Beaufort Memorial Hospital and Other Combined Entity

Combined Financial Statements

Years Ended September 30, 2019 and 2018



Table of Contents

Independent Auditors' Report	1 – 2
Management's Discussion and Analysis	3-8
Combined Statements of Net Position	9
Balance Sheets – Component Unit	10
Combined Statements of Revenues, Expenses, and Changes in Net Position	11
Statements of Activities and Changes in Net Assets – Component Unit	12
Combined Statements of Cash Flows	13 – 14
Statements of Cash Flows – Component Unit	15
Notes to Combined Financial Statements	16 – 36
Required Supplementary Information:	
Schedules of Proportionate Share of the Net Pension Liability	37
Schedules of Contributions	38
Other Supplemental Information:	
Combining Statement of Net Position	39
Combining Statement of Revenues, Expenses, and Changes in Net Position	40



Independent Auditors' Report

To the Board of Trustees
Beaufort Memorial Hospital and Other Combined Entity

We have audited the accompanying combined financial statements of Beaufort Memorial Hospital and Other Combined Entity, a public agency (the "Hospital"), and the financial statements of its discretely presented component unit, Beaufort Memorial Hospital Endowment Foundation (the "Foundation"), as of and for the years ended September 30, 2019 and 2018 and the related notes to the combined financial statements, which collectively comprise the Hospital's and the Foundation's basic financial statements as listed in the table of contents.

Management's Responsibility for the Combined Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits 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 combined financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's and Foundation's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's and Foundation'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 combined 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 combined financial statements referred to above present fairly, in all material respects, the financial position of Beaufort Memorial Hospital and Other Combined Entity and its discretely presented component unit as of September 30, 2019 and 2018, and the results of their operations and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Change in Accounting Principles

As discussed in Note 1 to the combined financial statements, the Foundation adopted Financial Accounting Standards Board Accounting Standards Update ("ASU") 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities* in 2019. The primary impact of adopting this ASU is further described in Note 1. Our opinion is not modified with respect to this matter.

Required Supplementary Information

Management's Discussion and Analysis, the Schedules of Proportionate Share of the Net Pension Liability and Schedules of Contributions are not required as part of the basic combined financial statements but are supplementary information required by the Governmental Accounting Standards Board. We have applied certain limited procedures, which consisted primarily of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the combined financial statements taken as a whole. The supplementary combining information is presented only for purposes of additional analysis of the combined financial statements rather than to present the financial position and results of operations of the individual organizations, and is not a required part of the basic combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined 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 combined financial statements taken as a whole.

Greenville, South Carolina March 31, 2020

Dixon Hughes Goodman LLP

Annual Financial Report

The annual financial report of Beaufort Memorial Hospital ("BMH") and Other Combined Entity (the "Hospital") provides an overview of the Hospital's financial activities for the fiscal years ended September 30, 2019 and 2018. The combined financial statements include: the independent auditors' report, required combined financial statements, accompanying explanatory notes, required supplementary information and other supplemental information. The required combined financial statements include: the combined statements of net position, combined statements of revenues, expenses and changes in net position, and combined statements of cash flows. Management's discussion and analysis should be read in conjunction with the combined financial statements and notes.

Beaufort Memorial Hospital Endowment Foundation (the "Foundation") is a legally separate, tax-exempt discretely presented component unit of the Hospital. The Foundation is a South Carolina corporation whose purpose is to support and encourage, through financial and fundraising assistance, the healthcare services and interests of the Hospital. Complete financial statements for the Foundation can be obtained from the Beaufort Memorial Hospital Endowment Foundation.

Management's Discussion and Analysis

Mission and Organizational Structure

BMH is a not-for-profit, governmental hospital, with a sole community hospital (Medicare) designation, located in Beaufort, South Carolina. The Hospital has 197 licensed beds, of which 169 are medical/surgical acute, 14 are rehabilitation and 14 are mental health beds. The mission of the Hospital is to deliver superior healthcare services to our patients and to improve the health of our community. This mission embraces the charitable focus of the organization, which is to provide healthcare services regardless of the patient's ability to pay. The Hospital continues to be active in the community through its wellness and healthy community efforts. The Hospital's vision is to exceed expectations for quality and compassionate care.

In addition to the financial statements and operations of BMH, the "Other Combined Entity" includes the information and accounts of Broad River Healthcare, Inc. ("Broad River"), which is a blended component unit of BMH. Broad River is a private, not-for-profit South Carolina corporation organized to assist BMH to meet its mission and operational goals. BMH's related entity company, Broad River, had a non-controlling interest in an outpatient surgery center, managed a mobile PET, and had a 100% interest in Beaufort Medical Imaging, LLC, which was created in 2007. Beaufort Medical Imaging, LLC ceased to operate during fiscal year 2009 due to the State of South Carolina's Certificate of Need ruling allowing the business elements of this entity to be transferred to BMH. In addition, the mobile PET was upgraded to a mobile PET CT and this business entity was also transferred to the Hospital during fiscal year 2009. In 2015, BMH purchased 100% interest in the outpatient surgery center. This included Broad River's 40% non-controlling interest in this entity.

The financial statements include the operations of all physician clinics owned by the Hospital under the designation Beaufort Physician Partners ("BPP"). BPP operates twelve (12) clinic locations consisting of specialists and primary care. BMH employs approximately forty (40) physicians with locations including northern Beaufort County, Okatie and Bluffton, as well as Hampton County.

Financial Highlights

Net position increased to \$36.0 million in 2019 from \$25.5 million in 2018, a \$10.5 million or 41.1% increase. The Hospital continued to feel the effects of Governmental Accounting Standards Board ("GASB") Statement No. 68 adjustments which reduced the Hospital's position by \$3 million. This GASB basically requires each participant in the State Pension Plan to post its determined share of the underfunded amount of the pension program. The increase in the Hospital's net pension liability is not a cash liability, however, based on the new GASB rules we are required to post the negative impacts to our net position. In 2019, operating revenues increased by 7.0% as well as operating expenses, which increased by 3.7%.

Required Combined Financial Statements

The required combined financial statements are presented on an "enterprise" basis. Entities accounted for on an enterprise basis are primarily financed by charges for services to their users rather than tax receipts.

The combined statement of net position is a statement of the investments in resources (assets and deferred outflows of resources) and obligations to creditors (liabilities and deferred inflows of resources) on the last day of the fiscal year. The net position balance is the value of the Hospital's assets plus deferred outflows of resources less its liabilities and deferred inflows of resources (net position). The combined statement of net position classifies assets and liabilities as current and non-current, and can be used to evaluate the Hospital's liquidity and ability to meet its future financial obligations.

The combined statement of revenues, expenses, and changes in net position reports the revenue the Hospital generated from providing services to patients and the expenses required providing these services. Enterprise basis financial statements are prepared on an "accrual" basis, in which revenue is recorded for charges not yet received in cash and for obligations to creditors not yet paid in cash. Enterprise accounting requires that a portion of the cost of capital assets be recorded as depreciation expense. The statement also reports the changes in net position attributable to non-operating activities and from other transactions.

The combined statement of cash flows reports cash inflows and outflows from operations, capital and related financing activities, investing activities, and noncapital financing activities, and their effect on the change in cash from the combined statement of net position.

Analysis of Overall Financial Position and Results of Operations

A summary of the Hospital's condensed combined statements of net position at September 30 is presented below:

(In thousands of dollars)	<u>2019</u>	<u>2018</u>	<u>2017</u>
Current assets	\$ 119,979	\$ 121,637	\$ 121,964
Capital assets, net	107,312	104,163	105,158
Other non-current assets	25,696	15,801	229
Total Assets	252,987	241,601	227,351
Deferred outflows of resources	14,599	23,825	39,345
Total Assets and Deferred Outflows of		·	
Resources	267,586	265,426	266,696
Current liabilities	29,386	31,083	24,752
Long-term liabilities	184,231	191,136	217,906
Total Liabilities	213,617	222,219	242,658
Deferred inflows of resources	17,952	17,728	89
Net investment in capital assets	52,507	47,868	49,442
Unrestricted	(16,490)	(22,599)	(25,493)
Restricted expendable		210	
Total Net Position	36,017	25,479	23,949
Total Liabilities, Deferred Inflows of Resources and Net Position	\$ 267,586	\$ 265,426	\$ 266,696

Current assets, which consist primarily of cash and cash equivalents, short-term investments and accounts receivable, totaled \$120.0 million in 2019 and \$121.6 million in 2018, representing a 1.4% decrease. This decrease was primarily due to a decrease in cash and cash equivalents offset by an increase in short-term investments. In addition to an increase in short-term investments by \$20.5 million, long-term investments increased by \$9.0 million due to the maturity schedule of investments held. This change was due to a change in investment strategy to laddered United States Treasury Notes. The Hospital's total current assets cover current liabilities 4.1 times at September 30, 2019. This indicates the Hospital's liquidity continues to remain sound. The Hospital maintains all investments in fully secured instruments such as Certificates of Deposit and United States Treasury Notes. Due to the nature of these investments the stock market will have no impact on the Hospital's cash position other than reduction in interest earnings. The Hospital's days cash on hand increased from 172 days in 2018 to 183 days in 2019. Long-term debt decreased in 2019 to \$53.3 million from \$54.8 million in 2018. Overall, total liabilities decreased from \$222.2 million in 2018 to \$213.6 million in 2019 primarily due to a \$5.4 million decrease in net pension liability.

