

# **Halifax Hospital Medical Center d/b/a Halifax Health**

Financial Report  
September 30, 2016

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## Independent Auditor's Report

RSM US LLP

To the Honorable Commissioners of the Board  
Halifax Hospital Medical Center  
d/b/a Halifax Health  
Daytona Beach, Florida

### Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities and the aggregate remaining fund information of Halifax Hospital Medical Center d/b/a Halifax Health ("Halifax Health"), as of and for the year ended September 30, 2016, and the related notes to the financial statements, which collectively comprise Halifax Health's basic financial statements as listed in the table of contents.

### Management's Responsibility for the Financial Statements

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

### Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We did not audit the basic financial statements of Halifax Health's fiduciary activities as of and for the year ended September 30, 2016, as presented on pages 16 – 17, which represent 100% of the total assets and additions of the aggregate remaining fund information. That statement was audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Halifax Health's fiduciary activities, is based solely on the report of the other auditors. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

### Opinions

In our opinion, based on our audit and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities, the aggregate discretely presented component units, and the aggregate remaining fund information of Halifax Health as of September 30, 2016, and the respective changes in financial position and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Emphasis of Matter**

As discussed in Note 2 to the financial statements, the net position as of October 1, 2015, has been restated for the effect of including certain component units as part of Halifax Health's blended component units that were previously discretely presented component units. Our opinion is not modified with respect to this matter.

**Other Matters***Required Supplementary Information*

Accounting principles generally accepted in the United States of America require that Management's Discussion and Analysis on pages 3 – 10 and the required supplementary information on pages 51 – 56 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

*Other Supplementary Information*

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Halifax Health's basic financial statements. The accompanying Obligated Group financial information on pages 57 – 60 is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The Obligated Group financial information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, based on our audit the Obligated Group financial information is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

*RSM US LLP*

Davenport, Iowa  
December 12, 2016

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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**INTRODUCTION**

This section of the Halifax Hospital Medical Center (the "Medical Center") d/b/a Halifax Health's annual financial report provides an overview of the organization and management's discussion and analysis of financial performance and results for the fiscal year ended September 30, 2016. This analysis should be read in conjunction with the accompanying basic financial statements.

The current enabling act of the Medical Center was passed by a special act of the Florida Legislature as Chapter 2003-374, Laws of Florida (the "Act"), which codified all prior laws that established the Medical Center as a special taxing district, a public body corporate and politic of the State of Florida. The Medical Center was originally created in 1925 under the name Halifax Hospital District by Chapter 112.72, Laws of Florida, 1925. The Medical Center's Board of Commissioners (the "Board") is empowered to levy ad valorem taxes for operating expenses, capital outlays, and other purposes. Pursuant to the Act, the Medical Center has all the powers of a body corporate, including, but not limited to, the power to establish, construct, operate, and maintain such hospitals, medical facilities, and healthcare facilities and services for the preservation of the public health, for the public good, and for the use of the public; the power to enter into contracts; borrow money; establish for-profit and not-for-profit corporations; the power to acquire, purchase, hold, lease, and convey real and personal property; and the power of eminent domain. The Medical Center's geographic territory is primarily northeastern Volusia County, Florida, including the cities of Bunnell, Daytona Beach, DeBary, Deland, DeLeon Springs, Deltona, Edgewater, Flagler Beach, Holly Hill, Lake Helen, New Smyrna Beach, Oak Hill, Orange City, Ormond Beach, Osteen, Palm Coast, Pierson, Port Orange, and Seville.

The Medical Center owns and operates three inpatient hospital facilities under one license. The main campus of the Medical Center, located in Daytona Beach, is the inpatient referral center which includes a Level II neonatal intensive care center and a Level II state-certified trauma center, offering open-heart surgery, neurosurgery, inpatient rehabilitation and other specialty inpatient and outpatient services. The Port Orange campus, located ten miles south of the main campus, is a community hospital providing a broad range of services to the residents of Port Orange and southeast Volusia County. The Halifax Behavioral Services (HBS) campus, two miles north of the main campus, provides inpatient and outpatient child, adolescent, and adult psychiatric services. The Medical Center is licensed by the Agency for Health Care Administration (AHCA) to operate with 678 beds and 33 bassinets. The licensed beds by location are set forth in the table below:

**Licensed Beds by Location**

Main campus:	
Inpatient hospital	528
Inpatient rehabilitation	40
Port Orange campus	80
HBS campus	30
<b>Total</b>	<u><u>678</u></u>

In addition to its inpatient facilities, the Medical Center owns and operates outpatient centers in Daytona Beach, Port Orange, Ormond Beach, Palm Coast and Deland.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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The Medical Center has established not-for-profit corporations (the "component units" or the "affiliates") to assist in carrying out its purpose to provide health care and related services to the community. The component units are legally separate organizations for which the Medical Center is financially accountable and the nature and significance of their relationship to the Medical Center are such that exclusion would cause the Medical Center's financial statements to be misleading or incomplete. The component units of the Medical Center are:

- East Volusia Health Services, Inc. ("EVHS")
- HH Holdings, Inc. ("Holdings")
- Halifax Healthcare Systems, Inc. ("HHCSI")
- Halifax Healthy Families Corporation d/b/a Healthy Communities ("Healthy Communities")
- Halifax Staffing, Inc. ("Staffing")
- Patient Business & Financial Services, Inc. ("PBFS")
- Halifax Hospice, Inc. d/b/a Halifax Health Hospice ("Hospice")
- Halifax Management System, Inc. ("HMS")
- Halifax Medical Center Foundation, Inc. ("Foundation")
- Volusia Health Ventures, Inc. d/b/a Volusia Health Network ("VHN")

These corporations are considered blended component units of the Medical Center and their financial results are blended with the Medical Center in the accompanying financial statements. See Note 1 of the audited financial statements for a description of each component unit and combining schedules. The Medical Center, together with all of its component units, is referred to as "Halifax Health."

**OVERVIEW OF THE FINANCIAL STATEMENTS**

This annual financial report includes the independent auditor's report, management's discussion and analysis, and the basic financial statements of Halifax Health. The basic financial statements are intended to describe the net position, results of operations, sources and uses of cash, and the capital structure of Halifax Health. Fiduciary fund statements for the pension trust fund are also provided as part of the basic financial statements. The basic financial statements include notes providing detailed information for select accounts and transactions.

In addition to the aforementioned content, the annual financial report includes required supplementary information composed of unaudited schedules of changes in net pension liability, funding progress, and actuarially determined contributions for the Halifax Pension Plan, and schedules of funding progress for the Halifax Insurance Subsidy and for the Halifax Implicit Rate Subsidy postemployment benefit plans.

Schedules of net position and revenues, expenses, and changes in net position for the Obligated Group are included as additional (supplementary) information. The members of the Obligated Group are the Medical Center (including certain blended component units; EVHS, Staffing, HHCSI, and PBFS) and Holdings.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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**NET POSITION AND CHANGES IN NET POSITION**

Net position is an indicator of the financial health of an organization. Increases in net position over time indicate that the financial condition is improving while decreases in net position over time signify a declining financial condition. A comparative summary of the financial condition of Halifax Health is presented below:

**Condensed Statements of Net Position  
(In thousands)**

	<u>2016</u>	<u>2015</u>
Current assets	\$ 412,173	\$ 388,994
Assets whose use is limited, noncurrent	63,600	70,528
Capital assets, net	356,341	362,697
Other noncurrent assets and deferred outflows	<u>109,121</u>	<u>71,430</u>
Total assets and deferred outflows	<u>\$ 941,235</u>	<u>\$ 893,649</u>
Current liabilities	\$ 88,145	\$ 91,312
Long-term debt	366,702	350,856
Other noncurrent liabilities and deferred inflows	<u>203,712</u>	<u>199,303</u>
Total liabilities and deferred inflows	<u>658,559</u>	<u>641,471</u>
Net investment in capital assets	34,305	59,716
Restricted net position	5,850	5,846
Unrestricted net position	<u>242,521</u>	<u>186,616</u>
Total net position	<u>282,676</u>	<u>252,178</u>
Total liabilities, deferred inflows and net position	<u>\$ 941,235</u>	<u>\$ 893,649</u>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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The statement of revenues, expenses, and changes in net position measures the annual operating success of the organization and can be used to determine whether costs have been recovered through operating revenue sources. Following is a comparative summary of the operations of Halifax Health.

**Condensed Statement of Revenues, Expenses and Changes in Net Position  
(In thousands)**

	<u>2016</u>	<u>2015</u>
Operating revenue	\$ 530,666	\$ 504,762
Operating expenses	495,466	469,278
Income from operations	<u>35,200</u>	<u>35,484</u>
Nonoperating expenses	<u>(4,702)</u>	<u>(15,645)</u>
Increase in net position	<u>\$ 30,498</u>	<u>\$ 19,839</u>

**MANAGEMENT'S DISCUSSION OF RECENT FINANCIAL PERFORMANCE**

Total assets and deferred outflows of Halifax Health increased \$47.0 million from September 30, 2015. Current assets of Halifax Health increased \$23.1 million from fiscal year 2015 primarily as a result of an increase in cash and cash equivalents of \$2.8 million and an increase in investments of \$21.6 million. Assets whose use is limited decreased from fiscal year 2015 by approximately \$6.9 million as a result of the issuance of the 2016 Series bonds, which decreased the restricted funds under indenture agreements for debt service by \$20.1 million and was offset by the increase in trustee-held funds of approximately \$12.7 million. Capital assets, net of accumulated depreciation decreased \$6.4 million from 2015 primarily as a result of capital acquisitions of approximately \$23.8 million, offset by depreciation expense of \$25.0 million and disposals of certain equipment. Other noncurrent assets and deferred outflows increased \$37.7 million from 2015 primarily due to the increase in the value of the interest rate swap of \$6.2 million, increases in deferred outflows related to the pension of \$23.1 million and an increase in the losses on refundings of debt of \$10.6 million related to the issuance of the 2016 Series bonds, offset by the amortization of goodwill of \$1.2 million.

Total liabilities and deferred inflows of Halifax Health increased \$17.1 million from September 30, 2015. Current liabilities decreased from fiscal year 2015 primarily as a result of a decrease in current liabilities of \$3.1 million. On March 28, 2016, the Medical Center issued the Halifax Hospital Medical Center Hospital Revenue Refunding and Improvement Bonds, Series 2016 ("Series 2016") to advance refund a portion of the outstanding Series 2006 A bonds. The total debt issued was \$165.5 million and together with bond premium received of \$9.8 million and release of the debt service reserve fund described above, was used to advance refund \$50.5 million of the Series 2006 A bonds.



**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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The increase in other noncurrent liabilities of the Medical Center of \$4.4 million from fiscal year 2015 is primarily due to the increase in the net pension liability of \$9.6 million, an increase in the long-term value of the interest rate swap liability of \$6.2 million, increases in other liabilities of \$6.2 million, offset by amortization of deferred inflows related to the pension plan of \$18.8 million.

The net position of Halifax Health at September 30, 2016, was \$282.7 million, an increase of \$ 30.5 million from September 30, 2015. The increase is a result of revenue generated from patient care and other operations of \$530.7 million offset by operating expenses of \$495.5 million and nonoperating expenses of \$4.7 million.

*Operating Revenues*

The increase in operating revenues of \$25.9 million over 2015 at Halifax Health is primarily the result of an increase in admissions, and new services offered. Halifax Health continues to expand the quality and continuum of services that it provides to the community.

Utilization statistics for the years ended September 30, 2016 and 2015, are as follows:

**Halifax Health Utilization Statistics**

	<u>2016</u>	<u>2015</u>
Medical Center Activity:		
Admissions	<b>23,026</b>	22,492
Patient days	<b>133,895</b>	131,467
Average daily census	<b>366</b>	360
Total outpatient visits	<b>292,272</b>	275,431
Observation patient day equivalents	<b>8,832</b>	9,051
Hospice Activity:		
Hospice patient days	<b>201,259</b>	215,478

Halifax Health's inpatient admissions for 2016 increased by 534 admissions compared to 2015, and patient days for 2016 increased by 2,428 (1.9%) compared to 2015. The increases in admissions and patient days led to an increase in the average daily census by 6 patients per day from the prior year.

*Operating Expenses*

Total operating expenses of Halifax Health increased \$26.2 million in fiscal year 2016 compared to fiscal year 2015 primarily due to increases in salaries and benefits expense of \$18.4 million, increase in supplies expense of \$5.3 million and increases in purchased services of \$3.1 million. Depreciation and amortization expense increased \$1.3 million from 2015 to 2016, primarily due to new assets placed in service.

Halifax Health also incurs expenses related to ad valorem taxes levied. These expenses include payments to Volusia County and the cities of Daytona Beach, Ormond Beach, Holly Hill, and Port Orange (tax collector and appraiser commissions, Medicaid matching funds, and redevelopment taxes) and the costs of non-hospital community health services (physician services, community clinics, prescription drugs, medical supplies, etc.). Ad valorem tax-related expenses were substantially the same from 2015 to 2016.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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*Nonoperating Revenues, Expenses, Gains and Losses*

Bond issuance costs related to the 2016 Series bonds of approximately \$1.8 million are included in interest expense as of September 2016.

Investment income increased \$9.4 million in fiscal year 2016 compared to fiscal year 2015 as a result of increases in the market value of certain investments. Investment income for the year ended September 30, 2016 includes unrealized gains of \$3.6 million.

