

**MAYERS MEMORIAL HOSPITAL**

Statistical Data

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

2020		2020		FYE 2020		FYE 2019		% Increase or Decrease	
FEBRUARY	JANUARY			YTD	YTD				
Actual	Actual	Variance		Actual	Actual	Variance			
<b>VOLUME:</b>									
<b>DISCHARGES</b>									
19	16	3	Acute	143	134	9		6.72%	
7	11	(4)	Swing Bed	62	56	6		10.72%	
1	2	(1)	Skilled Nursing Care (DISCHG)	30	27	3		11.12%	
6	16	(10)	Observations	102	62	40		64.52%	
<b>PATIENT DAYS</b>									
53	61	(8)	Acute	456	458	(2)		-0.41%	
69	86	(17)	Swing Bed	635	761	(126)		-16.61%	
2357	2462	(105)	Skilled Nursing Care	18562	18,084	478		2.62%	
<b>LENGTH OF STAY</b>									
2.79	3.81	(1)	Acute	3.19	3.42	(0)		-6.71%	
9.86	7.82	2	Swing Bed	10.24	13.59	(3)		-24.61%	
<b>AVERAGE DAILY CENSUS</b>									
1.83	1.97	(0)	Acute	1.87	1.88	(0)		-0.81%	
2.38	2.77	(0)	Swing Bed	2.60	3.13	(1)		-16.91%	
81.28	79.42	2	Skilled Nursing Care	76.07	74.42	2		2.22%	
<b>ANCILLARY SERVICES</b>									
0	0	0	Surgery Inpatient Visits	3	0	3		#DIV/0!	
21	23	(2)	Surgery OP/ procedure visits	150	122	28		23.02%	
328	356	(28)	Emergency Room Visits	2,853	2,698	155		5.72%	
115	139	(24)	Outpatient Services Procedures	1,138	1,427	(289)		-20.31%	
618	662	(44)	Laboratory Visits	5,496	6,191	(695)		-11.21%	
334	459	(125)	Radiology Procedures	3,409	3,235	174		5.42%	
66	59	7	Hospice Patient Days	770	972	(202)		-20.81%	
199	160	39	Physical Therapy visits	1,671	2,155	(484)		-22.51%	
271	288	(17)	Cardiac Rehab	1,870	1,830	40		2.22%	
24	26	(2)	Telemedicine visits	194	167	27		16.22%	
21	27	(6)	Admissions from ER	217	184	33		17.92%	
13	21	(8)	Transfers from ER	103	81	22		27.22%	
<b>PRODUCTIVITY:</b>									
Productive FTE's									
15.09	12.97		Nursing - Acute	13.65	13.62				
53.54	50.34		Long Term Care	50.95	53.13				
43.02	37.34		Ancillary	38.19	32.62				
88.42	80.17		Service	84.44	80.84				
200.07	180.82		Total Productive	187.23	180.21				
15.09	28.99		Non-Productive FTE's	21.75	22.39				
215.16	209.81		Paid FTE's	208.98	202.60				
<b>PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED</b>									
3.15	2.75			2.87	2.53				

**MAYERS MEMORIAL HOSPITAL**

Statistical Data

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

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<b>PRODUCTIVE FTE PER ADJUSTED OCCUPIED BED</b>									
3.15	2.75			2.87	2.53				

## MAYERS MEMORIAL HOSPITAL

Statement of Revenue and Expenses

Fiscal Year Ending JUNE 30, 2020

COMPARISON TO ACTUAL

2020 FEBRUARY ACTUAL	2019 FEBRUARY ACTUAL	Variance		FYE 2020 YTD ACTUAL	FYE 2019 YTD ACTUAL	Variance	Increase Decrease %
363,080	309,480	53,600	Acute	3,106,065.90	3,247,719.08	(141,653)	-4.41%
1,027,280	698,987	328,293	Skilled Nursing	7,709,680	5,845,281	1,864,400	31.92%
222,591	139,956	82,635	Inpatient Ancillary				
-	554	(554)	Acute	1,778,384	1,306,024	472,360	36.22%
			Skilled Nursing	(1,836)	5,936	(7,772)	
1,612,951	1,148,977	463,974	Total Inpatient Revenue	12,592,294	10,404,960	2,187,334	21.02%
1,658,574	1,780,220	(121,646)	Total Outpatient Revenue	14,990,400	14,466,148	524,252	3.62%
3,271,525	2,929,197	342,328	<b>Total Patient Revenue</b>	<b>27,582,695</b>	<b>24,871,108</b>	<b>2,711,587</b>	<b>10.92%</b>
			<b>DEDUCTIONS FROM REVENUE</b>				
185,586	355,038	169,452	Contractuals - Care/Cal	6,326,565	5,132,500	(1,194,065)	
215,396	63,506	(151,890)	Contractuals - PPO	875,205	823,724	(51,481)	
(1,364)	0	1,364	Charity and Write Offs	106,199	0	(106,199)	
103,350	16,314	(87,036)	Admin Adjmts/Emp Discounts	402,237	849,395	447,158	
172,762	(4,366)	(177,128)	Provision for Bad Debts	453,703	495,668	41,964	
675,729	430,491	(245,238)	<b>Total Deductions</b>	<b>8,163,910</b>	<b>7,301,287</b>	<b>(862,623)</b>	
43,229	37,411	5,818	Other Operating Revenues	267,419	249,215	18,204	
2,639,024	2,536,116	102,908	<b>Net Revenue</b>	<b>19,686,204</b>	<b>17,819,037</b>	<b>1,867,168</b>	
			<b>OPERATING EXPENSES</b>				
1,011,763	734,529	(277,234)	Productive Salaries	6,948,879	6,056,571	(892,309)	-14.71%
156,696	70,249	(86,447)	Non-Productive Salaries	904,409	732,664	(171,745)	-23.41%
274,797	252,903	(21,894)	Employee Benefits	1,937,054	2,001,345	64,291	3.22%
124,749	211,802	87,053	Supplies	1,920,494	1,832,325	(88,169)	-4.81%
133,609	154,202	20,593	Professional Fees	1,148,426	1,172,131	23,705	2.02%
26,533	81,894	55,361	Acute/Swing Travelers	421,400	499,691	78,291	15.72%
164,041	170,863	6,822	SNF Travelers	1,525,342	1,312,380	(212,962)	-16.21%
95,120	138,071	42,951	Ancillary Travelers	871,855	638,160	(233,695)	-36.61%
160,467	122,836	(37,631)	Other Purchased Services	1,158,620	1,332,596	173,975	13.12%
26,606	25,047	(1,559)	Repairs	166,502	276,706	110,204	39.82%
59,578	46,328	(13,251)	Utilities	437,002	351,428	(85,574)	-24.41%
22,191	19,799	(2,392)	Insurance	190,870	159,183	(31,687)	-19.91%
53,541	56,762	3,221	Other	445,212	521,217	76,005	14.62%
72,529	75,439	2,910	Depreciation	615,160	551,683	(63,477)	-11.51%
-	0	0	Bond Repayment Insurance	-	0	0	
17,911	17,911	0	Bond Repayment Interest	143,287	143,287	0	.02%
1,991	2,480	489	Interest	18,439	15,387	(3,053)	-19.81%
7,088	13,039	5,951	Rental - Lease	17,818	183,684	165,866	90.32%
2,409,210	2,194,154	(215,057)	<b>Total Operating Expense</b>	<b>18,870,771</b>	<b>17,780,436</b>	<b>(1,090,335)</b>	<b>-6.11%</b>
229,814	341,963	(112,149)	<b>Income From Operations</b>	<b>815,434</b>	<b>38,601</b>	<b>776,833</b>	
			<b>NON-OPERATING REVENUE AND EXPENSE</b>				
225,526	237,873	(12,346)	Non-Operating Revenue	3,005,987	1,279,099	1,726,888	
-	0	0	Interest Income	89,935	0	89,935	
132,273	0	(132,273)	Non-Operating Expense	783,093	0	(783,093)	
93,254	237,873	(144,619)	<b>Total Non-Operating</b>	<b>2,312,829</b>	<b>1,279,099</b>	<b>1,033,731</b>	
323,067	579,835	(256,768)	<b>NET INCOME</b>	<b>3,128,263</b>	<b>1,317,700</b>	<b>1,810,564</b>	

