



**FLORIDA HEALTH SCIENCES CENTER, INC.**

Consolidated Financial Statements and Reports as Required by  
the Uniform Guidance and Chapter 10.650, Rules of the Auditor General

September 30, 2016

(With Independent Auditors' Report Thereon)

## FLORIDA HEALTH SCIENCES CENTER, INC.

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## Independent Auditors' Report

The Board of Directors  
Florida Health Sciences Center, Inc.:

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Florida Health Sciences Center, Inc. (the Center), which comprise the consolidated balance sheets as of September 30, 2016 and 2015, and the related consolidated statements of operations and changes in unrestricted net assets, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

#### *Management's Responsibility for the Financial Statements*

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

#### *Auditors' Responsibility*

Our responsibility is to express an opinion on these consolidated 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 financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated 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 financial statements referred to above present fairly, in all material respects, the consolidated financial position of Florida Health Sciences Center, Inc. as of September 30, 2016 and 2015, and the changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.



**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated December 20, 2016 on our consideration of the Center'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 Center's internal control over financial reporting and compliance.

KPMG LLP

December 20, 2016  
Certified Public Accountants

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Consolidated Balance Sheets

September 30, 2016 and 2015

<b>Assets</b>	<b>2016</b>	<b>2015</b>
Current assets:		
Cash and cash equivalents	\$ 51,278,736	139,672,990
Short-term investments	30,072,781	30,074,677
Current portion of assets limited as to use	5,841,688	14,268,961
Patient accounts receivable, net of allowance for uncollectible accounts of approximately \$146,055,000 in 2016 and \$151,072,000 in 2015	124,053,051	117,060,965
Inventories	24,883,012	22,957,391
Prepaid expenses and other current assets	<u>54,648,271</u>	<u>28,215,272</u>
Total current assets	290,777,539	352,250,256
Assets limited as to use, less current portion	755,260,855	702,214,691
Property and equipment, net	516,807,744	484,203,366
Investments in joint ventures	2,522,199	3,482,843
Other assets	<u>8,658,406</u>	<u>7,783,915</u>
	<u>\$ 1,574,026,743</u>	<u>1,549,935,071</u>
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 94,555,267	112,429,933
Accrued expenses	114,382,047	108,273,503
Current installments of long-term debt	9,207,721	8,309,721
Estimated third-party payor settlements	<u>72,223,273</u>	<u>84,613,236</u>
Total current liabilities	290,368,308	313,626,393
Long-term debt, excluding current installments	375,820,040	381,246,302
Other liabilities	<u>98,527,250</u>	<u>115,456,316</u>
Total liabilities	<u>764,715,598</u>	<u>810,329,011</u>
Net assets:		
Unrestricted	792,802,912	723,492,696
Temporarily restricted	15,592,702	15,200,543
Permanently restricted	<u>915,531</u>	<u>912,821</u>
Total net assets	<u>809,311,145</u>	<u>739,606,060</u>
	<u>\$ 1,574,026,743</u>	<u>1,549,935,071</u>

See accompanying notes to consolidated financial statements.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Consolidated Statements of Operations and Changes in Unrestricted Net Assets

Years ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Unrestricted revenues, gains, and other support:		
Patient service revenue (net of contractual allowances and discounts)	\$ 1,210,770,300	1,175,157,790
Provision for bad debts	<u>(79,988,176)</u>	<u>(82,789,099)</u>
Net patient services revenue less provision for bad debts	1,130,782,124	1,092,368,691
Disproportionate share distributions	22,263,355	26,271,432
Other revenue	<u>59,704,765</u>	<u>51,032,464</u>
Total unrestricted revenues, gains, and other support	<u>1,212,750,244</u>	<u>1,169,672,587</u>
Expenses:		
Salaries and benefits	554,960,748	528,283,908
Medical supplies	259,228,650	255,566,713
Purchased services	109,664,704	103,323,786
Utilities and leases	23,946,339	24,230,740
Insurance	23,425,089	25,691,909
Depreciation and amortization	47,784,366	45,840,411
Professional fees	38,059,628	32,176,113
Interest	13,099,475	16,496,022
Other	<u>98,771,319</u>	<u>93,679,361</u>
Total expenses	<u>1,168,940,318</u>	<u>1,125,288,963</u>
Operating income	<u>43,809,926</u>	<u>44,383,624</u>
Nonoperating gains (losses):		
Investment return	43,372,043	3,042,278
Other	<u>(7,108,752)</u>	<u>(1,110,700)</u>
Total nonoperating gains	<u>36,263,291</u>	<u>1,931,578</u>
Revenues, gains, and other support over expenses	80,073,217	46,315,202
Other changes in net assets:		
Net assets released from restrictions used for property and equipment and other property transfers	1,326,505	1,857,593
Pension-related changes other than net periodic pension cost	<u>(12,089,506)</u>	<u>(16,236,535)</u>
Increase in unrestricted net assets	\$ <u>69,310,216</u>	<u>31,936,260</u>

See accompanying notes to consolidated financial statements.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Consolidated Statements of Changes in Net Assets

Years ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Unrestricted net assets:		
Revenue, gains, and other support over expenses	\$ 80,073,217	46,315,202
Net assets released from restrictions used for property equipment and other property transfers	1,326,505	1,857,593
Pension-related changes other than net periodic pension cost	<u>(12,089,506)</u>	<u>(16,236,535)</u>
Increase in unrestricted net assets	<u>69,310,216</u>	<u>31,936,260</u>
Temporarily restricted net assets:		
Net assets released from restrictions:		
Used for property and equipment and other property transfers	(1,326,505)	(1,857,593)
Used for operations	(1,341,684)	(1,523,493)
Contributions	2,023,132	2,216,138
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	<u>1,037,216</u>	<u>926,364</u>
Increase (decrease) in temporarily restricted net assets	<u>392,159</u>	<u>(238,584)</u>
Permanently restricted net assets:		
Increase in beneficial interest in net assets of Tampa General Hospital Foundation	<u>2,710</u>	<u>2,085</u>
Increase in permanently restricted net assets	<u>2,710</u>	<u>2,085</u>
Increase in net assets	69,705,085	31,699,761
Net assets, beginning of year	<u>739,606,060</u>	<u>707,906,299</u>
Net assets, end of year	<u>\$ 809,311,145</u>	<u>739,606,060</u>

See accompanying notes to consolidated financial statements.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Consolidated Statements of Cash Flows

