



Rea & associates *a brighter way*

Joel Pomerene Memorial Hospital

Combined Financial Statements

For the Fiscal Years Ended
December 31, 2014 and 2013



Dave Yost • Auditor of State

Board of Trustees
Joel Pomerene Memorial Hospital
981 Wooster Road
Millersburg, Ohio 44654

We have reviewed the *Independent Auditor's Report* of the Joel Pomerene Memorial Hospital, Holmes County, prepared by Rea & Associates, Inc., for the audit period January 1, 2014 through December 31, 2014. Based upon this review, we have accepted these reports in lieu of the audit required by Section 117.11, Revised Code. The Auditor of State did not audit the accompanying financial statements and, accordingly, we are unable to express, and do not express an opinion on them.

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

A handwritten signature in black ink that reads "Dave Yost".

Dave Yost
Auditor of State

May 20, 2015

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JOEL POMERENE MEMORIAL HOSPITAL

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March 25, 2015

To the Board of Trustees
Joel Pomerene Memorial Hospital
Holmes County, Ohio
981 Wooster Road
Millersburg, OH 44654

Independent Auditor's Report

Report on the Financial Statements

We have audited the accompanying combined financial statements of the Joel Pomerene Memorial Hospital, Holmes County, Ohio, a business-type activity of Holmes County, Ohio, and its subsidiaries (collectively the "Organization") as of and for the years ended December 31, 2014 and 2013, and the related notes to the financial statements, which collectively comprise the Organization's combined financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the respective financial position of the Organization, as of December 31, 2014 and 2013, and the respective changes in financial position and cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of a Matter

As described in Note 1, the combined financial statements of the Organization are intended to present the financial position, the changes in financial position, and cash flows of only that portion of the business-type activities of Holmes County that is attributable to the transactions of the Organization. They do not purport to, and do not, present fairly the financial position of Holmes County, Ohio as of December 31, 2014 and 2013, the changes in its financial position, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

As described in Note 14, management has, with approval from the Holmes County Commissioners, elected to convert from a county-owned hospital under Ohio Revised Code 339 to a private, not-for-profit hospital. The conversion process to private status will be undertaken throughout the 2015 calendar year with an anticipated completion date of December 31, 2015. 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's Discussion and Analysis on pages 4-8 be presented to supplement the combined financial statements. Such information, although not a part of the combined financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the combined 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 combined financial statements, and other knowledge we obtained during our audit of the combined financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated March 25, 2015 on our consideration of the Organization's internal control over financial reporting and on our tests 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 Organization's internal control over financial reporting and compliance.

Rea & Associates, Inc.

Millersburg, Ohio

JOEL POMERENE MEMORIAL HOSPITAL
Management's Discussion and Analysis

The discussion and analysis of the combined financial statements for Joel Pomerene Memorial Hospital (the Hospital) provides an overview of the Hospital's financial activities for the years ended December 31, 2014 and 2013. The intent of this discussion and analysis is to provide further information on the Hospital's financial performance as a whole; readers should also review the notes to the basic financial statements to enhance their understanding of the financial performance.

Financial Highlights

- Net positions increased \$2,313,143 from \$24,692,204 at December 31, 2013 to \$27,005,347 at December 31, 2014.
- Operating income was \$1,359,831 for 2013 and was \$2,248,983 for 2014.
- Net accounts receivable increased \$736,820 from \$3,966,736 at December 31, 2013 to \$4,703,556 at December 31, 2014. Net days in accounts receivable changed from 42 at December 31, 2013 to 41 at December 31, 2014.
- From December 31, 2013 to December 31, 2014, total assets increased \$3,108,517; total liabilities increased \$795,374 and current liabilities increased \$346,795.
- Net cash flows provided from operating activities were \$2,010,143 during 2013 and \$3,141,689 during 2014.

Using This Annual Report

The Hospital's financial statements consist of three statements - a statement of net positions; a statement of operations and changes in net positions; and a statement of cash flows. These financial statements and related notes provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by contributions, grantors, or enabling legislation.

Joel Pomerene Memorial Hospital (the Hospital), a business-type activity of Holmes County, is organized as a county hospital under the provisions of the general statutes of the State of Ohio.

While the County is empowered to appropriate money from its general fund, from certain state and federal money it receives, and with approval of the electorate, levy taxes to support the operation of the Hospital, the Hospital has been self-supporting and receives no County appropriations for operations.

The Board of Trustees, appointed by the Board of County Commissioners, the Probate and Common Pleas Judges, is charged with maintenance, operation and management of the Hospital, its finances and staff. The Hospital's primary mission is to provide high quality, cost effective healthcare in a compassionate and friendly manner to the citizens of the greater Holmes County community.

The combined financial statements include the accounts and transactions of the Hospital and Joel Pomerene Foundation. All significant inter-company accounts and transactions have been eliminated from the financial statements.

JOEL POMERENE MEMORIAL HOSPITAL
Management's Discussion and Analysis

The Statement of Net Positions and Statement of Operations and Changes in Net Positions

One of the most important questions asked about the Hospital's finances is, "Is the Hospital as a whole better off or worse off as a result of last year's activities?" The statement of net positions and statement of operations and changes in net positions report information about the Hospital'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 Hospital's net positions and changes in them. You can think of the Hospital's net positions - the difference between assets and liabilities - as one way to measure the Hospital's financial health, or financial position. Over time, increases or decreases in the Hospital's net positions 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 Hospital'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 Hospital.

The Statement of Cash Flows

The final required statement is the statement of cash flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing and capital and related 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 Hospital's Net Positions

Pomerene Hospital's net positions were \$23,289,082, \$24,692,204 and \$27,005,347 in 2012, 2013, and 2014, respectively. Table 1 provides a summary of the Hospitals total net positions for 2014 compared to 2013 and 2012.

Table 1
Net Positions

	2014	2013	2012
Assets			
Current Assets	\$ 11,961,025	\$ 9,602,501	\$ 8,136,805
Assets Whose Use is Limited	6,873,270	6,364,657	6,678,721
Other Assets	43,673	33,038	21,884
Capital Assets	12,361,707	12,130,962	11,894,838
Total Assets	<u>31,239,675</u>	<u>28,131,158</u>	<u>26,732,248</u>
Liabilities:			
Current Liabilities	2,646,978	2,300,183	2,173,016
Long-Term Liabilities	1,587,350	1,138,771	1,270,150
Total Liabilities	<u>4,234,328</u>	<u>3,438,954</u>	<u>3,443,166</u>
Net Positions			
Net Investment in Capital Assets	10,585,927	10,822,601	10,396,991
Restricted	568,785	701,341	658,837
Unrestricted	15,850,635	13,168,262	12,233,254
Total Net Positions	<u>\$ 27,005,347</u>	<u>\$ 24,692,204</u>	<u>\$ 23,289,082</u>

JOEL POMERENE MEMORIAL HOSPITAL
Management's Discussion and Analysis

The Hospital transfers excess cash to assets limited as to use. The assets limited as to use at the end of 2014 were \$6,873,270 compared to \$6,364,657 and \$6,678,721 at the end of 2013 and 2012, respectively.

