

BERGER HEALTH SYSTEM

FINANCIAL STATEMENTS

DECEMBER 31, 2015

CPAs / ADVISORS





Dave Yost • Auditor of State

Board of Governors
Berger Health System
600 North Pickaway Street
Circleville, Ohio 43113

We have reviewed the *Independent Auditor's Report* of the Berger Health System, Pickaway County, prepared by Blue & Co., LLC, for the audit period January 1, 2015 through December 31, 2015. 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 Berger Health System is responsible for compliance with these laws and regulations.

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

Dave Yost
Auditor of State

May 11, 2016

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BERGER HEALTH SYSTEM

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REPORT OF INDEPENDENT AUDITORS

Board of Governors
Berger Health System
600 North Pickaway Street
Circleville, Ohio 43113

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and the aggregate discretely presented component units of Berger Health System (the "System") as of and for the year ended December 31, 2015, and the related notes to the financial statements, which collectively comprise the System'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 audit. We audited in accordance with auditing standards generally accepted in the United States of America and the financial audit standards in the Comptroller General of 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 the financial statement amounts and disclosures. The procedures selected depend on our judgment, including assessing the risks of material financial statement, whether due to fraud or error. In assessing those risks, we consider internal control relevant to the System'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 System'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 financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the aggregate discretely presented component units of Berger Health System as of December 31, 2015, and the respective changes in financial position and cash flows thereof for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Change in Accounting Principle

As discussed in Note 2 to the financial statements, in 2015, the System adopted new accounting guidance, Governmental Accounting Standards Board Statement No. 68, *Accounting and Financial Reporting for Pensions-an amendment of GASB Statement No. 27 and Statement No. 71, Pension Transition for Contributions Made Subsequent to the Measurement Date - an Amendment of Governmental Accounting Standards Board Statement No. 68*. Our opinion is not modified with respect to this matter.

Other Matters

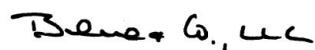
Required Supplementary Information

The accompanying management's discussion and analysis on pages i through viii and the Supplementary Information on GASB 68 Pension Liabilities on page 36 are required by accounting principles generally accepted in the United States of America to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We 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 financial statements, and other knowledge we obtained during our audit of the basic 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 Governors
Berger Health System

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated March 11, 2016 on our consideration of the System'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 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 System's internal control over financial reporting and compliance.



March 11, 2016
Columbus, Ohio

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

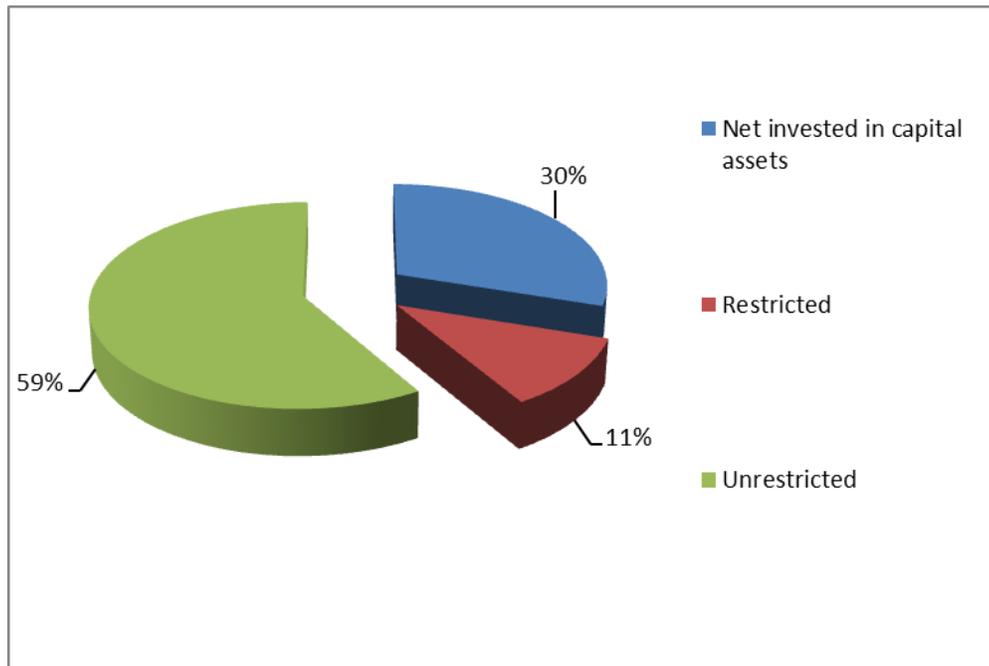
Management's discussion and analysis (MD&A) of Berger Health System (the "System") provides an overview of the financial activities for the year ended December 31, 2015. Management is responsible for the completeness and fairness of the financial statements and the related footnote disclosures along with management's discussion and analysis. This MD&A includes a discussion and analysis of the activities and results of the primary government entity, Berger Hospital, and its component units of Pickaway Health Services (PHS), Pickaway Professional Services (PPS), and Berger Health Foundation (BHF).

This MD&A should be read together with the financial statements included in this report as the financial statements present the primary government entity and component units using the methods described in Statements No. 14, *The Financial Reporting Entity*, and No. 39, *Determining Whether Certain Organizations Are Component Units*, issued by the Governmental Accounting Standards Board.

The System implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions*. The adoption of the new standard – which requires employers participating in cost-sharing multi-employer retirement plans to recognize a share of the retirement plans' unfunded pension liabilities – resulted in an \$18.5 million net pension liability and a \$15.7 million cumulative effect on net position.

Financial Highlights

Operating revenues of \$78.3 million exceeded operating expenses of \$76.0 million, producing income from operations of \$2.3 million. The following chart provides a breakdown of net position by category at December 31, 2015.



Using This Annual Report

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

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

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

One of the most important questions asked about the System's finances is, "Is the System as a whole better off or worse off as a result of the year's activities?" The statement of net position and statement of operations and changes in net position report information on the System 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 System's operating results.

These two statements report the System's net position and the changes in them. You can think of System's net position - the difference between assets and liabilities - as one way to measure the System's financial health, or financial position. Over time, increases or decreases in the System'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 System.

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?"

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

Condensed Financial Information

The following is a comparative analysis of the major components of the statements of net position of the System as of December 31, 2015 and 2014:

	December 31	
	2015	2014 (*)
Assets		
Current assets	\$ 35,673,146	\$ 30,244,101
Noncurrent assets	16,739,082	21,562,636
Capital assets	35,355,923	34,415,663
Deferred outflows-pension	3,762,365	-
	<hr/>	<hr/>
Total assets and deferrals	\$ 91,530,516	\$ 86,222,400
	<hr/> <hr/>	<hr/> <hr/>
Liabilities		
Current liabilities	\$ 8,241,239	\$ 7,255,006
Long-term liabilities	40,733,028	22,650,000
Deferred inflows-pension	354,513	-
	<hr/>	<hr/>
Total liabilities and deferrals	\$ 49,328,780	\$ 29,905,006
	<hr/> <hr/>	<hr/> <hr/>
Net position		
Net invested in capital assets	\$ 12,705,923	\$ 10,845,663
Restricted	4,771,889	8,623,836
Unrestricted	24,723,924	36,847,895
	<hr/>	<hr/>
Total net position	\$ 42,201,736	\$ 56,317,394
	<hr/> <hr/>	<hr/> <hr/>

(*) 2014 amounts do not reflect the adoption of GASB No. 68

Total assets and deferrals increased \$5.3 million, driven by an increase in cash and short term investments and pension related items. Total liabilities and deferrals increased \$19.4 million during the year primarily as a result of the addition of \$18.5 million in net pension liability in accordance with GASB 68.