	<b>FEBRUARY 2020</b>	<b>JANUARY 2020</b>
<b>CURRENT ASSETS</b>		
Cash (General/Payroll/Petty Cash)	115,579	128,593
Reserve Cash (unrestricted)	9,220,952	9,675,952
Reserve Cash (restricted) - USDA Debt Serv / Construction	1,789,095	1,789,095
Accounts Receivable	5,486,875	5,945,752
County Treasury receivable	271,702	245,939
Less: Reserve for Uncollectibles	(593,448)	(565,370)
Reserve for Medicare/Medi-Cal	(1,383,944)	(2,118,472)
Inventories	228,447	218,191
Accounts Receivable - Other	3,666,492	3,210,016
Prepaid Expenses	485,152	401,981
Medicare/Medi-Cal Settlement	4,310,517	3,974,158
<b>TOTAL CURRENT ASSETS</b>	<b>23,597,420</b>	<b>22,905,836</b>
<b>PROPERTY, PLANT AND EQUIPMENT</b>		
Land	753,510	753,510
Building and Fixed Equipment	12,266,274	12,266,274
Equipment	12,663,317	12,663,317
Construction in Progress (other)	1,760,998	1,732,716
Hospital expansion	17,886,990	17,881,226
Less: Reserve for Depreciation	(21,947,101)	(21,871,765)
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>23,383,988</b>	<b>23,425,277</b>
<b>OTHER ASSETS (includes 2007 Bond / AP Bond / G.O. BOND)</b>		
Bond Reserve Funds held by trustee	700	700
Unamortized Bond Discount	0	0
Unamortized Cost of Bond Defeasance	0	0
G.O. Bond - issue / discount / cost	6,826	6,826
<b>TOTAL OTHER ASSETS</b>	<b>7,526</b>	<b>7,526</b>
<b>TOTAL ASSETS</b>	<b>46,988,934</b>	<b>46,338,639</b>
<b>CURRENT LIABILITIES</b>		
Accounts Payable	232,359	483,303
Accrued Payroll	366,720	320,623
Accrued Payroll Taxes	6,140	(159,448)
Accrued Vacation & Holiday	605,175	539,977
Accrued Health Insurance	38,720	37,091
Accrued Interest	(39,652)	(57,563)
PRIME PLAN	0	0
HQAF	0	0
IGT (TRAD/PHP)	0	0
NOTES & LOANS PAYABLE	74,700	74,700
Current Portion of Medicare/Medi-Cal Settlement	2,753,180	2,462,972
<b>TOTAL CURRENT LIABILITIES</b>	<b>4,037,342</b>	<b>3,701,653</b>
<b>LONG-TERM DEBT</b>		
G.O. Bond	1,189,599	1,189,599
Capital Leases / Settlement pymt		
Leases	20,496	22,513
GO BOND SERIES B & REFUNDING	18,903,790	18,903,790
<b>TOTAL LONG-TERM DEBT</b>	<b>20,113,885</b>	<b>20,115,902</b>
<b>FUND EQUITY</b>	<b>22,837,707</b>	<b>22,521,084</b>
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>46,988,934</b>	<b>46,338,639</b>
<b>CURRENT RATIO:</b>	<b>5.84</b>	<b>6.19</b>

**MAYERS MEMORIAL HOSPITAL**  
**SUMMARY OF SERVICES - DEPOSITS - REFUNDS**  
 - Fiscal Year 2020

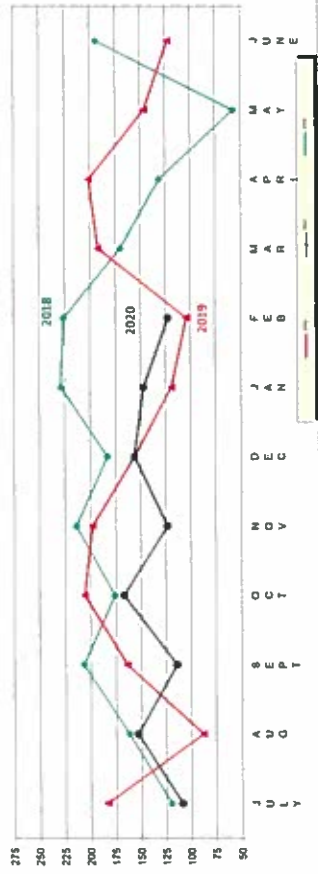
DATE:	REVENUE / SERVICES	AVERAGE DAILY REVENUE	TOTAL DEPOSITS	RESERVE DEPOSITS	MISC. PAYMENTS	MISC. PYMTS PT RELATED	PATIENT PAYMENTS	ADJUSTMENTS & WRITE-OFFS	REFUNDS
July 31, 2019	3,556,341.05	114,720.68	2,690,416.65	0.00	532,330.11	71,243.08	2,086,843.46	1,519,295.78	2,643.45
August 31, 2019	3,709,166.13	119,650.52	2,049,414.19	0.00	9,147.05	146.65	2,040,120.49	2,256,790.23	230.60
September 30, 2019	3,401,558.45	113,385.28	1,823,357.81	0.00	837.32	0.00	1,822,520.49	160,438.17	8,220.84
October 31, 2019	3,717,781.06	119,928.42	2,490,793.73	0.00	29,321.61	167,138.78	2,294,333.34	2,157,669.65	2,463.04
November 30, 2019	3,072,030.94	102,401.03	2,864,409.03	0.00	675,041.71	61,175.42	2,128,191.90	789,474.80	12,400.00
December 31, 2019	3,231,550.89	104,243.58	2,540,027.36	0.00	528,982.58	12,205.23	1,998,839.55	2,142,112.77	5,144.50
January 30, 2020	3,440,833.43	110,995.63	2,421,535.93	0.00	388,676.88	17,006.03	2,015,853.02	1,132,448.96	6,478.27
February 28, 2020	3,240,532.31	115,733.30	2,094,838.28	0.00	96,141.01	1,203.35	1,997,493.92	1,844,585.44	1,718.30
March 30, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
April 29, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
May 30, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
June 29, 2020	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>YTD TOTAL</b>	<b>27,369,794.26</b>	<b>112,632.30</b>	<b>18,974,792.98</b>	<b>0.00</b>	<b>2,260,478.27</b>	<b>330,118.54</b>	<b>16,384,196.17</b>	<b>12,002,815.80</b>	<b>39,299.00</b>

	ACCOUNTS RECEIVABLE AGING		
	FEBRUARY \$ OUTSTANDING	FEBRUARY DAYS OUT	JANUARY DAYS OUT
MEDICARE	1,647,189.21	36.09	39.12
MEDI - CAL	1,936,432.67	41.18	44.46
THIRD PARTY	1,377,386.63	100.16	95.96
PRIVATE	608,357.29		
<b>LTC ONLY (INCLUDE)</b>	<b>1,432,102.16</b>	<b>46.49</b>	<b>50.02</b>
<b>OVERALL</b>	<b>5,569,365.80</b>	<b>51.13</b>	<b>56.92</b>

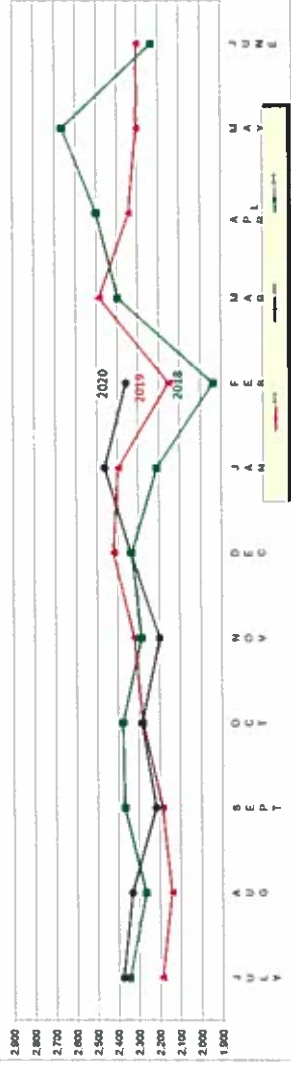
	PAYOR MIX - YTD % OF REVENUE		
	FEBRUARY	JANUARY	DECEMBER
MEDICARE	41.94%	41.35%	42.44%
MEDI - CAL	43.04%	44.52%	41.86%
THIRD PARTY	13.38%	11.98%	12.55%
PRIVATE	1.64%	2.15%	3.14%
<b>3 MONTH AVERAGE</b>			
			41.91%
			43.14%
			12.64%
			2.31%

