

Colorado Rural Health Center

Financial Statements and
Independent Auditors' Reports

December 31, 2018 and 2017



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

**Colorado Rural Health Center
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Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors
Colorado Rural Health Center
Aurora, Colorado

Report on the Financial Statements

We have audited the accompanying financial statements of Colorado Rural Health Center (a nonprofit organization) (CRHC), which comprise the statement of financial position as of December 31, 2018, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of CRHC as of December 31, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1 to the financial statements, in 2018, CRHC adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

Other Matters

Prior Year Auditor's Report

The financial statements of CRHC as of and for the year ended December 31, 2017, were audited by BKD, LLP, and whose report dated May 16, 2018, expressed an unmodified opinion on those financial statements.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 2, 2019, on our consideration of CRHC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters for the year ended December 31, 2018. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of CRHC's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the CRHC's internal control over financial reporting and compliance.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
May 2, 2019

Colorado Rural Health Center
Statements of Financial Position
December 31, 2018 and 2017

ASSETS	2018	2017
<i>Current assets</i>		
Cash and cash equivalents	\$ 861,434	\$ 943,071
Certificates of deposit	488,439	463,137
Accounts receivable	44,421	61,386
Grants receivable	71,452	215,795
Prepaid expenses	55,865	53,989
Total current assets	1,521,611	1,737,378
<i>Noncurrent assets</i>		
Property and equipment, net	6,976	41,837
Total assets	\$ 1,528,587	\$ 1,779,215
LIABILITIES AND NET ASSETS		
<i>Current liabilities</i>		
Accounts payable	\$ 76,323	\$ 69,065
Accrued compensation and related liabilities	98,926	112,398
Deferred membership and other revenue	128,418	128,729
Total current liabilities	303,667	310,192
<i>Net assets</i>		
Without donor restrictions	1,070,495	1,076,584
With donor restrictions	154,425	392,439
Total net assets	1,224,920	1,469,023
Total liabilities and net assets	\$ 1,528,587	\$ 1,779,215

See accompanying notes to financial statements.

Colorado Rural Health Center
Statements of Activities and Changes in Net Assets
Years Ended December 31, 2018 and 2017

	2018			2017		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
<i>Revenue, gains, and other support</i>						
Government grants	\$ 1,054,510	\$ 500	\$ 1,055,010	\$ 1,212,337	\$ 21,335	\$ 1,233,672
Foundation grants and contributions	160,000	256,679	416,679	15,000	340,500	355,500
Fiscal agent fees and contracted services	546,122	-	546,122	1,036,137	-	1,036,137
Individual contributions	9,615	-	9,615	13,173	-	13,173
Program service fees	105,042	-	105,042	135,260	-	135,260
Conferences and workshops	145,290	-	145,290	142,257	-	142,257
Membership dues	153,763	-	153,763	97,940	-	97,940
Interest income	9,124	-	9,124	5,444	-	5,444
Other	268	-	268	2,785	-	2,785
Health information technology revenue	30,354	-	30,354	34,366	-	34,366
Net assets released from restrictions	495,193	(495,193)	-	346,768	(346,768)	-
Total revenue, gains, and other support	2,709,281	(238,014)	2,471,267	3,041,467	15,067	3,056,534
<i>Expenses</i>						
Program services	1,988,952	-	1,988,952	2,426,404	-	2,426,404
Management and general	699,173	-	699,173	573,545	-	573,545
Fundraising expenses	27,245	-	27,245	19,854	-	19,854
Total expenses	2,715,370	-	2,715,370	3,019,803	-	3,019,803
<i>Change in net assets</i>	(6,089)	(238,014)	(244,103)	21,664	15,067	36,731
<i>Net assets, beginning of year</i>	1,076,584	392,439	1,469,023	1,054,920	377,372	1,432,292
Net assets, end of year	\$ 1,070,495	\$ 154,425	\$ 1,224,920	\$ 1,076,584	\$ 392,439	\$ 1,469,023

See accompanying notes to financial statements.