**KEY FINANCIAL INDICATORS**

The following represents a summary of key financial indicators of Halifax Health:

**Key Financial Indicators**

	<b>2016</b>	<b>2015</b>
Total margin	<b>5.5%</b>	3.9%
Days cash on hand	<b>276.0</b>	271.0
Unrestricted cash to long-term debt	<b>98.9%</b>	96.9%
Long-term debt to capitalization	<b>57.0%</b>	58.4%
Total net patient service revenue, before provision for bad debts (in millions)	<b>\$ 557.3</b>	\$ 573.1

The total margin increased to 5.5% in fiscal year 2016 due to the increase in operating revenues of Halifax Health, offset by increases in operating and nonoperating expenses compared to fiscal year 2015. The number of days cash on hand, which includes investments and board designated assets whose use is limited, increased from 271 days at September 30, 2015, to 276 days at September 30, 2016, due to increases in operating revenue and cash flows during 2016. Unrestricted cash (including investments and board designated assets whose use is limited) to long-term debt increased in fiscal year 2016 from 2015 due to increases in cash and cash equivalents. Long-term debt to capitalization decreased as a result of the increase in net position at September 30, 2016 compared to September 30, 2015.

Total net patient service revenue, before provision for bad debts, decreased \$15.8 million from 2015 as a result of efforts to identify charity accounts earlier during a patient's treatment.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

**COMMUNITY BENEFIT**

Halifax Health provides a continuum of health care services to the community and is involved in numerous outreach programs that help meet the public health needs of the community. Halifax Health provided an estimated \$61.1 million in community benefits during fiscal year 2016, which is comprised of amounts paid for community health and wellness services and the cost of uncompensated care.

The table below shows the sources and uses of the ad valorem tax revenues of Halifax Health, which includes community benefits (in thousands):

**SCHEDULE OF USES OF PROPERTY TAXES**

	<u>2016</u>	<u>2015</u>
Gross property tax levy	\$ 13,252	\$ 13,149
Tax discounts and uncollectible taxes	<u>(345)</u>	<u>(335)</u>
Net property taxes collected	<u>12,907</u>	<u>12,814</u>
Amounts paid to Volusia County and Cities:		
Tax collector and appraiser commissions	(390)	(424)
Volusia County Medicaid matching assessment	(2,818)	(2,608)
Redevelopment taxes paid to Cities	<u>(630)</u>	<u>(622)</u>
Subtotal	<u>(3,838)</u>	<u>(3,654)</u>
Net taxes available for community health, wellness and readiness	<u>9,069</u>	<u>9,160</u>
Amounts paid for community health and wellness services:		
Preventive health services (clinics, Healthy Kids, etc.)	(1,309)	(899)
Physician services	(7,571)	(7,825)
Trauma services	(5,406)	(6,452)
Pediatric and neonatal intensive care services	(687)	(1,128)
Child and adolescent behavioral services	<u>(616)</u>	<u>(537)</u>
Subtotal	<u>(15,589)</u>	<u>(16,841)</u>
Deficiency of net taxes available to fund hospital operating expenses	(6,520)	(7,681)
Uncompensated care provided by Halifax Health, <i>at cost</i>	<u>(45,506)</u>	<u>(38,303)</u>
Total deficiency of net taxes available to fund hospital operating expenses and uncompensated care provided by Halifax Health, <i>at cost</i>	<u>\$ (52,026)</u>	<u>\$ (45,984)</u>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Management's Discussion and Analysis (Unaudited)  
Year Ended September 30, 2016**

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**RISK FACTORS**

The health care industry is highly dependent upon a number of factors that could have a significant effect on the future operations and financial condition of Halifax Health. These factors include, but are not limited to, competition, state and federal regulatory authorities, Medicare and Medicaid laws and regulations, healthcare reform initiatives, environmental laws, advances in technology, changes in demand for health care services, demographic changes, and managed care contract terms and conditions.

As of the date of this report, the following known facts, decisions, or conditions may have a significant effect on net position or the results of operations:

- Salaries in the health care industry continue to be very competitive due to increased costs of attracting and retaining quality physicians, registered nurses, and other health care professionals.
- The laws and regulations governing the Medicare and Medicaid program are complex and subject to change. As such, changes to these programs could have a negative effect on the financial performance of the Halifax Health. Audits of hospital compliance with Medicare and Medicaid program laws and regulations have increased in recent years and present additional exposure for repayments and fines and penalties.
- In March 2010, President Barack Obama signed the Affordable Care Act ("ACA"). The ACA was enacted to increase the quality and affordability of healthcare and lower the uninsured rate. The full effect of the ACA is still undetermined and the following concerns exist:
  - Medicare and Medicaid DSH payments are expected to be reduced.
  - The State of Florida has not approved Medicaid expansion.
  - Proposed changes to the 340B drug regulations could reduce cost savings achieved by the program for Halifax Health.
  - Bundled payment and value-based payment initiatives of the Medicare program may reduce net payments received by Halifax Health.
- At the state level, the Medicaid managed care program has continued to expand and a prospective payment system for outpatient services will be implemented. These changes will limit the ability of local governments and related providers to positively affect Medicaid payment rates.
- The State of Florida Low Income Pool Program is scheduled to end after June 30, 2017, with no formal alternative plan yet proposed.

The uncertainties listed above may adversely impact future operating results and financial position. The estimated effects of these matters have been considered in the development of the FY 2017 Halifax Health operating budget.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Net Position**

**September 30, 2016**

**(In thousands)**

**Assets and Deferred Outflows**

<b>Current Assets:</b>	
Cash and cash equivalents	\$ 58,573
Investments	266,685
Current assets whose use is limited – Trustee-held self-insurance funds	612
Accounts receivable, patients, net of estimated uncollectibles of \$154,030	60,604
Inventories	11,334
Other current assets	14,365
<b>Total current assets</b>	<u>412,173</u>
<b>Noncurrent Assets Whose Use is Limited:</b>	
Board-designated, funded depreciation	42,403
Trustee held funds	12,687
Restricted by donor	5,671
Board-designated, other	2,650
Restricted funds under indenture agreements for debt service	189
Depreciable Capital Assets, net	286,559
Nondepreciable Capital Assets	69,782
Other Assets	10,150
<b>Total assets</b>	<u>842,264</u>
<b>Deferred Outflows:</b>	
Interest rate swap	39,431
Pension, contribution after measurement	21,236
Pension, other	17,130
Loss on refunding of debt	17,351
Goodwill, net	3,823
<b>Total deferred outflows</b>	<u>98,971</u>
<b>Total assets and deferred outflows</b>	<u>\$ 941,235</u>

(Continued)

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Net Position (Continued)**

**September 30, 2016**

**(In thousands)**

**Liabilities, Deferred Inflows and Net Position**

Current Liabilities:

Accounts payable and accrued liabilities	\$ 48,421
Accrued payroll and personal leave time	19,395
Current portion of accrued self-insurance liability	4,898
Current portion of long-term debt	7,335
Other current liabilities	8,096
<b>Total current liabilities</b>	<u>88,145</u>

Noncurrent Liabilities:

Long-term debt, less current portion	346,770
Premium on long-term debt, net	19,932
Net pension liability	129,142
Accrued self-insurance liability, less current portion	8,077
Other liabilities	25,732
Long-term value of interest rate swap	39,431
<b>Total liabilities</b>	<u>657,229</u>

Deferred Inflows Related to Pension

	1,330
<b>Total liabilities and deferred inflows</b>	<u>658,559</u>

Net Position:

Net investment in capital assets	34,305
Restricted for debt service	179
Restricted by donors, expendable	5,427
Restricted by donors, nonexpendable	244
Unrestricted	242,521
<b>Total net position</b>	<u>282,676</u>

**Total liabilities, deferred inflows and  
net position**

\$ 941,235

See Notes to Financial Statements.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Revenues, Expenses and Changes in Net Position  
Year Ended September 30, 2016  
(In thousands)**

Operating Revenues:	
Net patient service revenue, before provision for bad debts	\$ 557,277
Provision for bad debts	(67,416)
<b>Net patient service revenue</b>	<u>489,861</u>
Ad valorem tax revenue	13,252
Other revenue	27,553
<b>Total operating revenues</b>	<u>530,666</u>
Operating Expenses:	
Salaries and benefits	254,494
Supplies	93,347
Purchased services	80,896
Depreciation and amortization	24,952
Ad valorem tax-related expenses	7,460
Leases and rentals	6,147
Other	28,170
<b>Total operating expenses</b>	<u>495,466</u>
<b>Income from operations</b>	<u>35,200</u>
Nonoperating Revenues (Expenses):	
Interest expense	(18,973)
Investment income – net	12,312
Donation revenue	1,973
Nonoperating losses – net	(14)
<b>Total nonoperating expenses</b>	<u>(4,702)</u>
<b>Increase in net position</b>	30,498
Net Position:	
Beginning of year, as restated	252,178
End of year	<u>\$ 282,676</u>

See Notes to Financial Statements.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Cash Flows  
Year Ended September 30, 2016  
(In thousands)**

<b>Cash Flows from Operating Activities:</b>	
Receipts from third-party payors and patients	\$ 493,855
Payments to employees	(276,694)
Payments to suppliers	(178,881)
Ad valorem taxes	13,181
Other receipts	30,934
Other payments	(44,137)
<b>Net cash provided by operating activities</b>	<u>38,258</u>
<b>Cash Flows from Noncapital Financing Activities:</b>	
Proceeds from donations received	1,980
Other nonoperating expenses	(14)
<b>Net cash provided by noncapital financing activities</b>	<u>1,966</u>
<b>Cash Flows from Capital and Related Financing Activities:</b>	
Acquisition of capital assets	(23,841)
Principal paid on long-term debt	(2,295)
Proceeds from issuance of bonds	165,490
Transfer to trustee-held funds	(12,619)
Payment for defeasance of bonds	(168,728)
Payment of bond issue costs	(1,774)
Premium on issuance of bonds	9,934
Payment of interest on long-term debt	(14,761)
<b>Net cash used in capital and related financing activities</b>	<u>(48,594)</u>
<b>Cash Flows from Investing Activities:</b>	
Realized investment income	8,515
Purchase of investments and assets whose use is limited	(117,614)
Proceeds from sales and maturities of investments and assets whose use is limited	120,289
<b>Net cash provided by investing activities</b>	<u>11,190</u>
<b>Net increase in cash and cash equivalents</b>	2,820
<b>Cash and Cash Equivalents:</b>	
Beginning of year	55,753
End of year	<u>\$ 58,573</u>

(Continued)



**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Cash Flows (Continued)  
Year Ended September 30, 2016  
(In thousands)**

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Reconciliation of Income from Operations to Net Cash	
Provided by Operating Activities:	
Income from operations	\$ 35,200
Adjustments to reconcile income from operations to net cash provided by operating activities:	
Depreciation and amortization expense	24,952
Unrealized losses on investments considered operating activity	(845)
Provision for bad debts	67,416
Changes in assets and liabilities:	
Accounts receivable, patients	(66,837)
Inventories and other current assets	501
Other assets	(3,281)
Accounts payable and accrued liabilities	2,854
Other liabilities	(21,702)
<b>Net cash provided by operating activities</b>	<b>\$ 38,258</b>
Noncash Investing Activities, unrealized gains on investments and assets whose use is limited	\$ 3,869

See Notes to Financial Statements.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Statement of Fiduciary Net Position  
September 30, 2016  
(In thousands)**

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Assets:

Investments, at fair value:

Money market and mutual funds

\$ 240,144

**Net position restricted for pension benefits**

\$ 240,144

See Notes to Financial Statements.

Halifax Hospital Medical Center  
d/b/a Halifax Health

Statement of Changes in Fiduciary Net Position  
Year Ended September 30, 2016  
(In thousands)

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Additions:	
Investment results:	
Appreciation in fair value of investments	\$ 16,019
Interest and dividends	4,873
<b>Net investment results</b>	<u>20,892</u>
Employer contributions	<u>21,236</u>
<b>Total additions</b>	<u>42,128</u>
Deductions:	
Administrative expenses	77
Benefits paid directly to participants	<u>16,818</u>
<b>Total deductions</b>	<u>16,895</u>
<b>Increase in net position restricted for pension benefits</b>	25,233
Net Position Restricted for Pension Benefits:	
Beginning of year	214,911
End of year	<u>\$ 240,144</u>

See Notes to Financial Statements.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 1. Description of the Organization**

Reporting Entity: Halifax Hospital Medical Center (the “Medical Center”) d/b/a Halifax Health was created by a special act of the Legislature of the State of Florida, Chapter 2003-374, Laws of Florida, as a special taxing district, a public body corporate and politic of the State of Florida and successor to Halifax Hospital District created pursuant to Chapter 112.72, Laws of Florida, Special Acts of 1925. The Medical Center’s Board of Commissioners (the “Board”) is empowered to levy ad valorem taxes for operating expenses, capital outlays, and other purposes.

The Medical Center, located in Daytona Beach, Florida, is a full-service, accredited, acute care hospital licensed to operate 678 beds. The Medical Center owns and operates three inpatient hospital facilities under one license and several ambulatory facilities. The main campus of the Medical Center is the inpatient referral center, providing Level II neonatal intensive care and a Level II state-certified trauma center, in addition to open-heart surgery, neurosurgery, and other specialty inpatient and outpatient services. The Port Orange campus, located ten miles south of the main campus, is a community hospital providing a broad range of services to the residents of Port Orange and Southeast Volusia County. The Halifax Behavioral Services campus, located two miles north of the main campus, provides child, adolescent, and adult inpatient and outpatient psychiatric services to the residents of Volusia and Flagler Counties.

As required by accounting principles generally accepted in the United States of America (“GAAP”), these financial statements represent the primary government, the Medical Center, and its component units. The component units discussed below are included because of the significance of their operational or financial relationships with the Medical Center. The Medical Center, together with its component units, is referred to as “Halifax Health.” All significant intercompany accounts and balances have been eliminated in the financial statements.