The primary change in the Hospital's net positions is its income (loss) from operations – the difference between total operating revenues and total operating expenses incurred to perform those services. In fiscal year 2014, the Hospital experienced a profit from operations of \$2,248,983, following the previous year's income from operations of \$1,359,831. The primary contribution to the fiscal year 2014 profit from operations was an increase in patient service revenue that exceeded increases in operating expenses. Total operating expenses increased 3.3%, or \$1,054,181 and operating revenue increased 5.9% or \$1,943,333. The most significant increase was supplies and other expenses of approximately \$749,237.

Operating Results and Changes in the Hospital's Net Positions

Table 2 shows the changes in revenues and expense for 2014 compared to 2013 and 2012:

Table 2
Revenues and Expenses

	2014	2013	2012
Revenue			
Net Patient Service Revenue	\$ 32,516,630	\$ 30,439,363	\$ 28,531,330
Other Revenues	2,311,199	2,445,133	2,326,574
Total Revenue	<u>34,827,829</u>	<u>32,884,496</u>	<u>30,857,904</u>
Operating Expenses			
Salaries and Wages	13,110,233	13,080,474	12,174,726
Employee Benefits	3,459,358	3,273,702	3,215,567
Supplies and Other	8,674,651	7,925,414	8,130,590
Medical Professional Fees	5,959,155	5,895,316	5,687,708
Depreciation	1,298,038	1,227,939	1,249,096
Other	77,411	121,820	61,902
Total Expenses	<u>32,578,846</u>	<u>31,524,665</u>	<u>30,519,589</u>
Operating Income (Loss)	2,248,983	1,359,831	338,315
Non-Operating Income	32,762	34,033	35,326
Change in Fair Value of Investments	31,398	9,258	603
Change In Net Positions	<u>\$ 2,313,143</u>	<u>\$ 1,403,122</u>	<u>\$ 374,244</u>

Net Patient Service Revenues

Compared to 2013, net patient service revenues increased \$2,077,267 in 2014.

For fiscal year 2014, the Hospital Board of Trustees approved a price increase of 1.5%. Inpatient admissions increased 1.0% and outpatient registrations increased 4.25% for 2014.

JOEL POMERENE MEMORIAL HOSPITAL
Management's Discussion and Analysis

Deductions from Revenue

Deductions from revenue expressed as a percentage of gross patient service revenues were 48% in 2014 and 48% in 2013.

In the 1980's the State of Ohio developed a program designed to help hospitals address the increasing number of low income, special needs patients. The Hospital Care Assurance Program (HCAP) is funded through an assessment of all Ohio hospitals and matched with federal funds. The entire pool of funds is then redistributed to all Ohio hospitals with no guarantee that each hospital will receive back its initial assessment. For 2014, Pomerene Hospital's HCAP distribution was \$496,850 more than its assessment, compared to \$408,271 in 2013.

Operating Expenses

Total operating expenses in 2014 increased from 2013 levels by \$1,054,181 or 3.3%.

Salary & Wages

Total full time equivalents decreased 1.6% from 2013 to 2014.

Employee Benefits

The amounts paid relating to employee benefits for the Hospital increased \$185,656 from 2013 to 2014.

Supplies and Other

Supplies increased \$749,237 in 2014 when compared to 2013.

Medical and Professional Fees

Medical and professional fees increased \$63,839 in 2014 when compared to 2013.

Nonoperating Revenues and Expenses

Nonoperating revenues consist of investment income and changes in fair value of investments.

The Hospital's Cash Flows

The Hospital has positive cash flow of \$2,144,475 in 2014.

Capital Assets

Business-type capital assets increased from \$12,130,962 in 2013 to \$12,361,707 in 2014. The increase relates to \$1,298,038 in depreciation expense, offset by \$1,710,242 in capital additions. Major capital additions include building renovations and equipment purchases for the Cardiology Department and a CT Scanner.

JOEL POMERENE MEMORIAL HOSPITAL
Management's Discussion and Analysis

Debt

At December 31, 2014, the Hospital had \$1,775,770 in outstanding borrowings under notes payable and capital leases. In 2013, the Hospital entered into a capital lease for \$31,799. In 2014, the Hospital obtained a \$637,000 loan from Aultman Health Foundation for the purchase of a CT Scanner. The Hospital has notes payable outstanding for \$1,562,000 which contains certain restrictive covenants that the Hospital was in compliance with at December 31, 2014.

Other Economic Factors

The Hospital's Board and management considered many factors when setting the 2014 budget. Of primary importance in setting the budget was the status of the local economy, which takes into account market focus and other environmental factors such as the following:

- Demographics and impact areas of population growth and the expanding need for services
- Continuously increasing expectations of quality improvements
- Advances in medical equipment technology and the need to replace obsolete equipment
- Increasing emphasis on the integrity of financial information
- Increasing number of uninsured patients
- Increasing cost of medical supplies

The focus of management is to implement a multi-year plan that will emphasize expanded services to all areas of Holmes County, continuous quality improvement, cost control, and capital requirements.

The 2015 Operating Budget

The Board of Trustees approved the 2015 Operating Budget at its November 2014 meeting. The Budget was developed in conjunction with internal and external economic factors including the expected level of inflation, salary and wage surveys, new physicians and new services. The 2015 budget has 7% lower net revenues compared to 2014.

The 2015 Hospital budget calls for operating gain of \$862,520 or a 3% operating margin.

Contacting the Hospital's Management

This financial report is intended to provide the people of Holmes County, the state and federal governments, and our debt holders with a general overview of the Hospital's finances, and to show the Hospital's accountability for the money it receives from the services it provides. If you have any questions about this report or need additional information, we welcome you to contact the Chief Financial Officer at 981 Wooster Road, Millersburg, Ohio 44654.

JOEL POMERENE MEMORIAL HOSPITAL
COMBINED STATEMENTS OF NET POSITIONS
AS OF DECEMBER 31, 2014 AND 2013

	2014	2013
ASSETS		
CURRENT ASSETS:		
Cash and Cash Equivalents	\$ 6,016,237	\$ 4,277,637
Investments	667,095	769,832
Patient Accounts Receivable, Net of Uncollectible Accounts of \$1,298,500 in 2014 and \$1,658,500 in 2013	4,703,556	3,966,736
Inventories	336,636	326,044
Prepaid Expenses and Other Assets	237,501	262,252
Total Current Assets	11,961,025	9,602,501
NON CURRENT ASSETS:		
Other	43,673	33,038
Assets Limited as to Use	6,873,270	6,364,657
Capital Assets, Net of Depreciation	12,361,707	12,130,962
Total Assets	\$ 31,239,675	\$ 28,131,158
LIABILITIES AND NET POSITIONS		
CURRENT LIABILITIES:		
Accounts Payable	\$ 363,106	\$ 324,998
Accrued Salaries, Wages and Employee Benefits	1,391,912	1,316,547
Other Accrued Expenses	703,540	489,049
Current Portion of Long Term Debt and Leases	188,420	169,589
Total Current Liabilities	2,646,978	2,300,183
LONG-TERM DEBT, NET OF CURRENT PORTION	1,587,350	1,138,771
Total Liabilities	4,234,328	3,438,954
NET POSITIONS:		
Net Investment in Capital Assets	10,585,927	10,822,601
Restricted by Donor For Specific Uses	568,785	701,341
Unrestricted	15,850,635	13,168,262
Total Net Positions	27,005,347	24,692,204
Total Liabilities and Net Positions	\$ 31,239,675	\$ 28,131,158

See accompanying notes to the combined financial statements.