Net position represents the residual interest in the Hospital's assets and deferred outflows of resources after liabilities and deferred inflows of resources are deducted. Total net position in 2019 increased \$10.5 million or 41.4% over 2018, and 2018 increased \$1.5 million or 6.4% over 2017. Net investment in capital assets increased from \$47.9 million in 2018 to \$52.5 million in 2019, an increase of 9.7%.

BMH's current and long-term debt includes BMH Revenue and Refinancing Bonds, Series 2011B, 2014 with a combined outstanding balance of \$54.8 million as of September 30, 2019. BMH's debt service coverage is 7.03 times in 2019, up from 5.91 times in 2018. BMH's focus on operational improvements in Revenue Cycle and Cost Containment contributed to the improvement in this ratio over the past year.

The Combined Statement of Revenues, Expenses, and Changes in Net Position present the Hospital's resulting financial activity for the year. A summary of the Hospital's condensed combined statements of revenues, expenses, and changes in net position for the years ended September 30 is presented below:

(In thousands of dollars)	<u>2019</u>	<u>2018</u>	<u>2017</u>
Operating revenues	\$ 241,620	\$ 225,732	\$ 214,085
Operating expenses	231,805	223,614	238,595
Operating income (loss)	9,815	2,118	(24,510)
Non-operating revenues (expenses), net	723	(798)	(729)
Excess (deficit) of revenues over expenses before capital grants and contributions	10,538	1,320	(25,239)
Capital grants and contributions		210	542
Increase (decrease) in net position	10,538	1,530	(24,697)
Net Position			
Beginning of year	25,479	23,949	48,646
End of year	\$ 36,017	\$ 25,479	\$ 23,949

Patient service revenues account for 97.4% of the Hospital's operating revenues in 2019. Operating revenues for 2019 increased 7% from 2018. During 2019 the increase in revenue was driven by a combination of higher Case Mix Index (CMI) combined with increases in surgeries and outpatient volumes in both the facility and practices. The Hospital's average daily census decreased slightly in 2019 to 106.7 compared to 110.8 in 2018. Adult Patient Days decreased 3.7% from 40,434 in 2018 to 38,943 in 2019. Bad debts increased 1.5% in 2019 to \$40.9 million compared to 2018 at \$40.3 million while charity care decreased 45.8% in 2019 to \$7.7 million from \$14.2 million in 2018. The percentage of gross bad debt and charity care to gross revenue was 5.7% in 2019 compared to 6.6% in 2018. Contractual adjustments increased from 67.4% of gross patient revenue in 2018 to 68.1% in 2019. Overall, revenue deductions decreased from 73.2% in 2018 to 72.6% in 2019. The contractual model remained the same as the one BMH moved to in 2017. It is a 'fluid' model that uses a recent rolling six months of payment data to estimate future payments and revenue therefore changes are expected and those reflected are within acceptable limits.

In 2019, the Hospital's total operating expenses increased 3.7% from 2018. Labor costs (salaries, benefits and contract labor) accounted for 54.2% of operating expenses during 2019, compared to 55.8% in 2018. The driving costs of labor were planned market adjustments, additions to our owned practices and challenges in contract labor due to the national nursing shortage.

Overall, supply costs as a percentage of net patient revenues totaled 20.3% in 2019, an increase from 19.7% in 2018. Supply costs were driven primarily by chemotherapy costs and surgical implants, both of which were driven by volumes.

Excess of revenues over expenses, before capital grants and contributions, increased from \$1.3 million in 2018 to \$10.5 million in 2019, including the pension expense posting of \$5.1 million directly related to the GASB Statement No. 68 adjustment.

The Combined Statement of Cash Flows provides additional information about the Hospital's financial results by reporting the major sources and uses of cash. A summary of the Hospital's condensed combined statements of cash flows for the years ended September 30 is presented below:

(In thousands of dollars)	<u>2019</u>	<u>2018</u>	<u>2017</u>
Cash Flows			
Operating activities	\$ 21,512	\$ 25,276	\$ 15,141
Capital and related financing activities	(11,375)	(10,458)	(7,832)
Investing activities	(29,438)	(632)	(436)
Non-capital financing activities	329	482	1,004
Net increase (decrease) in cash	(18,972)	14,668	7,877
Cash and Cash Equivalents			
Beginning of year	59,252	44,584	36,707
End of year	\$ 40,280	\$ 59,252	\$ 44,584

In 2019, the Hospital had cash provided by operating activities of \$21.5 million, a decrease of \$3.8 million from 2018 or 14.9%. From 2018 to 2019, receipts from patients and others increased \$11.1 million as well as wages and benefits (payments to employees) increased \$9.0 million and payments to suppliers increased \$6.9 million.

Budgets

Unlike other government facilities, budgets for entities accounted for on the enterprise basis are not legally binding authorizing documents. The budget for an enterprise fund is a guide for management and the Board in evaluating the success of the institution in meeting its financial goals.

Future Opportunities and Challenges

The Hospital's physician organization, Beaufort Physician Partners (BPP), currently employs fifty (50) physicians and thirty-six (36) mid-level practitioners from many different specialties. It is anticipated that in fiscal year 2020 we will continue bringing in additional recruits in both specialty and primary care areas. We were successful in opening an additional urgent care/walk in clinic in Bluffton as well as continuing to expand tele-medicine into local grocery store locations in 2019. We will continue additions to the practice throughout 2020 with a focus on adding Primary Care capabilities.

Construction was completed on the Hospital's existing Birthing Center. The project did not increase beds or capacity however; we did see increases in volumes after completion of the Center and continue to receive positive comments from the community. The next large project we are contemplating at the main campus is renovation of our operating rooms to support increased volumes, which is currently in the planning phase.

Beaufort Memorial Hospital remains constantly focused on reimbursement issues, CMS rules, and third-party claim denials. It is currently unknown what the current administration will bring regarding changes to the Affordable Care Act as well as potential changes to the Disproportionate Care program (DSH). These issues could also be impacted by the upcoming elections. We continue to expect declines in inpatient services as more care moves toward outpatient models however; we would expect the inpatient volumes to have increased severity which would lead to increases in our case mix. Although we did experience reductions in Uncompensated Care in 2018 and 2019, we do not expect this to continue in 2020.

Our relationship with Medical University of South Carolina (MUSC) continued in 2019 as a new Linear Accelerator facility came on-line on our main campus in partnership with MUSC. BMH also owns approximately 20 acres of land (in this market) that is planned to facilitate construction of an MOB. The MOB includes a partnership opportunity with MUSC. Construction on the MOB began in 2019 and is expected to be completed in 2020 allowing us to move our Bluffton providers into the building which will allow better access to our providers for the population living south of the Broad River.

A certificate of need (CON) has been approved and is the first CON for a Micro-Hospital in the state of South Carolina. The location for this facility is in Bluffton due to the increases expected in the population in this area. Appeals have been filed by both St. Joseph Candler and Tenet. At present we do not have a court date for the appeal as we have decided to await a decision regarding the organization that MUSC set up to be part of this joint venture.

Although a CON was approved by the state to add 4 additional beds to our rehab unit, we have decided not to proceed due to a flattening of volumes for rehab. We have submitted a CON to increase our mental health unit capacity by another 4 beds as well.

Regardless of what the future holds, our focus will remain on improving the quality and safety of the healthcare services we provide our community. In order to help us achieve this goal, we are continuing the efforts started in fiscal year 2017 to improve the financial results of the organization. Our five-year strategic plan remains in place and has been reviewed and revised for fiscal year 2020 with input from our physicians, board and senior leadership team. In addition to this plan, there remains a continued focus on revenue cycle improvements at both the hospital and the physician practices.

Contacting the Hospital's Financial Management

If you have questions about this report or need additional information, please contact the Hospital's Senior Vice President and Chief Financial Officer at Beaufort Memorial Hospital, 955 Ribaut Road, Beaufort, South Carolina 29902.