Years ended September 30, 2016 and 2015

	<u>2016</u>	<u>2015</u>
Cash flows from operating activities:		
Increase in net assets	\$ 69,705,085	31,699,761
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	47,784,366	45,840,411
Amortization of debt issue costs	171,571	246,711
Amortization of bond premiums	(721,680)	(1,061,343)
Loss on early extinguishment of debt	(1,805,935)	—
Restricted contributions	(414,065)	(628,763)
Unrealized losses, net	20,336,977	19,685,549
Realized gains, net	(50,160,420)	(6,201,116)
Loss on joint ventures	1,985,644	810,700
Provision for bad debts	79,988,176	82,789,099
Pension-related changes other than net periodic pension cost	12,089,506	16,236,535
Changes in operating assets and liabilities:		
Patient accounts receivable	(86,980,262)	(78,815,207)
Inventories	(1,925,621)	(2,403,595)
Prepaid expenses and other assets	(28,792,107)	13,286,753
Accounts payable	(19,331,706)	2,427,702
Accrued expenses	6,108,544	6,072,459
Estimated third-party payor settlements	(12,389,963)	(6,290,536)
Other liabilities	(29,018,572)	5,701,006
Net cash provided by operating activities	<u>6,629,538</u>	<u>129,396,126</u>
Cash flows from investing activities:		
Purchases of property and equipment	(78,327,599)	(73,131,910)
Decrease (increase) in assets limited as to use	(14,795,448)	3,124,108
Decrease (increase) in short-term investments, net	1,896	26,953
Decrease (increase) in investment in joint venture	(1,025,000)	(3,474,800)
Loan to joint venture	—	(1,200,000)
Repayment of loan to joint venture	484,911	—
Net cash used in investing activities	<u>(93,661,240)</u>	<u>(74,655,649)</u>
Cash flows from financing activities:		
Proceeds from restricted contributions	414,065	628,763
Proceeds from issuance of long-term debt	183,387,500	
Payments on long-term debt	(184,329,000)	(6,214,538)
Payment of debt issuance costs	(835,117)	—
Net cash used in financing activities	<u>(1,362,552)</u>	<u>(5,585,775)</u>
Increase (decrease) in cash and cash equivalents	(88,394,254)	49,154,702
Cash and cash equivalents at beginning of year	<u>139,672,990</u>	<u>90,518,288</u>
Cash and cash equivalents at end of year	\$ <u>51,278,736</u>	<u>139,672,990</u>
Supplemental cash flow information:		
Cash paid for interest	\$ 17,293,745	17,408,937
Accounts payable for property and equipment purchases	14,642,978	13,185,938

See accompanying notes to consolidated financial statements.



## FLORIDA HEALTH SCIENCES CENTER, INC.

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

### (1) Summary of Significant Accounting Policies

#### (a) Organization and Basis of Presentation

Florida Health Sciences Center, Inc. (the Center), located in Tampa, Florida, is a not-for-profit entity incorporated during 1997 to meet the healthcare needs of the citizens of Hillsborough County and the state of Florida. The Center operates Tampa General Hospital (the Hospital), where it administers a teaching program for interns and residents. On October 1, 1997, control of the operations and all assets and liabilities of the Hospital were transferred from Hillsborough County Hospital Authority (the Authority), a governmental entity, to the Center. The change in control was accomplished through the execution of an agreement between the Authority and the Center, as well as changes granted by the Florida Legislature that provided for the privatization of the Hospital. Tampa General Hospital Foundation (the Foundation) is a related not-for-profit organization, which supports the Center.

In connection with the change in control, the Center entered into a 49-year lease agreement, which can be extended for an additional 49 years, with the Authority to lease the land and buildings on the Davis Islands campus, together with all improvements located thereon, for a nominal annual rental amount of \$10. For financial reporting purposes, the fair value of the leased assets of approximately \$86,571,000 as of October 1, 1997 was reported as an increase in temporarily restricted net assets for the year ended September 30, 1998, as the leased assets can only be utilized in accordance with the specifications of the lease agreement. During the years ended September 30, 2016 and 2015, net assets of approximately \$912,000 and \$1,135,000, respectively, were released from restriction, relating to the annual depreciation expense associated with the leased assets.

The Center incorporated Florida Health Sciences Center, Ltd. (the Captive) on May 21, 2010 under the Companies Law of the Cayman Islands and obtained an Unrestricted Class B Insurers License under the provisions of the Cayman Islands Insurance Law. The Captive, a wholly owned subsidiary of the Center, provides professional and general liability coverage to the Center.

In 2010, the Hospital created Tampa General Medical Group (TGMG), a division of the Hospital. TGMG includes physicians that were once part of the Lifelink Transplant Institute. TGMG has grown to include physicians specializing in family practice, cardiology, endocrinology, hepatology (liver disease), internal medicine, nephrology (kidney disease), organ transplantation, pediatrics, and surgery. TGMG is comprised of more than 70 physicians that are spread across several locations in the Tampa area. On March 16, 2010, the Center established Tampa General Medical Group, Inc. (TGMG, Inc.), a corporation organized under the laws of the state of Florida, and a wholly owned subsidiary, for the purpose of holding the operations of TGMG. On June 27, 2014, TGMG, Inc. was granted tax exempt status by the Internal Revenue Service. TGMG, Inc. shall be operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

On July 15, 2014, the Center established FHSC Real Property Holding Company, LLC (FHSC Real Estate), a Limited Liability Company organized under the laws of the state of Florida and a wholly owned subsidiary. FHSC Real Estate was organized to hold future use properties and shall be operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

## FLORIDA HEALTH SCIENCES CENTER, INC.

### Notes to Consolidated Financial Statements

September 30, 2016 and 2015

On January 31, 2014, the Center established TGH Architecture & Engineering, LLC (TGH Architecture), a Limited Liability Company organized under the laws of the state of Florida, and a wholly owned subsidiary, for the purpose of holding architectural licenses for the Center. The Company shall be operated exclusively for charitable purposes, within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

On October 14, 2014, the Center established TGHHC Inc. (dba House of Coffee Tampa), a corporation organized under the laws of the State of Florida and a wholly owned subsidiary, for the purpose of operating a Starbucks Restaurant. TGHHC Inc. was funded by the Center with an initial capital contribution of \$357,000, which it used partially to purchase the assets of the restaurant from the Center at fair market value, and began operations on May 1, 2015.

