

Lee Memorial Health System

Letter of Comments and Recommendations

September 30, 2016



January 19, 2017

Board of Directors of
Lee Memorial Health System
Fort Myers, Florida

Members of the Board of Directors:

In planning and performing our audit of the consolidated basic financial statements of the Lee Memorial Health System (the "System") as of and for the year ended September 30, 2016, in accordance with auditing standards generally accepted in the United States of America, we considered the System's internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the System's internal control over financial reporting. Accordingly, we do not express an opinion on the System's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified.

AU 325, *Communicating Internal Control Related Matters Identified in an Audit*, of the AICPA Professional Standards includes the following definitions of a deficiency, a significant deficiency and a material weakness:

Deficiency—a deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis.

Significant Deficiency—a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Material Weakness—a deficiency, or combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis.

We are providing you with a full detailed report of all deficiencies and operational or business observations that came to our attention in performing our audit.



Board of Directors
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January 19, 2017

Independent Certified Public Accountants' Responsibility

Additionally, we conducted our audit in accordance with the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and Chapter 10.550, *Rules of the Auditor General*.

Other Reports and Schedule

We have issued our Report of Independent Certified Public Accountants on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Consolidated Financial Statements Performed in Accordance with *Government Auditing Standards*; Report of Independent Certified Public Accountants on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major State Financial Assistance Program and on Internal Control Over Compliance in Accordance with Chapter 10.550 *Rules of the Auditor General*; and Schedule of Findings and Questioned Costs. Disclosures in those reports and schedule, which are dated January 19, 2017, should be considered in conjunction with this Letter of Comments and Recommendations.

Prior Audit Findings

Section 10.554(1)(i)1., *Rules of the Auditor General*, requires that we determine whether or not corrective actions have been taken to address findings and recommendations made in the preceding annual financial audit report. The current status of comments reported in fiscal year 2015 is included in the status of prior year's recommendations section of the attachment.

Official Title and Legal Authority

Section 10.554(1)(i)4., *Rules of the Auditor General*, requires that the name or official title and legal authority for the primary government and each component unit of the reporting entity be disclosed in this management letter, unless disclosed in the notes to the financial statements. The System was established in 1963 under the provision of Chapter 63-1552 of the Laws of Florida as recodified by Chapter 2000-439, Laws of Florida, Special Acts, 2000.

Financial Condition

Section 10.554(1)(i)5.a., *Rules of the Auditor General*, requires that we report the results of our determination as to whether or not the System has met one or more of the conditions described in Section 218.503(1), Florida Statutes, and identification of the specific condition(s) met. In connection with our audit, we determined that the System did not meet any of the conditions described in Section 218.503(1), Florida Statutes.

Pursuant to Sections 10.554(1)(i)5.c. and 10.556(8), *Rules of the Auditor General*, we applied financial condition assessment procedures. It is management's responsibility to monitor the System's financial condition, and our financial condition assessment was based in part on representations made by management and the review of financial information provided by same. In connection with our audit, our procedures did not disclose deteriorating financial conditions as defined in the aforementioned section.



Board of Directors
Lee Memorial Health System
January 19, 2017

Annual Financial Report

Section 10.554(1)(i)5.b., *Rules of the Auditor General*, requires that we report the results of our determination as to whether the annual financial report for the System for the fiscal year ended September 30, 2016, filed with the Florida Department of Financial Services pursuant to Section 218.32(1)(a), Florida Statutes, is in agreement with the annual financial audit report for the fiscal year ended September 30, 2016. In connection with our audit, we determined that these two reports were in agreement.

Other Matters

Section 10.554(1)(i)2., *Rules of the Auditor General*, requires that we address in the management letter any recommendations to improve financial management. In connection with our audit, we are submitting for consideration the accompanying recommendations designed to help improve financial management.

Section 10.554(1)(i)3., *Rules of the Auditor General*, requires that we address noncompliance with provisions of contracts or grant agreements, or abuse, that have occurred, or are likely to have occurred, that have an effect on the financial statements that is less than material but which warrants the attention of those charged with governance. In connection with our audit, we did not have any such findings.

Purpose of this Letter

This Letter of Comments and Recommendations is intended solely for the information and use of the Board of Directors and Finance Committee of Lee Memorial Health System, the Legislative Auditing Committee, members of the Florida Senate and the Florida House of Representatives, the Florida Auditor General, Federal and other granting agencies, management, and others within the organization, and is not intended to be and should not be used by anyone other than these specified parties.

If you would like any further information or would like to discuss any of the issues raised, please contact John L. Sittig II, Engagement Partner, at (813) 222-5422.

Very truly yours,

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP". The signature is written in a cursive, flowing style.

Lee Memorial Health System

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I. Recent Accounting Pronouncements

1. Governmental Accounting Standards Board (“GASB”) Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions*

In June 2015, the GASB issued GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* (“GASB No. 75”). GASB No. 75 addresses accounting and financial reporting for other postemployment plans that are provided to the employees of state and local governmental employers. This Statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense. GASB No. 75 is effective for fiscal years beginning after June 15, 2017.

Management's Response:

We will work with our external auditors to assess the impact of this pronouncement to identify any impact that it may have on our consolidated basic financial statements.

2. GASB Statement No. 80, *Blending Requirements for Certain Component Units*

In January 2016, the GASB issued GASB Statement No. 80, *Blending Requirements for Certain Component Units* (“GASB No. 80”). GASB No. 80 amends the blending requirements for the financial statement presentation of component units of all state and local governments. The additional criterion requires blending of a component unit incorporated as a not-for-profit corporation in which the primary government is the sole corporate member. GASB No. 80 is effective for fiscal years beginning after June 15, 2016.

Management's Response:

We will work with our external auditors to assess the impact of this pronouncement to identify any impact that it may have on our consolidated basic financial statements.

3. GASB Statement No. 81, *Irrevocable Split-Interest Agreements*

In March 2016, the GASB issued GASB Statement No. 81, *Irrevocable Split-Interest Agreements* (“GASB No. 81”). GASB No. 81 improves accounting and financial reporting by establishing recognition and measurement requirements for irrevocable split-interest agreements which are a specific type of giving arrangement used by donors to provide resources to two or more beneficiaries, including governments. GASB No. 81 is effective for fiscal years beginning after December 15, 2016.

Management's Response:

We will work with our external auditors to assess the impact of this pronouncement to identify any impact that it may have on our consolidated basic financial statements.

4. GASB Statement No. 82, *Pension Issues – an Amendment of GASB Statements No. 67, No. 68, and No. 73*

In March 2016, the GASB issued GASB Statement No. 82, *Pension Issues – an Amendment of GASB Statements No. 67, No. 68, and No. 73* (“GASB No. 82”). This Statement addresses

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specific issues including presentation of payroll related measures in required supplementary information, selection of assumptions, and classification of employer paid member contributions. GASB No. 82 is effective for fiscal years beginning after June 15, 2016.

Management's Response:

We will work with our external auditors to assess the impact of this pronouncement to identify any impact that it may have on our consolidated basic financial statements.

II. Business Recommendations

No comments or recommendations were noted in connection with our audit of the System's September 30, 2016 consolidated basic financial statements.

III. Status of Last Year Recommendations

In connection with an audit of the System's September 30, 2015 consolidated basic financial statements, we made certain comments and recommendations, which have been reviewed in order to determine the status of implementation. A summary of the status of prior year's recommendations is as follows:

Recommendations	Status
Recent Accounting Pronouncements	
<ul style="list-style-type: none"> • GASB Statement No. 72, <i>Fair Value Measurement and Application</i> 	The System adopted GASB No. 72 for the fiscal year ended September 30, 2016.
<ul style="list-style-type: none"> • GASB Statement No. 73, <i>Accounting and Financial Reporting for Pensions and Related Assets That Are Not Within the Scope of GASB Statement 68, and Amendments to Certain Provisions of GASB Statements 67 and 68</i> 	Management is currently evaluating the impact of this pronouncement to identify any impact that it may have on their consolidated basic financial statements.
<ul style="list-style-type: none"> • GASB Statement No. 75, <i>Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions</i> 	Management is currently evaluating the impact of this pronouncement to identify any impact that it may have on their consolidated basic financial statements.
<ul style="list-style-type: none"> • GASB Statement No. 76, <i>The Hierarchy of Generally Accepted Accounting Principles for State and Local Governments</i> 	The System adopted GASB No. 76 for the fiscal year ended September 30, 2016.
Business Recommendations	
<ul style="list-style-type: none"> • 2010-04 – Fixed Asset Inventory 	Closed: The recommendation has been implemented by Management during the fiscal year ended September 30, 2016.

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IV. Focus on Cybersecurity

Cybersecurity incidents continue to rise and cybersecurity compromise is a matter of not if but rather when. The healthcare industry continues to be a prime target of cyber-attacks, which has both a financial and reputational impact for hospitals and other healthcare institutions that find themselves victim to cyber breach. Many healthcare institutions have been impacted with multiple breaches in recent years despite thinking that they were secure. As a result, today's elevated threat environment has left most organizations, in virtually every industry, wondering if they have already been (or soon will be) compromised. Many organizations are deliberating how to strengthen their cybersecurity program.

As these types of threats continue to increase and become more sophisticated, what is an appropriate response today may be outdated tomorrow. As a result, we recommend that all healthcare entities continuously assess the adequacy of their cybersecurity program to address the rapidly changing cyber-risk landscape.

Management's Response:

Management takes cybersecurity very seriously and is continually assessing its information security posture, taking actions to reduce our exposure against the latest attacks, and implementing steps to minimize or mitigate the impact should a cybersecurity incident occur.

Lee Memorial Health System

**Reports on Federal and State Awards in
Accordance with the OMB Uniform Guidance and
Chapter 10.550, State of Florida, *Rules of the
Auditor General***

September 30, 2016

EIN: 59-0714812

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Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

September 30, 2016 and 2015

Introduction

This section of Lee Memorial Health System's (the "System") annual financial report presents management's discussion and analysis of the financial position and performance of the System for the year ended September 30, 2016 with comparative information as of and for the years ended September 30, 2015 and 2014. This discussion has been prepared by management and should be read in conjunction with the consolidated basic financial statements and related footnote disclosures.

The System is governed by a ten-member, publicly elected Board of Directors (the "Board"). Each Board member can be elected to an unlimited number of four-year terms with six members being up-for-election normally in the presidential election year and four in the nonpresidential election year. This assists in providing leadership continuity among the Board members.

The System is an integrated health care provider which consists of 1,426 acute care hospital beds located at four campuses, which includes a designated children's hospital, a 60-bed rehabilitation hospital, a 112-bed skilled nursing facility, a home health agency, outpatient treatment and diagnostic centers, and physician offices. For further detail on these entities, refer to Note 1 of the consolidated basic financial statements.

The Board's vision is to be recognized as the best patient-and-family centered healthcare system by working collaboratively to deliver excellence in quality, safety, efficiency, and compassion. To achieve this vision, the Board works within a strategic plan and evaluates existing and new service offerings based upon community needs and economic viability.

The Board's strategic initiatives are to improve and strengthen services to meet the needs of the community, to pursue continuous improvement in quality and safety, to improve financial performance, and to be the community's healthcare provider of choice. Achieving these goals requires development and implementation of an effective integrated delivery system (with physician input), creation of information systems that support an integrated delivery system and streamlined business systems, continued refinement of the care delivery processes, the implementation of recruitment and retention strategies to attract and retain a quality workforce, and the continued improvement of facilities that support the strategic initiatives of the System.

Overview of the Consolidated Basic Financial Statements

Our annual report consists of a series of consolidated basic financial statements prepared in accordance with accounting standards generally accepted in the United States of America.

Lee Memorial Health System
Management's Discussion and Analysis (Unaudited)
September 30, 2016 and 2015

Condensed Consolidated Basic Statements of Revenues, Expenses and Changes in Net Position

A summary of the System's consolidated basic statements of revenues, expenses and changes in net position is presented below.

<i>(in thousands of dollars)</i>	2016	2015	2014
Operating revenues	\$ 1,630,927	\$ 1,497,543	\$ 1,363,785
Operating expenses	1,523,882	1,370,092	1,238,817
Operating income	<u>107,045</u>	<u>127,451</u>	<u>124,968</u>
Nonoperating items	77,844	(18,629)	21,454
Contributions and grants	<u>(14,182)</u>	<u>(1,742)</u>	<u>9,190</u>
Total nonoperating income	<u>63,662</u>	<u>(20,371)</u>	<u>30,644</u>
Increase in net position	<u>\$ 170,707</u>	<u>\$ 107,080</u>	<u>\$ 155,612</u>

A summary of the System's key operating ratios is presented below. All ratios are expressed as a percentage of total net operating revenue.

	2016	2015	2014	% Variance 2015-2016	% Variance 2014-2015
Salaries, wages and benefits	53.1%	51.5%	51.4%	3.1%	0.2%
Supplies and other services	25.3%	25.3%	24.7%	0.0%	2.4%
Purchased services	10.1%	9.4%	9.3%	7.4%	1.1%
Capital costs (depreciation, amortization and interest expense)	6.4%	6.9%	7.4%	-7.2%	-6.8%

Operating Revenues

Total operating revenues increased in 2016 and 2015 by \$133.4 million, or 8.9%, and \$133.8 million, or 9.8%, respectively. The increase in both years was due to increased net patient service revenue. During 2016, net patient service revenue increased by \$159.7 million, or 11.2%, reflecting increases in adjusted admissions of 2.8%, an average rate increase of 5% with favorable payor mix changes, and a 7% increase in our patients' severity level.

Other operating revenue in 2016 decreased by \$26.4 million, or 39.4%, due primarily to decreases in Medicare and Medicaid funding of the electronic health record ("EHR") incentive payments in the amount of \$2.7 million and the prior one-time adjustments of \$21.5 million for the Recovery Audit Contractor ("RAC") and the Rural Floor Budget Neutrality Adjustment ("RFBNA"). In 2015, other operating revenue increased by \$22.7 million, or 51.5%. The System received \$29.2 million in one-time payments in 2015, an increase of \$14.9 million over 2014. The one-time payments consisted of \$10.8 million in the Rural Floor Budget Neutrality Settlement and \$10.7 million in the RAC Settlement. There was also an increase of \$5.1 million in electronic health record incentive payments for meeting 'meaningful use' benchmarks associated with the implementation of the EHR.

Operating Expenses

Total operating expenses increased in fiscal year 2016 by \$153.8 million, or 11.2%. Salaries, wages and benefits increased by approximately \$93.8 million, or 12.2%. The increase in salaries and wages is due to an increase in average hourly rate of 3.9%, staffing increases due to an increase in patient volumes as well as continued expansion in outpatient services and other

Lee Memorial Health System

Management's Discussion and Analysis (Unaudited)

September 30, 2016 and 2015

programs aimed at improving community health and patient access. Benefit costs increased by \$10.0 million, or 9.0% but decreased as a percent of salaries, wages and benefits to 14.0% from 14.4% in the prior year. Salaries, wages and benefits as a percent of total net operating revenues increased by 3.1% to 53.1%. In 2015, total operating expenses increased by \$131.3 million, or 10.6%. Salaries, wages and benefits increased by approximately \$71.3 million, or 10.2%. The increase in salaries and wages is due to an increase in average hourly rate of 3.2%, an increase in staff due to record high patient volumes as well as expansions in outpatient services and other programs aimed at improving community health and patient access. Benefit costs increased by \$7.8 million, or 7.5% but decreased as a percent of salaries, wages and benefits to 14.4% from 14.7% in the prior year. Salaries, wages and benefits as a percent of total net operating revenues increased slightly to 51.5%.

Capital costs, which include depreciation and amortization, increased to \$81.9 million in fiscal year 2016, a \$2.8 million increase over the prior year. Capital costs, expressed as a percentage of total operating revenues decreased to 5.0%. In 2015, capital costs increased to \$79.1 million. Capital costs, expressed as a percentage of total operating revenues decreased to 5.3%.

Nonoperating Revenues, net

Nonoperating revenues increased in 2016 by \$84.0 million, or 412.5%. Included in this category are investment performance and fair value changes on investments, which can vary significantly from year to year, and interest expense. Investment income increased by \$88.5 million due to unrealized gains of \$33.9 million resulting from variability experienced throughout the year in the financial markets, coupled with interest income and realized gains of \$37.9 million. Realized gains and interest earned on investments increased by \$15.4 million. Interest expense decreased by \$1.8 million, largely due to more favorable rates obtained through financing. In 2015, nonoperating revenues, net decreased by \$51.0 million, or 166.5%. Investment income decreased by \$16.7 million due to unrealized losses of \$39.2 million resulting from variability experienced throughout the year in the financial markets, offset by interest income and realized gains of \$22.5 million. Realized gains and interest earned on investments increased by \$12.7 million. Interest expense decreased by \$2.5 million, largely due to more favorable rates obtained through financing associated with the refinancing of the Hospital Revenue Refunding Bonds, 2005 Series A.