Assets and Deferred Outflows of Resources	<u>2019</u>	<u>2018</u>
Current assets: Cash and cash equivalents Restricted cash	\$ 40,280,280 -	\$ 59,041,633 210,000
Short-term investments Patient accounts receivable, net of allowance for uncollectible accounts of \$32,327,435 in 2019	51,782,222	31,261,519
and \$26,314,428 in 2018 Other assets	21,742,023 6,128	24,735,694 314,109
Drugs and supplies Prepaid expenses	4,109,087 2,059,476	3,952,207 2,122,178
Total current assets	119,979,216	121,637,340
Long-term investments Investment in joint ventures Assets limited as to use Intangible assets Capital assets, net	20,597,073 2,818,447 2,262,358 17,353 107,312,468	11,620,326 807,604 3,250,246 123,153 104,163,080
Total assets	252,986,915	241,601,749
Deferred outflows of resources: Excess consideration provided for acquisition Pension deferrals	5,539,894 9,059,210	6,611,890 17,212,721
Total deferred outflows of resources	14,599,104	23,824,611
Total assets and deferred outflows of resources	\$ 267,586,019	\$ 265,426,360
<u>Liabilities, Deferred Inflows of Resources and Net Position</u>		
Current liabilities: Current portion of long-term debt Accounts payable Accrued expenses Estimated third-party payor settlements	\$ 1,535,000 3,514,628 21,104,106 3,231,785	\$ 1,490,000 2,361,054 20,663,753 6,567,698
Total current liabilities	29,385,519	31,082,505
Net pension liability Long-term debt, less current portion	130,961,085 53,270,000	136,331,879 54,805,000
Total liabilities	213,616,604	222,219,384
Deferred inflows of resources: Deferred pension inflows	17,952,530	17,727,641
Total deferred inflows of resources	17,952,530	17,727,641
Net position: Net investment in capital assets Unrestricted Restricted expendable	52,507,468 (16,490,583)	47,868,080 (22,598,745) 210,000
Total net position	36,016,885	25,479,335
Total liabilities, deferred inflows of resources and net position	\$ 267,586,019	\$ 265,426,360

See accompanying notes. (9)

Beaufort Memorial Hospital and Other Combined Entity Component Unit - Beaufort Memorial Hospital Endowment Foundation Balance Sheets September 30, 2019 and 2018

<u>Assets</u>		<u>2019</u>		As Adjusted 2018
Cash and cash equivalents Certificates of deposit Pledges receivable, net Investments Other assets	\$	258,101 - 157,457 20,963,205 36,600	\$	2,841,287 1,137,490 201,427 16,619,100 8,291
Total assets	\$	21,415,363	\$	20,807,595
Liabilities and Net Assets Liabilities: Payable to Beaufort Memorial Hospital Obligations under gift annuities Total liabilities	\$ 	775,549 23,165 798,714	\$ -	1,551,730 31,695 1,583,425
Net assets: Without donor restrictions With donor restrictions Total net assets	_	17,898,904 2,717,745	-	18,422,172 801,998
Total liabilities and net assets	- \$	20,616,649	- \$	19,224,170 20,807,595

Beaufort Memorial Hospital and Other Combined Entity Combined Statements of Revenues, Expenses, and Changes in Net Position For the Years Ended September 30, 2019 and 2018

Operating revenues: Net patient service revenue, net of provision for bad debts of \$40,893,190 in 2019 and		<u>2019</u>		<u>2018</u>
\$40,327,422 in 2018 Other operating revenue	\$ 	235,445,101 6,175,225	\$ _	222,303,213 3,429,052
Total operating revenues		241,620,326	_	225,732,265
Operating expenses: Salaries and wages Employee benefits Contract labor Supplies Purchased services Physician fees		91,058,420 32,403,956 2,159,199 47,681,198 21,115,634 8,603,443		88,499,223 35,111,847 1,194,951 43,817,358 18,658,409 8,819,014
Depreciation and amortization Other	_	7,714,420 21,069,395	_	8,897,258 18,615,815
Total operating expenses	_	231,805,665	_	223,613,875
Operating income		9,814,661	_	2,118,390
Nonoperating revenues (expenses): Investment income Interest expense Share of income of joint ventures, net Noncapital gifts and bequests Total nonoperating revenue (expenses)	_	1,709,579 (1,676,553) 360,843 329,020 722,889	_	680,095 (2,126,142) 165,604 482,414 (798,029)
Excess of revenues over expenses before capital grants and contributions		10,537,550		1,320,361
Capital grants and contributions			_	210,000
Increase in net position		10,537,550		1,530,361
Net position, beginning of year	_	25,479,335	_	23,948,974
Net position, end of year	\$ _	36,016,885	\$ _	25,479,335

See accompanying notes. (11)

			Year I	Ended September 30	0, 2019				Year Er	As Adjusted nded September 3	0, 2018	
		Total	-	Without Donor Restrictions		With Donor Restrictions		Total	_	Without Donor Restrictions	_	With Donor Restrictions
Support and revenue:												
Interest, dividends and other	\$	523,926	\$	523,926	\$	-	\$	391,420	\$	391,420	\$	-
Net gains (losses) on investments		(5,341)		(5,341)		-		923,352		923,352		-
Donations, gifts and bequests		2,393,007		42,297		2,350,710		1,279,409		973,315		306,094
Fundraising income		78,237		78,237		-		71,351		71,351		-
Satisfaction of program restrictions		-		434,963		(434,963)		-		508,684		(508,684)
Total support and revenue	_	2,989,829	-	1,074,082	_	1,915,747	_	2,665,532	_	2,868,122	_	(202,590)
Expenses:												
Fundraising events		101,645		101,645		-		58,410		58,410		-
General and administrative		119,594		119,594		-		81,840		81,840		-
Grants to Beaufort Memorial Hospital		1,376,111		1,376,111		-		1,649,777		1,649,777		-
Total expenses	_	1,597,350	-	1,597,350	_	<u> </u>	_	1,790,027	_	1,790,027	_	
Increase (decrease) in net assets		1,392,479		(523,268)		1,915,747		875,505		1,078,095		(202,590)
Net assets, beginning of year		19,224,170	-	18,422,172	_	801,998		18,348,665	_	17,344,077	_	1,004,588
Net assets, end of year	\$	20,616,649	\$	17,898,904	\$	2,717,745	\$	19,224,170	\$_	18,422,172	\$_	801,998

See accompanying notes. (12)

		<u>2019</u>		<u>2018</u>
Cash flows from operating activities: Receipts from and on behalf of patients Other receipts and payments, net Payments to employees Payments to suppliers	\$	235,102,859 (14,561,990) (120,014,417) (79,013,966)	\$	223,938,953 (15,492,150) (111,036,413) (72,134,633)
Net cash provided by operating activities	_	21,512,486	_	25,275,757
Cash flows from capital and related financing activities: Decrease (increase) in assets limited as to use held by trustee for capital acquisition Principal paid on long-term debt Interest paid on long-term debt Purchases of capital assets Proceeds from sale of capital assets Capital grants and contributions	-	987,888 (1,490,000) (1,676,553) (9,196,323)	_	(412,025) (2,260,000) (2,126,142) (5,870,713) 1,000 210,000
Net cash used in capital and related financing activities	-	(11,374,988)	_	(10,457,880)
Cash flows from investing activities: Increase in investments Share of income of investee, net Net cash used in investing activities	-	(29,798,714) 360,843 (29,437,871)	_	(798,698) 165,604 (633,094)
Cash flows from noncapital financing activities: Noncapital gifts and bequests	<u>-</u>	329,020	_	482,414
Net increase (decrease) in cash and cash equivalents		(18,971,353)		14,667,197
Cash and cash equivalents, beginning of year	<u>-</u>	59,251,633	_	44,584,436
Cash and cash equivalents, end of year	\$ <u>_</u>	40,280,280	\$_	59,251,633
Reconciliation to combined statements of net position: Cash and cash equivalents Restricted cash	\$ \$ <u>=</u>	40,280,280	\$ = \$	59,041,633 210,000 59,251,633
				(continued)

(13)

Beaufort Memorial Hospital and Other Combined Entity Combined Statements of Cash Flows (Continued) For the Years Ended September 30, 2019 and 2018

		2019		2018
Reconciliation of operating income to net cash				
provided by operating activities:				
Operating income	\$	9,814,661	\$	2,118,390
Depreciation and amortization	φ	7,714,420	φ	8,897,258
Provision for bad debts		, ,		
. To the left for Education		40,893,190		40,327,422
Loss on disposal of capital assets		24,199		4,326
Adjustments to pension		(5,370,794)		(25,278,555)
Changes in assets, deferred outflows of resources, liabilities				
and deferred inflows of resources:		(07.000.540)		(00.077.055)
Patient accounts receivable, net		(37,899,519)		(39,877,955)
Other assets		307,981		(314,109)
Prepaid expenses and drugs and supplies		(94,178)		1,070,673
Pension related deferred outflows and inflows		8,378,400		32,086,453
Accounts payable		639,686		(715,574)
Accrued expenses and estimated third-party payor settlements	_	(2,895,560)	_	6,957,428
Net cash provided by operating activities	\$ _	21,512,486	\$_	25,275,757
Schedule of non-cash investing and financing activities				
Capital assets included in accounts payable at year end	\$ _	513,888	\$	858,349

See accompanying notes. (14)

Beaufort Memorial Hospital and Other Combined Entity Component Unit - Beaufort Memorial Hospital Endowment Foundation Statements of Cash Flows For the Years Ended September 30, 2019 and 2018

	<u>2019</u>		<u>2018</u>
Cash flows from operating activities:		_	
Increase in net assets Adjustments to reconcile increase in net assets to net cash provided by (used in) operating activities:	\$ 1,392,479	\$	875,505
Net (gains) losses on investments Changes in assets and liabilities:	5,341		(923,352)
Pledges receivable, net	43,970		(117,296)
Investments	1,137,490		(6,838)
Certificates of deposits	(4,349,446)		133,347
Other assets	(28,309)		(4,728)
Payable to Beaufort Memorial Hospital	(776,181)		1,413,133
Net cash provided by (used in) operating activities	(2,574,656)		1,369,771
Cash flows from investing activities:			
Obligations under gift annuities	(8,530)		(6,165)
		-	
Net cash used in investing activities	(8,530)		(6,165)
Net increase (decrease) in cash and cash equivalents	(2,583,186)		1,363,606
Cash and cash equivalents, beginning of year	2,841,287		1,477,681
Cash and cash equivalents, end of year	\$ 258,101	\$	2,841,287

1. Description of Reporting Entity and Summary of Significant Accounting Policies

Reporting Entity

The combined financial statements of Beaufort Memorial Hospital ("BMH") and Other Combined Entity (the "Hospital") include the accounts of Broad River Healthcare, Inc. ("Broad River"), which is a blended component unit of BMH. The Hospital's combined financial statements are prepared using the accrual basis of accounting. All significant intercompany accounts have been eliminated.

