

CONSOLIDATED FINANCIAL STATEMENTS

AND

REQUIRED SUPPLEMENTARY INFORMATION

DECEMBER 31, 2018 AND 2017



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REPORT OF INDEPENDENT AUDITORS

Board of Trustees Memorial Hospital of Logansport Logansport, Indiana

REPORT ON THE CONSOLIDATED FINANCIAL STATEMENTS

We have audited the accompanying consolidated financial statements of Memorial Hospital of Logansport (the Hospital), a component unit of Cass County, which comprise the consolidated balance sheets as of December 31, 2018 and 2017, and the related consolidated statements of operations and changes in net position, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

MANAGEMENT'S RESPONSIBILITY FOR THE CONSOLIDATED FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated 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 consolidated 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 Uniform Compliance Guidelines for Audits of Hospitals and State and Local Governments by Authorized Independent Public Accountants, issued by the Indiana State Board of Accounts. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

Board of Trustees Memorial Hospital of Logansport Logansport, Indiana

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of December 31, 2018 and 2017, and the results of its operations, changes in its net position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

REPORT ON REQUIRED SUPPLEMENTARY INFORMATION

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis be presented to supplement the consolidated financial statements. Such information, although not a part of the consolidated financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the consolidated financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the consolidated financial statements, and other knowledge we obtained during our audits of the consolidated 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.

Blue & Co., LLC

Indianapolis, Indiana May 16, 2019

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2018 AND 2017 (WITH COMPARATIVE TOTALS FOR 2016)

Management's discussion and analysis of Memorial Hospital of Logansport's (the Hospital) financial performance provides an overview of the Hospital's financial activities for the year ended December 31, 2018 with comparable information for 2017 and 2016. Please read it in conjunction with the Hospital's consolidated financial statements and accompanying notes to the consolidated financial statements included in this report.

USING THIS ANNUAL REPORT

This annual report consists of two parts—management's discussion and analysis, and the basic consolidated financial statements.

- In the "management's discussion and analysis" section of this report, management discusses various components of the annual report and provides an analysis of the current financial statement information.
- The "basic consolidated financial statements" section of this report includes a series of consolidated financial statements, which provide information about the activities of the Hospital as a whole. The Consolidated Balance Sheets reveal the assets, liabilities and net position of the Hospital on December 31, 2018 and 2017 while the Consolidated Statements of Operations and Changes in Net Position summarize the revenues and expenses, including nonoperating items for the years then ended. The Consolidated Statements of Cash Flows summarize the change in cash and cash equivalents as a result of operating, investing and financing activities during the years. The Notes to the Consolidated Financial Statements disclose additional information addressed within the body of the consolidated financial statements.

The Hospital is a not-for-profit acute care hospital, established in 1925. It is a county-owned facility and operates under the Indiana County Hospital Law. Operations include a state-licensed, 83 bed acute care medical center offering a full range of inpatient and outpatient medical services including 24 hour emergency care, surgical, specialty, medical imaging, cancer, family birth centers and physician clinics. The Cass County Commissioners appoints the Board of Trustees of the Hospital. Although the Hospital is a governmental entity, the Hospital does not receive taxpayer support for operations.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2018 AND 2017 (WITH COMPARATIVE TOTALS FOR 2016)

The mission of the Hospital is "Your Health...Our Passion". The Hospital's vision is that it "will exceed the needs and desires of our community – as an employer, as a provider, and as a health advocate. Logansport Memorial Hospital lives this mission and vision by continually striving to improve the delivery of care and the overall health of the community, by creating and fostering strong partnerships both within the Hospital campus and the surrounding communities, as well as focusing on improving internal processes to better the patient, physician, employee and visitor experience while providing excellent care. The Hospital carries out its mission by focusing on its values as follows:

- Human Dignity
- Integrity
- Justice
- Service Excellence
- Stewardship

This management's discussion and analysis will include some of the highlights related to the operational and financial performance for 2018.

FINANCIAL HIGHLIGHTS

Overall, net position increased by approximately \$2.6 million during 2018 while operating income was approximately \$2.9 million compared to 2017 where the net position increased approximately \$3.7 million while operating income was approximately \$2.4 million. Operations remained stable with from a positive 2017 year as the Hospital began Cancer Care Center operations in early 2018, which resulted in additional revenue generating service lines such as Wound Care and Oncology. Further, the Hospital's health claims experience worsened and the related expenses increased approximately \$2.8 million from 2017.

Net capital assets increased by approximately \$887,000 compared to the prior year as the Cancer Care Center opened in 2018 and was a welcomed addition to the community. Long-term debt, including capital leases, decreased by approximately \$2.0 million as a result of current year principal payments.

The Hospital's operating margin for 2018 was equal to 3% compared to 2.9% for 2017. The factors impacting this will be discussed in greater detail herein.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

DECEMBER 31, 2018 AND 2017

(WITH COMPARATIVE TOTALS FOR 2016)

USING THIS ANNUAL REPORT

The following pages will highlight certain consolidated financial statements of the Hospital and include a brief analysis. The consolidated financial statements of the Hospital explain the results of operations. The consolidated statement of operations and changes in net position summarizes the effect of the year's activities, while the consolidated balance sheet summarizes the Hospital's net resources at the beginning and end of the year. The consolidated balance sheet includes all assets and liabilities of the Hospital, and provides information about the nature and amounts of investments in resources and obligations to its creditors. It also provides the basis for computing rate of return, evaluating the capital structure of the Hospital and assessing the liquidity and financial flexibility of the Hospital.

The consolidated statement of operations and changes in net position includes all the current year's revenue and expenses. The final financial statement is the statement of cash flows. The primary purpose of this statement is to provide information about the Hospital's cash flows from operating activities, capital and financing activities, and investing activities, as well as providing information of the sources and uses of cash during the year.

THE HOSPITAL'S CONSOLIDATED BALANCE SHEET

Table 1: A summary of the Hospital and component units consolidated balance sheet as of December 31, 2018, 2017 and 2016 is presented below (in thousands):

		Change					C	hange	
	2018		2017	201	8 - 2017		2016	201	7 - 2016
Assets									
Current assets	\$ 46,683	\$	45,485	\$	1,198	\$	43,730	\$	1,755
Assets limited to use (funded									
depreciation, escrow funds,									
contributions)	12,716		12,638		78		15,596		(2,959)
Capital assets	44,662		43,775		887		40,378		3,397
Pledges receivable	251		447		(196)		-0-		447
Other assets	861		753		108		596		157
Total assets	\$ 105,173	\$	103,098	\$	2,075	\$	100,300	\$	2,798
Liabilities									
Current liabilities	\$ 14,863	\$	13,382	\$	1,481	\$	12,282	\$	1,100
Long-term debt	14,368		16,384		(2,016)		18,357		(1,973)
Total liabilities	29,231		29,766		(535)		30,639		(873)
Net position									
Net investment in capital assets	28,277		25,417		2,860		20,092		5,325
Restricted	1,256		1,604		(348)		4,004		(2,400)
Unrestricted	46,409		46,311		98		45,565		746
Total net position	 75,942		73,332		2,610		69,661		3,671
Total liabilities and net position	\$ 105,173	\$	103,098	\$	2,075		\$100,300	\$	2,798

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2018 AND 2017 (WITH COMPARATIVE TOTALS FOR 2016)

The significant changes in the Hospital's assets included an increase in capital assets of approximately \$887,000 primarily due depreciable asset additions outpacing current year depreciation expense. Current liabilities increased approximately \$1.5 million primarily due to an increase in accounts payable and accrued payroll expenses, primarily due to an increase in related expenses and timing.

Net position increased by approximately \$2.6 million as the Cancer Care Center began operations in 2018 and additional revenue generating service lines were added. There was also a continued effort to control associated expenses.

