NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME PHILADELPHIA, MISSISSIPPI

AUDITED FINANCIAL STATEMENTS AND ADDITIONAL INFORMATION SEPTEMBER 30, 2019

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME September 30, 2019

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Independent Auditors' Report

The Board of Trustees Neshoba County General Hospital and Neshoba County Nursing Home Philadelphia, Mississippi

Report on the Financial Statements

We have audited the accompanying financial statements of Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2019, and 2018, and the accompanying financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2019, and 2018, and the related notes to financial statements, which collectively comprise Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's basic financial statements as listed in the contents. We have also compiled the accompanying financial statements of NCGH Leverage, LLC, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home as of and for the years ended September 30, 2019, and 2018, and the related notes to financial statements, as discussed in this report under the heading "Report on the Compiled Financial Statements."

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.

Auditors' 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 auditors' 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 auditors consider 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 on the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, as of and for the years ended September 30, 2019, and 2018.

Opinions

In our opinion, the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, a component unit of Neshoba County, Mississippi, present fairly, in all material respects, the financial positon of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise, as of September 30, 2019, and 2018, and the changes in its financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Matter

As discussed in Note 1, the financial statements present only the financial information of Neshoba County General Hospital and Neshoba County Nursing Home and the discretely presented component units thereof and do not purport to, and do not, present fairly the financial position of Neshoba County, Mississippi as of September 30, 2019, and 2018, the changes in its financial position, or, where applicable, its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management discussion and analysis (pages 4 to 8) be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. Neshoba County General Hospital and Neshoba County Nursing Home management has elected to omit the management discussion and analysis for NCGH Leverage, LLC and Neshoba County Ambulance Enterprise. Our opinion on the basic financial statements is not affected by the omitted information.

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2019, and 2018, and the schedule of surety bonds for officials and employees (pages 32 to 36) are presented for purposes of additional analysis and are not required parts of the basic financial statements.

The schedule of surety bonds for officials and employees 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 schedule of surety bonds for officials and employees is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The detailed schedules of operating revenues and detailed schedules of operating expenses for the years ended September 30, 2019, and 2018 have not been subjected to the auditing procedures applied by us in the audit of the basic financial statements, and accordingly, we do not express an opinion on them or provide any assurance on them.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 13, 2020, on our consideration of Neshoba County General Hospital and Neshoba County Nursing Home's, and its discretely presented component unit, Neshoba County Ambulance Enterprise's, internal control over financial reporting and on our test of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Neshoba County General Hospital and Neshoba County Nursing Home's, and its discretely presented component unit, Neshoba County Ambulance Enterprise's, internal control over financial reporting and compliance.

Report on the Compiled Financial Statements

Management is responsible for the accompanying financial statements of NCGH Leverage, LLC, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, which comprise the statements of net position as of September 30, 2019, and 2018, and the related statements of revenues, expenses and changes in net position, cash flows, and the related notes to financial statements for the years then ended in accordance with accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements of NCGH Leverage, LLC, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

Eupora, Mississippi April 13, 2020 Watkins Ward and Staffad, Puc

Our discussion and analysis of Neshoba County General Hospital and Neshoba County Nursing Home's financial performance provides an overview of the facility's financial activities for the fiscal years ended September 30, 2019, and 2018. Please read it in conjunction with the facility's financial statements, which begin on page 9. This discussion and analysis presents only the activity of Neshoba County General Hospital and Neshoba County Nursing Home and does not present the activity of any discretely presented component units.

FINANCIAL HIGHLIGHTS

- The facility's net position decreased by \$3,792,035 in 2019, and increased by \$750,438 in 2018.
- The facility reported an operating loss of \$4,911,134 in 2019, and \$132,218 in 2018.
- Nonoperating revenues and expenses increased by \$236,443 from 2018 to 2019.

USING THIS ANNUAL REPORT

The facility's financial statements consist of three statements – Statements of Net Position; Statements of Revenues, Expenses, and Changes in Net Position; and Statements of Cash Flows. These financial statements and related notes provide information about the activities of the facility, including resources held by the facility but restricted for specific purposes by contributors, grantors, or enabling legislation.

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

Our analysis of the facility's finances begins on page 5. One of the most important questions asked about the facility's finances is, "Is the facility as a whole better or worse off as a result of the year's activities?" The Statements of Net Position and Statements of Revenues, Expenses, and Changes in Net Position report information about the facility's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. All of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the facility's net position and changes in it. You can think of the facility's net position – the difference between assets and liabilities – as one way to measure the facility's financial health, or financial position. Over time, increases or decreases in the facility's net position are one indicator of whether its financial health is improving or deteriorating. You will need to consider other nonfinancial factors, however, such as changes in the facility's patient base and measures of the quality of service it provides to the community, as well as local economic factors, to assess the overall health of the facility.

USING THIS ANNUAL REPORT (Continued)

The Statement of Cash Flows

The final required statement is the Statements of Cash Flows. The 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?"

THE FACILITY'S NET POSITION

The facility's net position is the difference between its assets and liabilities reported in the Statements of Net Position on pages 9 and 10. The facility's net position decreased in 2019 by \$3,792,035, or 6.74%.

Table 1: Assets, Liabilities and Net Position		2018
	2019	As Restated
Assets:		
Current assets	30,371,829	31,447,625
Capital assets, net	19,502,007	19,920,939
Other noncurrent assets	17,750,745	17,532,488
Total Assets	67,624,581	68,901,052
Liabilities:		
Current liabilities	8,072,951	6,439,031
Noncurrent liabilities	7,108,441	6,226,797
Total Liabilities	15,181,392	12,665,828
Net Position:		
Invested in capital assets, net of related debt	10,517,385	12,661,879
Unrestricted	41,925,804	43,573,345
Total Net Position	52,443,189	56,235,224
Total Liabilities and Net Position	67,624,581	68,901,052

The change in the facility's net position is due to several factors. The facilities cash and cash equivalents balance decreased by \$4,102,089 for 2019, compared to a decrease of \$551,989 for 2018. Patient accounts receivable increased by \$5,889,943 for 2019, compared to an increase of \$2,318,708 for 2018. Other receivables decreased by \$842,355 for 2019, compared to an increase of \$538,574 for 2018. The facility's estimated third party payor settlements increased by \$97,177 in 2019, compared to an increase of \$178,235 for 2018. The facility acquired capital assets in the amounts of \$1,449,218 and \$4,678,065 for the years 2019, and 2018, respectively. Depreciation and amortization expenses amounted to \$1,868,150 in 2019, and \$1,687,106 in 2018.

Table 2: Operating Results	2018
	2019 As Restated
Operating Revenues:	
Net patient service revenues	\$ 43,608,840 \$ 47,716,523
Other revenues	2,696,121 2,743,610
Electronic health records incentive	59,500 1,913
Total Operating Revenues	46,364,461 50,462,046
Operating Expenses:	
Salaries and benefits	30,306,007 29,877,592
Supplies and drugs	6,580,692 6,361,392
Other operating expenses	11,999,309 12,217,261
Insurance	521,437 450,913
Depreciation and amortization	1,868,1501,687,106
Total Operating Expenses	51,275,595 50,594,264
Operating Loss	(4,911,134) (132,218)
Nonoperating Revenues (Expenses):	
Interest income	132,990 48,164
Investment income	362,248 193,623
Donations	- 15,130
Grants and contributions	750,000 750,000
Gain (loss) on sale of equipment	9,000 (53,222)
Interest expense	(135,139) (71,039)
Total Nonoperating Revenues	1,119,099 882,656
Excess of Revenues Over (Under) Expenses	(3,792,035) 750,438
Net Position Beginning of Year	56,235,224 55,484,786
Net Position End of Year	\$ 52,443,189 \$ 56,235,224

OPERATING RESULTS AND CHANGES IN THE FACILITY'S NET POSITION (Continued)

Operating Loss

The first component of the overall change in the facility's net position is its operating income – generally, the difference between net patient service and other operating revenues and the expenses incurred to perform those services. The facility reported an operating loss of \$4,911,134 in 2019, and \$132,218 in 2018. The operating loss increased by \$4,778,916 from 2018 to 2019.

The primary components responsible for the fluctuations in the operating loss are:

- A decrease in net patient service revenues of \$4,107,683, or 8,61%.
- An increase in salaries and benefits of \$428,415, or 1.43%.
- An increase in supplies and drugs of \$219,300, or 3.45%.
- A decrease in other operating expenses of \$217,952, or 1.78%.

