
FINANCIAL STATEMENTS FOR THE YEARS ENDED MARCH 31, 2000 AND 1999



STATE OF OHIO OFFICE OF THE AUDITOR

JIM PETRO, AUDITOR OF STATE

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Board of Trustees and Board of Governors Mercer County Joint Township Community Hospital 800 West Main Street Coldwater, Ohio 45828

We have reviewed the independent auditor's report of the Mercer County Joint Township Community Hospital, prepared by E. S. Evans and Company, for the audit period April 1, 1999 through March 31, 2000. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

Our review was made in reference to the applicable sections of legislative criteria, as reflected by the Ohio Constitution, and the Revised Code, policies, procedures and guidelines of the Auditor of State, regulations and grant requirements. The Mercer County Joint Township Community Hospital is responsible for compliance with these laws and regulations.

JIM PETRO Auditor of State

November 20, 2000

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E.S. Evans and Company

Certified Public Accountants and Consultants

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Robert E. Wendel, CPA • Dan F. Clifford, CPA • E.S. Evans, CPA, PFS (1930-1999)

June 28, 2000

INDEPENDENT AUDITOR'S REPORT

and

Board of Trustees and Board of Governors Mercer County Joint Township Community Hospital Coldwater, Ohio Auditor of State of Ohio Columbus, Ohio

We have audited the accompanying balance sheets of Mercer County Joint Township Community Hospital as of March 31, 2000 and 1999, and the related statements of revenues and expenses, statements of changes in fund balance and statements of cash flows for the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in <u>Government Auditing Standards</u> 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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Mercer County Joint Township Community Hospital as of March 31, 2000 and 1999, and the changes in its fund balance and its cash flows for the years then ended, in conformity with generally accepted accounting principles.

In accordance with <u>Government Auditing Standards</u>, we have also issued a report dated June 28, 2000 on our consideration of Mercer County Joint Township Community Hospital's internal control over financial reporting and our tests of its' compliance with certain provisions of laws, regulations, contracts, and grants. That report is an integral part of an audit performed in accordance with <u>Government Auditing</u> <u>Standards</u> and should be read in conjunction with this report in considering the results of our audit.

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BALANCE SHEETS

		March 31,			
ASSETS	_	2000		1999	
Current Assets:					
Cash and Cash Equivalents	\$	313,705	\$	1,670,507	
Investments		3,442,845		2,634,898	
Patient Accounts Receivable - Net of Estimated Uncollectibles of \$299,301 and \$285,224 for 2000 and 1999,					
respectively		3,754,430		4,113,219	
Supplies - Note A		606,088		570,312	
Prepaid Expenses		127,972		89,112	
Other	_	35,161	_	63,857	
Total Current Assets	-	8,280,201	-	9,141,905	
Plant, Property and Equipment: Net					
(Notes A and D)		11,812,506	-	10,716,761	
Other Assets:					
Restricted Investment		25,000		25,000	
Other	_	14,810	_	14,810	
Total Other Assets		39,810	_	39,810	
Total Assets	\$	20,132,517	\$	19,898,476	

The accompanying notes are an integral part of these financial statements.

<u>EXHIBIT A</u>

		March 31,			
LIABILITIES AND FUND BALANCES		2000		1999	
Current Liabilities:					
Accounts Payable	\$	1,269,191	\$	1,135,538	
Current Portion of - Capital Leases		-		21,285	
Accrued Expenses-					
Wages		256,502		92,702	
Vacation Pay - Note G		691,964		684,244	
Health Insurance Plan - Note J		241,080		199,540	
Other		86,329		111,120	
Total Current Liabilities		2,545,066		2,244,429	
<u>Other Liabilities</u> : Accrued Sick Leave - Note G	-	550,237		535,206	
Total Liabilities		3,095,303		2,779,635	
Fund Balance - Exhibit C - Unrestricted		17,012,214		17,093,841	
- Restricted - Note M		25,000		25,000	
		17,037,214		17,118,841	
Total Liabilities and Fund Balance	\$	20,132,517	\$	19,898,476	

STATEMENTS OF REVENUES AND EXPENSES

		For the Years Ended March 31,			
Revenues:	_	2000		1999	
Net Patient Service Revenue - Note B Other Revenue	\$	21,642,053 189,982	\$	22,806,920 209,648	
Total Revenues	-	21,832,035		23,016,568	
Expenses:					
Nursing Service		5,852,962		5,811,710	
Other Professional Services		5,368,092		5,138,071	
General Services		2,221,808		1,970,478	
Administrative Services		6,670,988		6,687,837	
Provision for Bad Debts		749,705		747,590	
Interest		1,019		2,391	
Depreciation and Amortization	_	1,290,839	_	1,258,777	
Total Expenses	_	22,155,413		21,616,854	
Operating Income/(Loss)	_	(323,378)	-	1,399,714	
Non-Operating Income/(Loss):					
Investment Earnings		210,617		181,414	
Unrestricted Gifts	_	31,134	_	36,955	
Total Non-Operating Income	_	241,751		218,369	
Excess/(Deficit) of Revenues over Expenses	\$	(81,627)	\$	1,618,083	

The accompanying notes are an integral part of these financial statements.