On April 8th, 2016, the Center established TGH Ancillary Holding Company, Inc. (TGH Ancillary), a corporation organized under the laws of the State of Florida and a wholly owned subsidiary. On June 8th, 2016, TGH Ancillary established three companies: TGH Staffing, LLC; The Surgery Center at TGH Brandon Healthplex, LLC; and TGH Brandon Healthplex Pharmacy, LLC. Each is a Limited Liability Company organized under the laws of the State of Florida, and a wholly owned subsidiary, expected to begin operations in February 2017.

The consolidated financial statements of the Center include the operations of the Hospital, the Captive, TGMG, Inc., FHSC Real Estate, TGH Architecture, TGHHC Inc., TGH Ancillary, and the Center's beneficial interest in the net assets of the Foundation. All significant intercompany transactions among those entities have been eliminated during consolidation.

#### **(b) Mission Statement**

Tampa General Hospital is committed to serving all residents of West Central Florida. The Hospital provides comprehensive health services, ranging from wellness and primary care to the most complex specialty care and post-acute services. The Hospital's care reflects a patient-centered approach, and the Hospital's services are delivered in an exceptional manner, with benchmark performance in clinical outcomes, care processes, cost-effectiveness, and patient experience. With the Hospital's unique blend of academic and other healthcare partners, the Hospital plays a special role in supporting medical education and research in its region.

#### **(c) Cash and Cash Equivalents**

The Center considers all highly liquid investments with an original maturity of three months or less, when purchased, to be cash equivalents.

#### **(d) Inventories**

Inventories consist principally of medical and surgical supplies, drugs, and medicines, and are valued at the lower of cost (first-in, first-out) or market.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

**(e) *Assets Limited as to Use***

Assets limited as to use primarily include assets held by independent bank trustees on behalf of the Center under terms of bond indentures and self-insurance trust agreements, and assets designated for capital improvements and employee health benefits, over which the Center retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities have been reclassified to current assets in the consolidated balance sheets.

Investment return includes realized and unrealized gains and losses on investments, interest income, and dividends and are included as revenues, gains, and other support over expenses in the consolidated statements of operations and changes in unrestricted net assets, unless the income or loss is restricted by donor or law. Investment income and net gains and losses restricted by donor stipulations are reported as changes in temporarily restricted net assets.

**(f) *Property and Equipment***

Property and equipment, transferred from the Authority on October 1, 1997, was recorded at fair value as determined by an independent appraisal. Other property and equipment acquisitions are recorded at historical cost at the date of acquisition or fair value at the date of donation. Maintenance and repairs are charged to expense as incurred, and improvements are capitalized. Depreciation expense is computed using the straight-line method over the estimated useful lives of the related assets ranging from 3 to 40 years. Equipment under capital leases is amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization expense in the accompanying consolidated financial statements. Interest cost on borrowed funds during the construction period is capitalized as a component of the cost of the assets.

Gifts of long-lived assets such as land, buildings, or equipment with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as restricted support and are recorded at fair value at the time the gift is made. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Center reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

**(g) *Other Assets***

Other assets include debt issuance costs of approximately \$2,575,000 and \$2,970,000 as of September 30, 2016 and 2015, respectively. These amounts include costs capitalized in connection with the issuance of the Series 2012A bonds and 2013 and 2015 bank loans. Debt issuance costs are amortized using the effective interest method. Amortization of approximately \$172,000 and \$247,000 for the years ending September 30, 2016 and 2015, respectively, is included as a component of interest expense. The debt issuance costs, net of accumulated amortization, are approximately \$549,000 and \$1,503,000 as of September 30, 2016 and 2015, respectively.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

**(h) Bond Discounts and Premiums**

Bond discounts and premiums are being amortized using the effective interest method over the life of the related debt. Amortization of bond premiums of approximately \$722,000 and \$1,061,000 for the years ending September 30, 2016 and 2015, respectively, is included as a component of interest expense. Bond premiums of approximately \$10,019,000 and \$13,606,000 are included with the related debt in the consolidated balance sheets as of September 30, 2016 and 2015, respectively.

**(i) Impairment of Long-Lived Assets**

Management regularly evaluates whether events or changes in circumstances have occurred that could indicate impairment in the value of long-lived assets. There were no impairment losses recorded during the years ended September 30, 2016 and 2015. If there is an indication that the carrying amount of an asset is not recoverable, the Center estimates the projected undiscounted cash flows, from the use and eventual disposition of the asset, excluding interest, to determine whether an impairment loss exists. The impairment loss, if any, would be determined by comparing the historical carrying value of the asset to its estimated fair value.

In addition to consideration of impairment due to the events or changes in circumstances described above, management regularly evaluates the remaining lives of its long-lived assets. If estimates are revised, the carrying value of affected assets is depreciated or amortized over the remaining lives.

**(j) Estimated Professional Liability, Workers' Compensation, and Employee Benefits Cost**

The Center is self-insured for professional liability, workers' compensation, and employee health benefits. The provision for professional liability, workers' compensation, and employee health benefit claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, based on evaluation of pending claims and past experience.

**(k) Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use is limited by donors to a specific time period or purpose. The majority of temporarily restricted net assets are maintained pursuant to the lease agreement with the Authority, whereby the Center must continue to provide specific patient-care related services, continue to serve as a teaching hospital, and continue to provide certain levels of indigent care throughout the 49-year lease term. Permanently restricted net assets have been restricted by donors to be maintained by the Center in perpetuity, the income from which is expendable to support the Center's operations.

**(l) Beneficial Interest in Tampa General Hospital Foundation**

The Center recognizes its beneficial interest in the net assets of the Foundation. This interest is adjusted to reflect its share of change in the Foundation net assets. The Foundation complies with the provisions of the Florida Uniform Prudent Management of Institutional Funds Act (FUPMIFA).

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Notes to Consolidated Financial Statements

September 30, 2016 and 2015

***(m) Patient Accounts Receivable***

Receivables are reported net of an allowance for bad debt and contractual adjustment estimates. Although the aggregate amount of receivables may include balances due from patients and third-party payers (including final settlements and appeals), amounts due from third-party payers for retroactive adjustments of items, such as final settlements or appeals, are reported separately in the consolidated financial statements.

For receivables associated with services provided to patients who have third-party coverage, the Center analyzes contractually due amounts and provides an allowance for doubtful accounts, if necessary. For receivables associated with self-pay patients, which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill, the Center records a significant provision for bad debts in the period of service on the basis of its past experience. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

The Center's allowance for doubtful accounts for private self-pay patients increased from 83% of self-pay accounts receivable as of September 30, 2015 to 85% of self-pay accounts receivable as of September 30, 2016. In addition, the Center's private self-pay accounts receivable increased from \$51,500,000 for the year ended September 30, 2015 to \$58,900,000 for the year ended September 30, 2016. The Center has not changed its charity care or uninsured discount policies during the years ended September 30, 2016 or 2015.

