revenue of \$1,378,875, or 6%, was due to a combination of increase patient volumes and annual fee increases.
- ◆ After receiving these funds for many years, the Hospital lost the Sole Community Provider (SCP) funding when the program ended on December 31, 2013. The reduction from 2014 to 2015 was approximately \$2.5 million. SCP was replaced with Safety Net Care Pool Program that was created to offset some of the loss from the SCP Program. Revenue related to this program was \$401,524 during the year ended June 30, 2015.
- ◆ The Hospital recorded \$1,152,888 due from Medicare for Electronic Health Record (EHR) "Meaningful Use" during 2015. These funds represent reimbursement to the Hospital for funds the Hospital has spent in meeting these objectives. The amount was calculated based on regulations passed by Congress in the HITECH Act and was based on the Hospital meeting the "meaningful use" criteria.
- ◆ Salaries and employee benefits increased \$256,617, or 2%, compared to the prior year. This was due primarily to annual, merit-based salary increases, and filling open positions.
- ◆ Purchased services and other decreased by \$55,769 in 2015, or 1%, due primarily to less need to pay "traveler" nurses in 2015 compared to the prior year.
- ◆ Depreciation expense increased in 2015 over 2014 by \$168,984 or 1%, due to a full year's depreciation on a number of "Meaningful Use" related assets placed into service near the end of the previous fiscal year.
- ◆ Total operating income for 2015 of \$2,154,608 was 8% of total operating revenue, compared to \$2,727,915 (10% of total operating revenue) in 2014, and 14% in 2013.

Nonoperating Revenues and Expenses

Nonoperating revenues and expenses, which consists primarily of Mil Levy funds, noncapital grants and gifts, interest income, and miscellaneous nonoperating expenses, decreased by \$104,590, or 8% in 2015 compared to 2014. The decrease was due mainly to a decrease in gains on disposal of obsolete fixed assets.

Cash Flows

Changes in the Hospital's cash flows are consistent with changes in operating results and nonoperating revenues and expenses for 2015, 2014 and 2013 discussed earlier.

**CIBOLA GENERAL HOSPITAL CORPORATION  
MANAGEMENT'S DISCUSSION AND ANALYSIS  
FOR THE YEAR ENDED JUNE 30, 2015**

**Capital Assets**

Capital Assets

At the end of 2015, the Hospital had \$10.6 million invested in capital assets, net of accumulated depreciation. In 2015, the Hospital invested approximately \$943 thousand for the purchase of capital equipment and renovation projects, of which approximately \$40 thousand were assets recorded in construction-in-progress in the prior year. Old, outdated capital assets of approximately \$677 thousand were disposed of during the year.

**Budgetary Highlights**

There were no budget modifications during fiscal year 2014. Total operating revenues were greater than budget by approximately \$1.8 million due primarily to higher Outpatient ancillary revenues. Operating expenses were 2% above budget, primarily due to greater than planned utilization of contract employees in nursing areas.

**Other Economic Factors**

The Hospital's service area is comprised of the entirety of Cibola County. Over 90% of our patients are County residents. The County population is approximately 27,000. Predictions are that the population will remain stable. Major employers are the local prisons, the school system, mining companies such as the Lee Ranch Mine, government, retailing, and the hospitality industry. With a diversity of employers, and with gradual but certain economic recovery, it is believed that the risk of loss of our patient base is low. As a Hospital, we are actively identifying opportunities to better serve the community. We understand that our proximity to our patient base is a key advantage. Current efforts in growing services are aimed at being the preferred provider for some who might travel to Albuquerque for many health care needs which might be met right here in Cibola County, as well as initiatives to improve overall population health.

**Contacting the Hospital's Financial Management**

This financial report is designed to provide the Hospital's Board of Trustees, customers, and the citizens of Cibola County with a general overview of the Hospital's finances and to show the Hospital's financial accountability. If you have any questions about this report or need additional financial information, contact:

J.F. Rimel  
Assistant Administrator and  
Chief Financial Officer  
Cibola General Hospital, Inc.  
1016 Roosevelt Ave,  
Grants, NM 87020  
505-287-5300

## FINANCIAL STATEMENTS

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**STATEMENTS OF NET POSITION**  
**Years Ended June 30, 2015 and 2014**

**ASSETS**

	<b>2015</b>	<b>2014</b>
Current Assets		
Cash and cash equivalents	\$ 6,533,626	8,147,080
Funds set aside for future capital acquisitions/ replacements - cash and cash equivalents	13,331,455	7,992,739
Receivables		
Patient accounts receivable, net of estimated doubtful accounts of \$1,295,873 in 2015 and \$838,636 in 2014	2,255,915	3,146,394
Safety net care pool	15,676	247,000
Ad valorem taxes receivable	-	132,445
Other receivables	1,153,828	-
Funds set aside for future capital acquisitions/ replacements - investments	1,300,000	1,400,000
Prepaid expenses	279,369	288,808
Inventories	214,469	191,427
	<hr/>	<hr/>
<b>Total current assets</b>	<b>25,084,338</b>	<b>21,545,893</b>
Funds set aside for future capital asset acquisitions/ replacements - investments	7,665,488	7,233,386
Capital assets, net	10,561,785	11,609,974
	<hr/>	<hr/>
<b>Total assets</b>	<b>\$ 43,311,611</b>	<b>40,389,253</b>
	<hr/> <hr/>	<hr/> <hr/>
<b>LIABILITIES AND NET POSITION</b>		
Current Liabilities		
Accounts payable	\$ 529,057	1,477,229
Accrued liabilities	1,268,930	1,048,486
Estimated third-party payor settlements	589,411	360,720
	<hr/>	<hr/>
<b>Total current liabilities</b>	<b>2,387,398</b>	<b>2,886,435</b>
	<hr/>	<hr/>
Net Position		
Net investment in capital assets	10,561,785	11,609,974
Unrestricted	30,362,428	25,892,844
<b>Total net position</b>	<b>40,924,213</b>	<b>37,502,818</b>
	<hr/>	<hr/>
<b>Total liabilities and net position</b>	<b>\$ 43,311,611</b>	<b>40,389,253</b>
	<hr/> <hr/>	<hr/> <hr/>