OPERATING RESULTS AND CHANGES IN THE HOSPITAL'S NET POSITION

Table 2: A summary of the Hospital and component units consolidated statement of operations and changes in net position for 2018, 2017, and 2016 is presented below (in thousands):

				(Change		Cł	nange
		2018	2017	201	18 - 2017	2016	2017	7 - 2016
Operating revenues	. <u></u>							
Net patient service revenue	\$	93,599	\$ 80,608	\$	12,991	\$ 80,105	\$	503
Other revenue		3,414	3,017		397	3,305		(288)
Total operating revenues		97,013	 83,625		13,388	83,410		215
Operating expenses								
Salaries and benefits		43,450	39,607		3,843	40,277		(670)
Supplies and other		45,818	37,445		8,373	36,493		952
Depreciation and amortization		4,813	4,148		665	3,879		269
Total expenses		94,081	81,200		12,881	 80,649		551
Operating income		2,932	2,425		507	2,761		(336)
Total non-operating revenue (expense)		(322)	 1,246		(1,568)	 (144)		1,390
Change in net position		2,610	3,671		(1,061)	2,617		1,054
Net position, beginning of year		73,332	 69,661		3,671	 67,044		2,617
Net position, end of year	\$	75,942	\$ 73,332	\$	2,610	\$ 69,661	\$	3,671

OPERATING AND FINANCIAL PERFORMANCE

Revenue

Net patient revenue in the current year increased by approximately \$13.0 million as compared to 2017 and the 2017 net patient revenue increased by approximately \$500,000 compared to 2016.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED) DECEMBER 31, 2018 AND 2017 (WITH COMPARATIVE TOTALS FOR 2016)

<u>Volumes</u>

The Hospital overall experienced significant growth in outpatient volumes and visits during the current year as the Cancer Care Center began operations in 2018, while inpatient days decreased approximately 9.1% from 2017 to 2018.

Expenses

The increase in operating expenses of approximately \$12.9 million in 2018 was primarily attributable to the increase in staffing and healthcare costs for employees, an increase in the cost of supplies related to the Cancer Care Center, as well as an increase in purchased services and other expense from 2017 to 2018.

Overall Results

The Hospital, Foundation (one of the Hospital's blended component units), and Health Professional Resources (HPR) (also a blended component unit of the Hospital) all experienced positive results during 2018 and 2017.

For the year ended 2018, the change in net position was approximately \$2.6 million compared to approximately \$3.7 million in 2017.

SOURCES OF REVENUE

During 2018, the Hospital derived substantially all of its revenue from patient service and other related activities. A significant portion of the patient service revenue is from patients that are insured by government health programs, principally Medicare and Medicaid, which are highly regulated and subject to frequent and substantial changes. Revenues from the Medicare and Medicaid programs represented 63% of the Hospital's gross revenue in 2018 but only 46% of the Hospital's net patient service revenues. This compares to 2017 where revenues from Medicare and Medicaid represented 61% of the Hospital's gross revenue and only 49% of its net patient service revenue

Following is a table of major sources of gross patient revenues for 2018, 2017 and 2016.

Payor Mix	2018	2017	2016
Medicare	41%	40%	36%
Medicaid	22%	21%	25%
Commercial insurance	17%	18%	19%
Blue Cross/Anthem	17%	18%	17%
Self pay	3%	3%	3%
Total	100%	100%	100%

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

DECEMBER 31, 2018 AND 2017

(WITH COMPARATIVE TOTALS FOR 2016)

THE HOSPITAL'S STATEMENT OF CASH FLOWS

Table 3: A summary of the Hospital and component units consolidated statement of cash flows for 2018, 2017 and 2016 is presented below (in thousands):

			C	hange		C	hange
	2018	2017	201	8 - 2017	2016	201	7 - 2016
Cash flow from activities	 	 					
Operating activities	\$ 4,993	\$ 5,894	\$	(901)	\$ 6,631	\$	(737)
Noncapital financing activities	318	(3)		321	(17)		14
Capital and related financing activities	(7,009)	(8,632)		1,623	(6,186)		(2,446)
Investing activities	197	(2,079)		2,276	240		(2,319)
Net change in cash and cash equivalents	\$ (1,501)	\$ (4,820)	\$	3,319	\$ 668	\$	(5,488)

The Hospital has experienced positive cash flow from operating activities for all three years presented, totaling approximately \$17.5 million from 2016 to 2018.

CAPITAL ASSETS

Including construction in progress, the Hospital invested approximately \$5.7 million in capital assets in 2018 and \$7.4 million in 2017. The majority of the acquisitions were attributable to clinical equipment and Cancer Care Center construction. The change in capital assets is outlined in the following table (in thousands):

			(Change		C	hange
	2018	2017	201	18 - 2017	2016	201	7 - 2016
Land and improvements	\$ 1,887	\$ 1,710	\$	177	\$ 1,584	\$	126
Buildings	66,939	61,068		5,871	60,615		453
Equipment	 47,446	43,399		4,047	39,956		3,443
Total capital assets	 116,272	106,177		10,095	102,155		4,022
Less accumulated depreciation	(73,272)	(68,463)		(4,809)	(64,397)		(4,066)
Construction in progress	 1,662	 6,061		(4,399)	2,620		3,441
Net capital assets	\$ 44,662	\$ 43,775	\$	887	\$ 40,378	\$	3,397

LONG-TERM DEBT

The Hospital had approximately \$16.4 million in short and long term debt at year-end 2018, versus approximately \$18.4 million in 2017.

More detailed information about both capital assets and long-term debt is presented in the Notes to the Consolidated Financial Statements.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

DECEMBER 31, 2018 AND 2017

(WITH COMPARATIVE TOTALS FOR 2016)

ECONOMIC OUTLOOK

Management believes that the healthcare industry's and the Hospital's operating margins will continue to be under pressure as a result of the changes in payor mix and growth in operating expenses, that exceed any increases in contractually arranged and legally established payments received for services provided. Another factor that poses a challenge to management is the increasing competitive market for the delivery of health care services. This competitive market challenge will potentially be offset by the expected growth in our service area. The Hospital will still be faced with the challenge of providing quality services in an increasingly competitive environment, while at the same time managing costs. The Hospital will be affected by the increases in labor costs due to the competition for health care workers. The Hospital is also affected by the uncertainty of federal healthcare reform, especially with the new federal administration in Washington, D.C.

CONCLUSION AND CONTACT INFORMATION

Memorial Hospital of Logansport intends to operate in a fashion that meets its community, operational, and financial obligations. This report is designed to provide a general overview of the Hospital and its finances to our stakeholders. Please address questions or requests regarding this financial report to the Chief Financial Officer, at Memorial Hospital of Logansport, 1101 Michigan Avenue, Logansport IN, 46947.

CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2018 AND 2017

ASSETS

	2018	2017
Current assets		
Cash and cash equivalents	\$ 29,142,572	\$ 30,855,031
Patient accounts receivable	13,214,599	11,745,558
Current portion of pledges receivable	298,292	260,257
Supplies and other current assets	4,027,362	2,624,381
Total current assets	46,682,825	 45,485,227
Assets limited as to use		
Internally designated	11,459,759	11,034,277
Held by trustee	-0-	99,536
Restricted by contributors and grantors	1,255,815	1,504,505
Total assets limited as to use	12,715,574	12,638,318
Capital assets		
Land and construction in progress	2,540,264	6,940,781
Depreciable capital assets, net	 42,122,014	 36,834,387
Total capital assets	44,662,278	43,775,168
Pledges receivable	250,570	447,237
Other assets	860,748	753,237
Total assets	\$ 105,171,995	\$ 103,099,187
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CONSOLIDATED BALANCE SHEETS DECEMBER 31, 2018 AND 2017

LIABILITIES AND NET POSITION

	2018	2017
Current liabilities		
Current portion of long-term debt and capital leases	\$ 2,018,134	\$ 1,972,936
Accounts payable and accrued expenses	7,684,000	6,982,355
Accrued payroll and related liabilities	3,601,472	2,738,868
Estimated third-party payor settlements	1,559,190	1,688,004
Total current liabilities	 14,862,796	13,382,163
Non current liabilities		
Long-term debt, net of current portion	 14,366,812	16,384,946
Total liabilities	29,229,608	29,767,109
Net position		
Net investment in capital assets	28,277,332	25,417,286
Restricted		
Held by trustee	-0-	99,536
Expendable for specific operating activities	919,139	1,167,829
Nonexpendable permanent endowments	336,676	336,676
Unrestricted	 46,409,240	46,310,751
Total net position	75,942,387	73,332,078
Total liabilities and net position	\$ 105,171,995	\$ 103,099,187

