PUBLIC NOTICE

Bloss Memorial Healthcare District, A Public Entity • 3605 Hospital Road, • Atwater, California 95301 • (209) 381-2000 x 7002• fax: (209) 722-9020

Date: October 16, 2017

Phone: (209) 724-4102 **Fax:** (209) 722-9020

Bloss Memorial Healthcare District will hold their Finance Committee meeting on Friday, October 20, 2017 at 1:30 pm in the Board Room at 3605 Hospital Road, Atwater, CA 95301.

The next Bloss Memorial Healthcare District Board of Directors meeting will be held Friday, October 20, 2017 at 2:00 pm in the Board Room at 3605 Hospital Road, Atwater, Ca 95301.

I, Fily Cale, posted a copy of the agenda of the Board of Directors of Bloss Memorial Healthcare District, said time being at least 72 hours in advance of the meeting of the Board of Directors.

BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD) FINANCE COMMITTEE MEETING

BOARD ROOM

Friday, October 20, 2017 1:30 pm.

AGENDA FOR PUBLIC SESSION

I. CALL TO ORDER

		ACTION	EXHIBIT
II.	APPROVAL OF AGENDA	*	
III.	PUBLIC COMMENTS Comments can be made concerning any matter within the if the matter is not on the agenda, there will be no Board Anyone wishing to address the Board on any issue, pleas microphone.	d discussion of	the issue.
IV.	APPROVAL OF MINUTES	ale.	
	A. September 28, 2017 Finance Committee	*	1
V.	REVIEW OF DISTRICT FINANCIAL STATEMENTS	*	2
	A. Recommendation of FYE 2017 Audited Financials	*	2a
VI.	CCDSC FINANCIAL REPORT	*	3
VII.	SKDSC FINANCIAL REPORT	*	4
VIII.	CDSC FINANCIAL REPORT	*	5
IX.	DENTAL CENTERS' COMPARISON	*	6
Х.	WARRANTS & PAYROLL A. September 2017 Payroll, Electronic Payments & Check	Register*	7
XI.	DISCUSSION		
XII.	AGENDA FOR CLOSED SESSION Closed Session Items Pursuant the Brown Act will be: 1. Section 54954.5(h) Report Involving Trade Secrets – Estimated date of public disclosure will be in 2017.	· Regarding Ne	w Services.

XIII. NEXT MEETING DATE

XIV. ADJOURNMENT

- Assistance for those with disabilities: If you have a disability and need accommodation to participate in the meeting, please call Fily Cale at (209) 724-4102 or (209) 381-2000 extension 7000 for assistance so that any necessary arrangements may be made.
- ❖ Any written materials relating to an agenda item to be discussed in open session of a regular meeting that is distributed within the 72 hours prior to the meeting is available for public inspection at the time the record is distributed to all, or a majority of all, members of the Board. These documents are available from the Executive Assistant in Administration at 3605 Hospital Road, Atwater, California 95301.

BLOSS MEMORIAL HEALTHCARE DISTRICT, A Public Entity (BMHD) FINANCE COMMITTEE MEETING BOARD ROOM

Thursday, September 28, 2017 1:30 p.m.

Committee:

Edward Lujano, CEO; Dawnita Castle, Chief Financial Officer;

Fily Cale, Executive Assistant; Alfonse Peterson, Committee Chair

and Glenn Arnold, Committee Member

Others Present:

Rosalie Heppner, Board Chair; Kory Billings, Board Vice Chair

and Dorothy Bizzini, Castle Board Chair

Absent:

None

CALL TO ORDER

Al Peterson, Committee Chair, called the meeting to order at 1:30 p.m. in the Board Room.

APPROVAL OF AGENDA

A motion was made/seconded, (Edward Lujano / Glenn Arnold) to approve the September 28, 2017 agenda as presented. Motion carried.

PUBLIC COMMENTS

None.

APPROVAL OF FINANCE COMMITTEE MINUTES

A. August 31, 2017 Finance Committee Minutes, Exhibit 1

A grammatical correction was made.

A motion was made / seconded, (Glenn Arnold / Edward Lujano) to approve and accept the August 31, 2017 Finance Committee Minutes with correction, Exhibit 1. Motion carried.

REVIEW OF DISTRICT FINANCIAL STATEMENTS, EXHIBIT 2

Dawnita Castle, CFO, reported that the auditor is doing a final review of the audit and it will be on the agenda for the next meeting. Upon the suggestion of the auditor, the CDSC receivable was

moved under Investments, Other Assets on the Balance Sheet. This is more user friendly for reading the financials.

BMHD had a net loss for the month of August 2017 in the amount of \$70,125 before depreciation and a net loss in the amount of \$129,992 after depreciation. Cash on Hand had a slight decrease from 169 days last month to 143 days for August 2017.

CCDSC FINANCIAL REPORT, EXHIBIT 3

Dawnita Castle stated CCDSC had a 19% increase in visits for August 2017 and saw 172 patients and recorded a profit of \$3,022 before allocations.

Over the past 12 months, CCDSC has recorded a profit before allocations and this brings the total for the 12 months to \$515,450.

SKDSC FINANCIAL REPORT, EXHIBIT 4

Dawnita Castel reported that SKDSC total expenses for August 2017 were \$21,783.

CDSC FINANCIAL REPORT, EXHIBIT 5

Dawnita Castle reported that for the month of August 2017, CDSC treated 117 patients and recorded a net loss in the amount of \$84,834.

DENTAL CENTERS' COMPARISON, EXHIBIT 6

The Dental Center's Comparison report was reviewed and discussed.

Dawnita Castle reported that net patient revenue cases for CCDSC was \$1,252 and CDSC was \$1,411. Net expenses per case for CCDSC was \$1,239 and CDSC was \$2,143.

A motion was made / seconded, (Edward Lujano / Glenn Arnold) to approve and accept the Review of District Financial Statements as presented, Exhibit 2; CCDSC Financial Report, Exhibit 3; SKDSC Financial Report, Exhibit 4; CDSC Financial Report, Exhibit 5 and Dental Centers' Comparison, Exhibit 6 as presented. Motion carried.

WARRANTS AND PAYROLL

A. August 2017 Payroll, Electronic Payments & Check Register, Exhibit 7

A motion was made/seconded, (Glenn Arnold / Edward Lujano) to approve and accept the August 2017 Total Payroll in the amount \$200,858.05 and Total Accounts Payable in the amount of \$344,251.48 for a total Grand Total Disbursement of \$544,836.53, Exhibit 7. Motion carried.