*See Notes to Financial Statements.*

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET POSITION**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
Operating Revenues		
Net patient service revenue	\$ 25,552,829	24,173,954
Sole community provider	-	2,459,947
Safety net care pool	401,524	418,812
Other revenue	1,288,653	335,394
<b>Total operating revenues</b>	<u>27,243,006</u>	<u>27,388,107</u>
Operating Expenses		
Salaries and wages	11,221,175	11,071,353
Payroll taxes and other	2,460,113	2,353,318
Purchased services and other	4,500,348	4,556,117
Supplies	2,247,784	2,201,474
Utilities, insurance, rentals and repairs	2,235,449	2,242,079
Professional fees	1,023,336	996,885
Depreciation and amortization	1,383,180	1,214,196
Other expense	17,013	24,770
<b>Total operating expenses</b>	<u>25,088,398</u>	<u>24,660,192</u>
<b>Operating income</b>	<u>2,154,608</u>	<u>2,727,915</u>
Nonoperating Revenues (Expenses)		
Ad valorem taxes	1,278,315	1,310,975
Interest income	137,150	96,966
Contributions	2,161	4,030
Loss on sale of capital assets	(162,802)	(26,618)
Unrealized investment gain (loss)	11,963	(13,976)
<b>Total nonoperating revenues (expenses), net</b>	<u>1,266,787</u>	<u>1,371,377</u>
<b>Change in net position</b>	<u>3,421,395</u>	<u>4,099,292</u>
Net position, beginning of year	<u>37,502,818</u>	<u>33,403,526</u>
<b>Net position, end of year</b>	<u>\$ 40,924,213</u>	<u>37,502,818</u>

*See Notes to Financial Statements.*

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**STATEMENTS OF CASH FLOWS**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
Cash Flows From Operating Activities		
Cash received from customers and third-party payors	\$ 27,439,672	29,650,736
Cash payments to suppliers	(10,765,261)	(10,316,516)
Cash paid for payroll, payroll taxes, and benefits	(13,681,288)	(13,341,046)
	<hr/>	<hr/>
<b>Net cash provided by operating activities</b>	<b>2,993,123</b>	<b>5,993,174</b>
	<hr/>	<hr/>
Cash Flows from Investing Activities		
Purchase of capital assets	(497,793)	(2,249,633)
Cash received from ad valorem taxes and other	1,412,921	1,182,560
Interest on investments	137,150	96,966
Purchase of certificates of deposit	(320,139)	(4,136,144)
	<hr/>	<hr/>
<b>Net cash provided (used) by investing activities</b>	<b>732,139</b>	<b>(5,106,251)</b>
	<hr/>	<hr/>
Increase in cash and cash equivalents	3,725,262	886,923
Cash and cash equivalents, beginning of year	16,139,819	15,252,896
	<hr/>	<hr/>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 19,865,081</b>	<b>16,139,819</b>
	<hr/> <hr/>	<hr/> <hr/>
Reconciliation of End of Year Cash and Cash Equivalents to Balance Sheet		
Cash and cash equivalents	\$ 6,533,626	8,147,080
Funds set aside for future capital asset acquisitions/ replacements - cash and cash equivalents	13,331,455	7,992,739
	<hr/>	<hr/>
<b>Cash and cash equivalents, end of year</b>	<b>\$ 19,865,081</b>	<b>16,139,819</b>
	<hr/> <hr/>	<hr/> <hr/>

*See Notes to Financial Statements.*

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**STATEMENTS OF CASH FLOWS - CONTINUED**  
**Years Ended June 30, 2015 and 2014**

	2015	2014
Reconciliation of Operating Income to Net Cash Provided by Operating Activities		
Operating income	\$ 2,154,608	2,727,915
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	5,451,533	4,505,647
Depreciation and amortization	1,383,180	1,214,196
Changes in operating assets:		
Patients accounts receivable	(4,561,054)	(4,756,334)
Other receivables	(1,153,828)	-
Sole community provider receivable	-	2,276,713
Safety net care pool	231,324	(247,000)
Prepaid expenses	9,439	133,417
Inventories	(23,042)	32,493
Estimated third-party settlements	-	310,685
Changes in operating liabilities:		
Accounts payable	(948,172)	(461,101)
Accrued liabilities	220,444	83,625
Unearned revenues	-	(187,802)
Estimated third-party settlements	228,691	360,720
<b>Net cash provided by operating activities</b>	<b>\$ 2,993,123</b>	<b>5,993,174</b>

*See Notes to Financial Statements.*

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 1. ORGANIZATION**

Cibola General Hospital Corporation (Hospital or Corporation) is a New Mexico not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (Code) and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Hospital is located in Grants, New Mexico. The primary interest of the Hospital is to provide medical services to the residents of Grants, Cibola County, and the surrounding area. The Hospital is a component unit of Cibola County (County) and the Board of County Commissioners appoints four out of nine members to the Board of Trustees of the Hospital. The Hospital does not have component units as defined by Governmental Accounting Standards Board (GASB) *Codification*, Section 2300.106(a)(2). The Hospital primarily earns revenues by providing inpatient, outpatient, and emergency care services to patients in the Cibola County area.

In June, 2015, the Hospital made formal application to the National Rural ACO organization to become part of an accountable care organization (ACO). This ACO will commence activity on January 1, 2016. This move will focus the Hospital and other ACO members on providing quality, patient centered care to the population within our service area. The Hospital believes this is a prudent move toward strengthening quality, cost effectiveness, and transparency of health care delivery.

The Hospital meets the criteria set forth in accounting principles generally accepted in the United States of America as promulgated by the Governmental Accounting Standards Board (GASB) for inclusion as a component unit of the County of Cibola (County) based on the financial accountability criteria as it relates to the following items: 1) while the agreement between the Hospital and the County does not directly address financial accountability, the County owns, and is obligated for the related debt, with respect to the building which the Hospital is entitled to use, for a quarterly fee and other consideration under the terms of the agreement and 2) the County assesses and remits to the Hospital a 4.25 mil property tax levy which was approved by the voters of Cibola County for the sole purpose of supporting the Hospital's operations.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the Hospital is presented to assist in the understanding of the Corporation's financial statements. The financial statements and notes are the representations of the Hospital's management who is responsible for their integrity and objectivity. The financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing accounting and financial reporting principles. The more significant of the Hospital's accounting policies are described below.

*Basis of Presentation.* The Hospital's financial statements have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, and liabilities from exchange and exchange-like transactions are recognized when the exchange takes place, while those from government-mandated non-exchange transactions (principally federal and state grants and county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific, government-mandated non-exchange transactions. Government-mandated non-exchange transactions that are not program-specific (such as county appropriations), ad valorem taxes, investment income, losses on sales of capital assets, changes in unrealized losses of certificate of deposit, and other income and expenses are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available. The Hospital prepares its financial statements as a business-type activity in conformity with applicable GASB pronouncements.



**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

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

*Risk Management.* The Corporation is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. The Corporation has obtained commercial insurance coverage to protect itself against such losses.

*Cash and Cash Equivalents.* The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. Cash and cash equivalents consist of checking accounts and a money market savings account maintained with local financial institutions, as well as cash on hand. Amounts whose use is limited by Board of Trustees designation or other arrangements under trust agreements are excluded from cash and cash equivalents. Certificates of deposit have original maturities in excess of three months and are not considered to be cash equivalents.

*Patient Accounts Receivable and Allowance.* Patient accounts receivable represent the amount billed but uncollected for services provided to patients. Such receivables are carried at the billed amount less estimates for contractual discounts and allowances as well as for doubtful accounts. Management determines the allowance for doubtful accounts by examining aging categories by payor and by using historical experience applied to the aging. Individual accounts receivable are written off when deemed uncollectible. Recoveries of patient accounts receivable previously written off are recorded when received. Delinquent status is based on how recently payments have been received. The Hospital does not accrue interest on past-due accounts.