Component Units: East Volusia Health Services, Inc. (“EVHS”); Halifax Healthcare Systems, Inc. (“HHCSI”), HH Holdings, Inc. (“Holdings”); Halifax Healthy Families Corporation d/b/a Healthy Communities (“Healthy Communities”); Halifax Staffing, Inc. (“Staffing”); Patient Business & Financial Services, Inc. (“PBFS”); Halifax Hospice, Inc. d/b/a Halifax Health Hospice (“Hospice”); Halifax Management System, Inc. (“HMS”); Halifax Medical Center Foundation, Inc. (“Foundation”); and Volusia Health Ventures, Inc. d/b/a Volusia Health Network (“VHN”) are legally separate organizations for which the Medical Center is financially accountable and the nature and significance of their relationship to the Medical Center are such that exclusion would cause the reporting entity’s financial statements to be misleading or incomplete. With the exception of the Foundation, the Medical Center Board appoints the Board of Directors for the other component units, and each has a specific financial benefit or burden to the Medical Center. While the Foundation appoints its own Board of Directors, it also has a specific financial benefit to the Medical Center, and is fiscally dependent on the Medical Center. Accordingly, all of these organizations represent component units of the Medical Center.

Each component unit was established to provide administrative and other services for and on behalf of the Medical Center. In accordance with GASB Statement No. 80, which was adopted by the Medical Center in 2016, these entities are blended within the financial results of the Medical Center because they are organized as not-for-profit corporations and the Medical Center is the sole corporate member of each component unit, with the exception of HMS and VHN. HMS is blended within the financial results of the Medical Center in accordance with GASB Statement No. 61 because it has substantially the same governing body as the Medical Center, it has a specific financial benefit to the Medical Center, and management of the Medical Center have operational responsibility for the results of HMS. The activities of VHN are not considered material to the Medical Center.

EVHS is a not-for-profit corporation organized under the laws of Florida. EVHS was organized for the purpose of entering into joint-venture agreements to enhance the access and quality of patient care provided to the community.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 1. Description of the Organization (Continued)**

HHCSI is a not-for-profit corporation organized under the laws of Florida. HHCSI was organized for the purpose of enhancing the access and quality of patient care provided to the community.

Holdings is a not-for-profit corporation organized under the laws of Florida that was established to manage the remaining assets that resulted from the sale of Florida Health Care Plan in 2008.

Healthy Communities is a not-for-profit corporation organized under the laws of Florida that coordinates the delivery of education, health resources, and direct assistance to the community. The services provided by Healthy Communities include administering Healthy Kids (child health insurance program), facilitating the provision of preventive care, and providing education and other activities relating to the general welfare of all children in Volusia and Flagler counties.

Staffing is a not-for-profit corporation organized under the laws of Florida, formed for the purpose of providing individuals to staff and manage the Medical Center, its component units, and any other related entities and facilities. The Medical Center is obligated to reimburse Staffing for all costs incurred in meeting its obligations under an agreement between the parties.

PBFS is a not-for-profit corporation that operates the patient accounting services for the Medical Center and employs certain staff for this function.

The Foundation was organized in 1988 as a not-for-profit corporation under the laws of Florida. The Foundation is the fund-raising organization for the Medical Center.

Hospice was organized in 1984 as a not-for-profit corporation under the laws of Florida. Hospice provides palliative medical care and treatment to patients who have less than six months to live via four inpatient care centers and in-home hospice services. The Port Orange care center is a 16-bed inpatient care center located in the City of Port Orange. The West Volusia Care Center is an 18-bed center in Orange City. The Southeast Volusia care center is a 12-bed facility located in Edgewater. The Ormond Beach Care Center opened in 2015 and is a 12-bed facility.

HMS was organized in 1984 as a not-for-profit corporation under the laws of Florida. HMS owns and leases to the Medical Center two ambulatory facilities and one hospital facility. Facilities located in Ormond Beach and on the Medical Center's main campus in Daytona Beach provide outpatient hospital services and medical offices. The third facility located in Port Orange is an 80-bed inpatient hospital.

VHN was organized in 1984 as a not-for-profit corporation under Florida law. VHN operates a preferred provider network of physicians and hospitals in the service area and offers the network and certain related services to employers that are self-insured for the health insurance coverage of their employees.

Presented on the following pages are condensed combining schedules for the component units.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 1. Description of the Organization (Continued)**

Condensed Combining Statement of Net Position  
September 30, 2016  
(In thousands)

	Blended Component Units										Intercompany Eliminations	Halifax Health
	Medical Center	Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	HMS		
<b>Assets and Deferred Outflows</b>												
Current Assets	\$ 140,949	\$ 166,470	\$ -	\$ -	\$ 270	\$ 6,414	\$ 65,502	\$ 62	\$ 32,735	\$ -	\$ (229)	\$ 412,173
Noncurrent Assets Whose Use is Limited	55,090	-	-	-	-	-	2,650	-	5,671	189	-	63,600
Capital Assets, net	301,500	18,601	-	-	-	-	19,127	4	-	17,109	-	356,341
Other Assets and Deferred Outflows	98,669	-	-	-	-	4,674	5,513	-	298	27	(60)	109,121
<b>Total assets and deferred outflows</b>	<b>\$ 596,208</b>	<b>\$ 185,071</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 270</b>	<b>\$ 11,088</b>	<b>\$ 92,792</b>	<b>\$ 66</b>	<b>\$ 38,704</b>	<b>\$ 17,325</b>	<b>\$ (289)</b>	<b>\$ 941,235</b>
<b>Liabilities, Deferred Inflows and Net Position</b>												
Current Liabilities	\$ 76,675	\$ 2,729	\$ -	\$ -	\$ 683	\$ 1,188	\$ 3,033	\$ 1,033	\$ 152	\$ 2,843	\$ (191)	\$ 88,145
Long-Term Debt, less current portion	365,407	-	-	-	-	-	-	-	-	1,393	(98)	366,702
Other Liabilities and Deferred Inflows	194,488	-	-	-	-	-	6,719	-	2,505	-	-	203,712
<b>Total liabilities and deferred inflow:</b>	<b>636,570</b>	<b>2,729</b>	<b>-</b>	<b>-</b>	<b>683</b>	<b>1,188</b>	<b>9,752</b>	<b>1,033</b>	<b>2,657</b>	<b>4,236</b>	<b>(289)</b>	<b>658,559</b>
Net Position:												
Net investment in capital assets	1,825	-	-	-	-	-	19,126	4	-	13,350	-	34,305
Restricted for debt service	-	-	-	-	-	-	-	-	-	179	-	179
Restricted by donors, expendable	-	-	-	-	-	-	-	-	5,427	-	-	5,427
Restricted by donors, nonexpendable	-	-	-	-	-	-	-	-	244	-	-	244
Unrestricted	(42,187)	182,342	-	-	(413)	9,900	63,914	(971)	30,376	(440)	-	242,521
<b>Total net position</b>	<b>(40,362)</b>	<b>182,342</b>	<b>-</b>	<b>-</b>	<b>(413)</b>	<b>9,900</b>	<b>83,040</b>	<b>(967)</b>	<b>36,047</b>	<b>13,089</b>	<b>-</b>	<b>282,676</b>
<b>Total liabilities, deferred inflows and net position</b>	<b>\$ 596,208</b>	<b>\$ 185,071</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 270</b>	<b>\$ 11,088</b>	<b>\$ 92,792</b>	<b>\$ 66</b>	<b>\$ 38,704</b>	<b>\$ 17,325</b>	<b>\$ (289)</b>	<b>\$ 941,235</b>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 1. Description of the Organization (Continued)**

Condensed Combining Statement of Revenues, Expenses and Changes in Net Position  
Year Ended September 30, 2016  
(In thousands)

	Blended Component Units										Intercompany Eliminations	Halifax Health
	Medical Center	Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	HMS		
Operating Revenues	\$ 473,578	\$ 1,492	\$ -	\$ -	\$ 2,130	\$ 1,433	\$ 44,448	\$ 1,213	\$ 6,485	\$ 2,881	\$ (2,994)	\$ 530,666
Operating Expenses, before depreciation and amortization	189,671	212	210,944	23,686	2,449	-	44,586	1,208	691	61	(2,994)	470,514
Depreciation and Amortization	22,444	799	-	-	-	-	907	1	-	801	-	24,952
<b>Total operating expenses</b>	<b>212,115</b>	<b>1,011</b>	<b>210,944</b>	<b>23,686</b>	<b>2,449</b>	<b>-</b>	<b>45,493</b>	<b>1,209</b>	<b>691</b>	<b>862</b>	<b>(2,994)</b>	<b>495,466</b>
<b>Income (loss) from operations</b>	<b>261,463</b>	<b>481</b>	<b>(210,944)</b>	<b>(23,686)</b>	<b>(319)</b>	<b>1,433</b>	<b>(1,045)</b>	<b>4</b>	<b>5,794</b>	<b>2,019</b>	<b>-</b>	<b>35,200</b>
Nonoperating Revenues (Expenses)	(251,270)	4,665	210,944	23,686	-	-	7,452	-	-	(179)	-	(4,702)
<b>Increase (decrease) in net position</b>	<b>\$ 10,193</b>	<b>\$ 5,146</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (319)</b>	<b>\$ 1,433</b>	<b>\$ 6,407</b>	<b>\$ 4</b>	<b>\$ 5,794</b>	<b>\$ 1,840</b>	<b>\$ -</b>	<b>\$ 30,498</b>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 1. Description of the Organization (Continued)**

**Condensed Combining Statement of Cash Flows**

**Year Ended September 30, 2016**

**(In thousands)**

Net cash provided by (used in):	Medical Center	Blended Component Units									Intercompany Eliminations	Halifax Health
		Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	HMS		
Operating Activities	\$ 258,510	\$ 1,280	\$ (210,944)	\$ (23,686)	\$ (133)	\$ 2,310	\$ 5,224	\$ (39)	\$ 2,916	\$ 2,820	\$ -	\$ 38,258
Noncapital Financing Activities	(238,099)	4,119	210,944	23,686	133	710	804	42	(13)	(360)	-	1,966
Capital and Related Financing Activities	(41,547)	(4,514)	-	-	-	-	(70)	(3)	-	(2,460)	-	(48,594)
Investing Activities	20,678	-	-	-	-	-	(6,297)	-	(3,191)	-	-	11,190
<b>Net increase (decrease) in cash and cash equivalents</b>	<b>(458)</b>	<b>885</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>3,020</b>	<b>(339)</b>	<b>-</b>	<b>(288)</b>	<b>-</b>	<b>-</b>	<b>2,820</b>
Cash and Cash Equivalents:												
Beginning of year	51,690	15	-	-	-	2,191	702	-	1,155	-	-	55,753
End of year	<u>\$ 51,232</u>	<u>\$ 900</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,211</u>	<u>\$ 363</u>	<u>\$ -</u>	<u>\$ 867</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 58,573</u>



**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 1. Description of the Organization (Continued)**

Fiduciary Fund Financial Statements: The Pension Trust Fund (the "Pension Fund"), the fiduciary fund, is used to account for the net position restricted for the pension benefits of certain employees of Staffing and Hospice.

**Note 2. Significant Accounting Policies**

A summary of the significant accounting policies used by Halifax Health follows:

Accounting Standards: These financial statements have been prepared in accordance with the Governmental Accounting Standards Board ("GASB") codification ("GASB Cod."). The financial statements of the component units are also prepared in accordance with the GASB codification, as they are established for the direct benefit of the Medical Center. The financial statements of the Medical Center and its component units have been prepared on the accrual basis of accounting.

Cash and Cash Equivalents: All unrestricted highly liquid investments with maturities of three months or less when purchased are considered cash equivalents, excluding cash and cash equivalents included in assets whose use is limited. The Medical Center's cash deposits are fully collateralized and component unit cash accounts are insured up to FDIC limits.

Investments: Investments are reported at fair value or amortized cost, if not materially different from fair value. Investments are marketable securities representing the investment of cash available for current operations, and as such are reported as current assets. Interest and dividends, when earned, and realized and unrealized investment gains and losses are recorded as nonoperating revenue in the statements of revenues, expenses, and changes in net position, with the exception of Foundation. Interest and dividends, when earned, and realized and unrealized investment gains and losses of the Foundation are recorded as operating revenue in the accompanying statements of revenues, expenses, and changes in net position.

Net Patient Accounts Receivable: Net patient accounts receivable are reported at estimated net realizable amounts due from patients, third-party payors, and others for services rendered. The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in health care coverage, and other collection indicators. Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon these trends. The results of this review are then used to make any modifications to the provision for bad debts and to establish an appropriate estimated allowance for uncollectible accounts. Specific patient accounts identified as uncollectible are written off to the allowance for uncollectible accounts.

Assets Whose Use is Limited: Assets whose use is limited includes assets held for self-insurance funds, restricted funds under indenture agreements for debt service, Board-designated funded depreciation, donor restricted funds, and Board-designated assets set aside for other purposes. The Board may change these Board designations at its discretion.

Inventories: Inventories consist of medical supplies, which are stated at the lower of cost or market (on a first-in, first-out basis).

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 2. Significant Accounting Policies (Continued)**

Capital Assets: Purchases of real property and equipment greater than \$1,000 that have a useful life of longer than one year are capitalized at cost. The costs of replacement are capitalized in the same manner. Interest expense incurred during construction, net of investment gains on proceeds from issued debt, is capitalized. Interest cost incurred during construction for which no debt has been issued is evaluated based on the size and duration of the project for capitalization. The cost of minor equipment less than \$1,000 and repairs are recorded in operating expenses.

Capital assets are reviewed and considered for impairment whenever indicators of impairment are present, such as the decline in service utility of a capital asset that is large in magnitude and the event or change in circumstance is outside the normal life cycle of the capital asset.

Intangible Assets: Certain intangible assets are capitalized in accordance with GASB Cod. Sec. 1400, *Reporting Capital Assets*. Generally, those intangible assets would meet the same criteria for capitalization as other capital assets; cost greater than \$1,000 and a useful life of longer than one year.

Goodwill: Goodwill represents the purchase price in excess of the fair value of net assets acquired that is attributed to future years. Goodwill is included in deferred outflows on the accompanying statement of net position.