Nonoperating Revenues and Expenses

Nonoperating revenues consist primarily of interest income, investment income, donations, grants, and gain on sale of equipment. The facility had interest income, primarily from checking accounts and certificates of deposit of \$132,990 for the year ended September 30, 2019, and \$48,164 for the year ended September 30, 2018. The facility had investment income from the Mississippi Hospital Association Investment Pool and the investment in NCGH Leverage, LLC of \$362,248 in 2019, and \$193,623 in 2018. The facility did not receive any donations during the year ended September 30, 2019, but did receive \$15,130 in donations for the year ended September 30, 2018. The facility received \$750,000 in grants from NCGH Improvement Corporation during the year ended September 30, 2019, and \$750,000 for the year ended September 30, 2018. The facility had a gain on sale of equipment of \$9,000 during the year ended September 30, 2019.

Nonoperating expenses consist primarily of interest expense and loss on sale of equipment. The facility had interest expense in the amount of \$135,139 for the year ended September 30, 2019, and \$71,039 for the year ended September 30, 2018. The facility had a loss on sale of equipment of \$53,222 during the year ended September 30, 2018.

THE HOSPITAL'S CASH FLOWS

Changes in the facility's cash flows are consistent with changes in operating income and nonoperating revenues.

CAPITAL ASSET AND DEBT ADMINISTRATION

Capital Assets

At the end of 2019, the facility's investment in capital assets net of accumulated depreciation was \$19,502,007. In 2019, the facility's net capital assets decreased by \$418,932. In 2018, the facility's net capital assets increased by \$2,787,737. See page 22 for a detailed analysis of capital assets.

Long-Term Debt, Including Current Portion

At the end of 2019, the facility had \$8,902,722 in long-term debt (including current portion) outstanding. The facility issued new debt totaling \$3,000,000 in 2019, and made \$1,356,338 in principal payments. At the end of 2018, the facility had \$7,259,060 in long-term debt (including current portion) outstanding. The facility issued new debt totaling \$3,553,788 in 2018, and made \$1,757,909 in principal payments. See page 24 for a detailed analysis of long-term debt.

CONTACTING THE FACILITY'S FINANCIAL MANAGEMENT

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the facility's finances and to show the facility's accountability for the money it receives. If you have questions about this report or need additional financial information, contact Neshoba County General Hospital and Neshoba County Nursing Home's administrative offices at (601) 663-1200.

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Net Position September 30, 2019, and 2018

2018 2019 As Restated Component Units Component Units Primary Primary Ambulance Ambulance NCGH Leverage Government -NCGH Leverage Enterprise -Government -Enterprise -LLC - Compiled Audited Audited Audited LLC - Compiled Audited Assets Current Assets: 1,434,188 \$ Cash and cash equivalents 14,617,871 \$ 321,560 \$ 18,719,960 \$ 1,226,919 \$ 608,579 MHA pool investment 2,596,667 2,441,689 Patient accounts receivable 16,438,448 22,328,391 1.012.982 1,074,124 Less estimated uncollectables and allowances 11,016,218) 693,515) 8,678,724) 734,253) Other receivables 300,240 1,142,595 Nursing home resident's funds 45,995 54,057 Estimated third party payor settlements 464,486 367,309 Inventories 556,773 520,343 Prepaid expenses 420,799 12,759 393,336 4,224 Deferred expense 56,825 48,612 Total Current Assets 30,371,829 1,434,188 653,786 31,447,625 1,226,919 952,674 Capital Assets: Property and equipment 45,759,100 44,345,499 Less accumulated depreciation 26,257,093) 24,424,560) Total Capital Assets, Net of Accumulated Depreciation 19,502,007 19,920,939 Other Assets: Investment in NCGH Leverage, LLC 16,738,023 16,530,754 Investment in Mississippi True 800,000 800,000 Deferred expense 189,563 171.265 Physician loan receivable 23,159 30,469 Leverage loan receivable 15,303,835 15,303,835 Total Other Assets 17,750,745 17,532,488 15 303 835 15.303.835 Total Assets 67,624,581 \$ 16,738,023 \$ 653,786 \$ 68,901,052 \$ 16,530,754 \$ 952,674

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Net Position

September 30, 2019, and 2018

2018

				2019		As Restated					
			Component Units				Component Units				
Liabilities and Net Position		Primary Government - Audited		ICGH Leverage LC - Compiled	Ambulance Enterprise - Audited	Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited			
Current Liabilities:											
Accounts payable	\$	2,052,813	\$	- \$	14,186 \$	2,700,893	- \$	7,737			
Construction payable		81,900		1940	-	-	-	134			
Accrued expenses and payroll withholdings		2,422,412		-		2,232,556	-	-			
Accounts receivable credit balances		1,675,550		-	-	419,262	-	5,610			
Nursing home resident's funds		45,995		-	-	54,057	2				
Due to Neshoba County General Hospital				-	168,485		-	154,049			
Current portion of capitalized leases payable		2,900		-	-	3,565	-	-			
Current portion of notes payable		1,791,381			-	1,028,698		-			
Total Current Liabilities	- 1	8,072,951	Ξ		182,671	6,439,031	-	167,396			
Long-Term Debt:											
Capitalized leases payable		-			-	2,900		-			
Notes payable		7,108,441			-	6,223,897					
Total Long-Term Liabilities		7,108,441	_			6,226,797					
Net Position:											
Invested in capital assets, net of related debt		10,517,385				12,661,879	-	-			
Unrestricted		41,925,804	-	16,738,023	471,115	43,573,345	16,530,754	785,278			
Total Net Position		52,443,189		16,738,023	471,115	56,235,224	16,530,754	785,278			
Total Liabilities and Net Position	\$	67,624,581 \$	\$	16,738,023 \$	653,786 \$	68,901,052	16,530,754 \$	952,674			

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Revenues, Expenses, and Changes in Net Position Years Ended September 30, 2019, and 2018

2018 2019 As Restated Component Units Component Units Primary Ambulance Primary Ambulance Government -NCGH Leverage Enterprise -Government -NCGH Leverage Enterprise -Audited LLC - Compiled Audited Audited LLC - Compiled Audited Operating Revenues: Net patient services revenue 43,608,840 \$ 1,826,678 \$ 47,716,523 \$ 1,539,942 Other revenue 2,696,121 2,743,610 Electronic health records incentive 59,500 1.913 Total Operating Revenues 46,364,461 1,826,678 50,462,046 1,539,942 Operating Expenses: Salaries and benefits 30,306,007 29,877,592 Supplies and drugs 50,978 6,580,692 6,361,392 42,455 Other operating expenses 11,999,309 2,114,866 12,217,261 2,062,197 Insurance 521,437 450,913 Depreciation and amortization 1,868,150 1,687,106 Total Operating Expenses 2,165,844 51,275,595 50,594,264 2.104.652 Operating Loss 4,911,134) 339, 166) 132,218) 564,710) Nonoperating Revenues (Expenses): Interest income 132,990 207,269 48,164 207,269 Investment income 362,248 193,623 Donations 15,130 Grants and contributions 750,000 25,003 750,000 11,294 Gain (loss) on sale of equipment 9,000 53,222) Interest expense 135,139) 71,039) Total Nonoperating Revenues 1,119,099 207,269 25,003 882,656 207,269 11,294 Excess of Revenues Over (Under) Expenses 3,792,035) 207,269 314,163) 750,438 207,269 553,416) Net Position Beginning of Year 56,235,224 16,530,754 785,278 55,484,786 16,323,485 1,338,694 Net Position End of Year 52,443,189 \$ 16,738,023 \$ 471,115 \$ 56,235,224 \$ 16,530,754 \$ 785,278

