COMBINED FINANCIAL STATEMENTS

AND

SUPPLEMENTARY INFORMATION

DECEMBER 31, 2013 AND 2012

CPAS/ADVISORS





Dave Yost • Auditor of State

Board of Trustees Memorial Hospital of Union County and Affiliates 500 London Avenue Marysville, Ohio 43040

We have reviewed the *Report of Independent Auditors* of the Memorial Hospital of Union County and Affiliates, Union County, prepared by Blue & Co., LLC, for the audit period January 1, 2013 through December 31, 2013. 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 Memorial Hospital of Union County and Affiliates is responsible for compliance with these laws and regulations.

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Dave Yost Auditor of State

May 12, 2014

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REPORT OF INDEPENDENT AUDITORS

Board of Trustees MEMORIAL HOSPITAL OF UNION COUNTY AND AFFILIATES 500 London Ave. Marysville, Ohio 43040

To the Board of Trustees:

Report on the Financial Statements

We have audited the accompanying combined financial statements of the business-type activities of Memorial Hospital of Union County and Affiliates (the Hospital) as of and for the years ended December 31, 2013 and 2012, and the related notes to the combined financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for preparing and fairly presenting these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes designing, implementing, and maintaining internal control relevant to preparing and fairly presenting financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to opine on these financial statements based on our audits. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General in the United States' *Government Auditing Standards*. Those standards require us to plan and perform the audit to reasonably assure the financial statements are free from material misstatement.

An audit requires obtaining evidence about financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement misstatement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not to the extent needed to opine on the effectiveness of the Hospital's internal control. Accordingly, we express no opinion. An audit also includes evaluating the appropriateness of management's accounting policies and the reasonableness of their significant accounting estimates, as well as our evaluation of the overall financial statement presentation.

We believe the audit evidence we obtained is sufficient and appropriate to support our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of the Hospital as of December 31, 2013 and 2012, 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.

Change in Accounting Principles

As discussed in Note 2 to the combined financial statements, in 2013, the Hospital adopted new accounting guidance, Governmental Accounting Standards Board (GASB) Statement No. 61, *The Financial Reporting Entity: Omnibus an amendment of GASB Statements No. 14 and No. 34,* and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities.* Our opinion is not modified with respect to this matter.

Relationship to Union County

We draw attention to Note 1, which describes the financial statements of Memorial Hospital of Union County and Affiliates are intended to present the financial position and the changes in financial position and cash flows of only that portion of the business-type activities of Union County that is attributable to the transactions of Memorial Hospital of Union County and Affiliates. They do not purport to, and do not present fairly the financial position of Union County as of December 31, 2013 and 2012, the changes in its financial position or 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.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require this presentation to include *Management's discussion and analysis*, listed in the table of contents, to supplement the basic combined financial statements. Although this information is not part of the basic combined financial statements, the Governmental Accounting Standards Board considers it essential for placing the basic financial statements in an appropriate operational, economic, or historical context. We applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, consisting of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, to the basic combined financial statements. We do not opine or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to opine or provide any other assurance.

Board of Trustees MEMORIAL HOSPITAL OF UNION COUNTY AND AFFILIATES

Report on Combining Information

Our audit was conducted to opine on the Hospital's basic combined financial statements taken as a whole.

The combining information on pages 39 through 41 present additional analysis and is not a required part of the basic combined financial statements.

The combining balance sheets and combining statements of operations and changes in net position are management's responsibility and were derived from and relate directly to the underlying accounting and other records used to prepare the basic combined financial statements. We subjected these combining statements to the auditing procedures we applied to the basic combined financial statements. We also applied certain additional procedures, including comparing and reconciling this information directly to the underlying accounting and other records used to prepare the basic combined financial statements or to the basic combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, this information is fairly stated in all material respects to the basic combined financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 4, 2014 on our consideration of the Hospital's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. That report describes the scope of our internal control testing over financial reporting and compliance, and the results of that testing, and does not opine 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 the Hospital's internal control over financial reporting and compliance.

Bener G. LLC

Columbus, Ohio April 4, 2014

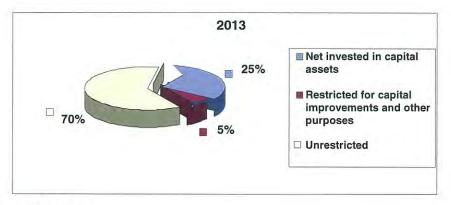
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

The management's discussion and analysis of Memorial Hospital of Union County, The Gables at Green Pastures, Union County Physician Corporation and Union County Hospital Association (collectively, the "Hospital") provides an overview of the combined financial activities for the year ended December 31, 2013. Management is responsible for the completeness and fairness of the combined financial statements and the related footnote disclosures along with the management's discussion and analysis.

Financial Highlights

The combined financial position of the Hospital improved in 2013. In total, the Hospital's net position increased \$9.4 million in 2013. Operating revenues of \$94.8 million exceeded operating expenses of \$85.1 million, producing income from operations of \$9.7 million. Cash and cash equivalents, including assets limited as to use, increased by \$2.7 million.

The following chart provides a breakdown of net position by category at December 31, 2013.



Using This Annual Report

The Hospital's combined financial statements consist of three statements - a balance sheet, a statement of operations and changes in net position, and a statement of cash flows. The combined financial statements and related notes provide information about activities of the Hospital, including resources held by the Hospital but restricted by specific purpose by contributors, bond indenture, grantors or enabling legislation.

This annual financial report includes the report of independent auditors, this management's discussion and analysis, the financial statements in the above referred format, notes to financial statements, and supplementary information.

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MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

The Balance Sheet and the Statement of Operations and Changes in Net Position

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

These two statements report the Hospital's net position and the changes in them. You can think of Hospital's net position - 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 position are one indicator of whether its financial health is improving or deteriorating. You will need to consider many other non-financial factors, such as the trend in patient days, outpatient visits, state and federal regulatory issues, condition of the buildings, and strength of the medical staff, to fully assess the overall health of the Hospital.

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

The Statement of Cash Flows

The final required statement is the statement of cash flows. 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?"

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Condensed Financial Information

The following is a comparative analysis of the major components of the balance sheets of the Hospital as of December 31, 2013, 2012 and 2011:

		December 31	
	2013	2012 As restated	2011 As restated
Assets Current assets Noncurrent assets Capital assets	\$ 61,758,384 1,143,913 48,166,245	\$ 55,956,518 466,373 48,503,681	\$ 43,582,663 1,025,736 40,979,639
Total assets	\$ 111,068,542	\$ 104,926,572	\$ 85,588,038
Liabilities Current liabilities Long-term liabilities	\$ 9,561,255 31,671,569	\$ 10,748,628 33,753,928	\$ 8,365,279 26,453,810
Total liabilities	\$ 41,232,824	\$ 44,502,556	\$ 34,819,089
Net position Net invested in capital assets Restricted Unrestricted	\$ 17,266,213 3,871,672 48,697,833	\$ 14,915,192 4,725,554 40,783,270	\$ 15,398,893 2,177,792 33,192,264
Total net position	\$ 69,835,718	\$ 60,424,016	\$ 50,768,949

Current assets increased 10%, driven by an increase in cash and accounts receivable. Total liabilities decreased 7% during the year as a result of debt payments made in 2013. Unrestricted net position increased 19% due to positive operating results.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Operating Results and Changes in the Hospital's Net position

The following is a comparative analysis of the statements of operations and changes in net position for the years ended December 31, 2013, 2012 and 2011:

	2013	2012 As restated	2011 As restated
Operating revenues			
Net patient service revenue	\$ 90,989,592	\$ 87,195,877	\$ 78,417,777
Other operating revenue	3,837,983	3,437,961	2,025,103
Total operating revenues	94,827,575	90,633,838	80,442,880
Operating expenses			
Salaries and wages	36,776,044	34,053,886	31,279,404
Employee benefits and payroll taxes	9,068,873	10,205,785	9,965,133
Supplies and other	14,006,623	13,727,878	13,783,117
Professional services and consultant fees	4,050,766	3,666,218	3,393,722
Purchased services	14,525,438	12,915,069	11,593,461
Insurance	618,190	646,987	543,451
Utilities	1,310,983	1,415,356	1,292,535
Depreciation and amortization	4,746,562	4,162,693	3,549,428
Total operating expenses	85,103,479	80,793,872	75,400,251
Operating Income	9,724,096	9,839,966	5,042,629
Other income (expense)			
Interest income	121,574	161,617	146,993
Noncapital grants and contributions	363,102	468,427	326,233
Interest expense	(1,043,148)	(968,851)	(1,154,698)
Other	246,078	153,908	208,640
Total other income (expense)	(312,394)	(184,899)	(472,832)
Change in net position	9,411,702	9,655,067	4,569,797
Net position, beginning of year	60,424,016	50,768,949	46,199,152
Net position, end of year	\$ 69,835,718	\$ 60,424,016	\$ 50,768,949

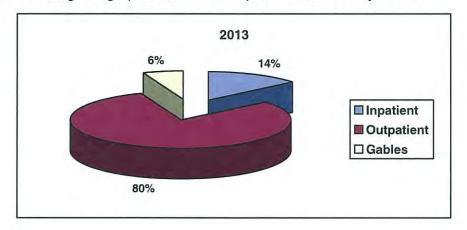
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Operating Revenues

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

Operating revenue changes were a result of the following factors:

 Net patient service revenue increased \$3.8 million. This was attributable to increases in gross rates charged for inpatient and outpatient services partially offset by increases in revenue deductions. Revenue deductions are the amounts that are not paid to the Hospital under contractual arrangements with Medicare, Medicaid, and other payors. These revenue deductions increased from 52% to 54% of gross revenue in 2012 and 2013, respectively.