Depreciation and Amortization: Capital assets, excluding land and construction in progress, are depreciated on a straight-line basis over the estimated useful lives of the related assets. Estimated useful lives range from 5 to 20 years for building improvements, 10 to 40 years for buildings, 10 to 20 years for fixed equipment, and 3 to 20 years for major movable equipment. Capitalized intangible assets and goodwill are amortized over their estimated useful lives of three years and five years, respectively.

Derivative Instruments: The Medical Center has entered into an interest rate-swap agreement (the "Swap") and applies hedge accounting in accordance with GASB Cod. Sec. D40, *Derivative Instruments*. For effective hedging instruments, the change in fair value is recorded as a deferred outflow in noncurrent assets on the accompanying statement of net position, and the fair value of the Swap is reported in noncurrent liabilities. See Note 9 for more information on the Swap.

Deferred Outflows and Inflows: In addition to the Swap described above, certain pension costs and losses on refunding of debt in prior years are included in deferred outflows and inflows and amortized over a specified period. Amortization of pension related deferred outflows and inflows is included in salaries and benefits expense in the accompanying statement of revenues, expenses, and changes in net position. Amortization of losses on refunding of long-term debt is included in interest expense.

Personal Leave Time: Personal leave time, which includes holiday, sick, and vacation time, that is accrued but not used at September 30, 2016, is included in accrued payroll and personal leave time in the accompanying statement of net position.

Pension Plan: The Halifax Pension Plan (the "Plan") is a cost-sharing, multiple-employer, noncontributory defined benefit pension plan that covers certain employees of the two participating employers, Hospice and Staffing. The Plan is accounted for in accordance with GASB Cod. Sec. Pe5, *Pension Plans – Defined Benefit*. Contributions are made based on the minimum recommended contribution as determined by actuarial valuation. The Plan is considered a governmental plan exempt from Employee Retirement Income Security Act requirements based upon rulings received from the Internal Revenue Service. See Note 10 for more information on the Plan.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 2. Significant Accounting Policies (Continued)**

Self-Insurance: Halifax Health is self-insured for various risks of loss, including professional and general liability losses, workers' compensation claims, and employees' health claims. Estimated liabilities include a reserve for known claims and for claims that have been incurred but not reported. The noncurrent portion of estimated professional and general liability losses and workers' compensation claims have been discounted using a 4% interest rate for 2016. Estimated losses for employees' health claims are not discounted as all amounts are considered current liabilities. See Note 7 for more information on self-insurance liabilities.

Income Taxes: The Medical Center is tax exempt under Section 115 of the Internal Revenue Code ("IRC"). With the exception of VHN, all of the component units are not-for-profit corporations described in Section 501(c)(3) of the IRC and are exempt from federal and state income taxes on related income pursuant to Section 501(a) of the IRC and Chapter 220.13 of the Florida Statutes, respectively. VHN is a taxable Florida not-for-profit corporation. There was no material amount of tax expense or benefit for the year ended September 30, 2016.

Net Position: In accordance with GASB Cod. Sec. 2200, *Comprehensive Annual Financial Report*, net position is reported in three components: net investment in capital assets, restricted, and unrestricted. Net investment in capital assets consists of capital assets net of accumulated depreciation and reduced by the outstanding balances of any debt issued that is attributable to the acquisition, construction, or improvement of those capital assets. If there are significant unspent related debt proceeds at year-end, the portion of the debt attributable to the unspent proceeds are not included in the calculation of net investment in capital assets.

The restricted component of net position consists of restricted assets; assets that have constraints placed on them externally by creditors, grantors, contributors, or laws or regulations of other governments, or laws through constitutional provisions or enabling legislation, reduced by liabilities or deferred inflows related to those restricted assets.

The unrestricted component of net position consists of the net amount of assets, deferred outflows of resources and liabilities, and deferred inflows of resources that do not meet the definitions of the other two components of net position.

Use of Estimates: The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Revenue and Expenses: For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenue and expenses. Peripheral or incidental transactions, such as interest expense, donations, and investment income are reported as nonoperating revenues, expenses, gains, and losses.

Ad valorem taxes levied and received by the Medical Center are designated by law to fund the Medical Center's operating expenses, which may include maintenance, construction, improvements, and repairs to the Medical Center or fund other expenses in carrying out the business of the Medical Center. The Medical Center considers ad valorem tax receipts to be ongoing and central to the provision of health care services and, accordingly, classifies these funds as operating revenue.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 2. Significant Accounting Policies (Continued)**

Ad valorem taxes received by the Medical Center are based on the assessed valuation of certain taxable real and personal property at the Board-approved millage rate for the year. Gross receipts of \$13.3 million are included in operating revenues in the accompanying statement of revenues, expenses, and changes in net position. Certain expenses directly attributable to the Medical Center's status as a taxing authority are classified as ad valorem tax-related expenses. These expenses, when added to the charity care and other uncompensated care provided to qualifying patients, exceed ad valorem taxes received and are considered by the Board when determining the tax levy.

Substantially all expenses, including those expenses directly attributable to the Medical Center's status as a taxing authority, are considered by management to be ongoing and central to the provision of health care services and, therefore, are reported as operating expenses. The excess (deficit) of revenue over expenses is reported as income (loss) from operations in the accompanying statement of revenues, expenses, and changes in net position and excludes nonoperating revenues, expenses, gains, and losses.

When an expense is incurred for which both unrestricted and restricted resources are available, restricted resources are applied first.

**Net Patient Service Revenue:** The Medical Center and Hospice serve certain patients whose medical costs are not paid at established rates. These include patients sponsored under government programs, such as Medicare and Medicaid, patients sponsored under private contractual agreements, and uninsured patients who have limited ability to pay.

Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors, and others when services are rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Approximately \$14.3 million in amounts due to Medicare and Medicaid relating to estimated future retroactive adjustments is recorded in accounts payable and accrued liabilities.

Revenue from the Medicare and Medicaid programs accounted for approximately 52% of net patient service revenue for the year ended September 30, 2016. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as changes in estimated provisions and final settlements are determined. Adjustments to revenue related to prior periods increased net patient service revenue by approximately \$1.1 million for the year ended September 30, 2016.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 2. Significant Accounting Policies (Continued)**

The Medical Center and Hospice classify a patient as charity based on established policies. These policies define charity services as those services for which no additional payment is anticipated. When assessing a patient's ability to pay, the Medical Center utilizes percentages of the federal poverty income levels, as well as the relationship between charges and the patient's income. For fiscal year 2016, the Medical Center policy was revised from 200% to 400% of the federal poverty income level. Hospice classifies charity patients as those whose income is at or below the federal poverty guidelines. Core services may be covered in full, or discounted based on income and a sliding scale. Charity care, based on estimated costs, totaled approximately \$26.4 million for the year ended September 30, 2016. Cost of charity care is calculated by applying the cost-to-charge ratio to the total amount of charity care deductions from gross revenue. The cost-to-charge ratio is calculated by taking the total expenses and gross charges of the Medical Center and applying adjustments to offset non-patient care activity revenue against expense as well as eliminate bad debt expense.

Net patient service revenue is reported net of charity adjustments, contractual adjustments, and provision for bad debts for the year ended September 30, 2016, as follows (in thousands):

Gross patient charges	\$ 1,741,016
Charity adjustments	(122,119)
Contractual adjustments	<u>(1,061,620)</u>
<b>Net patient service revenue before provision for bad debts</b>	<b>557,277</b>
Provision for bad debts	(67,416)
<b>Net patient service revenue</b>	<b><u><u>\$ 489,861</u></u></b>

**New Accounting Standards:** On October 1, 2015, Halifax Health adopted GASB Statement No. 80 – *Blending Requirements for Certain Component Units – an Amendment of GASB Statement No. 14*. This statement requires not-for-profit component units for which the primary government is the sole corporate member to be presented as blended component units. As a result of the adoption of GASB Statement No. 80, net position of the Medical Center as of October 1, 2015 was restated to retroactively report the net position of component units that were previously discretely presented, as follows:

Net position, as previously reported, October 1, 2015	\$ 135,014
Net position of newly blended component units, as previously reported, October 1, 2015	<u>117,164</u>
<b>Net position October 1, 2015, as restated</b>	<b><u><u>\$ 252,178</u></u></b>

On October 1, 2015, Halifax Health adopted GASB Statement No. 72 – *Fair Value Measurement and Application*. This statement defines fair value and how it should be measured, which assets and liabilities should be measured at fair value and what information should be disclosed in the notes to the financial statements. The adoption of this statement resulted in expanded disclosures in the financial statements.

**Notes to Financial Statements**

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**Note 2. Significant Accounting Policies (Continued)**

In June 2015, GASB issued Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*, which will be effective for Halifax Health beginning with its year ending September 30, 2018. The Statement replaces the requirements of GASB Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions* and requires governments to report a liability on the face of the financial statements for the OPEB they provide and outlines the reporting requirements by governments for defined benefit OPEB plans administered through a trust, cost sharing OPEB plans administered through a trust and OPEB not provided through a trust. The Statement also requires governments to present more extensive note disclosures and required supplementary information about their OPEB liabilities. Some governments are legally responsible to make contributions directly to an OPEB plan or make benefit payments directly as OPEB comes due for employees of other governments. In certain circumstances, called special funding situations, the Statement requires these governments to recognize in their financial statements a share of the other government's net OPEB liability. Halifax Health is evaluating the impact of this statement on its financial statements.

In March 2016, GASB issued Statement No. 82 – *Pension Issues – An Amendment of GASB Statements No. 67, No. 68, and No. 73*, effective for reporting periods beginning after June 15, 2016. This standard clarifies disclosure requirements for defined benefit pension plans. Halifax Health does not expect this statement to have a material impact on the financial statements.

**Note 3. Investments and Assets Whose Use is Limited**

Halifax Health measures and records its investments and assets whose use is limited using fair value measurement guidelines established by GASB Statement No. 72. These guidelines recognize a three-tiered fair value hierarchy, as follows:

- *Level 1*: Quoted prices for identical investments in active markets;
- *Level 2*: Observable inputs other than quoted market prices; and,
- *Level 3*: Unobservable inputs.

Debt and equity securities classified in Level 1 are valued using prices quoted in active markets for those securities. Debt and equity securities classified in Level 2 are valued using the following approaches:

- U.S. Agencies, and Commercial Paper: quoted prices for identical securities in markets that are not active;
- Corporate and Municipal Bonds: quoted prices for similar securities in active markets;

**Halifax Hospital Medical Center  
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**Note 3. Investments and Assets Whose Use is Limited (Continued)**

The composition and fair value classification of investments and assets whose use is limited of Halifax Health at September 30, 2016, is set forth in the following table (in thousands).

	Assets Whose Use is Limited and Restricted Assets								Total
	Investments	Trustee-Held Self-Insurance Funds	Trustee-Held Funds for Capital Projects	Trustee-Held Funds under Indenture Agreements for Debt Service	Board-Designated Funded Depreciation	Restricted by Donor	Board Designated Other		
<u>Level 1</u>									
Money market funds	\$ 4	\$ 475	\$ 44	\$ 189	\$ 91	\$ -	\$ -	\$ -	\$ 803
Mutual funds:									
DFA Emerging Markets Value Portfolio	1,285	-	-	-	-	399	95	-	1,779
DFA International Value Portfolio	3,423	-	-	-	-	887	227	-	4,537
DFA Small Cap Value Portfolio	6,813	-	-	-	-	1,856	430	-	9,099
DFA U.S. Large Cap Value Portfolio	14,898	-	-	-	-	2,284	868	-	18,050
Vanguard Energy Fund Admiral Shares	134	-	-	-	-	-	52	-	186
Vanguard Energy Index	751	-	-	-	-	-	-	-	751
Vanguard Health Care Fund	519	-	-	-	-	-	60	-	579
Vanguard Large Cap Growth Index Fund	7,312	-	-	-	-	-	-	-	7,312
Vanguard Short-Term Federal Admiral Fund	65	-	-	-	-	-	-	-	65
Vanguard Short-Term Investment Grade Inst Fund	104,710	-	-	-	-	-	918	-	105,628
Vanguard Small Cap Growth Index Fund	8,132	-	-	-	-	-	-	-	8,132
U.S. Treasury obligations	80,077	-	-	-	4,181	-	-	-	84,258
Total Level 1	228,123	475	44	189	4,272	5,426	2,650	-	241,179
<u>Level 2</u>									
U.S. Government-sponsored enterprises:									
Federal National Mortgage Association	-	-	-	-	8,712	-	-	-	8,712
Federal Home Loan Bank	4,161	86	8,143	-	14,782	-	-	-	27,172
Federal Home Loan Mortgage Corporation	3,054	50	4,500	-	14,536	-	-	-	22,140
Corporate bonds	24,720	-	-	-	-	-	-	-	24,720
Other	6,627	1	-	-	101	245	-	-	6,974
Total Level 2	38,562	137	12,643	-	38,131	245	-	-	89,718
<b>Total</b>	<b>\$ 266,685</b>	<b>\$ 612</b>	<b>\$ 12,687</b>	<b>\$ 189</b>	<b>\$ 42,403</b>	<b>\$ 5,671</b>	<b>\$ 2,650</b>	<b>\$ -</b>	<b>\$ 330,897</b>

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

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**Note 3. Investments and Assets Whose Use is Limited (Continued)**

All investments of the Halifax Pension Plan were classified as Level 1 at September 30, 2016. The composition of investments in the Halifax Pension Plan at September 30, 2016, is set forth in the following table (in thousands):

Money market funds	\$ 4,592
Mutual funds:	
DFA Emerging Markets Value Portfolio	10,236
DFA International Value Portfolio	29,845
DFA U.S. Large Cap Value Portfolio	17,635
DFA U.S. Small Cap Value Portfolio	18,304
Vanguard Energy Fund Admiral Shares	4,290
Vanguard Energy Index Fund	4,659
Vanguard Growth Index Fund	13,587
Vanguard Health Care Fund	8,190
Vanguard Short-Term Investment Grade Inst Fund	114,381
Vanguard Small Cap Growth Index Fund	14,425
<b>Total</b>	<u><u>\$ 240,144</u></u>

Assets whose use is limited for obligations classified as current liabilities are reported as current assets.