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Operating revenues		
Net patient revenue (net of provisions for bad debt)	\$ 93,598,628	\$ 80,607,931
Other	3,413,733	3,017,394
Total operating revenues	97,012,361	83,625,325
Operating expenses		
Salaries and benefits	43,450,400	39,606,973
Medical and other professional fees	9,416,040	8,862,745
Medical supplies and drugs	11,610,869	5,977,415
Other supplies	1,879,360	1,941,488
Depreciation and amortization	4,813,346	4,147,567
Rent and leases	980,830	990,557
Utilities and postage	1,585,934	1,575,756
Maintenance and repairs	567,157	708,213
Insurance	860,861	794,302
Hospital assessment fee	2,210,042	1,793,176
Purchased services and other	16,704,925	14,802,149
Total operating expenses	94,079,764	81,200,341
Operating income	2,932,597	2,424,984
Nonoperating revenues (expenses)		
Investment income	1,405	348,341
Interest expense	(467,480)	(508,046)
Noncapital grants and contributions	239,926	1,495,045
Gain (loss) on sale of equipment	1,475	(15,875)
Other expenses	(97,614)	(73,106)
Total nonoperating revenues (expenses)	(322,288)	1,246,359
Change in net position	2,610,309	3,671,343
Net position beginning of the year	73,332,078	69,660,735
Net position end of year	\$ 75,942,387	\$ 73,332,078

CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Operating activities	 	_
Cash received from patients and third party payors	\$ 92,214,675	\$ 78,632,827
Cash paid to employees for salaries and benefits	(42,587,796)	(39,901,992)
Cash paid to vendors for goods and services	(48,047,615)	(35,854,268)
Other operating receipts	3,413,733	 3,017,394
Net cash flows from operating activities	 4,992,997	5,893,961
Noncapital financing activities		
Noncapital grants, contributions, and other	318,376	(2,988)
Net cash flows from noncapital financing activities	318,376	 (2,988)
Capital and related financing activities		
Capital grants and contributions	212,519	640,838
Acquisition of capital assets	(4,782,808)	(6,878,468)
Principal paid on long-term debt	(1,972,936)	(1,928,017)
Interest paid on long-term debt	(467,480)	(508,046)
Proceeds from sale of capital assets	1,475	 42,400
Net cash flows from capital and related financing activities	(7,009,230)	(8,631,293)
Investing activities		
Investment income	1,405	348,341
Purchases of investments in assets whose use is limited	(1,639,495)	(4,085,693)
Proceeds from sale of investments in assets whose use is limited	1,835,058	1,658,000
Net cash flows from investing activities	 196,968	 (2,079,352)
Net change in cash and cash equivalents	(1,500,889)	(4,819,672)
Cash and cash equivalents at beginning of year	 32,191,099	37,010,771
Cash and cash equivalents at end of year	\$ 30,690,210	\$ 32,191,099
Reconciliation of cash and cash equivalents		
to the statement of net position		
Cash and cash equivalents in current assets	\$ 29,142,572	\$ 30,855,031
Cash and cash equivalents in assets limited as to use	 1,547,638	1,336,068
Total cash and cash equivalents	\$ 30,690,210	\$ 32,191,099

CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2018 AND 2017

	2018	2017
Reconciliation of operating income to net cash	 	
flows from operating activities		
Operating income	\$ 2,932,597	\$ 2,424,984
Adjustments to reconcile operating income		
to net cash flows from operating activities		
Depreciation and amortization	4,813,346	4,147,567
Provision for bad debts	10,192,240	7,907,109
Changes in:		
Patient accounts receivable	(11,661,281)	(9,908,082)
Supplies, other current assets and other assets	(1,801,692)	991,374
Accounts payable and accrued expenses	(216,003)	(483,249)
Accrued payroll and related liabilities	862,604	(295,019)
Estimated third-party payor settlements	(128,814)	1,109,277
Net cash flows from operating activities	\$ 4,992,997	\$ 5,893,961
Noncash financing activities		
Property additions included in accounts payable	\$ 917,648	\$ 724,625

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity

Memorial Hospital of Logansport (the Hospital) is a county-owned facility and operates under the Indiana County Hospital Law, Indiana Code 16-22. The Hospital provides acute care including inpatient, outpatient and emergency care as well as long-term care to Cass County and other surrounding counties.

The Board of County Commissioners of Cass County appoints the Governing Board of the Hospital (Board) and a financial benefit/burden relationship exists between Cass County (the County) and the Hospital. For these reasons, the Hospital is considered a discrete component unit of the County.

The Board of County Commissioners of Cass County, upon written request of the Hospital Board of Trustees created the Memorial Hospital of Logansport Association (the Association). The Association, which is included in the Hospital, was created pursuant to the provisions of Indiana Code 16-22-6 for the exclusive purpose of financing and constructing hospital facilities for the Hospital. The Association is a component unit which has no assets, no liabilities and conducts no operating activities.

Pursuant to the provision of long-term care, beginning in 2012, the Hospital owns the operations of two long-term care facilities by way of an arrangement with the manager of the facilities. These facilities provide inpatient and therapy services. Generally, gross revenues from the operation of the facilities are the property of the Hospital and the Hospital is responsible for the associated operating expenses and working capital requirements. While the management and related lease agreements are in effect, the performance of all activities of the managers shall be on behalf of the Hospital and the Hospital retains the authority and legal responsibility for the operation of the facilities.

Related thereto, the Hospital entered into lease agreements with the long-term care facilities, collectively referred to as the Lessors, to lease the facilities managed by the manager. Concurrently, the Hospital entered into agreements with the manager to manage the above- leased facilities. As part of the agreements, the Hospital will pay the manager a management fee to continue managing the facilities on behalf of the Hospital in accordance with the terms of the agreements. These management fees consist of base management fees, subordinated management fees, and quarterly incentive payments. The agreements expire on July 1, 2020. The terms of these agreements may be renewed at the end of each term for an additional period of two years. All parties involved can terminate the agreement without cause with 120 days written notice.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Other current assets and liabilities related to long-term care include certain reimbursement receivables, accrued fees and expenses, and working capital balances related to the long-term care facilities.

The accompanying consolidated financial statements present the activities of the Hospital (primary government) and its significant component units. The component units discussed below are included in the Hospital's reporting entity because of the significance of their operational or financial relationships with the Hospital. Blended component units, although legally separate entities are in substance part of the government's operations and exist solely to provide services for the government; data from these units is consolidated with data of the primary government.

The consolidated 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 Cass County attributable to the transactions of the Hospital and its blended component units. They do not purport to, and do not, present fairly the financial position of Cass County as of December 31, 2018 and 2017, the changes in its financial position or its cash flows for the years then ended.

Blended Component Units

Memorial Hospital Foundation of Cass County, Inc. d/b/a Memorial Hospital Foundation (the Foundation), is a significant blended component unit of the Hospital. The purpose of the Foundation is to assist in raising contributions from the community in order to enhance the ability of the Hospital to service the health needs of the patients it serves. The Hospital appoints a voting majority of the Foundation's Board and a financial benefit/burden relationship exists between the Hospital and the Foundation. Although it is legally separate from the Hospital, the Foundation is reported as if it were a part of the Hospital because it is substantively the same.

Health Professional Resources, Inc., (HPR) is a significant blended component unit wholly owned by the Hospital. HPR operates a community pharmacy and provides food service for a local county mental health organization. The primary government appoints a voting majority of HPR's Board and is able to impose its will. Although it is legally separate from the Hospital, HPR is reported as if it were a part of the Hospital because the two boards are substantively the same.

All significant intercompany transactions have been eliminated in the consolidated financial statements.