Management believes that the allowances for doubtful accounts and contractual allowances are adequate. Because of the uncertainty regarding the ultimate collectability of patient accounts receivable, there is a possibility that recorded estimates of the allowance for doubtful accounts and contractual allowances may change by a material amount in the near term.

*Inventories.* Inventories, consisting primarily of pharmaceuticals and medical supplies, are stated at the lower of cost or market (first-in, first-out) basis.

*Assets Whose Use is Limited.* Assets limited as to use consist primarily of internally designated assets set aside by the Board of Trustees of the Corporation to purchase property and equipment as well as to offset the effects of increasing managed care penetration within the Hospital's service area. Such penetration typically results in reduced reimbursement levels. The Board of Trustees retains control over the internally designated assets and may, at its discretion, use the assets for other purposes.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

*Property and Equipment.* Acquisitions of property and equipment are recorded at cost when the useful life exceeds one year and \$5,000 in accordance with Section 12-6-10 NMSA 1978. Depreciation is provided over the estimated useful life of the asset and is computed using the straight-line method over the following useful lives.

Equipment	3-20 years
Buildings and land improvements	10-40 years

Equipment under capital lease obligations is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the accompanying statements of activities. Costs incurred for repair and maintenance are expensed as incurred.

Gifts of long-lived operating assets such as land, buildings, or equipment are reported as unrestricted support and are excluded from excess of revenues, gains, and other support over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Upon dissolution of the agreement between the Hospital and the County for any reason, all physical and tangible items of the Hospital will revert to the County.

*Compensated Absences.* Under the terms of employment, employees are granted paid time off (PTO) and Extended Illness Bank (EIB) in varying amounts. Employees accumulate PTO hours for subsequent use according to the length of continuous employment and within established maximum accrual limits, which may be paid out at separation of employment. EIB hours are not paid out at separation of employment. PTO may be accrued up to a maximum of 400 hours. Hours in excess of the maximum personal leave available are written off and are not payable to the employee.

When employees are terminated, they are compensated at their current hourly rate for accumulated unpaid PTO hours. All accumulated PTO is recorded as an expense and a liability in the Hospital's financial statements.

*Net Position.* The Hospital follows GASB Statement No. 63, *Financial Reporting of Deferred Outflows of Resources, Deferred Inflows of Resources, and Net Position*. Accordingly, the difference between assets, deferred outflows of resources, liabilities, and deferred inflows of resources, is referred to as net position. Net position is categorized as follows:

- Net Investment in Capital Assets - Is intended to reflect the portion of net position which is associated with capital assets less outstanding capital asset related debt, if any. The Hospital has no capital asset related debt at fiscal year-end.
- Restricted Net Position - Restricted net position results when constraints placed on an assets' use are either externally imposed by creditors, grantors, and contributions, or imposed by law through constitutional provisions or enabling legislation.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

- Unrestricted net position - Represents net position not otherwise classified as invested in capital assets or restricted net position.

*Change in Net Position.* The accompanying statements of revenues, expenses and changes in net position may include unrealized gains and losses on investments other than trading securities, transfers of assets 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).

*Net Patient Service Revenue.* The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and for other services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

*Mil Levy Taxes.* Mil levy taxes are collected by the County on behalf of the Hospital. They are considered imposed non-exchange transactions under Governmental Accounting Standards Board Statement No. 33, and therefore, are recorded by the Hospital in the period for which the taxes are levied, based on amounts reported by the County to the Hospital.

*Charity Care.* The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at any amount less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. In addition, the Hospital provides services to other medically indigent patients under various state and local government programs. Such programs pay amounts that are less than the cost of the services provided to the recipients.

*Donor Restricted Gifts.* Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. Gifts received with donor stipulations that limit the use of the donated assets are reported as restricted net position. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished by the Hospital, the net position is reclassified as unrestricted. Donor restricted contributions whose restrictions are met within the same year as received are reported as contributions and included in unrestricted net position in the accompanying financial statements.

*Income Taxes.* The Hospital is a not-for-profit corporation and has been recognized as tax-exempt under Code Section 501(c)(3) of the Internal Revenue Code. As such, its normal activities do not result in any income tax liability.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

*Budget Process.* The Hospital's budget is prepared on a basis consistent with generally accepted accounting principles (GAAP), using an estimate of the anticipated revenues and expenditures. Budgets are approved and amended by the Board of Trustees. Formal budgetary integration is employed as a management control device during the year. Since the Hospital is a proprietary entity and does not receive legislative appropriations, the budget is not a binding budget.

*Fair Value of Financial Instruments.* Financial instruments include various cash equivalents, receivables, and payables. The carrying amount of those financial instruments has been estimated by management to approximate fair value due to their short maturity.

*Concentrations of Credit and Market Risk.* Financial instruments that potentially expose the Hospital to concentrations of credit and market risk consist primarily of cash and cash equivalents and investments. Cash equivalents are maintained at high-quality financial institutions and credit exposure is limited at any one institution. The Hospital has not experienced any losses on its cash equivalents. The Hospital's investments do not represent significant concentrations of market risk since the Hospital's investment portfolio is adequately diversified among issuers.

*Reclassifications.* Certain accounts in the prior year financial statements have been reclassified for comparative purposes to conform to the presentation in the current year financial statements. The reclassifications have no effect on the changes in net position.

**NOTE 3. NET PATIENT SERVICE REVENUE**

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

*Medicare.* Inpatient acute care services are cost-based reimbursed, and outpatient services are reimbursed based upon a Medicare cost-based determined percentage of gross charges rates. Inpatient, non-acute services and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

*Medicaid.* Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audit thereof by the Medicaid fiscal intermediary.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 3. NET PATIENT SERVICE REVENUE (CONTINUED)**

Net revenue from the Medicare and Medicaid programs accounted for approximately 52% and 49% of the Hospital's net patient service revenue for the years ended June 30, 2015 and 2014, respectively. 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 will change by a material amount in the near term. Medicare and Medicaid cost reports for fiscal years 2011 and prior have been settled and the 2012, 2013, 2014 fiscal year Medicaid cost reports remain open. The 2015 cost reports have not been prepared. Management believes that estimated settlement amounts accrued for at June 30, 2015 are adequate to provide for the settlement of all open cost reports. Estimates are continually monitored and reviewed, and as settlements are made or more information becomes available to improve estimates, differences are reflected in current operations. Medicare and Medicaid cost report receivables (liabilities) are as follows:

	2015	2014
Medicare		
2013	\$ 301,615	301,615
2014	-	(683,232)
2015	(953,195)	-
	<u>(651,580)</u>	<u>(381,617)</u>
Medicaid		
2012	28,646	-
2013	20,897	20,897
2014	12,626	-
	<u>62,169</u>	<u>20,897</u>
Estimated third-party payor settlements	<u>\$ (589,411)</u>	<u>(360,720)</u>

As of June 30, 2015, in addition to \$589,411 the Hospital also recorded general reserves related to third-party settlements. These reserves were \$30,946 for Medicare and \$516,000 for Medicaid and were included in the net patient account receivable balance on the balance sheet.