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

Operating Results and Changes in the System'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, 2015 and 2014:

	Year Ended December 31	
	2015	2014 (*)
Operating revenues		
Net patient service revenue	\$ 74,827,413	\$ 73,134,682
Other operating revenue	3,514,537	3,808,839
Total operating revenues	<u>78,341,950</u>	<u>76,943,521</u>
Operating expenses		
Salaries and wages	30,149,549	29,902,969
Employee benefits and payroll taxes	5,943,060	7,679,971
Supplies and other	20,611,410	20,558,381
Professional services and consultant fees	4,121,944	5,626,897
Purchased services	8,867,841	8,333,710
Insurance	768,894	687,517
Depreciation and amortization	4,383,173	4,557,913
State hospital assessment	1,135,801	1,048,178
Total operating expenses	<u>75,981,672</u>	<u>78,395,536</u>
Operating Income (loss)	2,360,278	(1,452,015)
Other income (expense)		
Interest income	91,246	105,325
(Loss) gain on sale of property	-	110,002
Contributions	69,109	82,313
Interest expense	(617,010)	(630,985)
Other expense	(974,993)	(699,746)
Total other income (expense)	<u>(1,431,648)</u>	<u>(1,033,091)</u>
Excess of revenue over (under) expenses	928,630	(2,485,106)
Contributions of restricted assets	<u>704,217</u>	<u>1,240,087</u>
Change in net position	1,632,847	(1,245,019)
Net position, beginning of year	56,317,394	57,562,413
Cumulative effect of accounting change	(15,748,505)	-
Net position, end of year	<u>\$ 42,201,736</u>	<u>\$ 56,317,394</u>

(*) 2014 amounts do not reflect the adoption of GASB No. 68.

BERGER HEALTH SYSTEM

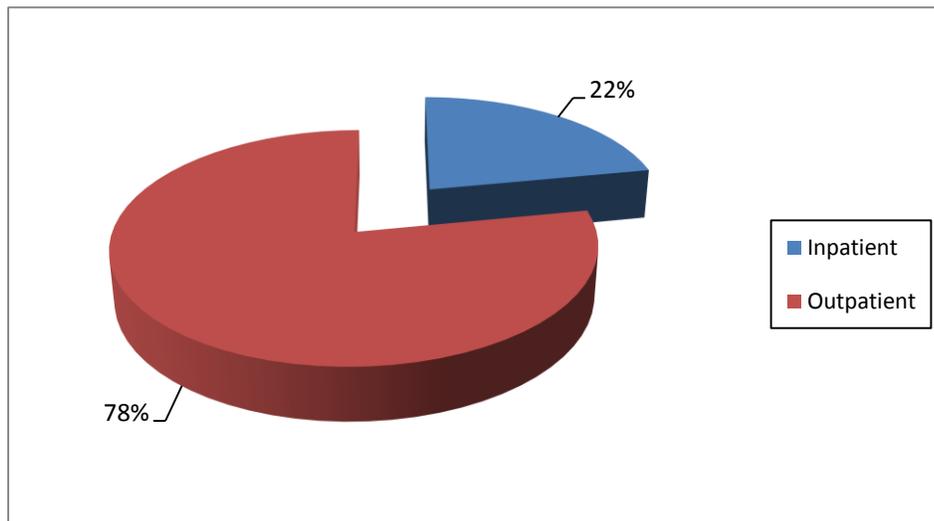
Management's Discussion and Analysis (unaudited)

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 \$1.7 million. The increase is attributed to a 6% increase in outpatient visits offset by a decrease in inpatient visits. Deductions from revenue increased \$5.1 million due to the increase in gross revenue and changes in payor mix. Bad debt decreased approximately \$290,000 due to Medicaid expansion.
- The following is a graphic illustration of patient revenues by source:



Operating Expenses

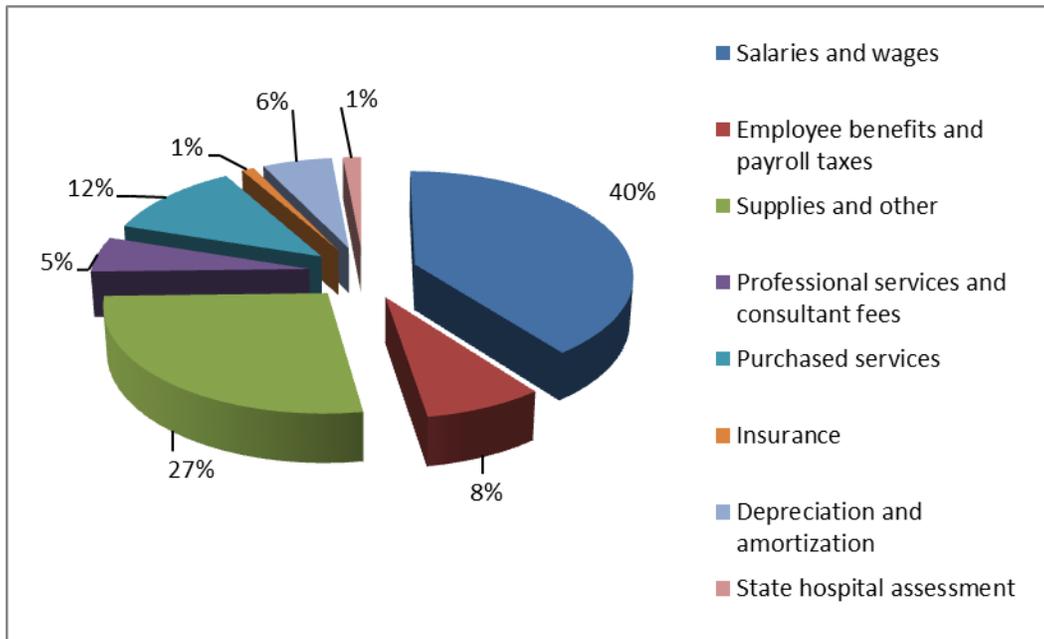
Operating expenses are all the costs necessary to perform and conduct the services and primary purposes of the System. The operating expense changes were primarily the result of:

- Employee benefits decreased 23% due to decreased health claims and the impact of the implementation of GASB 68. The System has continued to focus efforts on improving employee health and wellness.
 - Professional services and consultant fees decreased 27% due to the debt refinancing and strategic partnership process that took place in the prior year and was not reoccurring in the current year.
 - Purchased services increased 6% mainly due to management agreements related to ICD-10 training and implementation and the transition to a new anesthesia provider.
-

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

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



Other Income (Expense)

Other income (expense) includes interest transactions, Berger Medical Center lease, Foundation expenses, and gain/loss on property sales. Other (expense) increased 39% primarily due to the gain on property sale that occurred in the prior year that was not reoccurring in the current year.