JOEL POMERENE MEMORIAL HOSPITAL
COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITIONS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
REVENUE:		
Net Patient Service Revenue	\$ 32,516,630	\$ 30,439,363
Other Operating Revenue	2,311,199	2,445,133
Total Revenue	<u>34,827,829</u>	<u>32,884,496</u>
EXPENSES:		
Salaries and Wages	13,110,233	13,080,474
Employee Benefits	3,459,358	3,273,702
Supplies and Other	8,674,651	7,925,414
Medical Professional Fees	5,959,155	5,895,316
Depreciation	1,298,038	1,227,939
Other	77,411	121,820
Total Expenses	<u>32,578,846</u>	<u>31,524,665</u>
OPERATING INCOME (LOSS)	2,248,983	1,359,831
NON-OPERATING GAINS:		
Non-Operating Income, Net	32,762	34,033
Change in Fair Value of Investments	31,398	9,258
Total Non-Operating Gains	<u>64,160</u>	<u>43,291</u>
CHANGE IN NET POSITIONS	2,313,143	1,403,122
NET POSITIONS, BEGINNING OF YEAR	<u>24,692,204</u>	<u>23,289,082</u>
NET POSITIONS, END OF YEAR	<u><u>\$ 27,005,347</u></u>	<u><u>\$ 24,692,204</u></u>

See accompanying notes to the combined financial statements.

JOEL POMERENE MEMORIAL HOSPITAL
COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES:		
Cash Received From Patients and Third-Party Payors	\$ 31,779,810	\$ 29,543,229
Cash Paid to Suppliers for Services and Goods	(14,455,094)	(13,687,052)
Cash Paid to Employees and for Related Benefits	(16,494,226)	(16,291,167)
Other Operating Revenue Received	2,311,199	2,445,133
Net Cash Provided By Operating and Nonoperating Activities	3,141,689	2,010,143
CASH FLOWS FROM CAPITAL AND RELATED FINANCING ACTIVITIES:		
Acquisitions and Construction of Capital Assets	(1,528,783)	(1,432,264)
Issuance of Long Term Debt	637,000	0
Principal Payments on Capital Leases	(119,590)	(171,285)
Principal Payments on Long Term Debt	(50,000)	(50,000)
Net Cash Used in Capital and Related Financing Activities	(1,061,373)	(1,653,549)
CASH FLOWS FROM INVESTING ACTIVITIES:		
Interest on Investments	32,762	34,033
Change in Fair Value of Investments	31,398	9,258
Net Cash Provided By Investing Activities	64,160	43,291
NET INCREASE IN CASH AND CASH EQUIVALENTS	2,144,476	399,885
CASH AND CASH EQUIVALENTS, Beginning of year	11,412,126	11,012,241
CASH AND CASH EQUIVALENTS, End of year	\$ 13,556,602	\$ 11,412,126
Cash and Cash Equivalents Include the Following:		
Cash and equivalents	\$ 6,016,237	\$ 4,277,637
Investment Cash and Cash Equivalents	667,095	769,832
Assets Limited as to Use Cash and Cash Equivalents:		
Board Designated for Future Capital Improvements	6,873,270	6,304,776
Funds Available for Future Construction and Equipment	0	59,881
Total Cash and Cash Equivalents	\$ 13,556,602	\$ 11,412,126
A Reconciliation of the Income From Operations to Net Cash Flows		
Provided by Operating Activities is as Follows:		
Income/(Loss) From Operations	\$ 2,248,983	\$ 1,359,831
Adjustments to Reconcile Income From Operations to Net Cash Provided by		
Operating Activities:		
Depreciation	1,298,038	1,227,939
Changes in Assets and Liabilities:		
(Increase) Decrease in Patient Accounts Receivable	(736,820)	(896,134)
(Increase) Decrease in Inventories	(10,592)	31,459
(Increase) Decrease in Prepaid Expenses and Other Assets	14,116	101,774
Increase (Decrease) in Accounts Payable	38,108	42,219
Increase (Decrease) in Accrued Expenses	289,856	143,055
Net Cash Provided by Operating Activities	\$ 3,141,689	\$ 2,010,143
Supplemental Disclosure of Cash Flow Information:		
Capital Assets Acquired Under Capital Leases	\$ 0	\$ 31,799

See accompanying notes to the combined financial statements.

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

1. NATURE OF OPERATIONS

The accompanying combined financial statements include the accounts of Joel Pomerene Memorial Hospital (the Hospital) and its subsidiaries, Joel Pomerene Foundation and Health Professionals of Holmes County, Inc. (collectively, the Organization). All significant intercompany transactions and balances have been eliminated in consolidation.

The Hospital is a general acute care hospital owned by Holmes County, Ohio. The ultimate responsibility and ownership of the Hospital is vested in the Holmes County Board of Commissioners who, together with the Probate and Common Pleas Court Judges, appoints a Board of Trustees for the administrative control of the Hospital. The Hospital's activity is reflected as an enterprise fund in the Holmes County Financial Statements. The Hospital has 55 beds.

The financial statements are intended to present the financial position and the changes in financial position and, where applicable, cash flows of only that portion of the business-type activities of Holmes County that is attributable to the transactions of the Organization. They do not purport to, and do not, present fairly the financial position of Holmes County, the changes in its financial position or, where applicable, its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Joel Pomerene Foundation (the Foundation) manages and coordinates fund raising campaigns, deferred-giving programs, and similar activities for the financial and volunteer support of the Hospital. The Foundation is a blended component unit of the Hospital. The Foundation actively participates in consortia, preferred provider organizations, and similar activities and develops innovative health care delivery strategies in which to participate on behalf of the Hospital. In addition, the Foundation owns and operates the Health Professionals of Holmes County, Inc. This company employs staff which is in turn leased directly to the Hospital.

The Foundation and Health Professionals of Holmes County, Inc. have been granted an exemption from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Organization have been prepared in conformity with generally accepted accounting principles (GAAP) as applied to governmental hospitals and to local governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The most significant of the Organization's accounting policies are described below.

Measurement Focus

The combined financial statements are prepared using the economic resources measurement focus. All assets and all liabilities associated with the operation of the Organization are included on the combined statement of net positions.

Basis of Accounting

The financial statements are prepared using the accrual basis of accounting.

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

Cash and Cash Equivalents

Cash and investments with a maturity of three months or less at the time they are purchased by the Organization are considered to be cash equivalents.

Investments

During fiscal year 2014, the Organization had investments in common stock, mutual funds, government securities and corporate notes. Investment income or loss (including unrealized and realized gains and losses on investments, interest and dividends) is included in nonoperating gains (losses) unless the income or loss is restricted by donor or law.

Patient Accounts Receivable and Revenue

Patient accounts receivable and revenue are recorded when patient services are performed. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. 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.