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2019, and 2018

2018

	2019				As Restated							
			Component Units					Component Units				
	(Primary Government - Audited	NCGH Leverage LLC - Compiled		Ambulance Enterprise - Audited	(Primary Government - Audited	1	NCGH Leverage LLC - Compiled	Ambulan Enterpris Audited	e -	
Cash Flows From Operating Activities: Receipts from and on behalf of patients Payments to suppliers and contractors Payments to and on behalf of employees Other receipts and payments, net Receipts from Electronic Health Records Net Cash Provided (Used) by Operating Activities	\$ (42,041,052 19,103,107) 30,746,675) 2,696,121 59,500 5,053,109)	:	\$	1,841,472 (2,153,494) - - - (312,022)	\$ ((48,226,670 19,534,972) 29,999,278) 2,743,610 1,913 1,437,943	Į.	- \$	1,768, 2,086,		
Cash Flows From Noncapital Financing Activities Grants and contributions Net Cash Provided by Noncapital Financing Activities	_	750,000 750,000		-	25,003 25,003	_	765,130 765,130	-		11,	294 294	
Cash Flows From Capital and Related Financing Activities: Purchase of property and equipment Proceeds from sale of equipment Proceeds from notes payable Principal payment of notes payable Principal payment of capital lease obligations Interest paid on long term debt Net Cash Provided (Used) by Capital and Related Financing Activities	((1,449,218) 9,000 3,000,000 1,352,773) 3,565) 135,414) 68,030	:		1 1 2	((((((((((((((((((((4,678,065) 150,000 3,553,788 1,715,767) 42,142) 71,039) 2,803,225)		: : : :			
Cash Flows From Investing Activities: Investment in NCGH Leverage, LLC Interest income Net Cash Provided by Investing Activities	(207,269) 340,259 132,990	207,269 207,269			(207,269) 255,432 48,163		207,269 207,269		-	
Net Increase (Decrease) in Cash and Cash Equivalents	(4,102,089)	251,7750		(287,019)	(551,989)		207,269		550)	
Cash and Cash Equivalents at Beginning of Year	100	18,719,960	1,226,919		608,579	_	19,271,949		1,019,650	915,	129	
Cash and Cash Equivalents at End of Year	\$	14,617,871	\$ 1,434,188	\$	321,560	\$	18,719,960	\$	1,226,919 \$	608,	579	

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Statements of Cash Flows Years Ended September 30, 2019, and 2018

	2019						2018 As Restated						
	200		Compon	en	t Units			Component Units					
Reconciliation of Operating Loss to Net Cash	G	Primary Sovemment - Audited	NCGH Leverage LLC - Compiled		Ambulance Enterprise - Audited		Primary Government - Audited	NCGH Leverage LLC - Compiled	Ambulance Enterprise - Audited				
Provided (Used) by Operating Activities:	-	Addited	Compiled	-	Auditeu	-	Addited		Addited				
Operating Loss	\$(4,911,134) \$		\$ (339,166)	\$ (132,218) \$	- \$	564,710)				
Adjustment to Reconcile Operating Loss to Net Cash	100.04	100 100 100 100 100 100		0200	1.000 (0.000.00)		12.000150015005115	V V V V V V V V V V V V V V V V V V V					
Flows Provided (Used) by Operating Activities:													
Depreciation and amortization		1,868,150	2				1,687,106		_				
Provision for uncollectible accounts		5,530,506	-		598,292		7,549,111	-	940,692				
Changes in:													
Patient accounts receivable	(7,826,667)	_	(583,498)	(8,454,734)	- (711,635)				
Supplies and other current assets		778,462	-	(8,535)	(512,067)	_	3,874				
Physician loan receivable		7,310	-				80,485	_	-				
Deferred expense	(26,511)			-		76,478	-	-				
Accounts payable, accrued expenses, and other													
current liabilities	(376,048)			20,885		1,322,017	-	13,935				
Estimated third-party payor payments	(97,177)	-		-	(178,235)	-	-				
Net Cash Provided (Used) by Operating Activities	\$(5,053,109) \$	-	\$(312,022)	\$	1,437,943 \$	- \$	317,844)				

Capital and Financing Activities:

The facility did not enter into any new capital lease obligations during the years ended September 30, 2019, and 2018.

Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies

a. Reporting Entity – Neshoba County General Hospital and Neshoba County Nursing Home, the Primary Government, is licensed for 38 acute short-term care hospital beds, 10 geriatric psychiatric unit beds and 160 skilled nursing home beds, and is owned by Neshoba County, Mississippi. Neshoba County General Hospital and Neshoba County Nursing Home provides inpatient, outpatient, emergency, psychiatric and long-term care services for residents of Neshoba County, Mississippi, and surrounding areas. Neshoba County General Hospital and Neshoba County Nursing Home is governed by a Board of Trustees appointed by the Board of Supervisors of Neshoba County, Mississippi.

Neshoba County Ambulance Enterprise, operates a public ambulance service for the benefit of the citizens of Neshoba County, Mississippi and the surrounding area, as authorized by law. The Ambulance Enterprise has been established as a separate county enterprise maintaining its own books and records of its expenses and revenues and billing directly for ambulance services according to the Ambulance Enterprise joint venture agreement stipulations. The Ambulance Enterprise staffing needs for the operation of the ambulance services is provided by Neshoba County General Hospital and Neshoba County Nursing Home in accordance with the Management Services Agreement entered into between Neshoba County Ambulance Enterprise and Neshoba County General Hospital and Neshoba County Nursing Home. The Ambulance Enterprise uses vehicles and certain equipment owned by Neshoba County (the County), and uses the management and personnel services of Neshoba County General Hospital and Neshoba County Nursing Home's (the Primary Government's) employees. The Ambulance Enterprise is governed by an Enterprise Management Committee consisting of five voting members: Primary Government CEO, Primary Government Director of Ambulance Services, County Emergency Management Director and County Administrator.

NCGH Leverage, LLC is a single member LLC owned and managed by Neshoba County General Hospital and Neshoba County Nursing Home. It was formed on the advice of legal counsel to assist in obtaining and administrating the new markets tax credit program associated with the construction of the new hospital building.

Under Governmental Accounting Standards Board Statement Number 14: The Financial Reporting Entity, the Primary Government is defined as a component unit of Neshoba County, Mississippi. The Ambulance Enterprise is defined as a joint venture of Neshoba County, Mississippi and Neshoba County General Hospital and Neshoba County Nursing Home. The Neshoba County Ambulance Enterprise and the NCGH Leverage, LLC were determined to be component units of Neshoba County General Hospital and Neshoba County Nursing Home, the Primary Government, and are included in these financial statements as discretely presented component units. These financial statements present only the financial position and results of operations and cash flows of Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component units.

The summary of significant accounting policies apply to Neshoba County General Hospital and Neshoba County Nursing Home and the discretely presented component units as applicable.

Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

Neshoba County General Hospital and Neshoba County Nursing Home considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the Primary Government are such that exclusion would cause the Primary Government's financial statements to be misleading or incomplete. The Governmental Accounting Standards Board has set forth criteria to be considered in determining financial accountability. These criteria include appointing a voting majority of an organization's governing body and (1) the ability of the Primary Government to impose its will on that organization or (2) the potential for the organization to provide specific benefits to or impose specific financial burdens on the Primary Government.

The component unit columns in the financial statements include information for NCGH Leverage, LLC and Neshoba County Ambulance Enterprise, Mississippi entities. They are reported as discretely presented component units to emphasize that they are legally separate from the Primary Government.

- **b. Related Organizations** NCGH Improvement Corporation is a related organization but not a component unit of Neshoba County General Hospital and Neshoba County Nursing Home. The hospital Board of Trustees and the Neshoba County Board of Supervisors appoints the board members for NCGH Improvement Corporation. NCGH Improvement Corporation is fiscally independent from the hospital and the county. Neshoba County General Hospital and Neshoba County Nursing Home is not obligated in any manner for the debt issues of this organization. The financial statements of Neshoba County General Hospital and Neshoba County Nursing Home do not include the funds of NCGH Improvement Corporation.
- **c.** Use of Estimates The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Significant estimates include allowance for uncollectibles and third-party settlements.
- **d. Proprietary Fund Accounting** The facilities utilize the proprietary fund method of accounting whereby revenue and expenses are recognized on the accrual basis. Substantially all revenues and expenses are subject to accrual. Based on *Governmental Accounting Standards Board (GASB) Statement No. 20: Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities that Use Proprietary Fund Accounting, the facilities have elected to apply the provisions and all pronouncements of the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict or contradict GASB pronouncements.*
- **e. Cash and Cash Equivalents –** Cash and cash equivalents include all cash, savings, and certificates of deposits of the facilities.

Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

f. Capital Assets – The Primary Government's policy is to capitalize acquisition and construction cost greater than \$5,000 which will provide benefit to future periods. Capital assets are reported at historical cost. Contributed capital assets are reported at their estimated fair value at the time of their donation. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation, using the following asset lives:

Land improvements 5 to 20 years
Building and building improvements 5 to 40 years
Equipment, computers, and furniture 3 to 20 years
Equipment under capital lease * years

- (*) The useful lives will correspond with the amounts for the asset classifications, as listed.
- g. Grants and Contributions From time to time, Neshoba County General Hospital and Neshoba County Nursing Home receives grants from Neshoba County, the State of Mississippi and NCGH Improvement Corporation, as well as contributions from individuals and private organizations. From time to time, Neshoba County Ambulance Enterprise receives grants 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 for either 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. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.
- h. Net Position Net position of Neshoba County General Hospital and Neshoba County Nursing Home are classified in two components. Net position invested in capital assets net of related debt consists of capital assets net of accumulated depreciation and is reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. Unrestricted net position is the remaining net position that does not meet the definition of invested in capital assets net of related debt. Net position of Neshoba County Ambulance Enterprise is classified as Unrestricted net position because there are no restrictions on its use imposed by those charged with governance. Net position of NCGH Leverage, LLC is classified as Unrestricted net position because there are no restrictions on its use imposed by those charged with governance.
- i. Operating Revenues and Expenses Neshoba County General Hospital and Neshoba County Nursing Home's statements of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Neshoba County General Hospital and Neshoba County Nursing Home's Operating revenues result from exchange transactions associated with providing health care services the Primary Government's principal activity. Neshoba County Ambulance Enterprise's operating revenues result from exchange transactions associated with providing ambulance services the Ambulance Enterprise's principal activity. Nonexchange revenues, including grants and contributions received for purposes other than capital assets acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services and ambulance services, other than financing costs.

Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

- j. Net Patient Service Revenue Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise have agreements with third-party payors that provide for payments to the Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise 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 for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.
- **k. Compensated Absences** Neshoba County Hospital and Neshoba County Nursing Home's employees earn PTO time at varying rates depending on years of service. PTO time earned may be taken at any time after the first six months of employment. PTO time may, to the extent of the amount earned annually, be carried from one year to the next. Employees may be paid for accumulated PTO time.
- I. Risk Management The facilities are exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. Neshoba County General Hospital and Neshoba County Nursing Home purchases coverage of risks of loss related to torts and malpractice up to \$500,000 per case from Healthcare Providers Insurance Company which covers the Primary Government and the Ambulance Enterprise. Neshoba County General Hospital and Neshoba County Nursing Home purchase coverage of risks of loss related to theft of, damage to, and destruction of assets from various commercial insurance carriers. Neshoba County General Hospital and Neshoba County Nursing Home purchases coverage of risk of loss related to workers' compensation claims from Healthcare Providers Insurance Company. Settled claims resulting from these insured risks have not exceeded commercial insurance coverage in any of the past three years.

Under Governmental Accounting Standards Board Statement Number 10: Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, a liability for a claim must be reported if information prior to the issuance of the financial statements indicates that it is probable that a liability has been incurred at the date of the financial statements and that the amount of the loss can be reasonably estimated. The facilities have not been exposed to any risk of loss above the applicable insurance coverage amounts at September 30, 2019; therefore, no liability has been accrued at this time.

- m. Income Taxes As a political subdivision of the State of Mississippi, the facilities qualify as taxexempt organizations under existing provisions of the Internal Revenue Code, and their income is not subject to federal or state income taxes.
- n. Inventories of Supplies and Drugs Inventories of supplies and drugs are stated at the lower of cost (first-in, first-out) or market.

Note 1: Description of Reporting Entity and Summary of Significant Accounting Policies (Continued)

- o. Excess of Revenues Over (Under) Expenses The statements of revenues, expenses and changes in net position includes excess of revenues over (under) expenses. Changes in net position which are excluded from excess of revenues over (under) expenses, consistent with industry practice, include contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).
- p. Electronic Health Record Incentive Program The Centers for Medicare and Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health record (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Medicaid EHR incentive program provides annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, and meaningfully use certified EHR technology. The EHR reporting period for hospitals is based on the federal fiscal year, which runs from October 1 through September 30. The Primary Government received EHR incentive revenue of \$59,500, and \$1,913 in the years 2019, and 2018, respectively. EHR incentive revenues are included in operating revenues in the accompanying Statements of Revenues, Expenses and Changes in Net Position.

Note 2: Cash and Other Deposits

a. Bank Deposits – Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise deposit funds in financial institutions selected by their Boards of Trustees and invest excess funds in investment instruments that are allowed by statutes. Various restrictions on deposits and investments are imposed by statutes.

The collateral for public entities deposits in financial institutions is required to be held in the name of the State Treasurer under a program established by the Mississippi State Legislature and is governed by Section 27-105-5 Miss. Code Ann. (1972). Under the program, the facilities' funds are protected through a collateral pool administered by the State Treasurer. Financial institutions holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation. All funds eligible to be included in the state's collateral pool program were properly included and were fully collateralized as of September 30, 2019.

NCGH Leverage, LLC (not eligible for collateralization under State Treasurer program) maintains one cash account at one financial institution. This balance is insured by the Federal Deposit Insurance Corporation up to \$250,000; therefore, at September 30, 2019, and 2018, NCGH Leverage, LLC had \$1,184,188, and \$976,919, respectively, in cash balances which were uninsured. Management does not consider this to be a significant risk.

Note 2: Cash and Other Deposits (Continued)

- **b. Custodial Credit Risk Deposits** Custodial credit risk is defined as the risk that, in the event of the failure of a financial institution, the facility will not be able to recover deposits or collateral securities that are in the possession of an outside party. The facility does not have a deposit policy for custodial credit risk. In the event of failure of a financial institution, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation. Deposits above FDIC coverage are collateralized by the pledging financial institution's trust department or agent in the name of the Mississippi State Treasurer on behalf of the facility. As of September 30, 2019, and 2018, none of the facility's bank balance was exposed to custodial credit risk.
- c. Interest Rate Risk The facility does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses arising from increasing interest rates.
- **d. Credit Risk** State law limits investments to those prescribed in Sections 27-105-33(d) and 27-105-33(e), Miss. Code Ann. (1972). The facility does not have a formal investment policy that would further limit its investment choices or one that addresses credit risk.

Note 3: Charity Care

The Primary Government provides care to patients who meet certain criteria under its charity care policy. Because the Primary Government does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The cost of charity care provided in 2019, and 2018, approximated \$1,026,300, and \$998,800, respectively.

Note 4: Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Investments with readily available active quoted prices or for which fair value can be measured from actively quoted prices generally will have a higher degree of market price observability and a lesser degree of judgement used in measuring fair value. In the absence of actively quoted prices and observable inputs, the Primary Government estimates prices based on available historical data and near term future pricing information that reflects its market assumptions. The statement requires that assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 Quoted market prices in active markets for identical assets and liabilities.
- Level 2 Observable market based inputs or unobservable inputs that are corroborated by market data.
- Level 3 Unobservable inputs that are not corroborated by market data.

Note 4: Fair Value Measurements (Continued)

Fair values of assets measured on a recurring basis at September 30, 2019, and 2018, are as follows

September 30, 2019		Fair Value		Level 1		Level 2	\$ Level 3
MHA Investment Pool	\$	2,596,667	\$		- \$	2,596,667	-
September 30, 2018	20.00	Fair Value	27 52	Level 1	221 6	Level 2	\$ Level 3
MHA Investment Pool	\$	2,441,686	\$		- \$	2,441,686	-

Mississippi Hospital Association Investment Pool

The Primary Government participates in the Mississippi Hospital Association pool investment program. The funds are invested for the benefit of the Primary Government by a third-party investment company which is responsible for the management of the pool. A summary of the investments at September 30, 2019, and 2018, follows:

	-	2019	_	2018
MHA Investment Pool A	\$	2,585,933	\$	2,527,627
Unrealized gain (loss) on investments		10,734	(85,938)
Net value	\$_	2,596,667	\$	2,441,689

The Primary Government has funds invested in the Mississippi Hospital Association pool investment program, which are not collateralized. However, the funds are invested in accordance with Section 27-105-365 Miss. Code Ann. (1972).

Note 5: Accounts Receivable - Estimated Uncollectibles and Allowances

Primary Government

The balance in the Primary Government's estimated uncollectibles and allowances accounts at September 30, 2019, and 2018, is composed of the following:

2019	2018
\$ 4,125,361 \$	4,127,546
2,820,000	2,120,000
1,879,000	947,000
2,191,857	1,484,178
\$ 11,016,218 \$	8,678,724
\$ \$	2,820,000 1,879,000

Note 5: Accounts Receivable - Estimated Uncollectibles and Allowances (Continued)

Ambulance Enterprise

The balance in the Ambulance Enterprise's estimated uncollectibles and allowances accounts at September 30, 2019, and 2018, is composed of the following:

2019			2018
\$	269,225	\$	366,082
	101,290		151,495
	16,371		11,445
	306,629		205,231
\$	693,515	\$	734,253
	\$ \$	\$ 269,225 101,290 16,371 306,629	\$ 269,225 \$ 101,290 16,371

Note 6: NCGH Leverage, LLC - Leverage Loan Receivable

In October 2012, Neshoba County General Hospital and Neshoba County Nursing Home made an initial capital contribution in the amount of \$15,303,835 to NCGH Leverage, LLC in exchange for its respective membership interest. The capital contribution to NCGH Leverage, LLC was used by management to make the leverage loan that was necessary to comply with the New Markets Tax Credit program. NCGH Leverage, LLC's leverage loan receivable balance was \$15,303,835 as of September 30, 2019, and \$15,303,835 as of September 30, 2018.