Beaufort Memorial Hospital Endowment Foundation (the "Foundation") is a legally separate, tax-exempt component unit of the Hospital. The Foundation is a South Carolina corporation, the purpose of which is to support and encourage, through financial and fundraising assistance, the health care services and interests of the Hospital. The Foundation is governed by a self-perpetuating board of trustees. Although the Hospital does not control the timing or amount of receipts from the Foundation, a significant amount of the resources, or income thereon that the Foundation holds and invests are restricted to the activities of the Hospital by the donors. Because these restricted resources held by the Foundation can only be used by, or for the benefit of the Hospital, the Foundation is considered a component unit of the Hospital and is discretely presented in the Hospital's combined financial statements.

Beaufort Memorial Hospital, Other Combined Entity, and Beaufort Memorial Hospital Endowment Foundation are collectively referred to as the "Organizations" throughout the notes to the combined financial statements.

Organization

BMH is a not-for-profit healthcare facility which owns and operates a 169-bed acute care community hospital, a 14-bed rehabilitation facility and 14 mental health beds located in Beaufort, South Carolina. BMH is governed by a nine member Board of Trustees (the "Board"), whose members are appointed by the County Council of Beaufort County. The Board appoints the Board of Directors for Broad River, which is a supporting organization for BMH. BMH is a public agency as defined in Title 44, Chapter 7, of the Code of Laws of South Carolina, 1976, as amended, and is not included in the financial statements of Beaufort County.

Basis of Presentation

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Pursuant to Governmental Accounting Standards Board ("GASB") Statement No. 62, Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 FASB and AICPA Pronouncements, the Hospital will only recognize GASB statements as authoritative guidance. Financial Accounting Standards Board ("FASB") statements, including those issued after November 30, 1989, will no longer be authoritative, but may be used as non-authoritative guidance.

The Foundation is a private nonprofit organization that reports under the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification. As such, certain revenue recognition criteria and presentation features are different from GASB revenue recognition criteria and presentation standards.

Use of Estimates

The preparation of combined 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 combined financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and assumptions.

Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less. The Organizations maintain bank accounts at various financial institutions covered by the Federal Deposit Insurance Corporation (the "FDIC"). At times throughout the year, the Organizations may maintain bank account balances in excess of the FDIC insured limit. It is management's opinion that these financial institutions are financially sound and that the Organizations are not exposed to any significant credit risk related to cash.

Restricted Cash

Funds received from grant awards not yet spent are held as restricted cash.

Assets Limited as to Use

Debt service reserve funds required for the Series 2014 and Series 2011B Bonds are in segregated cash accounts limited as to use.

Patient Accounts Receivable

Allowances for uncollectible accounts are computed based on historical collection experience and a review of the current status of existing accounts receivable. The Hospital grants credit to patients without collateral, substantially all of whom are from the surrounding area.

Drugs and Supplies

Drugs and supplies are stated at the lower of cost (first-in, first-out) or market.

Investments

The Hospital's investments consist of certificates of deposit carried at cost plus interest with maturities less than 5 years. All other investments are carried at fair value except investments in debt securities with maturities less than one year at the time of purchase. These investments are carried at amortized cost, which approximates fair value. Investment income including realized and unrealized gains and losses are reported as nonoperating revenues.

The Foundation's investments in equity securities with readily determinable fair values and all other investments are measured at fair value on the balance sheets. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included in support and revenue on the statements of activities and changes in net assets. Securities or other investments donated are recorded at their market value at the date of the gift.

Investment in Joint Ventures

The Hospital records its interest in investments where the Hospital has a 50% and 49% interest in two separate corporations under the equity method of accounting. Under the equity method, original investments are recorded at cost and adjusted for the Hospital's share of undistributed earnings or losses, contributions, and distributions.

Capital Assets

Capital assets are recorded at cost or, in the case of donated property, at fair market value at the time of donation. It is the Organizations' policy not to capitalize any asset addition that costs less than \$1,000 or has a useful life of less than 3 years. Assets are depreciated using the straight-line method based on the estimated useful lives of the assets, which range from three to forty years. Additions and improvements are capitalized and depreciated over the estimated remaining lives of the related assets.

Land improvements	15 to 20 years
Buildings	20 to 40 years
Equipment	3 to 7 years

Net Position and Net Assets

Net position of the Hospital is comprised of three classes. Net investment in capital assets consists of capital assets net of accumulated depreciation, reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net position consists of cash received from grants not yet expended. Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted expendable.

Unrestricted net position of the Hospital at September 30 included the following:

	<u>2019</u>			<u>2018</u>
Impacts of pension accruals Other unrestricted net position	\$	(139,854,405) 123,363,822	\$	(136,846,799) 114,248,054
	\$	(16,490,583)	\$	(22,598,745)

Net assets of the Foundation are comprised of two classes. Net assets with donor restrictions are those whose use has been limited by donors to a specific time period or purpose. Net assets with donor restrictions are transferred to net assets without donor restrictions when donor restrictions as to time and purpose have been met and are shown as satisfaction of program restrictions on the accompanying statements of activities and changes in net assets. Net assets without donor restrictions are remaining net assets that do not meet the definition of net assets with donor restrictions.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Third-party contractual revenue adjustments are accrued on an estimated basis in the period the related services are rendered. Such amounts are subject to audit by governmental agencies. Adjustments, if any, are included in contractual revenue adjustments in the year of determination. Net patient service revenue has been reduced by the amount of bad debt expense incurred by the Hospital.

The Hospital's policy does not require collateral or other security for patient accounts receivable. The Hospital routinely accepts assignment of, or is otherwise entitled to receive, patient benefits payable under health insurance programs, plans or policies such as those related to Medicare, Medicaid, Blue Cross, health maintenance organizations and commercial insurance carriers.

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 net patient service revenue. Partial payments to which the Hospital is entitled from public assistance on behalf of patients that meet the Hospital's charity care criteria are reported as net patient service revenue.

Recognition of Revenue by Component Unit Foundation

Contributions are recognized as revenue when they are received or unconditionally pledged and are measured at their fair value and are reported as an increase in net assets.

Operating Revenues and Expenses

The combined statements of revenues, expenses, and changes in net position distinguish 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.

Revenue and Support and Restricted Revenue and Support

The Foundation reports information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Contributions received are recorded as support or restricted support, depending on the existence and/or nature of any donor restrictions. Support that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restrictions. When a restriction expires or is satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported on the statement of activities and changes in net assets as satisfaction of program restrictions.

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 either 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. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

Under the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification, the Foundation records contribution expense and a payable to the Hospital when the Foundation's board approves the future payment of funds to the Hospital for specified purposes. The Foundation considers these restricted contributions to the Hospital because the funds must be spent for the purposes specified by the Foundation. In accordance with GASB Statement No. 33, *Accounting and Reporting for Non-exchange Transactions*, the Hospital records contribution revenue when the funds are spent for the specified purpose, that is, when the reimbursable costs have been incurred. As a result of the different accounting treatment required under the FASB Accounting Standards Codification and GASB No. 33, the Foundation has recorded a payable of approximately \$776,000 and \$1,552,000 as of September 30, 2019 and 2018, respectively, for which a corresponding receivable has not been recorded by the Hospital.

Compensated Absences

Certain Hospital employees earn paid days off ("PDO") at varying rates depending on years of service. Accumulated PDO may be carried over each year up to a maximum of 360 hours. The employee may elect to use PDOs or cash in PDO hours as earned.

If an employee has given proper notice, upon termination, the employee will receive pay at the regular hourly rate for all unused PDO, providing the employee has completed twelve months of service.

The estimated amount of the PDO payable of approximately \$4,007,000 and \$3,975,000 at September 30, 2019 and 2018, respectively, is reported in accrued expenses on the combined statements of net position.

Restricted Resources

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

Income Taxes

Beaufort Memorial Hospital, Broad River Healthcare, Inc., and Beaufort Memorial Hospital Endowment Foundation are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code; accordingly, the accompanying combined financial statements do not reflect a provision or liability for federal and state income taxes. The Organizations have determined that they do not have any material unrecognized tax benefits or obligations as of September 30, 2019.

Risk Management

The Hospital 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; medical malpractice claims and judgments; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. The Hospital is self-insured for amounts up to a specified level for health and medical coverage for its employees. The estimated liability is the total estimated amount to be paid for all known claims or incidents and a reserve for incurred but not reported claims. The Hospital purchases professional and general liability insurance to cover medical malpractice claims. Claims under such coverage are covered based on the date of occurrence.