The net impact of all discussed in the above is an increase in the System's net position of approximately \$170.7 million, as of September 30, 2016, resulting in a profit margin of 10.5%. In 2015, the increase in net position was approximately \$107.1 million, resulting in a profit margin of 7.2%.

Lee Memorial Health System
Management's Discussion and Analysis (Unaudited)
September 30, 2016 and 2015

Below is a table outlining our Board defined and monitored operating ratios. These ratios are compared with Moody's A-rated hospitals.

	2015 Moody's Median	FYE 2016	FYE 2015	FYE 2014
Profitability Ratios				
Operating margin (%)	3.9%	5.2%	6.9%	7.2%
Excess margin (%)	6.7%	9.9%	7.1%	11.0%
EBITDA margin (%)	10.8%	11.6%	13.8%	14.6%
Liquidity Ratios				
Days cash on hand (net of VRDB)	227.5	252.6	261.4	246.8
Cushion ratio	21.0	16.3	16.0	17.9
Cash-to-debt (%)	158.9%	143.1%	131.8%	119.2%
Capitalization Ratios				
Debt to capitalization (%) - (net of VRDB)	32.8%	36.6%	40.8%	42.0%
Annual debt service coverage	5.5	5.8	5.3	4.3
Debt to cash flow (net of VRDB)	2.6	2.5	3.2	2.5

* Operating margin is calculated as operating income less interest expense divided by total operating revenues.

* Excess margin is calculated as the increase in net position divided by total operating revenues plus nonoperating revenues plus interest expense.

* EBITDA margin is calculated as operating income plus depreciation and amortization divided by total operating revenues.

* VRDB = Variable Rated Demand Bond.

Annually, the Board establishes targets for these key ratios and then monitors these ratios each month to ensure that the System remains an A-rated organization. The cushion ratio, cash-to-debt and debt to capitalization ratios fall outside the range of the Moody's 2015 Medians.

Cash Flows

Cash and cash equivalents decreased \$14.3 million in fiscal year 2016.

Net cash provided by operating activities was \$182.1 million for fiscal year 2016 and \$240.8 million for the prior year. The main factors contributing to the \$58.7 million decrease in operating cash flow during fiscal year 2016 as compared to fiscal year 2015 are as follows:

- \$132.5 million in additional cash received from patient care services, offset by
- \$164.8 million in additional cash payments made to employees and suppliers.

Net cash provided by noncapital financing activities was \$39.3 million for fiscal year 2016 versus \$34.9 million provided by noncapital financing activities in the prior year.

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Net cash used in capital and related financing activities was \$218.5 million in fiscal year 2016 and \$129.9 million in fiscal year 2015. This change in the use of cash is primarily the result of a net decrease in the proceeds and repayment of long-term borrowings from \$23.0 million in fiscal year 2015 to a negative \$9.5 million in fiscal year 2016, coupled with an increase in the purchase of capital assets of \$63.7 million, from \$128.7 million in fiscal year 2015 to \$192.4 million in fiscal year 2016.

Net cash used in investing activities was \$17.2 million for fiscal year 2016 versus \$144.1 million used in investing activities in the prior year. For fiscal year 2016, \$38.5 million in investment income was received through interest earnings and realized gains. Short-term and long-term investments in the portfolio increased \$54.5 million during fiscal year 2016. For fiscal year 2015, \$22.3 million in investment income was received through interest earnings and realized gains. Short-term and long-term investments in the portfolio increased \$165.7 million during fiscal year 2015.

General Trends

As reflected in the revenue table below, the System is dependent on the State and Federal governments for the majority of its revenues with 65.5% of the System's revenue being derived from the Medicare and Medicaid programs. Over the past several years, the Medicare rate increases have not kept pace with overall medical expense increases. Management expects these trends to continue. This will put continued pressure on operating margins necessitating continued efforts to enhance operating efficiencies. The System has created a department with highly trained Lean Management personnel to implement process standardization and waste elimination through the use of Lean methodologies.

	2016	2015	2014
Medicare	51.8%	52.1%	51.5%
Medicaid	13.7%	15.2%	15.5%
Commercial	24.6%	23.2%	22.8%
Other	9.9%	9.5%	10.2%
	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>

Capital Assets

At September 30, 2016, the System had \$860.2 million in net capital assets. A breakdown of these assets can be found in Note 6 to the consolidated basic financial statements. This represents an increase of \$89.6 million. At September 30, 2015, the System had \$770.6 million in net capital assets which represents an increase of \$56.4 million from September 30, 2014.

The System expects to make total capital expenditures of \$257.0 million in fiscal year 2017. Of this amount, an estimated \$67.2 million is expected to be spent on the construction of Golisano Children's Hospital of Southwest Florida to be funded by philanthropic sources. In June 2015, Mr. B. Thomas Golisano has issued a \$20.0 million matching gift for the construction of the Children's Hospital. The hospital has been renamed Golisano Children's Hospital of Southwest Florida in his honor. Other anticipated capital expenditures for 2017 are \$29.0 million related to construction of the Lee Health Village in Estero, Florida, \$27.1 million pertaining to the expansion of Gulf Coast Medical Center, and \$12.0 million towards the expansion of the Regional Cancer Center. The remaining capital expenditures are primarily for facility upgrades, information systems and patient care equipment. These capital purchases will be funded directly from operations.

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Debt Outstanding

As of September 30, 2016, the System had \$706.0 million in debt (bonds, notes, etc.) outstanding. The long-term debt is comprised of a number of bond issues, notes payable, and capital leases described in more detail in Note 8 and Note 9 to the consolidated basic financial statements. In 2016, seventy-nine percent (79%) of the System's total debt outstanding has fixed interest rates, while one-hundred percent (100%) of the System's bonds outstanding have fixed interest rates. As of September 30, 2015, the System had \$714.5 million in debt (bonds, notes, etc.) outstanding. Seventy-eight percent (78%) of the System's total debt outstanding has fixed interest rates, while one-hundred percent (100%) of the System's bonds outstanding at September 30, 2015 have fixed interest rates. The System's bonds carry an A/Positive and an A2 rating from S&P and Moody's, respectively.

Community Benefits

As a special purpose unit of government, the System is committed to meeting the needs and improving the health status of the people of Southwest Florida. The essential services that are provided throughout the health system were created from our commitment to the community and not because of an economic opportunity. Therefore, the System regularly assesses the needs of the community so that even the most vulnerable of its citizens are provided care even though a particular service might generate a low or negative margin.

The entire cost of providing care to low income citizens or to fund unprofitable services is subsidized through our tax exempt status. Therefore, the System regularly estimates the benefit of its tax exempt status as compared to the "community benefits" that are provided to the citizens as well as identifying the types of services that are provided often at significant financial loss to meet the needs of the community.

The analysis of the community benefit reveals that the System's financial benefit of its tax exempt status was approximately \$66.6 million for fiscal year 2016, \$65.2 million for fiscal year 2015 and \$56.7 million for fiscal year 2014. This includes the savings that are derived from not having to pay certain state and federal taxes, real estate taxes, sales and intangible taxes as well as lower malpractice costs due to sovereign immunity as a governmental entity, and lower cost of capital due to the use of tax-exempt financing.

The System estimates the benefits of the services provided to the community exceeded \$375.3 million in fiscal year 2016, \$296.7 million in fiscal year 2015, and \$288.9 million in fiscal year 2014. The increase in benefits for services provided to the community from 2015 to 2016 of \$78.6 million was largely due to the implementation of the IRS 501(r) regulations released for charitable hospitals. This community benefit consists of charity care provided to patients whom might not have access to health care; low income services that are provided at less than cost (e.g., Medicaid); necessary services that are provided at a loss such as Trauma services and other community wellness and health education programs.

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The System's commitment to the community is summarized into the following community benefit categories for the years ended September 30 as follows:

<i>(in thousands of dollars)</i>	2016	2015	2014
Cost of charity care for low income patients	\$ 54,822	\$ 45,387	\$ 46,929
Cost of community outreach and educational programs and one-of-a-kind medical services	55,437	53,844	35,207
Cost of unpaid Medicaid services	58,427	44,149	50,982
Cost of unpaid Medicare and other government programs	<u>206,642</u>	<u>153,270</u>	<u>155,808</u>
	<u>\$ 375,328</u>	<u>\$ 296,650</u>	<u>\$ 288,926</u>

In summary, the System continues to provide benefits to the community well in excess of the value of its tax exempt status. The System continues to be focused on the provision of essential services to all of its citizens and uses its financial surplus to further its charitable purpose.



Report of Independent Certified Public Accountants

To the Board of Directors of
Lee Memorial Health System

Report on the Consolidated Basic Financial Statements

We have audited the accompanying consolidated basic financial statements of Lee Memorial Health System (the "System") as of and for the years ended September 30, 2016 and 2015, which collectively comprise the consolidated basic statements of net position, and the related consolidated basic statements of revenues, expenses and changes in net position and the consolidated basic statements of cash flows and the related notes to the consolidated basic financial statements.

Management's Responsibility for the Consolidated Basic Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated basic 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 consolidated basic financial statements that are free from material misstatement, whether due to fraud or error.

Independent Certified Public Accountants' Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated basic financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the consolidated basic financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the System's preparation and fair presentation of the consolidated basic financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the System'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 consolidated basic financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the consolidated basic financial statements referred to above present fairly, in all material respects, the consolidated net position of Lee Memorial Health System as of September 30, 2016 and 2015, and the respective changes in net position and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

The accompanying Management's Discussion and Analysis ("MD&A") (Unaudited) for the years ended September 30, 2016 and 2015 on pages 1 through 7, the Schedule of Changes in the Net Pension Liability and Related Ratios (Unaudited), and the Schedule of Employer Contributions (Unaudited) on pages 49 and 50, respectively, are required by accounting principles generally accepted in the United States of America to supplement the consolidated basic financial statements. Such information, although not a part of the consolidated basic financial statements, is required by the Governmental Accounting Standards Board ("GASB") who considers it to be an essential part of financial reporting for placing the consolidated 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 consolidated basic financial statements, and other knowledge we obtained during our audits of the consolidated 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 Information

Our audits were conducted for the purpose of forming an opinion on the consolidated basic financial statements. The consolidating information on pages 52 through 57 is presented for purposes of additional analysis and is not a required part of the consolidated basic financial statements. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated 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 consolidated basic financial statements or to the consolidated basic financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated basic financial statements taken as a whole.



Our audits were conducted for the purpose of forming an opinion on the System's consolidated basic financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards and Schedule of State Financial Assistance for the year ended September 30, 2016 are presented for purposes of additional analysis as required by Title 2 U.S. *Code of Federal Regulation* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance) and Chapter 10.550, State of Florida, *Rules of the Auditor General*, and are not a required part of the consolidated 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 consolidated basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated 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 consolidated basic financial statements or to the consolidated basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards and Schedule of State Financial Assistance are fairly stated, in all material respects, in relation to the consolidated basic financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated January 19, 2017 on our consideration of the System's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control over financial reporting and compliance.

A handwritten signature in black ink that reads "PricewaterhouseCoopers 22P". The signature is written in a cursive, flowing style.

January 19, 2017

Lee Memorial Health System
Consolidated Basic Statements of Net Position
September 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 43,264	\$ 57,560
Short-term investments	943,046	854,561
Assets whose use is restricted	8,034	8,042
Patient accounts receivable, net of allowance for estimated uncollectibles of \$63,218 in 2016 and \$59,121 in 2015	189,320	167,900
Inventories	30,660	30,361
Other current assets	33,898	34,498
Total current assets	<u>1,248,222</u>	<u>1,152,922</u>
Noncurrent assets		
Assets whose use is restricted	24,265	29,652
Capital assets, net	860,229	770,647
Other assets, net	37,299	32,085
Total assets	<u>2,170,015</u>	<u>1,985,306</u>
Deferred outflows of resources		
Deferred loss on debt refunding	5,617	6,366
Excess consideration provided for acquisition	104,654	105,290
Total deferred outflows of resources	<u>110,271</u>	<u>111,656</u>
Liabilities		
Current liabilities		
Accounts payable	55,692	62,946
Current installments of long-term debt	36,321	33,877
Accrued expenses		
Employee compensation	40,035	27,590
Interest	8,308	8,816
Other	36,744	36,291
Estimated third-party payor settlements	59,307	43,050
Total current liabilities	<u>236,407</u>	<u>212,570</u>
Noncurrent liabilities		
Long-term debt, excluding current installments	669,661	680,578
Other liabilities	82,869	83,056
Total liabilities	<u>988,937</u>	<u>976,204</u>
Commitments and contingencies		
Deferred inflows of resources		
Deferred inflows on pension	5,468	5,584
Total deferred inflows of resources	<u>5,468</u>	<u>5,584</u>
Net position		
Restricted for		
Nonexpendable	5,992	5,887
Expendable	58,232	71,776
Net investment in capital assets	154,247	56,193
Unrestricted	1,067,410	981,318
Total net position	<u>\$ 1,285,881</u>	<u>\$ 1,115,174</u>

The accompanying notes are an integral part of these consolidated basic financial statements.

Lee Memorial Health System
Consolidated Basic Statements of Revenues, Expenses and Changes in Net
Position
Years Ended September 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Operating revenues		
Net patient service revenue, net of provision for doubtful accounts of \$222,281 in 2016 and \$190,730 in 2015	\$ 1,590,411	\$ 1,430,674
Other revenue	40,516	66,869
Total operating revenues	<u>1,630,927</u>	<u>1,497,543</u>
Operating expenses		
Salaries, wages and benefits	865,751	771,960
Supplies and other services	412,050	378,693
Purchased services	164,191	140,323
Depreciation and amortization	81,890	79,116
Total operating expenses	<u>1,523,882</u>	<u>1,370,092</u>
Operating income	<u>107,045</u>	<u>127,451</u>
Nonoperating items		
Interest expense	(22,112)	(23,961)
Investment income (loss), including realized and unrealized gains on investments	71,806	(16,735)
Contributions and grants	(14,182)	(1,742)
Investment activity on restricted nonexpendable investments	743	(265)
Loss on sale of capital assets	(764)	(819)
Other	28,171	23,151
Total nonoperating gain (loss)	<u>63,662</u>	<u>(20,371)</u>
Increase in net position	170,707	107,080
Net position		
Beginning of year	<u>1,115,174</u>	<u>1,008,094</u>
End of year	<u>\$ 1,285,881</u>	<u>\$ 1,115,174</u>

The accompanying notes are an integral part of these consolidated basic financial statements.

Lee Memorial Health System
Consolidated Basic Statements of Cash Flows
Years Ended September 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Cash flows from operating activities		
Received from patient care services	\$ 1,582,811	\$ 1,450,269
Salaries and benefits paid to employees	(852,417)	(766,930)
Payments to suppliers	(588,396)	(509,088)
Other receipts from operations	40,084	66,537
Net cash provided by operating activities	<u>182,082</u>	<u>240,788</u>
Cash flows from noncapital financing activities		
Restricted gifts received (noncapital related)	6,710	959
Assets donated from Lee Memorial Health System Foundation, Inc.	20,267	25,873
Miscellaneous nonoperating items	12,371	8,047
Net cash provided by noncapital financing activities	<u>39,348</u>	<u>34,879</u>
Cash flows from capital and related financing activities		
Proceeds from long-term borrowings	25,000	121,061
Purchases of capital assets	(192,422)	(128,687)
Proceeds from sale of capital assets	134	74
Interest payments	(26,831)	(26,566)
Repayment of long-term debt	(34,489)	(98,054)
Restricted gifts received (capital related)	10,099	2,237
Net cash used in capital and related financing activities	<u>(218,509)</u>	<u>(129,935)</u>
Cash flows from investing activities		
Investment income received	38,548	22,347
Increase in investments	(54,537)	(165,678)
Joint venture funding and activity	(1,228)	(730)
Net cash used in investing activities	<u>(17,217)</u>	<u>(144,061)</u>
(Decrease) increase in cash and cash equivalents	(14,296)	1,671
Cash and cash equivalents		
Beginning of year	57,560	55,889
End of year	<u>\$ 43,264</u>	<u>\$ 57,560</u>
Disclosure of supplemental cash flow information		
Capital assets financed through capital lease obligations	\$ 1,765	\$ 1,725

The accompanying notes are an integral part of these consolidated basic financial statements.