***(n) Net Patient Services Revenue***

Net patient services revenue is recorded in the period in which services are provided and is reported at the net realizable amounts from patients, third-party payers, and others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payers. Pass-through amounts are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Laws and regulations governing Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates associated with these programs will change.

The Center recognizes patient service revenue associated with services provided to patients who have third-party (managed care, Medicare, Medicaid, other) payer coverage on the basis of contractual rates for the services rendered. For under-insured and uninsured patients who do not qualify for charity care, the Center recognizes revenue on the basis of individualized arrangements based on financial need and medical necessity. These arrangements do not take into account age, gender, race, social or immigrant status, sexual orientation or religious affiliation. On the basis of historical experience, a significant portion of the Center's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

discounts (but before the provision for bad debts), recognized for the years ended September 30, 2016 and 2015 from these major payer sources are as follows:

	<u>2016</u>	<u>2015</u>
Managed Care	\$ 536,734,340	498,931,657
Medicare	436,250,641	383,885,501
Medicaid	204,601,116	210,414,120
Other	27,932,112	77,865,993
Self-pay	<u>5,252,091</u>	<u>4,060,519</u>
	<u>\$ 1,210,770,300</u>	<u>1,175,157,790</u>

**(o) Electronic Health Record Incentive Program**

The Centers for Medicare & Medicaid Services (CMS) have implemented provisions of the American Recovery and Reinvestment Act of 2009 that provide incentive payments for the meaningful use of certified electronic health records (EHR) technology. CMS has defined meaningful use as meeting certain objectives and clinical quality measures based on current and updated technology capabilities over predetermined reporting periods as established by CMS. The Medicare EHR incentive program provides four annual incentive payments to eligible professionals, eligible hospitals, and critical access hospitals, as defined, that are meaningful users of certified EHR technology. The Florida Medicaid EHR incentive program provides three annual incentive payments to eligible professionals and hospitals for efforts to adopt, implement, upgrade and meaningfully use certified EHR technology. The Center has received all Medicare and Florida Medicaid EHR incentive program payments for which it is eligible. The fourth Medicare payment of approximately \$680,000 was received during the fiscal year ending September 30, 2016. Receipt of future EHR incentive program payments specific to individual eligible professionals are not expected to be material. The Center continued to meet meaningful use objectives in the fiscal year ended September 30, 2016.

**(p) Nonoperating Gains and Losses and Revenue, Gains, and Other Support over Expenses**

Activities deemed by the Center to be a provision of healthcare services are reported as unrestricted revenues, gains and other support, and expenses. Other activities that are peripheral to providing healthcare services are reported as nonoperating gains and losses.

The consolidated statements of operations and changes in unrestricted net assets include revenue, gains, and other support over expenses. Changes in unrestricted net assets that are excluded from revenue, gains, and other support over expenses are consistent with industry practice. Other changes in unrestricted net assets consist primarily of pension liability adjustments and contributions of long-lived assets, if any.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

**(q) Disproportionate Share Distributions**

The State of Florida Agency for Health Care Administration distributes low-income pool and disproportionate share payments to the Center based on its indigent care service level. The Center's policy is to recognize these distributions as revenue when amounts are due and collection is reasonably assured. The receipt of any additional distributions is contingent upon the continued support by the Florida State Legislature.

**(r) Charity Care**

The Center provides care to patients who meet certain criteria by reference to established policy threshold. Because the Center does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as revenue. Partial payments to which the Center is entitled from Medicaid, public assistance, and other programs on behalf of patients that meet the Center's charity care criteria are reported as net patient service revenue.

**(s) Income Taxes**

The Center, except for TGHOC Inc. and the companies established as wholly owned subsidiaries under TGH Ancillary, has been recognized by the Internal Revenue Service as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code. Accordingly, income earned in the furtherance of the Center's tax-exempt purpose is exempt from federal and state income taxes. Taxes are not levied in the Cayman Islands for income, profit, capital, or capital gains generated by Florida Health Sciences Center, Ltd.

TGHOC and the companies established as wholly owned subsidiaries under TGH Ancillary are a for-profit corporations and are subject to federal and state income taxes. Taxes are recognized as necessary in the accompanying consolidated financial statements. Associated tax accounting impacts are not material to the consolidated financial statements.

The Center applies Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740, *Income Taxes*, which clarifies the accounting for uncertainty in income tax positions and provides guidance when tax positions are recognized in an entity's financial statements and how the value of these positions are determined.

U.S. Generally Accepted Accounting Principles (U.S. GAAP) require management to evaluate tax positions taken by the Center and recognize a tax liability (or asset) if the Center has taken an uncertain position that more likely than not would not be sustainable upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Center, and has concluded that as of September 30, 2016 and 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the consolidated financial statements. The Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2012.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

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**(t) Use of Estimates**

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and the accompanying notes. Actual results could differ from those estimates.

**(u) Reclassification**

Certain 2015 amounts have been reclassified to conform to the 2016 consolidated financial statement presentation.

**(v) New Accounting Pronouncements**

In January 2016, the FASB issued ASU 2016-01, *Recognition and Measurement of Financial Assets and Financial Liabilities*. This ASU removes the requirement to disclose the fair value of financial instruments measured at amortized cost. The Center adopted ASU 2016-01 in 2016 and removed the fair value disclosure for its fixed rate debt.

**(2) Net Patient Service Revenue**

The Center has agreements with third-party payers that provide for payments to the Center at amounts different from its established rates. The most significant third-party payers to the Center are the Medicare and Medicaid programs, which account for approximately 52% and 51% of the Center's net patient services revenue for years ended September 30, 2016 and September 30, 2015 respectively. A summary of the payment arrangements with major third-party payers is as follows:

**(a) Medicare**

Inpatient acute care services rendered to Medicare program beneficiaries are paid on a prospectively determined rate per discharge based on the Medicare Severity Diagnosis-related Group (MSDRG) assigned to the patient. Commercial insurers, which operate as Medicare Advantage Plans, generally follow the traditional Medicare MSDRG payment methodology. Defined organ acquisition and graduate medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limits and regulatory guidelines. The majority of outpatient services are paid on prospectively determined rates per occurrence based on the ambulatory payment classification (APC) assigned to the service provided. The Center also receives a disproportionate share payment from Medicare included in its MSDRG payment, based on its level of Medicaid patient volume and low income Medicare beneficiaries.