• The following is a graphic illustration of patient revenues by source:

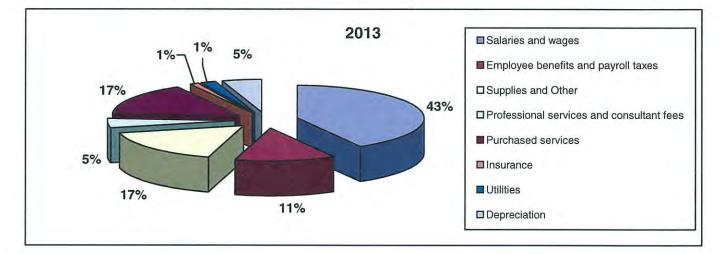
MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Operating Expenses

Operating expenses are all the costs necessary to perform and conduct the services and primary purposes of the Hospital. The operating expense changes were primarily the result of:

- Salaries and wages increased 8% due to pay rate increases and increased full time equivalents.
- Purchased services increased 12% due to service agreements and maintenance fees related to new information technology modules and the electronic health records system.
- Employee benefits decreased 11% due to a decrease in employee health claims compared to 2012.
- Depreciation increased 14% caused by property additions.

The following is a graphic illustration of operating expenses by type:



Other Income (Expense)

Other income and expenses are all sources and uses that are primarily non-exchange in nature. They consist primarily of gifts and bequests, investment income and interest expense.

Significant changes were the result of the following factors:

- Interest expense increased approximately \$74,000.
- Grants and contributions decreased approximately \$105,000.
- Income from joint ventures increased approximately \$92,000.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Statement of Cash Flows

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

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

		Yea	r Er	ded Decembe	r 31	
	_	2013		2012 As restated		2011 As restated
Cash provided by (used in):						
Operating activities	\$	10,251,779	\$	14,288,818	\$	10,270,341
Capital and related financing activities		(7,741,915)		(4,182,453)		(6,168,956)
Investing activities		(60,761)		409,109		104,537
Noncapital financing activities		246,078	_	153,908		208,640
Total		2,695,181		10,669,382		4,414,562
Cash - beginning of year		44,488,030		33,818,648	_	29,404,086
Cash - end of year	\$	47,183,211	\$	44,488,030	\$	33,818,648

The following discussion amplifies the overview of cash flows presented above.

Net cash flows provided by operating activities decreased from the prior year due mainly to an increase in cash payments to suppliers for services and goods and employees for salaries, wages and benefits.

Net cash used by capital and related financing activities increased from the prior year due to increased principal payments on long-term debt.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Capital Asset and Debt Administration

Capital Assets

At December 31, 2013, the Hospital had \$101.5 million invested in capital assets. Accumulated depreciation totaled \$53.3 million. Net capital assets totaled \$48.2 million. Depreciation totaled \$4.7 million during the year compared to \$4.2 million in 2012. A summary is shown below.

			D	ecember 31		
				2012		2011
	-	2013	A	s restated	A	As restated
Capital assets not being depreciated Land	\$	6,456,994	\$	6,456,994	\$	6,456,994
Construction in progress				9,049,411		1,946,614
Subtotal		6,456,994		15,506,405		8,403,608
Capital assets being depreciated - net of accumulated depreciation						
Land improvements		2,672,895		1,973,010		2,029,730
Buildings and improvements		28,693,764		21,348,974		22,453,377
Major moveable equipment		9,066,013		8,053,365		6,962,931
Property under capital leases		1,276,579		1,621,927		1,129,993
Subtotal		41,709,251	_	32,997,276	-	32,576,031
Total	\$	48,166,245	\$	48,503,681	\$	40,979,639
			-			

Debt

At year end, the Hospital had \$30.9 million in long-term debt and capital lease obligations outstanding compared to \$33.6 million the previous year. The table below summarizes these amounts by year.

		December 31	
			2011 As restated
Total leases and bonds	\$ 30,900,032	\$ 33,588,489	\$ 25,580,746

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

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

Economic Factors that Will Affect the Future

In January 2013, Memorial Hospital opened the doors to its new 23,000 square foot Heart Pavilion and Surgical Center. The new space is home to the OSU Wexner Medical Center cardiologists and allows our Heart Partnership team to provide services to the people within Union County and the surrounding communities we serve. The new state of the art facility provides a multi-use catheterization lab for cardiac and peripheral vascular services and the ability to implant pacemakers and other rhythm devices. The space also provides three newly renovated surgical suites for our patients.

Furthermore, with the ongoing collaboration of The Ohio State University Wexner Medical Center, the Hospital continues to make progress on the development of new service lines in the area of cardiology, neurology and critical care. We have witnessed growth in these areas and believe it will continue to flourish for the next several years.

In November 2013, Memorial Hospital broke ground on another new building – a 34,000 square foot multi story medical office building. The City Gate Building will house our relocated urgent care center, physical therapy department and the Marysville Orthopedic and Sports Medicine practice. As an addition, a new outpatient imaging center to include an Open MRI, CT and other modalities will allow Memorial to bring new and ever advancing services to the community. Expanded sports performance training will also be housed in the new third-party developed building.

Looking forward to 2014 and beyond, we expect to see specific economic factors on the horizon that will impact the future of healthcare in Union County. Health Care Reform is here and will be a mainstay in our future. While the overall financial impact is still being fully determined, there have been policy changes due to the passing of the Patient Protection Affordable Care Act (PPACA or ACA) signed by President Obama in 2010.

One of the items currently on our radar pertains to the requirements of employee coverage and the introduction of the health insurance exchange. On the surface, the exchange would provide coverage and reimbursement to the ever growing uninsured population where we currently receive little or no reimbursement. The potential risk is that the new legal requirements for an employer offering insured coverage to its employees is too costly or their respective plans do not meet the requirements of ACA. This, unfortunately, may force smaller employers to drop their current plans. This will push the employee base to seek coverage in the exchange programs thus transitioning from a managed care plan to a Medicaid reimbursed based program. The risk lies in the transition from one plan to another. This will create a negative shift on reimbursement and the longevity of the hospital.

MANAGEMENT'S DISCUSSION AND ANALYSIS (UNAUDITED)

In early 2014, we began to see exchange patients present for service. Currently in Union County, there are three providers (with multiple plans) offering coverage. However, due to the infancy of the program, there seems to be confusion with insurance cards, access to plan coverage and participating and non-participating plans.

Another risk factor pertains to the recent issuance of GASB 67 and 68 (also see notes to the financial statements). These new standards will change the recognition and reporting requirements for public pensions (OPERS). The hospital will now be required to report a portion of the unfunded liability on our financial statements. While the overall structure of the hospital remains unchanged, we will now be required to recognize any shifts in the total net unfunded liability of OPERS. One of the concerns hinges on the fact that Memorial Hospital is required by law to fund the statutory contribution rate of 14%. The hospital has met this obligation and thus is not liable to OPERS or any covered employees for any shortfall in the program. Unfortunately, we will be required to show a calculated portion of total net liability for all 3,700 OPERS eligible employers. The financial impact of this "paper" entry will be to certain financial indicators and the potential violation of debt covenants.

Contacting the Hospital's Management

This financial report is intended to provide the reader with a general overview of the Hospital's finances. If you have questions about this report or need additional information, we welcome you to contact the chief financial officer at 500 London Avenue, Marysville, OH 43040.

Jeff Ehlers Chief Financial Officer

COMBINED BALANCE SHEETS DECEMBER 31, 2013 AND 2012

ASSETS

ASSETS				
		2013		2012 As restated
Current assets	-	2013		As residieu
Cash and cash equivalents	\$	43,311,539	\$	39,762,476
Patient accounts receivable, net of allowances for uncollectible		,_,,,,		
accounts: \$5,635,913 in 2013 and \$4,813,835 in 2012		12,620,857		9,526,851
Assets limited as to use		3,871,672		4,725,554
Prepaid expenses		1,125,926		987,410
Inventories		684,407		646,335
Current portion of physician advances receivable		18,750		219,583
Other current assets	-	125,233	-	88,309
Total current assets		61,758,384		55,956,518
Capital assets, net		48,166,245		48,503,681
Other assets				
Physician advances receivable, net of current		11,207		41,002
Investment in joint ventures		607,706		425,371
Other assets		525,000		-
Total other assets	-	1,143,913	_	466,373
Total assets	\$	111,068,542	\$	104,926,572

COMBINED BALANCE SHEETS DECEMBER 31, 2013 AND 2012

LIABILITIES AND NET POSITION

	2013	2012 As restated
Current liabilities		
Current portion of long-term debt	\$ 2,773,010	\$ 2,686,793
Accounts payable	2,902,455	
Estimated third-party settlements	163,073	
Salaries, wages, and related accruals	3,670,217	3,933,216
Other current liabilities	52,500)
Total current liabilities	9,561,255	10,748,628
Long-term debt, net of current portion	28,127,022	30,901,696
Other liabilities		
Accrued compensated absences	3,072,047	2,852,232
Other	472,500) -
Total long-term liabilities	31,671,569	33,753,928
Total liabilities	41,232,824	44,502,556
Net position		
Net invested in capital assets Restricted:	17,266,213	14,915,192
Nonexpendable permanent endowments Restricted for debt service, capital acquisitions	25,000	25,000
and self-insurance	3,846,672	4,700,554
Unrestricted	48,697,833	
Total net position	69,835,718	60,424,016
Total liabilities and net position	\$ 111,068,542	2 \$ 104,926,572