**Colorado Rural Health Center
Statement of Functional Expenses
Year Ended December 31, 2018**

	Total Program Services Expenses	Management and General	Fundraising	Total Supporting Services Expenses	Total Expenses
Salaries and wages	\$ 1,021,006	\$ 458,055	\$ 18,234	\$ 476,289	\$ 1,497,295
Employee benefits	182,263	81,768	3,255	85,023	267,286
Professional fees	294,566	50,653	3,109	53,762	348,328
Conferences and workshops	103,503	-	-	-	103,503
Minor equipment	16,551	624	24	648	17,199
Travel	64,272	5,786	138	5,924	70,196
Rent	105,323	47,251	1,881	49,132	154,455
Other expenses	101,828	36,889	268	37,157	138,985
Depreciation	25,903	8,622	336	8,958	34,861
Insurance	-	9,525	-	9,525	9,525
Grants to other organizations	73,737	-	-	-	73,737
Total expenses	\$ 1,988,952	\$ 699,173	\$ 27,245	\$ 726,418	\$ 2,715,370

See accompanying notes to financial statements.

**Colorado Rural Health Center
Statement of Functional Expenses
Year Ended December 31, 2017**

	Total Program Services Expenses	Management and General	Fundraising	Total Supporting Services Expenses	Total Expenses
Salaries and wages	\$ 1,165,456	\$ 330,050	\$ 15,390	\$ 345,440	\$ 1,510,896
Employee benefits	213,814	60,551	2,824	63,375	277,189
Professional fees	407,901	73,158	35	73,193	481,094
Conferences and workshops	96,135	4,497	-	4,497	100,632
Minor equipment	33,173	1,890	66	1,956	35,129
Travel	77,530	26,105	-	26,105	103,635
Rent	100,649	26,279	984	27,263	127,912
Other expenses	110,663	31,849	219	32,068	142,731
Depreciation	34,361	8,971	336	9,307	43,668
Insurance	-	9,586	-	9,586	9,586
Grants to other organizations	186,722	609	-	609	187,331
Total expenses	\$ 2,426,404	\$ 573,545	\$ 19,854	\$ 593,399	\$ 3,019,803

See accompanying notes to financial statements.

Colorado Rural Health Center
Statements of Cash Flows
Years Ended December 31, 2018 and 2017

	2018	2017
<i>Increase (Decrease) in Cash and Cash Equivalents</i>		
<i>Cash flows from operating activities</i>		
Cash received from government grants	\$ 1,199,353	\$ 1,252,936
Cash received from foundation and individual grants and contributions	426,294	368,673
Cash received from fiscal agent fees and contracted services	540,097	1,024,398
Cash received from program service fees	105,042	135,260
Cash received from conferences and workshops	145,290	142,257
Cash received from membership dues	159,477	97,940
Cash received from other revenue	56,711	180,727
Cash paid to or on behalf of employees	(1,778,053)	(1,827,107)
Cash paid for supplies and other expenses	(910,546)	(1,205,029)
Net cash provided by (used in) operating activities	(56,335)	170,055
<i>Cash flows from investing activities</i>		
Cash paid for purchase of certificate of deposit	(25,302)	(457,129)
Cash paid for purchase of property and equipment	-	(5,814)
Net cash used in investing activities	(25,302)	(462,943)
Net decrease in cash and cash equivalents	(81,637)	(292,888)
Cash and cash equivalents, beginning of year	943,071	1,235,959
Cash and cash equivalents, end of year	\$ 861,434	\$ 943,071

See accompanying notes to financial statements.

Colorado Rural Health Center
Statements of Cash Flows (Continued)
Years Ended December 31, 2018 and 2017

	2018	2017
<i>Reconciliation of Change in Net Assets to Net Cash</i>		
<i>Provided by (Used in) Operating Activities</i>		
Change in net assets	\$ (244,103)	\$ 36,731
<i>Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities</i>		
Depreciation	34,861	43,668
Decrease (increase) in assets:		
Accounts receivable	16,965	138,132
Grants receivable	144,343	19,264
Prepaid expenses	(1,876)	1,322
Increase (decrease) in liabilities:		
Accounts payable	7,258	(18,301)
Accrued compensation and related liabilities	(13,472)	(39,022)
Deferred membership and other revenue	(311)	(11,739)
Net cash provided by (used in) operating activities	\$ (56,335)	\$ 170,055

See accompanying notes to financial statements.