Accounting Pronouncements

During fiscal year 2019, the Foundation adopted Accounting Standards Update ("ASU") 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities.* The Update addresses the complexity and understandability of net asset classification, and deficiencies in information provided about expenses and investment return. The 2018 financial statements have been adjusted to reflect retrospective application of the new accounting guidance, except for the disclosures around liquidity and availability of resources and analysis of expenses by functional and natural categories. These disclosures have been presented for 2019 as allowed by ASU 2016-14.

A recap of the net asset reclassifications driven by the adoption of ASU 2016-14 as of September 30, 2018 is as follows:

ASU 2016-14 Classification:

Net Asset Classifications	Without donor restrictions	With donor restrictions	Total <u>net assets</u>		
As previously presented: Unrestricted Board designated for endowment Temporarily restricted	\$ 2,154,553 16,267,619	\$ - - 801,998	\$ 2,154,553 16,267,619 801,998		
Net assets	<u>\$ 18,422,172</u>	\$ 801,998	<u>\$ 19,224,170</u>		

2. Cash and Cash Equivalents, and Investments

As required by state statutes, all of the Hospital's cash and cash equivalents and investments, which consist principally of certificates of deposit, overnight repurchase agreements and interest earning investment contracts, are covered by federal depository insurance, invested in U.S. Government obligations, or collateralized by U.S. governmental obligations held in the Hospital's name by a custodial bank.

Investments at September 30 consist of the following:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 1,385,717	\$ 163,593
Certificates of deposit maturing within one year	13,629,687	28,150,501
US Treasury notes maturing within one year	36,766,818	2,947,425
US Treasury notes maturing within two years	16,858,978	5,797,026
US Treasury notes maturing within three years	 3,738,095	 5,823,300
	\$ 72,379,295	\$ 42,881,845

Custodial credit risk for investments is the risk that, in the event of failure of the counterparty, the Hospital will not be able to recover the value of the investments or collateral securities that are in the possession of an outside party. Investments held with third party banks are invested primarily in certificates of deposit and US Treasury notes. Investments with third party banks are fully collateralized and insured as of September 30, 2019 with securities maintained by an outside party.

Concentration of credit risk is the risk of loss attributed to the magnitude of the Hospital's investments in a single issuer. As of September 30, 2019 and 2018, the Hospital's investments consist of approximately 19% and 66%, respectively, of investments that are funded through one local financial institution that purchases CD's on behalf of the Hospital to FDIC insurance levels, all at the same rate and term. This program (Certificate of Deposit Account Registry Service) distributes the funds to numerous financial institutions throughout the country in order to limit the risk by minimizing the investments at each institution to the FDIC coverage level. Approximately 42% and 34%, respectively, of investments are held with one financial institution as of September 30, 2019 and 2018. Approximately 39% and -%, respectively, of investments are held with another financial institution as of September 30, 2019 and 2018.

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. The Hospital minimizes its interest rate risk by investing in certificates of deposit with maturities of five years or less.

The carrying values of cash and cash equivalents, assets limited as to use and investments are included on the combined statements of net position as follows:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 40,280,280	\$ 59,041,633
Restricted cash	· · · · · ·	210,000
Assets limited as to use	2,262,358	3,250,246
Short-term investments	51,782,222	31,261,519
Long-term investments	20,597,073	11,620,326
	\$ 114,921,933	\$ 105,383,724

The Fair Value Measurements and Application Standard addresses accounting and financial reporting issues related to fair value measurements. The standard describes fair value as an exit price. The definition of fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. This statement provides guidance for determining a fair value measurement for financial reporting purposes. This statement also provides guidance for applying fair value to certain investments and disclosures related to all fair value measurements.

The statement establishes a three-level hierarchy of inputs to valuation techniques used to measure fair value. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets or liabilities, inputs that are observable for the asset or liability, and market-corroborated inputs. Level 3 inputs are unobservable inputs and take into account all information about market participant assumptions that are reasonably available. The Hospital categorizes its fair value measurements within the fair value hierarchy established by this standard.

For assets carried at fair value, the following table provides fair value information as of September 30, 2019 and 2018:

		Fair value measurements a Quoted prices in active markets Fair value at for identical eptember 30, assets and liabilities 2019 (Level 1 inputs)			Quoted prices for similar assets es and liabilities		9 using Significant unobservable inputs (Level 3 inputs)	
Cash and cash equivalents Certificates of deposit US Treasury Notes		1,385,717 13,629,687 57,363,891	\$ 	1,385,717 13,629,687 57,363,891	\$	- - -	\$ 	- - -
Total assets at fair value	\$	72.379.295	\$	72.379.295	\$	<u>-</u>	\$	<u> </u>

	Fair value measurements at September 30, 2018 using Quoted prices in								
Assets measured at fair value		air value at ptember 30, <u>2018</u>	acti fo assets	ve markets r identical and liabilities vel 1 inputs)	for similar	d prices ar assets abilities <u>2 inputs)</u>	unobs inp	ificant ervable outs 3 inputs)	
Cash and cash equivalents Certificates of deposit US Treasury Notes	\$	163,593 28,150,501 <u>14,567,751</u>	\$	163,593 28,150,501 14,567,751	\$	- - <u>-</u>	\$	- - -	
Total assets at fair value	\$	<u>42,881,845</u>	\$	42,881,845	\$		\$		

3. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at September 30, 2019 and 2018 consisted of the following amounts:

	<u>2019</u>	<u>2018</u>
Patient Accounts Receivable		
Receivable from patients	\$ 30,779,5	586 \$ 29,341,367
Receivable from third-party payors and other	6,944,9	973 4,974,282
Receivable from Medicare	10,230,4	199 11,507,157
Receivable from Medicaid	6,114,4	5,227,316
Total patient accounts receivable	54,069,4	51,050,122
Less: Allowance for uncollectible accounts	(32,327,4	(26,314,428)
Net patient accounts receivable	\$ 21,742,0)23

Accounts Payable and Accrued Expenses	<u>2019</u>	<u>2018</u>
Payable to suppliers	\$ 11,334,539	\$ 9,829,089
Payable to employees (including payroll taxes)	 13,284,195	 13,195,718
Total accounts payable and accrued expenses	\$ 24,618,734	\$ 23,024,807

4. Liquidity and Availability

The Foundation's liquidity management structures its financial assets to be available as its general expenditures, liabilities, and other obligations come due. The Foundation's financial assets available within one year of September 30, 2019 are as follows:

Cash and cash equivalents	\$ 258,101
Investments without donor restrictions	 18,245,460
	\$ 18,503,561

5. Investments in Joint Ventures

The Hospital's ownership percentage and investments at September 30, 2019 and 2018 for entities recorded under the equity method are as follows:

	Percent Owne	•	Inves	<u>tment</u>	Share of Earnings		
	2019	2018	2019	<u>2018</u>	2019	<u>2018</u>	
South of Broad Healthcare Broad River Oncology, LLC	50% 49%	50% 49%	\$ 1,907,455 <u>910,992</u> <u>\$ 2,818,447</u>	\$ 415,604 <u>392,000</u> <u>\$ 807,604</u>	\$ 518,992 (158,149) <u>\$ 360,843</u>	\$ - <u>165,604</u> <u>\$165,604</u>	

The Hospital and Broad River Oncology, LLC entered into an agreement under which the Hospital provides billing services for the joint venture. Each month the Hospital bills and collects patient payments on behalf of Broad River Oncology, LLC, of which 95% is remitted to the joint venture. The remaining 5% is retained by the Hospital as an administrative billing fee.

6. Foundation Investments

The Fair Value Measurements standard defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. The standard does not require any new fair value measurements, but clarifies and standardizes some divergent practices that have emerged since prior guidance was issued. The standard creates a three-level hierarchy under which individual fair value estimates are to be ranked based on the relative reliability of the inputs used in the valuation.

The standard defines fair value as the price that would be received to sell an asset or transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities, the Foundation considers the principal or most advantageous market in which those assets or liabilities are sold and considers assumptions that market participants would use when pricing those assets or liabilities. Fair values determined using level 1 inputs rely on active and observable markets to price identical assets or liabilities. In situations where identical assets and

liabilities are not traded in active markets, fair values may be determined based on level 2 inputs, which exist when observable data exists for similar assets and liabilities. Fair values for assets and liabilities that are not actively traded in observable markets are based on level 3 inputs, which are considered to be unobservable.