DISCUSSION	
None.	
AGENDA FOR CLOSED SESSION	
There was no Closed Session item(s) for a	discussion.
NEXT MEETING DATE/ADJOURNM	<u>MENT</u>
The next Finance Committee meeting wil	l be held on Friday, October 20, 2017 at 1:30 pm.
As there was no further business, the mee	ting adjourned at 1:40 p.m.
Respectfully Submitted,	
Fily Cale Executive Assistant	Alfonse Peterson Committee Chair

THIS ITEM UNAVAILABLE AT THIS TIME BLOSS MEMORIAL HEALTHCARE DISTRICT FINANCE COMMITTEE MEETING Period Ended September 2017

Operations Summary Statement (white)

Financial Statements

Detail Balance Sheet (yellow)

Summary Income Statement Prior Year Comparison (lilac)

Statistics

FTE Report (gray)

RECOMMENDATION OF FYE 2017 AUDITED FINANCIALS

Audited Financial Statements

June 30, 2017 and 2016

Audited Financial Statements

June 30, 2017

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INDEPENDENT AUDITOR'S REPORT

The Board of Directors
Bloss Memorial Healthcare District
Atwater, California

We have audited the accompanying balance sheet of Bloss Memorial Healthcare District (the District) as of June 30, 2017 and 2016, and the related statements of revenues, expenses, and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of the District's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

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

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial position of the Bloss Memorial Healthcare District, as of June 30, 2017 and 2016, and the respective changes in financial position, and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis on pages 3 through 5 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated August 30, 2017, on our consideration of the Bloss Memorial Healthcare District internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on 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 Bloss Memorial Healthcare District internal control over financial reporting and compliance.

Blomberg & High: A. C.
Blomberg & Griffin, A.C.

Stockton, CA August 30, 2017

Management's Discussion and Analysis

June 30, 2017

The management of Bloss Memorial Healthcare District ("Bloss") has prepared the following analysis and discussion of the financial performance of the District for the fiscal Year ended June 30, 2017 to accompany the financial statements prepared in accordance with the Governmental Accounting Standards Board Statement Numbers 34, 37 and 38. This discussion and the associated schedules are intended to provide an analysis, explanation, and historical basis of comparison for the reporting of financial results of the District for the Fiscal Year 2017. The audited financial statements included herewith have been prepared and submitted with an unqualified opinion from the District's independent auditor.

In FY 2017 Bloss continued to operate two Dental Surgery Centers in the San Joaquin Valley – Central California Dental Surgery Center in Atwater (CCDSC), and Children's Dental Surgery Center in Stockton (CDSC). Central California Dental Surgery Center was purchased on January 1, 2015 and Bloss became sole owner of the Dental Surgery Center located in Atwater. CDSC is a Partnership in which Bloss is the majority partner with 65% ownership. Both surgery centers have struggled to continue providing much needed dental services, primarily to children from low income families, while dealing with the ongoing challenges of decreased reimbursement from its payer sources.

Bloss had a gain in FY 2017 of \$104,016 which includes \$720,773 of depreciation expense: Bloss's financial position continues to improve and CCDSC ended with a profit of \$574,751 and \$161,366 CDSC Partnership loss.

A comparison of Dental Surgery patient volumes by site is as follows:

	FYE 17	_FYE 16_	_Change	% change
CCDS	2,421	2,208	213	9.65%
CDSC	2,651	3167	516	16.29%_
Totals	5,072	5,375	303	5.64%

Bloss has also continued it's affiliation with Castle Family Health Centers, Inc (CFHC), which provided services to 127,358 patient visits during FY 2017. The affiliation with CFHC has allowed Bloss to continue its mission in the provision of healthcare services to the community. In FY 2017 Bloss provided grant funds from its Goodwin Trust to CFHC to provide Optometry Services, Flu Vaccines, and Financial Assistance for senior citizens residing within the District.

Management's Discussion and Analysis

June 30, 2017

Comments on the Statement Net Position

Total Cash and Cash Equivalents increased by \$848,556 (59.61%) from the prior year. Bloss Net Patient Accounts Receivable while a RHC consists of \$ 364,931 patient accounts in collections services which are offset with a 100%. CCDSC Net Patient Accounts receivable account for \$384,356 during FY 2017 as Bloss continued to fund the dental centers operations. Other Receivables increased by \$107,341 (3.51%) over the prior year.

Table 1
Condensed Statements of Net Position:

	2017	2016	Dollar Change	Percent Change
Current and Other	/		-	
Assets	\$ 6,096,392	\$ 5,248,486	\$ 847,906	16.16%
Capital Assets, Net	17,350,650	17,941,104	(590,454)	-3.29%
Total Assets	23,447,042	23,189,590	257,452	1.11%
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Long-term Debt	566	32,949	(32,383)	-98.28%
Other Liabilities	2,236,109	2,062,261	173,848	8.43%
Total Liabilities	2,236,675	2,095,210	141,465	6.75%
Net Position Invested in				
Capital Assets, Net of				
Related Debt	17,350,084	17,908,155	(558,071)	-3.12%
Temporarily restricted	167,595	155,623	11,972	7.69%
Unrestricted	3,692,688	3,030,602	662,086	21.85%
Total Net Position	\$ 21,210,367	\$ 21,094,380	\$ 115,987	0.55%

Property Plant and Equipment

Fixed Assets increased by \$130,319 (0.73%) during FY 2017 over the prior year. The addition of CCDSC Fixed Assets accounted for \$68,219 of the total increase. The district also disposed asset with the book value of \$8,568. A Summary of changes in Fixed Assets is as follows:

Capital Expenditures:	
Building Upgrades and Repairs	\$ 62,100
CCDSC Equipment- Major Movable	56,268
CCDSC Equipment-Minor	11,951
Net Change in fixed assets	\$ 130,319

Total Liabilities as of June 30, 2017 of \$463,442 decreased from the prior year by \$18,803 (3.90%).

Management's Discussion and Analysis

June 30, 2017

Comments on the Statement of Revenue and Expenses

Net patient revenues increased by \$190,887 in FY 2017 over the prior year. The increase is attributable to CCDSC as Bloss assumed full ownership of the dental center's activities were integrated into Bloss operations in January 1, 2015.

Bloss's other operating revenue consists of reimbursement for services provided to Stockton surgery center. Services Reimbursement Revenue earned in FY 2017 was \$8,896 compared to \$8,326 in FY 2016. FY 2017 Operating Revenue also included \$1,746 of Recoveries of Bad Debt which consists of patient and collection service payments received on Bloss Rural Health Accounts Receivable. Miscellaneous Other Operating Revenue is \$9,236 includes Beta and Alpha Funds special dividends.

Total operating expenses in FY 2017 were \$5,099,830, an increase of \$157,586 (3.19%) from the prior year. Total CCDSC expenses account for 2,681,674 of the FY 2017 total expense.