The Medical Center invests in money market and mutual funds that qualify as fixed-income securities in accordance with its investment policy described in Note 4. At September 30, 2016, the Medical Center was invested in one money market fund, the Wells Fargo Advantage Government Money Market Fund, and the following mutual funds:

- Vanguard Short-Term Federal Admiral Fund (VSGDX) invests at least 80% of its portfolio in short-term debt securities issued by the U.S. government, its agencies and U.S. government-sponsored enterprises.
- Vanguard Short-Term Investment-Grade Institutional Fund (VFSIX) invests at least 80% of its portfolio in short and intermediate-term investment grade securities.

At September 30, 2016, the Medical Center held debt securities in U.S. Treasury Obligations and U.S. Government-sponsored enterprises including Federal National Mortgage Association, Federal Home Loan Bank, and Federal Home Loan Mortgage Corporation.

Investment income on assets whose use is limited, restricted assets, and investments for the year ended September 30, 2016, was \$12.3 million and includes unrealized gains of \$3.6 million. Investment income of the Foundation includes unrealized gains of approximately \$846,000 and is included in other operating revenue.



**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

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**Note 4. Deposits and Investment Risk**

GASB Cod. Sec. 150, *Investments*, requires disclosures related to investment and deposit risks, including risks related to credit risk, consisting of custodial credit risk and concentrations of credit risk, interest rate risk, and foreign currency risk. GASB Cod. Sec. 150 also requires the disclosure of the credit quality of investments in debt securities, except for obligations of the U.S. Government or obligations explicitly guaranteed by the U.S. Government.

Investment Risk: Investment policies were established in order to control and diversify risk by limiting specific security types and/or concentration with individual financial institutions. Specific investment types are limited to a percentage of the total investment portfolio and maximum maturity date. Investment strategies are influenced by relative market yields and the cash needs of Halifax Health. Excess funds of the Medical Center and its component units may be invested in accordance with the respective investment policies. Excess funds of the Medical Center may be invested in, but are not limited to:

- U.S. Government securities and repurchase agreements;
- U.S. Government agency and U.S. Government-sponsored enterprises;
- Domestic bank certificates of deposit provided that any such investments are in Federal Deposit Insurance Corporation guaranteed accounts or deposits collateralized by U.S. Government securities or obligations;
- Securities of, or other interests in, any management-type investment company or investment trust registered under the Investment Company Act of 1940, as amended from time to time, provided that the portfolio of such investment company or investment trust is limited to obligations of the U.S. Government or any agency or instrumentality thereof; and
- Repurchase agreements with reputable financial institutions, which are fully secured by U.S. Government obligations.
- Mutual funds of registered investment advisors may be purchased to invest in the permissible securities listed above.

The Halifax Pension Plan's investment policy provides guidelines for the types of investments that can be acquired in order to provide maximum diversity and reduce risk. Specific asset classes are limited to a percentage of the total investment portfolio. Specific investment strategies are influenced by relative market yields and the cash needs of the Halifax Pension Plan. The Halifax Pension Plan may be invested in, but not limited to:

- Local government investment pool;
- U.S. Government securities and repurchase agreements;
- U.S. Government agency and U.S. Government-sponsored enterprises;
- Domestic Bank Certificates of Deposit provided that any such investments are in Federal Deposit Insurance Corporation ("FDIC") guaranteed accounts or deposits collateralized by U.S. Government securities or obligations;
- Repurchase agreements with reputable financial institutions, which are fully secured by U.S. Government obligations; and
- Commercial Paper and Stocks; limited to issuers with an A rating or better.

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

**Note 4. Deposits and Investment Risk (Continued)**

All investment decisions are made based on reasonable research as to credit quality, liquidity, and counterparty risk prior to the investment. An investment advisory firm is utilized to monitor the investment of all funds and quarterly performance of the portfolio is reported to management and the Investment Committee of the Board.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of a depository financial institution, Halifax Health and the Halifax Pension Plan will not be able to recover its deposits. At September 30, 2016, Halifax Health and the Halifax Pension Plan's deposits, consisting primarily of cash and cash equivalents, were covered by federal depository insurance, collateralized with U.S. Treasury Securities and Federal agency securities or guaranteed 100% by the State of Florida and collateralized through the Florida Bureau of Collateralization.

Credit Risk: The investment policy provides guidelines to investment managers that restrict investments in debt securities to those with an A- or A rating or better for Halifax Health and the Halifax Pension Plan, respectively, and established asset allocation limits to reduce the concentration of credit risk. Guidelines are provided to investment managers and monitored by the investment advisory firm and management for compliance. As of September 30, 2016, Halifax Health does not have investments in debt securities with any single issuer that represents 5% or more of total investments. At September 30, 2016, the money market fund at Halifax Health had a credit rating of Aaa-mf, and other debt securities each had credit ratings of Aaa from Moody's Investors Service Inc.

As of September 30, 2016, the Halifax Pension Plan did not have investments in debt securities in any one issuer that represents 5% or more of the Halifax Pension Plan's fiduciary net position. The Halifax Pension Plan's investment in debt securities was limited to one fixed income mutual fund with a credit rating of Aaa-mf from Moody's Investor Services.

Interest Rate Risk: Changes in interest rates can adversely affect the fair value of an investment. Halifax Health and the Halifax Pension Plan manage exposure to interest rate risk by limiting investment maturities and diversifying its investment portfolios.

As of September 30, 2016, Halifax Health had investments, assets whose use is limited and restricted assets maturing as follows (in thousands):

	Fair Value	Less than 1 Year	1 – 5 Years	6 – 10 Years
Money market funds	\$ 803	\$ 803	\$ -	\$ -
Mutual funds	156,118	156,118	-	-
U.S. Government securities	84,258	2,002	80,077	2,179
U.S. Government-sponsored enterprises	58,024	36,734	18,096	3,194
Corporate bonds	24,720	1,547	13,291	9,882
Other	6,974	6,974	-	-
<b>Total</b>	<b>\$ 330,897</b>	<b>\$ 204,178</b>	<b>\$ 111,464</b>	<b>\$ 15,255</b>

At September 30, 2016, all of the Halifax Pension Plan's investments had maturity dates within one year or no maturity date.

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**Notes to Financial Statements**

**Note 5. Fair Value of Financial Instruments**

The following methods and assumptions were used to estimate the fair value of financial instruments:

- Long-term debt related to bonds payable is reported at historical value. The carrying value, net of unamortized premiums and discounts at September 30, 2016, is \$354.1 million and the fair value at September 30, 2016, is approximately \$388.7 million.
- The fair value of the Swap was approximately \$39.4 million at September 30, 2016, as determined by an independent source. In accordance with GASB Statement No. 72, the fair value measurement of the Swap is classified as Level 2 and is valued using matrix pricing based on the securities' relationship to benchmark quoted prices. See Note 9 for more information about the Swap.

**Note 6. Capital Assets**

Capital assets are recorded at cost and presented net of accumulated depreciation in the accompanying statements of net position. Projects in progress includes primarily short-term capitalizable projects that were not yet in service as of September 30, 2016. No interest related to these projects was capitalized during the year. A summary of the activities for the year ended September 30, 2016, is presented below (in thousands):

	Balance at September 30, 2015	Increases/ Transfers	Decreases/ Transfers	Balance at September 30, 2016
<b>Capital Assets — at cost:</b>				
Land	\$ 44,648	\$ 4,514	\$ -	\$ 49,162
Land improvements	3,737	507	2	4,242
Buildings	394,868	4,750	2,489	397,129
Fixed equipment	16,095	3,341	144	19,292
Major moveable equipment	84,543	8,110	3,433	89,220
Computers and software	19,224	4,481	1,272	22,433
Projects in progress	23,713	21,606	22,725	22,594
<b>Total capital assets — at cost</b>	<b>586,828</b>	<b>47,309</b>	<b>30,065</b>	<b>604,072</b>
<b>Accumulated Depreciation:</b>				
Land improvements	2,918	257	5	3,170
Buildings	131,973	14,211	2,023	144,161
Fixed equipment	9,704	2,291	18	11,977
Major moveable equipment	65,914	7,635	2,970	70,579
Computers and software	13,622	4,285	63	17,844
<b>Total accumulated depreciation</b>	<b>224,131</b>	<b>28,679</b>	<b>5,079</b>	<b>247,731</b>
<b>Capital assets — net</b>	<b>\$ 362,697</b>	<b>\$ 18,630</b>	<b>\$ 24,986</b>	<b>\$ 356,341</b>

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

**Note 7. Self-Insurance and Insurance**

Self-Insurance: The Medical Center is self-insured for various risks of loss, including professional and general liability losses, workers' compensation claims, and employees' health claims. Certain component units participate in the Medical Center's employee health and workers' compensation self-insurance programs. Self-insurance funds are held by a trustee bank and recorded as assets whose use is limited.

The Medical Center, as a subdivision of the State of Florida, has sovereign immunity in tort actions. Therefore, in accordance with Chapter 768.28, Laws of Florida, the Medical Center and its component units are not liable to pay a claim by or judgment to any one person which exceeds the sum of \$200,000 or any claim or judgment, or portions thereof, which when totaled with all other claims or judgments paid by the state or its agencies or subdivisions arising out of the same incident or occurrence exceeds the sum of \$300,000. Chapter 768.28 also provides that judgments may be claimed or rendered in excess of these limits; however, these amounts must be reported to and approved by the Florida Legislature.

Professional and general liability losses are recorded when it is probable that a loss has occurred and the amount of that loss can be reasonably estimated. Accrued self-insurance liabilities include an amount for claims that have been incurred but not reported based on actuarial determinations. Because actual claim liabilities depend on such complex factors as inflation, changes in legal doctrines, and damage awards, the process used in computing claim liabilities does not necessarily result in actual claim amounts. Claims liabilities are reevaluated periodically to take into consideration recently settled claims, the frequency of claims, and other economic and social factors.

The liabilities for employees' health insurance and workers' compensation claims are estimated based on historical data. The Medical Center has commercial insurance policies for health insurance and workers' compensation for cases that exceed certain limits. The health insurance policy includes an 80% indemnity of cases that exceed \$325,000 and a \$1 million lifetime maximum. Specific excess coverage for workers' compensation includes retention of \$750,000 per incident.

Changes in the accrued self-insurance liabilities for the years ended September 30, 2016 and 2015 are as follows (in thousands):

	Balance at September 30, 2015	Current Year Claims and Changes in Estimates	Claim Payments	Balance at September 30, 2016
Employee health	\$ 1,355	\$ 7,286	\$ (7,736)	\$ 905
Professional liability	7,390	2,645	(615)	9,420
Workers' compensation	3,964	(238)	(1,076)	2,650
<b>Total</b>	<b>\$ 12,709</b>	<b>\$ 9,693</b>	<b>\$ (9,427)</b>	<b>\$ 12,975</b>

	Balance at September 30, 2014	Current Year Claims and Changes in Estimates	Claim Payments	Balance at September 30, 2015
Employee health	\$ 1,400	\$ 8,360	\$ (8,405)	\$ 1,355
Professional liability	8,420	(506)	(524)	7,390
Workers' compensation	3,758	1,218	(1,012)	3,964
<b>Total</b>	<b>\$ 13,578</b>	<b>\$ 9,072</b>	<b>\$ (9,941)</b>	<b>\$ 12,709</b>

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

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**Note 7. Self-Insurance and Insurance (Continued)**

Certain matters of litigation against Halifax Health arise in the normal course of business. Losses in excess of amounts accrued may occur although an estimate of such excess cannot be made. It is the opinion of management that the ultimate liability, if any, resulting from these matters will not have a material adverse effect on Halifax Health's financial statements.

**Note 8. Long-Term Debt**

Long-term debt at September 30, 2016, consists of the following (in thousands):

	Current Portion of Long-Term Debt	Long-Term Debt	Premium
Bonds payable:			
Series 2008	\$ -	\$ 70,000	\$ -
Series 2010	2,175	1,295	-
Series 2015	3,565	111,580	10,163
Series 2016	1,595	163,895	9,769
<b>Total bonds payable</b>	<b>\$ 7,335</b>	<b>\$ 346,770</b>	<b>\$ 19,932</b>

**Bonds Payable:** Halifax Health has outstanding \$366.8 million of debt, which was issued to refund prior debt and to provide funding for capital projects. The debt is organized with outstanding principal balances as follows: \$70 million of tax-exempt, variable-rate demand-obligation ("VRDO") bonds ("Series 2008"), secured by a letter of credit; \$115.1 million of tax-exempt, fixed rate bonds ("Series 2015"), \$165.5 million of tax-exempt, fixed rate bonds ("Series 2016"), and \$3.5 million of conduit indebtedness ("Series 2010"). Pursuant to the terms of the Master Trust Indenture ("MTI") under which the bonds were issued (excluding conduit indebtedness), principal and interest on each bond series are payable from and secured by a pledge of net revenues of the Obligated Group. The members of the Obligated Group are the Medical Center and Holdings, and also include certain other component units; EVHS, Staffing, HHCSI, and PBFS.

The Series 2006 A bonds carried interest rates ranging from 5% to 5.38% and had a maximum maturity of June 1, 2046. The net proceeds of the Series 2006 A bonds were used to advance refund outstanding indebtedness, convert a line of credit to long-term indebtedness, fund a debt service reserve fund ("DSRF"), and provide funds for capital projects.