Lee Memorial Health System
Consolidated Basic Statements of Cash Flows
Years Ended September 30, 2016 and 2015

(in thousands of dollars)

	2016	2015
Reconciliation of operating income to net cash provided by operating activities		
Operating income	\$ 107,046	\$ 127,451
Adjustments to reconcile operating income to net cash provided by operating activities		
Depreciation and amortization	81,890	79,116
Provision for bad debts	222,281	190,730
Changes in		
Patient accounts receivable	(246,139)	(198,471)
Inventories	(299)	1,541
Other assets	(4,642)	(5,551)
Accounts payable	(7,024)	6,908
Accrued expenses	12,898	5,862
Estimated third-party payor settlements	16,257	27,336
Other liabilities	(186)	5,866
Net cash provided by operating activities	<u>\$ 182,082</u>	<u>\$ 240,788</u>

The accompanying notes are an integral part of these consolidated basic financial statements.

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

1. Description of Reporting Entity and Summary of Significant Accounting Policies

Description of Reporting Entity

Lee Memorial Health System (the "System") is a special purpose unit of local government created by special act of the Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963 as re-codified by Chapter 2000-439, Laws of Florida, Special Acts, 2000 (the "Enabling Act"). It is classified as an independent special district under the laws of Florida. The System operates pursuant to the Enabling Act, as amended.

The System includes four acute care hospitals, Lee Memorial Hospital, HealthPark Medical Center, Gulf Coast Medical Center and Cape Coral Hospital. Additionally, the System is comprised of other healthcare facilities and services, which include a designated children's hospital, a 60-bed rehabilitation hospital, a 112-bed skilled nursing facility, a home health agency, outpatient treatment and diagnostic centers, and physicians' offices. The System operates in Lee County, Florida.

Certain of these operations have been placed in subagencies for administrative purposes. Subagencies are created by resolution of the System's Board of Directors under authorization granted by its Enabling Act. These subagencies are not incorporated under the corporation laws of Florida.

Other System operations are carried out through subsidiary corporations, as follows:

- Cape Coral Hospital is managed through a not-for-profit organization, Cape Memorial Hospital, Inc. ("Cape Coral Hospital"). This corporation was created by the System's Board of Directors to receive and hold the assets purchased from Cape Coral Medical Center, Inc. ("CCMC") on July 1, 1996, upon acquisition of Cape Coral Hospital. Its Board of Directors consists of the ten members of the System's Board of Directors and this is presented as a blended component unit of the System (Note 13).
- HealthPark Care Center, Inc. ("HPCC") is a not-for-profit corporation, which owns and operates the System's skilled nursing facility. Its Board of Directors consists of the ten members of the System's Board of Directors.
- Lee Memorial Home Health, Inc. is a not-for-profit corporation, which owns and operates the System's home health agency. Its Board of Directors consists of the ten members of the System's Board of Directors.
- Lee Memorial Health System Foundation, Inc. (the "Foundation") is a not-for-profit corporation created by the System's Board of Directors and community leaders to serve as a fund-raising organization in support of the System. Its Board of Directors consists of persons prominent in the community and interested in serving the community and the System's needs. Two Board positions are also reserved on an ex officio basis for the Chairman of the Board of Directors of the System or members of such board designated by the Chairman and the Chief Executive Officer of the System or his/her designee.

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

- Lee County Trauma Services District (the “District”) is a not-for-profit organization located in Fort Myers, Florida. The District is a special purpose unit of local government created by a special act of the 2003 Florida Legislature, Chapter 63-1552, Laws of Florida, Special Acts, 1963 as recodified by Chapter 2003-357, Laws of Florida, Special Acts 2003. The District is classified as an independent special district under the laws of Florida. The District serves as an integral member of the continuum of care offered by the System. Operations of the District began on October 1, 2003.
- Since 2011, the System’s primary care practice known as Lee Physician Group has been responsible for providing medical services to the uninsured and low-income residents of Dunbar, Cape Coral and North Fort Myers from their medical offices located in the heart of each community. In August 2013, Lee Community Healthcare, Inc. (“LCH”) was incorporated as a not-for-profit, primary health care provider and has been conducting monthly board meetings in compliance with the Health Resources and Services Administration’s requirements with the intention of becoming a federally qualified health center look-alike (“FQHC-LAL”). The LCH Board of Directors and their executive director are working closely with the leadership of the System through a Management Committee structure in order to best utilize the physical, operational, financial and human resources currently provided by the System at the Dunbar, Cape Coral and North Fort Myers sites. The primary goals of LCH are to provide primary care services that enhance patient access to care, improve overall patient health, increase patient management of their chronic illnesses, and reduce the inappropriate use of local emergency rooms.

Summary of Significant Accounting Policies

All intercompany transactions have been eliminated in the accompanying consolidated basic financial statements.

Basis of Presentation

The accompanying consolidated basic financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America, including all applicable effective statements of the Governmental Accounting Standards Board (“GASB”) on the accrual basis of accounting and include the accounts of the System and its subsidiaries.

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents consist of amounts held as bank deposits and highly liquid investments with maturities of three months or less at date of purchase.

Inventories

Inventories consist principally of pharmaceuticals and medical and surgical supplies which are valued at the lower of cost, on a first-in first-out basis, or market.

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

Assets Whose Use Is Restricted

Assets whose use is restricted consist primarily of investments restricted under the terms of the System's bond indenture agreements, assets restricted by donor stipulations and assets held under other contractual agreements (Note 4). The current portion of assets whose use is restricted relates to the corresponding estimated current obligations.

Capital Assets

Capital assets have been recorded at historical cost or fair market value at date of purchase or donation, respectively. Equipment under capital leases is stated at the present value of minimum lease payments at the inception of the lease. Routine maintenance and repairs are expensed when incurred. Expenditures that materially increase the value, change the capacity or extend the useful life of an asset are capitalized. Interest costs incurred on borrowed funds during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Major asset classifications and estimated useful lives are generally in accordance with those recommended by the American Hospital Association. The straight-line method of computing depreciation is used for all depreciable assets. Equipment under capital leases is amortized under the straight-line method over the shorter of the lease term or estimated useful life of the asset as summarized below:

Buildings and improvements	10–40 years
Equipment	3–15 years

Impairment of Long-Lived Assets

Long-lived assets are evaluated for recoverability whenever adverse events or changes in business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related asset exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. For the years ended September 30, 2016 and 2015, the System does not believe there were any adverse events or changes in business that would indicate that an impairment reserve is required.

Bond Issuance Costs

Bond issuance costs are expensed at time of issuance.

Bond Premiums and Discounts

Bond premiums and discounts are amortized over the period the bonds are outstanding using the effective interest method.

Net Patient Service Revenue

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

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the System does not pursue collection of these amounts, they are not reported as net patient service revenue. The level of direct charity care provided during the years ended September 30, 2016 and 2015 consisted of foregone revenues of approximately \$247.3 million and \$199.4 million, respectively.

Investments and Investment Income

Investment securities held by the System, including investments in companies that are deemed to be alternative investment funds as addressed in GASB Statement No. 31, *Accounting and Financial Reporting for Certain Investments and for External Investment Pools*, and GASB Statement No. 72, *Fair Value Measurement and Application*, are carried at fair value. Realized gains and losses, based on the specific identification method, and unrealized gains and losses are included in investment income in the consolidated basic statements of revenues, expenses and changes in net position.

At September 30, 2016 and 2015, the System's investments in companies deemed to be alternative investment funds and the approximate ownership interest in each company were as follows:

	2016	2015
SEI Core Property Fund, LP	2.37%	1.49%
SEI Special Situations Fund, Ltd.	4.44%	4.53%
SEI Core Property Fund, LP (held by the Foundation)	0.04%	0.04%

Joint Ventures

The System has entered into various partnership agreements to form corporations that will provide additional health care services throughout the community. The System's equity interest in each corporation is 40-50%. The System's investments are reflected in other assets and are being accounted for under the equity method and each has been recorded at the amount of capital contributions, including cash contributions and the fair value of fixed assets contributed, adjusted for earnings or losses for each.

Risk Management

The System is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in the current or preceding year.

Effective October 1, 2011, the sovereign immunity limits in Florida have been increased from \$100,000 to \$200,000 for any one person for one incident and from \$200,000 to \$300,000 in total for one incident.

Self-Insurance Programs

Estimated liabilities for self-insured medical malpractice, employee health and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

Income Taxes

The System is a special purpose unit of local government created by the Enabling Act. Certain of the System's controlled subsidiaries have been recognized by the Internal Revenue Service as tax-exempt organizations described in Section 501(c)(3) of the Internal Revenue Code (the "Code"). Income earned in furtherance of the System's tax-exempt or governmental purpose is exempt from federal and state income taxes. The Code provides for taxation of unrelated business income under certain circumstances. The System has no significant unrelated business income; however, such status is subject to final determination upon examination of the related income tax returns by the appropriate taxing authorities.

Deferred Outflows and Inflows of Resources

Deferred outflows of resources represent a consumption of net assets that is applicable to a future reporting period. Deferred inflows of resources represent an acquisition of net assets that is applicable to a future reporting period. Deferred outflows of resources have a positive effect on net position, similar to assets, and deferred inflows of resources have a negative effect on net position, similar to liabilities. Notwithstanding those similarities, deferred outflows of resources are not assets and deferred inflows of resources are not liabilities and accordingly are not included in those sections of the accompanying consolidated basic statements of net position, but rather, separately reported.

Net Position

Net position of the System is classified in four components. Net investment in capital assets consist of capital assets net of accumulated depreciation and reduced by the current balances of any outstanding borrowings used to finance the purchase or construction of those assets. Restricted expendable net assets are noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the System, including amounts deposited with trustees as required by revenue bond indentures. Restricted nonexpendable net assets equal the principal portion of permanent endowments. Unrestricted net assets are the remaining net assets that do not meet the definition of net investment in capital assets or restricted.

Resources restricted by donors or grantors for specific operating purposes are reported in other operating revenue to the extent used in the period.

Operating Revenues and Expenses

The System's consolidated basic statements of revenues, expenses and changes in net position distinguish between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the System's principal activity. Nonexchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as nonoperating items. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Concentrations of Credit Risk

Financial instruments which potentially subject the System to concentrations of credit risk consist principally of cash and cash equivalents, short-term investments, equity method and other investments, patient accounts receivable, other assets and assets whose use is restricted under bond indenture agreements and by the Board for future use.

Lee Memorial Health System
Notes to Consolidated Basic Financial Statements
September 30, 2016 and 2015

The System places its cash and cash equivalents with what management believes to be high credit quality financial institutions. Included in cash and cash equivalents are bank deposits in the amount of \$10.6 million and \$20.0 million as of September 30, 2016 and 2015, respectively. These deposits are in excess of the federal insured amount of \$250,000. However, the System is a Qualified Public Depositor with the State of Florida. As such, deposits at Qualified Public Depositories are insured at the full amount on deposit. Management does not anticipate nonperformance risk by the financial institutions. The System's short-term investments and assets whose use is restricted are primarily invested in commercial paper and money market funds, U.S. Government agencies, mutual funds, and alternative investment funds.

The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors as of September 30 is as follows:

	2016	2015
Medicare	31%	34%
Medicaid	12%	13%
Managed care	23%	22%
Commercial insurance	8%	7%
Self-pay and other	26%	24%
	<u>100%</u>	<u>100%</u>

Fair Value of Financial Instruments

The carrying value of net accounts receivable, accrued liabilities (other than liabilities for malpractice and workers' compensation claims), and accounts payable approximates fair value due to the short-term nature of these accounts. Long-term receivables under agreement, less allowance for doubtful accounts, are valued by management at approximate fair market value. Malpractice and workers' compensation liabilities are stated at estimated fair value.

The carrying amount of the Hospital Revenue Bonds issued at rates which vary with the market approximates the fair value of these instruments, as their interest rates approximate the rates available to the System for debt of similar types and maturities. The carrying value of the System's long-term debt, excluding capital leases, was approximately \$595.0 million and \$603.5 million at September 30, 2016 and 2015, respectively. The fair value of the System's long-term debt, excluding capital leases, was approximately \$611.6 million and \$623.9 million at September 30, 2016 and 2015, respectively.

Lee Memorial Health System
Notes to Consolidated Basic Financial Statements
September 30, 2016 and 2015

Excess Consideration Provided for Acquisition

Excess consideration provided for acquisition represents the consideration paid by the System for various acquisitions in excess of the estimated fair value of net position acquired. Pursuant to GASB Statement No. 69, *Government Combinations and Disposals of Government Operations* ("GASB No. 69"), which the System adopted in 2015, this deferred outflow is being attributed to future periods (i.e., amortized) in a systematic and rational manner over the periods presented in the table below. The System recognized approximately \$3.1 million and \$3.0 million of amortization expense in 2016 and 2015, respectively, with such amounts being included as a component of the line item titled "depreciation and amortization," in the consolidated basic statements of revenues, expenses and changes in net position. The table below depicts the components of this balance, annual amortization, and the amortization period at the component level as well as System totals:

(in thousands of dollars)

	2016	Annual Amortization	Amortization Period (in years)
Lee Memorial Hospital	\$ 3,686	\$ 255	20
Gulf Coast Medical Center	92,211	2,427	40
Cape Coral Hospital	8,757	486	20
Total	<u>\$ 104,654</u>	<u>\$ 3,168</u>	

Accounting Pronouncements

In June 2015, the GASB issued GASB Statement No. 73, *Accounting and Financial Reporting for Pension and Related Assets That Are Not Within the Scope of GASB Statement 68, and Amendments to Certain Provisions of GASB Statement 67 and 68* ("GASB No. 73"). GASB No. 73 establishes requirements for defined benefit pensions that are not within the scope of GASB 68, Accounting and Financial Reporting for Pensions, as well as for the assets accumulated for purposes of providing those pensions. In addition, it establishes requirements for defined contribution pensions that are not within the scope of GASB 68. It also amends certain provisions of Statement No. 67, Financial Reporting for Pension Plans, and GASB 68 for pension plans and pensions that are within their respective scopes. GASB No. 75 is effective for fiscal years beginning after June 15, 2016. The System is currently evaluating the impact GASB No. 73 will have on its consolidated basic financial statements.

In June 2015, the GASB issued GASB Statement No. 75, *Accounting and Financial Reporting for Postemployment Benefits Other Than Pensions* ("GASB No. 75"). GASB No. 75 addresses accounting and financial reporting for other postemployment plans that are provided to the employees of state and local governmental employers. This Statement establishes standards for recognizing and measuring liabilities, deferred outflows of resources, deferred inflows of resources, and expense. GASB No. 75 is effective for fiscal years beginning after June 15, 2017. The System is currently evaluating the impact GASB No. 75 will have on its consolidated basic financial statements.

Lee Memorial Health System

Notes to Consolidated Basic Financial Statements

September 30, 2016 and 2015

In January 2016, the GASB issued GASB Statement No. 80, *Blending Requirements for Certain Component Units* ("GASB No. 80"). GASB No. 80 amends the blending requirements for the financial statement presentation of component units of all state and local governments. The additional criterion requires blending of a component unit incorporated as a not-for-profit corporation in which the primary government is the sole corporate member. GASB No. 80 is effective for fiscal years beginning after June 15, 2016. The System is currently evaluating the impact GASB No. 80 will have on its consolidated basic financial statements.

In March 2016, the GASB issued GASB Statement No. 81, *Irrevocable Split-Interest Agreements* ("GASB No. 81"). GASB No. 81 improves accounting and financial reporting by establishing recognition and measurement requirements for irrevocable split-interest agreements which are a specific type of giving arrangement used by donors to provide resources to two or more beneficiaries, including governments. GASB No. 81 is effective for fiscal years beginning after December 15, 2016. The System is currently evaluating the impact GASB No. 81 will have on its consolidated basic financial statements.

In March 2016, the GASB issued GASB Statement No. 82, *Pension Issues – an Amendment of GASB Statements No. 67, No. 68, and No. 73* ("GASB No. 82"). This Statement addresses specific issues including presentation of payroll related measures in required supplementary information, selection of assumptions, and classification of employer paid member contributions. GASB No. 82 is effective for fiscal years beginning after June 15, 2016. The System is currently evaluating the impact GASB No. 82 will have on its consolidated basic financial statements.

2. Third-Party Payors

The System has agreements with third-party payors that provide for payment at amounts different from its established rates.