EXHIBIT B

STATEMENTS OF CHANGES IN FUND BALANCE

		General F	Fund	Restricted	d Fund
	_	2000	1999	2000	1999
Balance at Beginning of Year	\$	17,093,841 \$	15,475,758 \$	25,000 \$	25,000
Excess/(Deficit) of Revenues Over Expenses - Exhibit B	_	(81,627)	1,618,083	<u> </u>	
Balance at End of Year	\$	17,012,214 \$	17,093,841 \$	25,000 \$	25,000

The accompanying notes are an integral part of these financial statements.

EXHIBIT C

STATEMENTS OF CASH FLOWS

	_	For the Years Ended March 31,			
		2000		1999	
Cash Flows from Operating Activities:					
Cash Received from Patients	\$	22,000,842	\$	22,583,674	
Other Operational Revenues		221,116		246,603	
Cash Paid to Employees and Suppliers		(20,572,542)		(20,745,837)	
Net Cash Provided by Operating Activities		1,649,416		2,084,440	
Cash Flows from Capital and <u>Related Financing Activities</u> :					
Acquisition of Property and Equipment		(2,386,584)		(858,458)	
Principal Paid on Notes and Bonds		(21,285)		(18,579)	
Interest Paid on Bonds, Leases and Notes		(1,019)		(2,391)	
Net Cash Used for Capital and Related Financing Activities		(2,408,888)		(879,428)	
Cash Flows from Investing Activities:					
Interest on Investments (Additional Investment)/Reduction in		210,617		181,414	
Investment		(807,947)		(616,857)	
Net Cash Used in Investing Activities		(597,330)		(435,443)	
Net Increase/(Decrease) in Cash and Equivalents		(1,356,802)		769,569	
Cash and Cash Equivalents at Beginning of Year		1,670,507		900,938	
Cash and Cash Equivalents at End of Year	\$	313,705	\$	1,670,507	

The accompanying notes are an integral part of these financial statements.

EXHIBIT D (continued)

STATEMENTS OF CASH FLOWS

Reconciliation of Operating Income to Net Cash Provided By Operating Activities

		For the Years Ended March 31,			
	_	2000	_	1999	
Excess/(Deficit) of Revenues Over Expenses - Exhibit B	\$_	(81,627)	\$_	1,618,083	
Adjustments to Reconcile Revenues and Gains in					
Excess/(Shortage) of Expenses and Losses to					
Net Cash Provided by Operating Activities-					
Depreciation Interest Expense Interest Income		1,290,839 1,019 (210,617)		1,258,777 2,391 (181,414)	
Changes in Assets and Liabilities -					
(Increase)/Decrease in Receivables (Increase)/Decrease in Inventories (Increase)/Decrease in Prepaids/Other Increase/(Decrease) in Payables Increase/(Decrease) in Accruals Increase/(Decrease) in Sick Pay Accrual (Increase)/Decrease in Deferred Expense	-	358,789 (35,776) (38,860) 133,653 188,269 15,031 28,696	_	(223,246) (37,634) (71,578) (443,244) (92,305) 31,178 223,432	
Total Adjustments	-	1,731,043	_	466,357	
Net Cash Provided by Operating Activities	\$	1,649,416	\$_	2,084,440	

Supplemental Disclosures of Cash Flow Information:

Cash paid for interest in 2000 and 1999 was \$1,019 and \$2,391 respectively.

The accompanying notes are an integral part of these financial statements.

EXHIBIT D (concluded)

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note A - Summary of Significant Accounting Policies

Reporting Entity

The Mercer County Joint Township Community Hospital is a political body and corporation established in 1970 for the purpose of exercising the rights and privileges conferred upon it by law. The Hospital operates under the direction of a ten member board of governors pursuant to the authority of the Joint Township Hospital Board of Trustees with representatives from Butler, Franklin, Gibson, Granville, Marion, Recovery, and Washington Townships. The Joint Township Hospital Board of Trustees provide financial funds to construct new additions to the hospital facilities, and to assure that the board of governors are providing an adequate healthcare facility.