The Center receives a final settlement for cost reimbursable and pass-through items after submission of its annual cost reports and audits thereof by the Medicare fiscal intermediary. A Medicare final settlement has been determined for all years up to and including 2006. Differences between estimated provisions for cost report settlements and final settlement amounts are reflected as net patient services revenue in the fiscal year the cost reports are considered finalized. Changes in such estimates related to prior cost reporting periods resulted in an increase in net patient services revenue of approximately \$16,225,000 for the year ended September 30, 2016. There were no such changes estimated for the year ended September 30, 2015.



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**(b) Medicaid**

Historically, inpatient and outpatient services rendered to Florida Medicaid program beneficiaries were paid under a cost reimbursement methodology, subject to certain limits. Beginning on July 1, 2013, the Florida Legislature mandated a new inpatient payment methodology utilizing the All-Patient Refined Diagnosis Related Group (APR-DRG). The methodology, which is utilized by most state Medicaid programs, includes severity of illness information in a set of refined DRGs. In addition, the Florida Legislature mandated that the majority of Florida Medicaid beneficiaries be transitioned to Statewide Medicaid Managed Care (SMMC) beginning on June 1, 2014. Because certain populations are carved out of SMMC, the Center has seen approximately two-thirds of its Medicaid reimbursement transition to these plans. The Center continues to be paid for outpatient services on a cost-based rate that reimburses per occasion of service. SMMC will utilize the same payment methodology as traditional Medicaid for reimbursement of inpatient and outpatient services. The Center continues its submission of annual cost reports, which are utilized to set outpatient rates and are audited by the Medicaid fiscal intermediary.

**(3) Charity Care**

The Center provides necessary medical care regardless of the patient's ability to pay for services under its charity care policy. Qualification for charity care is based on the current Federal Poverty Income Guidelines (FPG). Under-insured and uninsured patients, who do not meet charity guidelines, may qualify for discounted care. Charity or discount consideration is available only after all third party reimbursement and government sources have been exhausted. Excessive assets or medical expenses may be factored as part of the charity or discount evaluation. The Center ensures that financial counseling communication is clear, concise, and considerate of the patient and family members. In addition, regulatory changes that may have the potential to alter charity classifications are monitored and incorporated into the policy, as necessary.

The Center maintains records to identify and monitor the level of charity care. These records include the amount of charges foregone for services and supplies furnished under its charity care policy. The following measures the level of charity care and other community benefits, as defined, at estimated costs for the years ended September 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Traditional charity care	\$ 38,364,000	31,401,000
Unreimbursed Medicaid and Medicaid HMO	49,943,000	29,876,000
Unreimbursed Hillsborough County Health Plan	<u>20,053,000</u>	<u>21,781,000</u>
	<u>\$ 108,360,000</u>	<u>83,058,000</u>
As a percentage of operating expenses	9%	7%

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**(4) Concentration of Credit Risk of Net Accounts Receivable**

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

	<u>2016</u>	<u>2015</u>
Managed care	57%	53%
Medicare	21	22
Medicaid	4	5
Other	18	20
	<u>100%</u>	<u>100%</u>

The credit risk in other payers is limited due to the large number of insurance companies that provide payments for services.

**(5) Assets Limited as to Use and Short-Term Investments**

Assets limited as to use as of September 30, 2016 and 2015, at fair value, are as follows:

	<u>2016</u>	<u>2015</u>
Internally designated for capital improvements and employee health benefits:		
Cash and cash equivalents	\$ 33,230,867	51,126,636
Equities securities:		
Domestic stocks	40,337,631	292,125,184
Global stocks	54,436,765	40,751,575
Fixed income securities:		
Government obligations	157,103,114	70,078,306
Corporate bonds	235,933,362	178,261,463
Equity index fund	169,089,968	—
Beneficial interest in Tampa General Hospital Foundation	9,565,718	8,525,792
Total internally designated for capital improvements and employee health benefits	<u>699,697,425</u>	<u>640,868,956</u>
Held by trustee under malpractice self-insurance arrangement:		
Cash and cash equivalents	16,042,753	11,569,174
Municipal bonds	17,711,475	27,058,909
Mutual funds	21,642,979	22,551,376
Total held by trustee under malpractice self-insurance arrangement	<u>55,397,207</u>	<u>61,179,459</u>

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	<u>2016</u>	<u>2015</u>
Held by trustee under bond indentures:		
Cash and cash equivalents	\$ 6,007,911	14,435,237
Assets limited to use	761,102,543	716,483,652
Amount required to meet current obligations	<u>(5,841,688)</u>	<u>(14,268,961)</u>
Assets limited to use, less current portion	\$ <u>755,260,855</u>	<u>702,214,691</u>

Short-term investments, stated at fair value, consist of the following as of September 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Cash and cash equivalents	\$ 24,919,845	24,965,680
Government bonds	<u>5,152,936</u>	<u>5,108,997</u>
	\$ <u>30,072,781</u>	<u>30,074,677</u>

Investment income and gains and losses on assets limited as to use, cash equivalents and other investments comprise the following for the years ended September 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Other revenue:		
Interest income	\$ 1,594,106	1,705,210
Net realized gains (losses) on sale of investments	1,303,686	766,722
Unrealized gains (losses) on trading investments, net	<u>365,038</u>	<u>(2,664,160)</u>
Total	<u>3,262,830</u>	<u>(192,228)</u>
Nonoperating gains:		
Interest income and dividends	15,217,324	14,629,274
Net realized gains on sale of investments	48,856,734	5,434,393
Unrealized losses on trading investments, net	<u>(20,702,015)</u>	<u>(17,021,389)</u>
Total	<u>43,372,043</u>	<u>3,042,278</u>
Total investment return	\$ <u>46,634,873</u>	<u>2,850,050</u>

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**(6) Fair Value Measurements**

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 requires investments to be grouped into three categories based on certain criteria as noted below:

- **Level 1:** Fair value is determined by using quoted prices for identical assets or liabilities in active markets.
- **Level 2:** Fair value is determined by using other than quoted prices that are observable or corroborated for the asset by other independently verifiable market data (e.g., quoted prices for identical assets in inactive markets, quoted prices for similar assets in active markets, observable inputs other than quoted prices, and inputs derived principally from or corroborated by observable market data by correlation or other means).
- **Level 3:** Fair value is determined by using inputs based on management assumptions that are not directly observable.