**Colorado Rural Health Center
Notes to Financial Statements
Years Ended December 31, 2018 and 2017**

1. Organization and Summary of Significant Accounting Policies:

a. Organization

Colorado Rural Health Center (CRHC) is Colorado's nonprofit State Office of Rural Health and Rural Health Association. CRHC works with federal, state, and local partners to offer services and resources to rural healthcare providers, facilities, and communities. Since 1991, CRHC has worked to enhance healthcare services in the state by providing information, education, linkages, tools, and energy toward addressing rural health issues. CRHC's vision is to improve healthcare services available in rural communities to ensure that all rural Coloradans have access to comprehensive, affordable, high quality healthcare.

CRHC's primary program services are as follows:

- Assisting Colorado's critical access hospitals (CAHs), rural health clinics (RHCs), and other rural clinics and healthcare providers to strengthen the administration of rural healthcare organizations. Assistance is provided through services including, but not limited to: Healthy Clinic Assessments, technical assistance, education, grant application review, and/or grant funding and benefits.
- Gather data to publish Top 3/Bottom 3 population health reports, the state-wide and regional snapshots of rural health.
- Improving healthcare services available in rural communities, which is accomplished through policy and advocacy work at both the state and federal levels.
- Identify and relieve the healthcare workforce and retention challenges and barriers in rural and underserved areas of Colorado by contracting with clinics and hospitals to assist in the recruitment and retention of primary care providers.
- Assisting healthcare facilities with assessing, adopting, and implementing health information technology (HIT) solutions by offering remote monitoring, installation of new systems, vacation relief, remediation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) related issues, meaningful use services, HIPAA compliance, education, phishing campaigns, electronic health record selection, and report writing.

Every year CRHC hosts two major events in Colorado aimed at educating its members on trends and essential knowledge in rural healthcare. These events serve as an essential educational, training, and networking venue for CAHs, RHCs, and other rural clinics and healthcare providers. These events are for all rural and urban stakeholders interested in learning about rural healthcare issues, best practices, and solutions.

b. Summary of Significant Accounting Policies

Basis of presentation – Financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). CRHC is required to report information regarding its financial position and activities according to two classes of net assets: with donor restrictions and without donor restrictions.

**Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017**

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued):

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

Cash and cash equivalents – Cash and cash equivalents include investments in highly liquid investments with an original maturity of three months or less. Cash and cash equivalents are held in checking and money market accounts.

Accounts receivable – Accounts receivable are stated at the amount billed to hospitals and/or grantors. Management believes the balance is collectible, therefore, no allowance for uncollectible accounts is maintained.

Grants receivable – Receivables arising from revenue from government agencies are stated at net realizable value. Management believes the amounts to be fully collectible.

Prepaid expenses – Prepaid expenses are expenses paid during the fiscal year relating to expenses to be incurred in future periods. Prepaid expenses are amortized over the expected benefit period of the related expense.

Property and equipment – It is CRHC’s policy to capitalize property and equipment with a basis greater than \$5,000 and an estimated useful life of one or more years; lesser amounts are expensed. CRHC’s capital assets are stated at cost, if purchased. Contributed items are recorded at fair value at the date of contribution. Assets under capital lease obligations are amortized over the shorter of the lease terms or their respective estimated useful lives. Depreciation has been computed on the straight-line method over the following estimated useful service lives:

Furniture and equipment	3-7 years
Leasehold improvements	8 years

Personal time off – Employees earn personal time off (PTO) based on hours worked. This benefit is vested when earned according to policy guidelines. PTO may be carried from year to year as long as it does not exceed certain limits. Accrued benefits are reflected in the financial statements.

Net assets with donor restrictions – Net assets with donor restrictions are those whose use by CRHC has been limited by donors to a specific period of time or purpose.

Contributions – CRHC reports gifts of cash and other assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished) net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of operations as net assets with donor restrictions released for operations.

Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued):

Contributions (continued) – CRHC reports gifts of land, buildings, and equipment as net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, CRHC reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as contribution revenue.