COMBINED STATEMENTS OF OPERATIONS AND CHANGES IN NET POSITION YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012 As restated
Operating revenues		
Net patient service revenue	\$ 90,989,592	\$ 87,195,877
Other operating revenue	3,837,983	3,437,961
Total operating revenues	94,827,575	90,633,838
Operating expenses		
Salaries and wages	36,776,044	34,053,886
Employee benefits and payroll taxes	9,068,873	10,205,785
Supplies and other	14,006,623	13,727,878
Professional services and consultant fees	4,050,766	3,666,218
Purchased services	14,525,438	12,915,069
Insurance	618,190	646,987
Utilities	1,310,983	1,415,356
Depreciation and amortization	4,746,562	4,162,693
Total operating expenses	85,103,479	80,793,872
Operating income	9,724,096	9,839,966
Other income (expense)		
Interest income	121,574	161,617
Grants and contributions	363,102	468,427
Interest expense	(1,043,148)	(968,851)
Other	246,078	153,908
Total other income (expense)	(312,394)	(184,899)
Change in net position	9,411,702	9,655,067
Net position - beginning of year	60,424,016	50,768,949
Net position - end of year	\$ 69,835,718	\$ 60,424,016

COMBINED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2013 AND 2012

	2013	2012 As restated
Operating activities		
Cash received from patients and third-party payors	\$ 87,677,149	\$ 85,352,162
Cash payments to suppliers for services and goods	(35,375,252)	(31,008,408)
Cash payments to employees for salaries, wages and benefits	(45,888,101)	(43,492,897)
Other operating revenue	3,837,983	3,437,961
Net cash flows from operating activities	10,251,779	14,288,818
Investing activities		
Investment in joint ventures	(182,335)	247,492
Proceeds from investments	121,574	161,617
Net cash flows from investing activities	(60,761)	409,109
Cash flows from noncapital financing activities		
Other nonoperating activities	246,078	153,908
Net cash from noncapital financing activities	246,078	153,908
Capital and related financing activities		
Acquisition and construction of capital assets	(4,373,412)	(10,888,033)
Grants and contributions	363,102	468,427
Issuance of long-term debt		9,094,789
Interest paid on long-term debt	(1,043,148)	(968,851)
Principal payments on long-term debt	(2,688,457)	(1,888,785)
Net cash flows from capital and related financing activities	(7,741,915)	(4,182,453)
Change in cash and cash equivalents	2,695,181	10,669,382
Cash and cash equivalents - beginning of year	44,488,030	33,818,648
Cash and cash equivalents- end of year	\$ 47,183,211	\$ 44,488,030
Balance sheet classification of cash		
Cash and cash equivalents	\$ 43,311,539	\$ 39,762,476
Cash included in assets limited as to use	3,871,672	4,725,554
	\$ 47,183,211	\$ 44,488,030
Supplemental disclosure of non cash activities		
Equipment acquired under capital leases	\$ -	\$ 801,739

COMBINED STATEMENTS OF CASH FLOWS (continued) YEARS ENDED DECEMBER 31, 2013 AND 2012

A reconciliation of operating income to net cash from operating activities follows:

	2013	2012 As restated
Operating income	\$ 9,724,096	\$ 9,839,966
Adjustments to reconcile operating income to net cash from operating activities		
Depreciation	4,746,562	4,162,693
Provision for bad debt	8,247,895	6,241,165
(Gain) loss on disposal of capital assets	(35,714)	3,037
Changes in assets and liabilities		
Patient accounts receivable	(11,341,901)	(7,716,806)
Other assets	17,116	83,039
Accounts payable	(844,654)	1,277,024
Other accrued expenses	(261,621)	398,700
Net cash flows from operating activities	\$ 10,251,779	\$ 14,288,818

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

1. NATURE OF BUSINESS AND SIGNIFICANT ACCOUNTING POLICIES

Organization and Principles of Combination

Memorial Hospital of Union County ("Memorial") is an acute care hospital owned by Union County, Ohio and operated by a board of trustees (the "Trustees"). Members of the board of trustees are appointed by the county commissioners and county judges. Memorial is considered a political subdivision of the state and is therefore exempt from federal income taxes under Section 115 of the Internal Revenue Code. Memorial is reported as an enterprise fund of Union County.

The financial statements of Memorial Hospital of Union County and its Affiliates 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 Union County that are attributable to the transactions of Memorial Hospital of Union County and Affiliates. They do not purport to, and do not, present fairly the financial position of Union County as of December 31, 2013 and 2012, the changes in its financial position or, where applicable, its cash flows for the years then ended.

In 1994, the board of trustees formed Union County Health System (UCHS) in order to provide a corporate structure under which the Hospital can enter into joint ventures with other institutions and health care providers to provide an integrated delivery system.

In 1994, the Board of County Commissioners of Union County (the "Board") passed a resolution to transfer the management and operations of Union Manor (a nursing home) to the Trustees on January 1, 1995. Pursuant to this resolution, the Trustees accepted control over the assets of Union Manor. Under the terms of the transfer, the Board indicated their support of the Trustees in Union Manor's future efforts to secure financing for renovation and expansion. In 2001, the construction of a new facility was completed. Subsequently, the Union Manor name was changed to The Gables at Green Pastures (The Gables).

In 2006, UCHS merged with the Union County Hospital Association (UCHA). UCHS assumed the name of UCHA. The prior operations of UCHA were dissolved and the remaining assets were transferred to Memorial Hospital of Union County.

In 2008, the board of trustees formed Union County Physician Corporation (UCPC) in order to enhance the recruitment of new physicians and retention of existing physicians by offering employment for those physicians and specialties that are of strategic importance to the hospital.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

The combined financial statements for the years ended December 31, 2013 and 2012 included herein consist of the financial positions, results of operations, changes in net position, and cash flows of Memorial Hospital of Union County, UCHA, UCPC, and The Gables (collectively, the "Hospital"). All intercompany accounts and transactions between all entities have been eliminated.

Basis of Presentation

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

Enterprise Fund Accounting

The Hospital uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

Cash and Cash Equivalents

Cash and cash equivalents include cash, certificates of deposit and investments in highly liquid investments purchased with an original maturity of three months or less. Cash and cash equivalents included in assets limited as to use are considered cash and cash equivalents for the purpose of the statement of cash flows.

Inventories

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

Investments in Joint Venture

The Hospital holds investments in other companies which are accounted for using the equity method of accounting. The carrying value of these investments is carried at cost, adjusted based for its proportionate share of their undistributed earnings or losses.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Patient Accounts Receivable

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

Assets Limited as to Use

Assets whose use is limited consist of invested funds designated by the Trustees for the replacement, improvement and expansion of the Hospital's facilities, self-insured health insurance, the Hospital's Section 125 Plan and invested funds held by a trustee in connection with the Hospital's bonds. Assets limited as to use also include funds whose use is specified by the donor, as well as permanently restricted endowments, the earnings of which can be used for certain purposes as specified by the donor.

Capital Assets

Capital assets are recorded at cost or, if donated, at fair value at the date of receipt. Depreciation is computed principally on the straight-line basis over the estimated useful lives of the assets. Equipment under capital lease is amortized on the straight-line method over the estimated useful life of the equipment. Such amortization is included in depreciation in the financial statements. Costs of maintenance and repairs are charged to expense when incurred.

Physician Advances Receivable

The Hospital advances monies to physicians under various cash flow support and loan arrangements. These loans are unsecured and are forgiven systematically in accordance with the loan agreements. Should the arrangement between the Hospital and the physician be terminated prior to the end date agreed upon by both parties, the Hospital will pursue collection of any outstanding advances.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Other Assets

During 2013, the Hospital entered into an agreement with the City of Marysville, Ohio (the City) to obtain the naming rights to a City pavilion. The Hospital is obligated to pay the City a total of \$525,000 over a ten year term for the right to name and use the structure, which include the promotion of Hospital programs and services to the community. The asset is being amortized over the economic life of the pavilion recorded within other assets of the combined balance sheets. The current portion of the liability is recorded within other current liabilities and the long term portion as "other" within the other liabilities section of the combined balance sheets.

Compensated Absences

Paid time off is charged to operations when earned. The unused and earned benefits are recorded as a liability in the financial statements. Employees accumulate vacation days at varying rates depending on years of service, and may carry over accumulated hours to the next year, subject to a maximum of three years' accrual. Employees also earn sick leave benefits at a Hospital-determined rate, which are capped at various levels. Employees are not paid for accumulated sick leave if they leave before retirement. However, employees who retire from the Hospital may convert accumulated sick leave to termination payments equal to the accumulated balance calculated at the employee's base pay rate as of the retirement date. There is no limit on the number of sick leave hours that an employee may accumulate, however, employees are only eligible to receive termination payments on accumulated sick leave balance up to maximum of 240 hours. Employees accumulate holidays at a Hospital-determined rate for all employees.

Restricted Resources

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

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Classification of Net Position

Net position of the Hospital is classified in four components. (1) Net invested in capital assets consist of capital assets net of accumulated depreciation and reduced by the current balance of any outstanding borrowings used to finance the purchase or construction of those assets. (2) Restricted expendable net position are assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Hospital, including amounts deposited with trustees as required by revenue note indentures. (3) Restricted nonexpendable net position equals the principal portion of permanent endowments. (4) Unrestricted net position is remaining net position that does not meet the definition of invested in capital assets net of related debt or restricted.