Among the Foundation's assets, various investments and certificates of deposit were reported at their fair values on a recurring basis. For assets carried at fair value, the following table provides fair value information as of September 30, 2019 and 2018:

	Fair value measurements at September 30, 2019 using Quoted prices in									
	Fair value at September 30,	active markets for identical assets and liabilities		Quoted for similar and lia	ar assets bilities	unobs inp	ficant ervable outs			
Assets measured at fair value	<u>2019</u>	(Level 1 inpu	<u>ITS)</u>	(Level 2	! inputs)	(Level 3	<u>inputs)</u>			
Cash and cash equivalents Mutual funds ⁽¹⁾	\$ 1,877,483	\$ 1,877	•	\$	-	\$	-			
Equities	194,188 12,845,861	194 12,845	,861		-		-			
US Treasury Notes Corporate bonds	2,403,390 3,512,739	2,403 3,512	•		-		-			
Other	129,544	129	,		<u>-</u>					
Total assets at fair value	\$ <u>20,963,205</u>	\$ <u>20,963</u>	205	\$	<u>-</u>	\$				

⁽¹⁾These assets at September 30, 2019 consist of: 100% large blend

	Fair value measurements at September 30, 2018 using							
			acti	ve markets	Quote	d prices	Sign	ificant
	F	air value at	fo	r identical	for similar assets		unobs	ervable
	Se	eptember 30,	assets and liabilities (Level 1 inputs)		and li	and liabilities (Level 2 inputs)		outs
		2018			(Level			inputs)
Assets measured at fair value								
Cash and cash equivalents	\$	1,657,519	\$	1,657,519	\$	-	\$	_
Mutual funds ⁽²⁾		10,866,323		10,866,323		-		-
Equities		4,953,633		4,953,633		-		-
Other	_	<u> 279,115</u>	_	<u> 279,115</u>		<u>-</u>		
Total assets at fair value	\$_	17,756,590	\$	17,756,590	\$	<u>-</u>	\$	

⁽²⁾ These assets at September 30, 2018 consist of the following security types: 21% bonds, 35% international stock, 42% domestic stock, and 2% large blend

Prices for assets are readily available in the active markets in which those securities are traded, and the resulting fair values are shown in the "Level 1 input" column.

Investment income is comprised of the following at September 30:

		<u>2019</u>	<u>2018</u>
Interest and dividends	\$	523,926	\$ 391,420
Net unrealized gains (losses)		801,944	872,860
Net realized gains		(807,285)	 50,492
Total investment income	\$	518,585	\$ 1,314,772

7. Capital Assets

Capital asset additions, retirements, transfers, and balances for the years ended September 30 are as follows:

	S	eptember 30, <u>2018</u>	Additions	Retirements	<u>T</u>	ransfers	S	eptember 30, <u>2019</u>
Land	\$	24,631,408	\$ -	\$ - 9	\$	-	\$	24,631,408
Land improvements		2,434,225	-	-		-		2,434,225
Buildings		123,769,957	32,848	-		12,421,061		136,223,866
Equipment		89,775,366	1,242,156	(183,373)		132,471		90,966,620
Construction in progress		7,588,217	8,435,207	-		(12,553,532)		3,469,892
Total at historical cost		248,199,173	9,710,211	(183,373)		-		257,726,011
Less accumulated depreciation:								
Land improvements		1,800,613	109,536	-		-		1,910,149
Buildings		63,475,004	3,574,031	-		-		67,049,035
Equipment		78,760,476	2,853,057	(159,174)		-		81,454,359
Total accumulated								
depreciation		144,036,093	6,536,624	(159,174)		-		150,413,543
Capital assets, net	\$	104,163,080	\$ 3,173,587	\$ (24,199)	\$	_	\$	107,312,468

	S	eptember 30, <u>2017</u>	Additions	Retirements	<u>Transfers</u>	Se	eptember 30, 2018
Land	\$	24,631,408	\$ -	\$ -	\$ -	\$	24,631,408
Land improvements		2,434,225	-	-	-		2,434,225
Buildings		122,702,952	-	-	1,067,005		123,769,957
Equipment		87,990,519	617,414	(71,363)	1,238,796		89,775,366
Construction in progress		3,782,370	6,111,648	` -	(2,305,801)		7,588,217
Total at historical cost		241,541,474	6,729,062	(71,363)	-		248,199,173
Less accumulated depreciation:							
Land improvements		1,789,464	11,149	-	-		1,800,613
Buildings		60,047,682	3,427,322	-	-		63,475,004
Equipment		74,545,850	4,280,663	(66,037)	-		78,760,476
Total accumulated							
depreciation		136,382,996	7,719,134	(66,037)	-		144,036,093
Capital assets, net	\$	105,158,478	\$ (990,072)	\$ (5,326)	\$ -	\$	104,163,080

8. Excess Consideration Provided for Acquisition

Effective December 1, 2014, Broad River acquired the remaining 60% of the Surgery Center of Beaufort, LLC for approximately \$9,912,000 in cash. Broad River then transferred its ownership of the Surgery Center of Beaufort, LLC to BMH. This transaction resulted in a gain on the Hospital's investment in the Surgery Center of Beaufort, LLC of approximately \$5,455,000 as of the transaction date. Consideration in excess of the assets acquired resulted in a deferred outflow of resources of approximately \$10,722,000 which is included in deferred outflows of resources on the combined statements of net position. This amount is being amortized into future periods over a period of 10 years.

9. Long-term Debt

At September 30, long-term debt included the following:

	September 30, <u>2018</u>	Additions	Reductions	September 30, <u>2019</u>	Amounts due within one year
Revenue bonds	\$ <u>56,295,000</u>	\$	\$(1,490,000)	\$ <u>54,805,000</u>	\$ <u>1,535,000</u>
	September 30, <u>2017</u>	<u>Additions</u>	Reductions	September 30, <u>2018</u>	Amounts due within one year
Revenue bonds	\$ <u>58,555,000</u>	\$ <u> </u>	\$(2,260,000)	\$ <u>56,295,000</u>	\$ <u>1,490,000</u>

On December 1, 2011, BMH issued \$9,480,000 of Series 2011A Bonds. The net proceeds were used to (i) refund, with the Series 1997 Debt Service Reserve Fund, \$11,725,000 of the outstanding Series 1997 Bonds for interest cost savings and (ii) pay all of the expenses associated with the issuance of the Series 2011A Bonds. The Series 2011A Bonds were secured by revenues of BMH. Interest was payable monthly at 1.96% and principal was payable annually through December 2017 at which time the 2011A bonds were fully repaid.

On December 1, 2011, BMH issued \$36,700,000 of Series 2011B Bonds. The net proceeds, which were drawn over the 15-month construction and acquisition period, were used to (i) finance land acquisition, site improvements, construction of an administrative building, and emergency room renovations for BMH, (ii) fund interest payments on a portion of the Series 2011B Bonds during the 15-month construction and acquisition period, and (iii) pay all of the expenses associated with the issuance of the 2011B Bonds. The Series 2011B Bonds are secured by revenues of BMH. Interest is payable monthly at 3.28% and principal is payable annually starting in December 2018 through December 2042.

A financial institution directly purchased the Series 2011B Bonds from Beaufort County. The financial institution advanced the principal amount of the 2011B Bonds to BMH from December 2011 through March 2013. The advances were used to pay for the project. BMH pays interest on the advanced principal amounts on the first day of each month, until the Series 2011B Bonds have been paid in full. The initial mandatory purchase date from the financial institution is December 1, 2021.

On November 14, 2014, BMH issued \$21,000,000 of Series 2014 Bonds bearing an initial interest rate of 2.69%. The net proceeds were used to (i) finance land acquisition, site improvements, and certain additions, improvements and renovations to the Hospital's facilities, including the acquisition of equipment, (ii) reimburse BMH for certain prior capital expenditures, and (iii) pay all of the expenses associated with the issuance of the 2014 Bonds. A financial institution directly purchased the Series 2014 Bonds from Beaufort County. The Series 2014 Bonds are secured by revenues and receipts of BMH. Interest is payable monthly

starting January 2015, and principal is payable annually starting in December 2015 through December 2044. The initial mandatory purchase date from the financial institution is December 1, 2029.

The financing arrangements contain several covenants, the most restrictive of which requires the Hospital to maintain certain debt service coverage ratios. The Hospital was in compliance with these financial covenants.

Future payments under the Hospital's long-term debt agreements are:

Year Ending September 30:	<u>Principal</u>	<u>Interest</u>
2020	\$ 1,535,000	\$ 1,676,834
2021	1,585,000	1,623,108
2022	1,630,000	1,572,483
2023	1,680,000	1,520,325
2024	1,725,000	1,470,702
2025 – 2029	9,445,000	6,474,199
2030 – 2034	10,945,000	4,868,674
2035 – 2039	12,685,000	3,006,699
2040 – 2044	12,560,000	901,813
2045	 1,015,000	6,902
	\$ 54,805,000	\$ 23,121,739

10. Endowment Funds

Board designated for endowment net assets are a subset of net assets without donor restrictions whose use has been limited by the Foundation's Board of Trustees. The Foundation's board designated net assets consist of three board designated endowment funds. The endowments are to be used at the discretion of the Foundation's Board of Trustees for the benefit of the Hospital.

Return Objectives and Risk Parameters

The Foundation has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Foundation relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Foundation targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Spending Policy

The Foundation has a policy of requesting annual withdrawals of 5% of the three year running average of the fiscal year end total value of the endowment unless otherwise approved by the Foundation Board of Trustees.

Changes in Board designated endowment net assets, included in net assets without donor restrictions, for the years ended September 30, 2019 and 2018 are as follows:

	<u>Without Donor</u> Restrictions
Board designated endowment net assets,	<u>rtoctrictions</u>
September 30, 2017	\$ 15,480,530
Investment income	1,292,088
Contributions	39,538
Reclassifications	181,869
Amounts appropriated for expenditure	(726,406)
Board designated endowment net assets,	
September 30, 2018	16,267,619
Investment income	458,912
Contributions	313,235
Reclassifications	49,877
Amounts appropriated for expenditure	(812,022)
Board designated endowment net assets,	
September 30, 2019	\$ 16,277,621

11. Net Patient Service Revenue

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

Medicare

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Outpatient services are reimbursed under a prospective payment system called the Ambulatory Payment Classification System ("APCs"). 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. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2013.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services are reimbursed at prospectively determined rates per procedures. The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through September 30, 2013.