Statement of Cash Flows

Another way to assess the financial health of the System 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

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

	2015	2014 (*)
Cash provided by (used in):		
Operating activities	\$ 6,604,522	\$ 1,140,567
Investing activities	(1,965,840)	570,134
Capital and related financing activities	(5,847,871)	4,954,177
Total	(1,209,189)	6,664,878
Cash - beginning of year	11,932,251	5,267,373
Cash - end of year	\$ 10,723,062	\$ 11,932,251

(*) 2014 amounts do not reflect the adoption of GASB No. 68.

Net cash flows provided by operating activities increased from the prior year primarily due to increases in operating income, driven by an increase in patient revenue.

Net cash flows provided by financing activities decreased from the prior year due to 2014 debt issuance.

Capital Asset and Debt Administration

Capital Assets

At December 31, 2015, the Hospital had \$106.1 million invested in capital assets. Accumulated depreciation totaled \$71.4 million. Net capital assets totaled \$34.7 million. Depreciation totaled \$4.3 million during the year compared to \$4.4 million in 2014. A summary is shown below.

	2015	2014
Land and land improvements	\$ 4,835,337	\$ 5,253,139
Buildings and fixed equipment	58,866,823	61,026,633
Major moveable equipment	40,007,994	53,519,988
Construction in progress	2,432,851	1,197,824
Total capital assets	106,143,005	120,997,584
Less accumulated depreciation	(71,417,082)	(87,320,936)
Capital assets, net	\$ 34,725,923	\$ 33,676,648

The net capital assets for the component units were approximately \$630,000 and \$739,000 for 2015 and 2014, respectively.

BERGER HEALTH SYSTEM

Management's Discussion and Analysis (unaudited)

Debt

At year end, the System had \$22.7 million in long-term debt obligations outstanding compared to \$23.6 million the previous year. The table below summarizes these amounts by year.

	December 31	
	2015	2014
Total note payable and bonds	\$ 22,650,000	\$ 23,570,000

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

Economic Factors and 2016 Budget

The System's board and management considered many factors when establishing the 2016 budget. The significant items addressed during the current year were: market dynamics and competition; payment reform; consumerism; the ongoing shift from inpatient to outpatient services; the impact of federal and state legislation; and the local economy. Also considered during the 2016 budget was the System's strategic partnership with OhioHealth.

The System's board and management remains focused on providing high quality healthcare in our community. This will be accomplished by ensuring that care remains local. We are committed to strategically invest in the System to the continued benefit of Pickaway County.

Contacting the System's Financial Officer

The report is designed to provide our citizens, customers and creditors with a general overview of the System's finances and to demonstrate the System's accountability. If you have questions about this report or need additional financial information, please contact the chief financial officer, Richard Filler, CPA, CMA at (740) 420-8089 or rich.filler@bergerhealth.com.

BERGER HEALTH SYSTEM

STATEMENT OF NET POSITION DECEMBER 31, 2015

	Hospital	Component Units
ASSETS		
Current assets		
Cash and cash equivalents	\$ 8,638,108	\$ 985,180
Short-term investments	10,734,930	385,521
Net patient accounts receivable	7,895,834	622,513
Estimated third-party payor settlements	1,951,509	-
Prepaid expenses and other	2,030,063	451,156
Inventory	1,150,807	-
Current portion of pledges receivable	-	827,525
Total current assets	<u>32,401,251</u>	<u>3,271,895</u>
Assets whose use is limited		
Restricted cash and investments	1,099,774	2,423,416
Long-term investments	12,227,164	-
Property and equipment, net	34,725,923	630,000
Long-term pledges receivable, net	-	421,174
Other assets	<u>567,554</u>	<u>-</u>
Total noncurrent assets	<u>48,620,415</u>	<u>3,474,590</u>
Deferred outflow of resources		
Pension contributions subsequent to the measurement date	2,766,194	-
Net difference between projected and actual earnings on pension plan investments	<u>996,171</u>	<u>-</u>
Total assets and deferrals	<u>\$ 84,784,031</u>	<u>\$ 6,746,485</u>

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

STATEMENT OF NET POSITION DECEMBER 31, 2015

LIABILITIES AND NET POSITION

	Hospital	Component Units
Current liabilities		
Current portion of long-term debt	\$ 955,000	\$ -
Accounts payable	3,372,662	382,852
Accrued compensation and related accruals	2,572,706	663,978
Accrued interest and other	294,041	-
Total current liabilities	<u>7,194,409</u>	<u>1,046,830</u>
Long-term debt - net of current portion	<u>21,695,000</u>	<u>-</u>
Other liabilities		
Net pension liability	18,470,474	-
Other liabilities	567,554	-
Total other liabilities	<u>19,038,028</u>	<u>-</u>
Deferred inflow of resources		
Difference between expected and actual experience	<u>354,513</u>	<u>-</u>
Total liabilities and deferrals	<u>48,281,950</u>	<u>1,046,830</u>
Net Position		
Net invested in capital assets	12,075,923	630,000
Restricted	1,099,774	3,672,115
Unrestricted	<u>23,326,384</u>	<u>1,397,540</u>
Total net position	<u>36,502,081</u>	<u>5,699,655</u>
Total liabilities, deferrals and net position	<u>\$ 84,784,031</u>	<u>\$ 6,746,485</u>

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

STATEMENT OF OPERATIONS AND CHANGES IN NET POSITION YEAR ENDED DECEMBER 31, 2015

	Hospital	Component Units
Operating revenues		
Net patient service revenue	\$ 67,341,340	\$ 7,486,073
Other operating revenue	1,934,846	1,579,691
Total operating revenues	69,276,186	9,065,764
Operating expenses		
Salaries and wages	22,016,835	8,132,714
Employee benefits and payroll taxes	4,617,546	1,325,514
Operating supplies and other	18,635,156	1,976,254
Professional services and consultant fees	4,096,469	25,475
Purchased services	6,437,688	2,430,153
Insurance	467,238	301,656
Depreciation and amortization	4,250,453	132,720
State hospital assessment	1,135,801	-
Total operating expenses	61,657,186	14,324,486
Operating income (loss)	7,619,000	(5,258,722)
Other income (expenses)		
Interest income	91,246	-
Contributions	69,109	-
Interest expense	(617,010)	-
Other expense	(599,307)	(375,686)
Total other expenses	(1,055,962)	(375,686)
Contribution (to) from component units	(5,710,918)	5,710,918
Excess of revenue over expenses	852,120	76,510
Contributions of restricted assets	-	704,217
Change in net position	852,120	780,727
Net position - beginning of year	51,398,466	4,918,928
Cumulative effect of accounting change	(15,748,505)	-
Net position - end of year	\$ 36,502,081	\$ 5,699,655