The Hospital estimates an allowance for doubtful accounts based on an evaluation of historical losses, current economic conditions, and other factors unique to the Hospital.

Inventories

Inventories consist of surgical, pharmaceutical, and medical supplies and are presented at the lower of cost or market on a first-in first-out basis.

Assets Limited as to Use

Assets limited as to use consist of invested funds designated by the Board of Trustees for future capital improvements, funds invested in accordance with agreements with a third-party, and donor restricted funds.

Capital Assets

All capital assets are capitalized at cost and updated for additions and retirements during the year. Donated fixed assets are recorded at their fair market values as of the date received. The Organization maintains a capitalization threshold of \$500. Improvements are capitalized; the cost of normal maintenance and repairs that do not add to the value of the asset or materially extend an asset's life are expensed as incurred.

All reported capital assets except land and construction in progress are depreciated. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Improvements are depreciated over the useful lives of the related capital assets. Equipment under capital lease is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements.

Charity Care

The Hospital maintains a policy whereby care is provided to patients who meet certain criteria without charge or at amounts less than established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

Federal Income Tax

The Hospital, as a political subdivision, is exempt from federal income taxes under Section 115 of the Internal Revenue Code.

Net Positions

Net positions represent the difference between assets and liabilities. Net investment in capital assets consist of capital positions, net of accumulated depreciation, reduced by the outstanding balances of any borrowings used for the acquisition, construction or improvement of those positions. Net positions are reported as restricted when there are limitations imposed on their use either through the enabling legislation or through external restrictions imposed by creditors, grantors or laws or regulations of other governments. The Organization applies restricted resources first when an expense is incurred for purposes for which both restricted and unrestricted net positions are available.

Use of Estimates

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

Implementation of New Accounting Policies

For the fiscal year ended December 31, 2014, the Hospital has implemented Governmental Accounting Standards Board (GASB) Statement No. 69, *Government Combinations and Disposals of Government Operations* and GASB Statement No. 70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*.

GASB Statement No. 69 addresses accounting and financial reporting for government combinations (including mergers, acquisitions and transfers of operations) and disposals of government operations. The implementation of GASB Statement No. 69 did not have an effect on the financial statements of the Hospital.

GASB Statement No. 70 improves comparability of financial statements by requiring consistent reporting and specifying information required to be disclosed for extending and receiving nonexchange financial guarantees. The implementation of GASB Statement No. 70 did not have an effect on the financial statements of the Hospital.

Reclassification

Certain items have been reclassified, with no effect on net position, to be consistent with classifications adopted for the year ended December 31, 2014.

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3. FAIR VALUE OF FINANCIAL INSTRUMENTS

Major classes of assets and liabilities that are measured at fair value are categorized according to a fair value hierarchy that prioritizes the inputs to value techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Level 1 inputs are readily determinable using unadjusted quoted prices for identical assets or liabilities in active markets. Level 2 inputs are derived from quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets (other than those included in Level 1) which are observable for the asset or liability, either directly or indirectly. Level 3 inputs are derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable. If the inputs used fall within different levels of the hierarchy, the categorization is based upon the lowest level input that is significant to the fair value measurement.

Assets measured at fair value on a recurring basis as of December 31, 2014 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Mutual Funds	\$ 338,916	\$ 0	\$ 338,916
Equity Securities	366,611	0	366,611
United States Government Obligations	0	301,039	301,039
Total	<u>\$ 705,527</u>	<u>\$ 301,039</u>	<u>\$ 1,006,566</u>

Assets measured at fair value on a recurring basis as of December 31, 2013 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual Funds	\$ 301,271	\$ 0	\$ 0	\$ 301,271
Equity Securities	342,085	0	25,000	367,085
United States Government Obligations	0	250,585	0	250,585
Total	<u>\$ 643,356</u>	<u>\$ 250,585</u>	<u>\$ 25,000</u>	<u>\$ 918,941</u>

The Organization records its investment in non-public equity securities based on its percentage ownership of the net asset value as reported to the Organization on an annual basis. In addition, the Organization monitors the overall financial performance by reviewing the non-public company's financial statements and other information on an ongoing basis.

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A reconciliation of activity for 2014 for assets measured at fair value based upon significant unobservable (non-market) information is as follows:

Balance, Beginning of Year	\$ 25,000
Realized and Unrealized gains (losses) included in earnings	<u>(25,000)</u>
Balance, End of Year	<u><u>\$ 0</u></u>

A reconciliation of activity for 2013 for assets measured at fair value based upon significant unobservable (non-market) information is as follows:

Balance, Beginning of Year	\$ 25,000
Realized and Unrealized gains (losses) included in earnings	<u>0</u>
Balance, End of Year	<u><u>\$ 25,000</u></u>

4. DEPOSITS AND INVESTMENTS

At December 31, 2014 and 2013 the carrying amount of the Organization's bank deposits for all funds was \$12,549,158 and \$10,492,620, respectively; and the bank balance was \$12,792,001 and \$10,701,588, respectively. Of the bank balance, \$1,380,918 and \$1,433,247 at December 31, 2014 and 2013, respectively, is covered by Federal Depository Insurance. Of the remaining balance, \$0 was collateralized with securities held by the pledging financial institution's trust department or agent in the Organization's name, \$11,483,083 and \$9,268,341, respectively, was collateralized with securities held by the pledging institution's trust department or agent but not in the Organization's name. Investments are stated at market value plus accrued interest. Cost values also include accrued interest. Market value is based on quoted market prices.

Investments -Investments of the Organization are reported at fair value. See Note 3 for a summary of the Organization's investments.

As of December 31, 2014 and 2013 the Organization had the following cash and investments:

	<u>December 31, 2014</u>		<u>December 31, 2013</u>	
	Cost	Market	Cost	Market
Cash and Cash Equivalents	\$ 10,612,383	\$ 10,612,383	\$ 8,531,354	\$ 8,531,354
Certificates of Deposit	1,937,880	1,937,653	1,960,243	1,960,516
U. S. Government Obligations	301,729	301,039	251,857	250,585
Mutual Funds	261,687	338,916	210,683	301,271
Equity Securities	366,611	366,611	339,907	342,085
Total	<u><u>\$ 13,480,290</u></u>	<u><u>\$ 13,556,602</u></u>	<u><u>\$ 11,294,044</u></u>	<u><u>\$ 11,385,811</u></u>

JOEL POMERENE MEMORIAL HOSPITAL
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Interest rate risk -The Ohio Revised Code has established criteria for the type of investments the Hospital may purchase. The Organization's investment policy has indicated that all investments must abide by these rules. The policy also specifically states that any investment must mature within five years, unless matched to a specific obligation or debt of the Organization. The Organization's investment policy also states that no investment will be made unless the Board of Trustees reasonably believes at the time the investment is made that the investment can be held until maturity. However, an investment may be sold prior to maturity if the Board of Trustees determines that such sale is prudent.