Complete financial statements for these components can be requested from Hospital administration located at Memorial Hospital of Logansport, 1101 Michigan Avenue, Logansport IN, 46947.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Use of Estimates

The preparation of consolidated 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 disclosures of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Enterprise Fund Accounting

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

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits and investments in liquid debt instruments with an original maturity of three months or less. The Hospital maintains its cash in accounts, which at times may exceed federally insured limits. The Hospital has not experienced any losses in such accounts. The Hospital believes that it is not exposed to any significant credit risk on cash and cash equivalents.

Assets Limited as to Use

Assets whose use is limited are stated at fair value in the consolidated financial statements. These assets include investments designated by the Hospital's Board for internal purposes and investments held by trustees for debt service and capital improvements. These investments consist primarily of cash and cash equivalents, certificates of deposit, money market deposit accounts, mutual funds, and government securities. Amounts restricted by contributors or grantors consist of amounts designated to be restricted for a particular purpose in accordance with donor or grantor agency stipulations. Investment income, to the extent not capitalized, is reported as nonoperating revenue in the consolidated statements of operations and changes in net position.

Investments: Debt and Equity Securities and Other Investments

Debt and equity securities are reported at fair value. Debt securities are defined as securities backed by the full faith and credit of the United States Treasury, fully insured, or guaranteed by the United States or any United States government agency.

Nonparticipating certificates of deposit, demand deposits, and similar nonparticipating negotiable instruments that are not reported as cash and cash equivalents are reported as investments at cost.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Investments in affiliated companies are reported using the equity method of accounting, or at cost, as applicable.

Investment income, including changes in the fair value of investments, is reported as non-operating revenues in the consolidated statements of operations and changes in net position.

Capital Assets and Depreciation

Capital assets such as property and equipment are stated at cost and include expenditures for new additions and other costs added which exceed \$1,000 and meet certain useful life thresholds. Maintenance, repairs and minor renewals are expensed as incurred. The Hospital provides for depreciation of property and equipment using annual rates, which are sufficient to depreciate the cost of depreciable assets over their estimated useful lives using the straight-line method.

The range of useful lives in computing depreciation is as follows:

	Capitalization	Depreciation	Estimated
	Threshold	Method	Useful Life
Land improvements	\$1,000	Straight-line	20 years
Buildings	\$1,000	Straight-line	30 years
Equipment	\$1,000	Straight-line	3-15 years

For depreciated assets, the cost of normal maintenance and repairs that do not add to the value of the asset or materially extend asset lives are not capitalized.

Costs of Borrowing

Except for capital assets acquired through gifts, contributions or capital grants, interest cost on borrowed funds, as well as interest earned on those funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. There was no capitalized interest in 2018 and 2017.

Patient Accounts Receivable and Revenues

Patient revenues and the related accounts receivable are recorded at the time services to patients are performed and are reported based on gross charges net of certain deductions from those charges. Management estimates an allowance for doubtful accounts receivable based on an evaluation of historical losses, current economic conditions, and other factors unique to the Hospital's customer base.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

The Hospital is a provider of services to patients entitled to coverage under Titles XVIII and XIX of the Health Insurance Act (Medicare and Medicaid). The Hospital is reimbursed for Medicare and Medicaid inpatient services based on a fixed price per discharge for each diagnosis related grouping. The Hospital is reimbursed for Medicare and Medicaid outpatient services based on a fixed price per clinical unit of service. Differences between the total program billed charges and the payments received are reflected as deductions from revenue. At the Hospital's year-end, a cost report is filed with the Medicare program computing reimbursement amounts related to Medicare patients. The difference between computed reimbursement and interim reimbursement is reflected as a receivable from or payable to the third-party program.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying consolidated financial statements.

These programs have audited the year-end cost report filed with the Medicare program through December 31, 2015, with differences reflected as deductions from revenue. Amounts for unresolved cost reports for 2016 through 2018 as well as other allowances are reflected in estimated third-party settlements on the consolidated balance sheets. Differences from the prior year estimates related to the cost report settlements have been deemed immaterial by management for financial statement disclosure.

The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. Patient charges under these programs, on which no interim payments have been received, are included in patient accounts receivable at the estimated net realizable value of such charges.

Hospital Assessment Fee (HAF) Program

The purpose of the HAF Program is to fund the State share of enhanced Medicaid payments and Medicaid Disproportionate Share payments for Indiana hospitals as reflected in the Hospital assessment fee expense reported in the consolidated statements of operations and changes in net position.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Previously, the State share was funded by governmental entities through intergovernmental transfers. The Medicaid enhanced payments relate to both fee for service and managed care claims. The Medicaid enhanced payments are designed to follow the patients and result in increased Medicaid rates. During 2018 and 2017, the Hospital recognized hospital assessment fee expense of approximately \$2,210,000 and \$1,793,000, respectively, which resulted in increased Medicaid reimbursement.

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. Amounts deemed to be charity care are reported as deductions from revenues.

Of the Hospital's total expenses reported, an estimated \$808,000 and \$681,000 arose from providing services to charity patients during the years ended December 31, 2018 and 2017, respectively.

The estimated costs of providing charity services are based on a calculation that applies a ratio of costs 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.

Net Position

Net position of the Hospital is classified in various components. Net position - net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets.

Restricted expendable net position includes assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue note indentures. Unrestricted net position is remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Restricted Net Position

Expendable net position restricted for specific operating activities are available for the following purposes:

	2018	2017
Charity care	\$ 284,760	\$ 278,269
Community education	11,745	20,673
Capital campaign	548,187	781,750
Capital projects fund	46,659	45,524
Other	 27,788	41,613
Total	\$ 919,139	\$ 1,167,829

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.

Restricted nonexpendable net position as of December 31, 2018 and 2017 represent the principal amounts of permanent endowments, restricted to investment in perpetuity. Investment earnings from the permanent endowments are expendable to support the activities of the Hospital.

Operating Revenues and Expenses

The Hospital's consolidated statements of operations and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services — the Hospital's principal activity. Non-exchange revenues including grants, and contributions received for purposes other than capital asset acquisition are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Grants and Contributions

From time to time, the Hospital receives grants from Cass County and the State of Indiana as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted either for specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Pledges Receivable

The Foundation records unconditional promises to give (pledges) at fair value at the date the promise is received. Management has determined that the allowance for uncollectible pledges and the allowance to net present value the pledges to their estimated net realizable value are not material. These allowances have not been recorded in the accompanying consolidated financial statements.

Electronic Health Records (EHR) Incentive Payments

The Hospital receives EHR incentive payments under the Medicare and Medicaid programs. To qualify for the EHR incentive payments, the Hospital must meet "meaningful use" criteria that become more stringent over time. The Hospital periodically submits and attests to its use of certified EHR technology, satisfaction of meaningful use objectives, and various patient data. These submissions generally include performance measures for each annual EHR reporting period (Federal fiscal year ending September 30th). The related EHR incentive payments are paid out over a four-year transition schedule and are based upon data that is captured in the Hospital's cost reports.

The payment calculation is based upon an initial amount as adjusted for discharges, Medicare and Medicaid utilization using inpatient days multiplied by a factor of total charges excluding charity care to total charges, and a transitional factor that ranges from 100% in first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Hospital recognizes EHR incentive payments as other operating income when there is reasonable assurance that the Hospital will comply with the conditions of the meaningful use objectives and any other specific requirements. In addition, the financial statement effects of the grants must be both recognizable and measurable. During 2018 and 2017, the Hospital recognized approximately \$146,000 and \$340,000, respectively, in EHR incentive payments using the ratable recognition method. Under the ratable recognition method, the Hospital recognizes income ratably over the entire EHR reporting period when it is reasonably assured at the outset of the EHR reporting period that it will comply with the minimum requirements of the program.

EHR incentive income is included in other operating revenue in the consolidated statement of operations and changes in net position. EHR incentive income recognized is based on management's estimate and amounts are subject to change, with such changes impacting operations in the period the changes occur. Receipt of EHR is subject to the fulfillment of certain obligations by the Hospital as prescribed by the programs, subject to future audits and may be subject to repayment upon a determination of noncompliance.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Compensated Absences

Short-Term Disability

The Hospital utilizes a short-term disability benefit program. The Hospital self-funds their short-term disability program as expenses are incurred.