# MAYERS MEMORIAL HOSPITAL DISTRICT

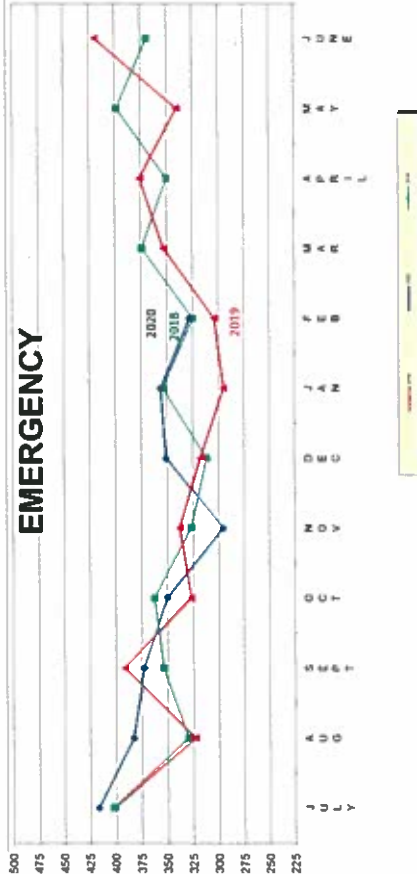
## ACUTE / SWING PATIENT DAYS



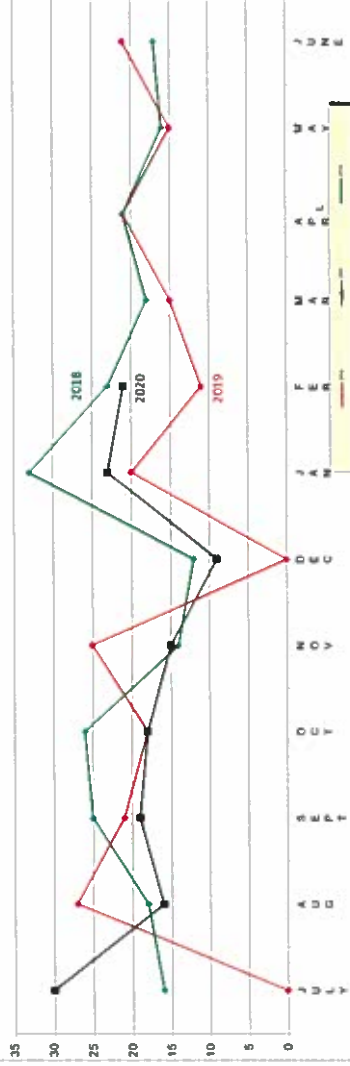
## SNF PATIENT DAYS



## EMERGENCY



## SURGERY / OUTPATIENT PROCEDURES





**MAYERS MEMORIAL HOSPITAL  
2018-2019 OPERATING ACTUAL**

	YEAR TO DATE													
	July-18	AUG	SEPT	OCT	NOV	DEC	Jan-19	FEB	MAR	APR	MAY	JUN	6/30/2019 ACTUAL	12/31/2018 ACTUAL
<b>Operating Revenue:</b>														
Routine	480,161	234,242	424,733	533,996	532,129	405,050	327,927	309,480	530,918	528,554	367,439	327,074	5,001,704	3,247,719
Acute	708,575	689,540	701,524	744,383	749,986	771,745	780,542	698,987	800,567	756,446	748,897	740,371	8,891,561	5,845,281
SNF	171,679	120,315	172,319	207,781	206,795	134,701	152,478	139,956	326,116	188,491	151,675	140,793	2,113,098	1,306,024
Ancillary	1,646	1,160	1,039	1,537	0	43	(43)	554	1,174	(1,306)	0	0	5,804	0
Acute	1,911,737	1,859,812	1,900,553	1,926,884	1,859,476	1,431,351	1,796,116	1,790,220	1,797,487	2,101,853	1,927,851	1,949,497	22,242,837	14,466,148
SNF	3,273,798	2,905,069	3,200,168	3,414,580	3,348,386	2,742,891	3,057,019	2,929,197	3,456,263	3,574,038	3,195,861	3,157,734	38,255,004	24,871,108
Outpatient														
Less Deductions:														
Contractuals - Care/Cal	724,965	536,153	787,220	853,289	816,070	665,338	394,427	355,038	152,182	793,196	1,075,652	880,747	8,034,278	5,132,500
Contractuals - PPO	126,488	102,308	84,540	166,151	87,059	93,870	99,802	63,506	97,828	102,984	124,390	118,760	1,267,687	823,724
Charity Care & Write off	0	0	0	0	0	0	0	0	0	375	0	13,892	14,267	0
Other Contractual write offs	49,804	38,987	45,162	342,553	182,492	58,083	115,999	16,314	68,630	62,575	60,008	46,044	1,086,653	849,395
Provision For Bad Debts	95,004	151,235	14,672	16,921	63,878	49,875	108,450	(4,366)	388,195	26,235	(53,194)	(64,673)	792,230	495,668
Total Deductions	996,261	828,682	931,595	1,378,914	1,149,498	867,166	718,678	430,491	706,835	985,365	1,206,858	994,770	11,195,114	7,301,287
Other Revenue	(4,019)	40,670	(10,764)	126,488	17,865	19,073	22,491	37,411	24,990	79,415	111,991	16,361	481,972	249,215
Net Revenue	2,273,519	2,117,057	2,257,808	2,162,154	2,216,753	1,894,798	2,360,832	2,536,116	2,774,418	2,668,087	2,100,995	2,179,325	27,541,862	17,819,037
<b>Operating Expenses:</b>														
Salaries - Productive	728,137	790,634	740,382	825,433	739,170	778,494	719,790	734,529	816,931	784,748	824,535	777,605	9,260,389	6,056,571
Salaries - Non-productive	95,139	74,530	128,991	77,874	89,321	73,274	123,285	70,249	131,674	79,820	77,545	97,282	1,118,985	732,664
Employee Benefits	242,259	238,930	285,341	241,322	241,924	233,044	265,621	252,903	282,750	243,239	206,308	250,795	2,984,437	2,001,345
Supplies	239,458	240,538	233,565	259,509	232,863	211,207	203,384	217,802	217,824	211,824	385,068	279,485	2,928,214	1,832,325
Professional Fees	164,116	142,974	162,460	144,302	139,185	132,905	131,988	154,202	134,776	153,500	37,094	249,404	1,746,905	1,172,131
Acute/Swing travelers	29,855	37,206	52,227	65,364	34,932	113,862	84,351	81,894	35,044	126,080	72,653	74,378	807,844	499,691
SNF travelers	162,723	149,690	156,929	158,148	77,170	261,752	175,103	170,863	97,152	243,759	204,400	207,864	2,065,555	1,312,380
Ancillary travelers	75,318	68,085	70,196	68,695	42,760	59,631	115,405	138,071	112,912	132,968	84,591	130,501	1,099,133	638,160
Other Purchased Services	147,675	131,845	186,443	166,961	106,352	286,185	172,298	122,856	156,407	181,266	130,305	165,788	1,966,361	1,332,596
Repairs & Maintenance	34,343	47,928	29,183	36,268	36,591	23,916	43,430	25,047	49,247	49,232	10,185	31,752	411,121	276,706
Utilities	44,247	45,418	46,116	37,043	40,891	43,129	48,257	46,328	49,293	28,834	41,069	59,966	530,591	351,428
Insurance	19,849	19,799	19,799	19,799	19,799	19,799	19,799	19,799	19,799	19,799	19,799	6,780	225,360	159,183
Other Expense	53,881	48,558	63,509	64,381	80,608	67,271	86,248	56,762	50,754	82,458	51,438	639,907	639,907	521,217
Depreciation	67,117	67,092	67,092	66,872	67,805	67,346	72,920	75,439	72,608	73,836	73,836	73,198	845,161	551,683
Bond Repayment Insurance	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bond Repayment Interest	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	17,911	214,930	143,287
Interest	2,022	1,673	1,767	2,081	2,140	1,800	1,424	2,480	1,665	1,681	1,910	1,836	22,478	15,387
Rent/Lease Equipment	13,553	3,616	41,685	48,559	21,528	15,730	25,975	13,039	10,783	10,837	7,488	3,891	216,682	183,684
Total Operating Expense	2,137,602	2,126,426	2,303,597	2,300,522	1,990,951	2,419,997	2,307,187	2,194,154	2,251,219	2,443,792	2,246,133	2,362,475	27,084,053	17,780,436
Net Operating Rev over Expense	135,917	(9,369)	(45,789)	(138,368)	225,802	(525,199)	53,644	341,963	523,200	224,296	(145,138)	(183,150)	457,809	38,601
<b>Non-Operating Revenue:</b>														
Non-operating Revenue	171,290	104,455	151,873	137,873	174,990	162,873	137,873	237,873	149,225	1,542,337	193,831	98,632	3,263,123	1,279,099
Interest Income	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other non-operating Expense	0	0	0	0	0	0	0	0	0	4,450	12,760	9,410	26,620	0
Total Non-Operating Revenue	171,290	104,455	151,873	137,873	174,990	162,873	137,873	237,873	149,225	1,537,886	181,071	89,222	3,236,504	1,279,099
Net Revenue over Expense	307,207	95,087	106,084	(495)	400,792	(362,327)	191,517	579,835	672,424	1,762,182	35,934	(93,927)	3,694,313	1,317,700