A summary of the basis of payment with major third-party payors follows:

Medicare

Inpatient acute care services, rehabilitative services, psychiatric services, skilled nursing services, hospital outpatient services and home health services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

The System's Medicare cost reports have been audited and final settlements determined by the Medicare intermediary for all years through September 30, 2012. Retroactive adjustments for cost report settlements are accrued on an estimated basis in the period when the related services are rendered and adjusted in future periods when final settlements are determined.

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Medicaid

Inpatient and outpatient services (except for laboratory and pathology services) rendered to Medicaid program beneficiaries have historically been reimbursed under a cost based reimbursement methodology. The System's Medicaid cost reports have been audited and final settlements determined by the Medicaid intermediary for all years through September 30, 2012. Effective July 1, 2013, the State of Florida converted to an All Patient Refined Diagnosis Related Groups ("APR DRG") methodology for determining Medicaid inpatient hospital payments. The payments made under APR DRG are paid on a per case basis based on the APR DRG assignment that reflects severity of illness and resources related to services rendered. This new payment methodology for inpatient services will not be subject to retrospective rate adjustments based on the cost report as was the case under the former cost based per diem methodology. Medicaid hospital outpatient payments continue to be cost based and are paid on a per revenue line item basis and are subject to retrospective rate adjustments based on adjustments to computed outpatient cost determined from the audited Medicaid cost report.

The Medicaid interim rates for outpatient claims through September 30, 2016 were based on the unaudited cost reports for 2015 and 2014. The rates used in 2015 were based on the unaudited cost reports for 2014 and 2013.

The System's classification of patients and the appropriateness of their admission are subject to review by the fiscal intermediaries administering the Medicare and Medicaid programs.

Other

The System has also entered into payment arrangements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the System under these arrangements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined per diem rates. Some of these arrangements provide for review of paid claims for compliance with the terms of the contract and result in retroactive settlement with third parties. Retroactive adjustments for other third-party claims are recorded in the period when final settlement is determined.

3. Net Patient Service Revenue

Net patient service revenue, including subagency service revenue, for the years ended September 30 consists of the following:

<i>(in thousands of dollars)</i>	2016	2015
Gross patient service revenue	\$ 6,991,408	\$ 6,222,558
Third-party payor and other contractual adjustments	(5,178,716)	(4,601,154)
Provision for doubtful accounts	<u>(222,281)</u>	<u>(190,730)</u>
Net patient service revenue	<u>\$ 1,590,411</u>	<u>\$ 1,430,674</u>

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4. Assets Whose Use Is Restricted

Assets whose use is restricted, which are required to meet current obligations of the System, are reported in current assets. The fair market value of assets whose use is restricted at September 30 consists of the following:

<i>(in thousands of dollars)</i>	2016	2015
Held by trustee under bond indenture agreements	\$ 7,692	\$ 7,719
Held by Board for future use	342	323
Held in trust for other uses	1,001	1,038
Designated to donors for specific purposes	<u>23,264</u>	<u>28,614</u>
Total assets whose use is restricted	32,299	37,694
Less: Amounts required to meet current obligations	<u>(8,034)</u>	<u>(8,042)</u>
Assets whose use is restricted, net of amounts required to meet current obligations	<u>\$ 24,265</u>	<u>\$ 29,652</u>

Investments which comprise assets whose use is restricted are included in the general investment portfolios of the System.

5. Investments

The System primarily invests in money market funds, short term investments and other investments. Such investments include assets whose use is restricted under bond indenture agreements and by the Board for future use. The System's investment policy authorizes a strategic asset allocation that is designed to provide an optimal return over the System's investment horizon within the System's risk tolerance and cash requirements.

Investments in hedge funds are recorded at net asset value; the remainder at fair value. Interest, dividends, and gains and losses on investments, both realized and unrealized, are included in non-operating revenues when earned.

The System primarily invests its resources in domestic and international equity and fixed income mutual funds, hedge funds, and money market funds. Such investments include amounts available for current operations as well as assets whose use is restricted under bond indenture agreements and by the Board for future use. The System's investment policy authorizes a strategic asset allocation that is designed to provide an optimal return over the System's investment horizon within the System's risk tolerance and cash requirements.

The System's mutual fund investments are carried at fair value as determined through the use of quoted market prices (market approach). As the System's investments in hedge funds do not have readily determinable fair values, the System has established the fair value of these investments by using each investment's net asset value ("NAV") per share.

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The System categorizes its fair value measurements within the fair value hierarchy established by GASB Statement No. 72, *Fair Value Measurement and Application* ("GASB No. 72"). The hierarchy is summarized in three levels:

Level 1 – Observable inputs that reflect quoted prices for identical investments.

Level 2 – Other significant observable inputs including quoted prices for similar investments, interest rates or credit risk.

Level 3 – Unobservable inputs including entity specific inputs or inputs derived through extrapolation or interpolation that cannot be derived from market data.

The recurring fair value measurement of investments at September 30, 2016 is as follows:

(in thousands of dollars)

	Fair Value Measurement of Investments 2016			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments by Fair Value Level				
Alternative mutual funds	\$ 8	\$ 8	\$ -	\$ -
Domestic equity mutual funds	257,945	257,945	-	-
International equity mutual funds	185,306	185,306	-	-
Domestic fixed income mutual funds	424,565	424,565	-	-
International fixed income mutual funds	7	7	-	-
Total Investments by Fair Value Level	\$ 867,831	\$ 867,831	\$ -	\$ -
Investments Measured at the Net Asset Value (NAV) Level				
SEI Core Property Fund, LP	\$ 48,113			
SEI Special Situations Fund	35,578			
Total Investments Measured at NAV	\$ 83,691			
Other				
Commercial paper and money market funds	23,823			
	\$ 975,345			

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The recurring fair value measurement of investments at September 30, 2015 is as follows:

(in thousands of dollars)

	Fair Value Measurement of Investments 2015			
	Fair Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments by Fair Value Level				
Alternative mutual funds	\$ 33	\$ 33	\$ -	\$ -
Domestic equity mutual funds	162,949	162,949	-	-
International equity mutual funds	222,447	222,447	-	-
Domestic fixed income mutual funds	413,570	413,570	-	-
International fixed income mutual funds	20	20	-	-
Total Investments by Fair Value Level	\$ 799,019	\$ 799,019	\$ -	\$ -
Investments Measured at the Net Asset Value (NAV) Level				
SEI Core Property Fund, LP	\$ 27,183			
SEI Offshore Opportunity Fund, Ltd.	6			
SEI Special Situation Fund, LP	35,631			
Total Investments Measured at NAV	\$ 62,820			
Other				
Commercial paper and money market funds	30,416			
	\$ 892,255			

The System has an investment management agreement with SEI Investments Company (SEI) to manage approximately 97.5% of their investments. Approximately 1.7% of investments are monitored and managed through the Lee Memorial Health System Foundation, Inc., a not-for-profit corporation created by the System and community leaders to serve as a fundraising organization in support of the System, on a quarterly basis with the remainder residing in money markets and being monitored daily.

Fixed Income and Equity instruments included in the investment portfolio are based on quoted market prices and categorized under level 1.

With the exception of the hedge funds, the System can redeem all funds within the SEI portfolio within three business days' notice. The SEI Core Property Fund, LP can liquidate 90% of holdings quarterly with a 65-day pre-notification. The SEI Special Situations Fund, Ltd. can liquidate 90% of holdings semi-annually with 95-days pre-notification. SEI holds 10% of total redemptions until completion of the funds' audit for both hedge funds.

As of September 30, 2016 and 2015, these investments in hedge funds made up approximately 8.6% and 7.0%, respectively, of total investments in the accompanying consolidated basic statements of net position.

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The System has assessed the custodial credit risk, concentration of credit risk, credit risk and interest rate risk of its investments and assets whose use is restricted below.

- a. **Custodial Credit Risk** – The custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the System will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. The System's deposits are exposed to custodial credit risk if they are not covered by depository insurance and the deposits are uncollateralized, collateralized with securities held by the pledging financial institution or collateralized with securities held by the pledging financial institution's trust department or agent but not held in the System's name.

At September 30, 2016 and 2015, the System's investments were not exposed to custodial credit risk since the full amount of investments were insured or registered, or securities held by the System or its agent, are in the System's name.

- b. **Concentration of Credit Risk** – This is the risk of loss attributed to the magnitude of the System's investment in a single issuer. Disclosure is required for investments in any one issuer that represent 5% or more of total investments. Investments issued or explicitly guaranteed by the U.S. Government and investments in mutual funds, alternative investment funds, and other pooled investments are excluded from this requirement. The System has no investments from any one issuer that exceeds 5%. The System's investment policy states that no corporate fixed income issue shall represent more than 5% of any portfolio at the time of purchase, nor shall any single corporate position exceed 10%. Equity assets of any one issuer, when purchased, shall represent no more than 3% of the portfolio and shall not grow to exceed 10%.
- c. **Credit Risk** – This is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The System's investment policy provides guidelines for its fund managers and lists specific allowable investments. The policy provides for the utilization of varying styles of managers so that portfolio diversification is maximized and total portfolio efficiency is enhanced.

The System currently invests in mutual funds. Due to the nature of mutual funds, credit risk rating is not consistent with the credit risk ratings of individual stocks which are measured by Moody's Investors Services and Standard & Poor's. These rating agencies do not provide credit risk rating of mutual funds.

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- d. Interest Rate Risk – This is the risk that an investment’s value will be adversely affected due to a change in the level of interest rates. The System’s investment policy authorizes a strategic asset allocation that is designed to provide an optimal return over the System’s investment horizon within the System’s risk tolerance and cash requirements. The distribution of the System’s short-term investments and assets whose use is restricted by maturity as of September 30, 2016 is as follows:

(in thousands of dollars)

	Investment Maturities for 2016					N/A
	Fair Value	Less than 1 Year	13 to 24 Months	25 to 60 Months	Greater than 60 Months	
Commercial paper and money market funds	\$ 16,131	\$ 12,830	\$ 2,595	\$ -	\$ -	\$ 706
U.S. Government agencies	7,692	-	-	-	-	7,692
Mutual funds	867,831	-	-	-	-	867,831
Alternative investment funds	83,691	-	-	-	-	83,691
	<u>\$975,345</u>	<u>\$ 12,830</u>	<u>\$ 2,595</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$959,920</u>

The distribution of the System’s short-term investments and assets whose use is restricted by maturity as of September 30, 2015 is as follows:

(in thousands of dollars)

	Investment Maturities for 2015					N/A
	Fair Value	Less than 1 Year	13 to 24 Months	25 to 60 Months	Greater than 60 Months	
Commercial paper and money market funds	\$ 22,688	\$ 18,569	\$ 3,392	\$ -	\$ -	\$ 727
U.S. Government agencies	7,728	-	-	-	-	7,728
Mutual funds	799,019	-	-	-	-	799,019
Alternative investment funds	62,820	-	-	-	-	62,820
	<u>\$892,255</u>	<u>\$ 18,569</u>	<u>\$ 3,392</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$870,294</u>

During the years ended September 30, 2016 and 2015, the System recorded net realized gain of approximately \$7.5 million and \$0.1 million, respectively, from the sale of investments. The calculations of realized gains and losses are independent of the calculation of the net increase in the fair value of investments. Realized gains and losses on investments that had been held in more than one fiscal year and sold in the current year may have been recognized as an increase or decrease in the fair value of investments reported in the prior year.

The net increase in the fair value of investments for the year ended September 30, 2016 was approximately \$34.5 million compared to a net decrease in the fair value of investments of \$40.0 million for the year ended September 30, 2015. These amounts take into account all changes in fair value (including purchases and sales) that occurred during the year.

The total unrealized gain on investments held at September 30, 2016 and 2015 was approximately \$45.7 million and \$11.2 million, respectively. Unrealized gains or losses on investments resulting from fair value fluctuations are recorded in the accompanying consolidated basic statement of revenues, expenses and changes in net position in the period such fluctuations occur.

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6. Capital Assets

Capital asset additions, retirements and balances for the years ended September 30, 2016 and 2015 were as follows:

(in thousands of dollars)

	Balance at September 30, 2015	Additions and Transfers	Retirements and Transfers	Balance at September 30, 2016
Land	\$ 114,698	\$ 2,531	\$ 88	\$ 117,317
Buildings and improvements	549,577	28,481	851	578,909
Equipment	858,717	60,998	(66,185)	853,530
Totals at historical cost	<u>1,522,992</u>	<u>92,010</u>	<u>(65,246)</u>	<u>1,549,756</u>
Less: Accumulated depreciation for				
Buildings and improvements	(384,869)	(29,363)	945	(413,287)
Equipment	<u>(476,887)</u>	<u>(49,438)</u>	<u>63,287</u>	<u>(463,038)</u>
	<u>(861,756)</u>	<u>(78,801)</u>	<u>64,232</u>	<u>(876,325)</u>
Construction-in-progress	<u>109,411</u>	<u>170,981</u>	<u>(93,594)</u>	<u>186,798</u>
Capital assets, net	<u>\$ 770,647</u>	<u>\$ 184,190</u>	<u>\$ (94,608)</u>	<u>\$ 860,229</u>

(in thousands of dollars)

	Balance at September 30, 2014	Additions and Transfers	Retirements and Transfers	Balance at September 30, 2015
Land	\$ 113,126	\$ 1,572	\$ -	\$ 114,698
Buildings and improvements	541,694	9,368	(1,485)	549,577
Equipment	806,600	66,496	(14,379)	858,717
Totals at historical cost	<u>1,461,420</u>	<u>77,436</u>	<u>(15,864)</u>	<u>1,522,992</u>
Less: Accumulated depreciation for				
Buildings and improvements	(359,895)	(25,679)	705	(384,869)
Equipment	<u>(441,325)</u>	<u>(49,829)</u>	<u>14,267</u>	<u>(476,887)</u>
	<u>(801,220)</u>	<u>(75,508)</u>	<u>14,972</u>	<u>(861,756)</u>
Construction-in-progress	<u>54,081</u>	<u>113,322</u>	<u>(57,992)</u>	<u>109,411</u>
Capital assets, net	<u>\$ 714,281</u>	<u>\$ 115,250</u>	<u>\$ (58,884)</u>	<u>\$ 770,647</u>

Construction-in-progress ("CIP") at September 30, 2016 consists primarily of expenditures for computer equipment, surgical equipment and building renovations and improvements. There were numerous projects underway at September 30, 2016, which were being funded both through operations and by assets designated by the System's Board of Directors for the replacement of plant and equipment. As of September 30, 2016, estimated costs to complete the projects were \$113.4 million, excluding the construction of Golisano Children's Hospital, which has expected costs to complete of approximately \$67.2 million, with a goal of \$100.0 million funded by donations. For the years ended September 30, 2016 and 2015, the System capitalized interest of approximately \$4.3 million and \$2.4 million, respectively.

Depreciation expense was approximately \$78.8 million and \$75.5 million for the years ended September 30, 2016 and 2015, respectively.

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7. Other Assets

Other assets as of September 30 consist of the following:

<i>(in thousands of dollars)</i>	2016	2015
Long-term receivables	33,468	23,851
Allowance for doubtful accounts	<u>(21,523)</u>	<u>(14,340)</u>
Long-term accounts receivable, net	11,945	9,511
Deposits and other	5,561	5,669
Investments in joint ventures	<u>19,793</u>	<u>16,905</u>
Other assets, net	<u>\$ 37,299</u>	<u>\$ 32,085</u>

Long-term receivables relate to medical charges for patients who have been identified as parties to litigation. Collections, which are pending determination by negotiation or legal proceedings, accordingly are classified as noncurrent. The allowance for doubtful accounts is based on the expected collectability of these receivables.

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8. Long-Term Debt

Long-term debt as of September 30 consists of the following outstanding principal balances. Payment descriptions refer to principal payments only.