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

STATEMENT OF CASH FLOWS YEAR ENDED DECEMBER 31, 2015

	<u>Hospital</u>	<u>Component Units</u>
Operating activities		
Cash received from patients and third-party payors	\$ 66,861,005	\$ 7,547,967
Cash payments to suppliers for services and goods	(30,026,781)	(4,779,965)
Cash payments to employees for salaries, wages and benefits	(27,139,773)	(9,341,320)
Other operating revenue	1,934,846	1,548,543
	<u>11,629,297</u>	<u>(5,024,775)</u>
Investing activities		
Proceeds from investments	9,506,887	296,457
Cash paid for investments	(9,556,021)	(1,329,416)
Interest income and other	(508,061)	(375,686)
	<u>(557,195)</u>	<u>(1,408,645)</u>
Cash flows from noncapital financing activities		
Contributions to component units	(5,710,918)	5,710,918
	<u>(5,710,918)</u>	<u>5,710,918</u>
Capital and related financing activities		
Acquisition and construction of capital assets	(5,299,728)	(23,705)
Grants and contributions	69,109	704,217
Interest paid on long-term debt	(377,764)	-
Principal payments on long-term debt	(920,000)	-
	<u>(6,528,383)</u>	<u>680,512</u>
Change in cash and cash equivalents	(1,167,199)	(41,990)
Cash and cash equivalents - beginning of year	10,905,081	1,027,170
Cash and cash equivalents- end of year	<u>\$ 9,737,882</u>	<u>\$ 985,180</u>
Balance sheet classification of cash		
Cash and cash equivalents	\$ 8,638,108	\$ 985,180
Restricted cash and cash equivalents	1,099,774	-
	<u>\$ 9,737,882</u>	<u>\$ 985,180</u>

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

STATEMENT OF CASH FLOWS (continued) YEAR ENDED DECEMBER 31, 2015

	<u>Hospital</u>	<u>Component Units</u>
Operating income (loss)	\$ 7,619,000	\$ (5,258,722)
Adjustments to reconcile operating income (loss) to net cash from operating activities		
Depreciation	4,250,453	132,720
Provision for bad debt	3,387,768	518,459
Pension (benefit)	(685,883)	-
Changes in assets and liabilities		
Patient accounts receivable	(3,248,815)	(456,565)
Other assets	436,200	(182,792)
Accounts payable and accrued liabilities	489,862	222,125
Estimated third party settlements	(619,288)	-
Net cash flows from operating activities	<u>\$ 11,629,297</u>	<u>\$ (5,024,775)</u>

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

COMPONENT UNITS - COMBINING STATEMENT OF NET POSITION DECEMBER 31, 2015

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Current assets				
Cash and cash equivalents	\$ 64,218	\$ 7,907	\$ 913,055	\$ 985,180
Short-term investments	-	-	385,521	385,521
Net patient accounts receivable	615,076	7,437	-	622,513
Prepaid expenses and other	382,056	85	69,015	451,156
Current portion of pledges receivable	-	-	827,525	827,525
Total current assets	1,061,350	15,429	2,195,116	3,271,895
Assets whose use is limited				
Restricted cash and investments	-	-	2,423,416	2,423,416
Property and equipment, net	244,033	-	385,967	630,000
Long-term pledges receivable, net	-	-	421,174	421,174
Total assets	<u>\$ 1,305,383</u>	<u>\$ 15,429</u>	<u>\$ 5,425,673</u>	<u>\$ 6,746,485</u>
Current liabilities				
Accounts payable	\$ 368,994	\$ 780	\$ 13,078	\$ 382,852
Accrued compensation and related accruals	655,905	2,086	5,987	663,978
Total current liabilities	1,024,899	2,866	19,065	1,046,830
Total liabilities	1,024,899	2,866	19,065	1,046,830
Net position				
Net invested in capital assets	244,033	-	385,967	630,000
Restricted	-	-	3,672,115	3,672,115
Unrestricted	36,451	12,563	1,348,526	1,397,540
Total net position	280,484	12,563	5,406,608	5,699,655
Total liabilities and net position	<u>\$ 1,305,383</u>	<u>\$ 15,429</u>	<u>\$ 5,425,673</u>	<u>\$ 6,746,485</u>

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

COMPONENT UNITS - COMBINING STATEMENT OF OPERATIONS AND CHANGES IN NET POSITION YEAR ENDED DECEMBER 31, 2015

	Pickaway Health Services	Pickaway Professional Services	Berger Health Foundation	Component Unit Totals
Operating revenues				
Net patient service revenue	\$ 6,681,002	\$ 805,071	\$ -	\$ 7,486,073
Other operating revenue	671,279	70,782	837,630	1,579,691
Total operating revenues	7,352,281	875,853	837,630	9,065,764
Operating expenses				
Salaries and wages	7,447,982	569,814	114,918	8,132,714
Employee benefits and payroll taxes	1,234,957	63,571	26,986	1,325,514
Operating supplies and other	1,861,095	95,920	19,239	1,976,254
Professional services and consultant fees	-	25,475	-	25,475
Purchased services	1,818,285	511,459	100,409	2,430,153
Insurance	301,656	-	-	301,656
Depreciation and amortization	132,720	-	-	132,720
Total operating expenses	12,796,695	1,266,239	261,552	14,324,486
Operating income (loss)	(5,444,414)	(390,386)	576,078	(5,258,722)
Other income (expenses)				
Other	7,196	-	(382,882)	(375,686)
Total other income (expenses)	7,196	-	(382,882)	(375,686)
Contribution from Hospital	5,270,588	322,204	118,126	5,710,918
Excess of revenue over (under) expenses	(166,630)	(68,182)	311,322	76,510
Contributions of restricted assets	-	-	704,217	704,217
Change in net position	(166,630)	(68,182)	1,015,539	780,727
Net position - beginning of year	447,114	80,745	4,391,069	4,918,928
Net position - end of year	\$ 280,484	\$ 12,563	\$ 5,406,608	\$ 5,699,655

See accompanying notes to financial statements.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

1. NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Berger Health System (the "System"), located in Circleville, Ohio, is an acute-care hospital and related entities operated by a board of governors pursuant to an equal ownership agreement between the City of Circleville, Ohio and Pickaway County. The Board comprises nine (9) members: the Mayor of Circleville; three representatives appointed by the City, of which one must be a medical doctor; three representatives appointed by the County; and two at-large members selected and elected by the Board. As provided by the Board Bylaws, the Board may elect no more than two (2) ex-officio members. One ex-officio member, a physician, currently serves on the Board. At all times, a majority of the Board members must be residents of Pickaway County. Pursuant to the agreement, the chairperson is elected by the Board. The Hospital is considered a political subdivision of a state and is therefore exempt from federal income taxes under Section 115 of the Internal Revenue Code.

Discretely Presented Component Units

Pickaway Health Services (PHS) provides healthcare and physician services in the geographic area served by the Hospital. PHS, which operates exclusively for the benefit and support of the System, is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (IRC), and also qualifies as a public charity under Section 509 of the IRC. PHS received its 501(c)(3) status from the Internal Revenue Service (IRS) on February 28, 1996.

Pickaway Professional Services (PPS) provides anesthesia care and related professional services in the geographic area served by the Hospital. PPS is a corporation which was formed under Chapter 1785 of the Ohio Revised Code on October 25, 2005.

The System created Berger Health Foundation (the "Foundation"). The purpose of the Foundation is to support the System and community programs to improve the health and well-being of the people served by the System. The Foundation received its 501(c)(3) status from the IRS on February 13, 2004.