MAYERS MEMORIAL HOSPITAL DISTRICT  
 FINANCIAL SNAPSHOT  
 MONTH ENDED JAN 2020

FISCAL 2020

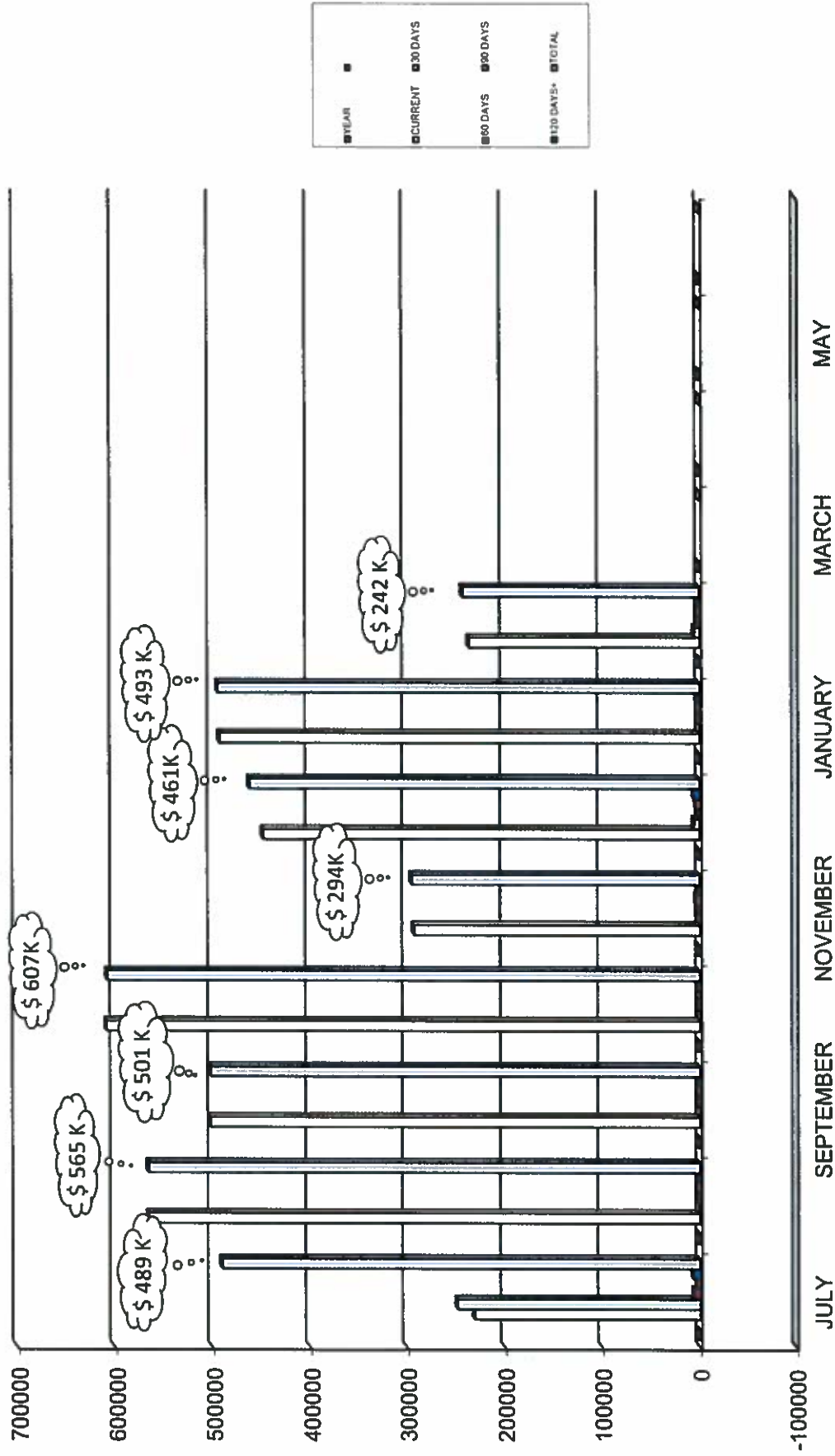
FINANCIAL DATA ACROSS ENTIRE ENTERPRISE  
 ACTUAL YTD      ACTUAL YTD

	FEBRUARY 20	FEBRUARY 19	Variance\$\$	Variance %
Inpatient Revenue				
Acute/OB/Swing	\$ 3,106,066	\$ 3,247,719	(141,653.18)	-4%
SNF	\$ 7,709,680	\$ 5,845,281	1,864,399.59	32%
Inpatient Ancillary Revenue				
Acute/OB/Swing	1,778,384	1,306,024	472,359.60	36%
SNF	(1,836)	5,936	(7,771.72)	-131%
Outpatient Revenue	14,990,400	14,466,148	524,252.26	4%
Total Gross Revenue	\$ 27,582,695	\$ 24,871,108	2,711,586.55	11%

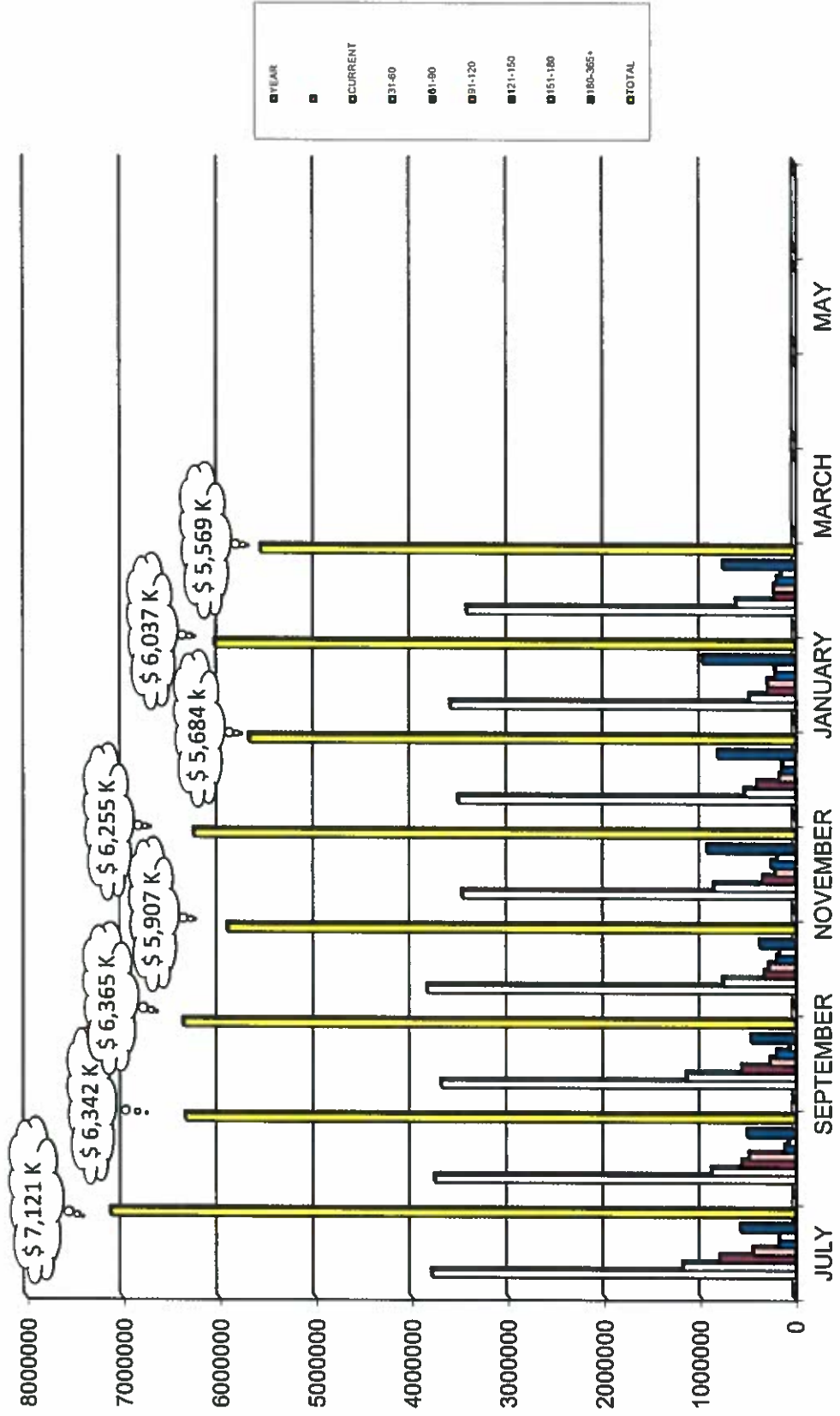
ACTUAL YTD      ACTUAL YTD

	FEBRUARY 20	FEBRUARY 19	Variance	Variance %
Statistics				
Patient Days	19653	19303	350	1.8%
Outpatient Services	1,138	1427	(289)	-20%
Labs	5,496	6191	(695)	-11%
Imaging	3,409	3235	174	5%
Hospice	770	972	(202)	-21%
PT	1671	2155	(484)	-22%

# ACCOUNTS PAYABLE



# ACCOUNTS RECEIVABLE



### ACCOUNTS RECEIVABLE

MONTH	YEAR	CURRENT	31-60	61-90	91-120	121-150	151-180	180-365+	TOTAL
JULY	2019	3,795,790.54	1,194,231.78	792,401.42	439,956.97	162,696.94	162,277.73	573,262.54	7,120,617.92
AUGUST	2019	3,763,568.76	887,657.04	555,689.60	478,849.52	94,546.40	60,440.10	501,339.09	6,342,090.51
SEPTEMBER	2019	3,696,717.18	1,153,525.95	558,993.77	255,022.67	186,505.56	53,001.37	461,687.93	6,365,454.43
OCTOBER	2019	3,843,468.49	765,008.21	314,961.93	270,472.85	183,433.85	162,269.87	367,849.83	5,907,465.03
NOVEMBER	2019	3,482,599.26	863,579.00	333,588.30	203,816.58	246,923.83	187,471.54	937,518.01	6,255,496.52
DECEMBER	2019	3,522,929.57	532,515.54	396,873.70	158,196.05	129,038.12	125,584.34	819,770.64	5,684,907.96
JANUARY	2020	3,603,100.65	481,228.83	278,901.17	282,754.83	199,624.98	207,985.38	983,851.80	6,037,447.64
FEBRUARY	2020	3,432,769.55	622,757.62	209,940.36	214,711.70	184,216.30	144,169.39	760,800.88	5,569,365.80
MARCH	2020								0.00
APRIL	2020								0.00
MAY	2020								0.00
JUNE	2020								0.00

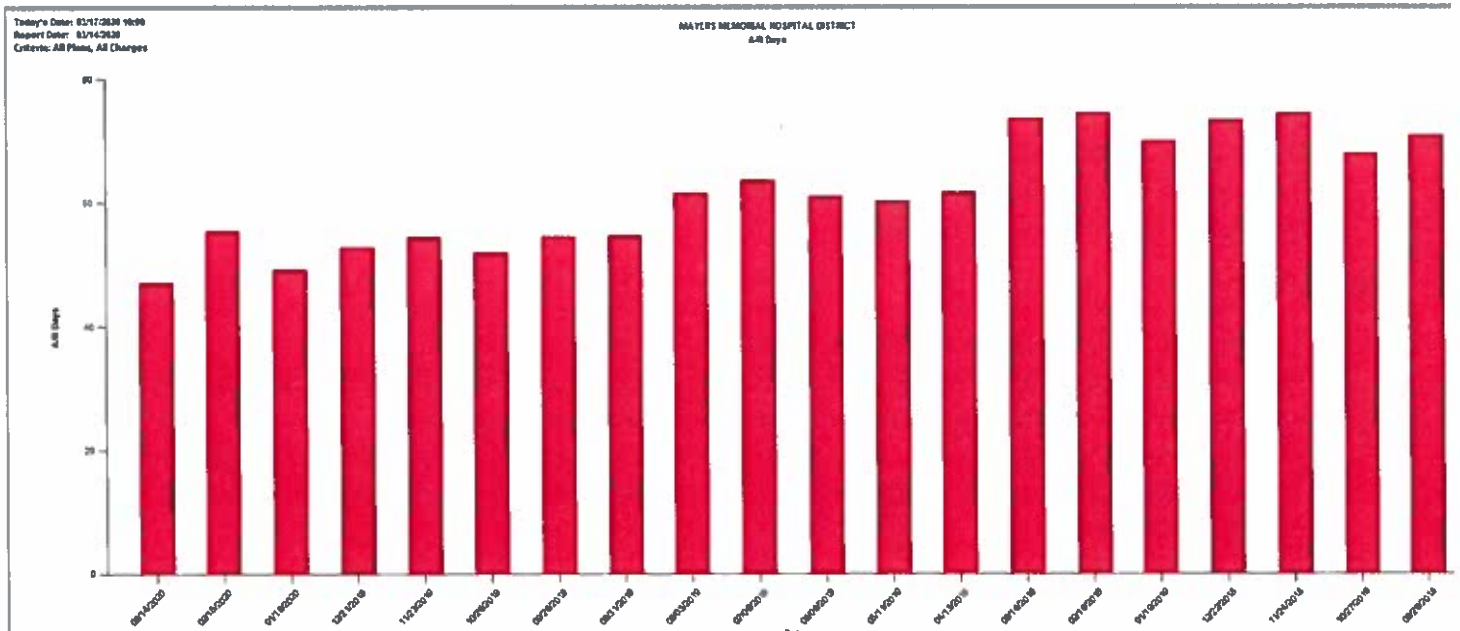
### ACCOUNTS PAYABLE (includes accrued payables)