Revenue from Medicare and Medicaid programs accounted for approximately 45% and 12%, respectively, of the Hospital's net patient service revenue for the year ended September 30, 2019, and 43% and 10%, respectively, of the Hospital's net patient service revenue, for the year ended September 30, 2018. 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 as a result of third party reviews. The 2019 and 2018 net patient service revenue did not change significantly due to changes in the allowances previously estimated for tentative cost report settlements.

Other

The Hospital has also entered into payment agreements with certain commercial insurance carriers and provider organizations. The bases for payment to the Hospital under these agreements include established Hospital charges, prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Net patient service revenue is comprised of the following at September 30:

	<u>2019</u>	<u>2018</u>
Gross patient charges at established rates	\$ 857,816,478	\$ 828,590,792
Medicaid disproportionate share	10,498,015	6,631,723
Contractual adjustments	(584,299,798)	(558, 325, 789)
Provision for bad debts	(40,893,190)	(40,327,422)
Charity care	(7,676,404)	(14,266,091)
Net patient service revenue	\$ 235,445,101	\$ 222,303,213

During 2019, the Hospital paid and received monies under the DSH Program (the "Program"). Under the Program, the Hospital recognized an increase in net patient service revenues related to net DSH funding totaling approximately \$10,498,000 in 2019. During 2018, the Hospital recognized an increase in net patient service revenues related to net DSH funding totaling approximately \$6,632,000. The Hospital paid approximately \$4,042,000 and \$4,104,000 in South Carolina hospital license fees in 2019 and 2018, respectively, included in other expenses. The payments made and revenue received under the Program are determined by state Medicaid guidelines, which are subject to change, thereby causing volatility in the payments made or revenue received under the Program. Payments of disproportionate share funds in the future may be impacted by Medicaid reform initiatives.

South Carolina Medicaid interim DSH payments are subject to audit and a final settlement process. The South Carolina Department of Health and Human Services ("SCDHHS") has selected the option to redistribute all Medicaid DSH funds to/from all hospitals based on final audit findings. Audit results and redistribution by facility for fiscal year 2015 were communicated by SCDHHS to each facility during 2019 and recorded by the Hospital. In 2019, the Hospital received notification from SCDHHS that the anticipated redistribution associated with the 2014 Medicaid DSH audit resulted in a repayment to the Hospital by SCDHHS of approximately \$80,000. As a result, the Hospital reduced the previously recorded liability of approximately \$2,300,000 and recognized the related change in net patient service revenue. The Hospital has recorded a reserve for DSH years 2017 through 2019 of approximately \$1,340,000, which are included in estimated third-party payor settlements. There is a reasonable possibility that these DSH estimates could materially change for fiscal years after 2016 due to the uncertainty of audit results for all hospitals in the state pertaining to each particular year and the related redistribution by facility. The Hospital anticipates recognition of any Medicaid DSH audit results in the period of notification of such findings and anticipated settlements from SCDHHS, which may result in significant impacts to net patient service revenue in the year of recognition.

12. Professional Liability and Workers Compensation Insurance

The Hospital purchases professional medical liability insurance with coverage up to \$300,000 per individual and an aggregate of \$600,000 on an occurrence basis. The coverage for physicians employed by the Hospital is \$1,200,000 per occurrence. Management believes that any pending claims or unasserted claims would be settled within the limits of coverage and is not aware of any potential claims not filed with the carrier as of September 30, 2019.

The laws of the state limit the amount that can be recovered from certain governmental medical facilities, including the Hospital, for damages for medical services rendered by the Hospital or the Hospital's employees to \$300,000 per individual and an aggregate of \$600,000 per occurrence and \$1,200,000 for physicians employed by the facility.

There is no litigation pending, or to the knowledge of management of the Hospital threatened, which if decided adversely to the Hospital would have a material adverse effect on the business operations, financial position or operations of the Hospital. Furthermore, there is no litigation pending, or to management's knowledge threatened, involving professional liability claims in which the amount sought by the plaintiff exceeds applicable professional liability or excess insurance policy coverage limits.

In 2006, the Hospital obtained commercial worker's compensation insurance subject to a deductible provision of \$100,000. The Hospital is responsible for all costs associated with each incident until the deductible limit is reached.

13. Expenses by Nature

The Foundation's Statements of Actives and Changes in Net Assets report certain categories of expenses that are attributable to grant programs, supporting functions, or fundraising events. Costs not directly attributable to such programs, supporting functions or fundraising events, including professional services and other expenses are considered general and administrative.

The natural expense breakout for the year ended September 30, 2019 is as follows:

Investment management fees	\$ 114,557
Grants to and fundraising for the Hospital	1,477,756
Other	195
Bank service charges	 4,842
	\$ 1.597.350

14. Pension Plan

Plan Description and Benefits Provided

The Hospital contributes to the South Carolina Retirement System ("SCRS"). SCRS is a cost-sharing multiple-employer defined-benefit pension plan administered by South Carolina Retirement Systems, a Division of the State Budget and Control Board. Under SCRS, employees who retire at or after age sixty-five (65) or have twenty eight (28) years of service are entitled to an annual retirement benefit, payable monthly for life equal to 1.82% of their Average Final Compensation times years of credited service. Benefits are fully vested on reaching five (5) years of earned service. Vested employees may retire at or after age sixty (60) and receive reduced retirement benefits. SCRS also provides death and disability benefits. Benefits are established by state statute. A Comprehensive Annual Financial Report containing financial statements and required supplementary information of SCRS is issued and publicly available by writing the South Carolina Retirement System, P.O. Box 11960, Columbia, SC 29211-1960 or at www.retirement.sc.gov.

Contributions

The employee and employer contribution rates are actuarially determined for SCRS. Covered employees are required by state statute to contribute 9.00% of their total earnings for the plan years ended June 30, 2019 and 2018, respectively. The Hospital is required to contribute 14.41% and 13.41% of earnable compensation for the plan years ended June 30, 2019 and 2018, respectively. In addition, the Hospital is required by the same statute to contribute an additional 0.15% for group life insurance coverage for the plan years ended June 30, 2019 and 2018. Contributions to the pension plan from the Hospital were approximately \$9,000,000 and \$8,600,000 for the plan years ended June 30, 2019 and 2018, respectively.

Pension Liabilities, Pension Expense, and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

At September 30, 2019, the Hospital reported a liability of approximately \$131,000,000 for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2019. The total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of July 1, 2018. The total pension liability was then rolled forward to the measurement date of June 30, 2019 utilizing updated procedures incorporating the actuarial assumptions. The Hospital's proportion of the net pension liability was calculated on the basis of historical employer contributions. At June 30, 2019 and June 30, 2018, the Hospital's proportion was 0.51% and 0.54%, respectively.

For the years ended September 30, 2019 and 2018, the Hospital recognized pension expense of approximately \$11,982,000 and \$15,373,000, respectively.

The Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources at September 30, 2019:

	Οι	Deferred utflows of esources	Deferred Inflows of Resources
Contributions subsequent to the measurement date Liability experience Assumption changes Change in proportion and differences between employer contributions and proportionate share	\$	2,113,847 93,465 2,642,433	\$ - (940,837) -
of plan Investment experience		3,049,359 1,160,106	(17,011,693)
Total	\$	9,059,210	\$(17,952,530)

The Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources at September 30, 2018:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Contributions subsequent to the measurement date Liability experience Assumption changes Change in proportion and differences between employer contributions and proportionate share	\$ 1,961,336 252,380 5,414,575	\$ - (801,001) -
of plan Investment experience	7,417,905 2,166,525	(16,926,640)
Total	\$ 17,212,721	\$(17,727,641)

\$2,113,847 reported as deferred outflows of resources related to pensions resulting from the Hospital's contributions subsequent to the measurement date that will be recognized as a decrease of the net pension liability in the year ended September 30, 2019. Other amounts reported as deferred outflows and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Year Ending September 30:

2020	\$ (953,877)
2021	\$ (8,255,739)
2022	\$ (2,192,920)
2023	\$ 395,369

Actuarial Assumptions

The total pension liability in the July 1, 2018 and 2017 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation 2.25 percent

Salary increases levels off at 3.0% - 12.5%

Investment rate of return 7.25 percent

The mortality assumption is dependent upon the member's job category and gender. This assumption includes base rates which are automatically adjusted for future improvement in mortality using published Scale AA projected from the year 2016.

