Fayette County Memorial Hospital

Financial Report
with Supplemental Information
December 31, 2017

Dave Yost · Auditor of State

Board of Trustees
Fayette County Memorial Hospital
1430 Columbus Avenue
Washington Court House, OH 43160

We have reviewed the *Independent Auditor's Report* of the Fayette County Memorial Hospital, Fayette County, prepared by Plante & Moran, PLLC, for the audit period January 1, 2017 through December 31, 2017. 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 Fayette County Memorial Hospital is responsible for compliance with these laws and regulations.

Dave Yost
Auditor of State

June 12, 2018

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Independent Auditor's Report

To the Board of Trustees
Fayette County Memorial Hospital

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of Fayette County Memorial Hospital (the "Hospital"), a component unit of Fayette County, Ohio, as of and for the years ended December 31, 2017 and 2016 and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

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 an opinion on these financial statements based on our audits. We conducted our audits 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 audits 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 opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of Fayette County Memorial Hospital as of December 31, 2017 and 2016 and the changes in net position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

To the Board of Trustees
Fayette County Memorial Hospital

Other Matters

Required Supplemental Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis and required supplemental information, as identified in the table of contents, 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, which 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 supplemental 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 Information

Our audit was conducted for the purpose of forming an opinion on the financial statements that collectively comprise Fayette County Memorial Hospital's basic financial statements. The other supplemental information, as identified in the table of contents, is presented for the purpose of additional analysis and is not a required part of the basic financial statements.

The other supplemental information, as identified in the table of contents, is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the other supplemental information, as identified in the table of contents, is fairly stated in all material respects in relation to the basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated May 16, 2018 on our consideration of Fayette County Memorial Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, 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 the 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 Fayette County Memorial Hospital's internal control over financial reporting and compliance.

Plante & Moran, PLLC

May 16, 2018

Management's Discussion and Analysis

The discussion and analysis of Fayette County Memorial Hospital's (the "Hospital") financial statements provides an overview of the Hospital's financial activities for the years ended December 31, 2017 and 2016. Management is responsible for the completeness and fairness of the financial statements and the related note disclosures along with the discussion and analysis.

Hospital Highlights

Throughout the year, the Hospital experienced a decline in the services provided to patients. In 2017, the Hospital provided 2,741 acute patient days compared to 3,303 acute patient days in 2016, a decrease of 17.0%. Outpatient services were at 82,020 visits in 2017 compared to 85,666 in 2016. Clinic visits for 2017 were at 58,006 compared to 61,026 in 2016.

Despite the decline in services provided the Hospital invested over $1.1 million in equipment and renovations in order to improve patient care and the facilities the care is provided in:

- $491,265 in equipment related to radiology services
- $57,404 for EMS monitors
- $84,750 for ultrasound unit
- $212,847 in facility infrastructure updates including new section of the roof, tank-less water heater, and two new HVAC systems
- $154,310 in renovations to our radiology department, emergency department registration and waiting area, flooring in our EMS facility, and surgery center
- $105,148 in other equipment across many departments

In 2017, the Hospital continued their "commitment to excellence" journey which is centered on a partnership with the Studer Group who works with healthcare organizations helping them to achieve and sustain exceptional improvement in clinical outcomes and financial results. A new partnership was formed with Adena Health System to provide orthopedic and pulmonology services within Fayette County. The hospital lab successfully completed their accreditation survey with the Joint Commission. In late fall the Hospital re-launched the corporate care service line within our medical arts building and expanded pain management services by adding a second provider. Lastly the leadership team made the decision to partner with athenahealth as their electronic health record vendor and began the implementation and build phase. The targeted go-live date is February 19, 2019 and the Hospital will be on one electronic health record platform campus wide.

Financial Highlights

The Hospital's total assets decreased by $1,360,408 or 6.63% in 2017, compared to a decrease of $485,139 or 2.31% in 2016. This change was primarily due to a decrease in cash and cash equivalents as a result of using cash for certain capital equipment and renovations and transferring cash to assets limited as to use which increased by $1,003,827 or 69.83% in 2017, compared to an increase of $374,509 or 35.23% in 2016. Net patient accounts receivable decreased by $161,099 in 2017, compared to a decrease of $81,534 in 2016. A significant portion of the Hospital's assets are capital assets. Capital assets, in total, increased by $1,118,679 or 3.85% in 2017, compared to an increase of $393,989 or 1.37% in 2016.

While the Hospital's total current liabilities decreased by $728,719 or 11.13% in 2017, total liabilities increased by $4,021,487 or 11.98%. This change in current year was due primarily to an increase in the net pension liability (GASB 68) of $4,687,625. In 2016, the hospital had a similar increase in total liabilities of $4,720,055 which was driven by a $6,441,336 increase in the net pension liability.

Total net patient service revenue decreased $2,380,857 or 5.59% in 2017, compared to a decrease of $1,051,339 or 2.41% in 2016. Total operating expenses increased by $1,900,514 or 4.32% due to a $3,425,165 increase in pension expense required by GASB Statement No. 68 (a change in accounting principle implemented in 2015).

In 2015, the Hospital implemented GASB 68, *Accounting and Financial Reporting for Pensions.* GASB 68 requires employers participating in cost-sharing multiple-employer pension plans to recognize a proportionate share of the net pension liabilities of the plans. A proportionate share of the Hospital's net pension liabilities have been allocated to the Hospital based on retirement plan contributions for Hospital employees. The liabilities to be recognized under GASB 68 do not represent legal claims on the Hospital's resources and there are no cash flows related to the recognition of GASB 68 liabilities, deferrals and expense.

Using this Annual Report

The Hospital's financial statements consist of the three statements: statement of net position, statement of revenues, expenses, and changes in net position, and statement of cash flows. These financial statements are prepared in accordance with Governmental Accounting Standards Board (GASB) principles. These financial statements and related notes provide information about the activities of the Hospital as a whole, and present a snapshot of the Hospital's finances.

The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position

One of the most important questions asked about the Hospital's finances is, "Is the Hospital as a whole better off or worse off as a result of the year's activities?" The statement of net position and the statement of revenues, expenses, and changes in net position report information on the Hospital as a whole and on its activities in a way that helps answer this question. When revenues and other support exceed expenses, the result is an increase in net position. When the reverse occurs, the result is a decrease in net position. The relationship between revenue and expenses may be thought of as the Hospital's operating results.

These two statements report the Hospital's net position and changes in net position. You can think of Hospital's net position, the difference between assets and liabilities, as a way to measure the Hospital's financial health, or financial position. Over time and consideration for the change in accounting resulting from GASB 68, an increase or decrease in the Hospital's net position is an indicator of whether its financial health is improving or deteriorating. You will need to consider many other nonfinancial factors, such as the trend in patient days, outpatient visits, state and federal regulatory issues, conditions of the buildings, and strength of the medical staff, to fully assess the overall health of the Hospital.

The statements include all assets and liabilities using the accrual basis of accounting. All of the current year's revenue and expenses are taken into account regardless of when cash is received or paid.

The Statement of Cash Flows

The final required statement is the statement of cash flows. This statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?", and "What was the change in cash balance during the reporting period?"

Condensed Financial Information

The following is a comparative analysis of the major components of the statement of net position of the Hospital as of December 31, 2017, 2016, and 2015:

Assets, Liabilities, and Net Position

	December 31		
	2017	2016	2015
Current assets	$ 8,908,358	$ 11,174,530	$ 11,333,007
Assets limited as to use	2,441,459	1,437,632	1,063,123
Capital assets	7,811,152	7,909,215	8,610,386
Total assets	19,160,969	20,521,377	21,006,516
Deferred outflow of resources	11,906,042	10,140,069	3,728,912
Current liabilities	5,821,492	6,550,211	8,096,437
Long-term liabilities	2,518,150	2,455,569	2,630,624
Net pension liability	29,260,019	24,572,394	18,131,058
Total liabilities	37,599,661	33,578,174	28,858,119
Deferred inflows of resources	1,859,829	1,356,316	341,113
Net position:			
Unrestricted	(14,142,992)	(10,298,627)	(11,300,059)
Net invested in capital assets	4,707,300	4,991,309	5,781,531
Restricted	1,043,213	1,034,274	1,054,724
Total net position	$ (8,392,479)	$ (4,273,044)	$ (4,463,804)

Total assets and deferred outflow of resources amounted to approximately $31.0 million as of December 31, 2017. The Hospital's largest asset, capital assets, net of depreciation totaled approximately $7.8 million, 25.2% of total assets and deferred outflows of resources. Assets limited as to use, the next largest asset, totaled $2.4 million, or 7.9%, of total assets and deferred outflows of resources.