<i>(in thousands of dollars)</i>	2016	2015
2016 BAPCC Loan, payable in variable monthly installments beginning July 2016 through June 2023.	\$ 24,153	\$ -
2015 BAPCC Loan, payable in variable monthly installments beginning October 2015 through September 2025.	45,430	50,000
2015 Bank of America Loan, payable in variable annual installments beginning April 2016 through April 2024.	50,385	50,850
2014 JP Morgan Chase Loan, payable in variable annual installments beginning April 2015 through April 2033.	16,460	17,510
2013 BAPCC Loan, payable in variable monthly installments beginning July 2013 through June 2020.	27,472	34,527
2012 BAPCC Loan, payable in variable annual installments beginning April 2013 through April 2029.	41,190	43,980
2012 JP Morgan Chase Loan, payable in variable annual installments beginning April 2013 through April 2020.	10,455	12,750
2011 Bank of America Loan ("2011 BofA Loan"), payable in variable annual installments beginning April 2012 through April 2033.	91,841	97,691
2010 Bank Qualified Loan ("2010 BofA Loan"), payable in variable annual installments beginning April 2011 through April 2020.	13,265	16,470
Hospital Revenue Bonds, 2010 Series A ("2010 Series A Bonds"), payable in variable annual installments beginning April 2025 through April 2027.	42,000	42,000
Hospital Revenue Bonds, 2007 Series A ("2007 Series A Bonds"), payable in variable annual installments beginning April 2009 through April 2037. Net of unamortized premium of approximately \$6,527 and \$6,846 in 2016 and 2015, respectively.	271,493	272,911
Notes payable and capital leases	71,838	75,766
	<u>705,982</u>	<u>714,455</u>
Less: Current installments	<u>(36,321)</u>	<u>(33,877)</u>
	<u>\$ 669,661</u>	<u>\$ 680,578</u>

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Long-term debt activity for the years ended September 30, 2016 and 2015 were as follows:

(in thousands of dollars)

	Balance September 30, 2015	Additions	Reductions	Balance September 30, 2016	Amounts Due Within One Year
2016 BAPCC Loan	\$ -	\$ 25,000	\$ (847)	\$ 24,153	\$ 3,421
2015 BAPCC Loan	50,000	-	(4,570)	45,430	4,660
2015 BofA Loan	50,850	-	(465)	50,385	200
2014 JP Morgan Chase Loan	17,510	-	(1,050)	16,460	1,290
2013 BAPCC Loan	34,527	-	(7,055)	27,472	7,168
2012 BAPCC Loan	43,980	-	(2,790)	41,190	2,845
2012 JP Morgan Chase Loan	12,750	-	(2,295)	10,455	2,455
2011 BofA Loan	97,691	-	(5,850)	91,841	7,180
2010 BQ Loan	16,470	-	(3,205)	13,265	3,435
2010 Series A Bonds	42,000	-	-	42,000	-
2007 Series A Bonds	272,911	-	(1,418)	271,493	-
Other	75,766	1,765	(5,693)	71,838	3,667
Total long-term debt	<u>\$ 714,455</u>	<u>\$ 26,765</u>	<u>\$ (35,238)</u>	<u>\$ 705,982</u>	<u>\$ 36,321</u>

(in thousands of dollars)

	Balance September 30, 2014	Additions	Reductions	Balance September 30, 2015	Amounts Due Within One Year
2015 BAPCC Loan	\$ -	\$ 50,000	\$ -	\$ 50,000	\$ 4,570
2015 BofA Loan	-	50,850	-	50,850	465
2014 JP Morgan Chase Loan	-	18,445	(935)	17,510	1,050
2013 BAPCC Loan	41,472	-	(6,945)	34,527	7,055
2012 BAPCC Loan	46,715	-	(2,735)	43,980	2,790
2012 JP Morgan Chase Loan	14,960	-	(2,210)	12,750	2,295
2011 BofA Loan	102,891	-	(5,200)	97,691	5,850
2010 BQ Loan	19,825	-	(3,355)	16,470	3,205
2010 Series A Bonds	42,000	-	-	42,000	-
2009 Series C Bonds	18,445	-	(18,445)	-	-
2007 Series A Bonds	274,229	-	(1,318)	272,911	1,100
2005 Series A Bonds	52,402	-	(52,402)	-	-
Other	78,298	3,491	(6,023)	75,766	5,497
Total long-term debt	<u>\$ 691,237</u>	<u>\$ 122,786</u>	<u>\$ (99,568)</u>	<u>\$ 714,455</u>	<u>\$ 33,877</u>

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Maturities under the long-term debt agreements, including interest, previously described are as follows:

(in thousands of dollars)

Years Ending September 30,	Total	Principal	Interest
2017	\$ 61,625	\$ 36,321	\$ 25,304
2018	62,006	37,056	24,950
2019	61,761	37,658	24,103
2020	59,505	36,342	23,163
2021	54,273	31,683	22,590
2022-2026	257,135	157,317	99,818
2027-2031	220,886	150,589	70,297
2032-2036	207,334	172,059	35,275
2037-2041	40,075	38,190	1,885
	<u>\$ 1,024,600</u>	<u>\$ 697,215</u>	<u>\$ 327,385</u>

On June 20, 2016, the System's Board of Directors approved the modification of the 2012 BAPCC Loan in the amount of \$41.19 million in which the tender date was extended from May 31, 2019 to May 31, 2023. Principal payments of the 2012 BAPCC Loan are paid annually in April while the interest payments are paid quarterly. Interest payments are variable based on 67% of LIBOR plus 62 basis points and matures in April 2029. On November 30, 2012, the System's Board of Directors approved the refunding and refinancing of the Compass Loan, utilizing a direct bank loan in the amount of \$50.275 million. The 2012 BAPCC Loan bears a variable interest rate of 67% of LIBOR plus 95 basis points and matures in April 2029. Issuance costs were paid with internal funds. The advanced refunding resulted in the recognition of an accounting loss of approximately \$100,000. Although the current refunding resulted in the recognition of an accounting loss of approximately \$100,000, the System obtained an economic gain (the difference between the present values of the old and new debt service payments) of approximately \$5.7 million. This loan was modified on June 20, 2016 in the amount of \$41.19 million to extend the tender date.

On April 28, 2016, the System's Board of Directors approved the issuance of new debt in the amount of \$25 million to reimburse the System for prior capital expenditures through a direct bank loan. The 2016 BAPCC Loan bears a fixed rate of 1.55% paid monthly and matures in June 2023. Issuance costs were paid with internal funds.

On August 27, 2015, the System's Board of Directors approved the issuance of new debt in the amount of \$50 million to reimburse the System for prior capital expenditures through a direct bank loan. The 2015 BAPCC Loan bears a fixed interest rate of 1.97% paid monthly and matures in September 2025. Issuance costs were paid with internal funds.

On June 25, 2015, the System's Board of Directors approved the refunding and refinancing of the Hospital Revenue Refunding Bonds, 2005 Series A with a direct bank loan of \$50.85 million. Principal payments of the 2015 Bank of America Loan are paid annually in April while the interest payments are paid semi-annually in October and April at a fixed rate of 2.79%. The 2015 Bank of America Loan is set to mature in April 2024. Although the refunding resulted in the recognition of an accounting loss of \$0.2 million for the year ended September 30, 2015, the System obtained an economic gain of \$6.39 million. Issuance costs were paid with internal funds.

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On June 26, 2014, the System's Board of Directors approved the refunding and refinancing of the 2009 Series C Bonds with the 2014 JP Morgan Bank Loan in the amount of \$18.445 million. This transaction closed October 8, 2014. Principal payments of the 2014 JP Morgan Bank Loan are paid annually in April while the interest payments are paid semi-annually in October and April. Interest payments are variable based on 67% of LIBOR plus 73 basis points. The 2014 JP Morgan Bank Loan is set to mature in April 2033. Although the advanced refunding resulted in the recognition of an accounting loss of approximately \$1.96 million for the year ended September 30, 2015, the System was able to eliminate the need of the letter of credit securing the 2009 Series C Bonds and reduce the interest rate. Issuance costs were paid with internal funds.

On June 28, 2013, the System's Board of Directors approved the financing of the EPIC software system consisting of clinical and revenue cycle applications utilizing a direct bank loan in the amount of \$50 million. The 2013 BAPCC Loan bears a fixed interest rate of 1.58% and matures in June 2020. Issuance costs were paid with internal funds.

On January 19, 2012, the System's Board of Directors approved the refunding and refinancing of the 2002 Series A Bonds, utilizing a direct bank loan ("2012 JP Morgan Chase Loan") in the amount of \$25.9 million. The 2012 Bank Loan bears a fixed interest rate of 1.92% and matures in April 2020. Issuance costs were paid with internal funds. The advanced refunding resulted in the recognition of an accounting loss of approximately \$2.2 million. Although the current refunding resulted in the recognition of an accounting loss of approximately \$2.2 million, the System obtained an economic gain of approximately \$2.9 million.

On September 1, 2011, the System's Board of Directors approved the refunding and refinancing of the 2009 Series A and 2009 Series B Bonds, utilizing a direct bank loan ("2011 Bank Loan") in the amount of approximately \$109.5 million. The 2011 Bank Loan bears a variable interest rate of 65.1% of LIBOR plus 72 basis points and matures in April 2033. Issuance costs were paid with internal funds. This loan also terminated the line of credit ("LOC") that was in place for the 2009 Series A and 2009 Series B Bonds. The advanced refunding resulted in the recognition of an accounting loss of approximately \$0.9 million. Although the current refunding resulted in the recognition of an accounting loss of \$0.9 million, the System obtained an economic gain of approximately \$8.7 million.

On November 18, 2010, the System's Board of Directors approved the refunding and refinancing of the 1997 Series C Bonds, utilizing a direct bank qualified fixed rate loan ("2010 Bank Loan") in the amount of \$30.0 million. The 2010 Bank Loan bears a fixed interest rate of 2.794%, and matures in April 2020. The transaction was completed on December 22, 2010. Issuance costs were paid with internal funds. Although the advanced refunding resulted in the recognition of an accounting loss of approximately \$2.2 million, the System in effect reduced its aggregate debt service payments by approximately \$3.2 million and obtained an economic gain of approximately \$2.9 million.

In May 2010, the System issued Hospital Revenue Bonds, 2010 Series A (Build America Bonds - Direct Payment) in the amount of \$42.0 million. The proceeds of the 2010 Series A Bonds were used to finance a portion of the costs of acquisition, equipping and construction of the System's healthcare facilities. The 2010 Series A Bonds were issued as fixed rate bonds with interest payable semiannually on April 1 and October 1 of each year at 7.281% with a 32.585% interest paid rebate from the IRS which becomes an effective rate of 4.9085%.

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In April 2007, the System issued Hospital Revenue Bonds, 2007 Series A, in the amount of \$270.9 million. The 2007 Series A Bonds were issued as fixed-rate bonds with interest payable semiannually on April 1 and October 1 of each year. The proceeds of the 2007 Series A Bonds were used to replace the temporary bank loan established with Bank of America, N.A. to fund the purchase of Southwest Regional Medical Center and Gulf Coast Hospital. At the time of issuance, the 2007 Series A Bonds are comprised of approximately \$262.4 million of serial bonds bearing interest at a rate ranging from 4.5% to 5.25% as the bonds mature, and approximately \$8.5 million in term bonds bearing interest at 4.0% to 5.0%.

The Plantation Sleep Center lease allows for acceleration of rent upon a lessee default without terminating the lessee's right of possession. This is viewed as a contingent form of collateral which is a form of continuing involvement that would preclude sale-leaseback accounting under this guidance. According to lease guidance addressing sale-leaseback transactions involving real estate, the System has accounted for the debt obligations in its consolidated basic financial statements. At September 30, 2016, for the Plantation Sleep Center the effective interest rate was 9%, the long-term debt amounted to approximately \$2.4 million and the related current portion of debt amounted to approximately \$0.1 million. At September 30, 2015, for the Plantation Sleep Center the effective interest rate was 9.0%, the long-term debt amounted to approximately \$2.5 million and the related current portion of debt amounted to approximately \$0.1 million. In September 2005, the System entered into a ground lease with CB Medical South, LLC and a ground lease with CB Medical North, LLC (collectively, the "Lessors"), whereby CB Medical South and CB Medical North are leasing constructed medical office buildings to the System. Since the System had continuing involvement with the assets as discussed in lease guidance addressing sale-leaseback transactions involving real estate, the System was unable to remove the assets and related debt from its consolidated basic statements of net position after construction of the assets were completed.

On August 26, 2010, the System's Board of Directors approved the acquisition of the ownership interest in CB Medical North, LLC, which owns the land and building housing the Lee Memorial Regional Cancer Center at the Sanctuary and CB Medical South, LLC, which owns the land and building housing the Outpatient Center at the Sanctuary. The System acquired full ownership effective October 1, 2010. As part of the transaction, the System assumed the mortgages on the properties which totaled approximately \$62.0 million plus approximately \$2.3 million in cash. The System was required to update the previous capital asset and long-term debt recordings to reflect the purchase transaction. The CB Medical South, LLC and CB Medical North, LLC values for capital assets and long-term debt reported as of September 30, 2010 reflected the lease guidance addressing sale-leaseback transactions. The CB Medical South, LLC and CB Medical North, LLC values for capital assets and long-term debt reported as of September 30, 2014 reflect the full ownership interest resulting from the October 1, 2010 acquisition transaction. At September 30, 2016 and 2015, the value included in capital assets, net of accumulated depreciation, amounted to approximately \$24.4 million and \$25.0 million, respectively, for the Sanctuary Regional Cancer Center, and the related long-term debt amounted to approximately \$24.6 million and \$25.1 million, respectively. At September 30, 2016 and 2015, the value included in capital assets, net of accumulated depreciation, amounted to approximately \$27.9 million and \$28.7 million, respectively, for the Sanctuary Outpatient Center, and the related long-term debt amounted to approximately \$32.8 million and \$33.4 million, respectively.

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The bond agreements require the System to maintain specified financial ratios, the most restrictive of which are a minimum debt service coverage ratio, long-term debt to capital ratio, and minimum cash and investment balances, and provide a pledge of revenues of the System on a parity basis. The System was in compliance with the financial covenants for the years ended September 30, 2016 and 2015. The net assets of nonobligated group members, which are the Lee County Trauma Services District, Lee Memorial Home Health, Inc., HealthPark Care Center, Inc., and Lee Memorial Health System Foundation, Inc., included in the consolidated basic financial statements at September 30, 2016 and 2015 were approximately \$47.1 million and \$70.7 million, respectively.

9. Capital Lease Obligations

At September 30, 2016 and 2015, assets under capital leases included in capital assets were approximately \$19.4 million and \$22.8 million, respectively. The accumulated amortization for these assets was approximately \$10.6 million and \$8.8 million as of September 30, 2016 and 2015, respectively. Amortization expense of approximately \$1.8 million is included in depreciation and amortization expense in the accompanying consolidated basic statements of revenues, expenses and changes in net position for the years ended September 30, 2016 and 2015. At September 30, 2016 and 2015, an approximate obligation of \$10.3 million and \$10.7 million, respectively, was outstanding under the capital leases. During the years ended 2016 and 2015, interest expense of approximately \$1.0 million and \$0.9 million, respectively, was incurred.

Future minimum lease payments are as follows:

(in thousands of dollars)

Years Ending	
2017	\$ 2,778
2018	2,640
2019	2,321
2020	2,047
2021	1,974
Later years	<u>5,192</u>
Total minimum lease payments	16,952
Less: Amount representing interest	<u>(6,692)</u>
Present value of net minimum lease payments	<u>\$ 10,260</u>

10. Retirement Plans

Tax Sheltered Annuity Plan

The System provides a single-employer tax deferred annuity program for all eligible employees who elect to participate in the program. The annuity program is administered by the System. The Lee Memorial Hospital Tax Sheltered Annuity Plan (the "Plan") purchases annuity contracts for participating employees through salary reduction, thereby deferring taxability of these amounts. For employees with one year or more of eligible service, the System participates in the Plan by matching approximately 5% of the participating employees' salaries. The Board of Directors of the System has the sole discretion to amend the Plan and change the contribution amount. Contribution expense incurred by the System in connection with the Plan was \$17.2 million and \$15.3 million for the years ended September 30, 2016 and 2015, respectively.

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Retiree Health Insurance Plan

The System's Self-Funded Employee Health Plan (the "RHI Plan"), which provides medical benefits to active employees, also provides medical benefits to eligible retired employees under a defined benefit postemployment healthcare plan. The System's Board of Directors has the authority to establish and amend the benefit provisions of the RHI Plan which includes the postemployment healthcare benefits.

The contribution requirements of the retiree RHI Plan members and the System are established and may be amended by the System's Board of Directors. Current retiree RHI Plan members who are receiving benefits do not contribute to the RHI Plan as the System covered their health insurance based on current Medicare regulations which made the RHI Plan the secondary payer with Medicare paying as the primary payer.

Effective January 1, 2009, employees who retire at age 65 or later with 20 years of continuous full-time service or equivalent part-time service will receive, if they elect retiree health coverage, a \$2,500 check each year for the rest of their life which will be increased in subsequent years by 2%.