Personal Leave

Hospital employees who work at least 32 hours per pay period earn personal leave at the rate of 72 to 144 hours per year based upon the number of years of service. Unused personal leave may be accumulated to a maximum of 240 hours. Accumulated personal leave is paid to employees through a lump sum cash payment upon separation of employment.

Personal leave is accrued when incurred and reported as a liability.

Federal or State Income Taxes

The Hospital is a governmental instrumentality organized under Title 16, Article 22, of the Indiana statutes. The Internal Revenue Service recognizes the Hospital as exempt from federal income tax as a charitable, educational, and scientific organization as described under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Memorial Hospital Foundation is also a 501(c)(3) not-for-profit organization. Health Professional Resources, Inc. is an Indiana corporation. Income taxes for HPR for those that are currently due and for deferred taxes have been deemed immaterial by management for separate disclosure within these consolidated financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Hospital (and it's component units) and recognize a tax liability if the Hospital or it's component units have taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities.

Management has analyzed the tax positions taken and has concluded that as of December 31, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying consolidated financial statements. The Hospital and its component units are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Where applicable, these entities have filed their federal and state income tax returns for periods through December 31, 2017. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

<u>Advertising</u>

The Hospital uses advertising for recruiting and to promote its programs among the audiences it serves. The production costs of advertising are expensed as incurred. The total amount of advertising expense was approximately \$1,105,000 and \$861,000 during 2018 and 2017, respectively, and are included within purchased services and other in the consolidated statements of operations and changes in net position.

Risk Management

The Hospital is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omission; job related illnesses or injuries to employees; medical benefits to employees and dependents. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims from these risks have not exceeded commercial insurance coverage for the past several years.

Other Revenue

Other revenue consists of pharmacy sales from one of the component units of approximately \$2,045,000 and \$2,010,000 for 2018 and 2017 after intercompany eliminations. The remainder of other revenue is generated by the Hospital and consists of cafeteria sales, revenue associated with renting and cleaning the medical office buildings, electronic health record incentive payments, and other.

Reclassifications

Certain amounts from 2017 have been reclassified in order to conform to the 2018 presentation. There were no changes to net position as a result of these reclassifications, as previously reported.

Subsequent Events

The Hospital evaluated events or transactions occurring subsequent to the consolidated balance sheet date for recognition and disclosure in the accompanying consolidated financial statements through the date the consolidated financial statements are available to be issued which is May 16, 2019.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Recently Issued Accounting Standards

In June 2017, the Governmental Accounting Standards Board (GASB) issued GASB Statement No. 87, *Leases*, which will be effective for periods beginning after December 15, 2019. This statement requires recognition of certain lease assets and liabilities for leases that previously were 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. The Hospital is presently evaluating the impact of this standard.

In March of 2018, GASB issued GASB Statement No. 88, Certain Disclosures Related to Debt, including Direct Borrowings and Direct Placements, which will be for effective for periods beginning after June 15, 2018. This statement requires that additional essential information related to debt be disclosed in notes to financial statements, including unused lines of credit; assets pledged as collateral for the debt; and terms specified in debt agreements related to significant events of default with finance-related consequences, significant termination events with finance-related consequences, and significant subjective acceleration clauses. This statement also requires that existing and additional information be provided for direct borrowings and direct placements of debt separately from other debt. The Hospital is presently evaluating the impact of this standard.

In June of 2018, GASB issued GASB Statement No. 89, Accounting for Interest Cost Incurred before the End of a Construction Period, which will be effective for periods beginning after December 15, 2019. This statement requires that interest cost incurred before the end of a construction period be recognized as an expense in the period in which the cost is incurred for financial statements prepared using the economic resources measurement focus. As a result, interest cost incurred before the end of a construction period will not be included in the historical cost of a capital asset reported in a business-type activity or enterprise fund. The Hospital is presently evaluating the impact of this standard.

2. FAIR VALUE MEASUREMENTS

The Hospital's investments are reported at fair value in the accompanying consolidated balance sheets. Fair value is defined as the price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction, which requires an entity to maximize the use of observable inputs when measuring fair value.

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets
 or liabilities in active markets; quoted prices for identical or similar assets or liabilities
 in inactive markets; inputs other than quoted prices that are observable for the asset
 or liability; inputs that are derived principally from or corroborated by observable
 market data by correlation or other means. If the asset or liability has a specified
 (contractual) term, the level 2 input must be observable for substantially the full term
 of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2018 and 2017. The Hospital does not have any level 3 assets or liabilities.

- Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Hospital are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Hospital are deemed to be actively traded.
- Equities: Valued at the closing price reported on the active market on which the individual securities are traded.
- Interest rate swap agreements: Valued using pricing models that are derived principally from observable market data based on discounted cash flows and interest rate yield curves at quoted intervals for the full term of the swap. These are recognized within other assets on the consolidated balance sheets.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2018 and 2017 are as follows:

	2018								
		Total		Level 1		Level 2	Le	vel 3	
Assets									
Assets whose use is limited									
Mutual funds									
Intermediate-term bond	\$	1,718,270	\$	1,718,270	\$	-0-	\$	-0-	
Large value		1,975,818		1,975,818		-0-		-0-	
Total mutual funds	\$	3,694,088	\$	3,694,088	\$	-0-	\$	-0-	
Equities									
Basic materials	\$	25,064	\$	25,064	\$	-0-	\$	-0-	
Communication services		70,331		70,331		-0-		-0-	
Consumer defensive		145,450		145,450		-0-		-0-	
Energy		47,921		47,921		-0-		-0-	
Financial services		138,450		138,450		-0-		-0-	
Healthcare		91,640		91,640		-0-		-0-	
Industrials		36,546		36,546		-0-		-0-	
Real estate		55,335		55,335		-0-		-0-	
Technology		143,148		143,148		-0-		-0-	
Utilities		52,897		52,897		-0-		-0-	
Total equities	\$	806,782	\$	806,782	\$	-0-	\$	-0-	
Money market deposit accounts		1,547,638							
Accrued interest		46,224							
Certificates of deposit *		6,620,842							
Total assets whose use is limited	\$	12,715,574							
Assets									
Interest rate swap agreements	\$	108,050	\$	-0-	\$	108,050	\$	-0-	

^{*} Certificates of deposit are reported at contract value

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

				20	17			
		Total		Level 1	I	_evel 2	Le	vel 3
Assets					-			
Assets whose use is limited								
Mutual funds								
Intermediate-term bond	\$	1,512,102	\$	1,512,102	\$	-0-	\$	-0-
Large value		1,846,767		1,846,767		-0-		-0-
Total mutual funds	\$	3,358,869	\$	3,358,869	\$	-0-	\$	-0-
Equities								
Basic materials	\$	36,749	\$	36,749	\$	-0-	\$	-0-
Communication services	4	61,152	4	61,152	4	-0-	4	-0-
Consumer defensive		108,606		108,606		-0-		-0-
Energy		48,256		48,256		-0-		-0-
Financial services		94,111		94,111		-0-		-0-
Healthcare		104,489		104,489		-0-		-0-
Industrials		35,173		35,173		-0-		-0-
Real estate		35,354		35,354		-0-		-0-
Technology		124,048		124,048		-0-		-0-
Utilities		45,531		45,531		-0-		-0-
Total equities	\$	693,469	\$	693,469	\$	-0-	\$	-0-
Money market deposit accounts		1,336,068						
Accrued interest		34,409						
Certificates of deposit *		7,215,503						
Total assets whose use is limited	\$	12,638,318						
Assets								
Interest rate swap agreements	\$	539	\$	-0-	\$	539	\$	-0-

^{*} Certificates of deposit are reported at contract value

The Hospital's policy is to recognize transfers between levels as of the end of the reporting period. The Hospital did not have any transfers between levels as of December 31, 2018 and 2017.