As of December 31, 2017, the Hospital's total liabilities and deferred inflows of resources were approximately $39.5 million. Current liabilities consisting of accounts payable and accrued expenses totaled $5.8 million or 14.7% of total liabilities and deferred inflows of resources. This was a decrease from prior year of approximately $729,000 or 11.13%. The net pension liability totaled approximately $29.2 million or

74.2% of total liabilities and deferred inflows of resources. This represented an increase to the net pension liability from prior year of $4.7 million or 19.1%.

Operating Results and Changes in Net Position

	Year Ended		
	December 31, 2017	December 31, 2016	December 31, 2015
Operating revenues:			
Net patient service revenues	$ 40,246,427	$ 42,627,284	$ 43,678,623
Other	1,239,922	1,341,702	1,209,661
Total operating revenues	41,486,349	43,968,986	44,888,284
Operating expenses:			
Salaries and wages	19,278,345	19,231,676	20,908,861
Employee benefits and payroll taxes	8,718,492	7,134,870	6,499,317
Operating supplies and expenses	5,118,799	4,861,037	4,816,223
Professional services and consultant fees	7,579,808	7,239,968	5,776,990
Insurance	369,316	366,393	444,454
Utilities	709,820	822,878	788,204
Leases and rentals	419,561	561,432	534,282
Maintenance and repairs	1,367,968	1,254,847	1,581,574
Depreciation and amortization	1,223,107	1,170,868	1,290,608
Other expenses	1,104,381	1,345,114	1,244,965
Total operating expenses	45,889,597	43,989,083	43,885,478
Operating (loss) income	(4,403,248)	(20,097)	1,002,806
Nonoperating gain - Net	283,813	210,857	240,608
Changes in net position	(4,119,435)	190,760	1,243,414
Net position - Beginning of year	(4,273,044)	(4,463,804)	9,189,426
Restatement due to change in accounting principle	-	-	(14,896,644)
Net position - End of year	$ (8,392,479)	$ (4,273,044)	$ (4,463,804)

The Hospital's total operating expenses for the year ended December 31, 2017 were increased by $3,425,165 as a result of the GASB Statement No. 68. Prior to the GASB 68 adjustment, the total operating expenses for the year ended December 31, 2017 were $42,464,432, which is an decrease of $479,269 or 1.12% from the total operating expenses of $42,943,701 (also prior to the GASB 68 adjustment) as of December 31, 2016.

Operating Revenues

Operating revenues include all transactions that result in the sales and/or receipts from goods and services such as inpatient services, outpatient services, physician's offices, and the cafeteria. In addition, certain federal, state, and private grants are considered operating if they are not for capital purposes and are considered a contract for services.

Operating revenue changes were a result of the following factors:

Net patient service revenue decreased by $2,380,857 or 5.6%. A decrease in inpatient discharges of 17.2% along with a decrease in inpatient days (including swing bed) of 16.1%, a 2.1% drop in outpatient revenues, and a 4.8% decline in professional fees were offset by the decrease in revenue deductions of 5.3%. Revenue deductions are the amounts that are not paid to the Hospital under contractual arrangements with Medicare, Medicaid, and various other commercial payers. Medicare pays critical access hospitals under a cost basis while Medicaid pays primarily on a prospective basis and other payers as a percent of charges. Revenue deductions were approximately 64% of gross patient revenue in 2017 and 2016.

Operating Expenses

Operating expenses are all the costs necessary to perform and conduct the services of the Hospital. Operating expense changes were a result of the following factors:

- Salaries and wages were relatively comparable year over year seeing just a 0.24% increase. Overall, full time equivalents (FTEs) decreased by 8.4 FTEs or 2.46%.
- Employee benefits increased $1,583,622 or 22.2% with the GASB 68 effect. Without GASB 68, employee benefits would have been at $5,293,327 or 27.5% of salaries and a decrease of approximately $796,000 or 13.1% from 2016.
- Operating supplies increased approximately $257,000 or 5.3%
- Professional services and consultant fees increased approximately $339,000 or 4.7%
- Maintenance and repairs increased approximately $113,000 or 9.0%

Statement of Cash Flows

Another way to assess the financial health of a Hospital is to look at the statement of cash flows. Its primary purpose is to provide relevant information about the cash receipts and cash payments of an entity during a period. The statement of cash flows also helps assess the following:

- An entity's ability to generate future net cash flows
- Its ability to meet its obligations as they come due
- Its need for external financing

	2017	2016	2015
Cash from			
Operating activities	$ 199,093	$ 1,237,054	$ 141,725
Capital and related financing activities	(969,413)	(450,105)	(1,785,409)
Non-capital and related financing activities	124,951	111,495	240,652
Investing activities	145,639	10,354	1,485,656
Net change in cash and cash equivalents	(499,730)	908,798	82,624
Cash - Beginning of year	4,436,673	3,527,875	3,445,251
Cash - End of year	$ 3,936,943	$ 4,436,673	$ 3,527,875

Capital Assets and Debt Administration

Capital Assets

At December 31, 2017, the Hospital had approximately $30.1 million invested in capital assets, with an accumulated depreciation of approximately $22.4 million. Depreciation and amortization approximated $1.2 million for the current year consistent with the prior year. Details of these gross capital assets for the past three years are shown below:

Capital Assets

	2017	2016	2015
Land	$ 433,225	$ 433,225	$ 433,225
Land improvements	624,690	624,690	624,690
Buildings	16,105,083	15,889,776	15,883,455
Fixed equipment	1,985,017	1,837,916	1,837,916
Major moveable equipment	11,004,171	10,260,855	9,608,423
Construction in progress	27,928	14,973	279,737
Total	30,180,114	29,061,435	28,667,446

More detailed information about the Hospital's capital assets is presented in the notes to the financial statements.

Debt

At year end, the Hospital had $3,103,852 in debt outstanding, as compared to $2,917,906 in 2016. The table below summarizes these amounts by type of debt instrument:

Debt

	2017	2016	2015
Notes payable - County	$ 1,860,908	$ 2,000,000	$ 2,000,000
Notes payable	176,252	258,920	337,426
Lease Obligations	1,066,692	658,986	491,429
Total notes and leases	$ 3,103,852	$ 2,917,906	$ 2,828,855

More detailed information about the Hospital's long-term liabilities is presented in the notes to the financial statements.

The Hospital is bound by the terms of the Hospital Assistance Agreement with the Board of County Commissioners, the Auditor, the Treasurer, and the Prosecuting Attorney of the County to various operations and financial covenants. For quarter ended December 31, 2017, these covenants include maintaining a minimum reserve of cash on hand of $1,457,775. The Hospital was in compliance with the covenants as of December 31, 2017.

Contacting the Hospital's Management

This financial report is intended to provide the people of Fayette County, the state and federal governments, and our debt holders with a general overview of the Hospital's finances, and to show the Hospital's accountability for the money it receives from the services it provides. If you have questions about this report or need additional information, we welcome you to contact the Chief Financial Officer at 1430 Columbus Avenue, Washington Court House, Ohio 43160.