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 at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Operating Revenue and Expenses

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

Net Patient Service Revenue

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

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

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

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.

Contributions

Contributions of cash and other assets, including unconditional promises to give in the future, are reported as revenue when received and measured at fair value. Contributions with donor-imposed time or purpose restrictions are reported as restricted support. All other contributions are reported as unrestricted support.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy 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.

Of the Hospital's total reported expenses (approximately \$85,103,000 and \$80,794,000 during 2013 and 2012, respectively), an estimated \$1,329,000 and \$1,734,000 arose from providing services to charity patients during 2013 and 2012, respectively. The estimated costs of providing charity services are based on a calculation which applies a ratio of costs to charges to the gross uncompensated charges associated with providing care to charity patients. The ratio of cost to charges is calculated based on the Hospital's total expenses divided by gross patient service revenue. The Hospital participates in the Hospital Care Assurance Program (HCAP) which provides for additional payments to hospitals that provide a disproportionate share of uncompensated services to the indigent and uninsured. Net amounts received through this program totaled approximately \$620,000 and \$437,000 for 2013 and 2012, respectively, and are reported as net patient service revenue in the combined financial statements.

Pension Plans

Substantially all of the Hospital's employees are eligible to participate in defined benefit and defined contribution plans sponsored by Ohio Public Employees' Retirement System (OPERS). The Hospital funds pension costs accrued based on contribution rates determined by OPERS.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Federal Income Tax

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

Risk Management

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

Electronic Health Records (EHR) Incentive Payments

The Hospital receives EHR incentive payments under the Medicare program. To qualify for these payments, the Hospital must meet "meaningful use" criteria that become more stringent over time. The Hospital periodically submits and attests to its use of certified EHR technology, satisfaction of meaningful use objectives, and various patient data. These submissions generally include performance measures for each annual EHR reporting period (ending on September 30th). The related EHR incentive payments are paid out over a four year transition schedule and are based upon data that is captured in the Hospital's cost reports. The payment calculation is based upon an initial amount as adjusted for discharges, Medicare utilization using inpatient days multiplied by a factor of total charges excluding charity care to total charges, and a transitional factor that ranges from 100% in first payment year and thereby decreasing by 25% each payment year until it is completely phased out in the fifth year.

The Hospital recognizes EHR incentive payments as grant income when there is reasonable assurance that the Hospital will comply with the conditions of the meaningful use objectives and any other specific grant requirements. In addition, the financial statement effects of the grants must be both recognizable and measurable. During 2013 and 2012, the Hospital recognized approximately \$1,184,000 and \$1,232,000, respectively, in EHR incentive payments as grant income using the cliff recognition method. Under the cliff recognition method, the Hospital records income at the end of EHR reporting period in which compliance is achieved. EHR incentive income is included in other operating revenue in the statement of operations and changes in net position. EHR incentive income recognized is based on management's estimate and amounts are subject to change, with such changes impacting operations in the period the changes occur.

Receipt of these funds is subject to the fulfillment of certain obligations by the Hospital as prescribed by the program, subject to future audits and may be subject to repayment upon a determination of noncompliance.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Subsequent Events

The Hospital has evaluated events or transactions occurring subsequent to the combined balance sheet date for recognition and disclosure in the accompanying financial statements through the date the financial statements are issued, which is April 4, 2014.

2. CHANGE IN ACCOUNTING PRINCIPLES

During 2013, the Hospital implemented GASB Statement No. 61, The Financial Reporting Entity: Omnibus, an amendment of GASB Statements No. 14, the Financial Reporting Entity, and 34, Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments. The objective of the implementation is to improve financial reporting for a governmental financial reporting entity. As discussed in note 15 to the financial statements, the Hospital adopted GASB Statement No. 61 which requires reporting condensed combining information in the notes to the financial statements for blended component units of primary governments that are business-type activities.

During 2013, the Hospital also implemented GASB Statement No. 65, Items Previously Reported as Assets and Liabilities, which established accounting and financial reporting standards that reclassify, as deferred outflows of resources or deferred inflows of resources, certain items that were previously reported as assets and liabilities. Debt issuance costs should now be recognized as an expense in the period incurred. Previously, debt issuance costs were capitalized at issuance and amortized over the term of the related debt.

The 2012 financial statements have been retroactively restated to address the implementation of this new standard and the effects on the financial statements are detailed below:

	As previously reported	Effects of implementation	As restated
Combined balance sheet:			
Deferred financing costs	\$ 1,078,865	\$ (1,078,865)	\$ -
Net position - unrestricted	\$ 41,862,135	\$ (1,078,865)	\$ 40,783,270
Combined statement of operations and changes in net position:			
Interest	\$ 1,000,080	\$ (31,229)	\$ 968,851
Change in net position	\$ 9,623,838	\$ 31,229	\$ 9,655,067
Net position at 1/1/2012	\$ 51,879,043	\$ (1,110,094)	\$ 50,768,949
Net position at 12/31/12	\$ 61,502,881	\$ (1,078,865)	\$ 60,424,016
Combined statement of cash flows:			
Interest paid on long term debt	\$ 912,175	\$ 56,676	\$ 968,851

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

3. CASH AND CASH EQUIVALENTS

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

The Hospital has designated five banks for the deposit of its funds. An investment policy has not been filed with the Auditor of State on behalf of the Hospital. Investment of interim funds is limited to bonds, notes, debentures, or any other obligations or securities issued by any federal government agency or instrumentality, no-load money market mutual funds, and the Ohio subdivision's fund (STAR Ohio).

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

Active Funds- Those funds required to be kept in a "cash" or "near cash" status for immediate use by the Hospital. Such funds must be maintained either in depository accounts or withdrawable on demand, including Negotiable Order of Withdrawal (NOW) accounts.

Inactive Funds- Those funds not required for use within the current five-year period of designated depositories. Ohio law permits inactive monies to be deposited or invested as certificates of deposit, maturing not later than the end of the current period of designated depositories or as savings or deposit accounts, including, but not limited to passbook accounts.

Interim Funds- Those funds which are not needed for immediate use but will be needed before the end of the current period of designation of deposit. Ohio laws permits interim funds to be invested or deposited in the following securities:

- Bonds, notes, or other obligations that are guaranteed by the United States, or those for which the faith of the United States is pledged for the payment of principal and interest.
- Bonds, notes debentures, or other obligations or securities issued by any federal governmental agency.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

- No-load money market mutual funds consisting exclusively of obligations described in the Ohio Revised Code and repurchase agreements secured by such obligations, provided that investments in securities described in this division are made only though eligible institutions.
- Interim deposits in the eligible institutions applying for interim funds to be evidenced by time certificates of deposit maturing not more than one year from date of deposit, or by saving or deposit accounts, including but not limited to, passbook accounts.
- Bonds and other obligations of the State of Ohio.
- The Ohio State Treasurer's investment pool (STAR Ohio).
- Commercial paper and banker's acceptances which meet the requirements established by Ohio Revised Code, Section 135.142.
- Under limited circumstances, corporate debt obligations in either of the two highest rating classifications by at least two nationally recognized rating agencies.

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

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

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

Custodial Credit Risk of Bank Deposits- Custodial credit risk is the risk that in the event of a bank failure, the Hospital's deposits may not be returned to it. The Hospital does not have a deposit policy for custodial credit risk. At year end, the Hospital had \$36,530,687 of bank deposits (certificates of deposits, checking and savings accounts) that were uninsured but were collateralized with securities held by the pledging financial institution. The Hospital believes that due to the dollar amounts of cash deposits and the limits of FDIC insurance it is impractical to insure all deposits. As a result, the Hospital evaluates each financial institution with which it deposits funds and assesses the level of risk of each institution; only those institutions with an acceptable estimated risk level are used.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

The Hospital had the following investments and maturities:

	Carrying	Maturities		
December 31, 2013	Amount	< than 1 year	1 - 5 years	
Certificates of deposit	\$ 14,175,859	\$ 13,672,852	503,007	

4. PATIENT ACCOUNTS RECEIVABLE

The details of patient accounts receivable are set forth below:

	2013	2012
Patient accounts receivable	\$ 33,019,663	\$ 22,756,866
Allowance for uncollectible accounts	(5,635,913)	(4,813,835)
Allowance for contractual adjustments	(14,762,893)	(8,416,180)
Patient accounts receivable, net	\$ 12,620,857	\$ 9,526,851

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

	20	13	2012		
	Accounts Receivable	Gross Revenue	Accounts Receivable	Gross Revenue	
Medicare	30%	37%	24%	35%	
Medicaid	9%	11%	8%	12%	
Commercial insurance and other	37%	46%	37%	47%	
Self-pay	24%	6%	31%	6%	
	100%	100%	100%	100%	

5. ESTIMATED AMOUNTS DUE TO THIRD-PARTY PAYORS

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:

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

- 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 feefor-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 feefor-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. Cost Reports have been final settled through 2010 for Medicare and 2006 for Medicaid.