Conditional gifts depend on the occurrence of a specified future and uncertain event to bind the potential donor and are recognized as assets and revenue when the conditions are substantially met and the gift becomes unconditional.

Foundation grants and contributions represent contributions from unrelated foundations.

Deferred revenue – Membership revenue is deferred and recognized over the periods in which the memberships relate.

Government grants – Support funded by government grants is recognized as CRHC performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Functional expense allocation – The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and changes in net assets. The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include employee benefits and rent, which are allocated based on salaries and wages, as well as, depreciation, interest, and other expense, which are allocated based on the ratio of direct expenses by function.

Federal income tax – CRHC is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no provision for income tax is necessary. CRHC evaluates uncertain tax positions whereby the effect of the uncertainty would be recorded if the outcome was considered probable and reasonably estimable. As of December 31, 2018 and 2017, CRHC had no uncertain tax positions requiring accrual.

Reclassifications – Certain reclassifications of the 2017 amounts have been made in the financial statements in order to conform to the 2018 presentation. These reclassifications had no effect on the previously reported change in net assets.

Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017

1. Organization and Summary of Significant Accounting Policies (continued):

b. Summary of Significant Accounting Policies (continued):

Subsequent events – Subsequent events have been reviewed through May 2, 2019, the date on which the financial statements were available to be issued.

Change in accounting principle – The FASB issued Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities* (Topic 958): *Presentation of Financial Statements of Not-for-Profit Entities*. ASU No. 2016-14 requires significant changes to the financial reporting model of organizations that follow FASB not-for-profit principles, including changing from three classes of net assets to two classes: net assets with donor restrictions and net assets without donor restrictions. The ASU will also require changes in the way certain information is aggregated and reported by CRHC, including required disclosures about the liquidity and availability of resources. The standard impacts the presentation of net assets and to enhance disclosures related to liquidity and availability.

Upcoming accounting standard pronouncements – In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), which will supersede the current revenue recognition requirements in Topic 605, *Revenue Recognition*. The ASU is based on the principle that revenue is recognized to depict the transfer of goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The ASU also requires additional disclosure about the nature, amount, timing, and uncertainty of revenue and cash flows arising from customer contracts, including significant judgments and changes in judgments and assets recognized from costs incurred to obtain or fulfill a contract. The new guidance will be effective for CRHC's year ending December 31, 2019. The ASU permits application of the new revenue recognition guidance to be applied using one of two retrospective application methods. CRHC has not yet determined which application method it will use. CRHC does not expect that this standard will have a significant impact on CRHC's main revenue stream; however, management is still assessing the actual impact.

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (Topic 842), which will supersede the current lease requirements in Accounting Standards Codification (ASC) 840. The ASU requires lessees to recognize a right-of-use asset and related lease liability for all leases, with a limited exception for short-term leases. Leases will be classified as either finance or operating, with the classification affecting the pattern of expense recognition in the statements of activities and changes in net assets. Currently, leases are classified as either capital or operating, with only capital leases recognized on the statements of financial position. The reporting of lease-related expenses in the statements of activities and changes in net assets and cash flows will be generally consistent with the current guidance. The new lease guidance will be effective for CRHC's year ending December 31, 2020, and will be applied using a modified retrospective transition method to the beginning of the earliest period presented. The new lease standard is expected to have a significant effect on the financial statements as a result of the leases for rented office space being reported as a liability on the statement of financial position. The effect of applying the new lease guidance on the financial statements will be to increase long-term assets and to increase short-term and long-term lease liabilities. The effects on the results of operations are not expected to be significant as recognition and measurement of expenses and cash flows for leases will be substantially the same under the new standard.

Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017

2. Liquidity and Availability of Financial Assets

CRHC's financial assets available within one year of the statements of financial position date for general expenditure are as follows:

	2018	2017
Cash and cash equivalents	\$ 861,434	\$ 943,071
Certificates of deposit	488,439	463,137
Accounts receivable	44,421	61,386
Grants receivable	71,452	215,795
	1,465,746	1,683,389
Less net assets with donor restrictions	(154,425)	(392,439)
Financial assets available to meet cash needs for general expenditures within one year	\$ 1,311,321	\$ 1,290,950

As a part of CRHC's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities, and other obligations come due. CRHC's financial assets available within one year consist of cash and cash equivalents, certificates of deposit, accounts receivable, and grants receivables.