MONTH	YEAR	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS+	TOTAL
JULY	2019	230,706.24	247,961.95	5,729.21	(1,724.24)	6,530.97	489,204.13
AUGUST	2019	564,652.09	1,382.95	0.00	0.00	(1,030.43)	565,004.61
SEPTEMBER	2019	501,593.80	279.78	0.00	0.00	(924.03)	500,949.55
OCTOBER	2019	607,759.46	131.93	0.00	0.00	(924.03)	606,967.36
NOVEMBER	2019	291,983.34	243.41	(151.60)	3,404.04	(924.03)	294,555.16
DECEMBER	2019	446,721.67	5,853.00	(837.00)	3,404.04	5,810.97	460,952.68
JANUARY	2020	491,253.17	348.99	20.90	(837.00)	2,480.01	493,266.07
FEBRUARY	2020	235,600.59	5,018.31	0.00	0.00	1,643.01	242,261.91
MARCH	2020						0.00
APRIL	2020						0.00
MAY	2020						0.00
JUNE	2020						0.00

## February FY 20 Finance Notes

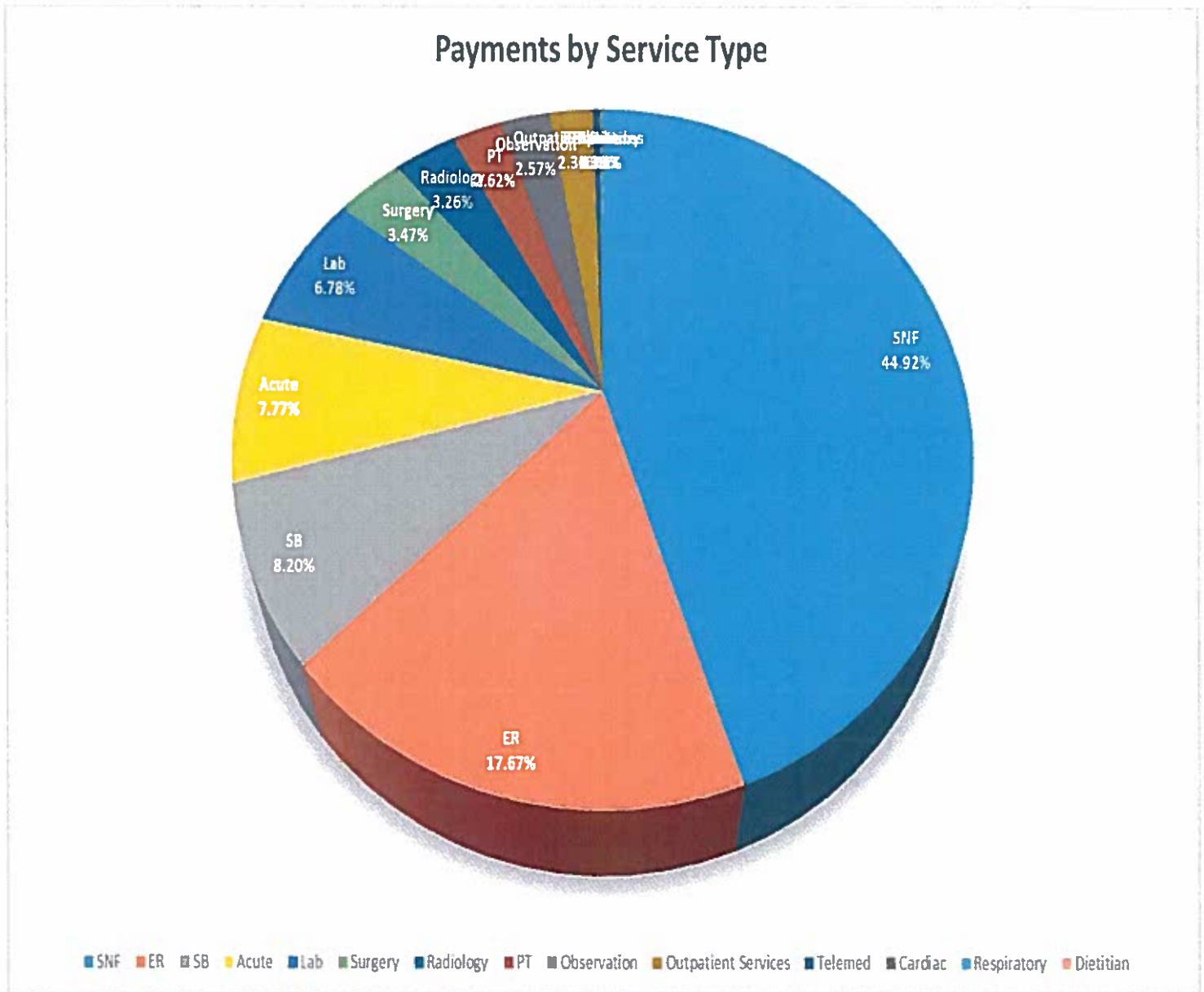
<b>Summary of Financial Ratio</b>			
Ratio	Period	YTD or Average where Applicable	
Cash on Hand	116	93	Average PY
Net Income	323,067	295,868	Average Monthly PY
Current Ratio	5.84		N/A
AR Days	51	68.4	Average PY
AP	232,359	307,859	Average PY
Daily Gross Revenue YE	112,632	104,059	Average PY
<b>% of Gross Revenue Collected</b>	<b>60%</b>	<b>57%</b>	<b>PY Year End</b>

1. Our HQAF funds of 3.15 million arrived on March 6<sup>th</sup> and we just sent out our Range Funds of 1.54 million this week.
2. Still waiting on our Cost Report Settlement as Noridian is taking the full 90 days and taking the position that it is when they accepted it December 26<sup>th</sup> vs historically where it's been 90 days after it was due on 11/30.
3. We have supplemental claim forms for SNF and Outpatient into Partnership for last year. Given our new contract and rates this is the last time we'll be submitting Supplemental Payment forms to Partnership.
4. AR Days hit a new low Saturday of 47 which is the lowest I've seen it over the 10+ years.



Miscellaneous

1. In the attachments are the approved USDA Pay Requests 37 and 38. There is only 2.5 million in USDA funding remaining. In January, you can see by cost less than half percent of the project was completed.
2. On the Collections vs Obligations, we will pull to a positive in March factoring in the QAF funds and very positive by the end of the year due to Rate Range, cost report settlement and the Partnership Supplemental claims.
3. Below is graph showing patient payments by Service Type year to date.