The Hospital provides in-patient, out-patient, and emergency care services for residents of Mercer and nearby counties. Admitting physicians are primarily practitioners in the local area.

Management believes the financial statements included in this report represent all of the funds of the Hospital over which the Hospital has the ability to exercise direct operating control. Activities and balances of the Joint Township Hospital Board of Trustees are also included as part of the accompanying financial statements.

Proprietary Fund Accounting

The Hospital utilizes the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual.

Accounting Standards

Pursuant to Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting, the Hospital has elected to apply the provisions of all relevant pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note A - Summary of Significant Accounting Policies - (continued)

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge, or at amounts less than its established rates. Because the Hospital does not pursue collection of the amounts determined to qualify as charity care, they are not reported as revenue. The amount of charges forgone for services and supplies furnished under the Hospital's charity care policy aggregated \$69,961 and \$447,222 in 2000 and 1999, respectively.

Net Patient Service Revenue

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

Supplies

Inventories of supplies are stated at the lower of cost or market, cost being determined generally on a first-in, first-out basis.

Property and Equipment

Property and equipment is recorded at cost, or if donated, fair market value at date of receipt. Depreciation is computed using the straight-line method over the estimated useful life of the asset. Equipment under capital leases is amortized on the straight-line method over the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

Maintenance and repairs are charged to expense as incurred.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note A - Summary of Significant Accounting Policies - (continued)

Cost of Borrowing

Interest costs incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Deferred financing costs are amortized over the period the obligation is outstanding.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents includes investments of highly liquid debt instruments with an original maturity of three months or less.

Note B - Patient Service Revenues

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

Medicare

Inpatient acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient non-acute services, certain outpatient services, and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through March 31, 1997.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note B - Patient Service Revenues - (continued)

Medicaid

Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a prospective reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's cost reports have been audited through March 31, 1996.

Other

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

A summary of gross and net patient service revenues for the years ended March 31, 2000 and 1999 follows:

		2000	_	1999
Gross Patient Revenues	\$	30,907,381	\$	31,787,503
Less Provisions for -				
Contractual Adjustments under Third				
Party Reimbursement Programs		(9,195,367)		(8,533,361)
Charity Care	_	(69,961)	_	(447,222)
Net Patient Service Revenue	\$	21,642,053	\$	22,806,920

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note C - Deposits and Investments

At March 31, 2000 and 1999, the Hospital's cash and investments, including restricted investments are as follows:

	2000		1999
\$	1,080	\$	1,180
	312,625		1,108,386
	3,442,845		3,195,839
_	25,000		25,000
\$_	3,781,550	\$	4,330,405
	_	\$ 1,080 312,625 3,442,845 25,000	\$ 1,080 \$ 312,625 3,442,845 25,000

The Hospital may make deposits with any eligible financial institution as described in Section 135.03 of the Ohio Revised Code. All deposits with financial institutions must be collateralized 100% through individual pledged or pooled securities. The Hospital is also authorized to make direct investments in United States Government and Federal Agencies Obligations.

The financial institutions carrying value of deposits and investments equals the Hospital's carrying value, except for items in transit. The financial institutions carrying values were \$4,107,627 and \$4,352,936 for the years ended March 31, 2000 and 1999, respectively.

The Hospital's deposits and investments are categorized on the following page to provide an indication of the level of risk assumed by the Hospital. Category 1 includes deposits insured or collateralized with securities held by the entity or by its agent in the entity's name. Category 2 includes deposits collateralized with securities held by the pledging financial institution's trust department or agent in the entity's name. Category 3 includes uncollateralized deposits, and any deposit or investment that is a collateralized investment with securities held by the pledging financial institution, or by its trust department or agent, but not in the entity's name. Unclassified includes Star Ohio, an investment pool operated by the Ohio State Treasurer, and deferred compensation since they are not evidenced by securities that exist in physical or book entry form.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note C - Deposits and Investments - (continued)		
	2000	1999
Category 1		
Cash on hand and amounts insured by FDIC or FSLIC	\$ 101,080 \$	101,180
Category 2		
Collateralized with Securities held in Hospital's Name	3,920,260	4,169,697
Unclassified		
Star Ohio	86,287	82,059
Total	\$ 4,107,627 \$	4,352,936

Note D - Property, Plant and Equipment

Property, plant and equipment are recorded at cost. Depreciation is determined on a straightline basis over the estimated useful life of the asset. Following is a summary of cost and accumulated depreciation of property and equipment at March 31, 2000 and 1999.