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

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

6. CAPITAL ASSETS

Capital assets for the years ended December 31, 2013 and 2012 were as follows:

	2012	Reclassifica- tions	Additions	Disposals and Adjustments	2013
Capital assets not being depreciated:					
Land and land improvements	\$ 6,456,994	\$-	\$ -	\$ -	\$ 6,456,994
Construction in progress	9,049,411	(10,314,579)	1,300,749	(35,581)	
Subtotal	15,506,405	(10,314,579)	1,300,749	(35,581)	6,456,994
Capital assets being depreciated:					
Land improvements	3,122,982	938,695	2,423	622	4,064,722
Building	43,544,937	8,374,331	353,634		52,272,902
Major movable equipment	29,580,751	1,001,553	2,716,606	(339,721)	32,959,189
Property under capital leases	5,733,876				5,733,876
Subtotal	81,982,546	10,314,579	3,072,663	(339,099)	95,030,689
Accumulated depreciation:					
Land improvements	1,149,972	÷ -	241,855		1,391,827
Building	22,195,963	÷	1,477,860	(94,685)	23,579,138
Major moveable equipment	21,527,386	-	2,681,499	(315,709)	23,893,176
Property under capital leases	4,111,949	· · · · · · · · · · · · · · · · · · ·	345,348		4,457,297
Subtotal	48,985,270	· · ·	4,746,562	(410,394)	53,321,438
Capital assets, net	\$ 48,503,681	\$ -	\$ (373,150)	\$ 35,714	\$48,166,245

	2011	Reclassifica- tions	Additions	Disposals and Adjustments	2012
Capital assets not being depreciated:					
Land and land improvements	\$ 6,456,994	\$ -	\$ -	\$ -	\$ 6,456,994
Construction in progress	1,946,614	(1,392,086)	8,494,883		9,049,411
Subtotal	8,403,608	(1,392,086)	8,494,883		15,506,405
Capital assets being depreciated:					
Land improvements	2,988,445	3,725	130,812	l i i i i i	3,122,982
Building	43,284,357	(21,726)	282,306	-	43,544,937
Major movable equipment	26,318,825	1,410,087	1,979,744	(127,905)	29,580,751
Property under capital leases	4,931,849		802,027		5,733,876
Subtotal	77,523,476	1,392,086	3,194,889	(127,905)	81,982,546
Accumulated depreciation:					
Land improvements	958,715	-	191,257	100	1,149,972
Building	20,830,980	158	1,364,825	2.00	22,195,963
Major moveable equipment	19,355,894	(158)	2,296,518	(124,868)	21,527,386
Property under capital leases	3,801,856	·	310,093		4,111,949
Subtotal	44,947,445		4,162,693	(124,868)	48,985,270
Capital assets, net	\$ 40,979,639	\$-	\$ 7,527,079	\$ (3,037)	\$48,503,681

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

7. ASSETS LIMITED AS TO USE

Assets limited as to use are reported as current assets. The composition of assets limited as to use at December 31, 2013 and 2012 consists of the following:

	2013	2012
By board of trustees for capital improvements	\$ 681,309	\$ 2,929,549
By board of trustees retirement of indebtedness	6,024	4,328
By board of trustees for self-insurance	2,675,462	1,346,223
Held by trustee under bond indenture agreement	483,877	420,454
Total board-designated and trustee held	3,846,672	4,700,554
Principal for permanent endowments	25,000	25,000
Total board-designated and trustee held	\$ 3,871,672	\$ 4,725,554

8. SALARIES, WAGES AND RELATED ACCRUALS

The details of accrued liabilities at December 31, 2013 and 2012 are as follows:

	2013	2012
Payroll and related items	\$ 3,276,216	\$ 3,377,424
Self-insured benefits	126,000	205,000
Health insurance claims	268,001	350,792
Total salaries, wages and related accruals	\$ 3,670,217	\$ 3,933,216

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

9. LONG-TERM DEBT

Long-term debt activity for the year December 31, 2013 was as follows:

Union County General Obligation	2012	Additions	Reductions _	2013	Amounts Due Within One Year
Bonds, dated July 1, 2005:					
Serial bonds, 3.50% to 5.00% payable through 2016, in annual installments ranging from \$75,000 to \$680,000	\$ 2,560,000	\$-	\$ (600,000)	\$ 1,960,000	\$ 625,000
Term bonds, 4.10% due December 1, 2018, mandatory annual sinking fund redemption beginning December 1, 2017, ranging from \$515,000 to \$530,000	1,045,000			1,045,000	
Serial bonds, 4.00% to 4.125% payable through 2024, in annual installments ranging from \$555,000 to \$675,000	3,695,000	1 4		3,695,000	
Union County General Obligation Bonds, dated April 1, 2003:					
Serial bonds, 1.50% to 5.00% payable through 2033, in annual installments ranging from \$25,000 to \$635,000	730,000	2	(25,000)	705,000	25,000
Hospital Facilities Revenue Bonds (Build America Bonds) dated December 1, 2009:					
Term bonds, 4.72% payable through 2015, in monthly installments of \$25,783, and a lump sum due January 1, 2015 of \$3,334,719	3,624,274	-	(141,368)	3,482,906	148,187
Hospital Facilities Revenue Bonds (Build America Bonds) dated July 7, 2010:					
Term bonds, 2.51% payable through 2015, in monthly installments of \$73,594	2,204,681	÷	(836,391)	1,368,290	857,789

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

	2012	Additions	Reductions	2013	Amounts Due Within One Year
Commercial Installment Note Note payable, bearing interest at 2.5%, due in monthly installments of \$19,620 through January 1, 2017	912,488		(214,875)	697,613	220,349
Union County General Obligation Bonds, Series 2007: Series bonds, 4.00% to 5.00% payable through 2033, in annual installments ranging from \$334,000 to					
\$1,010,000	8,455,000	÷	(200,000)	8,255,000	210,000
Hospital Facilities Revenue Bonds (Heart Pavilion Project) dated December 13, 2011: Term bonds, 2.40% payable through 2021, in monthly installments of \$47,407	9,000,000	÷	(353,236)	8,646,764	363,073
Capital Lease Obligation, interest rate of 2.50%, monthly payments of \$14,552 through December 2016	664,084		(159,857)	504,227	163,898
Capital Lease Obligation, interest rate of 1.25%, monthly payments of \$12,778 through June 2017	646,462	-	(146,092)	500,370	147,929
Capital Lease Obligation, interest rate of 1.25%, monthly payments of \$1,018 through June 2017	51,500		(11,638)	39,862	11,785
Total long-term debt	\$ 33,588,489	\$ -	\$ (2,688,457)	\$ 30,900,032	\$ 2,773,010

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

Long-term debt activity for the year ended December 31, 2012 follows:

	2011	Additions	Reductions	2012	Amounts Due Within One Year
Union County General Obligation Bonds, dated July 1, 2005:					
Serial bonds, 3.50% to 5.00% payable through 2016, in annual installments ranging from \$75,000 to \$680,000	\$ 3,140,000	\$ -	\$ (580,000) \$	\$ 2,560,000	\$ 600,000
Term bonds, 4.10% due December 1, 2018, mandatory annual sinking fund redemption beginning December 1, 2017, ranging from \$515,000 to \$530,000	1,045,000		÷	1,045,000	
Serial bonds, 4.00% to 4.125% payable through 2024, in annual installments ranging from \$555,000 to \$675,000	3,695,000	i.	-	3,695,000	
Union County General Obligation Bonds, dated April 1, 2003:					
Serial bonds, 1.50% to 5.00% payable through 2033, in annual installments ranging from \$25,000 to \$635,000	755,000	-	(25,000)	730,000	25,000
Hospital Facilities Revenue Bonds (Build America Bonds) dated December 1, 2009:					
Term bonds, 4.72% payable through 2015, in monthly installments of \$25,783, and a lump sum due January 1, 2015 of \$3,334,719	3,759,144	4	(134,870)	3,624,274	141,397
Hospital Facilities Revenue Bonds (Build America Bonds) dated July 7, 2010:					
Term bonds, 2.51% payable through 2015, in monthly installments of \$73,594	2,508,472	241,528	(545,319)	2,204,681	836,389

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

	2011	Additions	Reductions	2012	Amounts Due Within One Year
Commercial Installment Note		_			
Note payable, bearing interest at 2.5%, due in monthly installments of \$19,620 through January 1, 2017	1,061,391	_	(148,903)	912,488	214,875
Union County General Obligation Bonds, Series 2007: Series bonds, 4.00% to 5.00% payable through 2033, in annual					
installments ranging from \$334,000 to \$1,010,000	8,650,000	1.1.1	(195,000)	8,455,000	200,000
Hospital Facilities Revenue Bonds (Heart Pavilion Project) dated December 13, 2011: Term bonds, 2.40% payable through 2021, in monthly installments of \$47,407	146,739	8,853,261		9,000,000	353,226
Capital Lease Obligation, interest rate of 2.50%, monthly payments of \$14,552 through December 2016	820,000	1	(155,916)	664,084	158,176
Capital Lease Obligation, interest rate of 1.25%, monthly payments of \$12,778 through June 2017		740 559	(06.006)	646 460	140,000
		742,558	(96,096)	646,462	146,092
Capital Lease Obligation, interest rate of 1.25%, monthly					
payments of \$1,018 through June 2017		59,181	(7,681)	51,500	11,638
Total long-term debt	\$ 25,580,746	\$ 9,896,528	\$ (1,888,785)	\$ 33,588,489	\$ 2,686,793

The bonds and notes payable are summarized as follows:

2011 Hospital Facilities Revenue Bonds (Heart Pavilion Project) - dated December 13, 2011, were issued in the amount of \$9,000,000 to finance the acquisition, construction, equipping and installation of a new heart pavilion located on the Hospital's main campus. The bonds mature on December 1, 2021, and are subject to redemption at the option of the issuer on any interest payment date.