Realized gains and losses and interest and dividend income are reported in the consolidated statements of operations and changes in net position as a component of investment income. Net realized gains and losses and interest and dividend income approximated \$230,000 and \$232,000 during 2018 and 2017, respectively.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

The unrealized gains and losses are included in earnings for the period attributable to the change in unrealized gains and losses relating to assets held as of December 31, 2018 and 2017. During 2018 and 2017, the Hospital recognized an unrealized loss of approximately \$229,000 and an unrealized gain of approximately \$116,000, respectively, which is included in the consolidated statement of operations and changes in net position as a component of investment income.

The Hospital holds investments which are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with these securities and the level of uncertainty related to changes in the value, it is at least reasonably possible that changes in the various risk factors will occur in the near term that could materially affect the amounts reported in the accompanying consolidated financial statements.

3. ASSETS LIMITED AS TO USE

The composition of assets limited as to use includes the following as of December 31:

	2018	2017
Internally designated	 	
Funded depreciation		
Money market deposit accounts	\$ 1,547,638	\$ 1,236,532
Investments	9,865,897	9,763,336
Accrued interest receivable	 46,224	 34,409
Total funded depreciation	11,459,759	11,034,277
Held by trustee		
Money market deposit accounts	-0-	99,536
Restricted by contributors and grantors		
Investments	 1,255,815	 1,504,505
Total assets limited as to use	\$ 12,715,574	\$ 12,638,318

4. DEPOSITS AND INVESTMENTS

Deposits and Investments

Deposits with financial institutions in the State of Indiana at year-end were entirely insured by the Federal Depository Insurance Corporation or by the Indiana Public Deposit Insurance Fund. This includes any deposit accounts issued or offered by a qualifying financial institution.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Investments are carried generally at fair market value. Net realized gains and losses on security transactions are determined on the specific identification cost basis. Funded depreciation investments consist of certificates of deposits, mutual funds, and equities.

As of December 31, 2018 and 2017, the Hospital had the following investments and maturities, all of which were held in the Hospital's name by custodial banks that are agents of the Hospital:

		De	cemb	er 31, 2018							
					Inv	estment Matu	res (i	n years)			
	Carrying		Carrying Less						1	More	
		Amount	Amount than 1			1-5 6-10			than 10		
Certificates of deposit	\$	6,620,842	\$ 1,832,668		\$	4,788,174	\$	-0-	\$	-0-	
Mutual funds		3,694,088		3,694,088		-0-		-0-		-0-	
Equities		806,782		806,782		-0-		-0-		-0-	
	\$	11,121,712	\$	6,333,538	\$	4,788,174	\$	-0-	\$	-0-	
		De	cemb	er 31, 2017	Inv	estment Matu	res (i	n years)			
		Carrying		Less					1	More	
		Amount		than 1		1-5		6-10	th	an 10	
Certificates of deposit	\$	7,215,503	\$	2,396,279	\$	4,819,224	\$	-0-	\$	-0-	
Mutual funds	\$	3,358,869		3,358,869		-0-		-0-		-0-	
Equities		693,469		693,469		-0-		-0-		-0-	
	\$	11,267,841	\$	6,448,617	\$	4,819,224	\$	-0-	\$	-0-	

Interest rate risk – The Hospital does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changing interest rates.

Credit risk – Statutes authorize the Hospital to invest in interest bearing deposit accounts, passbook savings accounts, certificates of deposit, money market funds, mutual funds, pooled fund investments, securities backed by the full faith and credit of the United States Treasury and repurchase agreements. The statutes require that repurchase agreements be fully collateralized by U.S. Government or U.S. Government Agency obligations. It is the Hospital's policy to invest only in securities that meet the ratings requirements set by state statute.

Concentration of credit risk – The Hospital places no limit on the amount it may invest in any one issuer. The Hospital believes that it is not exposed to any significant credit risk on investments.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Deposits and investments consist of the following as of December 31:

		2018	 2017
Carrying amount		_	
Deposits	\$	30,690,210	\$ 32,191,099
Accrued interest		46,224	34,409
Investments		11,121,712	11,267,841
	\$	41,858,146	\$ 43,493,349
Included in the balance sheet captions			
Cash and cash equivalents	\$	29,142,572	\$ 30,855,031
Internally designated		11,459,759	11,034,277
Held by trustee for debt service		-0-	99,536
Restricted by contributors and grantors	<u> </u>	1,255,815	 1,504,505
	\$	41,858,146	\$ 43,493,349

5. ACCOUNTS RECEIVABLE AND PAYABLE

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Hospital at year-end consisted of these amounts as of December 31, 2018 and 2017:

	2018	2017
Patient accounts receivable		
Receivable from patients and their insurance carriers	\$ 20,144,873	\$ 15,968,778
Receivable from Medicare	8,532,383	6,969,366
Receivable from Medicaid	12,241,243	11,158,451
Total patient accounts receivable	40,918,499	34,096,595
Less allowance for contractual agreements	(18,441,285)	(14,095,372)
Less allowance for doubtful accounts	(9,262,615)	(8,255,665)
Patient accounts receivable, net	\$ 13,214,599	\$ 11,745,558
Accounts payable and accrued expenses		
Payable to suppliers	\$ 7,684,000	\$ 6,982,355
Payable to employees (including payroll taxes and		
benefits)	3,601,472	2,738,868
Total accounts payable and accrued expenses	\$ 11,285,472	\$ 9,721,223

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

6. CAPITAL ASSETS

A summary of capital assets at December 31, 2018 and 2017 follows:

		Balance								Balance
	De	cember 31,							De	ecember 31,
		2017	1	Additions	Re	tirements	7	Transfers		2018
Land	\$	878,337	\$	-0-	\$	-0-	\$	-0-	\$	878,337
Land improvements		831,434		143,494		-0-		33,835		1,008,763
Building and improvements		61,067,599		16,856		-0-		5,854,838		66,939,293
Equipment		43,398,556		910,557		(4,400)		3,141,393		47,446,106
Construction in progress		6,062,444		4,629,549		-0-		(9,030,066)		1,661,927
Total capital assets	1	12,238,370		5,700,456		(4,400)		-0-	1	17,934,426
Less accumulated depreciation										
Land improvements		(473,417)		(50,239)		-0-		-0-		(523,656)
Building and improvements		(36,559,657)		(2,105,644)		-0-		-0-		(38,665,301)
Equipment		(31,430,128)		(2,657,463)		4,400		-0-		(34,083,191)
Total accumulated depreciation		(68,463,202)		(4,813,346)		4,400		-0-		(73,272,148)
Capital assets, net	\$	43,775,168	\$	887,110	\$	-0-	\$	-0-	\$	44,662,278
	De	Balance ecember 31, 2016		Additions	Po	tirements	-	Transfers	De	Balance ecember 31,
			,					Halisteis		2017
Land	\$					-0-		-0-	\$	2017 878.337
Land Land improvements	\$	878,337	\$	-0-	\$		\$		\$	878,337
Land improvements	\$					-0-		-0-	\$	
	\$	878,337 705,304		-0- 126,130		-0- -0-		-0- -0-	\$	878,337 831,434
Land improvements Building and improvements Equipment	\$	878,337 705,304 60,615,129		-0- 126,130 61,356		-0- -0- -0-	\$	-0- -0- 391,114	\$	878,337 831,434 61,067,599
Land improvements Building and improvements		878,337 705,304 60,615,129 39,955,882		-0- 126,130 61,356 1,946,057		-0- -0- -0- (139,456)	\$	-0- -0- 391,114 1,636,073		878,337 831,434 61,067,599 43,398,556
Land improvements Building and improvements Equipment Construction in progress		878,337 705,304 60,615,129 39,955,882 2,620,081		-0- 126,130 61,356 1,946,057 5,469,550		-0- -0- -0- (139,456) -0-	\$	-0- -0- 391,114 1,636,073 (2,027,187)		878,337 831,434 61,067,599 43,398,556 6,062,444
Land improvements Building and improvements Equipment Construction in progress Total capital assets		878,337 705,304 60,615,129 39,955,882 2,620,081		-0- 126,130 61,356 1,946,057 5,469,550		-0- -0- -0- (139,456) -0-	\$	-0- -0- 391,114 1,636,073 (2,027,187)		878,337 831,434 61,067,599 43,398,556 6,062,444
Land improvements Building and improvements Equipment Construction in progress Total capital assets Less accumulated depreciation	1	878,337 705,304 60,615,129 39,955,882 2,620,081 04,774,733		-0- 126,130 61,356 1,946,057 5,469,550 7,603,093		-0- -0- -0- (139,456) -0- (139,456)	\$	-0- -0- 391,114 1,636,073 (2,027,187) -0-	1	878,337 831,434 61,067,599 43,398,556 6,062,444 12,238,370
Land improvements Building and improvements Equipment Construction in progress Total capital assets Less accumulated depreciation Land improvements	1	878,337 705,304 60,615,129 39,955,882 2,620,081 04,774,733 (427,190)		-0- 126,130 61,356 1,946,057 5,469,550 7,603,093		-0- -0- -0- (139,456) -0- (139,456)	\$	-0- -0- 391,114 1,636,073 (2,027,187) -0-	1	878,337 831,434 61,067,599 43,398,556 6,062,444 12,238,370 (473,417)
Land improvements Building and improvements Equipment Construction in progress Total capital assets Less accumulated depreciation Land improvements Building and improvements	1	878,337 705,304 60,615,129 39,955,882 2,620,081 04,774,733 (427,190) (34,459,018)		-0- 126,130 61,356 1,946,057 5,469,550 7,603,093 (46,227) (2,100,639)		-0- -0- (139,456) -0- (139,456)	\$	-0- -0- 391,114 1,636,073 (2,027,187) -0- -0-	1	878,337 831,434 61,067,599 43,398,556 6,062,444 12,238,370 (473,417) (36,559,657)