	2000		1999
Land	\$ 44,300	\$	44,300
Buildings and Improvements	14,762,488		14,677,653
Community Medical Center	2,937,180		3,033,039
Construction in Progress	1,171,456		67,879
Equipment	8,892,701		7,983,956
Parking Lot	 213,345	_	213,345
Total	 28,021,470	_	26,020,172
Less: Accumulated Depreciation	 (16,208,964)	_	(15,303,411)
Net Property and Equipment	\$ 11,812,506	\$	10,716,761

Depreciation expense for the years ended March 31, 2000 and 1999 amounted to approximately \$1,290,839 and \$1,258,777, respectively.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note E - Public Employees Retirement System

The Hospital contributes to the Public Employees Retirement System of Ohio (PERS), a costsharing multiple-employer defined benefit pension plan. PERS provides retirement and disability benefits, annual cost-of-living adjustments, and death benefits to plan members and beneficiaries. Authority to establish and amend benefits is provided by statue per Chapter 145 of the Ohio Revised Code. The Public Employees Retirement System issues a stand-alone financial report. Interested parties may obtain a copy by making a written request to 277 East Town Street, Columbus, Ohio 43215-4642 or by calling (614)466-2085.

The Ohio Revised Code provides statutory authority for employee and employer contributions. For the years ended March 31, 2000 and 1999, the employee contribution was 8.5%, and the employer rate was 13.55% of covered payroll. The Hospital's contribution to PERS for the years ending March 31, 2000, 1999, and 1998 were \$801,806, \$778,115, and \$739,272, respectively, equal to the required contributions for each year.

Note F - Post-Employment Benefits Other Than Pension Benefits

The following assumptions and calculations were based on the systems latest actuarial review performed as of December 31, 1999.

Public Employees Retirement System of Ohio provides post retirement health care coverage to age and service retirants with 10 or more years of qualifying Ohio service credit and to primary survivor recipients of such retirants. Health care coverage for disability recipients is available. A portion of each employer's contribution to PERS is set aside for the funding of post retirement health care. The Ohio Revised Code provides statutory authority for employer contributions. For 1999, the rate was 13.55% of covered payroll; 4.2% was the portion that was used to fund health care for the year 1999. The Ohio Revised Code provides the statutory authority requiring public employers to fund post retirement health care through their contributions to PERS.

The contributions allocated to retiree health care, along with investment income on allocated assets and periodic adjustments in health care provisions are expected to be sufficient to sustain the program indefinitely.

Expenditures for Other Post Employment Benefits during 1999 were \$393,559,827. As of December 31, 1999, the unaudited net assets available for future Other Post Employment Benefits payments were \$9,870,285. The number of benefit recipients eligible for Other Post Employment Benefits at December 31, 1999 was 118,062.

During 1999, the Retirement Board adopted a new calculation method for determining employer contributions applied to Other Post Employment Benefits. Under the new method, effective January 1, 1998, employer contributions, equal to 4.2% of member covered payroll, are used to fund health care expenses. Under the prior method, accrued liabilities and normal cost rates were determined for retiree health care coverage.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note G - Accumulated Unpaid Vacation and Sick Leave

Hospital employees earn vacation at varying rates based upon their length of service. The length of service is calculated from the starting date (hire date) of employment and is pro-rated on the basis of a forty hour work week. Upon termination of employment an employee will be paid for any vacation time earned but not used, provided that the employee was employed for at least a year and terminates in good standing. For the years ended

March 31, 2000 and 1999 the accrued vacation was \$691,964 and \$684,244, respectively.

Employees are permitted to accrue unlimited sick leave. Generally, sick days may be paid to an employee upon termination but is limited to a maximum 160 hours. Hours accumulated over 160 hours may only be used by future absences from illness. The accrued sick leave of \$550,237 and \$535,206 represents only those employees sick hours up to the maximum of 160 hours at March 31, 2000 and 1999, respectively. Employees not meeting the years of service was accrued at an estimated expected liability.

Note H - Malpractice Cost

The Hospital has malpractice insurance coverage of \$1,000,000 for each medical incident and \$3,000,000 aggregate, and \$3,000,000 excess coverage with the St. Paul Insurance Company on a claims made policy.