Following is a description of the valuation methodologies used for significant assets measured at fair value at September 30, 2016 and 2015:

*Cash and cash equivalents:* The carrying amounts reported in the consolidated balance sheets approximate the fair value because of the short maturities of these instruments.

*Investments:* Valued at the closing price reported on the active market on which the individual securities are traded, or valued based on quoted prices for similar assets.

Estimates of fair values are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could affect the estimates.

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The following tables summarize the fair values of the Center's significant financial assets and liabilities as of September 30, 2016 and 2015:

	September 30, 2016	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	\$ 51,278,736	51,278,736	—
Short-term investments:			
Cash and cash equivalents	24,919,845	24,919,845	—
Government bonds	5,152,936	5,152,936	—
Assets limited to use:			
Cash and cash equivalents	55,281,531	55,281,531	—
Equity securities:			
Domestic stocks	40,337,631	40,337,631	—
Global stocks	54,436,765	54,436,765	—
Mutual funds	21,642,979	21,642,979	—
Fixed income securities:			
Government obligations	157,103,114	157,103,114	—
Corporate bonds	235,933,362	—	235,933,362
Municipal bonds	17,711,475	—	17,711,475
Equity index fund	169,089,968	—	169,089,968
Beneficial interest in Tampa General Hospital Foundation	9,565,718	—	9,565,718
	<u>761,102,543</u>	<u>328,802,020</u>	<u>432,300,523</u>
Total	\$ <u>842,454,060</u>	<u>410,153,537</u>	<u>432,300,523</u>

	September 30, 2015	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	\$ 139,672,990	139,672,990	—
Short-term investments:			
Cash and cash equivalents	24,965,680	24,965,680	—
Government bonds	5,108,997	5,108,997	—

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	September 30, 2015	Fair value measurement at reporting date	
		Level 1	Level 2
Assets limited to use:			
Cash and cash equivalents	\$ 77,131,047	77,131,047	—
Equity securities:			
Domestic stocks	292,125,184	292,125,184	—
Global stocks	40,751,575	40,751,575	—
Mutual funds	22,551,376	22,551,376	—
Fixed income securities:			
Government obligations	70,078,306	70,078,306	—
Corporate bonds	178,261,463	—	178,261,463
Municipal bonds	27,058,909	—	27,058,909
Beneficial interest in Tampa General Hospital Foundation	8,525,792	—	8,525,792
	<u>716,483,652</u>	<u>502,637,488</u>	<u>213,846,164</u>
<b>Total</b>	<b>\$ <u>886,231,319</u></b>	<b><u>672,385,155</u></b>	<b><u>213,846,164</u></b>

The Center's policy is to recognize transfers between levels of the fair value hierarchy at the end of the year. There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2016 and 2015. There were no investments classified as Level 3 during the years ended September 30, 2016 and 2015.

**(7) Long-Term Debt**

Long-term debt consists of the following:

	2016	2015
Series 2006 Bonds, net of unamortized premium of \$2,904,802 as of September 30, 2015, maturing on October 1, 2016 with a stated interest of 5%	\$ 1,240,000	180,109,802
Series 2012A Bonds, net of unamortized premium of \$10,019,261 and \$10,701,221 as of September 30, 2016 and 2015, respectively, maturing in various amounts through October 1, 2043, with stated rates of 3% to 5%	166,834,261	172,426,221
2013 Bank Loan, maturing in various amounts through October 1, 2024 at a stated interest rate of 2.57%	33,566,000	37,020,000

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	<u>2016</u>	<u>2015</u>
2015 Bank Loan, maturing in various amounts through October 1, 2041 at a stated interest rate of 2.52%	\$ 183,387,500	—
Total long-term debt	385,027,761	389,556,023
Less current installments	<u>(9,207,721)</u>	<u>(8,309,721)</u>
Long-term debt, excluding current installments	<u>\$ 375,820,040</u>	<u>381,246,302</u>

On September 28, 2006, the Hillsborough County Industrial Development Authority (Florida) issued \$185,000,000 aggregate principal amounts of tax-exempt Hospital Revenue Refunding Bonds (2006 Bonds). Proceeds of the 2006 Bonds were utilized for the expansion, improvement, and further equipping of the Hospital's healthcare facilities. The 2006 Bonds contain various covenants, including but not limited to the maintenance of a minimum debt service coverage ratio and provides that certain funds be established with a trustee bank (note 5).

On February 28, 2013, the Hillsborough County Industrial Development Authority (Florida) issued \$166,490,000 aggregate principle amounts of tax-exempt Hospital Revenue Refunding Bonds (2012A Bonds). A portion of the proceeds of the 2012A Bonds was used to purchase and redeem all of the Hospital's outstanding 2003B Bonds and a portion of the Hospital's outstanding Series 2003A Bonds. The remaining proceeds of the 2012A Bonds were utilized for the expansion, improvement and further equipping of the healthcare facilities. The 2012A Bonds contain various covenants, including, but not limited to, the maintenance of a minimum debt service coverage ratio and provides that certain funds be established with a trustee bank (note 5).

On September 19, 2013, the Hillsborough County Industrial Development Authority (Florida), Florida Health Sciences Center, Inc. and PNC Bank N.A. entered into a Loan Agreement (2013 Bank Loan) in the amount of \$37,020,000 to provide for the refunding of the remaining outstanding principal of the Series 2003A Bonds. The 2013 Bank Loan contains various covenants, including, but not limited to, the maintenance of a minimum debt service coverage ratio.

On December 11, 2015, the Hillsborough County Industrial Development Authority (Florida), Florida Health Sciences Center, Inc. and TD Bank N.A. entered into a Loan Agreement (2015 Bank Loan) in the amount of \$183,387,500 to provide for the refunding of a portion of the outstanding principal of the Series 2006 Bonds. The Center entered into a legal defeasance of the Series 2006 Bonds. The proceeds from the 2015 Bank Loan were placed in an irrevocable trust in order to satisfy remaining scheduled principal and interest payments of the Series 2006 Bonds. Accordingly, the trust account asset and the liability of the defeased bonds are not included in the accompanying consolidated financial statements. Total loss on defeasance was \$4,298,000 which is included in other nonoperating gains (losses) on the accompanying consolidated statements of operations and changes in unrestricted net assets. The 2015 Bank Loan contains various covenants, including but not limited to, the maintenance of a minimum debt service coverage ratio.