The System created Berger Health Foundation Ventures, LLC (Ventures). Ventures was created to facilitate the System in performing activities permitted in Ohio by limited liability companies within the System's market area. Ventures were organized as a limited liability company whose sole member is Berger Health Foundation on October 31, 2006.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

The accompanying basic financial statements include the accounts of Berger Hospital (the "Hospital"), Pickaway Health Services, Pickaway Professional Services, and Berger Health Foundation (collectively, the "System"). Pickaway Health Services, Pickaway Professional Services, and Berger Health Foundation are collectively the "component units" of the Hospital. Separate financial statements for the component units are not available.

Basis of Presentation

The financial statements include the accounts of Berger Hospital and its component units, Pickaway Health Services, Pickaway Professional Services, and Berger Health Foundation. 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) Statement No. 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments*, issued in June 1999. The System follows the "business-type" activities reporting requirements of GASB Statement No. 34, which provides a comprehensive look at the System's financial activities.

Use of Estimates

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

Proprietary Fund Accounting

The System utilizes the propriety fund method of accounting whereby revenue and expenses are recognized on the full accrual basis. Substantially all revenue and expenses are subject to accrual.

Cash and Cash Equivalents

Cash and cash equivalents include cash and investments in highly liquid investments purchased, typically with an original maturity of three months or less.

Restricted Cash and Cash Equivalents

Restricted cash and cash equivalents include assets designated for future debt payments, bond proceeds held for future capital acquisitions, or purchase of equipment under capital lease obligations. Bond proceeds held for future capital acquisitions classified as restricted cash and cash equivalents totaled approximately \$1,100,000 at December 31, 2015.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Investments

Investments include certificates of deposit, money market accounts, and government securities and are recorded at fair value on the statement of net position. Investment income or loss (including realized and unrealized gains and losses on investments, interest, and dividends) is included in other income when earned.

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 System'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.

Inventories

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

Assets Whose Use is Limited

Assets whose use is limited consist of funds restricted in connection with the System's revenue bonds for the replacement, improvement, and expansion of the System's facilities.

Investment income or loss (including unrealized gains and losses on investments, realized gains and losses on investments, interest, and dividends) is included in non-operating gains (losses).

Property and Equipment

Property and equipment are stated at cost or, if donated, at fair value at the date of receipt. Depreciation is computed using straight-line and accelerated methods over the estimated useful lives (primarily 3 to 40 years) of the assets. Equipment under capital lease is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. Costs of maintenance and repairs are charged to expense when incurred.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Compensated Absences

Paid time off is charged to operations when earned. Unused and earned benefits are classified as current and long-term liabilities in the financial statements. Employees accumulate vacation days and sick leave benefits at varying rates depending on years of service. Employees are not paid for accumulated sick leave if they leave before retirement.

Restricted Resources

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

Classification of Net Position

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

Risk Management

The System 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.

Net Patient Service Revenue

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. 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.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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

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

Electronic Health Records (EHR) Incentive Payments

The System receives EHR incentive payments under the Medicare program. To qualify for these payments, the System must meet "meaningful use" criteria that become more stringent over time. The System 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 System'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 System recognizes EHR incentive payments as grant income when there is reasonable assurance that the System 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 2015, the System recognized approximately \$422,000 in EHR incentive payments as grant income using the cliff recognition method. Under the cliff recognition method, the System 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 System as prescribed by the program, subject to future audits and may be subject to repayment upon a determination of noncompliance.

Contributions

The System reports gifts of property and equipment as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the System reports the expiration of donor restrictions when the assets are placed in service.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Operating Revenue and Expenses

The System'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 System'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.

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 operating expenses (approximately \$61,657,000 during 2015), an estimated \$196,000 arose from providing services to charity patients during 2015. 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 \$563,000 for 2015, and are reported as net patient service revenue in the financial statements.

Implementation of GASB Statement No. 68

In fiscal year 2015, the System implemented GASB Statement No. 68, *Accounting and Financial Reporting for Pensions*, as amended by GASB Statement No. 71. GASB Statement No. 68 requires employers participating in cost-sharing multiple-employer pension plans to recognize a proportionate share of the net pension liabilities of the plans. The System participates in the Public Employees Retirement System of Ohio. A proportionate share of the net pension liabilities of the retirement system has been allocated to the System, based on retirement plan contributions for System employees. The cumulative effect of adopting GASB Statement No. 68 was a \$15,748,505 reduction in the System's net position as of December 31, 2014. Balances reported for the year ended December 31, 2014 have not been restated due to limitations on the information available from the retirement system. Additional information regarding net pension liabilities, related deferrals and pension expense is provided in Note 2.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including March 11, 2016, which is the date the financial statements are issued.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015

2. CHANGE IN ACCOUNTING PRINCIPLE

For fiscal year 2015, the System implemented the Governmental Accounting Standards Board (GASB) Statement No. 68, *Accounting and Financial Reporting for Pensions* and GASB Statement No. 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date—an amendment of GASB Statement No. 68*. GASB 68 established standards for measuring and recognizing pension liabilities, deferred outflows of resources deferred inflows of resources and expense/expenditure. The implementation of this pronouncement had the following cumulative effect on net position as a result of the accounting change:

Net pension liability	\$	(18,470,474)
Pension expense		(685,883)
Deferred inflows		(354,513)
Deferred outflows		3,762,365
		<hr/>
Cumulative effect of accounting change	\$	<u>(15,748,505)</u>

3. DEPOSITS AND INVESTMENTS

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 which are 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 or federal government agencies. Investments in no-load money market mutual funds, repurchase agreements, commercial paper, and bankers' acceptances are permitted subject to certain limitations that include completion of additional training, approved by the Auditor of State, by the treasurer, or governing board investing in these instruments.

The System has designated five banks for the deposit of its funds. An investment policy has been filed with the Auditor of State on behalf of the System. Investment of interim funds is limited to bonds, notes, debentures, or any other obligations or securities issued by any federal government agency or instrumentality, State of Ohio, certificates of deposit, and the Ohio subdivision's fund (STAR Ohio).

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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

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

Inactive Funds - Inactive funds are those funds not required for use within the current five-year period of designated depositories. Ohio law permits inactive monies to be deposited or invested as certificates of deposit, maturing 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 - Interim funds are 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 law permits interim funds to be invested or deposited in the following securities:

- Bonds, notes, or other obligations 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, note debentures, or other obligations or securities issued by any federal governmental agency.
- 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 through 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 savings 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 bankers' acceptances which meet the requirements established by Ohio Revised Code, Section 135.142.
- Under limited circumstances, corporate debt interest in either of the two highest rating classifications by at least two nationally recognized rating agencies.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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

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

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

Custodial Credit Risk of Bank Deposits - Custodial credit risk is the risk that, in the event of a bank failure, the System's deposits may not be returned to it. The System does not have a deposit policy for custodial credit risk. At year end, the System had approximately \$10,260,000 of bank deposits (certificates of deposit, checking, and savings accounts) that were uninsured but are collateralized with securities held by the pledging financial institution. The System 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 System 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.

Custodial Credit Risk of Investments - Custodial credit risk is the risk that, in the event of the failure of the counterparty, the System will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The System does not have a policy for custodial credit risk. Investments in U.S. government asset backed securities were uninsured and held by the System's agent in the System's name.