3. Fair Value Measurements

CRHC categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs. CRHC's certificates of deposit are valued using the market approach based primarily on current market interest rates for similar investments (Level 2 input).

4. Property and Equipment:

A summary of property and equipment consisted of the following:

	2018	2017
Furniture and equipment	\$ 219,843	\$ 264,096
Leasehold improvements	60,617	60,617
	280,460	324,713
Less accumulated depreciation	273,484	282,876
Property and equipment, net	\$ 6,976	\$ 41,837

Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017

5. Net Assets with Donor Restrictions:

Net assets with donor restrictions are available for the following future purposes:

	2018	2017
Technical assistance	\$ -	\$ 15,604
Outreach	923	11,835
iCARE Improving Communications and Readmissions	88,502	-
For periods after December 31	65,000	365,000
	\$ 154,425	\$ 392,439

6. Operating Lease:

During 2017, CRHC renewed their operating lease for its office space and is obligated under an operating lease agreement which expires on January 24, 2024. Future minimum lease payments are as follows:

Years Ending December 31,	Amount
2019	\$ 154,694
2020	158,751
2021	162,818
2022	166,875
2023	170,604
2024	14,217
Future minimum lease payments	\$ 827,959

7. Defined Contribution Plan:

CRHC has a 401(k) plan covering substantially all employees. The Board of Directors annually determines the amount, if any, of CRHC's contributions to the plan during the budgeting process. CRHC matches employees' contributions up to 3 percent of the employees' annual salary. Matching contributions totaled approximately \$36,000 and \$29,000 for the years ended December 31, 2018 and 2017, respectively.

Colorado Rural Health Center
Notes to Financial Statements (Continued)
Years Ended December 31, 2018 and 2017

8. State Pass-through Contract:

CRHC has a number of contracts with the Colorado Department of Public Health and Environment for which CRHC acts as the distribution agency for funds, supplies, and equipment in order to meet the goals on each contract. These contracts include:

- Colorado Department of Public Health and Environment's Emergency Preparedness and Response Division in which CRHC will act as the distribution agency for funds, supplies and equipment for local hospitals, rural health centers, Regional Emergency and Trauma Advisory Council (RETAC), Medical Reserve Corps (MRC), statewide universities and other health providers.
- Colorado Department of Public Health and Environment to provide program administration services on behalf of the Colorado Resource for Emergency and Trauma Education (CREATE) to meet the goals of CREATE in providing education and training for emergency medical and trauma services.
- Colorado Department of Public Health and Environment to provide program administration services on behalf of Health Care Coalitions (HCC), whose funding serves to strengthen and enhance the preparedness of the public health and medical system to respond to and recover from emergency incidents through the development of HCC.

As part of these contracts, CRHC received and distributed approximately \$385,000 and \$1,258,000 for the years ended December 31, 2018 and 2017, respectively. The amounts received and distributed are not included in the statements of activities and changes in net assets. Fiscal agent fees received for administering the contract were approximately \$398,000 and \$749,000 for the years ended December 31, 2018 and 2017, respectively.

9. Concentration of Risks:

Amounts received or receivable from granting agencies are subject to audit and adjustment by grantor agencies, principally the federal government. Any disallowed claims, including amounts already collected, may constitute a liability of the applicable funds. The amount, if any, of expenditures which may be disallowed by the grantor cannot be determined at this time, although CRHC expects such amounts, if any, to be immaterial.

A significant portion of the CRHC's funding is derived from grants funded through various federal, state, and private organizations. These programs are funded primarily through Department of Health and Human Services federal contracts. CRHC is dependent on continued funding.

SINGLE AUDIT

AUDITORS' SECTION



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL
OVER FINANCIAL REPORTING AND ON COMPLIANCE
AND OTHER MATTERS BASED ON AN AUDIT OF
FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE
WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Colorado Rural Health Center
Aurora, Colorado

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Colorado Rural Health Center (CRHC), which comprise the statement of financial position as of December 31, 2018, and the related statements of activities and changes in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated May 2, 2019.