Trent J. Lemle
Chief Financial Officer

Statement of Net Position

December 31, 2017 and 2016

	2017	2016
Current Assets		
Cash and cash equivalents (Note 3)	$ 2,060,390	$ 3,483,909
Accounts receivable (Note 4)	4,892,215	5,053,314
Notes receivable	274,885	278,427
Estimated third-party payor settlements	197,430	243,520
Inventory	697,737	621,832
Other current assets	785,701	1,493,528
Total current assets	8,908,358	11,174,530
Assets Limited as to Use (Notes 3 and 5)	2,441,459	1,437,632
Capital Assets (Note 6)		
Nondepreciable capital assets	461,153	448,198
Depreciable capital assets	29,718,961	28,613,237
Total capital assets	30,180,114	29,061,435
Less accumulated depreciation	22,368,962	21,152,220
Net capital assets	7,811,152	7,909,215
Total assets	19,160,969	20,521,377
Deferred Outflows of Resources Related to Pension (Note 11)	11,906,042	10,140,069
Total assets and deferred outflows of resources	**$ 31,067,011**	**$ 30,661,446**
Current Liabilities		
Accounts payable	$ 2,126,960	$ 2,215,627
Current portion of long-term debt (Note 8)	585,702	462,337
Estimated third-party payor settlements	505,346	1,309,818
Accrued liabilities and other:		
Accrued compensation	1,418,436	1,371,310
Accrued compensated absences (Note 8)	1,185,048	1,191,119
Total current liabilities	5,821,492	6,550,211
Noncurrent Liabilities		
Long-term debt - Net of current portion (Note 8)	2,518,150	2,455,569
Net pension liability (Note 11)	29,260,019	24,572,394
Total liabilities	37,599,661	33,578,174
Deferred Inflows of Resources Related to Pension (Note 11)	1,859,829	1,356,316
Net Position		
Net investment in capital assets	4,707,300	4,991,309
Restricted - Expendable for capital improvements and other purposes	1,043,213	1,034,274
Unrestricted	(14,142,992)	(10,298,627)
Total net position	(8,392,479)	(4,273,044)
Total liabilities, deferred inflows of resources, and net position	**$ 31,067,011**	**$ 30,661,446**

See notes to financial statements.

Statement of Revenue, Expenses, and Changes in Net Position

Years Ended December 31, 2017 and 2016

	2017	2016
Operating Revenue		
Net patient service revenue (Note 2)	$ 40,246,427	$ 42,627,284
Other	1,239,922	1,341,702
Total operating revenue	41,486,349	43,968,986
Operating Expenses		
Salaries and wages	19,278,345	19,231,676
Employee benefits and payroll taxes	8,718,492	7,134,870
Operating supplies and expenses	5,118,799	4,861,037
Professional services and consultant fees	7,579,808	7,239,968
Insurance	369,316	366,393
Utilities	709,820	822,878
Leases and rentals	419,561	561,432
Maintenance and repairs	1,367,968	1,254,847
Depreciation	1,223,107	1,170,868
Other	1,104,381	1,345,114
Total operating expenses	45,889,597	43,989,083
Operating Loss	(4,403,248)	(20,097)
Other Income (Expense)		
Contributions	165,566	236,264
Realized gain on sale of investments (Note 5)	32,831	22,309
Other income	159,431	132,940
Change in unrealized investment gain (Note 5)	33,415	13,572
Interest expense	(66,815)	(69,459)
Other expense	(40,615)	(124,769)
Total other income	283,813	210,857
(Decrease) Increase in Net Position	(4,119,435)	190,760
Net Position - Beginning of year	(4,273,044)	(4,463,804)
Net Position - End of year	**$ (8,392,479)**	**$ (4,273,044)**

See notes to financial statements.

Statement of Cash Flows

Years Ended December 31, 2017 and 2016

	2017	2016
Cash Flows from Operating Activities		
Cash received from patients and third-party payors	$ 41,105,925	$ 42,616,063
Cash payments to suppliers for services and goods	(17,616,137)	(17,254,251)
Cash payments to employees	(24,530,617)	(25,466,460)
Other operating revenue received	1,239,922	1,341,702
Net cash provided by operating activities	199,093	1,237,054
Cash Flows Provided by Noncapital Financing Activities - Donations and other	124,951	111,495
Cash Flows from Capital and Related Financing Activities		
Acquisition and construction of capital assets	(1,125,044)	(513,991)
Proceeds from sale of capital assets	36,500	44,294
Proceeds from long-term debt	701,475	361,382
Interest paid on long-term debt	(66,815)	(69,459)
Principal payments on notes payable	(515,529)	(272,331)
Net cash used in capital and related financing activities	(969,413)	(450,105)
Cash Flows from Investing Activities		
Investment income	66,246	35,881
Change in assets limited as to use - Net	(80,038)	(158,467)
Rental receipts - Net of expenses paid	159,431	132,940
Net cash provided by investing activities	145,639	10,354
Net (Decrease) Increase in Cash and Cash Equivalents	(499,730)	908,798
Cash and Cash Equivalents - Beginning of year	4,436,673	3,527,875
Cash and Cash Equivalents - End of year	**$ 3,936,943**	**$ 4,436,673**
Statement of Net Position Classification of Cash		
Cash and cash equivalents (Note 3)	$ 2,060,390	$ 3,483,909
Assets limited as to use (Note 3)	1,876,553	952,764
Total cash and cash equivalents	**$ 3,936,943**	**$ 4,436,673**

See notes to financial statements.

Statement of Cash Flows (Continued)

Years Ended December 31, 2017 and 2016

A reconciliation of operating loss to net cash from operating activities is as follows:

	2017	2016
Cash Flows from Operating Activities		
Operating loss	$ (4,403,248)	$ (20,097)
Adjustments to reconcile operating loss to net cash from operating activities:		
Depreciation	1,223,107	1,170,868
Provision for bad debts	4,777,416	4,912,942
Gain on disposal of capital assets	(36,500)	-
Changes in assets and liabilities:		
Accounts receivable	(4,616,317)	(4,831,408)
Estimated third-party settlements	(758,382)	(852,392)
Inventory	(75,905)	15,738
Other assets	711,369	811,000
Accounts payable	(88,667)	(869,683)
Other accrued liabilities	41,055	(145,296)
Net pension liability	3,425,165	1,045,382
Net cash provided by operating activities	**$ 199,093**	**$ 1,237,054**

Note 1 - Nature of Business

Organization and Reporting Entity

Fayette County Memorial Hospital (the "Hospital"), a component of the County of Fayette, Ohio (the "County"), located in Washington Courthouse, Ohio, is a general short-term, acute-care facility and operated by a board of trustees. The Hospital's activity is reflected as an enterprise fund in the County's financial statements. In December 2005, the Hospital obtained critical access status. The Hospital's primary mission is to provide healthcare services to the citizens of Fayette County, Ohio and the surrounding area. Members of the board of trustees are appointed by the county commissioners, the probate court judge, and the common pleas judge.

The financial statements of the Hospital are intended to present the financial position and the changes in financial position and cash flows of only that portion of the business-type activities of the County that is attributable to the transactions of the Hospital. They do not purport to, and do not, present the financial position of the County and the changes in the County's financial position and cash flows for the years ended December 31, 2017 and 2016 in conformity with accounting principles generally accepted in the United States of America.

Note 2 - Significant Accounting Policies

Blended Component Unit

The accompanying financial statements include the accounts of Fayette County Memorial Hospital and its blended component unit, Fayette County Memorial Hospital Foundation (collectively, the "Hospital"). Fayette County Memorial Hospital Foundation (the "Foundation") is a separate not-for-profit entity that was organized during 2010 to support the operations of the Hospital.

All significant intercompany transactions and balances have been eliminated in consolidation.

Basis of Presentation

The financial statements have been prepared in accordance with generally accepted accounting principles as prescribed by Governmental Accounting Standards Board (GASB) Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, issued in June 1999. The Hospital follows the "business-type" activities reporting requirements of GASB Statement No. 34, which provides a comprehensive look at the Hospital's financial activities.

Cash and Cash Equivalents

Cash and cash equivalents include cash, money markets, certificates of deposit, and investments in highly liquid investments purchased with an original maturity of three months or less, excluding those amounts included in assets limited as to use. Cash balances held in the bank exceed the federal depository insurance limit. The Hospital’s cash is only insured up to the federal depository insurance limit.

Patient Accounts Receivable

Accounts receivable for patients, insurance companies, and governmental agencies are based on gross charges. An allowance for uncollectible accounts is established on an aggregate basis by using historical write-off rate factors applied to unpaid accounts based on aging. Loss rate factors are based on historical loss experience and adjusted for economic conditions and other trends affecting the Hospital's ability to collect outstanding amounts. Uncollectible amounts are written off against the allowance for doubtful accounts in the period in which they are determined to be uncollectible. An allowance for contractual adjustments and interim payment advances is based on expected payment rates from payors based on current reimbursement methodologies. This amount also includes amounts received as interim payments against unpaid claims by certain payors.

Note 2 - Significant Accounting Policies (Continued)

For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Hospital records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates, or the discounted rates if negotiated, and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Inventories

Inventories, which consist of medical and office supplies and pharmaceutical products, are stated at cost, determined on a first-in, first-out basis.

Assets Limited as to Use

Assets limited as to use include board-designated assets, assets temporarily restricted by donors, and restricted assets held by the Foundation (see Note 5). Amounts required to meet current liabilities of the Hospital have been reclassified in the statement of net position.