Credit risk -The Organization's investment credit or market ratings are summarized below:

Moody's	S & P	Morning Star	Entity	Fair Value	Maturities in Years (Less than 1)	Maturities in Years (1-5)	As Part of Total Investments
N/A - 1	N/A - 1	N/A - 1	Commercial Savings Bank Common Stock	\$ 188,672	N/A -3	N/A -3	18.7%
N/A - 1	N/A - 1	N/A - 1	Killbuck Savings Bank Common Stock	172,530	N/A -3	N/A -3	17.3%
N/A - 1	N/A - 1	N/A - 1	Newell-Rubbermaid Common Stock	5,409	N/A -3	N/A -3	0.5%
N/A - 2	N/A - 2	N/A - 2	U. S. Treasury Bonds	301,039	55,081	245,958	29.9%
		3 star rating	Federated Mutual Funds-Equity	5,056	N/A -3	N/A -3	0.5%
		3 star rating	Fidelity Mutual Funds-Equity	30,196	N/A -3	N/A -3	3.0%
		3 star rating	T. Rowe Price Mutual Funds-Equity	110,121	N/A -3	N/A -3	10.9%
		3 star rating	Vanguard Mutual Funds-Equity	193,543	N/A -3	N/A -3	19.2%
			Total	\$ 1,006,566	\$ 55,081	\$ 245,958	100.0%

N/A - 1: Common Stock not publicly traded

N/A - 2: Exempt from ratings since explicitly guaranteed by a U. S. Government Agency

N/A - 3: Equity investments, no maturity period to report

Concentration of credit risk -The Board of Trustees places no limit on the amount the Hospital may invest in anyone issuer. See the table above for the percentage of investments as compared to the total of all investments.

5. RESTRICTED NET POSITIONS

The Foundation reports net positions disaggregated into restricted and unrestricted components.

Foundation's restricted net positions for December 31, 2014 is summarized below.

	Balance 12/31/2013	Contributions	Released or Expended	Balance 12/31/2014
Restricted Net Assets:				
Capital Campaign				
-Capital Additions to Joel Pomerene Memorial Hospital	\$ 129,697	\$ 0	\$ 136,046	\$ (6,349)
Harold B. Miley Grant				
-Nursing Education and Scholarship	564,781	27,943	24,723	568,001
Stan Boyd Emergency Fund				
-Prescription Purchases	2,277	0	102	2,175
OB Lifting Hearts				
-Bereavement Program	4,586	5,415	5,043	4,958
Total	\$ 701,341	\$ 33,358	\$ 165,914	\$ 568,785

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Foundation's restricted net positions for December 31, 2013 is summarized below.

	Balance 12/31/2012	Contributions	Released or Expended	Adjustments	Balance 12/31/2013
Restricted Net Assets:					
Capital Campaign					
-Capital Additions to Joel Pomerene Memorial Hospital	\$ 146,364	\$ 0	\$ 16,667	\$ 0	\$ 129,697
Harold B. Miley Grant					
-Nursing Education and Scholarship	508,173	56,608	0	0	564,781
Lois Clark Memorial					
-Nursing Education and Scholarship	514	0	0	(514)	0
Memorials Fund					
-General Memorial Fund	670	0	0	(670)	0
Stan Boyd Emergency Fund					
-Prescription Purchases	2,521	0	244	0	2,277
OB Lifting Hearts					
-Bereavement Program	696	7,492	3,602	0	4,586
Emergency Medical Fund					
-Prescription Purchases	(101)	0	0	101	0
Total	<u>\$ 658,837</u>	<u>\$ 64,100</u>	<u>\$ 20,513</u>	<u>\$ (1,083)</u>	<u>\$ 701,341</u>

6. PATIENT ACCOUNTS RECEIVABLE

The details of patient accounts receivable are set forth below:

	December 31,	
	2014	2013
Total Patient Accounts Receivable	\$ 8,247,314	\$ 7,556,760
Less Allowance For:		
Contractual Adjustments	2,245,258	1,931,524
Uncollectible Amounts	1,298,500	1,658,500
Net Patient Accounts Receivable	<u>\$ 4,703,556</u>	<u>\$ 3,966,736</u>

The Hospital provides services without collateral to patients, most of who are local residents and are insured under third-party payor agreements. The composition of revenue and receivables from patients and third-party payors follows:

	December 31, 2014		December 31, 2013	
	Accounts Receivable	Gross Revenue	Accounts Receivable	Gross Revenue
Medicare	11%	22%	11%	22%
Medicaid	13%	17%	8%	13%
Commercial and Other	39%	47%	35%	48%
Self-Pay	37%	14%	46%	17%
Total	<u>100%</u>	<u>100%</u>	<u>100%</u>	<u>100%</u>

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7. PATIENT SERVICE REVENUE

The Hospital has agreements with payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's established rates for service and amounts reimbursed by third-party payors. The basis of reimbursements with these third-party payors follows:

Medicare -Inpatient, acute-care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain outpatient services, including ambulatory surgery, radiology, and laboratory services are reimbursed on an established fee-for-service methodology. Reimbursement for other outpatient services is based on the prospectively determined ambulatory payment classification system.

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

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

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit by fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying combined financial statements. Medicare cost reports have been settled through 2012 and Medicaid cost reports have been settled through 2007.

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

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8. CAPITAL ASSETS

Capital asset activity for the year ended December, 31, 2014 was as follows:

	2013	Additions	Retirements	2014
Land	\$ 631,987	\$ 0	\$ 0	\$ 631,987
Land Improvements	805,961	0	0	805,961
Construction in Progress	171,800	0	(171,800)	0
Building and Fixed Equipment	18,529,040	343,613	0	18,872,653
Moveable Equipment	13,165,474	1,366,629	(51,196)	14,480,907
Sub-Specialty Medical Clinic	214,198	0	0	214,198
Modular Medical Office Building	560,323	0	0	560,323
OB/GYN Clinic	17,000	0	0	17,000
Total Capital Assets	<u>34,095,783</u>	<u>1,710,242</u>	<u>(222,996)</u>	<u>35,583,029</u>
Less Accumulated Depreciation:				
Land Improvements	698,591	25,693	0	724,284
Building and Fixed Equipment	9,929,743	569,240	0	10,498,983
Moveable Equipment	10,725,448	703,054	(41,537)	11,386,965
Sub-Specialty Medical Clinic	144,200	0	0	144,200
Modular Medical Office Building	449,839	51	0	449,890
OB/GYN Clinic	17,000	0	0	17,000
Total Accumulated Depreciation	<u>21,964,821</u>	<u>1,298,038</u>	<u>(41,537)</u>	<u>23,221,322</u>
Capital Assets, Net	<u>\$ 12,130,962</u>	<u>\$ 412,204</u>	<u>\$ (181,459)</u>	<u>\$ 12,361,707</u>

Capital asset activity for the year ended December, 31, 2013 was as follows:

	2012	Additions	Retirements	2013
Land	\$ 631,987	\$ 0	\$ 0	\$ 631,987
Land Improvements	805,961	0	0	805,961
Construction in Progress	0	171,800	0	171,800
Building and Fixed Equipment	18,432,832	96,208	0	18,529,040
Moveable Equipment	12,054,639	1,302,047	(191,212)	13,165,474
Sub-Specialty Medical Clinic	214,198	0	0	214,198
Modular Medical Office Building	560,323	0	0	560,323
OB/GYN Clinic	17,000	0	0	17,000
Total Capital Assets	<u>32,716,940</u>	<u>1,570,055</u>	<u>(191,212)</u>	<u>34,095,783</u>
Less Accumulated Depreciation:				
Land Improvements	670,468	28,123	0	698,591
Building and Fixed Equipment	9,361,181	568,562	0	9,929,743
Moveable Equipment	10,179,467	631,201	(85,220)	10,725,448
Sub-Specialty Medical Clinic	144,200	0	0	144,200
Modular Medical Office Building	449,786	53	0	449,839
OB/GYN Clinic	17,000	0	0	17,000
Total Accumulated Depreciation	<u>20,822,102</u>	<u>1,227,939</u>	<u>(85,220)</u>	<u>21,964,821</u>
Capital Assets, Net	<u>\$ 11,894,838</u>	<u>\$ 342,116</u>	<u>\$ (105,992)</u>	<u>\$ 12,130,962</u>

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9. LONG TERM DEBT

The following is a summary of the Hospital's long-term debt:

	December 31, 2014	
	Notes Payable	Capital Lease
Debt Outstanding January 1, 2014	\$ 975,000	\$ 333,360
Additions of New Debt	637,000	0
Repayments	50,000	119,590
Debt Outstanding December 31, 2014	\$ 1,562,000	\$ 213,770
Expected to be Paid Within One Year	\$ 141,000	\$ 47,420
	December 31, 2013	
	Notes Payable	Capital Lease
Debt Outstanding January 1, 2013	\$ 1,025,000	\$ 472,846
Additions of New Debt	0	31,799
Repayments	50,000	171,285
Debt Outstanding December 31, 2013	\$ 975,000	\$ 333,360
Expected to be Paid Within One Year	\$ 50,000	\$ 119,590

In 2008, the Hospital obtained a \$1,250,000, unsecured interest-free, loan from Aultman Health Foundation (Aultman), with monthly principal only payments of \$4,167 through July 2033. Aultman has option to call loan in July 2018. Aultman is a related party in that it provides certain management services to the Hospital.

In 2014, the Hospital obtained a \$637,000, unsecured interest-free, loan from Aultman Health Foundation (Aultman), with equal quarterly principal only payments of \$22,750 through November 2021. Aultman is a related party in that it provides certain management services to the Hospital.

Future minimum principal and interest payments follow:

	Note
2015	\$ 141,000
2016	141,000
2017	141,000
2018	866,000
2019	91,000
2020 - 2021	182,000
Total Payments	\$ 1,562,000

The Hospital has entered into various non-cancelable capital lease agreements for equipment. These capital leases are due in monthly installments including interest at rates ranging from 0% to 7.9%. They expire at various times through 2020 and are collateralized by the equipment leased.

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The Hospital has entered into operating lease agreements for equipment, including both month-to-month leases and non-cancelable leases that expire at various dates through 2024. Operating lease expense for equipment totaled \$493,741 in 2014 and \$470,219 in 2013.

Effective March 1, 2009, the Hospital signed a five-year lease agreement for office space from Family Properties, Ltd. The lease expired in February 2014, an addendum was signed in 2014 extending the option to lease for five years.

Office lease expense totaled \$286,321 and \$286,321 in 2014 and 2013, respectively.

Effective April 27, 2004, the Hospital signed a ten-year lease agreement for a medical facility in Berlin, Ohio. The lease expired in 2014. Lease expense was \$58,563 and \$69,884 in 2014 and 2013, respectively.

Effective October 8, 2014, the Hospital signed a ten-year lease agreement for a medical facility in Berlin, Ohio. The lease expires in 2024 with the option to terminate the lease in five years. Lease expense was \$7,997 in 2014.

Minimum payments on these obligations to maturity as of December 31, 2014 are as follows:

	Capital Lease	Operating Lease	Total Lease
2015	\$ 48,595	\$ 336,743	\$ 385,338
2016	41,623	341,705	383,328
2017	33,333	345,258	378,591
2018	33,333	345,258	378,591
2019	33,333	107,931	141,264
2020 - 2024	25,000	314,441	339,441
Total Payments	<u>215,217</u>	<u>1,791,336</u>	<u>2,006,553</u>
Less Amount Representing Interest	1,447	0	1,447
Total Payments	<u>\$ 213,770</u>	<u>\$ 1,791,336</u>	<u>\$ 2,005,106</u>

The Hospital's long-term debt and capital leases are stated at the historical amount, which approximate the fair value at December 31, 2014. The current rates and terms offered to the hospital are comparable to the weighted average interest rates and terms of the current outstanding long-term debt and capital leases.

In addition, the Hospital signed five-year sub-lease agreements with various businesses in the area for this office space. The total amount of rentals to be received in the future under these sub-leases is \$25,733 as outlined below.

	Operating Sub-Lease
2015	\$ 25,733
Total Rental Receipts	<u>\$ 25,733</u>

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	December 31,	
	2014	2013
Cost of Equipment Under Capital Lease	\$ 622,949	\$ 1,076,183
Less: Accumulated Depreciation	249,505	322,062
Net Carrying Amount	\$ 373,444	\$ 754,121

The Hospital is required to meet certain covenants with respect to the Aultman note agreement, including minimum debt service coverage. The Hospital was in compliance with these covenants at December 31, 2014.

10. CHARITY CARE

The Hospital provides medical care without charge, or at a reduced cost, to residents of its community, primarily through (1) services that are non-elective and needed in order to prevent death or adverse effects to the patient's health; and (2) services provided to patients who are uninsured, underinsured, ineligible for government assistance programs, or unable to pay based on financial situation. Patients are required to apply for Medicaid (if applicable) and HCAP prior to applying for the Hospital's charity care. The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for service and supplies furnished under its charity care policy. Charges foregone for services rendered under the Hospital's charity care policy were approximately \$440,674 and \$1,618,447 in 2014 and 2013, respectively.

11. NET PATIENT SERVICE REVENUE

The Hospital provides services to certain patients covered by various third-party payer arrangements that provide fixed payments to the Hospital at amounts different than its established rates. Gross patient service revenue and the allowances to reconcile to net patient service revenue for the years ended December 31, 2014 and 2013 are as follows:

	Year Ended December 31,	
	2014	2013
Gross Patient Service Revenue	\$ 62,048,846	\$ 58,429,165
Revenue Deductions:		
Provision for Contractual Allowances	27,546,735	25,672,508
Bad Debts	1,985,481	2,317,294
Total Revenue Deductions	29,532,216	27,989,802
Net Patient Service Revenue	\$ 32,516,630	\$ 30,439,363

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12. PENSION PLANS

Defined Benefit Pension Plan

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

OPERS provides retirement, disability, survivor and death benefits and annual cost-of-living adjustments to members of the Traditional Pension and Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits. Authority to establish and amend benefits is provided by Chapter 145 of the Ohio Revised Code. OPERS issues a stand-alone financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/investments/cafr.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 1-800-222-7377.