Major sources of Non-Operating Revenues in FY 2017 are Rental Income of \$1,164,053, Bloss Trust income of \$566,885, and Property Tax Revenue of \$346,565. Non-Operating Revenues also include: \$161,366 CDSC Partnership loss.

Table 2
Condensed Statements of Revenues, Expenses and Changes in Net Position:

			Dollar	Percent
	2017	2016	Change	Change
Operating Revenues	\$ 3,828,388	\$ 3,333,358	\$ 495,030	14.85%
Nonoperating Revenues	1,374,667	1,377,506	(2,839)	-0.21%
Total Revenues	5 203 055	4,710,864	492,191	10.45%
Total Revenues	5,203,055	4,710,804	472,171	10.43 /0
Depreciation Expense	720,773	714,022	6,751	0.95%
Other Operating Expenses	4,378,267	4,227,432	150,835	3.57%
Total Expenses	\$ 5,099,040	\$ 4,941,454	\$ 157,586	3.19%

ADDITIONAL FINANCIAL INFORMATION

This financial report is designed to provide the District's customers, investors and other interested parties with an overview of the District's financial operations and financial condition. Should the reader have questions regarding the information included in this report or wish to request additional financial information; please contact the Bloss Memorial Healthcare District's Office Manager at 3605 Hospital Road, Atwater, CA 95301.

Statement of Net Position June 30, 2017 and 2016

	June 3	30,
Assets	2017	2016
Current Assets:	· · · · · · · · · · · · · · · · · · ·	
Cash and cash equivalents	\$ 2,263,700	\$ 1,416,429
Patient accounts receivable, net of allowances	384,356	503,550
Other receivables and physician advances	3,167,939	3,060,598
Assets limited as to use	8,315	7,030
Supplies	30,960	29,882
Prepaid expenses and deposits	73,527	75,374
Total Current Assets	5,928,797	5,092,863
Assets limited as to use- UNG Goodwin Trust	167,595	155,623
Capital assets, net of accumulated depreciation	17,350,650	17,941,104
Total Assets	\$ 23,447,042	\$ 23,189,590
Liabilities and Net Position		
Current Liabilities:		
Current maturities of debt borrowings	\$ 566	\$ 31,850
Accounts payable and accrued expenses	326,641	318,056
Accrued payroll and related liabilities	136,235	132,339_
Total Current Liabilities	463,442	482,245
Debt borrowings, net of current maturities	***	1,099
Investments in CCDSC and CDSC	1,773,233	1,611,866
Total Liabilities	2,236,675	2,095,210
Net Position:		
Temporarily restricted	167,595	155,623
Invested in capital assets, net of related debt	17,350,084	17,908,155
Unrestricted	3,692,688	3,030,602
Total Net Position	21,210,367	21,094,380
Total Liabilities and Net Position	\$ 23,447,042	\$ 23,189,590

Statement of Revenues, Expenses and Changes in Net Position June 30, 2017 and 2016

	Year Ended	Ended June 30		
	2017	2016		
Operating Revenues				
Net patient service revenue	\$ 3,143,210	\$ 2,952,323		
Donations	566,885	294,276		
Other operating revenue	118,293	86,759		
	(
Total Operating Revenues	3,828,388	3,333,358		
Operating Expenses				
Salaries and wages	733,230	667,404		
Employee benefits	167,095	170,373		
Professional fees	1,347,439	1,367,022		
Purchased services	664,873	603,298		
Supplies	400,884	384,757		
Repairs and maintenance	109,491	88,377		
Utilities	512,095	484,261		
Rental and lease	227,588	226,173		
Depreciation and amortization	720,773	714,022		
Insurance	94,631	102,446		
Other operating expenses	120,941	133,321		
Total Operating Expenses	5,099,040	4,941,454		
Operating Income (loss)	(1,270,652)	(1,608,096)		
Non-Operating Revenues (Expenses)				
District tax revenue	346,565	320,262		
Investment income	2,260	7,923		
Partnership income (Loss)	(161,366)	(78,883)		
Rental income	1,164,053	1,119,728		
Other non-operating income (Loss)	23,945	10,000		
Interest expense	(790)	(1,524)		
Total Net Non-Operating Revenues	1,374,667	1,377,506		
Excess (deficit) of Revenues over expenses	104,015	(230,590)		
Acquisition of partnership interest in CCDSC	; e 2	π .		
Net change in temporarily restricted position	11,972	(12,031)		
	*			
Increase (decrease) in Net Position	115,987_	(242,621)		
Net Position at Beginning of the Year	21,094,380	21,337,001		
Net Position at End of the Year	\$ 21,210,367	\$ 21,094,380		

Statements of Cash Flows June 30, 2017 June 2016

	Year Ended June 30			
	2017	2016		
Cash Flows from Operating Activities:				
Cash received from patients and third-parties on behalf of patients	\$ 3,262,404	\$ 818,495		
Cash received from patients and third-parties on behalf of patients Cash received for operations, other than patient services	577,837	2,921,163		
Cash payments to suppliers and contractors	(3,468,588)	(3,581,813)		
Cash payments to employees and benefit programs	(894,308)	(813,534)		
Net cash used in operating activities	(522,655)	(655,689)		
Not eash used in operating activities	(322,033)	(000,000)		
Cash Flows from Non-Capital Financing Activities:	246 565	220.262		
District tax revenues	346,565 346,565	320,262		
Net cash provided by non-capital financing activities	340,303	320,202		
Cash Flows from Capital and Related Financing Activities:	(121.751)	(15.072)		
Purchase of capital assets, net of disposals	(121,751)	(15,272)		
Principal payments on debt borrowings	(32,383)	(42,236)		
Interest payments on debt borrowings	(790) (154,924)	(1,524) (59,032)		
Net cash used in capital and related financing activities	(134,924)	(39,032)		
Cash Flows from Investing Activities:		11,888		
Net (purchase), transfers or sale of investments	161,366	78,884		
Net change in other liabilities	(161,366)	(78,883)		
Partnership income (Loss) Rental income	1,164,053	1,119,728		
Other non-operating income (expenses)	23,945	10,000		
Net change in temporarily net assets	(11,972)	(12,031)		
Net income from investmenta	2,260	7,923		
Net cash provided by investing activities	1,178,286	1,137,509		
Not cash provided by investing activities	1,170,200	1,137,303		
Net increase in cash and cash equivalents	847,272	743,050		
Cash and cash equivalents at beginning of year	1,416,429	673,379		
Cash and cash equivalents at end of year	\$ 2,263,701	\$ 1,416,429		
Reconciliation of Operating Income to Net Cash Provided				
by Operating Activities:	A (4.050 (50)	A (1 (00 005)		
Operating loss	\$ (1,270,652)	\$ (1,608,095)		
Adjustments to reconcile operating income to				
net cash provided by operating activities:				
Depreciation and amortization	720,773	714,022		
Changes in operating assets and liabilities:				
Patient accounts receivable	119,194	298,686		
Other receivables	(107,341)	145,289		
Supplies	(1,078)	230		
Prepaid expenses and deposits	1,847	(6,745)		
Accounts payable and accrued expenses	10,706	(192,158)		
Accrued payroll and related liabilities	3,896	24,243		
Estimated third party payor settlements	: ;	(31,161)		
Net cash used in operating activities	\$ (522,655)	\$ (655,689)		
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Notes to Financial Statements June 30, 2017 and 2016