The long-term expected rate of return on pension plan investments for actuarial purposes is based upon the 30 year capital market outlook. The actuarial long-term expected rates of return represent best estimates of arithmetic real rates of return for each major asset class and were developed in coordination with the investment consultant for the Retirement System Investment Commission (RSIC) using a building block approach, reflecting observable inflations and interest rate information available in the fixed income markets as well a Consensus Economic forecasts. The actuarial long-term assumptions for other asset classes are based on historical results, current market characteristics and professional judgement. The target allocation and best estimates of arithmetic real rates of return for each major asset class as of June 30, 2019 are summarized in the following table:

		Long-Term Expected Real
Asset Class	Target Allocation	Rate of Return
Global Equity	51%	.37% - 2.55%
Real Assets	12%	.06%45%
Opportunistic	8%	.04%22%
Diversified Credit	15%	.13%38%
Rate Sensitive	14%	.00%21%
Totals	100%	

For actuarial purposes, the long-term expected rate of return is calculated by weighting the expected future real rates of return by the target allocation percentage and then adding the actuarial expected inflation which is summarized above. For actuarial purposes, the 7.25 percent assumed annual investment rate of return used in the calculation of the total pension liability includes a 5 percent real rate of return and a 2.25 percent inflation component.

Discount Rate

The discount rate used to measure the total pension liability was 7.25 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers in the SCRS will be made based on the actuarially determined rates based on provisions in the South Carolina State code of Laws. Based on those assumptions, each plan member's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on the pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the Hospital's Proportionate Share of the Net Pension Asset to Changes in Discount Rate

The following presents the Hospital's proportionate share of the net pension liability calculated using the discount rate of 7.25 percent, as well as what the Hospital's proportionate share of the net pension asset or net pension liability would be if it were calculated using a discount rate that is 1-percentage-point lower (6.25 percent) or 1-percentage-point higher (8.25 percent) than the current rate:

	1% Decrease	Current Rate	1% Increase
	6.25%	7.25%	8.25%
Hospital's proportionate share of the			
net pension liability	\$ 165,000,092	\$ 130,961,085	\$ 102,554,503

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued Comprehensive Annual Financial Report (CAFR) for the State of South Carolina.

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 their established rates. The Hospital does not pursue collection of amounts determined to qualify as charity care so they are not reported as net patient service revenue. The amounts of direct and indirect costs incurred for services and supplies furnished under the Hospital's charity care policy totaled approximately \$1,660,000 and \$3,000,000 the years ended September 30, 2019 and 2018, respectively. The Hospital uses a cost to charge ratio to estimate the cost of charity care.

16. Commitments Under Noncancelable Operating Leases

The Hospital leases certain equipment under operating leases, which expire over the next seven years. Rent expense was approximately \$2,151,000 and \$2,563,000 for the years ended September 30, 2019 and 2018, respectively.

At September 30, 2019, future minimum lease payments under the noncancelable operating leases are as follows:

2020 2021	\$ 1,091,118 860,849
2022	879,046
2023	885,233
2024	839,055
Thereafter	 3,564,641
	\$ 8,119,942

17. Subsequent Event

Subsequent to the combined statement of net position date, the World Health Organization declared the outbreak of COVID-19, a novel strain of Coronavirus, a pandemic. The coronavirus outbreak is disrupting supply chains and affecting production and sales across a range of industries. The extent of the impact of the outbreak on our operational and financial performance will depend on certain developments, including the duration and spread of the outbreak, impact on our residents, employees and vendors, and governmental, regulatory and private sector responses. As of the combined statement of net position date, we have significant receivable balances outstanding. The full economic impact of this pandemic has not been determined, including the impact on the creditworthiness of our payors under these circumstances.

The Hospital also has a significant amount of excess consideration provided for acquisition to prior business combinations, which is subject to impairment analysis if events or circumstances occur that would more likely than not reduce the fair value of a reporting until below the carrying amount. The amount of any future impairment to be recognized will depend on certain developments, including the duration and spread of the outbreak, impact on our customers, employees and vendors, as well as governmental, regulatory, and private sector responses.

Additionally, the Foundation carries a significant balance of marketable equity securities. As of the date of the combined financial statements were available to be issued, the economic uncertainty caused by the outbreak has resulted in a severe decline in the value of marketable securities, including many of those held by the Foundation.

The combined financial statements do not reflect any adjustments as a result of the subsequent increase in economic uncertainty.

Subsequent events have been evaluated through March 31, 2020, which is the date the combined financial statements were available to be issued.

Beaufort Memorial Hospital Schedules of Proportionate Share of the Net Pension Liability For the Years Ended September 30, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Proportion of the net pension liability	0.510%	0.540%
Proportionate share of the net pension liability	\$ 130,961,085	\$ 136,331,879
Covered-employee payroll	\$ 60,570,604	\$ 63,045,978
Proportionate share of the net pension liability as a percentage		
of its covered-employee payroll	216.2%	216.2%
Plan fiduciary net position as a percentage of total pension liability	54.4%	54.1%

^{*} The amounts presented for each fiscal year were determined as of the plan's fiscal year ended June 30.

Beaufort Memorial Hospital Schedules of Contributions For the Years Ended September 30, 2019 and 2018

	<u> 2019</u>	<u>2018</u>
Contractually required contribution Contributions in relation to the contractually required contribution Contribution deficiency (excess)	\$ 8,821,480 8,821,480 \$ -	\$ 7,900,913 7,900,913 \$ -
Hospital's covered-employee payroll	\$ 60,685,025	\$ 62,137,975
Contribution as a percentage of the covered-employee payroll	14.54%	12.72%

Assets and Deferred Outflows of Resources		ВМН		Broad River		Eliminations		Combined
Current assets:		<u>DMII</u>		Dioda Kiver		Liminations		<u>oombinea</u>
Cash and cash equivalents Short-term investments	\$	39,808,116 51,782,222	\$	472,164 -	\$	-	\$	40,280,280 51,782,222
Patient accounts receivable, net of allowance for uncollectible accounts of \$32,327,435 Other assets Drugs and supplies Prepaid expenses	_	21,742,023 6,128 4,109,087 2,059,476	_	-	_	- - - -		21,742,023 6,128 4,109,087 2,059,476
Total current assets Long-term investments Investments in joint ventures Assets limited as to use Intangible assets Capital assets, net Intercompany receivables		119,507,052 20,597,073 - 2,262,358 17,353 107,312,468 16,010	_	472,164 - 2,818,447 - - -	_	- - - - - (16,010)	_	119,979,216 20,597,073 2,818,447 2,262,358 17,353 107,312,468
Total assets		249,712,314		3,290,611		(16,010)		252,986,915
Deferred outflows of resources: Excess consideration provided for acquisition Pension deferrals Total deferred outflows of resources	_	5,539,894 9,059,210 14,599,104	_	<u>-</u>	_	<u>.</u>	_	5,539,894 9,059,210 14,599,104
Total assets and deferred outflows of resources	\$	264,311,418	\$ _	3,290,611	\$ _	(16,010)	\$ _	267,586,019
<u>Liabilities</u> , <u>Deferred Inflows of Resources and Net Position</u> Current liabilities:								
Current portion of long-term debt Accounts payable Accrued expenses Estimated third-party payor settlements Intercompany payables Total current liabilities	\$	1,535,000 3,514,628 21,104,106 3,231,785 	\$	16,010 16,010	\$	- - - - (16,010) (16,010)	\$ 	1,535,000 3,514,628 21,104,106 3,231,785
Net pension liability Long-term debt, less current portion		130,961,085 53,270,000		-		-		130,961,085 53,270,000
Total liabilities		213,616,604		16,010	_	(16,010)		213,616,604
Deferred inflows of resources: Deferred pension inflows		17,952,530	_	-	_	-		17,952,530
Total deferred inflows of resources		17,952,530	_	_	_		_	17,952,530
Net position: Net investment in capital assets Unrestricted Total net position	_	52,507,468 (19,765,184) 32,742,284	_	3,274,601 3,274,601	_	- - -		52,507,468 (16,490,583) 36,016,885
Total liabilities, deferred inflows of resources and net position	\$	264,311,418	\$	3,290,611	\$	(16,010)	\$	267,586,019

	<u>вмн</u>			Broad River	Combined		
Operating revenues: Net patient service revenue, net of provision for bad debts of \$40,893,190 Other operating revenue	\$_	235,445,101 6,175,225	\$	<u>-</u>	\$	235,445,101 6,175,225	
Total operating revenues	_	241,620,326	-	<u>-</u>		241,620,326	
Operating expenses: Salaries and wages Employee benefits Contract labor Supplies Purchased services Physician fees Depreciation and amortization Other Total operating expenses	_	91,058,420 32,403,956 2,159,199 47,681,198 21,114,634 8,603,443 7,714,420 21,060,531	-	1,000 - - 8,864		91,058,420 32,403,956 2,159,199 47,681,198 21,115,634 8,603,443 7,714,420 21,069,395	
Operating income (loss)	_	9,824,525	-	(9,864)		9,814,661	
Nonoperating revenues (expenses): Investment income Interest expense Share of income of investee, net Noncapital gifts and bequests Total nonoperating revenues	_	1,709,579 (1,676,553) - 329,020 362,046		360,843 - 360,843		1,709,579 (1,676,553) 360,843 329,020 722,889	
Excess of revenues over expenses	_	10,186,571	-	350,979		10,537,550	
Increase in net position Intercompany transfer		10,186,571 (1,892,000)		350,979 1,892,000		10,537,550	
Net position, beginning of year		24,447,713		1,031,622		25,479,335	
Net position, end of year	\$ _	32,742,284	\$	3,274,601	\$	36,016,885	