2010 Hospital Facilities Revenue Bonds (Build America Bonds) - dated July 7, 2010, were issued in the amount of \$2,750,000 to finance the acquisition of an electronic medical records system for the Hospital. The bonds mature on July 1, 2015, and are subject to redemption at the option of the issuer on any interest payment date.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

2009 Hospital Facilities Revenue Bonds (Build America Bonds) – Dated December 1, 2009, were issued in the amount of \$4,000,000 to finance the acquisition of property by the Hospital.

The 2007 Union County General Obligation Bonds - dated April 10, 2007, were issued in the amount of \$9,750,000 with interest rates ranging from 4.0% to 5.0% to refinance a portion of the 2003 Bonds, retire the 2006 notes and fund capital projects of the Hospital.

The 2005 Union County General Obligation Bonds - dated July 1, 2005, were issued in the amount of \$9,850,000 to refund a callable portion of the 1996 General Obligation Bonds and the 1999 Improvement Bonds.

The 2003 Union County General Obligation Bonds - dated April 1, 2003, were issued in the amount of \$8,740,000 to finance the acquisition and construction of capital improvements to the Hospital's facilities, including redesigning of the obstetrics unit and various other projects.

Under the terms of the bond agreements, the Hospital has pledged a security interest in substantially all of its assets. The Hospital is bound by terms under the bond agreements to various debt covenants. The Hospital believes it is in compliance with these covenants at December 31, 2013.

The Hospital has a \$2,950,000 commercial installment note, proceeds from which were used to purchase medical buildings in December 2006. The note is secured by the property with a net book value of \$2,798,067 at December 31, 2013.

In 2011, the Hospital leased PACS software and equipment used in its operations under a capital lease. This lease includes interest at 2.50% with monthly payments of \$14,552 through December 2016. Depreciation of the asset under the capital lease is included in depreciation expense for 2013. The lease is secured by the equipment.

In 2012 the Hospital leased a CT scanner under a capital lease. This lease includes interest at 1.25% with monthly payments of \$12,778 through June 2017. Depreciation of the asset under the capital lease is included in depreciation expense for 2013. The lease is secured by the equipment.

In 2012, the Hospital leased a CT scanner under a capital lease. This lease includes interest at 1.25% with monthly payments of \$1,018 through June 2017. Depreciation of the asset under the capital lease is included in depreciation expense for 2013. The lease is secured by the equipment.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

The following is a schedule by years of debt principal and interest payments and capital lease principal and interest payments:

	 Long-term Debt					
Years Ending December 31	Principal					
2014	\$ 2,773,010	\$	1,073,721			
2015	5,667,023		798,416			
2016	1,877,464		792,019			
2017	1,245,212		727,969			
2018	1,203,610		650,103			
2019-2023	11,288,713		2,318,749			
2024-2028	3,935,000		1,043,697			
2029-2033	2,910,000	1	379,318			
Total	\$ 30,900,032	\$	7,783,992			

The Hospital has various operating lease agreements for equipment and rental space. Minimum lease payments at December 31, 2013 are as follows:

2014	\$ 1,429,293
2015	828,670
2016	579,151
2017	385,586
2018	270,366
Thereafter	 1,187,344
Total	\$ 4,680,410

Rent expense for all operating leases approximated \$2,360,000 in 2013 and \$2,404,000 in 2012.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

10. NET PATIENT SERVICE REVENUE

Net patient service revenue consists of the following:

	-	2013	2012
Patient Revenue:			
Inpatient services:			
Routine services	\$	15,169,950	\$ 14,989,756
Ancillary services		11,695,335	12,480,568
Outpatient services		157,074,500	140,266,877
Resident revenue		11,833,053	12,111,845
Total patient revenue		195,772,838	179,849,046
Revenue deductions:			
Provision for contractual allowances		93,306,327	82,394,928
Provision for bad debt allowances		8,247,895	6,241,165
Charity care, net of Hospital Care Assurance		3,229,024	4,017,076
Total revenue deductions		104,783,246	92,653,169
Total net patient service revenue	\$	90,989,592	\$ 87,195,877

11. PENSION PLANS

The Hospital contributed to the Ohio Public Employees Retirement System (OPERS). 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 healthcare plan, which includes a medical plan, prescription drug program and Medicare Part B premium reimbursement, to qualifying members of both the Traditional Pension and the Combined Plans. Members of the Member-Directed Plan do not qualify for ancillary benefits, including post-employment health care coverage.

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 Post Employment Benefit (OPEB) as described in GASB Statement 45.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

The Ohio Revised Code permits, but does not mandate, OPERS to provide OPEB benefits to its eligible members and beneficiaries. Authority to establish and amend the OPEB Plan 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 OH 43215-4642, or by calling (614) 222-5601 or (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 to 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 2013 and 2012, state and local employers contributed at a rate of 14.0% 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' Post Employment Health Care plan was established under, and is administrated in accordance with, Internal Revenue Code 401(h). Each year, the OPERS Retirement Board determines the portion of the employer contribution rate that will be set aside for funding of post-employment health care benefits. The portion of employer contributions allocated to health care was 1.0% and 4.0% during calendar year 2013 and 2012, respectively. Effective January 1, 2014, the portion of employer contributions allocated to health care was raised to 2%, as recommended by the 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 benefits provided. Payment amounts vary depending on the number of covered dependents and the coverage selected.

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

Year	С	ontribution
2013	\$	4,604,016
2012	\$	4,332,000
2011	\$	4,203,000

Hospital contributions made to fund post-employment healthcare benefits approximated \$328,858, \$1,238,000 and \$1,201,000 for 2013, 2012 and 2011, respectively, which are included in the table above.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

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 recent passage of pension legislation under Senate Bill 343 and the approved health care changes, OPERS expects to be able to consistently allocate 4% of the employer contributions toward the health care fund after the end of the transition period.

12. MEDICAL MALPRACTICE CLAIMS

Based on the nature of its operations, the Hospital is at times subject to pending or threatened legal actions, which arise in the normal course of its activities. The Hospital is insured against medical malpractice claims under a claims-based policy, whereby only the claims reported to the insurance carrier during the policy period are covered regardless of when the incident giving rise to the claim occurred. Under the terms of the policy, the Hospital bears the risk of the ultimate costs of any individual claims exceeding \$1,000,000, or aggregate claims \$3,000,000, for claims asserted in the policy year. In addition, the Hospital has an umbrella policy with an additional \$5,000,000 of coverage. Should the claims-made policy not be renewed or replaced with equivalent insurance, claims based on the occurrences during the claims-made term, but reported subsequently, will be uninsured.

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

13. DEFERRED COMPENSATION

Any employee of the Hospital may participate in a deferred compensation plan created by the State of Ohio under the provisions of Internal Revenue Code (IRC) Section 457, Deferred Compensation Plan with Respect to Service for State and Local Governments. Under the plan, employees may elect to defer a portion of their salaries and avoid paying taxes on the deferred portion until the withdrawal date. The deferred compensation amount is not available for withdrawal by employees until termination, retirement, death or unforeseeable emergency. Certain amounts are being accrued for annually under this plan.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

14. SELF-INSURED BENEFITS

The Hospital is partially self-insured under a plan covering substantially all employees for health benefits. The plan is covered by a stop-loss policy that covers claims over \$125,000 per covered person up to an aggregate of \$1,000,000. Claims in excess of employee premiums are charged to operations. Claims paid were approximately \$4,051,000 and \$5,130,000 for the years ended December 31, 2013 and 2012, respectively. In addition, the Hospital self-insures for worker's compensation. The Hospital has a \$1,500,000 per claim stop-loss policy with a private insurance carrier for worker's compensation.

15. BLENDED COMPONENT UNIT

The consolidated financial statements include The Gables at Green Pastures, Union County Hospital Association, and Union County Physician Corporation, all separate entities organized to support the operations of the Hospital as a blended component unit. The following is a summary of the financial position and activities of the entities as of and for the year ended December 31, 2013:

	The Gables		Union County Hospital Association		Union County Physician Corp.		Blended Component Unit Total	
Assets: Current assets Capital assets, net Other	\$	2,688,513 6,280,181 -	\$	1,062,253 - 657,706	\$	842,517 - -	\$	4,593,283 6,280,181 657,706
Total assets	\$	8,968,694	\$	1,719,959	\$	842,517	\$	11,531,170
Liabilities:								
Current liabilities	\$	842,277	\$		\$	432,896	\$	1,275,173
Long term debt		3,826,917		-		-		3,826,917
Other		250,573		<u>.</u>	-		-	250,573
Total liabilities	\$	4,919,767	\$	-	\$	432,896	\$	5,352,663
Net position:								
Net invested in capital assets	\$	2,153,264	\$	÷	\$		\$	2,153,264
Restricted for debt service, capital acquisitions								
and self-insurance		383,746						383,746
Unrestricted		1,511,917		1,719,959		409,621	-	3,641,497
Total net position	\$	4,048,927	\$	1,719,959	\$	409,621	\$	6,178,507
Total liabilities and net position	\$	8,968,694	\$	1,719,959	\$	842,517	\$	11,531,170