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

Credit Risk - The System does not have an investment policy that addresses credit risk. The System maintains its investments in accounts which at times may exceed federally insured limits. The System has not experienced any losses in such accounts. The System believes that it is not exposed to any significant credit risk on investments.

STAR Ohio funds are held in the fund in the System's name. All other funds are held in the System's name by a custodial bank that is an agent of the System.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Hospital	December 31, 2015	Carrying Amount	Maturities	
			< 1 year	> 1 year
Certificates of deposit		\$ 258,496	\$ 258,496	\$ -
U.S. treasury notes		14,533,757	5,586,066	8,947,691
U.S. agency bonds		8,091,619	4,812,146	3,279,473
Total		\$ 22,883,872	\$ 10,656,708	\$ 12,227,164

Component Units	December 31, 2015	Carrying Amount	Maturities	
			< 1 year	> 1 year
Certificates of Deposit		\$ 168,662	\$ 168,662	\$ -
Total		\$ 168,662	\$ 168,662	\$ -

Cash deposits and investments of the System are composed of the following:

Hospital	Fair Value	Amortized Historical Cost
Demand deposits (including restricted)	\$ 9,758,708	\$ 9,817,796
Money market	57,396	57,396
Certificates of deposit	258,496	258,496
U.S. treasury notes	14,533,757	16,152,990
U.S. agency bonds	8,091,619	9,320,079
Total	\$ 32,699,976	\$ 35,606,757

	Fair Value	Amortized Historical Cost
Amounts summarized by fund type-		
General funds:		
Cash	\$ 8,658,934	\$ 8,718,022
Assets whose use is limited	1,099,774	1,099,774
Investments	22,941,268	25,788,961
Total	\$ 32,699,976	\$ 35,606,757

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Component Units	Fair Value	Amortized Historical Cost
Demand deposits	\$ 3,069,605	\$ 3,069,605
Certificates of deposit	168,662	168,662
Mutual funds	555,850	522,436
	\$ 3,794,117	\$ 3,760,703

Amounts summarized by fund type-	Fair Value	Amortized Historical Cost
General funds:		
Cash	\$ 985,180	\$ 985,180
Assets whose use is limited	25,806	24,297
Investments	2,783,131	2,751,226
	\$ 3,794,117	\$ 3,760,703

4. FAIR VALUE OF FINANCIAL INSTRUMENTS

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

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the System has the ability to access.

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

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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

Following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2015.

Money markets: Valued based at the subscription and redemption activity at a \$1 stable net asset value (NAV). However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

U.S. treasury notes: Valued using pricing models maximizing the use of observable inputs for similar securities.

U.S. agency bonds: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Valued at the daily closing prices as reported by the fund. Mutual funds held by the System are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the System are deemed to be actively traded.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

The System's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. No transfers between levels occurred in 2015.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Assets and liabilities measured at fair value on a recurring basis as of December 31, 2015 are as follows:

Hospital	Level 1	Level 2	Level 3	Total
Assets:				
Money markets	\$ -	\$ 57,396	\$ -	\$ 57,396
U.S. treasury notes	-	14,533,757	-	14,533,757
U.S agency bonds				
Federal home loans	-	2,113,926	-	2,113,926
Federal National Mortgage Association	-	3,096,126	-	3,096,126
Federal Home Loan Mortgage Corporation	-	2,881,567	-	2,881,567
	-	22,682,772	-	22,682,772
Cash	-	-	-	9,758,708
Certificates of deposit	-	-	-	258,496
Total	\$ -	\$ 22,682,772	\$ -	\$ 32,699,976
Component Units				
	Level 1	Level 2	Level 3	Total
Assets:				
Mutual funds				
Large growth	\$ 65,381	\$ -	\$ -	\$ 65,381
Moderate allocation	209,930	-	-	209,930
World allocation	199,156	-	-	199,156
Short-term bond	81,383	-	-	81,383
	555,850	-	-	555,850
Cash	-	-	-	3,069,605
Certificate of deposit	-	-	-	168,662
Total	\$ 555,850	\$ -	\$ -	\$ 3,794,117

5. PATIENT ACCOUNTS RECEIVABLE

The details of patient accounts receivable are set forth below:

	Hospital
Patient accounts receivable	\$ 22,538,149
Less allowance for uncollectible accounts	(5,503,268)
Less allowance for contractual adjustments	(9,139,047)
Net patient accounts receivable	\$ 7,895,834
	Component Units
Patient accounts receivable	\$ 1,032,018
Less allowance for uncollectible accounts	(92,139)
Less allowance for contractual adjustments	(317,366)
Net patient accounts receivable	\$ 622,513

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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

	Accounts Receivable	Gross Revenue
Medicare	14%	25%
Medicare managed	16%	21%
Medicaid	1%	3%
Medicaid managed	17%	21%
Commercial	21%	28%
Self-pay	31%	2%
	<u>100%</u>	<u>100%</u>

6. PLEDGES RECEIVABLE

In 2013, the Foundation began a five year capital campaign to raise funds for capital improvements to be made to the Hospital. Pledges receivable associated with the campaign as of December 31, 2015 follows:

Receivable in less than one year	\$	827,525
Receivable in one to five years		<u>600,997</u>
Total unconditional promises to give		1,428,522
Less discounts to net present value		(100,119)
Less allowance for uncollectible promises		<u>(79,704)</u>
Net unconditional promises to give	\$	<u>1,248,699</u>

The rate used to discount unconditional promises to net present value was 6% for 2015. The rate used to calculate the allowance for uncollectible amounts was 6% in 2015.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

7. ESTIMATED AMOUNTS DUE TO THIRD-PARTY PAYORS

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

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

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

Cost report settlements result from the adjustment of interim payments to final reimbursement under these programs and are subject to audit by fiscal intermediaries. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Although these audits may result in some changes in these amounts, they are not expected to have a material effect on the accompanying financial statements. Cost Reports have been final settled through 2013 for Medicare and 2007 for Medicaid.

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

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

8. PROPERTY AND EQUIPMENT

Property and equipment for the Hospital for the year ended December 31, 2015 was as follows:

	2014	Additions	Transfers	Retirements	2015
Capital assets not being depreciated:					
Land	\$ 3,235,731	\$ -	\$ -	\$ -	\$ 3,235,731
Construction in progress	1,197,824	5,299,728	(4,064,701)	-	2,432,851
Subtotal	4,433,555	5,299,728	(4,064,701)	-	5,668,582
Capital assets being depreciated:					
Land improvements	2,017,408	-	18,046	(435,848)	1,599,606
Buildings	35,532,905	-	20,085	(1,138,801)	34,414,189
Building improvements	25,493,728	-	2,571,669	(3,612,763)	24,452,634
Equipment	53,519,988	-	1,454,901	(14,966,895)	40,007,994
Subtotal	116,564,029	-	4,064,701	(20,154,307)	100,474,423
Total capital assets	120,997,584	5,299,728	-	(20,154,307)	106,143,005
Accumulated depreciation:					
Land improvements	1,838,579	56,181	-	(435,848)	1,458,912
Buildings	21,569,303	1,251,483	-	(1,138,801)	21,681,985
Building improvements	16,849,122	1,263,097	-	(3,612,763)	14,499,456
Equipment	47,063,932	1,679,692	-	(14,966,895)	33,776,729
Subtotal	87,320,936	4,250,453	-	(20,154,307)	71,417,082
Net capital assets	<u>\$ 33,676,648</u>	<u>\$ 1,049,275</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 34,725,923</u>

Capital Asset activity for the component units for the year ended December 31, 2015 included approximately \$24,000 of additions and \$133,000 of depreciation.