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

Net patient service revenue consists of the following at June 30:

	2015	2014
Gross charges		
Inpatient gross charges	\$ 15,519,105	16,355,881
Outpatient gross charges	44,343,095	39,465,233
	<u>59,862,200</u>	<u>55,821,114</u>
Less:		
Third-party contractual discounts and allowances	29,764,201	25,484,543
Unsponsored charges, including charity care	4,545,170	6,162,617
	<u>34,309,371</u>	<u>31,647,160</u>
<b>Net patient service revenue</b>	<u>\$ 25,552,829</u>	<u>24,173,954</u>

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 3. NET PATIENT SERVICE REVENUE (CONTINUED)**

*Sole Community Provider Indigent Care Program (SCP)* - The Hospital, due to its isolated location and service to indigent patients, participated in a sole community provider indigent care program that was administered by the State of New Mexico. The program was funded by the County by way of an intergovernmental transfer, which paid the County's share amount to the State that was required to draw down federal monies. The supplemental payments were based on service to indigent and Medicaid patients as well as consideration of the Hospital's Medicaid contractual write-offs. Revenues from the SCP program were approximately \$0 and \$2.5 million for fiscal years 2015 and 2014, respectively. The SCP program was terminated and replaced with the Safety Net Care Pool Program at December 31, 2013.

*Safety Net Care Pool Program (SNCP)* – Senate Bill 314 amended and repealed various sections of existing statute to comply with federally approved changes to the Sole Community Provider Fund. The law provides for a county-imposed tax of one-twelfth percent of gross receipts be permanently transferred to the “Safety Net Care Pool Fund” and expended pursuant to the Indigent Hospital and County Health Care Act. The law allows counties to budget for expenditures on ambulance services, burial expenses, and hospital or medical expenses for indigent residents of their county. The law requires that qualifying hospitals receiving payment from the Safety Net Care Pool file a quarterly report on all indigent health care funding with the Human Services Department (HSD) and the County Commission, and the HSD to submit a quarterly report to the Legislative Finance Committee containing the previous quarter's Safety Net Care Pool Fund receipts and the disposition of funds. Revenues from the SNCP were approximately \$402 and \$418 thousand for the years ended June 30, 2015 and 2014, respectively, of which approximately \$16 and \$247 thousand were due to the Hospital at June 30, 2015 and 2014 respectively.

All SNCP hospitals are to complete an application to the State by December 31, 2015 for funding based upon 2014 indigent costs. State funding for SNCP is currently limited. With recent expanded Medicaid eligibility and a Medicaid rate increase, the amount allocable to a hospital may decrease. Prior overpayments to a hospital could be recouped once the State makes a determination of the amount. Accordingly, the Hospital has established an allowance for possible repayment.

**NOTE 4. CASH, CASH EQUIVALENTS, AND FUNDS SET ASIDE FOR FUTURE CAPITAL ASSET ACQUISITIONS/REPLACEMENTS**

*Cash and Cash Equivalents.* Custodial credit risk is the risk that in the event of a bank failure, the Hospital's deposits may not be returned to it. In accordance with Section 6-10-17, NMSA, 1978 compilation, the Hospital is required to obtain collateral in an amount equal to one-half of the deposited public money in excess of \$250,000 and 102 percent for repurchase agreements. The Hospital's policy is to require collateral in accordance with state statutes. As of June 30, 2015, the Hospital was in compliance with the state statutes.

As of June 30, 2015, the Hospital had deposits with a bank balance of \$28,780,037 which were all properly collateralized in accordance with state statute. The remainder of the \$8,574,386 uninsured and uncollateralized amount, while subject to custodial credit risk, does not fall out of compliance with the applicable State regulations.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 4. CASH, CASH EQUIVALENTS, AND FUNDS SET ASIDE FOR FUTURE CAPITAL ASSET ACQUISITIONS/REPLACEMENTS (CONTINUED)**

As of June 30, 2014, the Hospital had deposits with a bank balance of \$25,031,308. The Hospital was non-compliant with state statutes because collateral obtained for deposits at two financial institutions were less than required by \$83,975. The remainder of the \$7,920,340 uninsured and uncollateralized amount, while subject to custodial credit risk, did not fall out of compliance with the applicable State regulations.

On June 4, 2014, the Hospital was designated as a beneficiary by a bank on a Line-of-Credit (LOC) issued by a Federal Home Loan Bank in the amount of up to \$1,250,000 to secure uninsured deposits. The LOC expires on June 1, 2016 and as of June 30, 2015, it has not been drawn on.

*Funds Set Aside for Future Capital Asset Acquisitions/Replacements*

Funds set aside for future capital asset acquisitions/replacements are stated at fair value (which approximates cost) and are comprised of the following at June 30:

	2015	2014
Certificates of deposit	\$ 8,971,000	8,650,861
Deposits and money market	13,331,455	7,992,739
Interest receivable	(5,512)	(17,475)
<b>Total funds set aside for future capital asset acquisitions/replacements</b>	<b>\$ 22,296,943</b>	<b>16,626,125</b>

At June 30, 2015 the Hospital had deposits and investments with the following maturities:

	Maturities in years				
	Fair Value	Less Than 1	1-5	6-10	More Than 10
CD's	\$ 8,965,488	1,300,000	7,665,488	-	-
Deposits	13,331,455	13,331,455	-	-	-
<b>Total</b>	<b>\$ 22,296,943</b>	<b>14,631,455</b>	<b>7,665,488</b>	<b>-</b>	<b>-</b>

At June 30, 2014 the Hospital had deposits and investments with the following maturities:

	Maturities in years				
	Fair Value	Less Than 1	1-5	6-10	More Than 10
CD's	\$ 8,633,386	1,400,000	7,233,386	-	-
Deposits	7,992,739	7,992,739	-	-	-
<b>Total</b>	<b>\$ 16,626,125</b>	<b>9,392,739</b>	<b>7,233,386</b>	<b>-</b>	<b>-</b>

*Interest Rate Risk* - As a means of limiting its exposure to fair value losses arising from rising interest rates, the Hospital's practice is to invest in certificates of deposits with maturities of less than five years.

*Custodial Credit Risk* - For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Hospital will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party.