Internal Control over Financial Reporting

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

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

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

Compliance and Other Matters

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

Purpose of this Report

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

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
May 2, 2019



DINGUS | ZARECOR & ASSOCIATES PLLC
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE
FOR THE MAJOR PROGRAM AND ON INTERNAL CONTROL
OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Colorado Rural Health Center
Aurora, Colorado

Report on Compliance for CRHC's Major Federal Program

We have audited Colorado Rural Health Center's (CRHC) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on CRHC's major federal program for the year ended December 31, 2018. CRHC's major federal program is identified in the summary of auditors' results section of the accompanying schedule of audit findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for CRHC's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about CRHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for CRHC's major federal program. However, our audit does not provide a legal determination of CRHC's compliance.

Opinion on CRHC's Major Federal Programs

In our opinion, CRHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal programs for the year ended December 31, 2018.

Report on Internal Control over Compliance

Management of CRHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered CRHC's internal control over compliance with the types of requirements that could have a direct and material effect on CRHC's major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for CRHC's major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of CRHC's internal control over compliance.

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

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dingus, Zarecor & Associates PLLC

Spokane Valley, Washington
May 2, 2019

**Colorado Rural Health Center
 Schedule of Audit Findings and Questioned Costs
 Year Ended December 31, 2018**

Section I – Summary of Auditors’ Results

Financial Statements:

Type of auditors’ report issued:

Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? yes no
- Significant deficiency(ies) identified? yes none reported

Noncompliance material to financial statements noted?

yes no

Federal Awards:

Internal control over major programs:

- Material weakness(es) identified? yes no
- Significant deficiency(ies) identified? yes none reported

Type of auditors’ report issued on compliance for major federal programs:

Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?

yes no

Identification of major programs:

CFDA Number(s)

Name of Federal Program or Cluster

93.241

State Rural Hospital Flexibility Program

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee?

yes no

**Colorado Rural Health Center
Schedule of Audit Findings and Questioned Costs (Continued)
Year Ended December 31, 2018**

Section II – Financial Statement Findings

No matters were reported for 2018. Therefore, no corrective action plan is necessary, nor has one been prepared.

Section III – Federal Award Findings and Questioned Costs

No matters were reported for 2018. Therefore, no corrective action plan is necessary, nor has one been prepared.

AUDITEE'S SECTION

**Colorado Rural Health Center
Schedule of Expenditures of Federal Awards
Year Ended December 31, 2018**

Federal Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	Pass-Through Entity Identifying Number	Passed Through to Subrecipient	Total Federal Expenditures
U.S. Department of Health and Human Services Direct Programs:				
State Rural Hospital Flexibility Program	93.241		\$ -	\$ 563,974
Small Rural Hospital Improvement Grant Program	93.301		58,374	318,565
Grants to States for Operation of Offices of Rural Health	93.913		-	171,971
Subtotal direct programs			58,374	1,054,510
Pass-through program from:				
National Rural Health Association				
Rural Health Research Centers	93.155	5 U16RH03702-14-00	-	9,500
Total U.S. Department of Health and Human Services				1,064,010
Total expenditures of federal awards				\$ 1,064,010

See accompanying independent auditors' report, and notes to the schedule of expenditures of federal awards.

1. Basis of Presentation:

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal award activity of Colorado Rural Health Center (CRHC) under programs of the federal government for the year ended December 31, 2018. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of CRHC, it is not intended to and does not present the financial position, changes in net assets, or cash flows of CRHC.

2. Summary of Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. CRHC has not elected to use the 10 percent de minimis indirect cost rate as allowed under the Uniform Guidance.

**Colorado Rural Health Center
Summary Schedule of Prior Audit Findings
Year Ended December 31, 2018**

The single audit for the year ended December 31, 2017, reported no audit findings, nor were there any unresolved findings from periods ended December 31, 2016, or prior. Therefore, there are no matters to report in this section for the year ended December 31, 2018.