Depreciation expense on capital assets for the Hospital and component units for the year ended December 31, 2015 totaled approximately \$4,383,000.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

9. ACCRUED COMPENSATION AND RELATED ACCRUALS

Hospital	
Payroll and related items	\$ 2,154,721
Self-insured benefits	177,888
Health insurance claims	<u>240,097</u>
 Total accrued compensation and related accruals	 <u><u>\$ 2,572,706</u></u>
 Component units	
Payroll and related items	\$ 582,347
Self-insured benefits	27,298
Health insurance claims	<u>54,333</u>
 Total accrued compensation and related accruals	 <u><u>\$ 663,978</u></u>

10. LONG-TERM DEBT

Long-term debt activity for the year ended December 31, 2015 for both the Hospital and component units was as follows:

	2014	Current Year Additions	Current Year Reductions	2015	Amounts Due Within One Year
City of Circleville, Ohio Hospital Facilities					
Revenue Refunding and Improvement Bonds, series 2014 (maturing in June 2034)	\$ 23,570,000	\$ -	\$ (920,000)	\$ 22,650,000	\$ 955,000
Total long-term debt and other liabilities	<u>\$ 23,570,000</u>	<u>\$ -</u>	<u>\$ (920,000)</u>	<u>\$ 22,650,000</u>	<u>\$ 955,000</u>

On May 1, 2014, the System entered into a financing agreement with the City, in which the City issued \$24,000,000 of Hospital Facilities Revenue Refunding and Improvements Bonds. The proceeds were used to retire prior obligations and to fund future capital purchases. The Series 2014 Bonds mature in quarterly principal installments ranging from \$215,000 in September 2014 to \$390,000 in June 2034 at a fixed rate of 2.67 percent.

In conjunction with the Series 2014 Bonds, the System is required to maintain certain financial covenants as defined in the debt agreements. The System believes it is in compliance with these covenants at December 31, 2015. Substantially all assets and the assignment of profits from the System have been pledged as collateral against retirement of the Series 2014 Bonds.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

The following is a schedule by years of bond principal and interest repayments:

Years Ending December 31	Long-term Debt	
	Principal	Interest
2016	\$ 955,000	\$ 605,164
2017	980,000	577,360
2018	1,020,000	550,492
2019	1,030,000	522,743
2020	1,070,000	1,210,000
2021-2025	5,775,000	2,019,840
2026-2030	6,620,000	1,184,585
2031-2034	5,200,000	267,738
Total	\$ 22,650,000	\$ 6,937,922

The Hospital leases various equipment and facilities under operating lease arrangements. The following is a schedule of minimum operating lease payments by year as of December 31, 2015:

Years Ending December 31	Minimum Annual Lease Payments
2016	\$ 1,031,578
2017	679,674
2018	466,486
2019	394,184
2020	389,042
Thereafter	2,277,428
Total	\$ 5,238,392

Total rent expense for the year ended December 31, 2015 was approximately \$913,000 for the Hospital. Total rent expense for the year ended December 31, 2015 was approximately \$783,000, for the component units. The majority of this expense is intercompany and the corresponding revenue is recorded in the Hospital.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

11. NET PATIENT SERVICE REVENUE

Net patient service revenue consists of the following:

Hospital

Patient Revenue:

Inpatient services	\$	41,558,817
Outpatient services		135,556,427
Total patient revenue		<u>177,115,244</u>

Revenue deductions:

Provision for contractual allowances		105,823,248
Provision for bad debt allowances		3,387,768
Charity care		562,888
Total revenue deductions		<u>109,773,904</u>
Total net patient service revenue	\$	<u>67,341,340</u>

Component units

Patient Revenue:

Outpatient services	\$	12,168,345
Total patient revenue		<u>12,168,345</u>

Revenue deductions:

Provision for contractual allowances		4,163,813
Provision for bad debt allowances		518,459
Total revenue deductions		<u>4,682,272</u>
Total net patient service revenue	\$	<u>7,486,073</u>

12. DEFINED BENEFIT PENSION PLAN

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.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

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. OPERS' eligibility requirements for post-employment health care coverage changed for those retiring on and after January 1, 2016. Please see the Plan Statement in the OPERS 2013 Comprehensive Annual Financial Report for details.

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.

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

In accordance with GASB Statement No. 68, employers participating in cost-sharing multiple-employer plans are required to recognize a proportionate share of the collective net pension liabilities of the plans. Although changes in the net pension liability generally are recognized as pension expense in the current period, GASB 68 requires certain items to be deferred and recognized as expense in future periods. Deferrals for differences between projected and actual investment returns are amortized to pension expense over five years. Deferrals for employer contributions subsequent to the measurement date are amortized in the following period (one year). Other deferrals are amortized over the estimated remaining service lives of both active and inactive employees (amortization periods range from 3 to 9 years).

The collective net pension liabilities of the retirement systems and the System's proportionate share of these net pension liabilities as of December 31, 2015 are as follows:

Net pension liability - all employers	\$	12,022,615,276
Proportion of the net pension liability - System		0.15363%
Proportionate share of net pension liability	\$	<u>18,470,474</u>

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

At December 31, 2015, the System reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

Deferred outflows of resources

Net difference between projected and actual earnings on pension plan investments	\$	996,171
Employer contributions subsequent to the measurement date		2,766,194
Total	\$	3,762,365

Deferred inflows of resources

Difference between expected and actual experience	\$	354,513
Total	\$	354,513

Net deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expense during the years ending December 31 as follows:

2016	\$	95,192
2017		95,192
2018		220,492
2019		245,666
2020		(3,376)
2021 and Thereafter		(11,508)
Total	\$	641,658

Statutory Authority

Ohio Revised Code Chapter 145

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

Benefit Formula

Benefits are calculated on the basis of age, final average salary (FAS), and service credit. State and Local members in transition Groups A and B are eligible for retirement benefits at age 60 with 60 contributing months of service credit or at age 55 with 25 or more years of service credit. Group C for State and Local is eligible for retirement at age 57 with 25 years of service or at age 62 with 5 years of service. For Groups A and B, the annual benefit is based on 2.2% of final average salary multiplied by the actual years of service for the first 30 years of service credit and 2.5% for years of service in excess of 30 years. For Group C, the annual benefit applies a factor of 2.2% for the first 35 years and a factor of 2.5% for the years of service in excess of three highest years of earnings over a member's career for Groups A and B. Group C is based on the average of the five highest years of earnings over a member's career. The base amount of a member's pension benefit is locked in upon receipt of the initial benefit payment for calculation of annual cost-of-living adjustment.