The System is required to expense the annual required contribution ("ARC") of the employer which is an amount that is actuarially determined in accordance with the parameters of GASB Statement No. 45, *Accounting and Financial Reporting by Employers for Postemployment Benefits Other Than Pensions* ("OPEB"). The ARC represents a level of funding that, if paid on an ongoing basis, is projected to cover the normal cost each year and amortize any unfunded actuarially determined liabilities (or funding excess) over a period not to exceed thirty years. The System is currently funding the OPEB on a pay-as-you-go basis so no assets have been segregated and/or restricted to provide the postemployment benefits.

The System's annual OPEB expense of approximately \$3.2 million for the years ended September 30, 2016 and 2015 was equal to the ARC plus interest in the net OPEB obligation less adjustment to the ARC. The following table shows the components of the System's annual OPEB cost for the years ended September 30, 2016 and 2015, the amount actually contributed to the plan and the changes in the net OPEB obligation:

<i>(in thousands of dollars)</i>	2016	2015
Annual required contribution	\$ 3,673	\$ 3,673
Interest on net OPEB obligation	1,141	1,043
Adjustment to annual required contribution	<u>(1,649)</u>	<u>(1,508)</u>
Annual OPEB expense	3,165	3,209
Amount funded	<u>(1,148)</u>	<u>(770)</u>
Increase in net OPEB obligation	2,017	2,439
Net OPEB obligation at beginning of year	<u>28,512</u>	<u>26,073</u>
Net OPEB obligation at end of year	<u>\$ 30,529</u>	<u>\$ 28,512</u>

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Annual pension cost, contribution information and net pension obligation for the last three fiscal years are as follows:

(in thousands of dollars)

Year Ended	Annual OPEB Cost	Percentage of Annual OPEB Cost Contributed	Net OPEB Obligation
September 30, 2014	\$ 4,040	19.2%	\$ 26,073
September 30, 2015	3,209	24.0%	28,512
September 30, 2016	3,165	36.3%	30,529

The schedule of funding progress for the RHI Plan is as follows:

(in thousands of dollars)

Actuarial Valuation Date	Actuarial Accrued Liability (AAL)	Actuarial Value of Assets	Unfunded AAL (UAAL)	Funded Ratio	Covered Payroll	UAAL as a Percentage of Covered Payroll
1/1/2013	\$ 45,432	\$ -	\$ 45,432	0%	\$ 577,681	7.9%
1/1/2015	42,069	-	42,069	0%	609,102	6.9%

Actuarial valuations of an ongoing plan involve estimates of the value or reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality and the healthcare cost trends. Amounts determined regarding the funded status of the plan and the annual required contribution of the employer are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future.

Projections of benefits for financial reporting purposes are based on the substantive plan (the plan as understood by the employer and the plan members) and include the types of benefits provided at the time of each valuation and the historical pattern of sharing benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarially determined accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

In the September 30, 2016 and 2015 expenses, the projected unit credit ("PUC") actuarial cost method was used as the valuation methodology. The objective under PUC is to fund each participant's benefits under the plan as they would accrue. The actuarial assumptions include a 4.0% discount rate and an annual healthcare trend rate of 7.5% initially, reduced each year until an ultimate rate of 4.5% is reached after 14 years. The mortality assumption is the RP 2000 table projected to 2018 using Scale AA. The unfunded actuarial accrued liability is being amortized as a level dollar open amortization over 30 years.

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Defined Benefit Pension Plan

Plan Description

Effective July 1, 1996, the System became the sponsor of the frozen retirement plan of former Cape Coral Medical Center, Inc. employees (the "CCMC Plan"). The CCMC Plan was frozen on September 30, 1995 by the management in place at that time. The CCMC Plan is a noncontributory, single-employer defined benefit plan, administered by a committee appointed by the System. Under the provisions of the CCMC Plan, the System has the authority to make amendments. There have been no new members of the CCMC Plan since the date the CCMC Plan was frozen. The CCMC Plan provides Life-Only annuity benefits to plan members and beneficiaries. An actuarial report is prepared each year effective June 30 and is available from the System. The funding policy of the System is to contribute an amount at least equal to the annual required contribution prescribed by GASB Statement No. 67, *Financial Reporting for Pension Plans – An Amendment of GASB Statement No. 25*, and GASB Statement No. 68 and determined by the actuary. For the years ended September 30, 2016 and 2015, the ARC was \$0.9 million.

Benefits Provided

The Plan provides for retirement and death benefits. Retirement benefits are determined based upon varying formulas dependent on years of service. All employees of the Employer were eligible to participate in the Plan as of the first day of the month coincident with or next following the date on which they completed one Year of Vesting Service. All other employees became participants as of the first day of the month coincident with or next following the completion of one year of service during which they accumulated at least 1,000 hours of service. No new participants entered after September 30, 1995, unless they had previously been participants before September 30, 1995.

The accrued benefit is calculated using the formula for the Normal Retirement Benefit, based upon the Average Monthly Compensation and Years of Benefit Service as of the date of the calculation. The Accrued Benefit is payable at the Normal Retirement Date in the Normal Form of Payment. Accrued Benefits were frozen as of September 30, 1995. The Normal Retirement Benefit is calculated by taking 2% of the Average Monthly Compensation multiplied by Years of Benefit Service up to a maximum of 20 years. Benefit terms also provide for annual cost-of-living adjustments to retired participants based upon the Secretary of the Treasury for cost-of-living increases.

Employees Covered by Benefit Terms

At July 1, 2016, the measurement date for the pension liability, the following employees were covered by the benefit terms:

Participant data as of July 1, 2016	
Active	122
Terminated vested	475
Retired	390
	<hr/>
	987
	<hr/>

Contributions

The Plan Sponsor's funding policy is to make contributions to meet the minimum funding requirements of Internal Revenue Code Sections 412(a) and 430 as determined by an independent actuary. Additionally, the Plan Sponsor may contribute an amount above the required contribution. The Plan Sponsor's contributions of approximately \$0.9 million for the years ended September 30, 2016 and 2015 meet the minimum funding requirements of ERISA.

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Net Pension Liability

The System's net pension liability was measured as of July 1, 2016, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of September 30, 2016.

The total pension liability in the September 30, 2016 actuarial valuation was determined using the following actuarial assumptions, applied to all periods in the measurement:

Inflation	2.1%
Investment Rate of Return	7.75%, net of pension plan investment expense, including inflation
Salary increases	Not applicable due to plan freeze

As of September 30, 2015, mortality rates were based upon the RP-2014 mortality tables projected with mortality improvements to the valuation year plus an additional 7 years for annuitants and an additional 15 years for nonannuitants based on Scale AA.

Effective September 30, 2016, the assumption for mortality has been changed from RP-2014 mortality with fully generational projections using Scale MP-2014 to RP-2006 mortality with fully generational projections using Scale MP-2015. The change was made based on a recommendation of the Society of Actuaries.

The actuarial assumptions used in the September 30, 2016 valuation related to retirement and termination rates were based on the results of an actual experience study for the period October 1, 2006 through September 30, 2010.

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 real rates of return (expected returns, net of plan investment expenses 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 adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Allocation	Real Rate of Return
Domestic Equity	57.0%	4.40%
Corporate Fixed Income	12.0%	3.20%
Government Fixed Income	24.0%	1.20%
Real Estate	5.0%	3.40%
Cash	2.0%	0.20%
Total	<u>100.0%</u>	

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The discount rate used to measure the total pension liability was 7.75%. The projection of cash flows used to determine the discount rate assumed that employer contributions will be made in amounts equal to the actuarially determined contributions. Based on that assumption, 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.

Changes in the net pension liability (asset) are summarized in the following table:

(in thousands of dollars)

	Increase (Decrease)		
	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability
	(a)	(b)	(a)-(b)
Balances at October 1, 2015	\$ 26,481	\$ 23,729	\$ 2,752
Changes for the year:			
Interest	1,992	-	1,992
Difference between expected and actual experience	416	-	416
Changes of assumptions	(402)	-	(402)
Employer contributions	-	903	(903)
Net investment income	-	260	(260)
Benefit payments	(1,586)	(1,586)	-
Administrative expense	-	(105)	105
Net changes	420	(528)	948
Balances at September 30, 2016	\$ 26,901	\$ 23,201	\$ 3,700

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following presents the System's net pension liability calculated using the discount rate of 7.75%, as well as the net pension liability using a discount rate that is 1% lower (6.75%) or 1% higher (8.75%):

(in thousands of dollars)

	1% Decrease (6.75%)	Current Discount Rate (7.75%)	1% Increase (8.75%)
Net pension liability (asset)	\$ 6,423	\$ 3,700	\$ 1,378

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Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Defined Benefit Pension

The System recognized pension benefit expense of approximately \$0.8 million and \$2.7 million for the years ended September 30, 2016 and 2015, respectively. At September 30, 2016, the System reported deferred outflows of resources and deferred inflows of resources related to defined benefit pension from the following sources:

(in thousands of dollars)

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$ -	\$ -
Changes of assumptions	-	-
Net differences between projected and actual earnings on pension plan investments	2,057	-
Contributions made during the year ended September 30, 2016 not yet recognized in net fiduciary position	226	N/A
Total	<u>\$ 2,283</u>	<u>\$ -</u>

Amounts reported as deferred outflows of resources and deferred inflows of resources related to defined benefit pension will be recognized in pension expense as follows:

(in thousands of dollars)

Year ended September 30,

2017	\$ 582
2018	582
2019	582
2020	311
Thereafter	-

Payable to the Defined Benefit Pension Plan

As of September 30, 2016 and 2015, there are no payables to the Plan.

11. Commitments and Contingencies

Operating Leases

The System leases various equipment, office space and land under operating leases, which expire at various times. Total rental expense for all operating leases was approximately \$10.1 million and \$9.7 million for the years ended September 30, 2016 and 2015, respectively.

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The remaining rental commitments under operating leases that have initial or remaining noncancelable lease terms in excess of one year are approximately as follows:

(in thousands of dollars)

Year Ending September 30,	
2017	\$ 3,909
2018	2,067
2019	1,103
2020	698
2021	403
Thereafter	43,182
	<u>\$ 51,362</u>

Professional Liability Insurance

The System is subject to various medical malpractice claims arising in the normal course of its business activities. The System is self-insured for professional liability claims and is relying on a limitation of its liability established by the Waiver of Sovereign Immunity Act of the State of Florida (the "Act"). The Act limits the amount of damages the Hospital would be required to pay up to \$100,000 per claimant or \$200,000 per incident. Effective October 1, 2011, the sovereign immunity limits in Florida have been increased to \$200,000 per claimant or \$300,000 per incident. In 1986, the Florida Supreme Court affirmed the constitutionality of the Act and its applicability to public hospitals. Various suits and claims arising in the ordinary course of business are pending against the System. Management is of the opinion that future potential uninsured losses from incidents occurring prior to September 30, 2016, if any, will not be materially different from the amounts recorded in the accompanying consolidated basic financial statements.

The System has been named as a defendant in a number of malpractice lawsuits. In the event that a claim exceeds its sovereign immunity level, the System may incur charges in excess of its established reserves that could have an adverse impact on the System's change in net position and net cash flows in the period in which it is recorded or paid. The Act provides that with regard to judgments exceeding those limits, that the plaintiff may seek enactment of a legislative claim bill by the Florida Legislature, seeking recovery of an amount in excess of those limits. A claims bill must be presented and sponsored by a Senator or Representative of the State of Florida, passed through Committee, and signed by the Governor of Florida according to Florida Statute 768.28. Without waiving its entitlement to the rights and benefits of the Florida Waiver of Sovereign Immunity Act, the System has insurance protection not to exceed \$25 million, subject to a \$5 million per claim self-insured retention. This excess insurance is written on a claims-made basis, effective August 1, 2012, with a retroactive date of May 1, 2010. In accordance with Florida law, the purchase of this insurance does not operate as a waiver of the limits on damages as described above. Management does not record a liability for estimated malpractice claims in excess of the liability established pursuant to the Act until claim is approved for settlement through the claims bill process.

On March 8, 2012, a \$15 million claim was approved for settlement through the claims bill process. At September 30, 2012, the System fully recorded the liability in accounts payable and other noncurrent liabilities in the accompanying consolidated basic statement of net position and in supplies and other services in the accompanying consolidated basic statement of revenues, expenses and changes in net position for the year ended September 30, 2012. As of September 30, 2016, the System has \$1.0 million remaining in the consolidated basic statement of net position related to this settlement, all of which is recorded in other current liabilities.

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Management of the System has established a liability that provides for estimated malpractice claims identified under the System's risk management program based on several factors including the nature of each claim, past experience, advice from legal counsel and actuarial studies which reflect liabilities discounted at 4% for the years ended September 30, 2016 and 2015. The estimated claims incurred, payments on claims and the balance of the reserve for professional liability claims for the years ended September 30, 2016 and 2015, excluding the amounts payable pursuant to the claims bill process described above, were as follows:

<i>(in thousands of dollars)</i>	2016	2015
Amount of claims liabilities at the beginning of the year	\$ 15,153	\$ 13,454
Incurred claims	5,773	3,636
Payments on claims attributable to events of both the current fiscal year and prior fiscal years	<u>(5,701)</u>	<u>(1,937)</u>
Amount of claims liabilities at the end of the year	<u>\$ 15,225</u>	<u>\$ 15,153</u>

Cape Coral Hospital, Inc.'s and Lee Memorial Home Health, Inc.'s professional malpractice liability insurance is covered under the System's established program under the Act, effective for claims occurring on or after October 1, 2001 and January 1, 2005, respectively.

The System's Board of Directors opted to cover its nursing home for professional liability using its established program under the Act, effective for claims occurring on and after October 1, 2000.

As a provider of health care services, the System is subject to malpractice claims and litigation through the normal course of operations. Losses which are subject to the deductible provisions have been estimated and accrued in the accompanying consolidated basic financial statements. The System has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Management believes the established reserves are adequately stated as of September 30, 2016 and 2015.

Health Insurance

The System is self-insured for group health insurance. Expenses net of employee contributions under this program amounted to approximately \$73.2 million and \$61.0 million for the years ended September 30, 2016 and 2015, respectively. The total reserve for group health insurance claims payable, including an estimate for incurred but not reported claims, was approximately \$8.2 million and \$9.1 million at September 30, 2016 and 2015, respectively. Management believes the established reserve is adequately stated as of September 30, 2016 and 2015. The estimated claims incurred, payments on claims and the balance of reserves for group health insurance claims for the years ended September 30, 2016 and 2015 were as follows:

<i>(in thousands of dollars)</i>	2016	2015
Amount of claims liabilities at the beginning of the year	\$ 9,144	\$ 9,600
Incurred claims	91,137	82,850
Payments on claims attributable to events of both the current fiscal year and prior fiscal years	<u>(92,035)</u>	<u>(83,306)</u>
Amount of claims liabilities at the end of the year	<u>\$ 8,246</u>	<u>\$ 9,144</u>

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Workers' Compensation Insurance

The System is self-insured for workers' compensation insurance. Management of the System has established a liability for these types of claims based on actuarial evaluations in 2016 and 2015. The reserve for workers' compensation claims included in the consolidated basic financial statements was discounted at a rate of 4% for the years ended September 30, 2016 and 2015. The estimated claims incurred, payments on claims and the balance of the reserve for workers' compensation claims for the years ended September 30, 2016 and 2015 were as follows:

<i>(in thousands of dollars)</i>	2016	2015
Amount of claims liabilities at the beginning of the year	\$ 12,872	\$ 11,916
Incurred claims	3,416	3,764
Payments on claims attributable to events of both the current fiscal year and prior fiscal years	<u>(3,079)</u>	<u>(2,808)</u>
Amount of claims liabilities at the end of the year	<u>\$ 13,209</u>	<u>\$ 12,872</u>

Other Industry Risks

The health care industry is subject to numerous complex laws and regulations imposed by federal, state, and local governments. Compliance with these laws and regulations can be subject to government review and interpretation by both the System with respect to implementation as well as the government with respect to retrospective review. 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.

From time to time, the System receives requests for certain information from governmental agencies, and with the assistance of legal counsel, submits the required information. Management believes that the System is in compliance with current laws and regulations. To the extent that issues with noncompliance are identified, the System's management takes the appropriate steps to correct such matters. Management of the System believes that the exposure from any such matters would not have a material effect on the consolidated basic financial statements of the System.

Litigation

The System is involved in litigation and regulatory examinations arising in the normal course of business. After consultation with legal counsel, management believes that these matters will be resolved without material adverse effect on the System's future consolidated financial position, results of operations or cash flows.