*Concentration of Credit Risk* - The Hospital places no limit on the amount that may be invested in any one issuer.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 4. CASH, CASH EQUIVALENTS, AND FUNDS SET ASIDE FOR FUTURE CAPITAL ASSET ACQUISITIONS/REPLACEMENTS (CONTINUED)**

Reconciliation to Balance Sheets

The carrying values of cash, cash equivalents, and funds set aside for future capital asset acquisitions/replacements are included in the balance sheets as follows:

	2015	2014
Carrying value		
Deposits	\$ 19,555,499	16,139,039
Certificates of deposit	8,965,488	8,633,386
Money market	308,802	-
Petty cash	780	780
	<u>\$ 28,830,569</u>	<u>24,773,205</u>
Included in the following balance sheet captions		
Cash and cash equivalents	\$ 6,533,626	8,147,080
Funds set aside for future capital asset acquisitions/ replacements – cash and cash equivalents	13,331,455	7,992,739
Funds set aside for future capital asset acquisitions/ replacements – investments	1,300,000	1,400,000
Funds set aside for future capital asset acquisitions/ Replacements - investments	7,665,488	7,233,386
	<u>\$ 28,830,569</u>	<u>24,773,205</u>

**NOTE 5. CAPITAL ASSETS**

The Hospital is a 501 (c)(3) not-for-profit corporation operating as a component unit of Cibola County. Consequently, the County holds title to certain assets capitalized on the Hospital balance sheets. The Hospital building and the Cibola Family Health Center building are utilized by the Hospital Corporation to provide patient care services, for the use of which, annual rental payment of \$338,000 is rendered by the Hospital Corporation to the County in quarterly increments of \$84,500. This amount is agreed upon by the respective County and Hospital Corporation governing bodies, and is subject to change when the County – Hospital Corporation Agreement is up for renewal.



**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 5. CAPITAL ASSETS (CONTINUED)**

Capital asset activity of the Hospital for the years ended June 30 was as follows:

	2015				
	Beginning Balance	Additions	Disposals and Retirements	Transfers	Ending Balance
<i>Capital assets not being depreciated</i>					
Land	\$ 128,777	-	-	-	128,777
Construction in progress	664,437	-	-	(451,465)	212,972
Total capital assets not being depreciated	793,214	-	-	(451,465)	341,749
<i>Capital assets being depreciated</i>					
Buildings & leasehold improvements	9,346,930	37,240	(11,267)	-	9,372,903
Equipment	7,943,272	912,018	(665,474)	-	8,189,816
Total capital assets being depreciated	17,290,202	949,258	(676,741)	-	17,562,719
<i>Less accumulated depreciation for</i>					
Building & leasehold improvements	2,068,414	440,594	(8,556)	-	2,500,452
Equipment	4,405,028	942,586	(505,381)	-	4,842,233
Total accumulated depreciation	6,473,442	1,383,180	(513,937)	-	7,342,685
Total capital assets being depreciated, net	10,618,760	(433,922)	(162,804)	-	10,220,034
<b>Total capital assets, net</b>	<b>\$11,609,974</b>	<b>(433,922)</b>	<b>(162,804)</b>	<b>(451,465)</b>	<b>10,561,783</b>

	2014				
	Beginning Balance	Additions	Disposals and Retirements	Transfers	Ending Balance
<i>Capital assets not being depreciated</i>					
Land	\$ 128,777	-	-	-	128,777
Construction in progress	430,715	664,437	-	(430,715)	664,437
Total capital assets not being depreciated	559,493	664,437	-	(430,715)	793,214
<i>Capital assets being depreciated</i>					
Buildings & leasehold improvements	9,337,088	314,013	-	(304,171)	9,346,930
Equipment	7,206,686	1,271,183	(1,269,483)	734,886	7,943,272
Total capital assets being depreciated	16,543,774	1,585,196	(1,269,483)	430,715	17,290,202
<i>Less accumulated depreciation for</i>					
Building & leasehold improvements	1,663,684	404,730	-	-	2,068,414
Equipment	4,838,427	809,466	(1,242,865)	-	4,405,028
Total accumulated depreciation	6,502,111	1,214,196	(1,242,865)	-	6,473,442
Total capital assets being depreciated, net	10,041,663	371,000	(26,618)	430,715	10,816,760
<b>Total capital assets, net</b>	<b>\$10,601,155</b>	<b>1,035,437</b>	<b>(26,618)</b>	<b>-</b>	<b>11,609,974</b>

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 6. ACCRUED LIABILITIES**

Accrued liabilities consist of the following:

	2015	2014
Accrued compensated absences	\$ 474,698	490,486
Accrued wages	413,967	355,227
Accrued payroll taxes	167,866	153,189
Other	212,399	49,584
<b>Total accrued liabilities</b>	<u>\$ 1,268,930</u>	<u>1,048,486</u>

A schedule of changes in the Hospital's accrued compensated absences for the years ended June 30, is as follows:

2015				Amounts
Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
\$ 490,486	587,929	603,717	474,698	474,698

2014				Amounts
Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
\$ 507,996	569,223	586,733	490,486	490,486

**NOTE 7. AD VALOREM TAXES**

Pursuant to New Mexico law adopted in 1980 and amended in 1981 allowing counties to provide expanded tax support to qualified hospitals, the voters of Cibola County approved an ad valorem tax in 2011. The Hospital recorded \$1,278,315 and \$1,310,975 in the years June 30, 2015 and 2014, respectively, in ad valorem taxes. The amounts were used in accordance with the provisions of the ad valorem tax referendum. The Hospital receives ad valorem taxes from the Treasurer of Cibola County. The County serves as the intermediary collecting agency and remits the Hospital's share of ad valorem tax collections. The Hospital does not maintain records of ad valorem taxes receivable by the individual taxpayer.

Ad valorem taxes are levied on November 1 based on the assessed value of property as listed on the previous January 1<sup>st</sup> and are due in two payments by November 10<sup>th</sup> and April 10<sup>th</sup>. The taxes attach as an enforceable lien on property thirty (30) days thereafter, at which time they become delinquent.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 8. COMMITMENTS AND CONTINGENCIES**

*Operating Leases.* The Hospital has agreed, as part of a settlement with the County of Cibola, to a five-year lease agreement, with an additional five-year renewal with the consent of both parties, for the use of the Hospital facility effective February 20, 2014 with an annual lease amount of \$338,000. The Hospital also leases various equipment under operating leases expiring at various dates through 2021. Total lease expense in 2015 and 2014 was \$465,829 and \$397,648, respectively.

The following schedule details future minimum lease payments as of June 30, 2015, for operating leases with initial or remaining lease terms in excess of one year:

Year Ending June 30,	
2016	\$ 456,830
2017	459,165
2018	441,388
2019	287,023
2020	45,918
Thereafter	<u>39,016</u>
	<u>\$ 1,729,340</u>

*Healthcare Regulatory Environment* – The healthcare industry is subject to laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, government healthcare participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse. The government continues to conduct reviews and investigations of allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayment for patient services previously billed.

Management believes the Hospital is in compliance with fraud and abuse statutes as well as other applicable laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

The Health Insurance Portability and Accountability Act (HIPAA) was enacted August 21, 1996, to assure health insurance portability, guarantee security and privacy of health information, enforce standards for health information and establish administrative simplification provisions. Under the Health Information Technology for Economic and Clinical Health (HITECH) Act, several of the HIPAA security and privacy requirements have been expanded, including business associates being subject to civil and criminal penalties and enforcement proceedings for violations of HIPAA. Management believes that the Hospital is in compliance with all applicable provisions of HIPAA and HITECH.