Cost-of-Living Adjustments

Once a benefit recipient retiring under the Traditional Pension Plan has received benefits for 12 months, an annual 3% cost-of-living adjustment is provided on the member's base benefit.

Contribution Rates

Employee and member contribution rates are established by the OPERS Board and limited by Chapter 145 of the Ohio Revised Code. For 2014, employer rates for the State and Local Divisions were 14% of covered payroll (and 18.1% for the Law Enforcement and Public Safety Divisions). Member rates for the State and Local Divisions were 10% of covered payroll (13% for Law Enforcement and 12% for Public Safety).

Measurement Date

December 31, 2014

Actuarial Assumptions

Valuation Date: December 31, 2014
Actuarial Cost Method: Individual entry age
Investment Rate of Return: 8.00%
Inflation: 3.75%
Projected Salary Increases: 4.25% - 10.00%
Cost-of-Living Adjustments: 3.00% Simple

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2015

Mortality Rates

RP-2000 mortality table projected 20 years using Projection Scale AA. For males, 105% of the combined healthy male mortality rates were used. For females, 100% of the combined healthy female mortality rates were used. The mortality rates used in evaluating disability allowances were based on the RP-2000 mortality table with no projections. For males, 120% of the disabled female mortality rates were used set forward two years. For females, 100% of the disabled female mortality rates were used.

Date of Last Experience Study

December 31, 2010

Investment Return Assumptions

The long term expected rate of return on defined benefit investment assets was determined using a building-block method in which best-estimate ranges of expected future real rates of return are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage, adjusted for inflation. The following table displays the Board-approved asset allocation policy for 2014 and the long-term expected real rates of return:

Asset Class	Target Allocation	Long Term Expected Return *
Fixed Income	23%	2.31%
Domestic Equity	20%	5.84%
Real Estate	10%	4.25%
Private Equity	10%	9.25%
International Equity	19%	7.40%
Other Investments	18%	4.59%
Total	100%	

* Returns presented as arithmetic means

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2015

Discount Rate

The discount rate used to measure the total pension liability was 8.0% for both the Traditional Pension Plan and the Combined Plan. The projection of cash flows used to determine the discount rate assumed that contributions from plan members and those of the contributing employers are made at the statutorily required rates. Based on those assumptions, the pension plan’s fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of Net Pension Liability to Changes in Discount Rate

1% Decrease (7.00%)	Current Rate (8.00%)	1% Increase (9.00%)
\$ 34,097,000	\$ 18,470,000	\$ 5,313,000

13. MEDICAL MALPRACTICE CLAIMS

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

The System and the component units are insured against medical malpractice claims under claims-made based policies, 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 policies, the System and the component units bear the risk of the ultimate costs of any individual claims exceeding \$1,000,000 or aggregate claims exceeding \$3,000,000 for claims asserted in the policy year. In addition, the System has an umbrella policy with additional coverage limits.

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

The System 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 System's cost for such claims for the year and it has been charged to operations as a current expense.

BERGER HEALTH SYSTEM

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2015

14. SELF-INSURED BENEFITS

The System 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 employee. Claims, charged to operations and paid when incurred, were approximately \$3,400,000 for the year ended December 31, 2015.

15. 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. 72, *Fair Value Measurement and Application*, issued February 2015, will be effective for periods beginning after June 15, 2015. This Statement will enhance the comparability of financial statements among governments requiring the measurement of certain assets and liabilities at fair value using a consistent and more detailed definition of fair value and accepted valuation techniques. This Statement also will enhance fair value application guidance and related disclosures in order to provide information to financial statements users about the impact of fair value measurements on a government's financial position.

GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, issued June 2015, will be effective for periods beginning after June 15, 2017. The Statement addresses accounting and financial reporting for Postemployment Benefits Other than pensions (OPEB) that is provided to the employees of state and local governmental employers. This Statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expenses/expenditures. For defined benefit OPEB, this Statement identifies the methods and assumptions that are required to be used to project benefit payments, discount projected benefit payments to their actuarial present value, and attribute that present value to periods of employee service. Note disclosures and required supplementary information requirements about defined benefit OPEB will be enhanced.

16. AFFILIATION

On January 1, 2015, the System entered into an affiliation agreement with OhioHealth Corporation. The affiliation is for the purposes of collaboration for expanded development and integration of services to residents of Pickaway County. The affiliation does not lead to ownership or management of either organization by the other. The initial term of this agreement is for a five year period, with automatic two year renewal terms thereafter.

BERGER HEALTH SYSTEM

SUPPLEMENTARY INFORMATION ON GASB 68 PENSION LIABILITIES (UNAUDITED) DECEMBER 31, 2015

Schedule of Proportionate Share of the Net Pension Liability

System proportion of the collective net pension liability	0.15363%
System proportionate share of the net pension liability	\$ 18,470,000
System covered-employee payroll	\$ 21,063,421
System proportionate share of the net pension liability as a percentage of its covered-employee payroll	87.7%
Plan fiduciary net position as a percentage of the total pension liability	86.5%

Schedule of System Contributions

Contractually required contribution	\$ 2,766,000
Contributions in relation to the contractually required contribution	<u>\$ 2,766,000</u>
Contribution deficiency (excess)	-
System covered employee payroll	\$ 20,963,000
Contributions as a percentage of covered-employee payroll	13.2%

Note: This schedule is intended to present ten years of the proportionate share of the net pension liability. Currently, only those years with information available are presented.



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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS REQUIRED BY GOVERNMENT AUDITING STANDARDS

Berger Health System
 600 North Pickaway Street
 Circleville, Ohio 43113

We have audited, in accordance with the auditing standards generally accepted in the United States and the Comptroller General of the United States' *Government Auditing Standards*, the financial statements of the business-type activities and the aggregate discretely presented component units of Berger Health System (the "System") as of and for the year ended December 31, 2015, and the related notes to the financial statements, which collectively comprise the System's basic financial statements and have issued our report thereon dated March 11, 2016.

As discussed in Note 2 to the financial statements, in 2015, the System adopted new accounting guidance, Governmental Accounting Standards Board Statement No. 68, *Accounting and Financial Reporting for Pensions-an amendment of GASB Statement No. 27 and Statement No. 71, Pension Transition for Contributions Made Subsequent to the Measurement Date - an Amendment of Governmental Accounting Standards Board Statement No. 68*. Our opinion is not modified with respect to this matter.

Internal Control Over Financial Reporting

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

**INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND
ON COMPLIANCE AND OTHER MATTERS REQUIRED BY
GOVERNMENT AUDITING STANDARDS (continued)**

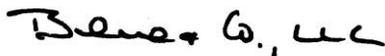
Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all internal control deficiencies that might be material weaknesses or significant deficiencies. Given these limitations, we did not identify any deficiencies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

Compliance and Other Matters

As part of reasonably assuring whether the System's 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 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

This 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 System's internal control or on compliance. This report is an integral part of an audit performed under *Government Auditing Standards* in considering the System's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Columbus, Ohio
March 11, 2016



Dave Yost • Auditor of State

BERGER HEALTH SYSTEM

PICKAWAY COUNTY

CLERK'S CERTIFICATION

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

Susan Babbitt

CLERK OF THE BUREAU

**CERTIFIED
MAY 24, 2016**