The estimated cost to complete outstanding construction projects is approximately \$100,000 at December 31, 2018, which is to be funded with internal reserves.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

7. PLEDGES RECEIVABLE

In 2017, the Foundation began a capital campaign to solicit funds in support of the Cancer Care Center project completed by the Hospital. Pledges receivable represent unconditional amounts committed by donors that have not been received by the Foundation. Pledges receivable at December 31, 2018 are expected to be realized in the following periods:

 2018	2017		
\$ 298,292	\$	260,257	
250,570		447,237	
\$ 548,862	\$	707,494	
\$	\$ 298,292 250,570	\$ 298,292 \$ 250,570	

8. LONG-TERM DEBT

The terms and due dates of the Hospital's long-term debt, including capital lease obligations, at December 31, 2018 and 2017 are as follows:

- a. 2013A tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2038, collateralized by property and equipment with a net book value of approximately \$33,023,000 and \$28,986,000 at December 31, 2018 and 2017. Interest rate is variable at 2.84% as of December 31, 2018. An associated interest rate swap has fixed rate of 2.77% with an asset (liability) fair value of approximately \$30,000 and (\$35,000) as of December 31, 2018 and 2017, respectively, the effects of which are immaterial to the financial statements as a whole.
- b. 2013B tax-exempt revenue bonds, principal maturing in varying amounts due May 1, 2024, collateralized by property and equipment with a net book value of approximately \$33,023,000 and \$28,986,000 at December 31, 2018 and 2017. Interest rate is variable at 2.71% as of December 31, 2018. An associated interest rate swap has fixed rate of 2.39% with an asset fair value of approximately \$78,000 and \$36,000 as of December 31, 2018 and 2017, respectively, the effects of which are immaterial to the financial statements as a whole.
- c. 2016 equipment loan payable, fixed interest rate of 3.4%, with monthly principal and interest payments totaling \$27,241, due August 2, 2021, collateralized by certain Hospital assets with an approximate net book value of \$900,000.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

The Hospital and the Indiana Financing Authority (the Authority) entered into an agreement with Huntington Public Capital Corporation (Huntington) whereby Huntington purchased from the Authority all of the Series 2013A and 2013B tax-exempt revenue bonds (2013 Bonds) in a private placement. The agreement provided that Huntington would hold the Series 2013 Bonds during the Initial Mode Period which runs through May 2023. During the Initial Mode Period, the Series 2013 Bonds would bear interest at the Initial Rate Mode (LIBOR plus 32 basis points plus the applicable spread of 150 basis points for the 2013A Bonds and LIBOR plus 32 basis points plus the applicable spread of 130 basis points for the 2013B Bonds) for 120 months with principal and interest payments determined using a 25-year amortization schedule for the 2013A Series revenue bonds and a 20-year amortization schedule for the 2013B Series revenue bonds.

At the end of the Initial Mode Period, the Series 2013 bonds may be converted to another interest rate mode and remarketed to another bondholder or holders or renewed for another term period with Huntington. The Series 2013 Bonds could be converted to another interest rate mode to accommodate market conditions at that time. If the Series 2013 Bonds could not be remarketed at the end of the Initial Mode Period, the Hospital would be subject to payment of the remaining principal of approximately \$7,800,000.

Under the terms of the revenue bond indenture, the Hospital is required to maintain certain deposits with a trustee. Such deposits are included with restricted cash and investments in the consolidated balance sheet. The revenue bond indenture also places limits on the incurrence of additional borrowings and requires that the Hospital satisfy certain measures of financial performances as long as the bonds are outstanding. The Hospital is also required to meet certain financial covenants. The Hospital believes it is in compliance with all covenants as of December 31, 2018 and 2017.

A summary of long-term debt as of December 31, 2018 and 2017 includes the following:

		Balance at ecember 31, 2017		litional owings	Payments			Balance at ecember 31, 2018		Current portion		Long-term portion
2016 Equipment loan	\$	1,124,882	\$	-0-	\$	292,936	\$	831,946		303,134	\$	528,812
2013A Bonds		7,810,000		-0-		289,000		7,521,000		289,000		7,232,000
2013B Bonds		9,423,000		-0-		1,391,000		8,032,000		1,426,000		6,606,000
	\$	18,357,882	\$	-0-	\$	1,972,936	\$	16,384,946	\$	2,018,134	\$	14,366,812
	D	Balance at ecember 31,	Additional		Additional		Balance at December 31,		Current		Long-term	
	_	2016		owings		Payments		2017	_	portion	_	portion
2010 Equipment loan	\$	1,407,962	\$	-0-	\$	283,080	\$	1,124,882	\$	292,936	\$	831,946
2013A Bonds		8,091,000		-0-		281,000		7,810,000		289,000		7,521,000
2013B Bonds		10,774,000		-0-		1,351,000		9,423,000		1,391,000		8,032,000
Capital leases		12,937		-0-		12,937		-0-		-0-		-0-
	\$	20,285,899	\$	-0-	\$	1,928,017	\$	18,357,882	\$	1,972,936	\$	16,384,946

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Scheduled principal and interest payments on long-term debt at December 31, 2018 are as follows:

Years Ending December 31,		Principal	Interest
2019	\$ 2,018,134		\$ 403,953
2020		2,082,527	350,703
2021		2,024,432	296,613
2022		1,867,000	249,389
2023		1,818,000	203,753
2024-2028		2,421,000	709,143
Thereafter		4,153,853	566,243
	\$	16,384,946	\$ 2,779,797

The future interest payments related to the 2013 bonds are based upon two interest rate swap agreements, the effects of which are immaterial to the financial statements.

9. NET PATIENT REVENUE

Net patient revenue consists of the following at December 31:

	2018	 2017
Inpatient revenue	\$ 33,006,310	\$ 32,289,416
Outpatient revenue	184,464,225	138,010,640
Long term care	12,059,779	11,030,284
Gross patient revenue	229,530,314	181,330,340
Contractual allowances	(123,860,862)	(91,386,408)
Charity care	(1,878,584)	(1,428,892)
Bad debt expense	(10,192,240)	 (7,907,109)
Deductions from revenue	(135,931,686)	(100,722,409)
Net patient revenue	\$ 93,598,628	\$ 80,607,931

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

10. EMPLOYEE HEALTH PLAN

The Hospital is self-insured for employee health claims. A third party administrator processes the claims for the Hospital. The plan has annual reinsurance coverage starting at a specific level of \$150,000 per individual with no lifetime maximum reimbursement per covered person. The Hospital maintains an estimated liability for the amount of claims incurred but not reported. The Hospital maintains reinsurance including a stop loss for specific incident claims over a stipulated amount per year. Substantially all employees are covered for major medical benefits.