Claims alleging malpractice have been asserted against the Hospital and are currently in various states of litigation. No claims have been filed requesting damages in excess of the amount covered by malpractice insurance. It is the opinion of management that any potential losses will be covered by their malpractice insurance. Additional claims may be asserted against the Hospital arising from services provided to patients through March 31, 2000. The Hospital is unable to determine the ultimate cost of the resolution of such potential claims and, accordingly, no accrual has been made for them.

Note I – Leases

Leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred.

Total rental expense for the years ended March 31, 2000 and 1999 was approximately \$125,000 and \$183,000, respectively.

There were no capital future lease payments at March 31, 2000 or at 1999.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note J - Self-Insured Medical Plan

The Hospital established a program to provide health and accident coverage for its employees and their families. The Hospital has commercial insurance coverage for costs exceeding \$75,000 per covered person and a \$1,543,600 aggregate medical costs per year. Therefore, the Hospital's exposure to loss is limited to these amounts.

The employees health and accident program activity for the years ended March 31, 2000 and 1999 is as follows:

		2000	-	1999
Estimated Liability at Beginning of Year	\$	199,540	\$	218,226
Claims and Expense Accrued During Years		1,309,863		1,353,332
Claims, Insurance Premiums and Administration Costs Paid	_	(1,268,323)	-	(1,372,018)
Estimated Liability at End of Year	\$	241,080	\$	199,540

The unpaid claims and future claims liability at March 31, 2000 and 1999 was estimated by management.

Note K - Fair Values of Financial Instruments

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and Cash Equivalents

The carrying amount reported in the balance sheet for cash and cash equivalents is fair value.

NOTES TO FINANCIAL STATEMENTS

March 31, 2000 and 1999

Note K - Fair Values of Financial Instruments - (continued)

Deposits and Investments

These assets include certificates of deposit and money market funds which are reported on the balance sheet at fair value.

Accounts Payable and Accrued Expenses

The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates their fair value.

Other Liabilities

The carrying value of other liabilities approximates its fair values.

The carrying amounts of the Hospital's financial instruments at March 31, 2000 and 1999 are as follows:

	_	2000				1999			
	_	Carrying Amount		Fair Value	_	Carrying Amount		Fair Value	
Cash and Equivalents Deposits and Investments Accounts Payable and Accrued Expense	\$	313,705 3,442,845	\$	313,705 3,442,845	\$	1,670,507 2,634,868	\$	1,670,507 2,634,898	
		3,095,303		3,095,303		2,779,635		2,779,635	

Note L - Concentration of Credit Risks

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The mix of receivables from patients and third-party payors at March 31, 2000 and 1999 was as follows:

	2000	1999
Medicare	34%	33%
Medicaid	4%	6%
Other Insure's	43%	44%
Patients	19%	17%
	100%	100%

Note M - Restricted Fund

The Restricted Fund consists of \$25,000 which the donors have placed restrictions on its use. Interest earned on this fund is unrestricted.

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E.S. Evans and Company

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Robert E. Wendel, CPA • Dan F. Clifford, CPA • E.S. Evans, CPA, PFS (1930-1999)

June 28, 2000

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF THE FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Trustees Board of Governors Mercer County Joint Township Community Hospital Coldwater, Ohio and

Auditor of State of Ohio Columbus, Ohio

We have audited the financial statements of Mercer County Joint Township Community Hospital as of and for the year ended March 31, 2000, and have issued our report thereon dated June 28, 2000. We conducted our audit in accordance with generally accepted auditing standards and the standards applicable to financial audits contained in <u>Government Auditing Standards</u>, issued by the Comptroller General of the United States.

Compliance

As part of obtaining reasonable assurance about whether Mercer County Joint Township Community Hospital's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grants, 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 that are required to be reported under <u>Government Auditing Standards</u>. Board of Trustees Board of Governors Mercer County Joint Township Community Hospital Auditor of State of Ohio June 28, 2000 Page 2

Internal Control Over Financial Reporting

In planning and performing our audit, we considered Mercer County Joint Township Community Hospital's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control over financial reporting that might be material weaknesses. A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting that we consider to be material weaknesses.

This report is intended solely for the information and use of the audit committee, management, and Auditor of State of Ohio and is not intended to be and should not be used by anyone other than these specified parties.

EX Even and Engravery



STATE OF OHIO OFFICE OF THE AUDITOR

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MERCER COUNTY

CLERK'S CERTIFICATION

This is a true and correct copy of the report which is required to be filed in the Office of the Auditor of State pursuant to Section 117.26, Revised Code, and which is filed in Columbus, Ohio.

Susan Babbitt

CLERK OF THE BUREAU

CERTIFIED DECEMBER 5, 2000