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

		The Gables		nion County ital Association		nion County /sician Corp.		ed Component Unit Total
Operating revenues			-					State of the Color
Net patient service revenue	\$	9,522,702	\$		\$	3,830,170	\$	13,352,872
Other operating revenues Total operating revenues		9,522,702				1,649,092 5,479,262		1,649,092
Total operating revenues		9,522,702				5,479,262		15,001,964
Operating expenses								
Depreciation and amortization		400,548				1. Sec. 4. Co.		400,548
Other operating expenses		8,172,823		29,820		5,513,247		13,715,890
Total operating expenses		8,573,371		29,820		5,513,247		14,116,438
Income (Loss) from operations		949,331		(29,820)		(33,985)		885,526
Non-operating gains (losses)								
Interest income		81		2,594				2,675
Grants and contributions		520		(78,956)		-		(78,436)
Interest expense		(180,924)				-		(180,924)
Other				246,078				246,078
Total non-operating gains (losses)		(180,323)		169,716		-		(10,607)
Change in net position								
Net invested in capital assets Restricted for debt service, capital acquisitions		142,009		15		-		142,009
and self-insurance		89,985		÷		-		89,985
Unrestricted		537,014		139,896		(33,985)		642,925
Total change in net position		769,008		139,896		(33,985)		874,919
Net position - beginning of year		3,279,919		1,580,063		443,606		5,303,588
Net position - end of year	\$	4,048,927	\$	1,719,959	\$	409,621	\$	6,178,507
	1	he Gables		nion County tal Association		nion County vsician Corp.		ed Component Unit Total
Cash provided by (used in):	-						-	
Operating activities	\$	1.045.231	\$	(29,820)	\$	(61,687)	\$	953,724
Investing activities		(89,985)		(182,335)			1	(272,320)
Financing activities	-	(722,961)		169,716		-	-	(553,245)
Total		232,285		(42,439)		(61,687)		128,159
Cash - beginning of year		984,340		1,104,692		263,750		2,352,782
Cash - end of year	\$	1,216,625	\$	1,062,253	\$	202,063	\$	2,480,941

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

The following is a summary of the financial position and activities of the entities as of and for the year ended December 31, 2012:

		The Gables		tal Association		ion County sician Corp.		led Componen Unit Total
Assets:								
Current assets	\$	2,422,096	\$	1,104,692	\$	743,030	\$	4,269,818
Capital assets, net		6,428,172		-				6,428,172
Other	-		-	475,371	-	<u></u>		475,371
Total assets	\$	8,850,268	s	1,580,063	\$	743,030	\$	11,173,361
abilities:								
Current liabilities	\$	1,050,206	S	1	s	299,424	\$	1,349,630
Long term debt	Ŷ	4,126,917	Ŷ		Ŷ	200,121	φ	4,126,91
Other		393,226				-		393,22
					-		1	
Total liabilities	\$	5,570,349	\$		\$	299,424	\$	5,869,773
et position:								
Net invested in capital assets	\$	2,011,255	S	-2	S		\$	2,011,25
Restricted for debt service, capital acquisitions								
and self-insurance		293,761						293,76
Unrestricted	100	974,903		1,580,063		443,606		2,998,57
Total net position	\$	3,279,919	s	1,580,063	s	443,606	\$	5,303,588
Total liabilities and net position		9.950.000		1 580 002		742.020		2200244
Total habilities and her position	\$	8,850,268	\$	1,580,063	S	743,030	\$	11,173,361
			Ur	nion County	Ur	ion County	Blend	led Componer
perating revenues	1	he Gables	Hospi	tal Association	Phy	sician Corp.		Unit Total
Net patient service revenue	\$	9,501,375	S		S	3,122,848	\$	12,624,223
Other operating revenues	Ψ	3,501,575	φ		φ	1,646,307	Ψ	1,646,307
Total operating revenues		9,501,375	-	-	-	4,769,155		14,270,530
perating expenses								
Depreciation and amortization		408,348		-				408,348
Other operating expenses		8,296,694		41,193		4,396,087		12,733,974
Total operating expenses		8,705,042		41,193		4,396,087	-	13,142,322
come (Loss) from operations		796,333		(41,193)		373,068		1,128,208
on-operating gains (losses)								0.54
Interest income		7		3,337		-		3,344
Grants and contributions		3,491		(207,500)		-		(204,009
Interest expense		(220,649)		-				(220,649
Other		(017 151)		153,908	<u> -</u>			153,90
Total non-operating gains (losses)		(217,151)		(50,255)				(267,40
hange in net position		01 000						A
Net invested in capital assets Restricted for debt service, capital acquisitions		81,083						81,08
and self-insurance		(20,618)						(20,618
Unrestricted		518,717		(91,448)		373,068		800,33
Total change in net position		579,182		(91,448)	-	373,068		860,80
A second to the state of the second		0 700 707						
et position - beginning of year	\$	2,700,737	-	1,671,511	-	70,538	-	4,442,78
et position - end of year	\$	3,279,919	\$	1,580,063	\$	443,606	\$	5,303,58
			Ur	ion County	Un	ion County	Blend	led Componer
		he Gables		tal Association		sician Corp.		Unit Total
ish provided by (used in):			-				1	antonia
Operating activities	\$	452,768	S	(41,193)	\$	217,446	\$	629,02
Investing activities		20,618		250,829		-		271,44
Financing activities	-	(706,589)		(53,592)		<u> </u>		(760,18
Total		(233,203)		156,044		217,446		140,28
sh - beginning of year		1,217,543		948,648		46,304		2,212,49
ash - end of vear	\$	984,340	S	1,104,692	\$	263,750	\$	2,352,78
					-			

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

16. INVESTMENT IN JOINT VENTURES

During 1996, the Hospital and two other area health care entities formed Health Partners, Ltd. (Health Partners), for which the Hospital has a 33 1/3 percent ownership interest. This corporation was formed to provide management services to the clinic of a major area corporation. In 1996, the Hospital contributed \$100,000 to Health Partners through UCHA. During 2013 and 2012, the Hospital received distributions from Health Partners totaling \$138,130 and \$336,982, respectively, through UCHA.

During 2003, the Hospital and other health providers formed Marysville Ohio Surgery Center, LLC, of which the Hospital has a 37.74 percent ownership interest. The organization was formed to promote health care and provide outpatient surgical service in the area. During 2003, the Hospital contributed \$159,000 through UCHA. During 2013 and 2012, the Hospital received distributions of \$0 and \$20,000, respectively.

During 2003, the Hospital and other area health providers formed Marysville Ohio Medical Properties, LLC, of which the Hospital has a 46.88 percent ownership interest. The organization was formed as the property owner for the Marysville Ohio Surgery Center facility. During 2003, the Hospital contributed through UCHA \$130,000 and \$100,000 during 2013. During 2013 and 2012, the Hospital received \$28,125 and \$44,418, respectively, through UCHA.

17. HEART PAVILION COLLABORATION AGREEMENT

On January 1, 2011, the Hospital entered into cardiovascular collaboration and management service agreements with The Ohio State University (OSU) to provide cardiovascular services to the Hospital's patients on its campus. Under the terms of the agreements, each party provides certain equipment, facilities, personnel and management services. Program earnings, as defined, are determined and distributed under the terms of the agreements. As of December 31, 2013 and 2012, the Hospital has accrued \$250,000 and \$191,393 for amounts due to The Ohio State University relating to earnings in 2013 and 2012, respectively.

NOTES TO COMBINED FINANCIAL STATEMENTS DECEMBER 31, 2013 AND 2012

18. RECENT GASB PRONOUNCEMENTS

Management has not currently determined what effects, if any, the implementation of the following recently enacted statements may have on its future financial statements:

GASB Statement No. 68, Accounting and Financial Reporting for Pensions-an amendment of GASB Statement No. 27, issued June 2012, will be effective for periods beginning after June 15, 2014. This Statement establishes the accounting and financial reporting standards for measuring and recognizing liabilities, deferred outflows of resources, and deferred inflows of resources, and expense/expenditures related to certain pensions. It will improve the decision-usefulness of information in employer and governmental nonemployer contributing entity financial reports and will enhance its value for assessing accountability and interperiod equity by requiring recognition of the entire net pension liability and a more comprehensive measure of pension expense.

GASB Statement No. 69, *Government Combinations and Disposals of Government Operations*, issued January 2013, will be effective for government combinations and disposals of government operations occurring in financial reporting periods for periods beginning after December 15, 2013. This Statement establishes accounting and financial reporting standards related to government combinations (mergers, acquisitions, and transfers of operations) and disposals of government operations. The disclosures required by this Statement will enable financial statement users to evaluate the nature and financial effects of those transactions.

GASB Statement No. 70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*, issued April 2013, will be effective for financial reporting periods beginning after June 15, 2013. This Statement requires a government that extends a nonexchange financial guarantee to recognize a liability when qualitative factors and historical data, if any, indicate that it is more likely than not that the government will be required to make a payment on the guarantee. Additional disclosures will be required by both governments that extend and receive financial guarantees.

GASB Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date-an Amendment of GASB Statement No. 68*, issued November 2013, will be required to be applied simultaneously with provisions of GASB Statement No. 68. This Statement amends previous guidance to require that, at transition, a government recognize a beginning deferred outflow of resources for its pension contributions, if any, made subsequent to the measurement date of the beginning net pension liability.