Investments

Investments include equity securities, mutual funds, and corporate bonds, which are recorded at fair value on the statement of net position. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income when earned.

Capital Assets

Capital assets are stated at cost or, if donated, at estimated acquisition value at the date of receipt. Depreciation is computed using the straight-line method over the estimated useful life of each class of depreciable asset. Equipment under capital lease 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. Costs of maintenance and repairs are charged to expense when incurred.

Compensated Absences

Paid time off is charged to operations when earned. Unused and earned benefits are recorded as a current liability in the financial statements. Employees accumulate vacation days at varying rates depending on years of service. Employees also earn sick leave benefits at a hospital-determined rate for all employees. Employees are not paid for accumulated sick leave if they leave before retirement. However, employees who retire from the Hospital may convert accumulated sick leave to termination payments equal to one-fourth of the accumulated balance calculated at the employee's base pay rate as of the retirement date.

There is no limit on the number of sick leave hours that an employee may accumulate; however, employees are eligible to receive termination payments on only one-fourth of the accumulated sick leave balance up to a maximum of 240 hours.

Employees accumulate holiday benefits at a hospital-determined rate.

Restricted Resources

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

Note 2 - Significant Accounting Policies (Continued)

Classification of Net Position

Net position of the Hospital is classified in three components. Net investment in capital assets consist of capital assets, net of accumulated depreciation, and is reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable assets represent noncapital net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital. Unrestricted net position is the remaining net position that does not meet the definition of invested in capital or restricted assets.

Use of Estimates

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

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 amounts from patients, third-party payors, and others. Retroactive adjustments to these estimated amounts are recorded in future periods as final settlements are determined.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Management believes that it is in compliance with all applicable laws and regulations. Final determination of compliance with such laws and regulations is subject to future government review and interpretation. Violations may result in significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Net patient service revenue is $40,246,427 and $42,627,284 as of December 31, 2017 and 2016, respectively. Net patient service revenue is net of provision for contractual adjustments of $67,596,357 and bad debt of $4,777,416 in 2017 and contractual adjustments of $71,157,571 and bad debt of $4,912,942 in 2016.

Revenue from County for Emergency Medical Services

The County has approved the use of certain sales tax income to be used to assist the Hospital in funding expenses for emergency medical services provided by the Hospital. The Hospital has recognized income in other operating revenue of $660,000 in 2017 and 2016 related to this assistance.

Operating Income (Loss)

For the purpose of display, transactions deemed by management to be ongoing, major, or central to the provision of healthcare services are reported as operating revenue and expenses. Peripheral or incidental transactions are reported as other income (expense).

Income Taxes

The Hospital, as a political subdivision, is exempt from federal income taxes under Section 115 of the Internal Revenue Code. The Foundation, as a blended component unit, is a tax-exempt organization as defined under Section 501(c)(3) of the Internal Revenue Code. No provision for income taxes has been included in the financial statements.

Note 2 - Significant Accounting Policies (Continued)

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Charity care is determined based on established policies, using patient income and assets to determine payment ability. The amount reflects the cost of free or discounted health services, net of contributions and other revenue received, as direct assistance for the provision of charity care. The estimated cost of providing charity services is based on a calculation which applies a ratio of cost to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue. The Hospital estimates that it provided $158,000 and $136,000 of services to indigent patients during 2017 and 2016, respectively.

The Hospital participates in the Hospital Care Assurance Program (HCAP), which provides for additional payments to hospitals that provide a disproportionate share of uncompensated services to the indigent and uninsured. Net amounts received through this program totaled approximately $1,457,000 and $993,000 for 2017 and 2016, respectively, and are reported as net patient service revenue in the financial statements.

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position reports a separate section for deferred outflows of resources. This separate financial statement element represents a consumption of net position that applies to a future period and so will not be recognized as an outflow of resources (expense/expenditure) until then. The Hospital deferred outflows of resources related to the net pension liability (see Note 11).

In addition to liabilities, the statement of net position will sometimes report a separate section for deferred inflows of resources. This separate financial statement element represents an acquisition of net position that applies to a future period and so will not be recognized as an inflow of resources (revenue) until that time. The Hospital deferred inflows of resources related to the net pension liability (see Note 11).

Pension and Other Postemployment Benefit Costs

For the purpose of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of the Ohio Public Employees Retirement System Pension Plan (OPERS) and additions to/deductions from OPERS' fiduciary net position have been determined on the same basis as they are reported by OPERS. OPERS uses the economic resources measurement focus and the full accrual basis of accounting. Contribution revenue is recorded as contributions are due, pursuant to legal requirements. Benefit payments (including refunds of employee contributions) are recognized as expense when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Contributions

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The Hospital reports gifts of property and equipment as unrestricted support, unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Hospital reports the expiration of donor restrictions when the assets are placed in service.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including May 16, 2018, which is the date the financial statements were available to be issued.

Note 3 - Deposits and Investments

Deposits and investments are reported in the financial statements as follows as of December 31, 2017:

	Cash and Cash Equivalents	Assets Limited as to Use	Total
Deposits	$ 2,060,390	$ 1,876,553	$ 3,936,943
Corporate bond	-	9,200	9,200
Mutual funds	-	306,113	306,113
Equities	-	249,593	249,593
Total	$ 2,060,390	$ 2,441,459	$ 4,501,849

Deposits and investments are reported in the financial statements as follows as of December 31, 2016:

	Cash and Cash Equivalents	Assets Limited as to Use	Total
Deposits	$ 3,483,909	$ 952,764	$ 4,436,673
Corporate bond	-	14,100	14,100
Mutual funds	-	265,562	265,562
Equities	-	205,206	205,206
Total	$ 3,483,909	$ 1,437,632	$ 4,921,541

Chapter 135 of the Ohio Uniform Depositor Act authorizes local and governmental units to make deposits in any national bank located in the state, subject to inspection by the superintendent of financial institutions, that is eligible to become a public depository. Section 135.14 of the Ohio Revised Code allows the local government to invest in United States Treasury bills, notes, bonds, or any other obligation guaranteed as to principal and interest by the United States of America, and bonds on other obligations of the State of Ohio or federal government agencies. Investments in no-load money market mutual funds, repurchase agreements, commercial paper, and bankers' acceptances are permitted, subject to certain limitations that include completion of additional training, approved by the auditor of state, the treasurer, or the governing board investing in these instruments.

The Hospital has designated six banks for the deposit of its funds. An investment policy has been filed with the auditor of state on behalf of the Hospital. The Hospital's deposits and investment policies are in accordance with statutory authority.

Statutes require the classification of funds held by the Hospital into the following three categories:

Active Funds

Active funds are those funds required to be kept in a “cash” or “near-cash” status for immediate use by the Hospital. Such funds must be maintained either in depository accounts or withdrawable on demand, including negotiable-order-of-withdrawal (NOW) accounts.

Inactive Funds

Inactive funds are those funds not required for use within the current five-year period of designated depositories. Ohio law permits inactive monies to be deposited or invested as certificates of deposit, maturing no later than the end of the current period of designated depositories, or as savings or deposit accounts, including, but not limited to, passbook accounts.

Interim Funds

Interim funds are those funds that are not needed for immediate use, but will be needed before the end of the current period of designation of deposit.

Note 3 - Deposits and Investments (Continued)

Protection of the Hospital's deposits is provided by the Federal Deposit Insurance Corporation by eligible securities pledged by the financial institution as security for repayment, by surety company bonds deposited with the treasurer, by the financial institution, or by a single collateral pool established by the financial institution to secure the repayment of all public funds deposited with the institution.

Investments in stripped principal or interest obligations, reverse repurchase agreements, and derivatives are prohibited. The issuance of taxable notes for the purpose of arbitrage, the use of leverage, and short selling is also prohibited. An investment must mature within five years from the date of purchase unless it is matched to a specific obligation or debt of the Hospital, and must be purchased with the expectation that it will be held to maturity.

The Hospital's cash and investments are subject to several types of risk, which are examined in more detail below:

Custodial Credit Risk of Bank Deposits

Custodial credit risk is the risk that, in the event of a bank failure, the Hospital's deposits may not be returned to it. The Hospital does not have a deposit policy for custodial credit risk. At December 31, 2017 and 2016, the Hospital had bank deposits (certificates of deposit and checking and savings accounts) at one financial institution that exceeded the insured amount that were uninsured but are collateralized with securities held by the pledging financial institution. The Hospital believes that due to the dollar amounts of cash deposits and the limits of FDIC insurance, it is impractical to insure all deposits. As a result, the Hospital evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used as depositories.