NOTE 1 – ORGANIZATION AND ACCOUNTING POLICIES

Reporting Entity: Bloss Memorial Healthcare District (the District) is a public entity organized under Local District Law as set forth in the Health and Safety Code of the State of California. The District is a political subdivision of the State of California and is generally not subject to federal or state income taxes. The District is governed by a five member Board of Directors, elected from within the healthcare District to four year terms of office. The District is located in Atwater, California and operates two dental clinics; CCDSC in Atwater and CDSC in Stockton, California, providing dental and oral surgical clinical services. The District also provides support to a local health care clinic located in Atwater, California which provides primary health care services primarily to individuals who reside in the local geographic area. On January 2, 2015, the District purchased all outstanding partnership shares of CCDSC and became the sole partner. The assets, liabilities and operations of CCDSC were consolidated into the District's accounting records and financial statements at that time and all intercompany balances were eliminated. See Note 13.

Basis of Preparation: The accounting policies and financial statements of the District generally conform to the recommendations of the audit and accounting guide, Health Care Organizations, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For purposes of presentation, transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operational revenues and expenses.

The District uses proprietary fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Pursuant to Government Accounting Standard Board ("GASB") Statement No. 62. Codification of Accounting and Financial Reporting Guidance Contained in Pre-November 30, 1989 Financial Accounting Standards Board ("FASB") and AICPA Pronouncements, the District's proprietary fund accounting and financial reporting practices are based on all applicable GASB pronouncements as well as codified pronouncements issued on or before November 30, 1989. The District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Financial Statement Presentation: The District applies the provisions of GASB Statement 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments (Statements 34), as amended by GASB 37, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments: Omnibus, and Statement 38, Certain Financial Statement Note Disclosures. Statement 34 established financial reporting standards for all state and local governments and related entities. Statement 34 primarily relates to presentation and disclosure requirements. The impact of this change was related to the format of the financial statements; the inclusion of management's discussion and analysis; and the preparation of the statement of cash flows on the direct method. The application of these accounting standards had no impact on the total net position.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 1 – ORGANIZATION AND ACCOUNTING POLICIES (Continued)

Management's Discussion and Analysis: GASB Statement 34 requires that financial statements be accompanied by a narrative introduction and analytical overview of the District's financial activities in the form of "management's discussion and analysis" (MD&A). This analysis is similar to the analysis provided in the annual reports of organizations in the private sector.

Recent Pronouncements: The GASB issued GASB Statement No. 65, Items Previously Reported as Assets and Liabilities ("GASB No.65), which was effective for financial statements for periods beginning after December 15, 2012. GASB No.65 establishes accounting and financial reporting standards that reclassify, as deferred outflows of resources or deferred inflows of resource, certain items that were previously reported as assets and liabilities and recognizes, as outflows of resources or inflows of resources, certain items that were previously reported as assets and liabilities. It also provides other financial reporting guidance related to the impact of the financial statement elements deferred outflows of resources and deferred inflows or resources, such as changes in the determination of the major fund calculations and limiting the use of the term deferred in financial statement presentations. The adoption of this pronouncement did not materially affect the District's financial statements.

GASB issued GASB Statement No.68, Accounting and Financial Reporting for Pensions-an amendment of GASB Statement No.27 ("GASB No.68"), which was effective for financial statements for periods beginning after June 15, 2014. GASB No.68 replaces r the requirements of Statement No.27, Accounting for Pensions by State and Local Governmental Employers, as well as the requirement of Statement No.50, Pension Disclosures, as they relate to pensions that are provided through pensions plans administered as trusts or equivalent arrangements (hereafter jointly referred to as trusts) that meet certain criteria. The requirements of Statements 27 and 50 remain applicable for pensions that are not covered by the scope of this Statement IT establishes standards for measuring and recognizing liabilities, deferred outflows of resources, and deferred inflows of resources, and expense/expenditures. For defined benefit pensions, this Statement identifies the methods and assumptions that should be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service. Note disclosure and required supplementary information requirements about pensions also are addressed. The District has evaluated the impact of the adoption of GASB No.68 for the fiscal year ending June 30, 2017 and there is no effect to the District's financial statements.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 1 – ORGANIZATION AND ACCOUNTING POLICIES (Continued)

GASB also issued GASB Statement No.69, Government Combinations and Disposals of Government Operations ("GASB No.69"), which was effective for financial statements for periods beginning after December 15, 2013.-GASB No.69 requires the use of carrying values to measure the assets and liabilities in a government merger. Conversely, government acquisitions are transactions in which a government acquires another entity, or its operations, in exchange for significant consideration. This Statement requires measurements of assets acquired and liabilities assumed generally to be based upon their acquisition values. It also provides guidance for transfers of operations that do not constitute entire legally separate entities and in which no significant consideration is exchanged. It defines the term operations for purposes of determining the applicability of this Statement and requires the use of carrying values to measure the assets and liabilities in a transfer of operations, and provides accounting and financial reporting guidance for disposals of government operations that have been transferred or sold. The District has evaluated the impact of the adoption of the GASB No.69 for the fiscal year ending June 30, 2017 and there is no effect to the District's financial statements.

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 amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents and Investments: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in non-operating revenues when earned.

Accounts Receivable: Accounts receivable is stated at net realizable value. The District accounts for uncollectible accounts by establishing a reserve. At June 30, 2017, the allowance for doubtful accounts and contractual adjustments was \$529,727.

Supplies: Supply inventory are stated at cost, which is determined using the first-in, first-out method (FIFO).

Assets Limited as to Use: Assets limited as to use include donor restricted funds. Assets limited as to use consist primarily of deposits on hand with banking and investments institutions.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 1 – ORGANIZATION AND ACCOUNTING POLICIES (Continued)

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 10 to 30 years for buildings and improvements, and 3 to 10 years for equipment. The District periodically reviews its capital assets for value impairment. As of June 30, 2017 and 2016, the District has determined that no capital assets are impaired.