Funding Policy – The Ohio Revised Code provides statutory authority for member and employer contributions. For 2014 and 2013, member and employer contribution rates were consistent across all three plans. For the year ended December 31, 2014 and 2013, members in state and local classifications contributed 10.0 percent of covered payroll.

The Hospital's 2014 contribution rate was 14.0 percent. The portion of employer contributions used to fund pension benefits is net of postemployment health care benefits. The portion of employer contribution allocated to health care for members in the Traditional Plan was 2.0 percent during calendar year 2014. The portion of employer contributions allocated to health care for members in the Combined Plan was 2.0 percent during calendar year 2014.

Postemployment Benefits

Plan Description – Ohio Public Employees Retirement System (OPERS) administers three separate pension plans: The Traditional Pension Plan – a cost sharing, multiple-employer defined benefit pension plan; the Member-Directed Plan – a defined contribution plan; and the Combined Plan – a cost sharing, multiple employer defined benefit pension plan that has elements of both a defined benefit and defined contribution plan.

OPERS maintains a cost-sharing multiple-employer defined benefit post-employment health care plan, which includes a medical plan, a prescription drug program and Medicare Part B premium reimbursement, to qualifying members of both the Traditional Pension and Combined Plans. Members of the Member-Directed plan do not qualify for ancillary benefits, including post-employment health care coverage.

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In order to qualify for post-employment health care coverage, age-and-service retirees under the Traditional Pension and Combined Plans must have 10 or more years of qualifying Ohio service credit. Health care coverage for disability benefit recipients and qualified survivor benefit recipients is available. The health care coverage provided by OPERS meets the definition of an Other Postemployment Benefit (OPEB) as described in GASB Statement 45. OPERS' eligibility requirements for post-employment health care coverage changed for those retiring on and after January 1, 2015. Please see the Plan Statement in the 2013 stand-alone financial report referred to below.

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

OPERS issues a stand-alone financial report. Interested parties may obtain a copy by visiting <https://www.opers.org/investments/cafr.shtml>, by writing to OPERS, 277 East Town Street, Columbus, Ohio 43215-4642, or by calling 614-222-5601 or 1-800-222-7377.

Funding Policy – The Ohio Revised Code provides the statutory authority requiring public employers to fund post-retirement health care through their contributions to OPERS. A portion of each employer's contribution OPERS is set aside for the funding of post-retirement health care coverage.

Employer contribution rates are expressed as a percentage of the covered payroll of active members. In 2014, state and local employers contributed at a rate of 14.0 percent of covered payroll. These are the maximum employer contribution rates permitted by the Ohio Revised Code. Active members do not make contributions to the OPEB Plan.

OPERS' Postemployment Health Care plan was established under, and is administered in accordance with Internal Revenue Code 401(h). Each year, the OPERS Board of Trustees determines the portion of the employer contribution rate that will be set aside for funding postemployment health care benefits. The portion of employer contributions allocated to health care for members in the Traditional Plan and Combined Plan was 2.0 percent during calendar year 2014. Effective January 1, 2015, the portion of employer contributions allocated to health care remains at 2.0 percent for both plans, as recommended by OPERS' actuary. The OPERS Board of Trustees is also authorized to establish rules for the retiree or their surviving beneficiaries to pay a portion of the health care provided. Payment amounts vary depending on the number of covered dependents and the coverage selected.

The OPERS Board of Trustees is also authorized to establish rules for the retiree, or their surviving beneficiaries, to pay a portion of the health care benefits provided. Payment amounts vary depending on the number of covered dependents and coverage selected.

Changes to the health care plan were adopted by the OPERS Board of Trustees on September 19, 2012, with a transition plan commencing January 1, 2014. With the recent passage of pension legislation under SB 343 and the approved health care changes, OPERS expects to be able to consistently allocate 4 percent of the employer contributions toward the health care fund after the end of the transition period.

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The Hospital's contributions to all three plans, representing 100% of employer contributions, for the last three years follow:

<u>Year</u>	<u>Contribution</u>
2014	\$ 1,554,714
2013	\$ 1,550,071
2012	\$ 1,532,011

The portion of the Hospital's contribution in the above table that was made to fund postemployment health care benefits were approximately \$444,182, \$442,855, and \$437,696, for 2014, 2013, and 2012, respectively.

13. MEDICAL MALPRACTICE CLAIMS

The Hospital has purchased occurrence-based insurance to protect itself against losses from medical malpractice claims. The policy covers claims resulting from incidents that occur during the policy term, regardless of when the claims are reported to the insurance carrier. The Hospital is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits of \$1,000,000 per individual claims and \$3,000,000 in the annual aggregate.

The Hospital is not aware of any medical malpractice claims, either asserted or unasserted, that would exceed the policy limits nor has there been a reduction in coverage in the current year. No claims have been settled during the past three years that have exceeded policy coverage limits. The cost of this insurance policy represents the Hospital's cost for such claims for the past three years, and it has been charged to operations as a current expense.

14. SUBSEQUENT EVENT

As of February 19, 2015, the Pomerene Board of Trustees with the approval of the Holmes County Commissioners has elected to convert the Hospital from a county-owned hospital under Ohio Revised Code 339 to a private, not-for-profit hospital. The conversion process to private status will be undertaken throughout the 2015 calendar year. The anticipated conversion completion date is estimated to be December 31, 2015.

Beginning January 1, 2016 the Hospital will operate as a not-for-profit private hospital. According to the 50-year lease agreement, The Joel Pomerene Foundation, an Ohio 501c 3 Corporation, will operate the Hospital as a private, not for profit community hospital while the Holmes County Commissioners will retain ownership of the hospital's physical land and associated building assets.

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

15. BLENDED COMPONENT UNITS

Joel Pomerene Foundation and Health Professionals of Holmes County, Inc. are considered blended component units under criteria of GASB Statement No. 61. The following represents condensed combining financial statements for the years ended 2014 and 2013.

December 31, 2014
Combining Statement of Net Positions

	Joel Pomerene Hospital	Joel Pomerene Foundation	Health Professionals of Holmes County	Consolidated
Current Assets	\$ 11,254,965	\$ 684,345	\$ 21,715	\$ 11,961,025
Other Assets	43,673	0	0	43,673
Assets Limited as to Use	6,873,270	0	0	6,873,270
Capital Assets, Net of Depreciation	11,998,029	363,678	0	12,361,707
Total Assets	<u>30,169,937</u>	<u>1,048,023</u>	<u>21,715</u>	<u>31,239,675</u>
Current Liabilities	2,509,907	34,310	102,761	2,646,978
Long Term Liabilities	1,429,016	158,334	0	1,587,350
Total Liabilities	<u>3,938,923</u>	<u>192,644</u>	<u>102,761</u>	<u>4,234,328</u>
Net Investment In Capital Assets	10,413,917	172,010	0	10,585,927
Restricted by Donor For Specific Use	0	568,785	0	568,785
Net Position	15,817,097	114,584	(81,046)	15,850,635
Total Net Position	<u>\$ 26,231,014</u>	<u>\$ 855,379</u>	<u>\$ (81,046)</u>	<u>\$ 27,005,347</u>