Custodial Credit Risk of Investments

Custodial credit risk is the risk that, in the event of the failure of the counterparty, the Hospital will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Hospital does not have a policy for custodial credit risk. At year end, there were no investment securities that were collateralized with securities held by the counterparty or by its trust department or agent.

Interest Rate Risk

Interest rate risk is the risk that the value of investments will decrease as a result of a rise in interest rates. The Hospital does not have an investment policy that addresses interest rate risk.

As of December 31, 2017, the average maturities of investments are as follows:

Investment Type	Fair Value	Weighted-average Maturity (Years)
Corporate bond	$ 9,200	0.45

As of December 31, 2016, the average maturities of investments are as follows:

Investment Type	Fair Value	Weighted-average Maturity (Years)
Corporate bond	$ 14,100	1.45

Note 3 - Deposits and Investments (Continued)

Credit Risk

State law limits investments in commercial paper to the top two ratings issued by nationally recognized statistical rating organizations. The Hospital does not have an investment policy that addresses credit risk. As of December 31, 2017 and 2016, the credit quality ratings of debt securities (other than the corporate bond CCC rating) are appropriate.

As of December 31, 2017, the rating of debt securities is as follows:

Investment Type	Fair Value	Rating	Rating Organization
Corporate bond	$ 9,200	CCC	S&P

As of December 31, 2016, the rating of debt securities is as follows:

Investment Type	Fair Value	Rating	Rating Organization
Corporate bond	$ 14,100	CCC	S&P

Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net position.

Note 4 - Accounts Receivable

The details of patient accounts receivable are set forth below:

	2017	2016
Patient accounts receivable	$ 16,205,692	$ 15,542,888
Less:		
Allowance for uncollectible accounts	2,642,548	2,455,777
Allowance for contractual adjustments	8,670,929	8,033,797
Net patient accounts receivable	$ 4,892,215	$ 5,053,314

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third-party payor agreements. The composition of receivables from patients and third-party payors was as follows:

	2017	2016
Medicare (includes HMOs)	28 %	35 %
Medicaid (includes HMOs)	24	19
Commercial insurance	21	21
Self-pay	27	25
Total	100 %	100 %

Note 5 - Assets Limited as to Use

The detail of assets limited as to use is summarized in the following schedule:

	2017	2016
Board designated	$ 1,280,696	$ 369,310
Donor restricted:		
Community health services	862,213	825,783
Capital expenditures	64,424	64,424
Foundation-restricted assets	234,126	178,115
Total assets limited as to use	$ 2,441,459	$ 1,437,632

The Hospital had net unrealized gains of $33,415 and $13,572 in its investment portfolio as of December 31, 2017 and 2016, respectively. Interest, dividends, and realized gains and losses amounted to $32,831 and $22,309 for the years ended December 31, 2017 and 2016, respectively.

Note 6 - Capital Assets

The cost of capital assets and related depreciable lives for December 31, 2017 are summarized below:

	2016	Additions	Transfers	Retirements	2017	Depreciable Life - Years
Capital assets not being depreciated:						
Land	$ 433,225	$ -	$ -	$ -	$ 433,225	-
Construction in progress	14,973	219,624	(206,669)	-	27,928	-
Total capital assets not being depreciated	448,198	219,624	(206,669)	-	461,153	
Capital assets being depreciated:						
Land improvements	624,690	-	-	-	624,690	10-20
Buildings	15,889,776	31,954	183,353	-	16,105,083	15-50
Fixed equipment	1,837,916	143,356	3,745	-	1,985,017	5-20
Major movable equipment	10,260,855	730,110	19,571	(6,365)	11,004,171	5-25
Total capital assets being depreciated	28,613,237	905,420	206,669	(6,365)	29,718,961	
Less accumulated depreciation:						
Land improvements	608,778	9,395	-	-	618,173	
Buildings	10,339,010	472,920	-	-	10,811,930	
Fixed equipment	1,647,031	45,348	-	-	1,692,379	
Major movable equipment	8,557,401	695,444	-	(6,365)	9,246,480	
Total accumulated depreciation	21,152,220	1,223,107	-	(6,365)	22,368,962	
Total capital assets being depreciated - Net	7,461,017	(317,687)	206,669	-	7,349,999	
Total capital assets - Net	$ 7,909,215	$ (98,063)	$ -	$ -	$ 7,811,152	

Note 6 - Capital Assets (Continued)

Cost of capital assets and related depreciable lives for December 31, 2016 are summarized below:

	2015	Additions	Transfers	Retirements	2016	Depreciable Life - Years
Capital assets not being depreciated:						
Land	$ 433,225	$ -	$ -	$ -	$ 433,225	-
Construction in progress	279,737	53,538	(274,008)	(44,294)	14,973	-
Total capital assets not being depreciated	712,962	53,538	(274,008)	(44,294)	448,198	
Capital assets being depreciated:						
Land improvements	624,690	-	-	-	624,690	10-20
Buildings	15,883,456	6,320	-	-	15,889,776	15-50
Fixed equipment	1,837,916	-	-	-	1,837,916	5-20
Major movable equipment	9,608,422	454,133	274,008	(75,708)	10,260,855	5-25
Total capital assets being depreciated	27,954,484	460,453	274,008	(75,708)	28,613,237	
Less accumulated depreciation:						
Land improvements	599,383	9,395	-	-	608,778	
Buildings	9,852,829	486,181	-	-	10,339,010	
Fixed equipment	1,607,423	39,608	-	-	1,647,031	
Major movable equipment	7,997,425	635,684	-	(75,708)	8,557,401	
Total accumulated depreciation	20,057,060	1,170,868	-	(75,708)	21,152,220	
Total capital assets being depreciated - Net	7,897,424	(710,415)	274,008	-	7,461,017	
Total capital assets - Net	$ 8,610,386	$ (656,877)	$ -	$ (44,294)	$ 7,909,215	

Note 7 - Estimated Third-party Settlements

Approximately 70 and 71 percent of the Hospital's revenue from patient services is received from Medicare and Medicaid programs for 2017 and 2016, respectively. The Hospital has agreements with these payors that provide for reimbursement to the Hospital at amounts different from its established rates. A summary of the basis of reimbursement with these third-party payors is as follows:

Medicare

In December 2005, the Hospital was designated as a critical access hospital. As a result, the Hospital is reimbursed based on cost for all acute-care inpatient and outpatient services. Medicare cost reports settled through 2013 are final.

Medicaid

Inpatient, acute-care services rendered to Medicaid program beneficiaries are also paid at prospectively determined rates per discharge. Capital costs relating to Medicaid patients are paid on a cost-reimbursement method. Outpatient and physician services are reimbursed on an established fee-for-service methodology.

The Medicaid payment system in Ohio is a prospective one, whereby rates for the following state fiscal year beginning July 1 are based upon filed cost reports for the preceding calendar year. The continuity of this system is subject to the uncertainty of the fiscal health of the State of Ohio, which can directly impact future rates and the methodology currently in place. Any significant changes in rates, or the payment system itself, could have a material impact on the future Medicaid funding to providers.

Note 7 - Estimated Third-party Settlements (Continued)

Cost Report Settlements

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit by fiscal intermediaries. During the years ended December 31, 2017 and 2016, the Hospital recognized a change in estimate of approximately $758,000 and $852,000, respectively, due to the difference between original estimates and subsequent revisions due to final settlements and changes in allowance methodology. The change in estimate is included in net patient service revenue in the statement of revenue, expenses, and changes in net position.

Cost report settlements result from the adjustment of interim payments to final reimbursement under the Medicare, Medicaid, and HMO programs that are subject to audit by fiscal intermediaries.

Note 8 - Long-term Debt

In April 2015, the Hospital signed an assistance agreement with the county commissioners of Fayette County, Ohio (the "County"), whereby the County assisted the Hospital with terminating the 2003 notes. Under this agreement, the County contributed $2,000,000 and the Hospital contributed $481,160 toward the payoff of the notes, and the Hospital will repay the County the principal plus annual interest of 1.0 percent through 2023. Per the agreement with the County, interest payments are quarterly and principal payments are semiannual, starting in April 2017.