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

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**Note 8. Long-Term Debt (Continued)**

A pro-rata portion of each scheduled maturity of the Series 2006 A bonds was advance refunded with the issuance of the Halifax Hospital Medical Center Hospital Revenue Refunding Bonds, Series 2015 ("Series 2015") on April 29, 2015. The total debt issued was \$115.2 million and together with bond premium received of \$10.7 million was used to advance refund approximately \$115.2 million of the Series 2006 A bonds outstanding at that date, and to fund future interest payments of approximately \$9.1 million. The unamortized bond premium at September 30, 2016 is reported in the carrying value of the Series 2015 bonds in long-term debt in the accompanying statement of net position. In addition, a loss on refunding of was recognized upon issuance and the unamortized portion of that loss is presented as a deferred outflow in the accompanying statement of net position. The loss on refunding is being amortized over the life of the new debt. The aggregate debt service on the refunded portion of the Series 2006 A bonds from the date of refunding through the original maturity date would have been \$220 million, and the aggregate debt service payments on the Series 2015 bonds is expected to be \$204 million. The present value of the aggregate difference in debt service payments is expected to be a savings of approximately \$10.6 million over the life of the Series 2015 bonds.

The Series 2015 bonds have maturities starting on June 1, 2017 and extending through 2046. Interest rates on the Series 2015 bonds range from 3.0% to 5.0%.

The Series 2006 B bonds were fixed-rate securities insured by Assured Guarantee Municipal Corp. ("AGMC"). The Series 2006 B bonds carried interest rates ranging from 5.38% to 5.50% and had maturities extending through June 1, 2038. The net proceeds of the Series 2006 B bonds were used to fund a DSRF, to provide funds for future capital projects, and for reimbursement of prior capital expenditures. The Series 2006 B bonds were bifurcated into Series 2006 B-1 and Series 2006 B-2 bonds.

During 2016, the remaining outstanding principal of the Series 2006 A bonds and the Series 2006 B bonds were advance refunded with the issuance of the Halifax Hospital Medical Center Hospital Revenue Refunding and Improvement Bonds ("Series 2016") on March 28, 2016. The total debt issued was \$165.5 million and together with bond premium received of \$9.9 million and release of debt service reserve funds of \$20.1 million, was used to advance refund \$50.5 million of the Series 2006 A bonds and \$105 million of the Series 2006 B bonds outstanding at that date, to fund future interest payments of approximately \$9.1 million, and to fund a 2016 Project account of approximately \$26.0 million. Bond issuance costs of approximately \$1.8 million are included in interest expense in the accompanying statement of revenues, expenses and changes in net position. The unamortized bond premium at September 30, 2016 is reported in the carrying value of the Series 2016 bonds in long-term debt in the accompanying statement of net position. In addition, a loss on refunding of \$11.4 million was recognized upon issuance, and the unamortized portion of that loss at September 30, 2016 is presented as a deferred outflow in the accompanying statement of net position. The loss on refunding will be amortized over the life of the new debt, with the exception of the portion that relates to the 2006 B-2 Series bonds of approximately \$3.2 million which will be amortized over the original maturity of that debt. The aggregate debt service on the refunded Series 2006 A and Series 2006 B bonds from the date of refunding through the original maturity date would have been \$271.5 million, and the aggregate debt service payments on the Series 2016 bonds related to refunding is expected to be \$245.9 million. The present value of the aggregate difference in debt service payments is expected to be a savings of approximately \$25.6 million over the life of the Series 2016 bonds.

The Series 2016 bonds have maturities starting on June 1, 2017 and extending through 2046. Interest rates on the Series 2016 bonds range from 3.0% to 5.0%.

**Halifax Hospital Medical Center  
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**Notes to Financial Statements**

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**Note 8. Long-Term Debt (Continued)**

The Series 2008 bonds are tax-exempt, variable-rate securities with a weekly interest-rate period. The Series 2008 bonds have final maturities of June 1, 2048, subject to the demand provisions described below. The net proceeds of the Series 2008 bonds were used to advance refund a portion of the Medical Center's outstanding indebtedness, to provide funds for future capital projects, and for reimbursement of prior capital expenditures.

The Series 2008 bonds are subject to purchase from time to time at the option of the owners thereof and are required to be purchased in certain circumstances. As such, the bonds are supported by a remarketing agreement and an irrevocable direct pay letter of credit with a bank in the aggregate amount of \$70 million at September 30, 2016. The remarketing agreement generally provides the Medical Center the option to market the obligations at the then-prevailing short-term rate, as determined by the remarketing agent. The obligations were marketed weekly during 2016, with interest rates ranging from 0.01% to 0.89%. The term of the letter of credit expires November 17, 2020. The letter of credit is secured by an interest in any bonds purchased with draws on the letter of credit and amounts payable under the MTI. The Medical Center did not draw on the letter of credit during 2016. In the event that all of the Series 2008 bonds are unable to be remarketed, the Medical Center would be required to draw on the letter of credit. Repayments of principal and interest would begin one year after the date of the draw, and be made in 12 equal quarterly installments and any amounts outstanding at the termination date of the letter of credit would be due and payable at that date. Therefore, the entire outstanding amount drawn on the letter of credit would become due by November 15, 2020. Pursuant to the terms of the letter of credit, the Medical Center is required to comply with certain provisions regarding additional borrowings, capital expenditures, and the maintenance of certain financial ratios.

The Medical Center has a \$70 million notional-amount fixed-pay percentage of the London InterBank Offered Rate ("LIBOR") interest rate swap on the Series 2008 bonds (the "Swap"). The variable interest paid on the Series 2008 bonds is expected to correlate very closely with the rate that is received on the related Swap. The effective interest rate on the Swap is a synthetic fixed rate of interest of 4.36% at September 30, 2016. See Note 9 for further information on the Swap.

The Obligated Group is required to comply with certain provisions regarding additional borrowings and the maintenance of certain minimum debt service coverage, liquidity, and indebtedness ratios.

The Medical Center issued conduit indebtedness in 1998 on behalf of HMS, and refunded that debt with the issuance of the Halifax Hospital Medical Center Health Care Facility Revenue Refunding Bonds (Halifax Management System, Inc. Project) Series 2010 ("Series 2010") bonds on December 28, 2010. The total debt issued was approximately \$14.6 million. The Series 2010 bonds are payable solely from, and secured by a pledge of, rental payments to be received from a lease agreement between the Medical Center and HMS. The bonds do not constitute a debt or pledge of the faith and credit of the Medical Center.

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**Notes to Financial Statements**

**Note 8. Long-Term Debt (Continued)**

A summary of bond issues follows (in thousands):

**Fixed Rate Bonds**

Series	Date Issued/ Converted	Term Bonds			Serial Bonds		
		Original Issue Amount	Interest Rate	Maturity Date	Original Issue Amount	Interest Rate	Maturity Date
Series 2010	December 28, 2010	\$ 14,630	2.99	June 1, 2018			
Series 2015	April 29, 2015	57,795	5.00 4.00 4.00 5.00	June 1, 2035 June 1, 2038 June 1, 2041 June 1, 2046	\$ 57,350	3.00%–5.00%	June 1, 2030
Series 2016	March 28, 2016	48,430	3.00 4.00 5.00 3.38	June 1, 2017 June 1, 2018 June 1, 2030 June 1, 2031	117,060	3.75%–5.00%	June 1, 2046

**Variable-Rate Bonds**

Series	Date Issued	Original Issue Amount	Interest Rate at September 30, 2016*	Maturity Date	Interest Rate Period
Series 2008	September 18, 2008	\$ 70,000	0.89%	June 1, 2048	7 days

\* This rate is the remarketed interest rate in effect as of September 30, 2016. The Medical Center also has a fixed-pay interest rate as part of the Swap. See Note 9 for more information on the Swap.



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**Notes to Financial Statements**

**Note 8. Long-Term Debt (Continued)**

Listed below are the debt service payments for Halifax Health for each of the five years ending September 30, 2017 through 2021, and in five-year increments thereafter (in thousands). The principal shown on the Series 2008 bonds is based on scheduled repayments; however, as described above the principal is subject to call by the bondholders, in which case the principal may be due by 2020. The interest rate used to calculate interest on the Series 2008 bonds was the remarketed interest rate in effect at September 30, 2016.

	Series 2008		Series 2015		Series 2016		Total Debt Secured by Obligated Group		Series 2010		Total Halifax Health	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2017	\$ -	\$ 623	\$ 3,565	\$ 5,425	\$ 1,595	\$ 7,264	\$ 5,160	\$ 13,312	\$ 2,175	\$ 75	\$ 7,335	\$ 13,387
2018	-	623	3,720	5,318	1,590	7,216	5,310	13,157	1,295	12	6,605	13,169
2019	-	623	4,350	5,169	1,170	7,152	5,520	12,944	-	-	5,520	12,944
2020	-	623	4,570	4,952	1,225	7,094	5,795	12,669	-	-	5,795	12,669
2021	-	623	4,785	4,723	1,305	7,032	6,090	12,378	-	-	6,090	12,378
2022 – 2026	-	3,115	27,805	19,777	7,510	34,121	35,315	57,013	-	-	35,315	57,013
2027 – 2031	-	3,115	10,960	14,505	34,035	29,720	44,995	47,340	-	-	44,995	47,340
2032 – 2036	-	3,115	13,950	11,503	42,775	20,988	56,725	35,606	-	-	56,725	35,606
2037 – 2041	13,955	2,870	17,290	8,166	39,440	11,020	70,685	22,056	-	-	70,685	22,056
2042 – 2046	27,165	1,787	24,150	3,573	34,845	4,426	86,160	9,786	-	-	86,160	9,786
2047 – 2048	28,880	131	-	-	-	-	28,880	131	-	-	28,880	131
<b>Total</b>	<b>\$ 70,000</b>	<b>\$ 17,248</b>	<b>\$ 115,145</b>	<b>\$ 83,111</b>	<b>\$ 165,490</b>	<b>\$ 136,033</b>	<b>\$ 350,635</b>	<b>\$ 236,392</b>	<b>\$ 3,470</b>	<b>\$ 87</b>	<b>\$ 354,105</b>	<b>\$ 236,479</b>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 8. Long-Term Debt (Continued)**

Long-Term Notes Payable and Other Indebtedness: HMS has a promissory note payable in the amount of \$2.3 million to the Medical Center. The note payable is due on a level debt service basis with an interest rate of 5.85%. The outstanding principal at September 30, 2016, was \$289,000.

Long-term debt activity for the year ended September 30, 2016, consisted of the following (in thousands):

	Balance at September 30, 2015	Additions (Reductions) Net of Original Issue Discounts, and Premium	Balance at September 30, 2016
Series 2006 A Bonds	\$ 51,116	\$ (51,116)	\$ -
Series 2006 B Fixed Rate Conversion	103,539	(103,539)	-
Series 2008	70,000	-	70,000
Series 2010	5,580	(2,110)	3,470
Series 2015	125,647	(339)	125,308
Series 2016	-	175,259	175,259
<b>Total</b>	<b>\$ 355,882</b>	<b>\$ 18,155</b>	<b>\$ 374,037</b>

**Note 9. Interest Rate Swap**

The Medical Center has previously entered into a Swap agreement with a notional amount of \$70 million in conjunction with the issuance of the Series 2008 bonds that effectively converts the variable rate bonds to a fixed rate. Under the terms of the Swap, the Medical Center pays to the counterparty a fixed rate of interest equal to 3.837% of the remaining notional amount. In turn, the Medical Center receives a payment of variable interest equal to 67% of LIBOR. The termination date of this Swap agreement is June 1, 2048, which coincides with the maximum maturity of the Series 2008 bonds. Payments under the Swap agreement are insured by AGMC. For the year ended September 30, 2016, the Medical Center made approximately \$2.9 million in payments under the Swap agreement to the counterparty and received approximately \$193,000 in payments under the Swap agreement from the counterparty, the net of which is reported as interest expense. Payments made and received under the Swap agreement are included in interest expense on the accompanying statement of revenues, expenses and changes in net position.

In accordance with GASB Cod. Sec. D40, the Medical Center applies hedge accounting for its Swap. At September 30, 2016, the fair value of the Swap liability of approximately \$43.5 million was included in other long-term liabilities, with the current-year change in fair value of approximately \$10.2 million recorded as an increase in deferred outflows in noncurrent assets. The fair value of the Swap is determined by an independent source, based on an analysis of discounted cash flows.

Interest Rate Risk: The Medical Center is exposed to interest rate risk on the Swap. As LIBOR decreases, the Medical Center's net payment on the Swap increases.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 9. Interest Rate Swap (Continued)**

Basis Risk: The Medical Center is exposed to basis risk on the Swap because the variable-rate interest payments it receives on the Swap is based on a rate other than the interest rate the Medical Center pays on its hedged, variable rate debt, which is remarketed every seven days. As of September 30, 2016, the interest rate on the hedged variable-rate debt is 0.89% and 67% of LIBOR is 0.37%.

Termination Risk: The Medical Center or its counterparty may terminate the Swap if the other party fails to perform under the terms of the agreement. If, at the time of termination, the Swap is in a liability position, the Medical Center would be liable to the counterparty for payment equal to the liability, subject to net settlement.

The following table summarizes the Medical Center's anticipated net cash flows from outstanding variable rate debt and the related Swap at September 30, 2016 (in thousands). The interest rates used to calculate interest on the variable rate debt and the variable portion of the Swap were the respective interest rates in effect at September 30, 2016. The rate used for the fixed-pay portion of the Swap is the actual interest rate of 3.837%.