The 2006 and 2012A Bonds are secured solely by a pledge of and a security interest in the revenue of the Center. Such pledge and security interest have been assigned to a bank trustee. Stated interest rates on the 2006 Bonds is 5% with maturity on October 1, 2016. Stated interest rates on the 2012A Bonds range

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from 3% to 5% with an effective rate of 4.6% at September 30, 2016 and maturities through October 1, 2043. Except for \$21,180,000 of serial bonds maturing prior to October 1, 2028, the 2012A Bonds are subject to mandatory redemption by the Center beginning October 1, 2018 at par plus accrued interest. Stated interest rates on the 2013 Bank Loan are set at 2.57% with an effective rate of 2.62% at September 30, 2016, and maturities to October 1, 2024. Stated interest rates on the 2015 Bank Loan are set at 2.52% with an effective rate of 2.56% at September 30, 2016 and maturities to October 1, 2041.

Scheduled maturities of long-term debt as of September 30, 2016 are as follows:

Year ending September 30:		
2017	\$	8,528,200
2018		7,231,900
2019		7,433,000
2020		7,661,300
2021		7,879,400
Thereafter		<u>336,274,700</u>
Long-term debt, excluding unamortized premiums		375,008,500
Unamortized premium		<u>10,019,261</u>
Long-term debt, including unamortized premiums	\$	<u><u>385,027,761</u></u>

**(8) Property and Equipment**

Property and equipment consist of the following as of September 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Land	\$ 52,665,127	52,665,127
Land improvements, buildings, and fixed equipment	514,586,396	486,228,048
Major moveable equipment	363,828,540	327,346,567
Other equipment	<u>8,001,819</u>	<u>8,188,208</u>
Total property and equipment	939,081,882	874,427,950
Accumulated depreciation and amortization	<u>(480,070,296)</u>	<u>(433,873,801)</u>
Total property and equipment less depreciation and amortization	459,011,586	440,554,149
Construction in progress	<u>57,796,158</u>	<u>43,649,217</u>
Property and equipment, net	\$ <u><u>516,807,744</u></u>	<u><u>484,203,366</u></u>

Depreciation expense amounted to approximately \$47,180,000 and \$45,236,000 during the years ending September 30, 2016 and 2015, respectively.



**FLORIDA HEALTH SCIENCES CENTER, INC.**

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As of September 30, 2016, the estimated cost to complete construction in progress is approximately \$70,926,000.

No interest was capitalized during the years ended September 30, 2016 and 2015.

**(9) Lease Obligations**

The Center leases certain medical and other support equipment under operating leases. Rent expense under noncancelable operating leases was approximately \$12,252,000 and \$9,704,000 for the years ended September 30, 2016 and 2015, respectively, and is included in other expenses on the consolidated statements of operations and changes in unrestricted net assets. Future minimum lease payments as of September 30, 2016 are as follows:

	<b>Operating leases</b>
Year ending September 30:	
2017	\$ 9,164,511
2018	7,233,130
2019	6,215,062
2020	3,841,276
2021 and thereafter	<u>1,224,863</u>
Total	<u>\$ 27,678,842</u>

**(10) Pension and Other Postretirement Benefits**

**(a) Retirement Plan**

The Center established the Florida Health Sciences Center, Inc. Retirement Plan (the Plan), which became effective January 1, 1998. The Plan is a noncontributory, single employer, cash balance defined benefit pension plan.

All employees are eligible to participate in the Plan as of the beginning of the month following the later of the employee's attainment of age 21 and the completion of one year of service (i.e., generally a plan year during which the employee completes 1,000 hours of service).

The Plan provides retirement, disability, and death benefits to plan members and beneficiaries. Furthermore, the Plan provides a health insurance subsidy to participants who had 20 years of service with the Florida Retirement System as of December 31, 1996. This subsidy is a monthly supplemental payment that a participant may be eligible to receive if they elect health insurance coverage. The amounts payable by the Plan are reduced by the amount payable by the Florida Retirement System for the subsidy. The minimum subsidy is \$15 per month and the maximum is \$90 per month. Effective January 1, 2014, due to the introduction of employer matching in its 403b plan, the Center's board of trustees approved an amendment to reduce the contribution schedule.

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The actuarially computed net periodic pension cost for the Center's Plan for the years ended September 30, 2016 and 2015 included the following components and reflects the impact of the contribution reduction:

	<u>2016</u>	<u>2015</u>
Service cost – benefits earned during the period	\$ 8,781,226	8,439,152
Interest cost on projected benefit obligation	9,604,720	9,850,468
Expected return on plan assets	(16,513,646)	(17,985,153)
Net amortization and deferral of unrecognized losses	<u>(797,106)</u>	<u>(1,970,287)</u>
Net periodic pension cost	\$ <u>1,075,194</u>	<u>(1,665,820)</u>

The following table sets forth the Plan's funded status and amount recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2016 and 2015 (using a measurement date of September 30):

	<u>2016</u>	<u>2015</u>
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 263,736,892	265,783,370
Service cost	8,781,226	8,439,152
Interest cost	9,604,720	9,850,468
Actuarial (gain) loss	15,170,313	(1,204,329)
Benefits paid	<u>(14,982,078)</u>	<u>(19,131,769)</u>
Projected benefit obligation at end of year	<u>282,311,073</u>	<u>263,736,892</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	240,485,180	260,811,146
Actual return on plan assets	17,282,491	(1,194,197)
Employer contributions	6,000,000	—
Benefits paid	<u>(14,982,078)</u>	<u>(19,131,769)</u>
Fair value of plan assets	<u>248,785,593</u>	<u>240,485,180</u>
Funded status and accrued benefit costs	\$ <u>(33,525,480)</u>	<u>(23,251,712)</u>

The accumulated benefit obligation for the Plan was approximately \$282,030,000 and \$263,425,000 as of September 30, 2016 and 2015, respectively.

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Weighted average assumptions used to determine projected benefit obligations as of September 30, 2016 and 2015 were as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	3.02%	3.76%
Projected rate of compensation increase	3.00%–8.00%	3.00%–8.00%

The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2016 and 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	3.76%	3.82%
Projected rate of increase in compensation levels	3.00%–8.00%	3.00%–8.00%
Expected long-term rate of return on plan assets	7.11%	7.11%

The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual assets categories.