The assistance agreement includes certain operational and financial covenants. These covenants include a minimum reserve of cash and cash equivalents to be maintained equal to 75 percent of the remaining repayment amounts on a monthly basis.

The Hospital has entered into various noncancelable capital lease agreements for equipment. As of December 31, 2017, capital leases have imputed interest rates of 3.30 to 6.89 percent. They expire at various times through 2022 and are collateralized by the equipment leased. The cost of leased equipment was $1,730,416 and $1,028,941 for the years ended December 31, 2017 and 2016, respectively.

Long-term debt activity at December 31, 2017 and 2016 can be summarized as follows:

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
2017					
Leases and notes payable:					
Lease obligations	$ 658,986	$ 701,475	$ (293,769)	$ 1,066,692	$ 358,461
Notes payable - Fayette County, Ohio	2,000,000	-	(139,092)	1,860,908	140,484
Notes payable	258,920	-	(82,668)	176,252	86,757
Total lease and notes payable	2,917,906	701,475	(515,529)	3,103,852	585,702
Other liabilities - Compensated absences	1,191,119	1,567,076	(1,573,147)	1,185,048	1,185,048
Total long-term and other liabilities	$ 4,109,025	$ 2,268,551	$ (2,088,676)	$ 4,288,900	$ 1,770,750

Note 8 - Long-term Debt (Continued)

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
2016					
Leases and notes payable:					
Lease obligations	$ 491,429	$ 361,382	$ (193,825)	$ 658,986	$ 240,703
Notes payable - Fayette County, Ohio	2,000,000	-	-	2,000,000	139,089
Notes payable	337,426	-	(78,506)	258,920	82,545
Total lease and notes payable	2,828,855	361,382	(272,331)	2,917,906	462,337
Other liabilities - Compensated absences	1,377,708	1,646,550	(1,833,139)	1,191,119	1,191,119
Total long-term and other liabilities	$ 4,206,563	$ 2,007,932	$ (2,105,470)	$ 4,109,025	$ 1,653,456

Total interest expense for the years ended December 31, 2017 and 2016 was approximately $67,000 and $69,000, respectively. Annual debt service requirements to maturity for the above obligations are as follows:

	Long-term Debt			Capital Lease Obligations		
Years Ending December 31	Principal	Interest	Total	Principal	Interest	Total
2018	$ 227,241	$ 25,297	$ 252,538	$ 358,461	$ 37,538	$ 395,999
2019	231,295	19,380	250,675	229,499	24,592	254,091
2020	143,315	15,428	158,743	185,376	16,257	201,633
2021	144,751	13,991	158,742	182,391	8,655	191,046
2022	1,290,558	18,261	1,308,819	110,965	1,583	112,548
Total	$ 2,037,160	$ 92,357	$ 2,129,517	$ 1,066,692	$ 88,625	$ 1,155,317

Note 9 - Operating Leases

The Hospital has entered into operating lease agreements for equipment, which expire at various times through 2022. Operating lease expense totaled approximately $420,000 and $561,000 in 2017 and 2016, respectively.

Future minimum annual commitments under these operating leases are as follows:

Years Ending December 31	Amount
2018	$ 343,335
2019	246,821
2020	231,982
2021	231,219
2022	231,219
Total	$ 1,284,576

Note 10 - Risk Management

Based on the nature of its operations, the Hospital is at times subject to pending or threatened legal actions, which arise in the normal course of its activities.

Note 10 - Risk Management (Continued)

The Hospital is insured against medical malpractice claims under a claims-made-based policy. The policy covers claims resulting from incidents that occurred during the policy terms, regardless of when the claim is reported to the insurance carrier. Under the terms of the policy, the Hospital bears the risk of the ultimate costs of any individual claim exceeding $1,000,000 or aggregate claims exceeding $3,000,000 for claims asserted in the policy year. In addition, the Hospital has an umbrella policy with an additional $8,000,000 of coverage.

Should the claims-made policies not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term but reported subsequently will be uninsured.

The Hospital is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits. The cost of this insurance policy represents the Hospital's cost for such claims for the year, and it has been charged to operations as a current expense.

The Hospital is exposed to various risks of loss related to property and general losses, as well as coverage for medical benefits provided to employees. The Hospital has purchased commercial insurance for malpractice, general liability, employee medical stop-loss, and workers' compensation claims.

Note 11 - Defined Benefit Pension Plan

Plan Description

The Hospital contributes to the Ohio Public Employees Retirement System of Ohio (OPERS). OPERS administers three separate pension plans. The traditional pension plan is a cost-sharing, multiple-employer defined benefit pension plan. The member-directed plan is a defined contribution plan in which the member invests both member and employer contributions (employer contributions vest over five years at 20 percent per year). Under the member-directed plan, members accumulate retirement assets equal to the value of member and (vested) employer contributions plus any investment earnings. The combined plan is a cost-sharing, multiple-employer defined benefit pension plan. Under the combined plan, OPERS invests employer contributions to provide a formula retirement benefit similar in nature to, but less than, the traditional pension plan benefit. Member contributions, the investment of which is self-directed by the members, accumulate retirement assets in a manner similar to the member-directed plan.

OPERS provides retirement, disability, survivor and death benefits, and annual cost-of-living adjustments to members of the traditional pension and combined plans. Members of the member-directed plan do not qualify for ancillary benefits. Authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report. Interested parties may obtain a copy by writing to OPERS, 277 East Town Street, Columbus, OH 43215-4642, or by calling 800-222-7377.

Benefits Provided

Plan benefits are established under Chapter 145 of the Ohio Revised Code, as amended by Substitute Senate Bill 343 in 2012. The requirements to retire depend on years of service (15 to 30 years) and on attaining the age of 48 to 62, depending on when the employee became a member. Members retiring before age 65 with less than 30 years service credit receive a percentage reduction in benefit. Member retirement benefits are calculated on a formula that considers years of service (15 to 30 years), age (48 to 62 years), and final average salary, using a factor ranging from 1.0 to 2.5 percent.

A plan member who becomes disabled before age 60 or at any age, depending on when the member entered the plan, and has completed 60 contributing months is eligible for a disability benefit.

A death benefit of $500 to $2,500 is determined by the number of years of service credit of the retiree. Benefits may transfer to a beneficiary upon death with 1.5 years of service credits with the plan obtained within the last 2.5 years, except for law enforcement and public safety personnel, who are eligible immediately upon employment.

Note 11 - Defined Benefit Pension Plan (Continued)

Benefit terms provide for annual cost-of-living adjustments to each employee's retirement allowance subsequent to the employee's retirement date. The annual adjustment, if applicable, is 3 percent.

Contributions

State retirement law requires contributions by covered employees and their employers, and Chapter 3307 of the Ohio Revised Code (ORC) limits the maximum rate of contributions. The retirement boards of the systems individually set contributions rates within the allowable limits. The adequacy of employer contribution rates is determined annually by actuarial valuation using the entry age normal cost method. Under these provisions, each employer's contribution is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance a portion of the unfunded accrued liability.

Member contributions are 10 percent of gross wages for all plans, set at the maximums authorized by the ORC. The plans' 2017 and 2016 contribution rates on covered payroll are as follows:

	Pension	Postretirement Health Care	Death Benefits	Total
OPERS - 2017	13.00 %	1.00 %	- %	14.00 %
	Pension	Postretirement Health Care	Death Benefits	Total
OPERS - 2016	12.00 %	2.00 %	- %	14.00 %

The Hospital's required and actual contributions to the plan for the years ended December 31, 2017 and 2016 were approximately $5,969,000 and $3,613,000, respectively.

Net Pension Liability, Deferrals, and Pension Expense

At December 31, 2017, the Hospital reported as a liability its proportionate share of the net pension liability of OPERS. The net pension liability was measured as of December 31, 2016, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. The Hospital's proportion of the net pension liability was based on a projection of its long-term share of contributions to the pension plan relative to the projected contributions of all participating reporting units, actuarially determined. At December 31, 2017 and 2016, the Hospital's proportion was 0.13 and 0.14 percent, respectively.