MONTHLY COLLECTIONS - OBLIGATIONS FISCAL YEAR 2020

	2020												average
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	beg balance
BEGINNING AP BALANCE	464,958.41	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	247,261.91	0.00	0.00	0.00	483,227.41
BEGINNING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>CASH COLLECTIONS</b>													<b>YTD total</b>
PATIENT PAYMENTS	2,054,550.07	2,023,782.09	1,774,139.24	2,276,150.54	2,077,542.19	1,980,831.00	2,008,536.70	1,980,838.09	0.00	0.00	0.00	0.00	16,176,369.92
COST REPORT SETTLEMENTS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,219.00
DSH (Disproportionate Share)	17,006.00	146.65	0.00	0.00	17,005.00	0.00	17,006.03	1,203.35	0.00	0.00	0.00	0.00	52,367.03
OUTPATIENT SUPPLEMENTAL	54,237.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,237.08
DPINF SUPPLEMENTAL	0.00	0.00	0.00	10,661.04	44,170.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00	54,831.46
E.H.R. MCAL/MCARE INCENTIVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
USDA FUNDING	722,137.57	1,619,108.25	1,171,809.59	485,745.02	0.00	926,284.79	723,370.50	0.00	0.00	0.00	0.00	0.00	5,648,455.72
PRIME	0.00	0.00	0.00	0.00	675,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	675,000.00
IGT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CIP LTC	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
HQAF	0.00	0.00	0.00	156,477.74	0.00	12,205.23	0.00	0.00	0.00	0.00	0.00	0.00	168,682.97
2017 G.O. BOND	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SPECIAL - WINDMILL	20,930.11	4,147.05	837.32	29,321.61	41.71	6,636.58	386,176.88	96,141.01	0.00	0.00	0.00	0.00	544,232.27
TAXES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
RENTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
VENDING / CAFETERIA	3,564.40	3,884.73	4,564.52	2,391.97	3,204.59	2,952.59	4,534.07	4,257.74	0.00	0.00	0.00	0.00	29,354.61
MISC (REBATES/REIMB ETC)	540,128.99	17,453.67	12,597.73	15,790.83	47,445.12	537,401.96	5,282.25	12,398.09	0.00	0.00	0.00	0.00	1,188,498.64
<b>TOTAL COLLECTIONS</b>	3,412,554.22	3,668,522.44	2,995,167.40	2,976,538.75	2,864,409.03	3,466,312.15	3,144,906.43	2,094,838.28	0.00	0.00	0.00	0.00	24,623,248.70
<b>EXPENSES</b>													<b>YTD total</b>
INCOME STATEMENT EXPENSES	2,241,050.00	2,404,838.00	2,428,272.00	2,083,420.82	2,000,784.87	2,186,708.20	2,557,406.62	2,336,681.35	0.00	0.00	0.00	0.00	18,239,161.86
ASSET EXPENSES	0.00	0.00	0.00	0.00	883,011.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	883,011.43
CIP EXPENSES	871,023.18	2,088,240.00	1,352,052.41	169,228.41	844,942.85	997,518.70	1,047,291.49	34,046.91	0.00	0.00	0.00	0.00	7,404,343.95
IGT EXPENSES / PRIME REPYMT/ HQAF	0.00	0.00	0.00	337,500.00	0.00	0.00	1,010,999.00	0.00	0.00	0.00	0.00	0.00	1,348,499.00
USDA PRIN-INT PYMTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MEDICARE/MCAL REPAYMENT PLANS	0.00	0.00	31,219.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	31,219.00
CAPITAL LEASES	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	2,082.58	0.00	0.00	0.00	0.00	16,660.64
<b>TOTAL EXPENSES</b>	3,114,155.76	4,495,160.58	3,813,625.99	2,592,231.81	3,730,821.73	3,186,309.48	4,617,779.69	2,372,810.84	0.00	0.00	0.00	0.00	27,922,895.88
<b>collections less expenses</b>	298,398.46	(826,638.14)	(818,458.59)	384,306.94	(866,412.70)	280,002.67	(1,472,873.26)	(277,972.56)	0.00	0.00	0.00	0.00	(3,299,647.18)
ENDING AP BALANCE	489,204.13	565,004.61	500,949.55	606,967.36	294,555.16	460,952.68	493,266.07	242,261.91	0.00	0.00	0.00	0.00	487,271.37
ENDING CREDIT LINE BALANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00



Rural Development

February 28, 2020

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Application and Certificate for Payment No. 37

Dear Mr. Lakey:

Enclosed is a copy of the accepted Contractor's Application for Payment No. 37, reflecting total "Design-Build Costs" for the period of 12/1/2019 through 12/31/2019. Please let this letter serve as authorization to issue payment to Layton Construction Co., Inc. in the amount of \$61,275.18 from the project account.

The source of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$61,275.18

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

cc: Jim Wiscombe Sr. Project Manager, Layton Construction Co., San Jose, CA  
Dave Lupton, Project Manager, Porter Consulting, Sacramento, CA

USDA is an equal opportunity provider, employer and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 832-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



APPLICATION AND CERTIFICATE FOR PAYMENT

TO (OWNER):

Mayers Memorial Hospital  
PO Box 459  
Fall River Mills, CA 96028

PROJECT: Mayers Memorial Hospital

APPLICATION NO. 37

PERIOD TO: 12/31/2019

Distributed to:

OWNER   
ARCHITECT   
CONST. MAN.

INVOICE NO. 16234-20

FROM (CONTRACTOR):

Layton Construction Co., Inc.  
8090 So Sandy Parkway  
Sandy, UT 84070

VIA:

PROJECT NO: 16234

DATED: 12/30/2019

CONTRACT FOR:

Hospital Building Design

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY			
Change Orders approved in previous months by owner	Totalling	ADDITIONS	DEDUCTIONS
Approved this month:			
Number	Date Approved		
PCO 3	20-May-19	\$ 52,544.93	
PCO 4	26-Nov-18	\$ 13,273.65	
PCO 5	29-Nov-18	\$	
PCO 6	25-Oct-09	\$ 6,229.00	
PCO 7	29-Nov-18	\$ 10,992.62	
PCO 8	08-May-19	\$ 5,178.28	
PCO 9	08-May-19	\$ 1,386.83	
PCO 10	15-Feb-19	\$ 7,994.23	
PCO 11	09-May-19	\$ 195,485.31	
PCO 12	17-Jul-19	\$ 36,759.59	
PCO 13	23-Jul-19	\$ 3,159.85	
PCO 14	23-Oct-19	\$ 6,172.64	
PCO 15	20-May-19	\$ 8,881.06	
PCO 16	03-Oct-19	\$ 8,194.05	
PCO 17	05-Jan-19	\$ 5,793.91	
PCO 18	03-Oct-19	\$ 14,445.45	
PCO 19	27-Aug-19	\$ 9,675.82	
PCO 20	13-Jan-20	\$	(29,070.14)
PCO 21	13-Jan-20	\$	(53,339.69)
PCO 22	13-Jan-20	\$	(14,401.72)
PCO 23	13-Jan-20	\$	(243,749.60)
PCO 24	13-Jan-20	\$ 3,639.90	
PCO 25			
PCO 26			
PCO 27			
PCO 28			
PCO 29			
PCO 30			
<b>TOTALS</b>		<b>\$389,817.14</b>	<b>(\$369,789.96)</b>
<b>Net change by Change Orders</b>		<b>\$20,027.18</b>	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents; that all the amounts have been paid by the Contractor for work for which previous Certificates for payment were received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:

Layton Construction Co., Inc.

By:  Kaitlin Smith, Project Manager Date: 12/30/2019

Application is made for Payment as shown below, in connection with the Contractor's Continuation sheet as attached.


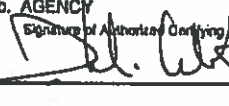
- |  |    |               |
|--|----|---------------|
| 1. ORIGINAL CONTRACT SUM.....                  | \$ | 13,542,003.00 |
| 2. Net Change by Change Order.....             | \$ | 20,027.18     |
| 3. CONTRACT SUM TO DATE.....                   | \$ | 13,562,030.18 |
| 4. TOTAL COMPLETED & STORED TO DATE.....       | \$ | 12,179,998.54 |
| 5. TOTAL RETAINAGE.....                        | \$ | 608,999.93    |
| 6. TOTAL EARNED LESS RETAINAGE.....            | \$ | 11,570,998.61 |
| 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT..... | \$ | 11,509,723.43 |
| 8. CURRENT PAYMENT DUE.....                    | \$ | 61,275.18     |
| 9. BALANCE TO FINISH, PLUS RETAINAGE.....      | \$ | 1,991,031.57  |