*Regulatory Audits.* The Hospital is involved in standard regulatory audits arising in the ordinary course of business. While the ultimate outcome of these matters is not presently determinable, it is the opinion of management that the resolution of the outstanding audits will not have a material adverse effect on the financial position or results of operations of the Hospital.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**NOTES TO FINANCIAL STATEMENTS**  
**June 30, 2015 and 2014**

**NOTE 8. COMMITMENTS AND CONTINGENCIES (CONTINUED)**

*Medical Malpractice Claims.* The Hospital purchases medical malpractice insurance under a claims-made policy on a fixed premium basis. Accounting principles generally accepted in the United States of America require a healthcare provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claim experience, no such accrual has been made. It is reasonably possible that this estimate may change in the near term.

*Litigation.* In the ordinary course of business, claims alleging malpractice and other matters may have been filed against the Hospital. Claims may also be filed for incidents that have occurred, including some of which the Hospital is not presently aware. It is not possible to estimate the likelihood and amount of such potential claims. The Hospital has purchased a commercial insurance policy on a claims-made basis for coverage of its professional liability expense. Losses under this policy have not exceeded the coverage limits for the years ended June 30, 2015 and 2014. Certain malpractice claims have been asserted against the Hospital by various claimants. The claims are in various stages of processing and some may ultimately be brought to trial. In the opinion of legal counsel, the outcome of these actions will not have a significant effect on the financial position or the operating results of the Hospital.

**NOTE 9. DEFINED CONTRIBUTION RETIREMENT PLAN**

The Hospital has a 403(b) Plan (the "Plan") to provide retirement and incidental benefits for its employees. The Plan allows eligible employees to defer a portion of their annual compensation pursuant to Section 403(b) of the Internal Revenue Code. The Hospital matches 50% of an employee's contributions subject to IRS per-employee dollar limits. All matching contributions vest 20% each year for five years. In addition, the Plan provides for discretionary contributions as determined by the Board of Trustees. The Plan does not have stand-alone financial reports available for the public. Company matching contributions to the Plan totaled \$149,625 and \$207,953 in 2015 and 2014, respectively.

**NOTE 10. CONCENTRATION OF CREDIT RISK**

*Receivables.* The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. Management believes that estimates made for the allowance for doubtful accounts are adequate.

Because of the uncertainty regarding the ultimate collectability of patient accounts receivable, there is at least a reasonable possibility that recorded estimates of the allowance for doubtful accounts will change by a material amount in the near term.

The Hospital recognizes that revenue and receivables from government agencies are significant to its operations, however does not believe that there are any significant credit risks associated with these governmental agencies. The mix of receivables from patients and third-party payors at June 30 was as follows:

	2015	2014
Medicare	23%	28%
Medicaid	32%	20%
Commercial insurance	9%	11%
All other payors	36%	41%
	<u>100%</u>	<u>100%</u>

**CIBOLA GENERAL HOSPITAL CORPORATION  
SCHEDULE OF REVENUES, EXPENSES AND CHANGES IN  
NET POSITION - BUDGET AND ACTUAL  
FOR THE YEAR ENDED JUNE 30, 2015**

	Budgeted Amounts			Variance with Final Budget - Favorable (Unfavorable)
	Original	Final	Actual	
<b>Operating Revenue</b>	\$ 25,458,901	25,458,901	27,243,006	1,784,105
<b>Operating Expenses</b>				
Salaries and wages	12,133,738	12,133,738	11,221,175	912,563
Purchased services	4,135,676	4,135,676	4,500,353	(364,677)
Payroll taxes and benefits	2,555,118	2,555,118	2,460,112	95,006
Utilities, insurance, rentals and repairs	2,415,430	2,415,430	2,235,451	179,979
Supplies and other	2,049,961	2,049,961	2,264,790	(214,829)
Depreciation and amortization	1,444,260	1,444,260	1,383,179	61,081
Professional fees	1,017,370	1,017,370	1,023,338	(5,968)
Total operating expenses	25,751,553	25,751,553	25,088,398	663,155
Operating income	(292,652)	(292,652)	2,154,608	2,447,260
<b>Nonoperating Revenue (Expense), Net</b>	1,381,882	1,381,882	1,266,787	(115,095)
Change in net position	\$ 1,089,230	1,089,230	3,421,395	2,332,165
Net position, beginning of year			37,502,818	
Net position, end of year			\$ 40,924,213	

**Note to Schedule**

Annual budgets are adopted as required by New Mexico statutes. Formal budgetary integration is employed as a management control device during the year. Budgets are adopted on a basis that is consistent with accounting principles generally accepted in the United States of America.

This is for informational purposes only because the Hospital is a proprietary entity and does not receive legislative appropriations; therefore, the budget is not a binding budget.

**CIBOLA GENERAL HOSPITAL CORPORATION**  
**SCHEDULE OF REVENUES, EXPENSES AND CHANGES IN**  
**NET POSITION - BUDGET AND ACTUAL**  
**FOR THE YEAR ENDED JUNE 30, 2014**

	Budgeted Amounts			Variance with Final Budget - Favorable (Unfavorable)
	Original	Final	Actual	
<b>Operating Revenue</b>	\$ 27,132,797	27,132,797	27,388,107	255,310
<b>Operating Expenses</b>				
Salaries and wages	11,035,147	11,035,147	11,071,353	(36,206)
Purchased services	4,099,089	4,099,089	4,556,117	(457,028)
Payroll taxes and benefits	2,425,609	2,425,609	2,353,318	72,291
Utilities, insurance, rentals and repairs	2,189,481	2,189,481	2,242,079	(52,598)
Supplies and other	2,188,125	2,188,125	2,226,244	(38,119)
Depreciation and amortization	1,267,225	1,267,225	1,214,196	53,029
Professional fees	882,600	882,600	996,885	(114,285)
Total operating expenses	24,087,276	24,087,276	24,660,192	(572,916)
Operating income	3,045,521	3,045,521	2,727,915	(317,606)
<b>Nonoperating Revenue (Expense), Net</b>	1,344,386	1,344,386	1,371,377	26,991
Change in net position	\$ 4,389,907	4,389,907	4,099,292	(290,615)
Net position, beginning of year			33,403,526	
Net position, end of year			\$ 37,502,818	

**Note to Schedule**

Annual budgets are adopted as required by New Mexico statutes. Formal budgetary integration is employed as a management control device during the year. Budgets are adopted on a basis that is consistent with accounting principles generally accepted in the United States of America.

This is for informational purposes only because the Hospital is a proprietary entity and does not receive legislative appropriations; therefore, the budget is not a binding budget.