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

At December 31, 2017, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Description	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	$ 75,890	$ 216,933
Changes of assumptions	4,657,526	-
Differences between actual and proportionate share of contributions	250,376	1,642,896
Net difference between projected and actual earnings on pension plan investments	4,373,331	-
Employer contributions to the plan subsequent to the measurement date	2,548,919	-
Total	$ 11,906,042	$ 1,859,829

Note 11 - Defined Benefit Pension Plan (Continued)

At December 31, 2016, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Description	Deferred Outflows of Resources	Deferred Inflows of Resources
Difference between expected and actual experience	$ 73,689	$ 512,357
Differences between actual and proportionate share of contributions	164,277	843,959
Net difference between projected and actual earnings on pension plan investments	7,312,508	-
Employer contributions to the plan subsequent to the measurement date	2,589,595	-
Total	$ 10,140,069	$ 1,356,316

Amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense as follows:

Years Ending	Amount
2018	$ 2,866,670
2019	3,272,114
2020	1,533,032
2021	(258,880)
2022	2,906
Thereafter	81,452

In addition, the contributions subsequent to the measurement date will be included as a reduction of the net pension liability in the year ending December 31, 2018.

Actuarial Assumptions

The total pension liability is based on the results of an actuarial valuation determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2017	2016
Valuation date	December 31, 2016	December 31, 2015
Actuarial cost method	Individual entry age	Individual entry age
Cost of living	3.0 percent	3.0 percent
Salary increases, including inflation	3.25 percent to 10.75 percent	4.25 to 10.05 percent
Inflation	2.50 percent	3.75 percent
Investment rate of return	7.50 percent, net of pension plan investment expense	8.00 percent, net of pension plan investment expense
Mortality rates	RP-2014 mortality table	RP-2010 mortality table projected 20 years using Projection Scale AA

The actuarial assumptions used in the valuation were based on the results of an actuarial experience study for the period of five years ended December 31, 2015.

Note 11 - Defined Benefit Pension Plan (Continued)

Discount Rate

The discount rate used to measure the total pension liability was 7.5 percent and 8.0 percent as of December 31, 2017 and 2016, respectively. The projection of cash flows used to determine the discount rate assumed that employee contributions will be made at the current contribution rate and that employer contributions will be made at contractually required rates for all plans. Based on those assumptions, each pension plan's fiduciary net position was projected to be available to make all projected future benefit payments for current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Projected Cash Flows

The long-term expected rate of return on pension plan investments was determined using a building-block method, in which best estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized for the year ended December 31, 2017 in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Fixed income	23.00 %	2.75 %
Domestic equities	20.70	6.34
Real estate	10.00	4.75
Private equity	10.00	8.97
International equity	18.30	7.95
Other investments	18.00	4.92

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized for the year ended December 31, 2016 in the following table:

Asset Class	Target Allocation	Long-term Expected Real Rate of Return
Fixed income	23.00 %	2.31 %
Domestic equities	20.70	5.84
Real estate	10.00	4.25
Private equity	10.00	9.25
International equity	18.30	7.40
Other investments	18.00	4.59

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the net pension liability of the Hospital, calculated using the discount rate of 7.5 percent and 8.0 percent for the years ended December 31, 2017 and 2016, respectively, as well as what the Hospital's net pension liability would be if it were calculated using a discount rate that is 1.00 percentage point lower or 1.00 percentage point higher than the current rate:

	1 Percent Decrease (6.5%)	Current Discount Rate (7.5%)	1 Percent Increase (8.5%)
Net pension liability - 2017	$ 44,765,474	$ 29,260,019	$ 16,342,982

Note 11 - Defined Benefit Pension Plan (Continued)

	1 Percent Decrease (7.0%)	Current Discount Rate (8.0%)	1 Percent Increase (9.0%)
Net pension liability - 2016	$ 39,247,131	$ 24,572,394	$ 12,198,713

Pension Plan Fiduciary Net Position

Detailed information about the plan's fiduciary net position is available in a separately issued OPERS financial report.

Note 12 - Other Postemployment Benefits

Plan Description

OPERS maintains a cost-sharing, multiple-employer defined benefit postemployment health plan, which includes medical, prescription drug program, and Medicare Part B premium reimbursement, for qualifying members of both the traditional pension and the combined plans. Members of the member-directed plan do not qualify for ancillary benefits, including postemployment healthcare coverage.

In order to qualify for postretirement healthcare coverage, age and service retirees under the traditional pension and combined plans must have 10 or more years of qualifying Ohio service credit. Healthcare coverage for disability recipients and qualified survivor benefit recipients is available. The healthcare coverage provided by OPERS meets the definition of another postemployment benefit (OPEB), as described in GASB Statement No. 45.

The Ohio Revised Code permits, but does not mandate, OPERS to provide OPEB benefits to its eligible members and beneficiaries. The authority to establish and amend benefits is provided in Chapter 145 of the Ohio Revised Code.

OPERS issues a stand-alone financial report. Interested parties may obtain a copy by writing to OPERS, 277 East Town Street, Columbus, OH 43215-4642 or by calling 614-222-5601 or 800-222-7377.

Funding Policy

The Ohio Revised Code provides statutory authority, requiring public employers to fund postretirement health care through their contributions to OPERS. A portion of each employer's contribution to OPERS is set aside for the funding of postretirement healthcare benefits. Employer contribution rates are expressed as a percentage of the covered payroll of active members. In 2017 and 2016, state and local employers contributed at a rate of 14 percent of covered payroll. The Ohio Revised Code currently limits the employer contribution to a rate not to exceed 14 percent of covered payroll for state and local employers. Active members do not make contributions to the OPEB plan.

OPERS’ postemployment healthcare plan was established under, and is administered in accordance with, Internal Revenue Code 401(h). Each year, the OPERS board of trustees determines the portion of the employer contribution rate that will be set aside for funding of the postemployment healthcare benefits. The portion of employer contributions allocated to health care for members in the traditional plan was 1 percent during 2017 and 2 percent during 2016 and 2015. The portion of employer contributions allocated to health care for members in the combined plan was 2 percent during 2017 and 2016. The OPERS board of trustees is also authorized to establish rules for the payment of a portion of the healthcare benefits provided by the retiree or his or her surviving beneficiaries. Payment amounts vary depending on the number of covered dependents and the coverage selected.

The portion of the Hospital's contribution used to fund postemployment benefits for 2017, 2016, and 2015 was $426,000, $516,000, and $398,000, respectively.

Note 13 - Self-insured Benefits

The Hospital was part of the South Central Ohio Insurance Consortium (SCOIC); the SCOIC is part of the Jefferson Health Plan. The plan is covered by a stop-loss policy that covers claims over $100,000 to $200,000; the Jefferson Health Plan has an internal pool to cover claims from $200,000 to $1,500,000, and Sunlife Insurance Company covers any claims over $1,500,000. As of December 31, 2017, the Hospital terminated its agreement with SCOIC. A liability for claims incurred but not reported is included within accounts payable. Claims, charged to operations when incurred, were approximately $2,157,000 and $3,079,000 for the years ended December 31, 2017 and 2016, respectively. Claim payments were approximately $3,422,000 and $3,017,000 for the years ended December 31, 2017 and 2016, respectively.

Note 14 - Blended Component Unit

The financial statements include the Foundation, a separate entity organized to support the operations of the Hospital as a blended component unit. The following is a summary of the financial position and activities of the entity as of and for the years ended December 31, 2017 and 2016:

	2017	2016
Assets Limited as to Use	$ 234,126	$ 178,115
Net Position		
Restricted - Expendable for capital improvements and other purposes	$ 196,645	$ 142,211
Unrestricted	37,481	35,904
Total net position	$ 234,126	$ 178,115
Other Income (Expense)		
Contributions	$ 96,626	$ 121,342
Other expense	(40,615)	(124,768)
Total other expense	$ 56,011	$ (3,426)
Net Cash Provided by (Used in) Financing Activities	$ 56,011	$ (3,426)
Cash and Cash Equivalents - Beginning of year	178,115	181,541
Cash and Cash Equivalents - End of year	$ 234,126	$ 178,115

Note 15 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Hospital’s assets measured at fair value on a recurring basis at December 31, 2017 and 2016 and the valuation techniques used by the Hospital to determine those fair values.

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Hospital has the ability to access.

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs, such as interest rates and yield curves, that are observable at commonly quoted intervals.

Note 15 - Fair Value Measurements (Continued)

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Hospital's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The Hospital has the following recurring fair value measurements as of December 31, 2017 and 2016.