Years Ending September 30,	Principal	Interest	Net Interest on Swap	Total Interest
2017	\$ -	\$ 623	\$ 2,105	\$ 2,728
2018	-	623	2,105	2,728
2019	-	623	2,105	2,728
2020	-	623	2,105	2,728
2021	-	623	2,105	2,728
2022 – 2026	-	3,115	10,525	13,640
2027 – 2031	-	3,115	10,525	13,640
2032 – 2036	-	3,115	10,525	13,640
2037 – 2041	13,955	2,870	9,698	12,568
2042 – 2046	27,165	1,787	6,037	7,824
2047 – 2048	28,880	131	443	574
<b>Total</b>	<b>\$ 70,000</b>	<b>\$ 17,248</b>	<b>\$ 58,278</b>	<b>\$ 75,526</b>

**Note 10. Pension Plan and Other Postemployment Benefits**

Defined Benefit Pension Plan: Certain employees participate in the Halifax Pension Plan, which is a cost-sharing, multiple-employer, noncontributory defined benefit pension plan (the "Plan") with two participating employers, Staffing and Hospice. The Plan is treated as a single employer plan for the purposes of making contributions and paying pension benefits, determining whether there has been any termination of service, and applying the maximum benefit limitation. Plan provisions are established and may be amended by the Board of Staffing, the Plan's sponsor. The Plan issues stand-alone financial statements that can be obtained by contacting the Plan's sponsor or by accessing Halifax Health's website at [www.halifaxhealth.org](http://www.halifaxhealth.org). The Plan's financial statements are prepared using the accrual basis of accounting.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The Plan covers all eligible employees who have attained the age of 21 and have more than one year of service. Eligibility for the Plan was closed to all employees whose initial hire date or rehire date was on or after October 1, 2000. Halifax Health assumed the unfunded portion of the past service liability for employees who participated and were not vested in the prior pension benefit programs. As of September 30, 2015, the measurement date, the Plan included 569 active employees, 566 terminated but vested participants, and 906 retired participants and beneficiaries.

Pension plan benefits are based on the number of years of service and the employee's highest three-year average annual compensation. Effective October 1, 2013 the Plan was frozen and as such, participants of the Plan will no longer accrue credit for years of service and, upon eligibility, calculation of benefits will be made based on compensation information through October 1, 2013. Participants may elect to receive pension plan benefits as a monthly annuity or as one lump-sum payment for an amount equal to the present value of future benefits, as calculated by an actuary. Beneficiaries receive an annual, automatic 3% cost of living adjustment.

The Medical Center is obligated by contractual agreement to fund contributions on behalf of Staffing. The contribution rate is determined on an actuarial basis. Halifax Health contributed \$21.2 million to the Plan in fiscal year 2016. In accordance with GASB Statement No. 68, that amount is recorded on the statement of net position as a deferred outflow at September 30, 2016. Staffing's proportionate share of the contribution, expense and net pension liability is 94.85% and Hospice's proportionate share is 5.15% for fiscal years 2016 and 2015. The proportionate share calculation is based on the present value of future salaries for active employees of Staffing and Hospice.

Significant assumptions of the Plan are presented in the following table:

**Actuarial Methods and Assumptions**

Mortality table	RP-2014 Mortality Table (sex-distinct), Scale MP2014
Interest rate	6.75% annually, compounded
Pay increase	N/A
Cost of living adjustment	3%
Measurement date	September 30, 2015
Valuation date	October 1, 2014
Allocation of Plan assets	55-65% Equities 35-45% Fixed income
Real rate of return	Overall - 8.16%, arithmetic mean Equities - 12.26% Fixed income - 3.41%
Experience study date	October 1, 2015

The discount rate used in measuring the total pension liability was 6.75% for fiscal years 2016 and 2015. The long-term expected rate of return on plan assets is 6.75%. The discount rates and rate of return are based on the long-term rate of return on pension plan investments expected to finance the payment of benefits into the future. Net pension liability at September 30, 2016 using a discount rate of 5.75% would have been \$174.5 million, and using a discount rate of 7.75% would have been \$91.8 million.

**Notes to Financial Statements**

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**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) 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 and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the table above.

The projection of cash flows used to determine the discount rate assumed that contributions from the Medical Center and Hospice will continue into the future and that the Plan will eventually be fully funded. It is also assumed that 25% of benefit payments will be paid out as onetime, lump-sum payments. 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 active and inactive employees. 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.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The net pension liability at September 30, 2016 using a discount rate of 6.75 % was \$129.1 million. Since the last measurement date, September 30, 2014, the Plan updated its assumptions regarding mortality tables to more reasonably reflect the actual experience of the Plan. Changes in the pension accounts since the last valuation date, and pension expense, are as follows (in thousands):

	Deferred Outflow - Pension Contributions	Deferred Outflow - Investment gains	Deferred Outflow - Liability loss	Deferred Inflow - Change in assumptions	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability	Pension Expense
Balance at September 30, 2015	\$ 15,218	\$ (8,357)	\$ 3,481	\$ (15,263)	\$ (337,835)	\$ 225,016	\$ (112,819)	\$ -
Interest cost	-	-	-	-	(22,294)	-	(22,294)	22,294
Difference in liability from valuation date to measurement date	-	-	1,403	(2,123)	720	-	720	-
Difference in projected and realized investment earnings	-	25,445	-	-	-	(25,445)	(25,445)	-
Projected investment income	-	-	-	-	-	15,592	15,592	(15,592)
Benefit payments	-	-	-	-	15,356	(15,356)	-	-
Expenses	-	-	-	-	-	(114)	(114)	114
Contributions recognized in Plan Fiduciary Net Position	(15,218)	-	-	-	-	15,218	15,218	-
Contributions made after measurement date	21,236	-	-	-	-	-	-	-
Amortization of deferred inflows	-	(2,179)	(2,663)	16,056	-	-	-	(11,214)
Balance at September 30, 2016	\$ 21,236	\$ 14,909	\$ 2,221	\$ (1,330)	\$ (344,053)	\$ 214,911	\$ (129,142)	\$ (4,398)

Proportionate share of the above balances as of September 30, 2016:

Medical Center	\$ 20,142	\$ 14,141	\$ 2,107	\$ (1,262)	\$ (326,334)	\$ 203,843	\$ (122,491)	\$ (4,172)
Hospice	1,094	768	114	(68)	(17,719)	11,068	(6,651)	(226)
	\$ 21,236	\$ 14,909	\$ 2,221	\$ (1,330)	\$ (344,053)	\$ 214,911	\$ (129,142)	\$ (4,398)

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The following table shows the balances of deferred inflows and outflows for the Plan as of September 30, 2016, the amount of deferred outflows to be realized in future years and the amount of deferred inflows to be recognized in future years' pension expense as follows (in thousands):

	Deferred Outflow - Contributions	Deferred Outflow - Investment Gains	Deferred Outflow - Liability Loss	Deferred Inflow - Change in Assumptions	To Be Recognized in Future Pension Expense
Balance at September 30, 2016	\$ 21,236	\$ 14,909	\$ 2,221	\$ (1,330)	\$ -
2017	(21,236)	(2,179)	(1,866)	793	3,252
2018	-	(2,180)	(355)	537	1,998
2019	-	(5,461)	-	-	5,461
2020	-	(5,089)	-	-	5,089
	\$ -	\$ -	\$ -	\$ -	\$ 15,800

**Defined Contribution Pension Plan:** Eligible employees may participate in a 403(b) defined contribution pension plan (the "Contribution Plan"). The Contribution Plan covers all eligible employees who have attained the age of 18 and have completed 30 days of employment. Employee contributions are matched dollar-for-dollar up to 3% of annual salary. Employees vest 20% per year of employment for employer matched funds.

Total expense of the Contribution Plan for the year ended September 30, 2016, was approximately \$4.6 million and is included in salaries and benefits in the accompanying statement of revenues, expenses, and changes in net position. Participants contributed approximately \$8.5 million to the Contribution Plan for the year ended September 30, 2016.

**Other Postemployment Benefit Plans:** Qualified retired employees are eligible for certain postretirement benefit plans other than pensions ("OPEB"). All employees with ten years of benefited service as a participant in the Halifax Pension Plan or the Florida Retirement System are eligible to receive a subsidy for health insurance premiums ("Insurance Subsidy OPEB"). The Insurance Subsidy OPEB is a multi-employer defined benefit plan. The participant must present, at the time of retirement, evidence of health insurance coverage, either through an insurance company or Medicare. The Insurance Subsidy OPEB is calculated based on the number of years of service and is limited to a maximum annual benefit of \$1,800 per participant. The Insurance Subsidy OPEB does not issue stand-alone financial statements. It is included in the financial statements and required supplementary information of the Medical Center.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The following table shows the components of the annual Insurance Subsidy OPEB cost for the year ended September 30, 2016 (in thousands):

**ARC and Annual OPEB Cost**

ARC	\$ 1,032
Plus interest on net OPEB obligation	219
Less adjustment to annual required contribution	<u>(317)</u>
<b>Annual OPEB cost</b>	<b>934</b>
Contributions made	<u>(682)</u>
<b>Increase in net OPEB obligation</b>	<b>252</b>
Net OPEB obligation:	
Beginning of year	5,487
End of year	<u><u>\$ 5,739</u></u>

Benefits for participants are funded from contributions made by Halifax Health, on a pay-as-you-go basis. The annual Insurance Subsidy OPEB cost for fiscal year 2016 is approximately \$934,000. The net OPEB obligation was \$5.7 million as of September 30, 2016, and is included in other liabilities on the accompanying statement of net position. The percentage of OPEB cost contributed during fiscal year 2016 was 73%. The annual cost history for the Insurance Subsidy OPEB plan is summarized below (in thousands):

Years Ended September 30,	OPEB Cost	Percent of OPEB Cost Contributed	Net OPEB Obligation
2016	\$ 934	73%	\$ 5,739
2015	947	69	5,487
2014	940	61	5,198

Additional information as of the latest actuarial valuation follows:

Valuation date	October 1, 2015
Actuarial cost method	Projected unit credit
Amortization method	Level dollar amounts
Remaining amortization period	30 years, open
Actuarial assumptions:	
Investment rate of return	4%

These actuarial assumptions are based on the presumption that the Insurance Subsidy OPEB will continue. Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future.



**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

Calculations are based on the benefits provided under the terms of the substantive plan as of the valuation date and on the sharing of costs between the employer and plan members as of that date. In addition, assumptions on employee withdrawal and retirement rates were used. Mortality is assumed to follow the sex-distinct Blue Collar RP-2014 Mortality Table for employees and health annuitants, adjusted to 2006 using scale MP-2014 and then projected mortality improvements using scale MP-2015 on a fully-generational basis.

Information about the funded status of the Insurance Subsidy OPEB plan from the most recent actuarial valuation is as follows (dollars in thousands):

Actuarial Valuation Date	Actuarial Value of Plan Assets	Actuarial Accrued Liability ("AAL")	Unfunded AAL ("UAAL")	Funded Ratio	Covered Payroll	UAAL as a Percent of Covered Payroll
October 1, 2015	\$ -	\$ 17,842	\$ 17,842	0%	\$ 42,387	42%

Health insurance is also offered to certain retirees at the same cost as active employees, in a benefit plan called the "Implicit Rate Subsidy OPEB," a single-employer defined benefit OPEB plan. The Implicit Rate Subsidy OPEB is offered through the Halifax Health Plan, which provides medical care and prescription drug coverage to full-time employees and specified part-time employees. The Implicit Rate Subsidy OPEB does not issue stand-alone financial statements. It is included in the financial statements and required supplementary information of the Medical Center.

The following table shows the annual Implicit Rate Subsidy OPEB cost and change in OPEB obligation for the year ended September 30, 2016 (in thousands):

Annual OPEB cost	\$ 442
Contributions made	<u>(293)</u>
<b>Increase in net OPEB obligation</b>	<b>149</b>
Net OPEB obligation:	
Beginning of year	<u>3,281</u>
End of year	<u><u>\$ 3,430</u></u>

Benefits for participants are funded from contributions made by Halifax Health and plan members on a pay-as-you-go basis. The cost of the plan is a blended rate of active employees and retirees. Retired employees contribute both the employee and employer rates, but do not pay a separate rate based solely on retiree costs to the plan. Therefore, this OPEB provides an implicit rate subsidy to retirees in the plan.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

The annual Implicit Rate Subsidy OPEB cost for fiscal year 2016 is approximately \$442,000. The Implicit Rate Subsidy OPEB obligation was \$3.4 million as of September 30, 2016, and is included in other liabilities in the accompanying statement of net position. The percentage of OPEB cost contributed during fiscal year 2016 is 66%. The annual cost history for the Implicit Rate Subsidy OPEB plan is summarized below (in thousands):

Year Ended September 30,	OPEB Cost	Percent of OPEB Cost Contributed	Net OPEB Obligation
2016	\$ 442	66%	\$ 3,430
2015	582	56	3,281
2014	503	68	3,025

Additional information as of the latest actuarial valuation follows:

Valuation date	October 1, 2015
Actuarial cost method	Projected unit credit
Amortization method	Level dollar amounts
Remaining amortization period	30 years, open
Actuarial assumptions:	
Investment rate of return	4%
Healthcare trend rate	8%

These actuarial assumptions are based on the presumption that the Implicit Rate Subsidy OPEB will continue. Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future.

Calculations are based on the benefits provided under the terms of the substantive plan as of the valuation date and on the sharing of costs between the employer and plan members as of that date. In addition, assumptions on employee withdrawal and retirement rates were used. Mortality is assumed to follow the sex-distinct Blue Collar RP-2014 Mortality Table for employees and health annuitants, adjusted to 2006 using scale MP-2014 and then projected mortality improvements using scale MP-2015 on a fully-generational basis.

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

**Note 10. Pension Plan and Other Postemployment Benefits (Continued)**

Information about the funded status of the Implicit Rate Subsidy OPEB plan from the recent actuarial valuation is as follows (dollars in thousands):

Actuarial Valuation Date	Actuarial Value of Plan Assets	Actuarial Accrued Liability ("AAL")	Unfunded AAL ("UAAL")	Funded Ratio	Covered Payroll	UAAL as a Percent of Covered Payroll
October 1, 2015	\$ -	\$ 4,998	\$ 4,998	0%	\$ 42,387	12%

Schedules of funding progress regarding both OPEB plans are included in the required supplementary information section of the financial statements and presents information about whether the value of plan assets is increasing or decreasing over time relative to the actuarial accrued liability for benefits.