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12. Related Party Transactions and Relationships

Prior to September 1, 2010, the System had a 50% ownership interest in a joint venture with another local-area governmental health care system. On September 1, 2010, the System along with the other governmental health care system sold a combined 11.11% interest to a third healthcare system which resulted in a new ownership interest for the System of 44.445%. The System is accounting for its interest in the joint venture under the equity method of accounting. The purpose of the joint venture was to develop a regional service center, LeeSar, Inc. ("LeeSar"), to meet the materials services and distribution needs of both health care systems. The investment in LeeSar, which is included in long-term other assets, was approximately \$17.6 million and \$16.0 million at September 30, 2016 and 2015, respectively. Excess of revenues over expenses for LeeSar was approximately \$3.7 million and \$4.5 million for the years ended September 30, 2016 and 2015, respectively.

The System has a 50% ownership interest in Bonita Community Health Center ("BCHC"), a not-for-profit organization. BCHC operates an urgent care center, an ambulatory surgical care center, a diagnostic imaging center and an outpatient rehabilitation center in Estero, Florida. Additionally, BCHC leases office space to physicians and other healthcare providers. The investment in BCHC is accounted for using the equity method. In conjunction with the issuance of long-term debt for the construction and equipping of the BCHC facility, the System has provided an unconditional guarantee to pay 50% of the obligations related to this debt should BCHC default. As of September 30, 2016 and 2015, total long-term debt outstanding net of current installments at BCHC was approximately \$20.3 million and \$21.2 million, respectively. BCHC had net losses of approximately \$1.7 million for the year ended September 30, 2016, and net losses of approximately \$1.6 million for the year ended September 30, 2015.

Access Medical South was a partnership between Morton Plant Hospital Association and the System to provide durable medical equipment services in which the System's ownership was 50%. The System accounted for its ownership under the equity method. On July 1, 2015, the partnership between the System and Morton Plant Hospital Association was dissolved and the System now has sole ownership of Access Medical South.

Lee Memorial Health System
Notes to Consolidated Basic Financial Statements
September 30, 2016 and 2015

13. Major Component Unit Information

GASB No. 61, *The Financial Reporting Entity: Omnibus – an amendment of GASB Statements No. 14 and No. 34*, requires disclosure of condensed combining information for major blended component units, including a condensed statement of net position, a condensed statement of revenues, expenses and changes in net position, and a condensed statement of cash flows. Cape Memorial Hospital, Inc. is the System's only major component unit. A statement of net position and a statement of revenues, expenses and changes in net position are presented in the accompanying supplemental consolidating information. The condensed statement of cash flows of Cape Memorial Hospital, for the year ended September 30, 2016, is as follows:

(in thousands of dollars)

	System (excluding Cape Memorial Hospital, Inc.)	Cape Memorial Hospital, Inc.	Total
Net cash provided by (used in)			
Operating activities	\$ 133,471	\$ 48,611	\$ 182,082
Noncapital financing activities	72,898	(33,550)	39,348
Capital and related financing activities	(203,415)	(15,094)	(218,509)
Investment activities	(17,250)	33	(17,217)
	<u>(14,296)</u>	<u>-</u>	<u>(14,296)</u>
Cash and cash equivalents			
Beginning of year	57,560	-	57,560
End of year	<u>\$ 43,264</u>	<u>\$ -</u>	<u>\$ 43,264</u>

The condensed statement of cash flows of Cape Memorial Hospital, for the year ended September 30, 2015, is as follows:

(in thousands of dollars)

	System (excluding Cape Memorial Hospital, Inc.)	Cape Memorial Hospital, Inc.	Total
Net cash provided by (used in)			
Operating activities	\$ 176,272	\$ 64,516	\$ 240,788
Noncapital financing activities	72,175	(37,296)	34,879
Capital and related financing activities	(101,449)	(28,486)	(129,935)
Investment activities	(145,327)	1,266	(144,061)
	<u>1,671</u>	<u>-</u>	<u>1,671</u>
Cash and cash equivalents			
Beginning of year	55,889	-	55,889
End of year	<u>\$ 57,560</u>	<u>\$ -</u>	<u>\$ 57,560</u>

REQUIRED SUPPLEMENTARY INFORMATION
(UNAUDITED)

Lee Memorial Health System
Schedule of Changes in the Net Pension Liability and Related Ratios (Unaudited)
October 1, 2013 through September 30, 2016

<i>(in thousands of dollars)</i>	2016	2015	2014
Total pension liability			
Service cost	\$ -	\$ -	\$ -
Interest	1,992	1,955	-
Changes of benefit terms	-	-	-
Differences between expected and actual experience	416	45	-
Changes of assumptions	(402)	-	-
Benefit payments	(1,586)	(1,458)	-
Net change in total pension liability	420	542	-
Total pension liability – beginning	26,481	25,939	-
Total pension liability – ending (a)	<u>\$ 26,901</u>	<u>\$ 26,481</u>	<u>\$ 25,939</u>
Plan fiduciary net position			
Employer contributions	\$ 903	\$ 977	\$ -
Net investment income	260	463	-
Benefit payments	(1,586)	(1,458)	-
Administrative expense	(105)	(108)	-
Net change in plan fiduciary net position	(528)	(126)	-
Plan fiduciary net position – beginning	23,729	23,855	-
Plan fiduciary net position – ending (b)	<u>\$ 23,201</u>	<u>\$ 23,729</u>	<u>\$ 23,855</u>
Net pension liability (asset) – ending (a)-(b)	<u>\$ 3,700</u>	<u>\$ 2,752</u>	<u>\$ 2,084</u>
Plan fiduciary net position as a percentage of total pension liability	86.25%	89.61%	91.97%
Covered employee payroll	Not Applicable due to plan freeze		
Net pension liability (asset) as a percentage of covered employee payroll	Not Applicable due to plan freeze		

* Opening balances established for purpose of GASB No. 68 year-one disclosure requirements effective 10/1/2014.

Lee Memorial Health System
Schedule of Employer Contributions (Unaudited)
October 1, 2013 through September 30, 2016

<i>(in thousands of dollars)</i>	2016	2015	2014
Actuarially determined contribution	\$ 903	\$ 949	\$ 1,062
Contributions in relation to the actuarially determined contribution	<u>903</u>	<u>949</u>	<u>1,062</u>
Contribution deficiency (excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Covered employee payroll	Not Applicable due to plan freeze		
Contributions as a percentage of covered - employee payroll	Not Applicable due to plan freeze		

Notes to Schedule

Valuation date	July 1, 2015
Actuarial cost method	Unit Credit with various closed amortization periods for unfunded liability
Asset valuation method	5 year smoothing
Investment rate of return	7.75% net of pension plan investment expense, including inflation
Salary increase	Not Applicable due to plan freeze
IRS Limit Increases	2.50%
Retirement age	65

SUPPLEMENTAL CONSOLIDATING INFORMATION

Lee Memorial Health System
Consolidating Basic Statement of Net Position
September 30, 2016

Schedule I

(in thousands of dollars)

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Eliminations	Total
Assets										
Current assets										
Cash and cash equivalents	\$ 10,023	\$ -	\$ -	\$ 3	\$ -	\$ 1	\$ -	\$ 33,237	\$ -	\$ 43,264
Short-term investments	943,046	-	-	-	-	-	-	-	-	943,046
Assets whose use is restricted	342	-	7,692	-	-	-	-	-	-	8,034
Patient accounts receivable, net	125,191	23,099	36,170	910	1,752	2,163	35	-	-	189,320
Inventories	16,146	4,386	9,845	-	220	20	43	-	-	30,660
Other current assets	24,739	671	1,175	-	19	15	-	7,279	-	33,898
Total current assets	<u>1,119,487</u>	<u>28,156</u>	<u>54,882</u>	<u>913</u>	<u>1,991</u>	<u>2,199</u>	<u>78</u>	<u>40,516</u>	<u>-</u>	<u>1,248,222</u>
Noncurrent assets										
Assets whose use is restricted	658	-	-	-	-	7	-	23,600	-	24,265
Capital assets, net	536,294	85,125	232,458	93	769	4,588	865	37	-	860,229
Due from subsidiaries	-	258,228	-	-	(14,170)	-	-	-	(244,058) (a)	-
Other assets, net	(b) 30,433	537	1,033	-	4	-	-	5,292	-	37,299
Total assets	<u>1,686,872</u>	<u>372,046</u>	<u>288,373</u>	<u>1,006</u>	<u>(11,406)</u>	<u>6,794</u>	<u>943</u>	<u>69,445</u>	<u>(244,058)</u>	<u>2,170,015</u>
Deferred outflows of resources										
Deferred loss on debt refunding	3,721	1,700	196	-	-	-	-	-	-	5,617
Excess consideration provided for acquisition	3,686	8,757	92,211	-	-	-	-	-	-	104,654
Total deferred outflows of resources	<u>\$ 7,407</u>	<u>\$ 10,457</u>	<u>\$ 92,407</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 110,271</u>

(a) To eliminate intercompany receivables and payables.

(b) Elimination of investments in subsidiaries included in this item.

Lee Memorial Health System
Consolidating Basic Statement of Net Position
September 30, 2016

Schedule I

(in thousands of dollars)

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Eliminations	Total
Liabilities										
Current liabilities										
Accounts payable	\$ 53,254	\$ 910	\$ 729	\$ 655	\$ 43	\$ 100	\$ -	\$ 1	\$ -	\$ 55,692
Current installments of long-term debt	30,766	1,230	4,325	-	-	-	-	-	-	36,321
Accrued expenses										
Employee compensation	28,483	4,105	5,963	285	621	419	70	89	-	40,035
Interest	425	35	7,848	-	-	-	-	-	-	8,308
Other	26,196	4,551	5,512	9	-	427	-	49	-	36,744
Estimated third-party payor settlements	33,789	9,434	16,084	-	-	-	-	-	-	59,307
Total current liabilities	172,913	20,265	40,461	949	664	946	70	139	-	236,407
Noncurrent liabilities										
Long-term debt, excluding current installments	238,854	63,605	367,202	-	-	-	-	-	-	669,661
Due to subsidiaries	305,442	-	(78,398)	(158)	-	10,710	3,663	2,799	(244,058) (a)	-
Other liabilities	57,681	10,870	11,590	215	1,012	1,223	3	275	-	82,869
Total liabilities	774,890	94,740	340,855	1,006	1,676	12,879	3,736	3,213	(244,058)	988,937
Deferred inflows of resources										
Deferred inflows on pension	5,468	-	-	-	-	-	-	-	-	5,468
Total deferred inflows of resources	5,468	-	-	-	-	-	-	-	-	5,468
Net position										
Restricted for										
Nonexpendable	-	-	-	-	-	-	-	5,992	-	5,992
Expendable	-	-	-	-	-	-	-	58,232	-	58,232
Net investment in capital assets	266,674	20,289	(139,068)	93	769	4,588	865	37	-	154,247
Unrestricted	(b) 647,247	267,474	178,993	(93)	(13,851)	(10,673)	(3,658)	1,971	-	1,067,410
Total net position	\$ 913,921	\$ 287,763	\$ 39,925	\$ -	\$ (13,082)	\$ (6,085)	\$ (2,793)	\$ 66,232	\$ -	\$ 1,285,881

(a) To eliminate intercompany receivables and payables.

(b) Elimination of investments in subsidiaries included in this item.

Lee Memorial Health System
Consolidating Basic Statement of Net Position
September 30, 2015

Schedule I

(in thousands of dollars)

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Eliminations	Total
Assets										
Current assets										
Cash and cash equivalents	\$ 19,656	\$ -	\$ -	\$ 3	\$ -	\$ -	\$ -	\$ 37,901	\$ -	\$ 57,560
Short-term investments	854,561	-	-	-	-	-	-	-	-	854,561
Assets whose use is restricted	323	-	7,719	-	-	-	-	-	-	8,042
Patient accounts receivable, net	105,758	22,115	35,826	670	1,375	2,137	19	-	-	167,900
Inventories	16,125	4,057	9,964	-	189	26	-	-	-	30,361
Other current assets	23,421	525	1,026	-	348	14	-	9,164	-	34,498
Total current assets	1,019,844	26,697	54,535	673	1,912	2,177	19	47,065	-	1,152,922
Noncurrent assets										
Assets whose use is restricted	718	-	-	-	-	7	-	28,927	-	29,652
Capital assets, net	454,134	84,694	225,886	48	564	4,709	581	31	-	770,647
Due from subsidiaries	-	224,839	-	-	(6,296)	-	-	-	(218,543) (a)	-
Other assets, net	(b) 25,656	549	582	-	4	-	-	5,294	-	32,085
Total assets	1,500,352	336,779	281,003	721	(3,816)	6,893	600	81,317	(218,543)	1,985,306
Deferred outflows of resources										
Deferred loss on debt refunding	4,228	1,924	214	-	-	-	-	-	-	6,366
Excess consideration provided for acquisition	1,409	9,243	94,638	-	-	-	-	-	-	105,290
Total deferred outflows of resources	\$ 5,637	\$ 11,167	\$ 94,852	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 111,656

(a) To eliminate intercompany receivables and payables.

(b) Elimination of investments in subsidiaries included in this item.

Lee Memorial Health System
Consolidating Basic Statement of Net Position
September 30, 2015

Schedule I

(in thousands of dollars)

	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Eliminations	Total
Liabilities										
Current liabilities										
Accounts payable	\$ 60,182	\$ 1,024	\$ 809	\$ 639	\$ 12	\$ 280	\$ -	\$ -	\$ -	\$ 62,946
Current installments of long-term debt	26,776	1,820	5,281	-	-	-	-	-	-	33,877
Accrued expenses										
Employee compensation	18,970	3,190	4,270	189	474	396	47	54	-	27,590
Interest	648	291	7,877	-	-	-	-	-	-	8,816
Other	26,057	4,379	5,360	10	-	436	-	49	-	36,291
Estimated third-party payor settlements	19,867	10,221	12,962	-	-	-	-	-	-	43,050
Total current liabilities	152,500	20,925	36,559	838	486	1,112	47	103	-	212,570
Noncurrent liabilities										
Long-term debt, excluding current installments	243,898	64,836	371,844	-	-	-	-	-	-	680,578
Due to subsidiaries	260,801	-	(53,042)	(362)	-	8,245	1,404	1,497	(218,543) (a)	-
Other liabilities	59,575	9,966	10,940	245	876	1,151	11	272	-	83,036
Total liabilities	716,774	95,727	366,301	721	1,362	10,508	1,462	1,872	(218,543)	976,184
Deferred inflows of resources										
Deferred inflows on pension	5,584	-	-	-	-	-	-	-	-	5,584
Total deferred inflows of resources	5,584	-	-	-	-	-	-	-	-	5,584
Net position										
Restricted for										
Nonexpendable	-	-	-	-	-	-	-	5,887	-	5,887
Expendable	-	-	-	-	-	-	-	71,776	-	71,776
Net investment in capital assets	183,460	18,039	(151,239)	48	564	4,709	581	31	-	56,193
Unrestricted	(b) 600,171	234,160	160,793	(48)	(5,742)	(8,324)	(1,443)	1,751	-	981,318
Total net position	\$ 783,631	\$ 252,199	\$ 9,554	\$ -	\$ (5,178)	\$ (3,615)	\$ (862)	\$ 79,445	\$ -	\$ 1,115,174

(a) To eliminate intercompany receivables and payables.

(b) Elimination of investments in subsidiaries included in this item.