Note 7: Capital Assets

The Primary Government's Capital asset additions, retirements and balances for the years ended September 30, 2019, and 2018, were as follows:

	September 30, 2018		Balance Retirements September 30,
	As Restated	Additions	and Other 2019
Land	\$ 1,493,489	-	- \$ 1,493,489
Land improvements	566,887	-	- 566,887
Buildings and improvements	16,957,296	106,633	(185,152) 16,878,777
Fixed equipment	5,069,470	-	185,152 5,254,622
Major movable equipment			
Under capital lease	16,000	-	- 16,000
Other	16,757,966	624,408	3,263,700 20,646,074
Automobiles	185,075	-	- 185,075
Construction in progress	3,299,316	718,177	(3,299,317) 718,176
Total Historical Cost	44,345,499	1,449,218	(35,617) 45,759,100
Less: Accumulated Depreciation and Amortization for:			
Land improvements	(312,842)	(34,416)	- (347,258)
Buildings and improvements	(6,695,181)	(605,568)	(31,686) (7,332,435)
Fixed equipment	(3,801,796)	(155,554)	31,686 (3,925,664)
Major movable equipment			
Under capital lease	(11,428)	(2,286)	3,428 (10,286)
Other	(13,439,768)	(1,061,826)	32,189 (14,469,405)
Automobiles	(163,545)	(8,500)	
Total Accumulated Depreciation			
and Amortization	(24,424,560)	(1,868,150)	35,617 (26,257,093)
Capital Assets, Net	\$ 19,920,939	(418,932)	- \$ 19,502,007

Note 7: Capital Assets (Continued)

	;	Balance September 30, 2017		Additions and Other		etirements and Other	September 30, 2018 As Restated
Land	\$	1,245,165		449,000	(200,676) \$	1,493,489
Land improvements		471,563		90,645	•	4,679	566,887
Buildings and improvements		16,249,914		682,842		24,540	16,957,296
Fixed equipment		5,069,470		-		-	5,069,470
Major movable equipment							
Under capital lease		126,086		-	(110,086)	16,000
Other		16,767,413		156,261	ì	165,708)	16,757,966
Automobiles		185,075		-	,	-	185,075
Construction in progress		30,218	_	3,299,317	(30,219)	3,299,316
Total Historical Cost		40,144,904		4,678,065	(477,470)	44,345,499
Less: Accumulated Depreciation and Amortization for:							
Land improvements		(281,994)	(30,848)		-	(312,842)
Buildings and improvements		(6,120,082)	(575,099)		-	(6,695,181)
Fixed equipment		(3,604,771)	(197,025)		-	(3,801,796)
Major movable equipment							
Under capital lease		(120,711)	(5,714)		114,997	(11,428)
Other		(12,734,704)	(864,315)		159,251	(13,439,768)
Automobiles	112	(149,440)	7	14,105)	-	-	(163,545)
Total Accumulated Depreciation							
and Amortization		(23,011,702)	(1,687,106)		274,248	(24,424,560)
Capital Assets, Net	\$	17,133,202		2,990,959	(203,222) \$	19,920,939

Note 8: Long-Term Debt

A schedule of changes in the Primary Government's long-term debt for 2019, and 2018, follows:

Notes Payable Capital Lease	Balance 2018 As Restated \$ 7,252,595	Additions 3,000,000	Reductions (1,352,773) \$	Balance 2019 8,899,822 \$	Amounts Due Within One Year 1,791,381
Obligation	6,465	-	(3,565)	2,900	2,900
Total Long-Term Debt	\$ 7,259,060	3,000,000	(1,356,338) \$	8,902,722 \$	1,794,281
	Balance 2017	Additions	Reductions	Balance 2018 As Restated	Amounts Due Within One Year
Notes Payable Capital Lease	\$ 5,414,574	Additions 3,553,788	(1,715,767) \$	2018 As Restated	Due Within
•	2017			2018 As Restated	Due Within One Year

A summary of the Primary Government's long-term debt, including capital lease obligations, at September 30, 2019, and 2018, follows:

Notes Payable	0040	2018
CAP loan payable to Neshoba County due in 240 monthly installments of \$20,304.21 with 2.00% interest, secured by a building.	\$ 2019 2,849,839 \$	As Restated 3,034,765
Cerner note due in 6 quarterly installments of \$174,170 and 35 monthly installments of \$41,801 with 0% interest, secured by EHR system.	1,811,375	2,333,885
Central Electric Power Association Rural Development Loan due in 108 monthly installments of \$18,518.52 with 0% interest, secured by \$2,000,000 certificate of deposit.	1,259,259	1,481,481
Citizens Bank Loan due in 48 monthly installments of \$9,052.01 with 2.25% interest, secured by certificate of deposit #10032311.	302,864	402,464

Note 8: Long-Term Debt (Continued)

		2019	2018 As Restated
Citizens Bank Loan due in 60 monthly installments of \$55,978.43 with 4.5% interest, secured by certificate of			
deposit #10035421.		2,676,485	÷
Less: Current portion of note payable	(1,791,381)	(1,028,698)
	\$	7,108,441	6,223,897
Capital Lease Obligation		2019	2018
Capital lease obligation at 9.368% interest, collaterlaized by leased equipment with a cost of \$16,000 at	_	2019	As Restated
September 30, 2019, and 2018.	\$	2,900 \$	6,465
Less: Current portion of capital leases obligations	(2,900)	(3,565)
	\$	9	2,900

Scheduled principal and interest repayments on long-term debt and payments on capital lease obligations are as follows:

Note Payable		Capital Lea	se (Obligations		
Year Ended Sept. 30:	_	Principal	Interest	 Principal		Interest
2020	\$	1,791,381	\$ 164,096	\$ 2,900	\$	114
2021		1,604,898	141,819	-		-
2022		1,629,311	108,291	-		-
2023		1,104,406	74,698	-		-
2024		548,024	10,069			
Thereafter		2,221,802	201,606	-		-
Total	\$	8,899,822	\$ 700,579	\$ 2,900	\$	114

Note 9: Net Patient Service Revenue

Primary Government

The Primary Government's net patient service revenue for the years ended September 30, 2019, and 2018, is detailed in the accompanying schedule of operating revenues.

The Primary Government has agreements with third-party payors that provide for payments to the Primary Government at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Note 9: Net Patient Service Revenue (Continued)

- **a. Medicare** Inpatient acute care services, outpatient services, nonacute inpatient services and geriatric psychiatric services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The Primary Government is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Primary Government and audits thereof by the Medicare fiscal intermediary. The Primary Government's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2015.
- **b. Medicaid** Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Primary Government is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Primary Government and audits thereof by the Medicaid fiscal intermediary. Nursing home services are reimbursed under a cost based case mix reimbursement system.
- c. Medicaid Mississippi Hospital Access Payments –The Primary Government received net Medicaid Mississippi hospital access payments of \$617,240, and \$483,303 for the years ended September 30, 2019, and 2018. The Medicaid Mississippi hospital access program is a program whereby the hospital qualifies for Mississippi hospital access program funds in addition to regular funds. The Mississippi Division of Medicaid administers the program through the MississippiCAN coordinated care organizations, and the continuation of the programs rest with the federal government.
- **d. Medicaid Upper Payment Limit Payments** The nursing home received net Medicaid upper payment limit payments of \$465,462 and \$556,403, for the years ended September 30, 2019, and 2018, respectively. The Medicaid upper payment limit program is a program whereby the facility qualifies for upper payment limit funds in addition to regular funds. The Mississippi Division of Medicaid is currently administering the upper payment limit program, and the continuation of the program rests with the federal government.