**CIBOLA GENERAL HOSPITAL CORPORATION  
SCHEDULE OF PLEDGED COLLATERAL  
FOR THE YEAR ENDED JUNE 30, 2015**

Account	Account Type	Wells Fargo Bank, NA	Bank of New Mexico	US Bank	Total
Operating Account	Checking	\$ 13,777,022	6,014,556	-	19,791,578
Operating Account	Money Market	308,802	-	-	308,802
Certificate of Deposits	CD	6,271,000	894,488	1,800,000	8,965,488
Total amount of deposit in bank		20,356,824	6,909,044	1,800,000	29,065,868
Less: FDIC insurance		6,021,000	250,000	250,000	6,521,000
Total uninsured public funds		14,335,824	6,659,044	1,550,000	22,544,868
Collateral requirement - 50% (Section 6-10-7)		\$ 7,167,912	3,329,522	775,000	11,272,434

Account	Maturity	CUSIP	Wells Fargo Bank, NA	Bank of New Mexico	Total
Pledged securities held by the Bank of New York Mellon from Wells Fargo; held in the name of the Hospital					
FN AJ3051	10/1/2041	3138AUL96	(1) \$ 361,066	-	361,066
FN AK1754	1/1/2042	3138E55Q7	(1) 289,746	-	289,746
FN AL0093	4/1/2026	3138EGC77	(1) 273,896	-	273,896
FN AQ5545	12/1/2042	3138MMET5	(1) 510,181	-	510,181
FN AQ8996	12/1/2042	3138MQ7J6	(1) 1,104	-	1,104
FN AQ8237	2/1/2043	3138MQEK5	(1) 137,825	-	137,825
FN AS0025	7/1/2043	3138W9A34	(1) 170,291	-	170,291
FN AB7579	1/4/2043	31417EM57	(1) 1,505,697	-	1,505,697
FN MA1003	3/1/2042	31418ADH8	(1) 12,178,518	-	12,178,518

Pledged securities held by Independent Bankersbank; held in the name of the Hospital

Chama VY ISD NONCALL FR	MUNI	4/1/2017	157670ED8	(2)	-	52,373	52,373
Gadsden NM ISD #6	MUNI	8/15/2020	362550MN2	(2)	-	306,399	306,399
Gallup Mckinley CNTY NM BQ GO	MUNI	8/1/2021	364010NW4	(2)	-	261,930	261,930
Gallup Mckinley CO NM SD #1 BQ GO	MUNI	8/1/2019	364010RH3	(2)	-	357,472	357,472
Grants & Cibola CNTYS NM SD	MUNI	10/15/2018	388240EZ2	(2)	-	516,110	516,110
Grants & Cibola CNTYS NM CALL	MUNI	10/15/2019	388240FA6	(2)	-	516,875	516,875
Los Lunas, NM SD #1 BQ GO	MUNI	7/15/2018	545562QE3	(2)	-	153,035	153,035
Central LA CMNTY SCH BQ CALL	MUNI	1/1/2025	153136BK1	(2)	-	485,433	485,433
Delaware OH PKS & REC BQ CALL	MUNI	12/1/2026	246213AS1	(2)	-	309,420	309,420
Harris CO TX CALL REV	MUNI	8/15/2026	414005BE7	(2)	-	568,280	568,280
Total pledged collateral					15,428,324	3,527,327	18,955,651
Amount over collateralized for 50% requirement					\$ 8,260,412	197,805	8,458,217

FHLBank (A Federal Home Loan Bank) - Line of Credit  
Investments at US Bank - total uninsured funds  
Required collateralization - 50% of uninsured portion  
Irrevocable Letter of Credit No 64387 (expires 6/4/2016)  
Amount over collateralized for 50% requirement

\$ 1,550,000  
775,000  
1,250,000  
\$ 475,000

- (1) U.S. Treasury or agency bond.  
(2) Municipal bond.

CIBOLA GENERAL HOSPITAL CORPORATION  
SCHEDULE OF INDIVIDUAL DEPOSIT AND INVESTMENT ACCOUNTS  
FOR THE YEAR ENDED JUNE 30, 2015

Depository	Account Name	Account Type	Bank Balance	Deposits in Transit	Outstanding Checks	Book Balance
Wells Fargo	Operating	Checking	\$ 13,777,022	-	553,679	13,223,343
Wells Fargo	Operating	Money Market	308,802	-	-	308,802
Wells Fargo	Payroll	Checking	-	317,600	-	317,600
Bank of New Mexico	Operating	Checking	6,014,556	-	-	6,014,556
			<u>20,100,380</u>	<u>317,600</u>	<u>553,679</u>	<u>19,864,301</u>
<b>Certificates of Deposit</b>						
Wells Fargo	Board Designated	Certificates of Deposit	6,271,000	-	-	6,271,000
Bank of New Mexico	Board Designated	Certificates of Deposit	894,488	-	-	894,488
U.S. Bank	Board Designated	Certificates of Deposit	1,800,000	-	-	1,800,000
			<u>8,965,488</u>	<u>-</u>	<u>-</u>	<u>8,965,488</u>
<b>Cash on hand</b>						
Cash on hand		Petty cash	-	-	-	780
Total deposits and investments			<u>\$ 29,065,868</u>	<u>317,600</u>	<u>553,679</u>	<u>28,830,569</u>



Cibola General Hospital Corporation  
 SCHEDULE OF VENDOR INFORMATION for Purchases Exceeding \$60,000 (excluding GRT)  
 For the Year Ended June 30, 2015  
 Prepared by Agency Staff Name: Tom Hayes Title: Assistant CFO Date: 10/05/2015