Lee Memorial Health System
Consolidating Basic Statement of Revenues, Expenses and Changes in Net Position
September 30, 2016

Schedule II

(in thousands of dollars)

	Lee Memorial Hospital	Physicians	Others	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Total
Operating revenues												
Net patient service revenue	\$ 812,285	\$ 174,179	\$ 1,321	\$ 987,785	\$ 226,193	\$ 347,097	\$ 2,924	\$ 11,255	\$ 14,655	\$ 502	\$ -	\$ 1,590,411
Other revenue	12,693	3,566	8,856	25,115	5,120	4,902	743	411	42	648	3,535	40,516
Total operating revenues	<u>824,978</u>	<u>177,745</u>	<u>10,177</u>	<u>1,012,900</u>	<u>231,313</u>	<u>351,999</u>	<u>3,667</u>	<u>11,666</u>	<u>14,697</u>	<u>1,150</u>	<u>3,535</u>	<u>1,630,927</u>
Operating expenses												
Salaries, wages and benefits	354,062	207,271	5,468	566,801	107,707	153,459	6,136	15,509	11,840	2,199	2,100	865,751
Supplies and other services	217,080	29,038	2,577	248,695	54,786	101,891	120	2,050	3,042	287	1,179	412,050
Purchased services	63,045	56,867	689	120,601	19,838	25,937	(6,077)	1,512	1,759	430	191	164,191
Depreciation and amortization	39,724	5,003	561	45,288	11,207	24,175	31	494	520	148	27	81,890
Total operating expenses	<u>673,911</u>	<u>298,179</u>	<u>9,295</u>	<u>981,385</u>	<u>193,538</u>	<u>305,462</u>	<u>210</u>	<u>19,565</u>	<u>17,161</u>	<u>3,064</u>	<u>3,497</u>	<u>1,523,882</u>
Operating income (loss)	<u>151,067</u>	<u>(120,434)</u>	<u>882</u>	<u>31,515</u>	<u>37,775</u>	<u>46,537</u>	<u>3,457</u>	<u>(7,899)</u>	<u>(2,464)</u>	<u>(1,914)</u>	<u>38</u>	<u>107,045</u>
Nonoperating items												
Interest expense	(2,723)	(1,062)	-	(3,785)	(2,145)	(16,158)	-	(5)	(1)	(17)	(1)	(22,112)
Investment income, including realized and unrealized gains on investments	71,310	-	95	71,405	33	56	-	-	-	-	312	71,806
Contributions and grants	-	-	-	-	-	-	-	-	-	-	(14,182)	(14,182)
Investment activity on restricted nonexpendable investments	-	-	-	-	-	-	-	-	-	-	743	743
Loss on sale of capital assets	(568)	(14)	(13)	(595)	(100)	(64)	-	-	(5)	-	-	(764)
Other	31,809	-	(59)	31,750	1	-	(3,457)	-	-	-	(123)	28,171
Total nonoperating income (loss)	<u>99,828</u>	<u>(1,076)</u>	<u>23</u>	<u>98,775</u>	<u>(2,211)</u>	<u>(16,166)</u>	<u>(3,457)</u>	<u>(5)</u>	<u>(6)</u>	<u>(17)</u>	<u>(13,251)</u>	<u>63,662</u>
Increase (decrease) in net position	<u>\$ 250,895</u>	<u>\$ (121,510)</u>	<u>\$ 905</u>	<u>130,290</u>	<u>35,564</u>	<u>30,371</u>	<u>-</u>	<u>(7,904)</u>	<u>(2,470)</u>	<u>(1,931)</u>	<u>(13,213)</u>	<u>170,707</u>
Net position												
Beginning of year				783,631	252,199	9,554	-	(5,178)	(3,615)	(862)	79,445	1,115,174
End of year				<u>\$ 913,921</u>	<u>\$ 287,763</u>	<u>\$ 39,925</u>	<u>\$ -</u>	<u>\$ (13,082)</u>	<u>\$ (6,085)</u>	<u>\$ (2,793)</u>	<u>\$ 66,232</u>	<u>\$ 1,285,881</u>

* For purposes of the consolidating basic statement of revenues, expenses and changes in net position, "Total Lee Memorial Hospital" is comprised of Lee Memorial Hospital, Physicians, and Others and is shown separately for Agency for HealthCare Administration reporting purposes only.

Lee Memorial Health System
Consolidating Basic Statement of Revenues, Expenses and Changes in Net Position
September 30, 2015

Schedule II

(in thousands of dollars)

	Lee Memorial Hospital	Physicians	Others	Total Lee Memorial Hospital	Cape Memorial Hospital, Inc.	Gulf Coast Medical Center	Lee County Trauma Services District	Lee Memorial Home Health, Inc.	Health Park Care Center, Inc.	Lee Community Healthcare, Inc.	Lee Memorial Health System Foundation, Inc.	Total
Operating revenues												
Net patient service revenue	\$ 736,140	\$ 142,093	\$ 1,320	\$ 879,553	\$ 204,613	\$ 318,977	\$ 2,660	\$ 10,154	\$ 14,222	\$ 495	\$ -	\$ 1,430,674
Other revenue	29,165	3,970	10,582	43,717	9,343	7,850	522	525	66	1,500	3,346	66,869
Total operating revenues	<u>765,305</u>	<u>146,063</u>	<u>11,902</u>	<u>923,270</u>	<u>213,956</u>	<u>326,827</u>	<u>3,182</u>	<u>10,679</u>	<u>14,288</u>	<u>1,995</u>	<u>3,346</u>	<u>1,497,543</u>
Operating expenses												
Salaries, wages and benefits	323,958	164,965	5,092	494,015	101,257	143,410	5,563	12,778	11,266	1,611	2,060	771,960
Supplies and other services	199,713	24,269	2,785	226,767	50,229	95,463	92	1,530	3,134	185	1,293	378,693
Purchased services	57,209	40,368	1,177	98,754	19,008	25,409	(5,756)	1,012	1,185	456	255	140,323
Depreciation and amortization	36,372	4,651	555	41,578	11,474	24,863	40	611	486	35	29	79,116
Total operating expenses	<u>617,252</u>	<u>234,253</u>	<u>9,609</u>	<u>861,114</u>	<u>181,968</u>	<u>289,145</u>	<u>(61)</u>	<u>15,931</u>	<u>16,071</u>	<u>2,287</u>	<u>3,637</u>	<u>1,370,092</u>
Operating income (loss)	<u>148,053</u>	<u>(88,190)</u>	<u>2,293</u>	<u>62,156</u>	<u>31,988</u>	<u>37,682</u>	<u>3,243</u>	<u>(5,252)</u>	<u>(1,783)</u>	<u>(292)</u>	<u>(291)</u>	<u>127,451</u>
Nonoperating items												
Interest expense	(3,907)	(1,085)	(5)	(4,997)	(2,866)	(16,085)	-	(7)	(4)	-	(2)	(23,961)
Investment (loss) income, including realized and unrealized gains on investments	(17,200)	-	85	(17,115)	43	60	-	-	-	-	277	(16,735)
Contributions and grants	-	-	-	-	-	-	-	-	-	-	(1,742)	(1,742)
Investment activity on restricted nonexpendable investments	-	-	-	-	-	-	-	-	-	-	(265)	(265)
Loss on sale of capital assets	(427)	(87)	-	(514)	(214)	(88)	-	(1)	(2)	-	-	(819)
Other	26,112	-	515	26,627	4	-	(3,243)	(78)	-	-	(159)	23,151
Total nonoperating income (loss)	<u>4,578</u>	<u>(1,172)</u>	<u>595</u>	<u>4,001</u>	<u>(3,033)</u>	<u>(16,113)</u>	<u>(3,243)</u>	<u>(86)</u>	<u>(6)</u>	<u>-</u>	<u>(1,891)</u>	<u>(20,371)</u>
Increase (decrease) in net position	<u>\$ 152,631</u>	<u>\$ (89,362)</u>	<u>\$ 2,888</u>	<u>66,157</u>	<u>28,955</u>	<u>21,569</u>	<u>-</u>	<u>(5,338)</u>	<u>(1,789)</u>	<u>(292)</u>	<u>(2,182)</u>	<u>107,080</u>
Net position												
Beginning of year				717,474	223,244	(12,015)	-	160	(1,826)	(570)	81,627	1,008,094
End of year				<u>\$ 783,631</u>	<u>\$ 252,199</u>	<u>\$ 9,554</u>	<u>\$ -</u>	<u>\$ (5,178)</u>	<u>\$ (3,615)</u>	<u>\$ (862)</u>	<u>\$ 79,445</u>	<u>\$ 1,115,174</u>

* For purposes of the consolidating basic statement of revenues, expenses and changes in net position, "Total Lee Memorial Hospital" is comprised of Lee Memorial Hospital, Physicians, and Others and is shown separately for Agency for HealthCare Administration reporting purposes only.

The accompanying notes are an integral part of these consolidated basic financial statements.

SUPPLEMENTAL SCHEDULES

Lee Memorial Health System
Schedule of Expenditures of Federal Awards
Year Ended September 30, 2016

Grantor/Pass-Through Grantor/Program or Cluster Title	CFDA#	Pass-Through Entity Identification Number	Federal Expenditures
U.S. Department of Health and Human Services:			
<i>Passed through from the Healthy Start Coalition of Southwest Florida, Inc.:</i>			
Medicaid Cluster:			
Care Coordination	93.778	N/A	\$ 547,298
Prenatal Care	93.778	N/A	2,266
Diabetes Nutrition	93.778	N/A	824
Momcare/SOBRA	93.778	N/A	4,926
Initial Contact	93.778	N/A	26,278
Subtotal Medicaid Cluster			<u>581,592</u>
Nurse-Family Partnership	93.505	N/A	125,699
Nurse-Family Partnership	93.505	N/A	48,567
Total Passed through from the Healthy Start Coalition of Southwest Florida, Inc.			<u>755,858</u>
<i>Passed through from the Central Florida Behavioral Health Network:</i>			
TANF Cluster:			
Department of Children & Families	93.558	QB022	22,853
Department of Children & Families	93.558	QB022-16	1,792
Subtotal TANF Cluster			<u>24,645</u>
Total Passed through from the Central Florida Behavioral Health Network			<u>24,645</u>
<i>Passed through from the Florida Department of Health:</i>			
National Bioterrorism Hospital Preparedness Program	93.889	COP2H	31,200
Total Passed through from the Florida Department of Health			<u>31,200</u>
TOTAL EXPENDITURES OF FEDERAL AWARDS			<u>\$ 811,703</u>

The accompanying note is an integral part of this Schedule of Expenditures of Federal Awards.

Lee Memorial Health System
Schedule of Expenditures of State Financial Assistance
Year Ended September 30, 2016

Grantor/Pass-Through Grantor/Program or Cluster Title	CSFA#	Contract Identification Number	Program or Award Amount	Grant Period	State Expenditures
<i>Passed through from the State of Florida Department of Elder Affairs:</i>					
Alzheimer's Disease Initiative	65.002	XZ513-A1	\$ 272,801	7/1/15-6/30/16	\$ 167,101
Total State of Florida Department of Elder Affairs					<u>167,101</u>
<i>Passed through from the Healthy Start Coalition of Southwest Florida, Inc.:</i>					
Care Coordination	93.778	N/A	944,804	7/1/15-6/30/16	312,383
Initial contact	93.778	N/A	\$13 per form	7/1/15-6/30/16	17,519
Momcare	93.778	N/A	\$6.50 per form	7/1/15-6/30/16	3,284
Total Healthy Start Coalition of Southwest Florida, Inc.					<u>333,186</u>
<i>Passed through from the Florida Department of Health:</i>					
Trauma Center Financial Support	64.075	TRA-10	720,210	10/1/15-9/30/16	720,210
Children's Medical Services	N/A	COQUJ	83,100	7/1/15-6/30/16	27,700
Cystic Fibrosis Foundation	N/A	CC151-15 AF4	24,080	7/1/15-6/30/16	26,589
Total The Florida Department of Health					<u>774,499</u>
TOTAL EXPENDITURES OF STATE FINANCIAL ASSISTANCE					<u>\$ 1,274,786</u>

The accompanying note is an integral part of this Schedule of Expenditures of State Financial Assistance.

Lee Memorial Health System

Notes to Schedule of Expenditures of Federal Awards and Schedule of Expenditures of State Financial Assistance

September 30, 2016

1. Basis of Presentation

The accompanying Schedule of Expenditures of Federal Awards and Schedule of Expenditures of State Financial Assistance (the "Schedules") include the federal and State grant activity, respectively, of Lee Memorial Health System (the "System"), and are presented on the accrual basis of accounting.

The information on these Schedules is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance") and Chapter 10.550, State of Florida, *Rules of the Auditor General*. Because the Schedules present only a selected portion of the operations of the System, they are not intended to and do not present the financial position, changes in net position, or cash flows of the System. The purpose of the Schedules is to present a summary of those activities of the System for the year ended September 30, 2016, which have been financed by the federal and state governments. For purposes of the Schedules, federal awards and State financial assistance include any assistance provided by a federal or State agency, directly or indirectly, in the form of grants and contracts.

Direct and indirect costs are charged to awards in accordance with cost principles contained in the Department of Health and Human Services, Office of the Assistant Secretary Comptroller ("OASC"), OASC-3, *A Guide for Hospitals*. Under these cost principles, certain types of expenditures are not allowable or are limited as to reimbursement. The System does not charge indirect costs to their awards and therefore the 10% de minimis indirect cost rate as described in Section 200.414 of the Uniform Guidance is not applicable.

2. Subrecipients

During fiscal year 2016, the System did not award federal or state funds to subrecipients and thus, there is no information in this regard to include on the Schedules.



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

To the Board of Directors of
Lee Memorial Health System

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated basic financial statements of Lee Memorial Health System (the "System"), which comprise the consolidated basic statement of net position as of September 30, 2016, and the related consolidated basic statement of revenues, expenses and changes in net position and the consolidated basic statement of cash flows for the year then ended, and the related notes to the consolidated basic financial statements, and have issued our report thereon dated January 19, 2017.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated basic financial statements, we considered the System's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated basic financial statements, but not for the purpose of expressing an opinion on the effectiveness of the System's internal control. Accordingly, we do not express an opinion on the effectiveness of the System's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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



Compliance and Other Matters

As part of obtaining reasonable assurance about whether the System's consolidated basic financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the System's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the System's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

A handwritten signature in black ink that reads "PricewaterhouseCoopers 22P".

January 19, 2017



Report of Independent Certified Public Accountants on Compliance with Requirements That Could Have a Direct and Material Effect on Each Major Program and on Internal Control Over Compliance in Accordance with the Uniform Guidance and Chapter 10.550, State of Florida, *Rules of the Auditor General*

To the Board of Directors of
Lee Memorial Health System

Report on Compliance for Each Major Federal Program and State Financial Assistance Program

We have audited Lee Memorial Health System's (the "System") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* and Florida Department of Financial Services *State Projects Compliance Supplement* that could have a direct and material effect on each of the System's major federal or state programs for the year ended September 30, 2016. The System's major federal and state programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal and state statutes, regulations and the terms and conditions of its federal and state awards applicable to its federal programs and state financial assistance programs.

Independent Certified Public Accountants' Responsibility

Our responsibility is to express an opinion on compliance for each of the System's major federal and state programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance") and Chapter 10.550, State of Florida, *Rules of the Auditor General*. Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal or state program occurred. An audit includes examining, on a test basis, evidence about the System's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal and state program. However, our audit does not provide a legal determination of the System's compliance.



Opinion on Each Major Federal Program and State Financial Assistance Program

In our opinion, Lee Memorial Health System complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal and state financial assistance programs for the year ended September 30, 2016.

Report on Internal Control Over Compliance

Management of the System is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the System's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal and state financial assistance program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal and state program and to test and report on internal control over compliance in accordance with the Uniform Guidance and Chapter 10.550, State of Florida, *Rules of the Auditor General*, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the System's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal or state program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal or state program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal or state program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance and Chapter 10.550, State of Florida, *Rules of the Auditor General*. Accordingly, this report is not suitable for any other purpose.

A handwritten signature in black ink that reads "PricewaterhouseCoopers 22P". The signature is written in a cursive, flowing style.

January 19, 2017

FINDINGS

**Lee Memorial Health System
 Schedule of Findings and Questioned Costs
 Year Ended September 30, 2016**

Section I – Summary of Auditor’s Results

Financial Statements

Type of auditor’s report issued: Unmodified
 Internal control over financial reporting:
 Material weaknesses identified? Yes No
 Significant deficiencies identified that are not considered to be material weaknesses? Yes None reported
 Noncompliance material to the financial statements noted? Yes No

Federal Awards and State Financial Assistance

Internal control over major programs and state assistance:
 Material weaknesses identified? Yes No
 Significant deficiencies identified that are not considered to be material weaknesses? Yes None reported

Type of auditor’s report issued on compliance for major federal and state assistance programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a) or Chapter 10.550 Yes No

Identification of major federal programs and state financial assistance programs:

Federal Awards:

CFDA Number

93.778

Name of Federal Program or Cluster

Medicaid Cluster

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk pursuant to 2 CFR 200.520? Yes No

State Financial Assistance:

CSFA Number

64.075

Name of State Financial Assistance

Trauma Center Financial Support

Dollar threshold used to distinguish between Type A and Type B programs: \$300,000

Auditee qualified as low-risk pursuant to the Single Audit Act of the State of Florida? Yes No

Lee Memorial Health System
Schedule of Findings and Questioned Costs
Year Ended September 30, 2016

Section II: Financial Statement Findings

None noted.

Section III: Major Federal Awards Programs and State Financial Assistance Programs Findings and Questioned Costs

None noted.

**Lee Memorial Health System
Schedule of Prior Year Audit Findings
Year Ended September 30, 2016**

There are no findings from prior years that require an update in this report.