Claim expenditures and liabilities of the fund are reported when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated. These losses include an estimate of claims that have been incurred but not reported.

Changes in the balance of claim liabilities during the past two years are as follows:

	2018	2017		
Unpaid claims, beginning of year	\$ 499,145	\$ 989,990		
Incurred claims and costs	7,348,305	4,503,260		
Claim payments	(6,549,438)	(4,994,105)		
Unpaid claims, end of year	\$ 1,298,012	\$ 499,145		

2010

2017

11. PENSION PLAN

Plan Description

The Hospital has a defined contribution pension plan, as authorized by Indiana Code 16-22-3-11, which is administered by the Hospital. The contribution requirements of plan members are established by the written agreement between the Hospital Board of Trustees and ING National Trust, ING Financial Advisors, LLC, and ING Life Insurance and Annuity Company, as the plan administrators. If an employee chooses to participate in the 403(b) portion of the plan, the Hospital will match employee contributions up to 2% of gross wages. Hospital contributions to the plans were approximately \$267,000 and \$328,000 for 2018 and 2017, respectively, and reflected as salaries and benefits in the consolidated statements of operations and changes in net position.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

12. CONCENTRATIONS OF CREDIT RISK

The Hospital is located in Logansport, Indiana. The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. Gross accounts receivable and revenues from self-pay and third party payors were as follows at December 31 and for the year then ended:

	Receival	bles	Revenues			
	2018	2017	2018	2017		
Medicare	21%	21%	41%	40%		
Medicaid	30%	32%	22%	21%		
Blue Cross/Anthem	10%	8%	17%	18%		
Commercial	15%	12%	17%	18%		
Self-pay	24%	27%	3%	3%		
	100%	100%	100%	100%		

13. COMMITMENTS AND CONTINGENCIES

Litigation

The Hospital is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position, results of operations or cash flows.

Malpractice Insurance

The Indiana Medical Malpractice Act, IC 34-18 (the Act) provides a maximum recovery of \$1,650,000 for an occurrence of malpractice until June 30, 2019, and \$1,800,000 thereafter. The Act requires the Hospital to maintain medical malpractice liability insurance in the amount of at least \$400,000 per occurrence (\$8,000,000 in the annual aggregate) until June 30, 2019. Starting July 1, 2019, the Act will require the Hospital to maintain medical malpractice liability insurance in the amount of at least \$500,000 per occurrence (\$10,000,000 in the annual aggregate). The Act also requires the Hospital to pay a surcharge to the State Patient's Compensation Fund (the Fund). The Fund is used to pay medical malpractice claims in excess of per occurrence and the annual aggregate amounts as noted above, under certain terms and conditions. No accrual for possible losses attributable to incidents that may have occurred but that have not been identified has been made because the amount, if any, is not reasonably estimable. The Fund is on a claims-made basis and as long as this coverage is continuous or replaced with equivalent insurance, claims based on occurrences during its term but reported subsequently will be insured.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claim experience, there is no related accrual recorded as of December 31, 2018 and 2017. It is reasonably possible that this estimate could change materially in the near term.

The Hospital purchases premium insurance to cover its exposure of \$400,000 per event and \$8,000,000 aggregate liability for Hospital and HPR operations.

Operating Leases

The Hospital leases various equipment and facilities under operating leases expiring at various dates through October 2020. Cancelable and non-cancelable operating lease expense was approximately \$980,000 and \$990,000 during 2018 and 2017, respectively.

The following is a schedule by year of future minimum lease payments under non-cancelable operating leases as of December 31, 2018, that have initial or remaining lease terms in excess of one year.

Year Ending			
December 31,			
2019	\$ 117,716		
2020	51,100		
	\$ 168,816		

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

14. BLENDED COMPONENT UNITS

The Hospital's consolidated financial statements include the accounts of its blended component units. Separate financial statements related to these component units may be obtained by contacting Hospital management. Below is condensed financial information related to HPR and the Foundation as of and for the year ended December 31, 2018:

		2018					
	HPR Foundation			oundation	Total		
Cash and cash equivalents	\$	967,706	\$	105,326	\$	1,073,032	
Patient accounts receivable, net		162,250		-0-		162,250	
Supplies and other current assets		241,894		298,292		540,186	
Total current assets		1,371,850		403,618	-	1,775,468	
Assets limited as to use		-0-		1,788,202		1,788,202	
Pledges receivable		-0-		250,570		250,570	
Capital assets		10,762		746,422		757,184	
Total assets	\$	1,382,612	\$	3,188,812	\$	4,571,424	
Accounts payable and accrued expenses	\$	123,675	\$	16,693	\$	140,368	
Related party payables		68,546		-0-		68,546	
Total current liabilities		192,221		16,693		208,914	
Net position	- <u></u>	1,190,391		3,172,119		4,362,510	
Total liabilities and net position	\$	1,382,612	\$	3,188,812	\$	4,571,424	
Total operating revenue	\$	2,045,348	\$	-0-	\$	2,045,348	
Total non-operating income (loss)		(92,923)		(165,550)		(258,473)	
Total revenue		1,952,425		(165,550)		1,786,875	
Salaries and benefits		265,808		-0-		265,808	
Other professional fees		10,480		5,263		15,743	
Medical supplies and drugs		1,168,327		-0-		1,168,327	
Depreciation		2,498		10,939		13,437	
Rent and leases		30,400		-0-		30,400	
Purchased services and other		183,712		-0-		183,712	
Total expenses		1,661,225		16,202	-	1,677,427	
Change in net position	\$	291,200	\$	(181,752)	\$	109,448	
Cash flows from activities							
Operating	\$	410,047	\$	5,000	\$	415,047	
Noncapital financing		(99,754)		(138,258)		(238,012)	
Capital and related financing activities		(8,491)		212,519		204,028	
Investing		6,831		(49,783)		(42,952)	
Net change in cash and cash equivalents	\$	308,633	\$	29,478	\$	338,111	

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2018 AND 2017

Below is condensed financial information related to HPR and the Foundation as of and for the year ended December 31, 2017:

	2017						
		HPR Foundation			Total		
Cash and cash equivalents	\$	659,073	\$	75,848	\$	734,921	
Patient accounts receivable, net		147,902		-0-		147,902	
Supplies and other current assets		162,339		260,257		422,596	
Total current assets		969,314		336,105		1,305,419	
Assets limited as to use		-0-		1,819,598		1,819,598	
Pledges receivable		-0-		447,237			
Capital assets		4,769		757,361		762,130	
Total assets	\$	974,083	\$	3,360,301	\$	4,334,384	
Accounts payable and accrued expenses	\$	45,219	\$	6,430	\$	51,649	
Related party payables		29,673		-0-		29,673	
Total current liabilities		74,892		6,430		81,322	
Net position		899,191		3,353,871		4,253,062	
Total liabilities and net position	\$	974,083	\$	3,360,301	\$	4,334,384	
Total operating revenue	\$	2,010,191	\$	-0-	\$	2,010,191	
Total non-operating income (loss)		(24,331)		926,084		901,753	
Total revenue		1,985,860		926,084		2,911,944	
Salaries and benefits		266,485		-0-		266,485	
Other professional fees		26,949		5,550		32,499	
Medical supplies and drugs		1,452,285		-0-		1,452,285	
Depreciation		5,766		11,016		16,782	
Rent and leases		30,400		-0-		30,400	
Purchased services and other		122,877		-0-		122,877	
Total expenses		1,904,762		16,566		1,921,328	
Change in net position	\$	81,098	\$	909,518	\$	990,616	
Cash flows from activities							
Operating	\$	228,813	\$	18,544	\$	247,357	
Noncapital financing		(26,968)		(622,820)		(649,788)	
Capital and related financing activities		-0-		640,838		640,838	
Investing		2,637		2,366		5,003	
Net change in cash and cash equivalents	\$	204,482	\$	38,928	\$	243,410	