Ambulance Enterprise

The Ambulance Enterprise's net patient service revenue for the years ended September 30, 2019, and 2018, is as follows:

		2019	2018
Gross Patient Service Revenue	\$	5,555,071 \$	5,582,762
Less provisions for contractual and other adjustments	(3,136,068) (3,106,255)
Less provisions for bad debts	(592,325) (936,565)
Net Patient Service Revenue	\$	1,826,678 \$	1,539,942

Note 9: Net Patient Service Revenue (Continued)

The Ambulance Enterprise has agreements with third-party payors that provide for payments to the Ambulance Enterprise at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

- **e. Medicare** Under the ambulance fee schedule, the Medicare program pays for transportation services for Medicare beneficiaries when other means of transportation are contraindicated. Ambulance services are classified into different levels of ground services based on the medically necessary treatment provided during transport. These services include the following levels of service:
 - Basic Life Support (BLS)
 - Advanced Life Support, Level 1 (ALS1)
 - Advanced Life Support, Level 2 (ALS2)
 - Specialty Care Transport (SCT)
 - Paramedics ALS Intercept (PI)
- f. **Medicaid** Ambulance services are reimbursed from a statewide uniform fixed fee schedule based on seventy percent (70%) of the rate established under Medicare (Title XVIII of the Social Security Act), as amended.

Note 10: Medical Benefit Plan

The Primary Government provides health insurance coverage to its employees through a self-funded medical benefit plan that covers substantially all of its employees and certain dependents of the employees. The total medical benefit expense for the self-funded medical benefit plan for the years ended September 30, 2019, and 2018, amounted to \$3,047,711, and \$3,384,799, respectively. The Primary Government's policy is to fund the estimated medical benefit claims that will be filed against the plan less the contributions made by employees covered by the plan. In addition, an allowance representing the write-off of charges applicable to in-house claims of the employees and their dependents for the years ended September 30, 2019, and 2018, was provided in the amounts of \$926,711, and \$1,148,669, respectively.

Note 11: Pension Plan

The Primary Government has established a defined contribution pension plan covering substantially all of its employees. The Primary Government makes annual contributions to the plan subject to the Board of Trustees' approval. In order for an employee to participate in the plan, the employee must be 21 years of age, have completed one year of service, and work at least 1,000 hours. The year ended September 30, 2016 was the final year the Board of Trustees approved contributions to this defined contribution pension plan as the plan was frozen at that time. Accordingly, the Board of Trustees has not approved any contributions and employees have not contributed to the plan during the years ended September 30, 2019, and 2018. Furthermore, the plan was terminated as of September 30, 2019.

Note 11: Pension Plan (Continued)

The facility, through the Mississippi Public Employees' Retirement System (PERS), offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The plan is available to all full-time facility employees with one year of service. The deferred compensation is not available to employees until termination, retirement, death, or unforeseeable emergency. The total employee contribution to the deferred compensation plan for the years ended September 30, 2019, and 2018, amounted to \$401,743, and \$416,649.

Note 12: Commitments and Contingencies

a. Noncancellable Operating Leases

Primary Government

The Primary Government leases buildings and major movable equipment under operating leases expiring at various dates. Future minimum pending noncancellable lease payments are as follows:

Year Ended September 30,	
2020	\$ 147,541

The Primary Government's rental expense under all operating leases for the years ended September 30, 2019, and 2018, was \$1,424,003, and \$1,422,896, respectively.

Ambulance Enterprise

The Ambulance Enterprise leases ambulances under operating leases from Neshoba County, Mississippi, expiring at various dates. Future minimum pending noncancelable lease payments are as follows:

rears Ended September 30,	
2020	\$ 94,867
2021	\$ 55,602
2022	\$ 13,900

The Ambulance Enterprise's rental expense under all operating leases for the years ended September 30, 2019, and 2018, was \$129,720, and \$100,507, respectively.

Note 12: Commitments and Contingencies (Continued)

b. Mississippi True Provider-Sponsored Health Plan

Neshoba County General Hospital and Neshoba County Nursing Home has an investment in Mississippi True. The facility is a subscriber in the nonprofit corporation, which seeks to establish a Mississippi provider-sponsored health plan intended to provide provider-sponsored coordinated care and improved access and quality, as compared with for-profit plans. The amount of the facility's investment was \$800,000 as of 2019, and \$800,000 as of 2018. The facility has elected to report this investment at cost since there is not a market for the ownership interest in the company. The facility's Board of Trustees approved a total contribution of \$2,000,000 toward the Mississippi True Provider-Sponsored Health Plan. During the 2018 legislative session the legislature failed to pass a bill awarding Mississippi True a Medicaid contract. Mississippi True's attempts to secure a Medicaid contract are ongoing, and any future contributions are dependent on Mississippi True being awarded a Medicaid contract.

Note 13: Concentrations of Credit Risk

The facilities grant credit without collateral to their patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2019, and 2018, was as follows:

Primary Government	2019	2018
Medicare	29%	20%
Medicaid	13%	13%
Patients and other third-party payors	58%	67%
	100%	100%
Ambulance Enterprise	2019	2018
Medicare	14%	17%
Medicaid	4%	3%
Patients and other third-party payors	_82%	_80%
	100%	100%

Note 14: Litigation

The Primary Government is a defendant in lawsuits and claims arising from normal business activities. At this time, management and legal representatives are expressing no opinion on the ultimate outcome of the litigation. However, state statutes limit the Primary Government's liability exposure to the amount of insurance coverage.

Note 15: Financial Statement Presentation of Audited Component Unit

The accompanying audited financial statements of Neshoba County General Hospital and Neshoba County Nursing Home for the years ended September 30, 2019, and 2018, include the audited financial statements of Neshoba County Ambulance Enterprise for the same period then ended presented as a discretely presented component unit. Separate audited financial statements of Neshoba County Ambulance Enterprise for the years ended September 30, 2019, and 2018, were issued with a report date of March 27, 2020.

Note 16: Ambulance Enterprise Management Agreement

On April 1, 2012, Neshoba County Ambulance Enterprise entered into a management services agreement with Neshoba County General Hospital and Neshoba County Nursing Home to provide various management and administrative services and incur all operational expenses necessary for the establishment and continued operation of a public ambulance service. The Ambulance Enterprise agrees to reimburse Neshoba County General Hospital and Neshoba County Nursing Home for its actual compensation costs incurred for the employees for their time spent, as well as any other direct out of pocket costs incurred in performance of the ambulance services. The Ambulance Enterprise incurred \$1,885,268 and \$1,821,397, in expenses that were paid by Neshoba County General Hospital and Neshoba County Nursing Home during the years ended September 30, 2019, and 2018, respectively. The Ambulance Enterprise had a payable due to Neshoba County General Hospital and Neshoba County Nursing Home of \$170,428, and \$154,049, as of September 30, 2019, and 2018, respectively. Under the terms of this agreement the Ambulance Enterprise shall operate and continue according to the Joint Venture Agreement until terminated pursuant to the Joint Venture Agreement between, Neshoba County, Mississippi and Neshoba County General Hospital and Neshoba County Nursing Home.

Note 17: Restatement

Neshoba County General Hospital and Neshoba County Nursing Home took out a loan with Cerner to replace their EHR system in November 2017 with payments beginning in January 2018. In the prior year, the paid invoices related to the replacement of the EHR system were recorded as construction in progress, and the note was not recorded. The construction in progress and note payables have been restated to reflect what the balances should have been for the year ended September 30, 2018. The restatement resulted in an increase in construction in progress of \$2,333,885, an increase in current portion of notes payable of \$522,510, and an increase in notes payable of \$1,811,375 as of September 30, 2018. The restatement had no effect on net position.

Note 18: Subsequent Events

Events that occur after the Statement of Net Position date but before the consolidated financial statements are available to be issued must be evaluated for recognition or disclosure. The effects of subsequent events that provide evidence about conditions that existed at the Statement of Net Position date are recognized in the accompanying financial statements. Subsequent events which provide evidence about conditions that existed after the Statement of Net Position date require disclosure in the accompanying notes. Management evaluated the activity of the facilities through April 13, 2020, (the date the financial statements were available to be issued), and determined that there were no subsequent events requiring disclosures in the notes to the financial statements, except for the events in the following paragraphs.

The unwinding of NCGH Improvement Corporation occurred on November 14, 2019. NCGH Improvement Corporation, a related organization but not a component unit of Neshoba County General Hospital and Neshoba County Nursing Home, transferred all of its assets and liabilities, with the exception of \$90,000 cash to pay for any unexpected expenses, to Neshoba County General Hospital and Neshoba County Nursing Home. NCGH Improvement Corporation's assets consist of cash and property and equipment, and its liabilities consist of DVCI CDE VIII, LLC and SECDE Sub-IV, LLC loans. Part of this debt will be forgiven in the transfer of the debt to Neshoba County General Hospital and Neshoba County Nursing Home, and the remaining debt will be assigned to Neshoba County General Hospital and Neshoba County Nursing Home. NCGH Improvement Corporation will go dormant after the transfer of its assets and liabilities are completed and could then be used by Neshoba County General Hospital and Neshoba County Nursing Home for future purposes.