RFBI/RFP#	Type of Procurement	Awarded Vendor	\$ Amount of Awarded Contract	\$ Amount of Amended Contract	Name and Physical Address per the procurement documentation, of ALL Vendor(s) that responded	In-State/ Out-of-State Vendor (Y or N) (Based on Statutory Definition)	Was the vendor in-state and chose Veteran's preference (Y or N) For federal funds answer N/A	Brief Description of the Scope of Work
N/A	Exempt	Health Care Svc. Corp.	1,220,047	-	N/A	N/A	N/A	Employee health insurance
N/A	Exempt	Quorum Health Resources	882,879	-	N/A	N/A	N/A	Hospital management
N/A	Exempt	Emcare, Inc.	767,984	-	N/A	N/A	N/A	Emergency Dept. Mgt.
N/A	Exempt	Cardinal Health	681,814	-	N/A	N/A	N/A	Medical/Surgical & Drugs
N/A	Exempt	Medhost of Tennessee, IN	595,433	-	N/A	N/A	N/A	Data processing services
N/A	Exempt	Variable Annuity Life IN	564,201	-	N/A	N/A	N/A	Deferred income plan for EE
N/A	Exempt	Siemens Diagnostics	516,222	-	N/A	N/A	N/A	Laboratory supplies
N/A	Exempt	Life Coach Plus, LLC	294,840	-	N/A	N/A	N/A	Social work & case Mgt.
N/A	Exempt	Aramark Healthcare Food	246,998	-	N/A	N/A	N/A	Plant & Env Svcs Mgt. & food
N/A	Exempt	Century Link	241,519	-	N/A	N/A	N/A	Telecommunications
N/A	Exempt	Harmonix Technologies	232,032	-	N/A	N/A	N/A	Computer systems support
N/A	Exempt	Arthur J. Gallagher Risk	226,176	-	N/A	N/A	N/A	Insurance coverage
N/A	Exempt	Cibola Sports and P.T.	219,235	-	N/A	N/A	N/A	Physical therapy services
N/A	Exempt	Shared Imaging, Inc.	218,345	-	N/A	N/A	N/A	MRI services
N/A	Exempt	Continental Divide Elec.	190,964	-	N/A	N/A	N/A	Electrical utility service
N/A	Exempt	GE Medical Systems	171,018	-	N/A	N/A	N/A	Service/Maint. Imaging equip.
N/A	Exempt	GE Healthcare	166,143	-	N/A	N/A	N/A	Service/Maint. Imaging equip.
N/A	Exempt	Tricare Reference Lab	165,031	-	N/A	N/A	N/A	Pathology reference lab svcs.
N/A	Exempt	X-Ray Associates of NM	144,994	-	N/A	N/A	N/A	Radiology professional svcs.
N/A	Exempt	NM Hospital WC Group	137,266	-	N/A	N/A	N/A	Workers Comp coverage
N/A	Exempt	Comprehensive Pharmacy's	132,729	-	N/A	N/A	N/A	Pharmacy mgt. (defunct)
N/A	Exempt	United Blood Services	131,912	-	N/A	N/A	N/A	Blood and infusion products
N/A	Exempt	Avant Healthcare Professionals	122,291	-	N/A	N/A	N/A	Agency nurses
N/A	Exempt	CDW Government, Inc.	111,205	-	N/A	N/A	N/A	Computer hardware/software

Cibola General Hospital Corporation  
 SCHEDULE OF VENDOR INFORMATION for Purchases Exceeding \$60,000 (excluding GRT)  
 For the Year Ended June 30, 2015  
 Prepared by Agency Staff Name: Tom Hayes Title: Assistant CFO Date: 10/05/2015

N/A	Exempt	Hologic, Inc.	108,068	-	N/A	N/A	N/A	Imaging equip. & support
N/A	Exempt	American Express	106,850	-	N/A	N/A	N/A	Business travel & NMSU support
N/A	Exempt	Optum	104,012	-	N/A	N/A	N/A	Information technology svcs.
N/A	Exempt	Medline Industries, Inc.	97,494	-	N/A	N/A	N/A	Medical/Surgical supplies
N/A	Exempt	Trustaff Travel Nurses	93,915	-	N/A	N/A	N/A	Agency nurses
N/A	Exempt	Valdivia Arnold, MD	87,652	-	N/A	N/A	N/A	Payment for on-call coverage
N/A	Exempt	Presbyterian Medical Services	85,822	-	N/A	N/A	N/A	Payment for on-call coverage
N/A	Exempt	Baxter Healthcare Corp.	83,642	-	N/A	N/A	N/A	Medical/Surgical supplies
N/A	Exempt	Theracom	79,108	-	N/A	N/A	N/A	Medical/Surgical supplies
N/A	Exempt	Fisher Healthcare	76,154	-	N/A	N/A	N/A	Medical/Surgical supplies
N/A	Exempt	National Clinical Technologies	75,649	-	N/A	N/A	N/A	Ultrasound coverage
N/A	Exempt	NM Heart Institute, PA	74,262	-	N/A	N/A	N/A	Cardiology services
N/A	Exempt	Press, Ganey Associates	71,126	-	N/A	N/A	N/A	Quality measurement & reporting
N/A	Exempt	Aureus Radiology, LLC	70,051	-	N/A	N/A	N/A	Agency nurses
N/A	Exempt	Sysco Food Services	69,022	-	N/A	N/A	N/A	Food and dietary supplies
N/A	Exempt	Delta Dental of NM	63,811	-	N/A	N/A	N/A	Dental insurance coverage for EE
N/A	Exempt	Gutierrez Medical Group	63,360	-	N/A	N/A	N/A	Payment for on-call coverage
N/A	Exempt	Healthcare Security Services	63,262	-	N/A	N/A	N/A	Pmt. For bldg. sys. Monitoring
N/A	Exempt	Zoll Medical Corporation	62,910	-	N/A	N/A	N/A	Medical/Surgical supplies
N/A	Exempt	Matheson Tri-Gas, Inc.	61,247	-	N/A	N/A	N/A	Medical gases
N/A	Exempt	Beckman Coulter, Inc.	60,095	-	N/A	N/A	N/A	Laboratory supplies



6200 Uptown Blvd NE  
Suite 400  
Albuquerque, NM 87110  
505.338.0800

**Independent Auditor's Report on Internal Control Over Financial Reporting  
and on Compliance and Other Matters  
Based on an Audit of Financial Statements Performed in  
Accordance with *Government Auditing Standards***

To the Board of Trustees  
Cibola General Hospital Corporation  
Grants, New Mexico  
and  
Timothy Keller, State Auditor

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Cibola General Hospital Corporation (the "Hospital"), a component unit of Cibola County, (the "County"), as of and for the year ended June 30, 2015, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements, as well as the budget comparison schedules for the year ended June 30, 2015, presented as supplementary information, and have issued our report thereon dated October 9, 2015.

**Internal Control Over Financial Reporting**

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

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

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

To the Board of Trustees  
Cibola General Hospital Corporation  
and  
Timothy Keller, State Auditor

### **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Hospital's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

***Ricci & Company LLC***

Albuquerque, New Mexico  
October 9, 2015

**CIBOLA GENERAL HOSPITAL CORPORATION  
SCHEDULE OF FINDINGS AND RESPONSES  
For the Year Ended June 30, 2015**

**NO FINDINGS**

**CIBOLA GENERAL HOSPITAL CORPORATION  
SUMMARY OF PRIOR AUDIT FINDINGS  
For the Year Ended June 30, 2015**

		Current Status
2014-001	Lack of Pledged Collateral	Resolved
2014-002	Capital Assets Controls	Resolved
2014-003	Late Submittal of IPA Recommendation Form for FY2014 Audit and Audit Contract to State Auditor	Resolved

**CIBOLA GENERAL HOSPITAL CORPORATION  
EXIT CONFERENCE  
For the Year Ended June 30, 2015**

**Exit Conference**

An exit conference was held on October 15, 2015 to discuss the annual financial report. Attending were the following:

**Cibola General Hospital Corporation**

J. F. Rimel, Assistant Administrator and CFO  
Paul Milan, Board Treasurer and Finance Chair  
Ron Ortiz, Board Chair

**Ricci & Company, LLC**

Wayne Brown

Financial Statement Preparation

The Hospital's independent public accountants prepared the accompanying basic financial statements; however, the Hospital is responsible for the basic financial statement and disclosure content. The Hospital's management has reviewed and approved the financial statements and related notes and they believe that their records adequately support the financial statements.