OWNER:  Mayers Memorial Hospital

By:  # \_\_\_\_\_ Date: 2-20-2020

By:  # \_\_\_\_\_ Date: 2/20/2020

CONSTRUCTION MANAGER: Porter Consulting  
By:  # \_\_\_\_\_ Date: 2-13-2020

OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS (See Instructions on Back)		OMB Approval No. 0316-0002		Page 1 of 1			
3. Federal Sponsoring Agency <b>USDA Rural Development</b>		1. Type of Request Final <input type="checkbox"/> Partial <input checked="" type="checkbox"/>		2. Basis of Request # Cash <input type="checkbox"/> Accrual <input type="checkbox"/>			
6. Employer ID Number 04-045-754413938		4. Federal Grant ID Number		5. Partial Payment Request No. 37			
9. Recipient Organization Name: <b>Mayers Memorial Hospital District</b> No. and Street: <b>PO Box 459</b> City, State and Zip Code: <b>Fall River Mills, CA 96028</b>		10. Payee Name: <b>Mayers Memorial Hospital District</b> No. and Street: <b>PO Box 459</b> City, State and Zip Code: <b>Fall River Mills, CA 96028</b>					
PERIOD COVERED BY THIS REQUEST From 12/1/2018 To 12/31/2019							
11. STATUS OF FUNDS							
CLASSIFICATION	PROGRAMS		FUNCTIONS		ACTIVITIES	TOTAL	
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THIS PERIOD	ACCUM TO DATE			
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 100,000.00	\$ -	\$ 89,462.38		\$ 10,537.62	
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,289.32	\$ -	\$ 10,289.32		\$ -	
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00		\$ -	
d. Moving Expenses	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -		\$ 25,000.00	
e. OSHPD Fees	\$ 250,000.00	\$ 250,000.00	\$ -	\$ 248,937.52		\$ 1,062.48	
f. Consultants - Speciality - Project Management	\$ 145,120.00 \$ 254,680.00	\$ 48,406.72 \$ 1,094,136.42	\$ - # \$ -	\$ 48,406.72 \$ 1,050,108.79		\$ - \$ 36,029.63	
g. Special Inspection & IOR	\$ 505,000.00	\$ 283,617.86	\$ -	\$ 263,617.86		\$ -	
h. County & Local Fees, Testing	\$ 200,000.00	\$ 182,551.15	\$ -	\$ 182,551.15		\$ -	
i. Pre-Design Architectural Seismic Demolition/Misc		\$ 99,323.10 \$ 99,932.79	\$ - \$ -	\$ 99,323.10 \$ 99,932.79		\$ - \$ -	
j. Equipment District	\$ 1,804,000.00	\$ 1,681,488.10	\$ -	\$ 377,583.30		\$ 1,203,902.80	
k. Refinance Debt 2011 COP 2011 GO Bond	\$ 1,848,832.00 \$ 4,632,668.00	\$ 1,709,484.20 # \$ 4,599,385.63	\$ - ## \$ -	\$ 1,709,484.20 \$ 4,599,305.63		\$ - \$ -	
l. Landscaping - District Forced Account		\$ 150,000.00	\$ -	\$ -		\$ 150,000.00	
m. Contingencies	\$ 2,232,706.00	\$ 396,175.63	\$ -	\$ -		\$ 396,175.03	
<b>TOTAL SOFT COSTS</b>	<b>\$ 12,128,206.00</b>	<b>\$ 10,884,668.92</b>	<b>\$ -</b>	<b>\$ 8,861,860.78</b>		<b>\$ 1,822,708.16</b>	
Design-Build Contract - Design - Construction - Change Orders - Contingency	\$ 1,080,000.00 \$ 9,596,894.00	\$ 1,239,760.00 \$ 11,895,581.60 \$ 20,027.18 # \$ 308,862.00	\$ 692.80 \$ 380,757.15 \$ (320,074.77) # \$ -	\$ 1,148,481.60 \$ 10,291,700.85 \$ (160,609.15) \$ 291,328.90		\$ 91,278.40 \$ 1,703,880.45 \$ 180,536.33 \$ 16,333.10	
<b>TOTAL DESIGN-BUILD COSTS</b>	<b>\$ 10,676,894.00</b>	<b>\$ 13,662,030.18</b>	<b>\$ 61,276.18</b>	<b>\$ 11,671,001.90</b>		<b>\$ 1,991,028.28</b>	
<b>d. TOTAL CUMULATIVE COSTS</b>	<b>\$ 22,806,100.00</b>	<b>\$ 24,246,689.10</b>	<b>\$ 61,276.18</b>	<b>\$ 20,432,862.68</b>		<b>\$ 3,813,736.44</b>	
p. Applicant Contributions	\$ 1,000,100.00	\$ 2,441,889.10	\$ -	\$ 1,237,788.30		\$ 1,203,802.80	
<b>q. NET CUMULATIVE COSTS</b>	<b>\$ 21,806,000.00</b>	<b>\$ 21,806,000.00</b>	<b>\$ 61,276.18</b>	<b>\$ 19,195,066.38</b>		<b>\$ 2,609,933.84</b>	
r. Federal loan to date	97-01 \$ 9,900,000.00 97-02 RF \$ 1,709,484.20 97-02 \$ 4,300,000.00 97-03 RF \$ 4,574,000.00 97-04 B \$ 7,605,000.00	\$ 9,900,000.00 \$ 1,709,484.20 \$ 2,590,516.60 \$ 4,574,000.00 # \$ 3,031,000.00	\$ - \$ - \$ 61,275.18 \$ - \$ -	\$ 8,586,492.85 \$ 1,709,484.20 \$ 1,294,088.46 \$ 4,574,000.00 \$ 3,031,000.00		\$ 1,313,507.15 \$ - \$ 1,296,427.31 \$ - \$ -	
<b>TOTAL FEDERAL SHARE TO DATE</b>	<b>\$ 21,806,000.00</b>	<b>\$ 21,806,000.00</b>	<b>\$ 61,276.18</b>	<b>\$ 18,195,066.61</b>		<b>\$ 2,609,934.49</b>	
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 19,133,790.33			
t. Amount requested for reimbursement	\$ 21,805,000.00	\$ 21,805,000.00	\$ 61,276.18	\$ 19,195,066.51		\$ 2,609,934.49	
u. Percentage of physical completion	100%		0.25%	84.27%			
12. CERTIFICATION I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.							
a. RECIPIENT Signature of Authorized Certifying Official  Date 2/27/2019		b. AGENCY Signature of Authorized Certifying Official  Date 2/28/2019					
Travis Lakay (Typed or Printed Name and Title)		530.338.7512 (Telephone)		J. Michael Colbert (Typed or Printed Name and Title)		530.233.4137 X 112 (Telephone)	





Rural Development

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

February 28, 2020

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Partial Payment Estimate No. 34A

Dear Mr. Lakey:

Enclosed is a copy of the accepted Form RD 1924-18, Partial Payment Estimate No. 34A, reflecting total "Other Costs" of \$74,393.75 for the period of 1/1/2020 through 1/31/2020 as itemized on the attached Outlay Report.

Please let this letter serve as authorization to issue payments in the amount of \$74,393.75 from the project account.

The sources of funds for this payment are as follows:

Mayers Memorial Hospital District	\$23,497.50
USDA Loan Funds:	\$50,896.25

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

Form RD 1924-18 (Rev 6-97)	UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT FARM SERVICE AGENCY  <b>PARTIAL PAYMENT ESTIMATE</b>	CONTRACT NO.  PARTIAL PAYMENT ESTIMATE NO. 34A  PAGE 1 of 1
OWNER: MAYERS MEMORIAL HOSPITAL DISTRICT	"NON-CONTRACTOR COSTS"	PERIOD OF ESTIMATE  FROM 1/1/2020 TO 1/31/2020

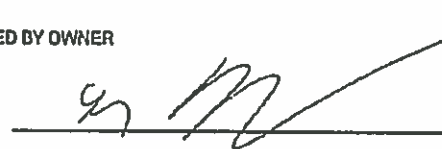
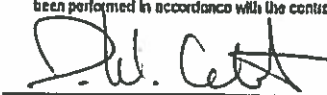
**CONTRACT CHANGE ORDER SUMMARY**

NO	Agency Approval Date	Amount			
		Additions	Deductions		
2	02/08/19		\$13,273.65	1. Original Contract	\$10,704,588.10
3	05/20/19	\$29,228.81		2. Change Orders	-\$20,027.18
1-A	08/05/19		\$10,992.62	3. Revised Contract (1+2)	\$10,684,558.92
4-10	08/14/19		\$302,519.04	4. Work Completed*	\$8,936,244.51
11-16	10/03/19		\$53,219.29	5. Stored Materials*	
18	10/23/19		\$6,172.64	6. Subtotal (4+5)	\$8,936,244.51
20-24	02/27/20	\$340,561.18	\$3,639.90	7. Retainage*	
<b>TOTALS</b>		\$369,789.98	\$389,817.14	8. Previous Payments	\$8,861,850.76
<b>NET CHANGE</b>			-\$20,027.18	9. Amount Due (6-7-8)	\$74,393.75

\* Detailed breakdown attached

**CONTRACT TIME**

Original (days)	390		<input checked="" type="checkbox"/> Yes	Starting Date	6/11/2018
Revised		On Schedule	<input type="checkbox"/> No	Projected Completion	7/8/2019
Remaining	-209				

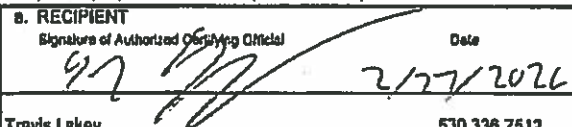
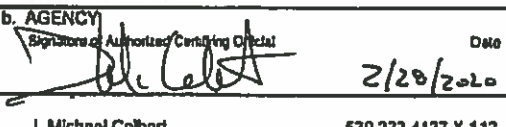
<p>APPROVED BY OWNER</p> <p>Owner <u></u></p> <p>By <u>CFU</u></p> <p>Date <u>2/27/2020</u></p>	<p><b>ACCEPTED BY AGENCY</b></p> <p>The review and acceptance of this estimate does not attest to the correctness of the quantities shown or that the work has been performed in accordance with the contract documents.</p> <p>By <u></u></p> <p>Title <u>Community Programs Specialist</u></p> <p>Date <u>2/28/2020</u></p>
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0042. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

<b>OUTLAY REPORT AND REQUEST FOR REIMBURSEMENT FOR CONSTRUCTION PROGRAMS</b> (See Instructions on Back)		OMB Approval No. 0348-0002	Page 1 of 1
1. Type of Request Final Partial <input checked="" type="checkbox"/> X		2. Basis of Request a. Cash Accrual	
3. Federal Sponsoring Agency USDA Rural Development		4. Federal Grant ID Number	5. Partial Payment Request No. 34A & 3B
6. Employer ID Number 04-045-754413938		PERIOD COVERED BY THIS REQUEST From 1/1/2020 To 1/31/2020	
9. Recipient Organization Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 95028		10. Payee Name: Mayers Memorial Hospital District No. and Street: PO Box 459 City, State and Zip Code: Fall River Mills, CA 95028	