NCGH Leverage, LLC, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, was dissolved on December 2, 2019. As NCGH Leverage, LLC's sole member, Neshoba County General Hospital and Neshoba County Nursing Home is entitled to NCGH Leverage, LLC's assets upon its dissolution.

On March 11, 2020, the World Health Organization declared the COVID-19 virus outbreak to be a pandemic. Management has evaluated the potential impact of the pandemic on its business operations. Elective services have been postponed until the situation improves, which will decrease the facility's revenues significantly. This pandemic has also caused a disruption in the supply chain and management is exhausting every available option to procure essential supplies. While the facility expects the COVID-19 crisis to negatively impact its operating results, the related financial impact and duration cannot be reasonably estimated at this time.

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2019, and 2018

				2018
	127	2019		As Restated
Inpatient:				ा व
Nursing Services:				
Routine care	\$	1,837,500	\$	1,695,930
Geriatric-psych program		1,256,746		1,181,720
Skilled nursing facility		11,916,676		11,532,845
Hospitalist		1,169,050		3,486,908
Other Nursing Services:				
Operating and recovery rooms		41,022		46,766
Observation room		-		226,348
Central service and supply		123,099		152,744
Emergency service		1,229,751		1,291,990
Total Nursing Services Revenue		17,573,844		19,615,251
Other Professional Services:				
Laboratory		1,562,054		1,366,705
Blood bank		155,881		190,769
Electrocardiology		112,720		99,978
Radiology		1,616,711		1,417,453
Pharmacy		2,354,402		2,284,131
Pharmacy - SNF		814,530		931,057
Anesthesiology		21,049		37,287
Infusion therapy		2,901		-
Inhalation therapy		3,025,216		4,124,896
Rehabilitation services		1,302,340		467,022
Wound care	-	1,356	_	
Total Other Professional Services Revenue		10,969,160	_	10,919,298
Total Inpatient Revenue		28,543,004	_	30,534,549
Outpatient:				
Nursing Services:				
IOP		287,517		280,703
Hospitalist		144,510		_
Other Nursing Services:		Dr. Medical #A Helicard Co. 1		
Operating and recovery rooms		4,953,247		5,511,516
Observation room		1,155,704		1,041,593
Central service and supply		479,921		611,888
Emergency service		16,114,790		16,006,751
Total Nursing Services Revenue	\$_	23,135,689	\$_	23,452,451

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2019, and 2018

1				2018
		2019		As Restated
Outpatient: (Continued)	0,240		_	
Other Professional Services:				
Laboratory	\$	7,032,671	\$	8,176,621
Blood		298,354		217,486
Electrocardiology		580,323		588,300
Radiology		11,405,748		11,495,749
Pharmacy		6,178,468		2,201,451
Anesthesiology		1,270,516		1,182,289
Infusion therapy		5,018,225		10,470,803
Inhalation therapy		1,050,017		944,471
Rehabilitation services		4,127,096		3,726,262
Sleep center		171,515		527,561
Wound care		737,545		813,694
Clinic		8,695,046		10,023,219
Total Other Professional Services Revenue		46,565,524	-	50,367,906
Total Outpatient Revenue	_	69,701,213	_	73,820,357
Total Patient Services Revenue	-	98,244,217	. <u>-</u>	104,354,906
Deductions from Patient Service Revenue:				
Contractual adjustments and allowances		48,306,109		48,176,137
Mississippi hospital access	(617,240)	(483,303)
Upper payment limit payments	(465,462)	(556,403)
Charity		1,881,464	_	1,952,841
Total Deductions from Patient Service Revenue	_	49,104,871	_	49,089,272
Provision for Uncollectible Accounts	_	5,530,506	_	7,549,111
Net Patient Services Revenue	5 _	43,608,840	\$_	47,716,523

Primary Government

Detailed Schedules of Operating Revenues Years Ended September 30, 2019, and 2018

			2018
		2019	As Restated
Other Revenue:	7		The Market and the Control of the Co
Medical records transcripts	\$	5,115	\$ 1,063
Employee and other meals		410,157	472,306
Beauty shop - SNF		853	883
Services to Neshoba County Ambulance Enterprise *		1,574,912	1,580,749
Miscellaneous revenue		663,080	650,566
Lease income		32,004	28,043
Trauma care grant		10,000	10,000
Total Other Revenue		2,696,121	 2,743,610
Electronic Health Records Incentive	_	59,500	 1,913
Total Revenue	\$_	46,364,461	\$ 50,462,046

^{* -} These are charges by the Hospital for providing staffing, management, maintenance and billing and collection services to Neshoba County Ambulance Enterprise

Primary Government

Detailed Schedules of Operating Expenses Years Ended September 30, 2019, and 2018

Nursing Services: Routine services \$1,356,560 94,785 135,424 \$1,326,891 56,744 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145 79,145		rears Lin	aed Septemb	01 30, 2019,	and	12010		
Nursing Services: Routine services Taylor Selection Sele			2012					
And Benefits Drugs Other Salaries Drugs Salaries	_				_			
Nursing Services: 1,356,560 94,785 135,424 \$1,326,891 51,353 213,406 Genatric-psych services 729,042 24,686 125,345 672,238 14,591 67,740 729,042 729,042 24,686 125,345 672,238 14,591 67,740 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 729,042 7								
Nursing Services: 1,356,560 94,785 135,424 \$1,326,891 51,353 213,406 Geriatric-psych services 729,042 24,666 125,345 672,238 14,591 96,744 10P 1626 2,435 34,144 95,280 3,759 21,687 158,674 239,332 395,910 253,766 349,166 235,783 106,152 89,899 3,799,111 36,787 189,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,487 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,477 188,487 188,477 188,487 188,477 188,487 188,477 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 188,487 1			and				and	
Routine services 1,356,560 94,785 135,424 \$ 1,326,891 51,353 213,406 Geriatric-psych services 729,042 24,666 125,345 672,238 14,591 96,744 10P 91,626 2,435 34,144 95,280 3,759 21,687 109,691 109,691 109,691 12,303 219,567 23,766 349,166 23,769 24,689 3,769 21,687 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,691 109,69	50 (6) 8 6 2	Benefits	Drugs	Other		Salaries	Drugs	Other
Geriatric-psych services 729,042 24,666 125,345 672,238 14,591 96,744 10P 91,666 2,455 34,144 95,280 3,759 21,887 18,987 21,887 20,991 21,303 219,567 3,759 21,887 20,991 21,303 219,567 3,749 21,887 29,332 385,910 253,766 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,166 349,1	Nursing Services:		Ari O	NOTE THE RESERVE	: :	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
Geriatric-psych services 729,042 24,666 125,345 672,238 14,591 96,744 10P 91,666 2.455 34,144 95,280 3,759 21,887 10P 12,303 219,567 3,759 21,887 20P	Routine services \$	1,356,560	94,785	135,424	\$	1,326,891	51,353	213,406
Part	Geriatric-psych services	729,042	24,666	125,345		672,238	14,591	
Hospitalist 37,992	IOP	91,626	2,435	34,144				
Operating and recovery rooms 408,772 158,674 239,332 395,910 253,766 349,166 Central service and supply 37,833 106,459 1,500 37,439 142,894 1 Emergency room 4,080,391 106,152 89,899 3,709,111 36,787 189,477 Skilled nursing facility 3,984,249 914,679 586,618 3,869,016 892,301 293,931 Nursing administration 283,139 7,609 278,327 4,218 Other Professional Services: Laboratory 854,546 419,447 278,434 796,565 460,606 221,527 Blood bank - 69,894 77,103 - 127,247 112,224 Radiology 892,635 181,180 1,014,230 906,147 180,863 17,14,664 Pharmacy-SNF 249,593 184,610 58 249,802 261,824 - Anesthesiology - 77,544 23,262 645 33,543	Hospitalist						_	_
Central service and supply 37,833 106,469 1,500 37,439 142,894 298,991 106,152 89,899 3,709,111 36,787 189,477 Skilled nursing facility 3,984,249 914,679 586,618 3,869,016 892,301 293,931 Nursing administration 283,139 -7,609 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 27,000 278,327 - 4,218 278,320 278,327 - 4,218 278,320 278,320 - 6,894 77,103 127,247 27,245 278,320 277,103 127,247 27,245 278,320 278,320 - 18,525 278,320 278,320 - 18,525 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,320 288,	Operating and recovery rooms		158,674				253,766	349,166
Emergency room								
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Medical records 446,632 9,575 179,515 430,961 28,104 190,726 Medical records-SNF 27,402 - 25 27,083 - - - PSRO 156,389 5,953 79,247 152,285 4,786 39,851 Sleep Center 122,765 3,231 32,629 123,496 9,450 32,455 Wound Care 227,190 23,000 27,455 155,514 15,613 48,429 Social services-SNF 212,061 1,686 1,637 194,334 4,755 2,433 Clinic 5,110,926 477,035 831,598 5,498,358 610,829 1,126,098 General Services: Dietary 356,149 452,023 17,469 368,689 504,998 30,243 Dietary-SNF 374,764 618,866 15,368 347,423 593,865 45,161 Maintenance 93,157 73,239 976,346 78,182 82,115 1,075,883 Maintenance-SNF 16,3			37,774	1,492,636		23,460	40,684	1,232,539
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Wound Care 227,190 23,000 27,455 155,514 15,613 48,429 Social services-SNF 212,061 1,686 1,637 194,334 4,755 2,433 Clinic 5,110,926 477,035 831,598 5,498,358 610,829 1,126,098 General Services: Dietary 356,149 452,023 17,469 368,689 504,998 30,243 Dietary-SNF 374,764 618,866 15,368 347,423 593,865 45,161 Maintenance 93,157 73,239 976,346 78,182 82,115 1,075,883 Maintenance-SNF 121,299 7,085 45,609 108,634 4,646 11,845 Housekeeping-SNF - 35,335 383,204 - 62,107 313,648 Laundry and linen - 10,533 48,035 - 5,273 57,623 Laundry and linen-SNF - 6,482 51,201 - 5,487 68,825 Security-SNF 31,725 <td>Sleep Center</td> <td>122,765</td> <td>3,231</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Sleep Center	122,765	3,231					
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Administrative and Fiscal Services: Administrative 2,349,184 434,723 3,638,919 2,003,556 323,814 3,071,029 Administrative-SNF - 186 805,179 138,723 - 795,210 Employee benefits 3,416,091 - - 3,164,582 - - Employee benefits-SNF 2,027,845 - - 2,079,721 - -			-	-			4 0 4 0	-
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Employee benefits 3,416,091 - - 3,164,582 - - Employee benefits-SNF 2,027,845 - - 2,079,721 - -	Administrative-SNF	-	186				-	
Employee benefits-SNF 2,027,845 2,079,721	Employee benefits	3,416,091	-				_) =
		2,027,845	-	-			_	-
10tal Operating Expenses \$ 30,306,007 6,580,692 11,999,309 \$ 29,877,592 6,361,392 12,217,261			6 E00 000	44.000.000	_		0.004.000	40.047.004
	Total Operating Expenses \$	30,306,007	0,000,692	11,999,309	Φ_	29,877,592	6,361,392	12,217,261