Compensated Absences: District employees earn vacation benefits at varying rates depending on years of service. Employees also earn sick leave benefits based on varying rates depending on years of service. Both benefits can accumulate up to specified maximum levels. Employees are not paid for accumulated sick leave benefits if they leave either upon termination or before retirement. However, accumulated vacation benefits are paid to an employee upon either termination or retirement. Accrued vacation liabilities as of June 30, 2017 and 2016 are \$25,051 and \$31,449 respectively.

Risk Management: The District is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruptions; errors and omissions; employee injuries and illness; natural disasters; and medical malpractice. Commercial insurance coverage is purchased for claims arising from such matters.

Net Position: Net Position is presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any dept borrowings that were attributable to the acquisition, construction, or improvement of those capital assets.

The second category is "restricted" net position. This category consists of externally designated constraints placed on those net assets by creditors (such as through debt covenants), grantors contributors, law or regulations of other governments or government agencies, or low or constitutional provisions or enabling legislation.

The third category is "unrestricted" net-position. This category consists of assets that do not meet the definition or criteria of the previous two categories.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 1 – ORGANIZATION AND ACCOUNTING POLICIES (Continued)

District Tax Revenue: The District receives financial support from property taxes. These funds are used to support operations and meet required debt service agreements. They are classified as non-operating revenue as the revenue is not directly linked to patient care. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finances the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. The County has established certain dates to levy, lien, and mail bills, and received payments from property owners during the year. Property taxes are considered delinquent on the day following each payment due date.

Grants and Contributions: From time to time, the District receives grants from various governmental agencies and private organizations. The District also receives contributions from related foundation and auxiliary organizations, as well as from individuals and other 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 capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net assets.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net assets distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Non- operating revenues and expenses are those transactions not considered directly linked to providing health care services.

Net Patient Service Revenue: Net patient service revenue is reported at the estimated net realizable value amounts from patients, third-party payers and others for services rendered.

Subsequent Events: Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Reclassifications: Certain financial statement amounts as presented in the prior year financial statements have been reclassified in these, the current year financial statements, in order to conform to the current year financial statement presentation.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 2 – CASH, CASH EQUIVALENTS AND INVESTMENTS

As of June 30, 2017 and 2016, the District had deposits invested in various financial institutions in the form of cash equivalents amounting to \$2,439,610 and \$1,579,082. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), except for \$250,000 per account that is federally insured.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

Investments consist of equity securities and real estate funds invested through an investment broker and are stated at quoted market values. Changes in market value between years are reflected as a component of investment income in the accompanying statement of revenues, expenses and changes in net assets.

NOTE 3 - NET PATIENT SERVICE REVENUES AND REIMBURSEMENT PROGRAMS

On January 2, 2015, the District purchased all outstanding partnership shares of CCDSC and became the sole partner. The assets, liabilities, and operations of CCDSC were consolidated into the District's accounting records and financial statements at that time and all intercompany balances were eliminated. See Note 13. The District through CCDSC now renders dental services to patients under contractual arrangements with Medicare and Medi-Cal programs, health maintenance organization (HMOs) and preferred provider organizations (PPOs). Patient service revenues from these programs approximate 98% of gross patient service revenues.

Medicare and Medi-Cal Program dental services are generally paid under a fee for service arrangement.

Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that estimates will change by a material amount in the near term.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 4 – INVESTMENTS

The District's investment balances and average maturities were as follows at June 30, 2017 and 2016.

2017
Investment Maturities in Years

	Fair Value		Less than 1		1 to 5		Over 5	
Money Market Accounts	\$	400,859	\$	400,859	\$		\$	5 7 2
Mutual Funds Accounts		337,992		337,992		-		± = 0
Marketable Securities		164,008	_	164,008	9			*
Total Investments	\$	902,859	\$	902,859	\$		\$	-

2016
Investment Maturities in Years

	F	Fair Value		Less than 1		1 to 5		ver 5
Money Market Accounts	\$	100,759	\$	100,759	\$	**	\$	=
Mutual Funds Accounts		218,541		218,541		*		-
Marketable Securities		148,286	00	148,286	,			
Total Investments	\$	467,586	\$	467,586	\$: = ::	\$	

The District investments are reported at fair value as previously discussed. The District's investment policy allows for various forms of investments generally set to mature within a few months to others over 15 years. The policy identifies certain provisions which address interest rate risk, credit risk and concentration of credit risk.

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair value to changes in market interest rates. The District's exposure to interest rate risk is minimal as 100% of their investments have a maturity of less than one year. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

Credit Risk: Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. The District's investments in such obligations are in U.S. government obligations. The District believes that there is minimal credit risk with these obligations at this time.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 4 – INVESTMENTS (Continued)

Custodial Credit Risk: Custodial credit risk is the risk that, in the evet of the failure of the counterparty (e.g. Broker-dealer), the District will not be able to recover the value of its investment or collateral securities that are in the possession of another party. The District's investments are generally held by banks or investment companies. The District believes that there is minimal custodial credit risk with their investments at this time. District management monitors the entities which hold the various investments to ensure they remain in good standing.

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attribution to the magnitude of the District's investment in a single issuer. The District's investments are held as follows: banks 22% and investment companies 78%. The District believes that there is minimal custodial credit risk with their investments at this time. District management monitors the entities which hold the various investments to ensure they remain in good standing.

NOTE 5 – CONCENTRATION OF CREDIT RISK

The District grants credit without collateral to its patients and third-party payers. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there is any credit risks associated with these governmental agencies. Concentration of patient accounts receivable at June 30, 2017 is as follows:

MediCal	80%
Medicare	0%
Other 3rd Party Payors	20%
Private Party	0%
	100%

NOTE 6 – ASSETS LIMITED AS TO USE

Assets limited as to use as of June 30, 2017 and 2016 were comprised of cash and cash equivalents held as donor restricted funds. Interest income, dividends and both realized and unrealized gains and losses are recorded as investment income. Total investment income was \$8,315 and \$7,923 for the years ended June 30, 2017 and 2016, respectively. Total investment income includes both income from unrestricted and assets limited as to use. Debt securities, when present are recorded at market price or the fair market value as of the date of each balance sheet.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 7 – OTHER RECEIVABLES

Other receivables as of June 30, 2017 and 2016 were comprised of the following:

	2017		2016
Children's Dental Surgery Center	\$ 3,134,367	\$	2,921,138
Castle Family Health Center	=		113,314
Property taxes receivable	33,449		27,689
Other	 123_		(1,544)
	\$ 3,167,939	\$	3,060,597

NOTE 8 – CAPITAL ASSETS

Capital assets as of June 30, 2017 and 2016 were comprised of the following:

	Balance June 30, 2016	Transfer & Additions	Retirement & Adjustments	Balance at June 30, 2017
Land and land improvements Building and improvements Equipment Total at historical cost	\$ 2,257,611 22,730,694 8,285,815 33,274,120	\$ - 62,100 68,219 130,319	\$ - (8,568) (8,568)	\$ 2,257,611 22,792,794 8,345,466 33,395,871
Less accumulated depreciation Capital Assets Net	(15,333,018) \$ 17,941,102	(720,771) \$ (590,452)	\$ -	(16,045,221) \$ 17,350,650
	Balance	Transfer &	Retirement &	Balance at
Land and land improvements	June 30, 2015	Additions	Adjustments	June 30, 2016
Land and land improvements Building and improvements Equipment Total at historical cost	June 30, 2015 \$ 2,257,611 22,726,874	Additions \$ 3,820		
Building and improvements Equipment	June 30, 2015 \$ 2,257,611	Additions \$	Adjustments	June 30, 2016 \$ 2,257,611 22,730,694

Notes to Financial Statements June 30, 2017 and 2016

NOTE 9 – DEBT BORROWINGS

Long-term debt at June 30, 2017 and 2016 consists of the following:

	June 30,				
	2017	2016			
Notes Payable, interest charged at 5% per annum, monthly principal and interest payments of \$2,453 through June, 2017 unsecured	\$ 566	\$ 32,949			
Total Debt Borrowing	566	32,949			
Less Current Portion	(566)	(31,850)			
Total Long Term Portion	\$ -	\$ 1,099			

Future principal maturity for debt borrowings at June 30, 2017 is \$566.

NOTE 10 – RETIREMENT PLANS

The District sponsors a 403(b) defined contribution plan (the plan). The District is the Plan's administrator as defined by section 316 of the Employee Retirement Income Security Act of 1974 (ERISA). All plan assets are held in a retirement trust with legal title held by the District's Board of Directors as Trustees.

All employees are eligible to participate in the Plan except for those who belong to a union, where the retirement benefits have been the subject of collective bargaining or contract negotiation, or work less than 2,000 hours per year for the District.

The District also offers its employees a deferred compensation plan, created in accordance with Internal Revenue Code Section 457. The plan is generally available to all District employees and permits them to defer a portion of their income. The compensation deferred is generally not available to employees until termination, retirement, death or certain hardship situations.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 11 – INCOME TAXES

The District is a political subdivision of the state of California organized under the Local Health Care District Law as set forth in the Health and Safety Code of the State of California. The District has been determined to be exempt from income taxes under Local Health Care District Law. Accordingly, no provision for income taxes is included in the accompanying financial statements. The District is no longer subject to examination by federal or state authorities for years prior to June 30, 2011, nor has it been notified of any impending examination and no examinations are currently in process.

NOTE 12 – COMMITMENTS AND CONTINGENCIES

Operating Leases: The District leases various equipment and facilities under operating leases expiring at various dates. Total building and equipment rent expense for the years ended June 30, 2017 and 2016, were \$227,588 and \$226,173, respectively. Future minimum lease payments for the succeeding years under operating leases as of June 30, 2017, with initial or remaining lease terms in excess of one year are not considered material.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2017 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Workers Compensation Program: The District is a participant in the Association of California Healthcare District's ALPHA Fund which administers a self-insured worker's compensation plan for employees of its member District's. The District pays a premium to the ALPHA Fund which is adjusted annually. If participation in the ALPHA Fund is terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the ALPHA Fund.

Health Insurance Portability and Accountability Act: The Health Insurance Portability and Accountability Act (HIPAA) was enacted August 21, 1996, to ensure health insurance portability, reduce health care fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in the regulations. Management continues to evaluate the impact of this legislation on its operations including future financial commitments that will be required.

Notes to Financial Statements June 30, 2017 and 2016

NOTE 12 – COMMITMENTS AND CONTINGENCIES (Continued)

Health care Reform: The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, governmental health care program participation requirements, and reimbursement for patient services, antitrust, anti-kickback and anti-referral by physicians, false claims prohibition and, in the case of tax exempt organizations, the requirements of tax exemption. In recent years, government activity has increased with respect to investigations

and allegations concerning possible violations by health care providers or reimbursement, false claims, anti-kickback statues and regulations, quality of care provided to patients, and handling of controlled substances. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Laws and regulations concerning government programs, including Medicare, Medicaid and various other programs, are complex and subject to varying 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 nationwide investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements.

Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines and penalties and exclusion from related programs. The District expects that the level of review and audit to which it and other health care providers are subject will increase. There can be no assurance that regulatory authorities will not challenge the District's compliance with these regulations, and it is not possible to determine the effect (if any) such claims or penalties would have upon the District.

Current Economic Conditions: Given the volatility of current economic conditions, the values of assets and liabilities recorded in the accompanying financial statements could change rapidly, resulting in material future adjustments in investment values and allowances for accounts receivable that could negatively impact the District's ability to meet debt requirements or maintain sufficient liquidity.

NOTE 13 – RELATED PARTIES

The District is a partner in the Children Dental Surgery Center, a general partnership. The District's partnership share is 65%. The District recorded partnership income (loss) of \$(161,367) and \$(78,884) for the years ended June 30, 2017 and 2016 respectively. The District has receivable from the partnership for services provided and funds advanced in the amounts of \$3,134,367 and \$2,931,138 at June 30, 2017 and 2016 respectively.



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 Bloss Memorial Healthcare District Atwater, California

We have audited the financial statements of the governmental activities, the business-type activities, and each major fund of Bloss Memorial Healthcare District as of and for the year ended June 30, 2017, which collectively comprise Bloss Memorial Healthcare District basic financial statements and have issued our report thereon dated August 30, 2017. 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.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the District'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 consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the District's internal control.

Our consideration of internal control was for the limited purpose described in the first preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weakness or significant deficiencies may exist that were not identified.

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 combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the District's financial statements will not be prevented, or detected and corrected on a timely basis. We did not identify any deficiencies in internal control over financial reporting that we consider to be material weaknesses as defined above.

A significant deficiency is a deficiency or combination of control deficiencies in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We did not identify any deficiencies in internal control over financial reporting that we consider to be significant deficiencies, as defined above.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the District's financial statements are free of 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 result of the testing, and not to provide an opinion on the effectiveness of the District's internal control or on compliance. This report is on integral part of an audit performed in accordance with Government Auditing Standards in considering the District's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Blomberg & Griffin A.C.

Blomberg & Digg: A.C.