CLASSIFICATION	PROGRAMS		FUNCTIONS	ACTIVITIES	TOTAL
	ORIGINAL BUDGET	REVISED BUDGET	COSTS THIS PERIOD	ACCUM TO DATE	
a. Administrative & Legal Expenses	\$ 100,000.00	\$ 100,000.00	\$ 8,514.00	\$ 97,976.38	\$ 2,023.62
b. Land & Right-of-Ways	\$ 10,000.00	\$ 10,269.32	\$ -	\$ 10,269.32	\$ -
c. Bond Issuance Fees	\$ 130,000.00	\$ 74,700.00	\$ -	\$ 74,700.00	\$ -
d. Moving Expenses	\$ 25,000.00	\$ 25,000.00	\$ -	\$ -	\$ 25,000.00
e. OSHPD Fees	\$ 250,000.00	\$ 250,000.00	\$ 750.00	\$ 249,887.52	\$ 312.48
f. Consultants - Specialty	\$ 145,120.00	\$ 48,498.72	\$ -	\$ 48,498.72	\$ -
- Project Management	\$ 254,880.00	\$ 1,084,138.42	## \$ 8,370.00	\$ 1,068,476.79	\$ 27,659.63
g. Special Inspection & IDR	\$ 505,000.00	\$ 263,617.88	\$ -	\$ 263,617.88	\$ -
h. County & Local Fees, Testing	\$ 200,000.00	\$ 216,813.40	\$ 33,262.25	\$ 215,813.40	\$ -
i. Pre-Design Architectural		\$ 89,323.10	\$ -	\$ 89,323.10	\$ -
Seismic Demolition/Misc		\$ 99,932.79	\$ -	\$ 99,932.79	\$ -
j. Equipment District	\$ 1,804,000.00	\$ 1,581,486.10	\$ 23,497.50	\$ 401,080.00	\$ 1,180,405.30
k. Refinance Debt 2011 COP	\$ 1,848,832.00	\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
2011 GO Bond	\$ 4,832,668.00	# \$ 4,599,365.83	## \$ -	\$ 4,599,365.83	\$ -
l. Landscaping - District Forced Account		\$ 150,000.00	\$ -	\$ -	\$ 150,000.00
m. Contingencies	\$ 2,222,706.00	\$ 362,913.38	\$ -	\$ -	\$ 362,913.38
<b>TOTAL SOFT COSTS</b>	<b>\$ 12,128,206.00</b>	<b>\$ 10,884,668.32</b>	<b>\$ 74,393.76</b>	<b>\$ 8,836,244.61</b>	<b>\$ 1,748,314.41</b>
Design-Build Contract - Design	\$ 1,080,000.00	\$ 1,238,780.00	\$ 293.55	\$ 1,148,775.15	\$ 80,984.85
- Construction	\$ 9,598,094.00	\$ 11,995,581.00	\$ 40,129.04	\$ 10,331,829.69	\$ 1,663,751.41
- Change Orders		\$ 20,027.18		\$ (160,509.15)	\$ 180,536.33
- Contingency		# \$ 306,682.00	## \$ -	\$ 281,328.90	\$ 15,333.10
<b>TOTAL DESIGN-BUILD COSTS</b>	<b>\$ 10,876,894.00</b>	<b>\$ 13,662,030.18</b>	<b>\$ 40,422.59</b>	<b>\$ 11,611,424.49</b>	<b>\$ 1,964,606.69</b>
<b>o. TOTAL CUMULATIVE COSTS</b>	<b>\$ 22,805,100.00</b>	<b>\$ 24,246,588.10</b>	<b>\$ 114,818.34</b>	<b>\$ 20,847,669.00</b>	<b>\$ 3,698,920.10</b>
p. Applicant Contributions	\$ 1,000,100.00	\$ 2,441,589.10	\$ 23,497.50	\$ 1,261,283.80	\$ 1,180,305.30
<b>q. NET CUMULATIVE COSTS</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 91,318.84</b>	<b>\$ 19,288,386.20</b>	<b>\$ 2,616,614.80</b>
r. Federal loan to date	97-01 \$ 9,900,000.00	\$ 9,900,000.00	\$ 91,318.84	\$ 8,677,811.89	\$ 1,222,188.31
	97-02 RF \$ 1,709,484.20	\$ 1,709,484.20	\$ -	\$ 1,709,484.20	\$ -
	97-02 \$ 4,300,000.00	\$ 2,590,515.80	\$ -	\$ 1,294,088.48	\$ 1,296,427.34
	97-03 RF \$ 4,574,000.00	\$ 4,574,000.00	\$ -	\$ 4,574,000.00	\$ -
	97-04 B \$ 7,605,000.00	# \$ 3,031,000.00	\$ -	\$ 3,031,000.00	\$ -
<b>TOTAL FEDERAL SHARE TO DATE</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 91,318.84</b>	<b>\$ 19,288,384.35</b>	<b>\$ 2,618,615.65</b>
s. Federal payments previously requested	\$ 21,805,000.00	\$ 21,805,000.00		\$ 19,195,065.51	
<b>t. Amount requested for reimbursement</b>	<b>\$ 21,805,000.00</b>	<b>\$ 21,805,000.00</b>	<b>\$ 91,318.84</b>	<b>\$ 19,288,384.35</b>	<b>\$ 2,518,615.65</b>
u. Percentage of physical completion	100%		0.47%	84.74%	

12. CERTIFICATION  
I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.

a. RECIPIENT Signature of Authorized Contracting Official  Date: 2/17/2020		b. AGENCY Signature of Authorized Contracting Official  Date: 2/20/2020	
Travis Lahey (Typed or Printed Name and Title)		J. Michael Colbert (Typed or Printed Name and Title)	
530.336.7512 (Telephone)		530.233.4137 X 112 (Telephone)	





Rural Development

Alturas Field Office

221 W. 8<sup>th</sup> Street  
Alturas, CA  
96101-3211

Voice 530.233.4137  
Fax 844.206.6796

February 28, 2020

Mr. Travis Lakey, CFO  
Mayers Memorial Hospital District  
PO Box 459  
Fall River Mills, CA 96028

Subject: Hospital Expansion Project  
Application and Certificate for Payment No. 38

Dear Mr. Lakey:

Enclosed is a copy of the accepted Contractor's Application for Payment No. 38, reflecting total "Design-Build Costs" for the period of 1/1/2020 through 1/31/2020. Please let this letter serve as authorization to issue payment to Layton Construction Co., Inc. in the amount of \$40,422.59 from the project account.

The source of funds for this payment are as follows:

Mayers Memorial Hospital District	\$ .00
USDA Loan Funds:	\$40,422.59

The loan funds have been ordered and should be deposited into the project account within five business days of the date of this letter.

If you have any questions or need further information, please do not hesitate to contact me at (530) 233-4137, ext. 112 or [mike.colbert@ca.usda.gov](mailto:mike.colbert@ca.usda.gov).

Sincerely,

J. Michael Colbert  
Community Programs Specialist

Enclosures

cc: Jim Wiscombe Sr. Project Manager, Layton Construction Co., San Jose, CA  
Dave Lupton, Project Manager, Porter Consulting, Sacramento, CA

USDA is an equal opportunity provider, employer and lender.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



APPLICATION AND CERTIFICATE FOR PAYMENT

INVOICE NO. 16234-20

TO (OWNER):  
 Mayers Memorial Hospital  
 PO Box 459  
 Fall River Mills, CA 96028

PROJECT: Mayers Memorial Hospital  
 APPLICATION NO. 38  
 PERIOD TO: 1/23/2020  
 PROJECT NO: 16234  
 VIA: \_\_\_\_\_  
 DATED: 1/30/2020

Distributed to:  
 OWNER  
 ARCHITECT  
 CONST. MAN.

FROM (CONTRACTOR):  
 Layton Construction Co., Inc.  
 9090 So Sandy Parkway  
 Sandy, UT 84070

CONTRACT FOR: Hospital Building Design

CONTRACTOR'S APPLICATION FOR PAYMENT

CHANGE ORDER SUMMARY		ADDITIONS	DEDUCTIONS
Change Orders approved in previous months by owner			
Number	Date Approved		
PCO 51	20-May-19	\$ 52,544.93	
PCO 9	26-Nov-18	\$ 13,273.65	
PCO 6	29-Nov-18	\$ 6,229.00	
PCO 8	25-Oct-09	\$ 10,992.62	
PCO 10	29-Nov-18	\$ 5,178.28	
PCO 11	08-May-19	\$ 1,386.63	
PCO 12	08-May-19	\$ 7,994.25	
PCO 15	15-Feb-18	\$ 195,495.31	
PCO 18	09-May-19	\$ 36,759.59	
PCO 21	17-Jul-19	\$ 3,159.85	
PCO 24	23-Jul-19	\$ 6,172.64	
PCO 31	23-Oct-19	\$ 8,881.06	
PCO 37	20-May-19	\$ 8,194.05	
PCO 41	03-Oct-19	\$ 5,793.91	
PCO 42	05-Jun-19	\$ 14,445.45	
PCO 20	03-Oct-19	\$ 9,675.82	
PCO 22	27-Aug-19		
PCO 32	13-Jan-20		
PCO 36	13-Jan-20		
PCO 38	13-Jan-20		
PCO 40	13-Jan-20		
PCO 44	13-Jan-20		
TOTALS		\$389,817.14	(\$369,789.96)
Net change by Change Orders		\$20,027.18	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all the amounts have been paid by the Contractor for work for which previous Certificates for payment were received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: Layton Construction Co., Inc.  
 By: Kristen Smith Project Manager Date: 1/30/2020

1. ORIGINAL CONTRACT SUM	\$	13,542,003.00
2. Net Change by Change Orders	\$	20,027.18
3. CONTRACT SUM TO DATE	\$	13,562,030.18
4. TOTAL COMPLETED & STORED TO DATE	\$	12,222,548.63
5. TOTAL RETAINAGE	\$	611,127.43
6. TOTAL EARNED LESS RETAINAGE	\$	11,611,421.20
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT	\$	11,570,998.61
8. CURRENT PAYMENT DUE	\$	40,422.59
9. BALANCE TO FINISH, PLUS RETAINAGE	\$	1,950,608.98

Application is made for Payment as shown below, in connection with the Contractor's Continuation sheet as attached.

OWNER: Mayers Memorial Hospital  
 By: John Seiber # \_\_\_\_\_ Date: 2-24-2020  
 By: DLK # \_\_\_\_\_ Date: 2/28/2020

CONSTRUCTION MANAGER: Porter Consulting  
 By: Dave Spotts # \_\_\_\_\_ Date: 2-17-2020