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2017			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2017
Assets:				
Mutual funds	$ 306,113	$ -	$ -	$ 306,113
Equities	249,593	-	-	249,593
Corporate bonds	-	9,200	-	9,200
Total assets	$ 555,706	$ 9,200	$ -	$ 564,906

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Balance at December 31, 2016
Assets:				
Mutual funds	$ 265,562	$ -	$ -	$ 265,562
Equities	205,206	-	-	205,206
Corporate bonds	-	14,100	-	14,100
Total assets	$ 470,768	$ 14,100	$ -	$ 484,868

The fair value of Level 2 securities as of December 31, 2017 and 2016 was determined primarily on quoted prices from the Hospital's custodian bank.

Note 16 - Upcoming Accounting Pronouncements

In June 2015, the GASB issued Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, which addresses reporting by governmental entities that provide postemployment benefits other than pensions (OPEB) to their employees and for governmental entities that finance OPEB for employees of other governmental entities. This OPEB standard will require the Hospital to recognize on the face of the financial statements its proportionate share of the net OPEB liability related to its participation in the Ohio Public Employees Retirement (OPERS) plan. The statement also enhances accountability and transparency through revised note disclosure and required supplemental information (RSI). The Hospital is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement are effective for the Hospital's financial statements for the year ending December 31, 2018.

Note 16 - Upcoming Accounting Pronouncements (Continued)

In June 2017, the Governmental Accounting Standards Board issued GASB Statement No. 87, *Leases*, which improves accounting and financial reporting for leases by governments. This statement requires recognition of certain lease assets and liabilities for leases that were previously classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the foundational principle that leases are financings of the right to use an underlying asset. Under this statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources. The Hospital is currently evaluating the impact this standard will have on the financial statements when adopted. The provisions of this statement are effective for the Hospital's financial statements for the year ending December 31, 2020.

Required Supplemental Information

Required Supplemental Information
Schedule of Fayette County Memorial Hospital Contributions OPERS

Last Three Fiscal Years
Years Ended December 31

	2017	2016	2015
Contractually required contribution	$ 2,548,919	$ 2,590,631	$ 2,753,872
Contributions in relation to the contractually required contribution	2,548,919	2,590,631	2,753,872
Contribution Deficiency	**$ -**	**$ -**	**$ -**
Hospital's Covered Employee Payroll	$ 18,195,949	$ 19,231,676	$ 20,402,903
Contributions as a Percentage of Covered Employee Payroll	14.0 %	14.0 %	14.0 %

Required Supplemental Information
Schedule of Net Pension Liability
OPERS

Last Three Fiscal Years
Years Ended December 31

	2017	2016	2015
Hospital's proportion of the net pension liability	0.13000 %	0.14000 %	0.15000 %
Hospital's proportionate share of the net pension liability	$ 29,260,019	$ 24,572,394	$ 18,131,058
Hospital's covered employee payroll	$ 19,231,676	$ 20,402,903	$ 20,549,680
Hospital's Proportionate Share of the Net Pension Liability as a Percentage of its Covered Employee Payroll	152.14 %	120.44 %	88.23 %
Plan Fiduciary Net Position as a Percentage of Total Pension Liability	77.39 %	81.20 %	86.53 %

Note to Pension Required Supplemental Information Schedules

Year Ended December 31, 2017

Changes of Benefit Term

Amounts reported in 2017 and 2016 for OPERS reflect no change in benefits.

Changes of Assumptions

There were no changes in methods and assumptions used in the calculation of actuarially determined contributions for 2015-2016. For 2017, the most significant changes of assumptions that affected the net pension liability include a reduction in the investment rate of return from 8.00 percent to 7.5 percent, a decrease in the wage inflation from 3.75 percent to 3.25 percent, and a change in the future salary increase from a range of 4.25 percent to 10.05 percent to a range of 3.25 percent to 10.75 percent.

Supplemental Information

Combining Statement of Net Position

December 31, 2017

	Fayette County Memorial Hospital	Fayette County Memorial Hospital Foundation	Total
Current Assets			
Cash and cash equivalents	$ 2,060,390	$ -	$ 2,060,390
Accounts receivable	4,892,215	-	4,892,215
Notes receivable	274,885	-	274,885
Estimated third-party payor settlements	197,430	-	197,430
Inventory	697,737	-	697,737
Other current assets	785,701	-	785,701
Total current assets	8,908,358	-	8,908,358
Assets Limited as to Use	2,207,333	234,126	2,441,459
Capital Assets			
Nondepreciable capital assets	461,153	-	461,153
Depreciable capital assets	29,718,961	-	29,718,961
Total capital assets	30,180,114	-	30,180,114
Less accumulated depreciation	22,368,962	-	22,368,962
Net capital assets	7,811,152	-	7,811,152
Total assets	18,926,843	234,126	19,160,969
Deferred Outflows of Resources Related to Pension	11,906,042	-	11,906,042
Total assets and deferred outflows of resources related to pension	**$ 30,832,885**	**$ 234,126**	**$ 31,067,011**

Combining Statement of Net Position (Continued)

December 31, 2017

	Fayette County Memorial Hospital	Fayette County Memorial Hospital Foundation	Total
Current Liabilities			
Accounts payable	$ 2,126,960	$ -	$ 2,126,960
Current portion of long-term debt	585,702	-	585,702
Estimated third-party payor settlements	505,346	-	505,346
Accrued liabilities and other:			
Accrued compensation	1,418,436	-	1,418,436
Accrued compensated absences	1,185,048	-	1,185,048
Total current liabilities	5,821,492	-	5,821,492
Noncurrent Liabilities			
Long-term debt - Net of current portion	2,518,150	-	2,518,150
Net pension liability	29,260,019	-	29,260,019
Total liabilities	37,599,661	-	37,599,661
Deferred Inflows of Resources Related to Pension	1,859,829	-	1,859,829
Net Position			
Net investment in capital assets	4,707,300	-	4,707,300
Restricted - Expendable for capital improvements and other purposes	846,568	196,645	1,043,213
Unrestricted	(14,180,473)	37,481	(14,142,992)
Total net position	(8,626,605)	234,126	(8,392,479)
Total liabilities, deferred inflows of resources, and net position	**$ 30,832,885**	**$ 234,126**	**$ 31,067,011**

Combining Statement of Revenue, Expenses, and Changes in Net Position

Year Ended December 31, 2017

	Fayette County Memorial Hospital	Fayette County Memorial Hospital Foundation	Total
Operating Revenue			
Net patient service revenue	$ 40,246,427	$ -	$ 40,246,427
Other	1,239,922	-	1,239,922
Total operating revenue	41,486,349	-	41,486,349
Operating Expenses			
Salaries and wages	19,278,345	-	19,278,345
Employee benefits and payroll taxes	8,718,492	-	8,718,492
Operating supplies and expenses	5,118,799	-	5,118,799
Professional services and consultant fees	7,579,808	-	7,579,808
Insurance	369,316	-	369,316
Utilities	709,820	-	709,820
Leases and rentals	419,561	-	419,561
Maintenance and repairs	1,367,968	-	1,367,968
Depreciation	1,223,107	-	1,223,107
Other	1,104,381	-	1,104,381
Total operating expenses	45,889,597	-	45,889,597
Operating Loss	(4,403,248)	-	(4,403,248)
Other Income (Expense)			
Contributions	68,940	96,626	165,566
Realized gain on sale of investments	32,831	-	32,831
Other income	159,431	-	159,431
Change in unrealized investment gain	33,415	-	33,415
Interest expense	(66,815)	-	(66,815)
Other expense	-	(40,615)	(40,615)
Total other income	227,802	56,011	283,813
Excess of Revenue (Under) Over Expenses	(4,175,446)	56,011	(4,119,435)
Net Position - Beginning of year	(4,451,159)	178,115	(4,273,044)
Net Position - End of year	**$ (8,626,605)**	**$ 234,126**	**$ (8,392,479)**

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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*

Independent Auditor's Report

To Management and the Board of Trustees
Fayette County Memorial Hospital

We have audited, 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, the financial statements of Fayette County Memorial Hospital (the "Hospital"), which comprise the statement of net position as of December 31, 2017 and the related statements of revenue, expenses, and changes in net position and cash flows for the year then ended, and the related notes to the financial statements and have issued our report thereon dated May 16, 2018.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

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

To Management and the Board of Trustees
Fayette County Memorial Hospital

Purpose of this Report

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

Plante & Moran, PLLC

May 16, 2018

FAYETTE COUNTY MEMORIAL HOSPITAL

FAYETTE 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
JUNE 26, 2018

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