December 31, 2013
Combining Statement of Net Positions

	Joel Pomerene Hospital	Joel Pomerene Foundation	Health Professionals of Holmes County	Consolidated
Current Assets	\$ 8,773,729	\$ 815,730	\$ 13,042	\$ 9,602,501
Other Assets	33,038	0	0	33,038
Assets Limited as to Use	6,364,657	0	0	6,364,657
Capital Assets, Net of Depreciation	11,842,708	288,254	0	12,130,962
Total Assets	<u>27,014,132</u>	<u>1,103,984</u>	<u>13,042</u>	<u>28,131,158</u>
Current Liabilities	2,237,203	50,482	12,498	2,300,183
Long Term Liabilities	947,103	191,668	0	1,138,771
Total Liabilities	<u>3,184,306</u>	<u>242,150</u>	<u>12,498</u>	<u>3,438,954</u>
Net Investment In Capital Assets	10,776,014	46,587	0	10,822,601
Restricted by Donor For Specific Use	0	701,341	0	701,341
Net Position	13,053,812	113,906	544	13,168,262
Total Net Position	<u>\$ 23,829,826</u>	<u>\$ 861,834</u>	<u>\$ 544</u>	<u>\$ 24,692,204</u>

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

December 31, 2014
Combining Statement of Operations and Changes In Net Position

	Joel Pomerene Hospital	Joel Pomerene Foundation	Health Professionals of Holmes County	Consolidated
Operating Revenues	\$ 32,280,310	\$ 61,315	\$ 2,486,204	\$ 34,827,829
Operating Expenses				
Depreciation	1,287,416	10,622	0	1,298,038
Operating Expenses	28,655,866	57,148	2,567,794	31,280,808
Total Operating Expenses	29,943,282	67,770	2,567,794	32,578,846
Operating Income/(Loss)	2,337,028	(6,455)	(81,590)	2,248,983
Non-Operating Gains	64,160	0	0	64,160
Change in Net Position	2,401,188	(6,455)	(81,590)	2,313,143
Beginning Net Positions	23,829,826	861,834	544	24,692,204
Ending Net Positions	\$ 26,231,014	\$ 855,379	\$ (81,046)	\$ 27,005,347

December 31, 2013
Combining Statement of Operations and Changes In Net Position

	Joel Pomerene Hospital	Joel Pomerene Foundation	Health Professionals of Holmes County	Consolidated
Operating Revenues	\$ 30,385,838	\$ 85,611	\$ 2,413,047	\$ 32,884,496
Operating Expenses				
Depreciation	1,217,795	10,144	0	1,227,939
Operating Expenses	27,863,837	22,173	2,410,716	30,296,726
Total Operating Expenses	29,081,632	32,317	2,410,716	31,524,665
Operating Income/(Loss)	1,304,206	53,294	2,331	1,359,831
Non-Operating Gains	43,291	0	0	43,291
Change in Net Position	1,347,497	53,294	2,331	1,403,122
Beginning Net Positions	22,482,329	808,540	(1,787)	23,289,082
Ending Net Positions	\$ 23,829,826	\$ 861,834	\$ 544	\$ 24,692,204

JOEL POMERENE MEMORIAL HOSPITAL
Notes to Combined Financial Statements
December 31, 2014 and 2013

December 31, 2014
Combining Statement of Cash Flows

	<u>Joel Pomerene Hospital</u>	<u>Joel Pomerene Foundation</u>	<u>Health Professionals of Holmes County</u>	<u>Consolidated</u>
Cash Flows From Operating Activities	\$ 3,128,355	\$ 4,661	\$ 8,673	\$ 3,141,689
Cash Flows From Capital and Related Financing Activities	(925,327)	(136,046)	0	(1,061,373)
Cash Flows From Investing Activities	64,160	0	0	64,160
Cash and Cash Equivalents, Beginning of Year	<u>10,583,354</u>	<u>815,730</u>	<u>13,042</u>	<u>11,412,126</u>
Cash and Cash Equivalents, End of Year	<u>\$ 12,850,542</u>	<u>\$ 684,345</u>	<u>\$ 21,715</u>	<u>\$ 13,556,602</u>
Cash and Cash Equivalents:				
Cash and Equivalents	\$ 5,977,272	\$ 17,250	\$ 21,715	\$ 6,016,237
Investment Cash and Cash Equivalents	0	667,095	0	667,095
Assets Limited as to Use:				
Board Designated For Future Capital Improvements	<u>6,873,270</u>	<u>0</u>	<u>0</u>	<u>6,873,270</u>
	<u>\$ 12,850,542</u>	<u>\$ 684,345</u>	<u>\$ 21,715</u>	<u>\$ 13,556,602</u>

December 31, 2013
Combining Statement of Cash Flows

	<u>Joel Pomerene Hospital</u>	<u>Joel Pomerene Foundation</u>	<u>Health Professionals of Holmes County</u>	<u>Consolidated</u>
Cash Flows From Operating Activities	\$ 1,935,499	\$ 63,864	\$ 10,780	\$ 2,010,143
Cash Flows From Capital and Related Financing Activities	(1,636,883)	(16,666)	0	(1,653,549)
Cash Flows From Investing Activities	43,291	0	0	43,291
Cash and Cash Equivalents, Beginning of Year	<u>10,241,447</u>	<u>768,532</u>	<u>2,262</u>	<u>11,012,241</u>
Cash and Cash Equivalents, End of Year	<u>\$ 10,583,354</u>	<u>\$ 815,730</u>	<u>\$ 13,042</u>	<u>\$ 11,412,126</u>
Cash and Cash Equivalents:				
Cash and Equivalents	\$ 4,218,697	\$ 45,898	\$ 13,042	\$ 4,277,637
Investment Cash and Cash Equivalents	0	769,832	0	769,832
Assets Limited as to Use:				
Board Designated For Future Capital Improvements	<u>6,364,657</u>	<u>0</u>	<u>0</u>	<u>6,364,657</u>
	<u>\$ 10,583,354</u>	<u>\$ 815,730</u>	<u>\$ 13,042</u>	<u>\$ 11,412,126</u>

March 25, 2015

To the Board of Trustees
Joel Pomerene Memorial Hospital
Holmes County, Ohio
981 Wooster Road
Millersburg, OH 44654

Independent Auditor's 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*

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 combined financial statements of Joel Pomerene Memorial Hospital, Holmes County, Ohio, a business-type activity of Holmes County, Ohio, and its subsidiaries (collectively the "Organization") as of and for the year ended December 31, 2014, and the related notes to the financial statements, which collectively comprise the Organization's combined financial statements, and have issued our report thereon dated March 25, 2015, wherein we noted the combined financial statements of the Organization present only a portion of the business-type activities of Holmes County, Ohio that is attributable to the transactions of the Organization, and the approval of Holmes County Commissioners to convert from a county-owned facility to a private not-for-profit.

Internal Control over Financial Reporting

In planning and performing our audit of the combined financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the combined financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization'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 combined financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's combined 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.

Hea & Associates, Inc.

Millersburg, Ohio

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Dave Yost • Auditor of State

JOEL POMERENE MEMORIAL HOSPITAL

HOLMES COUNTY

CLERK'S CERTIFICATION

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

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
JUNE 2, 2015**