**Note 11. Commitments and Contingencies**

Leases: The Medical Center is committed under various noncancelable operating leases. These expire in various years through 2024. Future minimum operating lease payments are as follows (in thousands):

Years Ending September 30,	
2017	\$ 6,325
2018	3,643
2019	1,779
2020	1,204
2021	260
2022 – 2024	115
Total minimum lease payments required	<u>\$ 13,326</u>

Contingencies: The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in significant fines and penalties, including repayments for patient services previously reimbursed.

**Note 12. Concentrations of Credit Risk**

The Medical Center and Hospice grant credit without collateral to its patients, most of who are local residents that are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors at September 30, 2016, was as follows:

Medicare	18%
Medicaid	12%
Other third-party payors	68%
Self-pay patients	2%
<b>Total</b>	<u><u>100%</u></u>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Financial Statements**

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**Note 13. Joint Ventures**

EVHS has a 50% equity interest in a joint-venture to operate East Central Florida Outpatient Imaging, LLC (ECFOI). During the year ended September 30, 2016, EVHS received distributions of \$3.0 million from ECFOI and recognized its proportionate share of ECFOI's net income or loss by adjusting its equity interest balance. At September 30, 2016, EVHS had \$1.1 million recorded as an equity interest in ECFOI that is included in other assets in the accompanying financial statements. ECFOI issues stand-alone financial statements.

EVHS has a 50% equity interest in a joint-venture to operate HB Rehabilitative Services, Inc. (HB). During the year ended September 30, 2016, EVHS received no distributions from HB, and at September 30, 2016, EVHS had \$5.0 million recorded as an equity interest in HB that is included in other assets in the accompanying financial statements. HB does not issue stand-alone financial statements.

EVHS has a 50% equity interest in Daytona Area Senior Services, Inc. (DASS), d/b/a Halifax Health Care at Home, which provides home health services to the residents of the local area. During the year, EVHS received no distributions from DASS, and at September 30, 2016, EVHS had \$536,000 recorded as equity deficit interest in DASS that is included in other assets in the accompanying financial statements. DASS issues stand-alone financial statements.

## **Required Supplementary Information**

**Halifax Hospital Medical Center  
d/b/a Halifax Health  
Halifax Pension Plan**

**Required Supplementary Information (Unaudited)  
Schedule of Changes in Net Pension Liability  
Year Ended September 30, 2016  
(In thousands)**

	Total Pension Liability (a)	Plan Fiduciary Net Pension (b)	Net Pension Liability (a) - (b)
Balance, September 30, 2013	\$ 395,150	\$ 219,088	\$ 176,062
Interest	26,206	-	26,206
Difference between expected and actual experience	1,945	-	1,945
Contributions - employer	-	12,688	(12,688)
Net investment income	-	25,992	(25,992)
Benefit payments	(50,496)	(50,496)	-
Plan administrative expenses	-	(74)	74
Change in cash out assumption	(45,789)	-	(45,789)
Balance, September 30, 2014	327,016	207,198	119,818
Interest	21,572	-	21,572
Difference between expected and actual experience	4,324	-	4,324
Contributions - employer	-	20,000	(20,000)
Net investment income	-	12,954	(12,954)
Benefit payments	(15,077)	(15,077)	-
Plan administrative expenses	-	(59)	59
Balance, September 30, 2015	337,835	225,016	112,819
Interest	22,294	-	22,294
Difference between expected and actual experience	(720)	-	(720)
Contributions - employer	-	15,218	(15,218)
Net investment income	-	(9,853)	9,853
Benefit payments	(15,356)	(15,356)	-
Plan administrative expenses	-	(114)	114
Balance, September 30, 2016	<u>\$ 344,053</u>	<u>\$ 214,911</u>	<u>\$ 129,142</u>

Source: BPAS Actuarial and Pension Services.

**Halifax Hospital Medical Center  
d/b/a Halifax Health  
Halifax Pension Plan**

**Required Supplementary Information (Unaudited)  
Schedule of Funding Progress  
Year Ended September 30, 2016  
(In thousands)**

Actuarial Valuation Date	Total Pension Liability (a)	Plan		Medical Center Proportionate Share (a-b) * 94.85%	Hospice Proportionate Share (a-b) * 5.15%	Covered Payroll (c)	Fiduciary Net	Net Pension
		Fiduciary Net Position (b)	Net Pension Liability (a-b)				Position as a % of Net Pension Liability (b/a)	Liability as a % of Covered Payroll
October 1, 2014	\$ 344,053	\$ 214,911	\$ 129,142	\$ 122,491	\$ 6,651	\$ 42,387	62%	305%
October 1, 2013	337,835	225,016	112,819	107,009	5,810	43,613	67	259
October 1, 2012	327,016	207,198	119,818	113,647	6,171	46,960	63	255

Source: BPAS Actuarial and Pension Services.

**Halifax Hospital Medical Center  
d/b/a Halifax Health  
Halifax Pension Plan**

**Required Supplementary Information (Unaudited)  
Schedule of Actuarially Determined Contributions  
Year Ended September 30, 2016  
(In thousands)**

Actuarial Valuation Date	Actuarially Determined Contributions (a)	Contributions Recognized During the year (b)	Difference of Actuarially Determined and Recognized Contributions (a-b)	% Contributions Recognized to Contributions Actuarially Determined (b/a)	Covered Payroll (c)	Contributions as a % of Covered Payroll (b/c)
October 1, 2014	\$ 21,236	\$ 15,218	\$ 6,018	72%	\$ 42,387	36%
October 1, 2013	15,218	20,000	(4,782)	131	43,613	46
October 1, 2012	17,278	12,688	4,590	73	46,960	27

Source: BPAS Actuarial and Pension Services.



**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Notes to Required Supplementary Information – Halifax Pension Plan (Unaudited)**

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**Note 1. Key Assumptions**

The information presented in the required supplemental schedules was determined as part of the actuarial valuations at the dates indicated. Additional information as of the latest actuarial valuation follows:

Valuation date	October 1, 2014
Actuarial cost method	Traditional Unit Credit
Amortization method	10 year, closed
Remaining amortization period	Varies
Asset valuation method	Market value
Actuarial assumptions:	
Investment rate of return	6.75%
Projected salary increases	NA
Cost-of-living adjustments	3.00%
Mortality	RP-2014 Mortality Table (sex-distinct), Scale MP2014
Retirement age	62

These actuarial assumptions are based on the presumption that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. Also, changes in actuarial assumptions and methods may affect the amounts reported and information presented in the required supplemental schedules.

Since the last measurement date, September 30, 2014, the Plan updated its assumptions regarding mortality tables to more reasonably reflect the actual experience of the Plan. This change in Plan assumption resulted in a decrease in the pension liability of approximately \$6.0 million at September 30, 2016. New mortality tables were issued in October 2016. Management is evaluating the impact on the financial statements.

In accordance with GASB Cod. Sec. Pe5, *Pension Plans – Defined Benefit*, Halifax Health is required to present ten years of data in the required supplemental schedules; however, only three years of information is available since implementing GASB Statement No. 68 at October 1, 2014. Annual Plan information will be added until the required ten years is presented.

**Halifax Hospital Medical Center  
d/b/a Halifax Health  
Halifax Insurance Subsidy OPEB**

**Required Supplementary Information (Unaudited)  
Schedule of Funding Progress  
Year Ended September 30, 2016  
(In thousands)**

Actuarial Valuation Date	Actuarial Value of Assets (a)	AAL – Projected Unit Credit (b)	Unfunded AAL (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percent of Covered Payroll ((b-a)/c)
October 1, 2015	\$ -	\$ 17,842	\$ 17,842	0%	\$ 42,387	42%
October 1, 2014	-	17,974	17,974	0%	43,613	41%
October 1, 2013	-	17,738	17,738	0%	46,960	38%
October 1, 2012	-	16,681	16,681	0%	51,283	33%
October 1, 2011	-	17,023	17,023	0%	55,573	31%

Source: BPAS Actuarial and Pension Services.

Halifax Hospital Medical Center  
d/b/a Halifax Health  
Halifax Implicit Rate Subsidy OPEB

Required Supplementary Information (Unaudited)  
Schedule of Funding Progress  
Year Ended September 30, 2016  
(In thousands)

Actuarial Valuation Date	Actuarial Value of Assets (a)	AAL – Projected Unit Credit (b)	Unfunded AAL (b-a)	Funded Ratio (a/b)	Covered Payroll (c)	UAAL as a Percent of Covered Payroll ((b-a)/c)
October 1, 2015	\$ -	\$ 4,998	\$ 4,998	0%	\$ 42,387	12%
October 1, 2014	-	5,587	5,587	0%	43,613	13%
October 1, 2013	-	5,069	5,069	0%	46,960	11%
October 1, 2012	-	6,649	6,649	0%	51,283	13%
October 1, 2010	-	4,991	4,991	0%	56,311	9%

Source: BPAS Actuarial and Pension Services.

## **Other Supplementary Information**

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Supplementary Information  
Schedule of Net Position – Obligated Group  
September 30, 2016  
(In thousands)**

**Assets and Deferred Outflows**

Current Assets:	
Cash and cash equivalents	\$ 57,343
Investments	171,636
Current assets whose use is limited:	
Trustee-held self-insurance funds	612
Accounts receivable, patients, net of estimated uncollectibles of \$152,773	58,820
Inventories	11,224
Other current assets	14,468
<b>Total current assets</b>	<u>314,103</u>
Noncurrent Assets Whose Use is Limited:	
Board-designated funded depreciation	42,403
Trustee-held funds	12,687
Depreciable Capital Assets, net	250,319
Nondepreciable Capital Assets	69,782
Investment in Affiliates	125,355
Other Assets	6,348
<b>Total assets</b>	<u>820,997</u>
Deferred Outflows:	
Interest rate swap	39,431
Pension, contribution after measurement date	20,142
Pension, other	16,248
Loss on refunding of debt	17,351
Goodwill, net	3,823
<b>Total deferred outflows</b>	<u>96,995</u>
<b>Total assets and deferred outflows</b>	<u><u>\$ 917,992</u></u>

(Continued)

Halifax Hospital Medical Center  
d/b/a Halifax Health

Supplementary Information  
Schedule of Net Position – Obligated Group (Continued)  
September 30, 2016  
(In thousands)

**Liabilities, Deferred Inflows and Net Position**

Current Liabilities:	
Accounts payable and accrued liabilities	\$ 46,062
Accrued payroll and personal leave time	18,518
Current portion of accrued self-insurance liability	4,898
Current portion of long-term debt	5,160
Other current liabilities	6,637
<b>Total current liabilities</b>	<u>81,275</u>
Noncurrent Liabilities:	
Long-term debt, less current portion	365,407
Net pension liability	122,492
Accrued self-insurance liability, less current portion	8,077
Other liabilities	23,226
Long-term value of interest rate swap	39,431
<b>Total liabilities</b>	<u>639,908</u>
Deferred Inflows Related to Pension	1,262
<b>Total liabilities and deferred inflows</b>	<u>641,170</u>
Net Position:	
Net investment in capital assets	1,825
Unrestricted	274,997
<b>Total net position</b>	<u>276,822</u>
<b>Total liabilities, deferred inflows and net position</b>	<u>\$ 917,992</u>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Supplementary Information  
Schedule of Revenues, Expenses and Changes in Net Position – Obligated Group  
Year Ended September 30, 2016  
(In thousands)**

Operating Revenues:	
Net patient service revenue, before provision for bad debts	\$ 514,084
Provision for bad debts	(66,409)
<b>Net patient service revenue</b>	<u>447,675</u>
Ad valorem taxes	13,252
Other revenue	17,706
<b>Total operating revenues</b>	<u>478,633</u>
Operating Expenses:	
Salaries and benefits	229,502
Supplies	90,480
Purchased services	67,202
Depreciation and amortization	23,245
Ad valorem tax-related expenses	7,460
Leases and rentals	6,816
Other	25,500
<b>Total operating expenses</b>	<u>450,205</u>
<b>Income from operations</b>	<u>28,428</u>
Nonoperating Revenues (Expenses):	
Interest expense	(18,794)
Investment income — net	6,283
Donation revenue	550
Nonoperating gains (losses) — net	(14)
Income from affiliates	14,045
<b>Total nonoperating expenses</b>	<u>2,070</u>
<b>Increase in net position</b>	30,498
Net Position:	
Beginning of year	246,324
End of year	<u>\$ 276,822</u>

**Halifax Hospital Medical Center  
d/b/a Halifax Health**

**Supplementary Information  
Note to Schedules – Obligated Group**

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**Note 1. Summary of Significant Accounting Policies**

Obligated Group: The members of the Obligated Group are the Medical Center (including certain other blended component units; EVHS, Staffing, HHCSI, and PBFS) and Holdings. The Medical Center has an equity interest in entities which are expected to produce income, appreciation in value, or other economic benefit. These affiliates include Hospice, VHN, Foundation, and HMS. Under the provisions of the MTI, dated June 1, 2006, by and between the Medical Center and Wells Fargo Bank, N.A., the equity interest in affiliates are accounted for under the equity method. The net investment in capital assets and unrestricted components of the net position of the affiliates are included in equity interest in affiliates on the schedule of net position and income from affiliates is separately disclosed on the schedule of revenues, expenses, and changes in net position. In accordance with the MTI, the Obligated Group does not have ownership rights to the affiliates' restricted component of net position; therefore, they are excluded from the equity interest in affiliates.

The affiliates are not members of the Obligated Group and are not required to pay operating expenses of the Obligated Group. In addition, except in the event of or to cure a default, affiliates are not required to make any payments with respect to the outstanding indebtedness of the Medical Center.