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

Board of Trustees MEMORIAL HOSPITAL OF UNION COUNTY AND AFFILIATES 500 London Ave. Marysville, Ohio 43040

To the Board of Trustees:

We have audited, in accordance with auditing standards generally accepted in the United States of America and the Comptroller General of the United States' *Government Auditing Standards*, the combined financial statements of the business-type activities of Memorial Hospital of Union County and Affiliates (the Hospital), as of and for the year ended December 31, 2013, and the related notes to the combined financial statements, which collectively comprise the Hospital's basic financial statements and have issued our report thereon dated April 4, 2014.

Our report included an emphasis-of-matter paragraph stating the financial statements of the Hospital and its affiliates are intended to present the financial position and the changes in financial position and cash flows of only that portion of the business type activities of Union County that is attributable to the transactions of Memorial Hospital of Union County and Affiliates. Those financial statements do not purport to, and do not, present fairly the financial position of Union County, Ohio as of December 31, 2013, the changes in its financial position or its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America. Our report also included an emphasis-of-matter paragraph stating that the Hospital adopted new accounting guidance, Governmental Accounting Standards Board (GASB) Statement No. 61, *The Financial Reporting Entity: Omnibus an amendment of GASB Statements No. 14 and No. 34*, and GASB Statement No. 65, *Items Previously Reported as Assets and Liabilities.* We conducted our audit in accordance with auditing standards generally accepted in the United State of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our opinion is not modified with respect to these matters.

Internal Control Over Financial Reporting

As part of our financial statement audit, we considered the Hospital's internal control over financial reporting (internal control) to determine the audit procedures appropriate in the circumstances to the extent necessary to support our opinion on the combined financial statements, but not to the extent necessary to opine on the effectiveness of the Hospital's internal control. Accordingly, we have not opined on it.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, when performing their assigned functions, to prevent, or detect and timely correct misstatements. A *material weakness* is a deficiency, or combination of internal control deficiencies resulting in a reasonable possibility that internal control will not prevent, or detect and timely correct a material misstatement of the Hospital's financial statements. 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.

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 (continued)

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 internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies in internal control that we consider to material weaknesses. However, unidentified material weaknesses may exist.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Hospital's combined financial statements are free from material misstatement, we tested its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could directly and materially affect the determination of financial statement amounts. However, opining 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 we must report under *Government Auditing Standards*.

Purpose of this Report

The report only describes the scope of our internal control and compliance testing and our testing results, and does not opine on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Bener 6. LLC

Columbus, Ohio April 4, 2014

SUPPLEMENTARY FINANCIAL INFORMATION

COMBINING BALANCE SHEET DECEMBER 31, 2013

ASSETS

	Memorial Hospital of		Union County	Union County	Eliminoting	
	Union County	The Gables	Association	Corp.	Entries	Total
Current assets						
Cash and cash equivalents	\$ 40,830,598	\$ 1,216,625	\$ 1,062,253	\$ 202,063	۰ ه	\$ 43,311,539
Patient accounts receivable	10,932,227	1,052,504		636,126	1	12,620,857
Assets limited as to use	3,487,926	383,746	•		i	3,871,672
Prepaid expenses	1,090,288	35,638	•		4	1,125,926
Inventories	684,407	4	1		4	684,407
Current portion of physician						
advances receivable	18,750		4			18,750
Other current assets	133,160		1	4,328	(12,255)	125,233
Total current assets	57,177,356	2,688,513	1,062,253	842,517	(12,255)	61,758,384
Capital assets - net	41,886,064	6,280,181	,		1	48,166,245
Other assets						
Notes and advances to affiliates						
net of current portion	35,654	÷		1	(35,654)	1
Physician advances receivable	11,207	6		1		11,207
Investment in joint ventures	4	1	657,706	i,	(50,000)	607,706
Other assets	525,000			•		525,000
Total assets	\$ 99,635,281	\$ 8,968,694	\$ 1,719,959	\$ 842,517	\$ (97,909)	\$ 111,068,542

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COMBINING BALANCE SHEET DECEMBER 31, 2013 LIABILITIES AND NET POSITION

	- 2	Memorial Hospital of Union County	É	The Gables	Unio H Ass	Union County Hospital Association	Unio	Union County Physician Corp.	Elimi	Eliminating Entries		Total
Current liabilities	1											
Current portion of long-term debt	\$	2,473,010	\$	300,000	\$	5	ഗ		\$,	\$	2,773,010
Accounts payable		2,688,467		213,153		t.		13,090)	12,255)		2,902,455
Estimated third-party settlements		125,573		37,500		ł		•				163,073
Salaries, wages and related accruals		2,958,787		291,624		ł		419,806		4		3,670,217
Other current liabilities		52,500		•								52,500
Total current liabilities		8,298,337		842,277		2		432,896		(12,255)		9,561,255
Long-term debt - net of current portion		24,300,105		3,826,917		Ţ		÷		, t	CN.	28,127,022
Other liabilities												
Notes and advances to affiliates		i		35,654		•		ú)	(35,654)		4
Accrued compensated absences		2,857,128		214,919		1		i				3,072,047
Other liabilities		472,500				1		4		a		472,500
Total liabilities		35,928,070		4,919,767		a.		432,896		(47,909)	4	41,232,824
Net position												
Net invested in capital assets		15,112,949		2,153,264		1		1			-	17,266,213
Nonexpendable permanent endowments		25,000				1		•		,		25,000
Restricted for debt service, capital acquisitions												
and self-insurance		3,462,926		383,746		1		4		5		3,846,672
Unrestricted		45,106,336		1,511,917		1,719,959		409,621	-	(50,000)	4	48,697,833
Total net position		63,707,211		4,048,927		1,719,959		409,621)	(50,000)	9	69,835,718
Total liabilities and net position	θ	99,635,281	\$	8,968,694	ŝ	1,719,959	÷	842,517) \$	(606'26)	\$ 11	\$ 111,068,542

See report of independent auditors on page 1.

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COMBINING STATEMENT OF OPERATIONS AND CHANGES IN NET POSITION YEAR ENDED DECEMBER 31, 2013

es Hospital of Union County es \$ 77,636,720 ervenue \$ 81,556,567 ervenue \$ 81,556,567 es 30,067,513 es 30,067,513 es 30,067,513 es 30,067,513 es 30,067,513 es 30,067,513 es 13,954,533 es 11,876,346 es 11,876,346 es 11,876,345 es 11,876,345 es 11,876,345 es 11,876,345 es 11,876,325 es 11,876,325 es 11,876,325 es 11,876,014 es 11,8899 es 118,899 es 118,899 es 118,899 es 1118,899 es	- C	COULITY	County		
nue \$ 77,636,720 asyroll taxes 3,919,847 asyroll taxes 3,919,847 asyroll taxes 30,067,513 30,067,513 30,067,513 30,067,513 30,067,513 asyroll taxes 13,954,533 ad consultant fees 11,876,346 446,953 983,251 es 7,2717,997 es 72,717,997 es 118,899 (118,899 (118,899 (118,899		Hospital	Physician	Eliminating	TotoT
avroll taxes \$77,636,720 3,919,847 81,556,567 30,067,513 30,067,513 30,067,513 30,067,513 30,067,513 13,954,533 4,041,419 11,876,346 4,6953 983,251 4,346,014 68,838,570 8,838,570 118,899 441,538 118,899 441,538 118,899 441,538 118,899 118,890 118,899 118,890 118,800 118,80		Vasociation	-dob		1014
a and consultant fees a a a a a a a a a a a a a a a a a a a	\$ 9,522,702	، ج	\$ 3,830,170	, 8	\$ 90,989,592
e 81 adyroll taxes 30 adyroll taxes 30 13 13 13 13 13 13 13 13 13 13 13 13 13		•	1,649,092	(1,730,956)	3,837,983
ayroll taxes 30 ad consultant fees 4 11 es 72 8 8	9,522,702	,	5,479,262	(1,730,956)	94,827,575
ayroll taxes 30 adyroll taxes 7 13 13 14 4 4 8 8 8					
ayroll taxes 7 13 14 consultant fees 4 11 es 72 8 8	4,266,386		3,312,278	(870,133)	36,776,044
13 and consultant fees 13 4 4 11 es 27 es 8 8	1,457,238		609,667		9,068,873
ad consultant fees 4 11 11 es	891,305	r	754,741	(1,593,956)	14,006,623
es 8 8 8 8 11 8	146,347	1	4	(137,000)	4,050,766
88 () 4 8	1,117,370	,	661,589	870,133	14,525,438
es 8 (12) 8 (12)	56,042		115,195		618,190
es 8 172 4	238,135	29,820	59,777	4	1,310,983
es 8	400,548				4,746,562
0	8,573,371	29,820	5,513,247	(1,730,956)	85,103,479
	949,331	(29,820)	(33,985)	iii	9,724,096
ibutions					
butions	81	2,594	3		121,574
	520	(78,956)	4	i.	363,102
Interest expense (862,224)	(180,924)	•	à	i	(1,043,148)
Other -		246,078		4	246,078
Total other income (expense) (301,787)	(180,323)	169,716			(312,394)
Change in net position \$ 8,536,783 \$	\$ 769,008	\$ 139,896	\$ (33,985)	, 8	\$ 9,411,702

See report of independent auditors on page 1.

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Dave Yost • Auditor of State

MEMORIAL HOSPITAL OF UNION COUNTY AND AFFILIATES

UNION 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 Babbett

CLERK OF THE BUREAU

CERTIFIED MAY 22, 2014

> 88 East Broad Street, Fourth Floor, Columbus, Ohio 43215-3506 Phone: 614-466-4514 or 800-282-0370 Fax: 614-466-4490 www.ohioauditor.gov