Stockton, CA August 30, 2017

THIS ITEM UNAVAILABLE AT THIS TIME

CENTRAL CALIFORNIA DENTAL SURGERY CENTER (CCDSC) BLOSS FINANCE COMMITTEE Period Ended September 2017

September Financial Statements:

Prior Month Comparison (blue)

Monthly Operating Report Summary (green)

Accrual Basis

Income Statement per Case Analyses (white)

January Check Register (goldenrod)

A/R Aging (white)

A/R Activity Summary (pink)

Monthly Billing by Insurance (green)

THIS ITEM UNAVAILABLE AT THIS TIME

SIERRA KINGS DENTAL SURGERY CENTER (SKDSC) BLOSS FINANCE COMMITTE Period Ended September 2017

September Financials

Income Statement – (blue)

THIS ITEM UNAVAILABLE AT THIS TIME CHILDREN'S DENTAL SURGERY CENTER (CDSC) BLOSS FINANCE COMMITTEE Period Ended September 2017

September Financial Statements:

Balance Sheet (yellow)

Detail Income Statement Prior Month Comparison (blue)

Profit & Loss YTD Income Statement (lilac)

Income Statement per Case Analyses (white)

April Check Detail (goldenrod)

A/R Aging (white)

A/R Activity Summary (pink)

Monthly Billing by Insurance (green)

DENTAL CENTERS' COMPARISON

This item unavailable at this time

SEPTEMBER 20107 PAYROLL, ELECTRONIC PAYMENTS & CHECK REGISTER

Bloss Memorial Healthcare District Payroll, Accounts Payable and Funds Disbursements - Summary Month of September-17

Payroll Payroll Total Pay	Payroll People transfer for 09/05/17 payroll in Aug 2017	a 3	(\$74,782.72) \$141,430.16 \$66,647.44
Accounts	Payable:		
	A/P Checks Bloss	\$119,445.22	\$119,445.22
	Auto Debits Electronic Payments to Castle on Payable Total Auto Debits and Electronic Transfers	\$150.08 \$61,643.46 \$61,793.54	\$61,793.54
	Electronic Payments - ACH	\$183,801.75	\$183,801.75
Total Acc	counts Payable		\$365,040.51
Grand To	tal Disbursements		\$431,687.95

BLOSS	Payroll Disbu	rsements for	September-17
	Payroll dated		
Earnings	09/05/17	09/20/17	Total
Regular			-
Overtime			
Vacation			-
Sick			-
Holiday			5 =
Salary	4,125.00	4,125.00	8,250.00
Double Time			· -
Call In			17
On Call			150
Other			-
			18
CCDSC Surgery Center	30,224.25	30,713.55	60,937.80
CDSC Surgery Center	33,528.98	27,847.86	61,376.84
Total	67,878.23	62,686.41	130,564.64
Deductions			-
FICA (+)	5,169.30	4,772.18	9,941.48
Insurance (-)	(1,000.56)		(2,033.34)
Emp Deduction(-)/Reimb(+)		599.20	3,445.40
Christmas Fund (-)	(545.00)		(1,090.00)
Process Fee (+)	434.55	167.43	601.98
			-
Total	6,904.49	3,961.03	10,865.52
			-
			-
Net Payroll	\$ 74,782.72	\$ 66,647.44	141,430.16

RUN DATE: 09/29/17 RUN TIME: 1021 RUN USER: COOKS

Castle Family Health Centers AP **LIVE**
CHECK REGISTER BY DATE

PAGE 1

C FROM 09/01/17 TO END

					-		
DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	ISSUED/ CLEARED	VOIDED/ UNCLAIMED
09/01/17	037398	B0223	BEVERLY YI ZHANG HONG	ISSUED	09/06/17	3308.60	
09/01/17	037414	B0235	STANTON E. SCHULER	ISSUED	09/06/17	2631.80	
09/06/17	037396	B0060 REMITTED TO:	BEVERLY YI ZHANG HONG STANTON E. SCHULER GLENN ARNOLD ARNOLD, GLENN BETA HEALTHCARE GROUP KORY BILLINGS CLARK PEST CONTROL GEIL ENTERPRISES INC. GUARDCO SECURITY SERVICES INSTGHT EMPLOYEE ASSISTANCE PROPM	ISSUED	09/06/17	400.00	
09/06/17	037397	B0072	BETA HEALTHCARE GROUP	ISSUED	09/06/17	2846.42	
09/06/17	037399	B0109	KORY BILLINGS	ISSUED	09/06/17	400.00	
09/06/17	037400	B0132	CLARK PEST CONTROL	ISSUED	09/06/17	299.00	
09/06/17	037401	B0153	GEIL ENTERPRISES INC.	ISSUED	09/06/17	2948.40	
09/06/17	037402	B0016	GUARDCO SECURITY SERVICES	ISSUED	09/06/17	8628.75	
09/06/17	037403	00040	INSIGHT EMPLOYEE ASSISTANCE PRGRM	ISSUED	09/06/17	85.02	
09/06/17	037404	K0034	JOE S RODRIGUEZ	ISSUED	09/06/17	375. 0 0	
09/06/17	037405	B0059	LLOYD WEAVER	ISSUED	09/06/17	400.00	
09/06/17	037406	K0003	M-D VENTURES	ISSUED	09/06/17	19007.11	
09/06/17	037407	B0017	MERCED COUNTY - CASTLE AIRPORT	ISSUED	09/06/17	4637.05	
09/06/17	037408	B0133	MERCED/MODESTO COMMERCIAL SWEEPERS	ISSUED	09/06/17	240.00	
09/06/17	037409	D0210	JOHN P. NIEMOTKA OCTANE ADVERTISING & DESIGN PETERSON, ALFONSE PG&E (4705482162-5) ROSALIE HEPPNER SOCAL GAS (090 828 6930 7) THE HARTFORD UPS WEST COAST GAS CO, INC.	ISSUED	09/06/17	405.00	
09/06/17	037410	B0064	PETERSON, ALFONSE	ISSUED	09/06/17	400.00	
09/06/17	037411	B0014	PG&E (4705482162-5)	ISSUED	09/06/17	7575.09	
09/06/17	037412	B0061	ROSALIE HEPPNER	ISSUED	09/06/17	200.00	
09/06/17	037413	K0057	SOCAL GAS (090 828 6930 7)	ISSUED	09/06/17	14.30	
09/06/17	037415	B0102	THE HARTFORD	ISSUED	09/06/17	227.15	
09/06/17	037416	B0200	UPS	ISSUED	09/06/17	85.12	
09/06/17	037417	B0013	WEST COAST GAS CO. INC.	ISSUED	09/06/17	2347.22	
09/06/17	037418	B0015	WINTON, WATER & SANITARY DISTRICT	ISSUED	09/06/17	72.80	
09/13/17	037419	B0084	AMERICHEK	ISSUED	09/13/17	52.00	
09/13/17	037420	B0072 REMITTED TO:	BETA HEALTHCARE GROUP BETA RISK MANAGEMENT AUTHORITY	ISSUED	09/13/17	194.00	
09/13/17	037421	K0035	CITY OF PARLIER	ISSUED	09/13/17	272.61	
09/13/17	037422	B0043	INSIGHT EMPLOYEE ASSISTANCE PRGRM	ISSUED	09/13/17	58.86	
09/13/17	037423	B0226	NONSTOP ADMIN. & INS. SRVCS, INC.	ISSUED	09/13/17	9620.00	
09/13/17	037424	B0218 REMITTED TO:	JOHN P. NIEMOTKA OCTANE ADVERTISING & DESIGN RALPH TEMPLE TRIPP SECURITY SYSTEMS BEVERLY YI ZHANG HONG STANTON E. SCHULER MERCED IRRIGATION DISTRICT ANTHEM BLUE CROSS L AND H	ISSUED	09/13/17	400.00	
09/13/17	037425	B0042	RALPH TEMPLE	ISSUED	09/13/17	900.00	
09/13/17	037426	B0044	TRIPP SECURITY SYSTEMS	ISSUED	09/13/17	20.00	
09/19/17	037430	B0223	BEVERLY YI ZHANG HONG	ISSUED	09/20/17	864.40	
09/19/17	037437	B0235	STANTON E. SCHULER	ISSUED	09/20/17	864.20	
09/20/17	037427	B0026	MERCED IRRIGATION DISTRICT	ISSUED	09/20/17	31195.81	
09/20/17	037428	B0199	ANTHEM BLUE CROSS L AND H	ISSUED	09/20/17	831.63	
09/20/17	037429	B0199	ANTHEM BLUE CROSS L AND H	ISSUED	09/20/17	906.65	
09/20/17	037431	B0037	CARDMEMBER SERVICE-4798510044371793	ISSUED	09/20/17	1466.99	
09/20/17	037432	B0132	CLARK PEST CONTROL	ISSUED	09/20/17	857.00	
09/20/17	037433	B0032	GRAINGER INDUSTRIAL SUPPLY	ISSUED	09/20/17	598.56	
09/20/17	037434	B0030	HD SUPPLY FACILITIES MAINTENANCE	ISSUED	09/20/17	116.79	
09/20/17	037435	B0025	MERCED IRRIGATION DISTRICT	ISSUED	09/20/17	363.45	
09/20/17	037436	B0003	SIMPLEXGRINNELL	ISSUED	09/20/17	689.93	
09/20/17	037438	B0039	VALERO MARKETING AND SUPPLY CO.	ISSUED	09/20/17	529.18	