Primary Government Schedule of Surety Bonds for Officials and Employees September 30, 2019

Name Position		Company	Amount of Bond	
Lee McCall	Chief Executive Officer	Travelers Casualty and Surety Company of America	\$ 10	0,000
Scott McNair	Chief Financial Officer	Travelers Casualty and Surety Company of America	\$ 10	0,000
Kenneth Posey	Trustee	Travelers Casualty and Surety Company of America	\$ 10	0,000
Oliver Jolly	Trustee	Travelers Casualty and Surety Company of America	\$ 50	0,000
Jean Brazzle	Trustee	Travelers Casualty and Surety Company of America	\$ 10	0,000
Jo Helen Daly	Trustee	Travelers Casualty and Surety Company of America	\$ 10	0,000
Roger Owen	Trustee	Travelers Casualty and Surety Company of America	\$ 10	0,000



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants James L. Stafford, CPA
Harry W. Stevens, CPA
S. Keith Winfield, CPA
William B. Staggers, CPA
Michael W. McCully, CPA
Mort Stroud, CPA
R. Steve Sinclair, CPA
Marsha L. McDonald, CPA
Wanda S. Holley, CPA
Robin Y. McCormick, CPA/PFS
J. Randy Scrivner, CPA
Kimberly S. Caskey, CPA
Susan M. Lummus, CPA

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Thomas A. Davis, CPA
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Ricky D. Allen, CPA
Jason D. Brooks, CPA
Robert E. Cordle, Jr., CPA
Jerry C. Rackley, Jr., CPA
Jerry L. Gammel, CPA
Michael C. Knox, CPA
Clifford P. Stewart, CPA

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with Government Auditing Standards

The Board of Trustees Neshoba County General Hospital and Neshoba County Nursing Home Philadelphia, Mississippi

We have audited, in accordance with the 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 Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2019, and 2018, and the related notes to financial statements, and the financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2019, and 2018, and the related notes to financial statements, which collectively comprise Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's basic financial statements, and have issued our report thereon dated April 13, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Neshoba County General Hospital and Neshoba County Nursing Home and its discretely presented component unit, Neshoba County Ambulance Enterprise's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing an opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's internal control. Accordingly, we do not express an opinion of the effectiveness of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise'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 entity'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 Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise'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*.

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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Eupora, Mississippi April 13, 2020

Watkins Ward and Stafford, Puc



WATKINS, WARD and STAFFORD

Professional Limited Liability Company Certified Public Accountants James L. Stafford, CPA
Harry W. Stevens, CPA
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Independent Auditors' Report on Compliance with State Laws and Regulations

The Board of Trustees Neshoba County General Hospital and Neshoba County Nursing Home Philadelphia, Mississippi

We have audited the financial statements of Neshoba County General Hospital and Neshoba County Nursing Home, a component unit of Neshoba County, Mississippi, as of and for the years ended September 30, 2019, and 2018, and the financial statements of Neshoba County Ambulance Enterprise, a discretely presented component unit of Neshoba County General Hospital and Neshoba County Nursing Home, as of and for the years ended September 30, 2019, and 2018, and have issued our report thereon dated April 13, 2020.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

Compliance with state laws applicable to Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise is the responsibility of the facility's management. As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we performed tests of Neshoba County General Hospital and Neshoba County Nursing Home's and Neshoba County Ambulance Enterprise's compliance with certain provisions of state laws and regulations. However, the objective of our audit of the financial statements was not to provide an opinion on overall compliance with such provisions. Accordingly, we do not express such an opinion.

The results of our tests indicate that, with respect to the items tested, Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise complied with the provisions referred to in the preceding paragraph, except as described in the accompanying schedule of findings and responses. With respect to items not tested, nothing came to our attention that caused us to believe that Neshoba County General Hospital and Neshoba County Nursing Home and Neshoba County Ambulance Enterprise had not complied with state laws and regulations.

This report is intended solely for the information and use of the board of trustees, management, others within the organization, and the board of supervisors of Neshoba County, Mississippi and is not intended to be and should not be used by anyone other than these specified parties. However, this report is a matter of public record and its distribution is not limited.

Eupora, Mississippi April 13, 2020 Watkins Ward and Stafford, Puc

NESHOBA COUNTY GENERAL HOSPITAL AND NESHOBA COUNTY NURSING HOME Schedule of Findings and Responses September 30, 2019

2019-001 Finding

Condition: Neshoba County General Hospital and Neshoba County Nursing Home have deposited funds with financial institutions that have not been named as depositories.

Criteria: As per Miss. Code Ann. § 27-105-365 (1), Neshoba County General Hospital and Neshoba County Nursing Home may deposit funds in one or more financial institutions who have been named as depositories in the same manner as county depositories are selected by boards of supervisors pursuant to Section 27-105-305.

Cause: Neshoba County General Hospital and Neshoba County Nursing Home allows Neshoba County to advertise and accept bids for bank depositories on Neshoba County General Hospital and Neshoba County Nursing Home's behalf. As of September 30, 2019, Neshoba County had named Citizens Bank as the sole depository for Neshoba County and, therefore, Neshoba County General Hospital and Neshoba County Nursing Home. Neshoba County General Hospital and Neshoba County Nursing Home has bank accounts and certificate of deposit with Citizens Bank, the named depository, and with Cadence Bank and Regions Bank, which have not been named as depositories.

Effect: Neshoba County General Hospital and Neshoba County Nursing Home was not in compliance with state bank depository law.

Recommendation: Neshoba County General Hospital and Neshoba County Nursing Home should follow proper bank depository law for all future fiscal years.

Response: Neshoba County General Hospital and Neshoba County Nursing Home will follow proper bank depository law for all future fiscal years.