RUN DATE: 09/29/17 RUN TIME: 1021 RUN USER: COOKS Castle Family Health Centers AP **LIVE**
CHECK REGISTER BY DATE PAGE 2

C FROM 09/01/17 TO END

DATE	CHECK NUM	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	ISSUED/ CLEARED	VOIDED/ UNCLAIMED
09/20/17	037439	B0210	THE DEPARTMENT OF PUBLIC HEALTH	ISSUED	09/20/17	4804.88	
09/26/17	037440	B0027	CITY OF ATWATER (010448-000)	ISSUED	09/26/17	796.57	
09/26/17	037441	B0134	CITY OF ATWATER (020161-000)	ISSUED	09/26/17	654.34	
09/26/17	037442	B0236	DIBUDUO & DEFENDIS INSURANCE BROKER	ISSUED	09/26/17	109.00	
09/26/17	037443	B0030	HD SUPPLY FACILITIES MAINTENANCE	ISSUED	09/26/17	936.31	
09/26/17	037444	B0038	KINGS VIEW WEC	ISSUED	09/26/17	2430.50	
09/26/17	037445	B0212	JAVIER MENDOZA	ISSUED	09/26/17	105.00	
		REMITTED TO:	NATURAL GARDENS				
09/26/17	037446	B0021	PG&E (1384254881-3)	ISSUED	09/26/17	845.98	
09/26/17	037447	B0020	PG&E (1873896591-4)	ISSUED	09/26/17	426.75	
					TOTAL \$	119445.22	

Bloss Memorial Healthcare District September-17

Bloss Electronic Transfers

BI	loss	Auto	Det	oits
_	1033	Autu	, Der	JILO

Bank Fees

150.08

Total

150.08

Electronic Payments to Castle on Payabl 61,643.46

Total 61,643.46

Grand Total

61,793.54

RUN DATE: 09/29/17 RUN TIME: 1239 RUN USER: COOKS

Castle Family Health Centers AP **LIVE**
ELECTRONIC PAYMENT NUMBER LIST

C FROM D111448 TO D111986

		2.75	pro_ v _ v _ v _ v _ v _ v _ v _ v _ v _ v		2 7 7 -	AMOUNT-	
PMT NUM	DATE	VENDOR NUM	VENDOR NAME	STATUS	STATUS DATE	ISSUED	VOIDED
D111529	09/01/17	B0149	SUNG Y. CHO DDS, INC.	DIRECTD	09/01/17	20008.25	
D111530	09/01/17	B0178	CHRISTOPHER CHIU, D.D.S., INC.	DIRECTD	09/01/17	18080.00	
D111531	09/01/17	B0215	JANICE JAI-YING HUANG, DDS, INC.	DIRECTD	09/01/17	4700.00	
D111532	09/01/17	B0219	KAREN ANN DROSDIK	DIRECTD	09/01/17	8373.60	
D111533	09/01/17	B0220	JOSEPH S. KIM, D.D.S. INC.	DIRECTD	09/01/17	4992.25	
D111534	09/01/17	B0221	CHRISTINA BAEK, DDS, PC	DIRECTD	09/01/17	15600.00	
D111535	09/01/17	B0222	FUTURE HEALTH SERVICES, LLC	DIRECTD	09/01/17	7500.00	
D111537	09/01/17	B0224	PERRY SOLOMON	DIRECTD	09/01/17	5000.00	
D111826	09/19/17	B0149	SUNG Y. CHO DDS, INC.	DIRECTD	09/19/17	11295.50	
D111827	09/19/17	B0178	CHRISTOPHER CHIU, D.D.S., INC.	DIRECTD	09/19/17	15879.25	
D111828	09/19/17	B0215	JANICE JAI-YING HUANG, DDS, INC.	DIRECTD	09/19/17	1500.00	
D111829	09/19/17	B0219	KAREN ANN DROSDIK	DIRECTD	09/19/17	12428.00	
D111830	09/19/17	B0221	CHRISTINA BAEK. DDS. PC	DIRECTD	09/19/17	16000.00	
D111831	09/19/17	B0222	FUTURE HEALTH SERVICES, LLC	DIRECTD	09/19/17	7500.00	
D111986	09/29/17	C0001	OMNI MEDICAL PROPERTIES	DIRECTD	09/29/17	34944.90	
					TOTAL \$	183801.75	

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