The following are deferred pension costs that have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2016. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees:

	<u>Net prior service credit</u>	<u>Net actuarial loss</u>	<u>Total</u>
Amounts recognized in unrestricted net assets as of September 30, 2016	\$ (13,969,330)	51,509,760	37,540,430
Amounts in net assets to be recognized during the next fiscal year	(1,970,287)	2,295,725	325,438

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

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(i) *Plan Assets*

The weighted average asset allocation of the Center's assets held for pension benefits as of September 30, 2016 and 2015 was as follows:

<b>Asset category</b>	<b>Pension benefits plan assets at September 30</b>	
	<b>2016</b>	<b>2015</b>
Cash and cash equivalents	5%	4%
Equity securities:		
Domestic stocks	33	47
Global stocks	1	11
Mutual funds	29	9
Fixed income securities:		
U.S. Treasury obligations	11	6
Government agencies	—	3
Corporate bonds	21	20
<b>Total</b>	<b>100%</b>	<b>100%</b>

	<b>September 30, 2016</b>	<b>Fair value measurement at reporting date</b>	
		<b>Level 1</b>	<b>Level 2</b>
Cash and cash equivalents	\$ 11,049,071	11,049,071	—
Equity securities:			
Domestic stocks	83,934,019	83,934,019	—
Global stocks	1,932,145	1,932,145	—
Mutual funds	71,772,272	—	71,772,272
Fixed income securities:			
Treasury obligations	27,865,277	27,865,277	—
Government obligations	456,631	456,631	—
Corporate bonds	51,776,178	—	51,776,178
<b>Total</b>	<b>\$ 248,785,593</b>	<b>125,237,143</b>	<b>123,548,450</b>

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	September 30, 2015	Fair value measurement at reporting date	
		Level 1	Level 2
Cash and cash equivalents	\$ 8,905,610	8,905,610	—
Equity securities:			
Domestic stocks	114,048,873	114,048,873	—
Global stocks	26,320,370	26,320,370	—
Mutual funds	21,917,762	—	21,917,762
Fixed income securities:			
Treasury obligations	14,216,593	14,216,593	—
Government obligations	6,432,161	6,432,161	—
Corporate bonds	48,643,811	—	48,643,811
<b>Total</b>	<b>\$ 240,485,180</b>	<b>169,923,607</b>	<b>70,561,573</b>

The Center's policy is to recognize transfers between levels of the fair value hierarchy at the end of the year.

There were no transfers of financial assets or liabilities between Level 1 and Level 2 during the years ended September 30, 2016 and 2015. There were no investments classified as Level 3 during the years ended September 30, 2016 and 2015.

The investment objective of the defined benefit plan is to use prudent and reasonable levels of liquidity and investment risk to produce an investment return that provides for payments of benefits to participants and their beneficiaries. The investment objective also incorporates the financial condition of the plan, future growth of active and retired participants, inflation, and the rate of salary increases. The defined benefit plan's investment committee has selected market-based benchmarks to monitor the performance of the investment strategy and performs periodic reviews of investment performance.

The investment strategy has a current target allocation of 63% equities and 37% fixed income. The expected long-term rate of return on plan assets is determined based primarily on expectations of future returns for the defined benefit plan's investments based on the asset allocation outlined in the investment policy statement. Additionally, the historical returns on comparable investments are considered in the estimate of the expected long-term rate of return on plan assets.

(ii) *Cash Flows*

The Center does not expect to make any contributions to the Plan in fiscal year 2017.

The benefits expected to be paid in each year from 2017 through 2021 are approximately \$16,966,000, \$18,642,000; \$19,807,000; \$20,429,000; and \$20,609,000, respectively. The aggregate benefits expected to be paid from 2022 through 2026 are approximately \$127,403,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations as of September 30, 2016 and include estimated future employee service.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

**(b) 403b Savings Plan**

Effective January 1, 2014, the Center's board of trustees approved an amendment and restatement of its 403(b) Savings Plan document to include a matching contribution equal to the sum of 100% of the first 3% of compensation deferred and 50% of the next 2% of compensation deferred. The original effective date of this plan was December 1, 1999. The Plan was established for the exclusive benefit of the participants and their beneficiaries. All employees are automatically enrolled upon hire for purposes of the elective deferral, unless they opt not to participate. Participants are eligible to receive a matching contribution upon completion of certain service requirements. Contribution expense attributable to this defined contribution plan was approximately \$11,449,000 and \$11,000,000 for the years ended September 30, 2016 and 2015, respectively, and is included in salaries and benefits on the consolidated statements of operations and changes in unrestricted net assets.

**(c) Supplemental Retirement Plan**

Effective January 1, 2002, the Center established the Florida Health Sciences Center, Inc. Supplemental Executive Retirement Plan (SERP). The SERP is a nonqualified defined benefit plan limited to certain management or highly compensated employees as determined by the Center. Upon vesting, the SERP provides participants with deferred compensation annually, based on 60% of the participants' compensation during the highest five complete calendar years out of the last 10 complete calendar years. Certain adjustments are made to the annual benefit based on current and projected years of service and expected benefits payable under the Florida Retirement System, if any, Social Security, and the Florida Health Sciences Center, Inc. Retirement Plan. Only calendar years beginning on or after January 1, 2002 are considered. Vesting is generally effective after a participant completes five years of service with the Center. The SERP also provides for certain death or disability benefits. As of September 30, 2016, the plan was effectively frozen and vested benefits were distributed to participants in October 2016, in accordance with Section 409A of the Internal Revenue Code. A curtailment charge of approximately \$527,000 had been taken as of September 30, 2015.

The actuarially computed net periodic pension cost for the Center's SERP for the years ended September 30, 2016 and 2015 included the following components (using a measurement date of September 30):

	<u>2016</u>	<u>2015</u>
Service cost – benefits earned during the period	\$ 1,484,913	1,684,437
Interest cost on projected benefit obligation	399,711	513,852
Net amortization and deferral of unrecognized losses	<u>125,300</u>	<u>239,796</u>
Net periodic pension cost	2,009,924	2,438,085
Curtailement charge	—	526,887
Settlement charge	—	<u>391,227</u>
Total cost recognized	<u>\$ 2,009,924</u>	<u>3,356,199</u>

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The following table sets forth the SERP's funded status and amount recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2016 and 2015:

	<u>2016</u>	<u>2015</u>
Change in projected benefit obligation:		
Benefit obligation at beginning of year	\$ 13,528,899	16,393,100
Service cost	1,484,913	1,684,437
Interest cost	399,711	513,852
Actuarial changes	—	19,612
Actuarial (gain) loss	(2,579,525)	1,718,709
Curtailements	—	(3,869,557)
Settlements	—	(2,347,124)
Benefits paid	<u>(517,683)</u>	<u>(584,130)</u>
Projected benefit obligation at end of year	<u>12,316,315</u>	<u>13,528,899</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	—	—
Employer contributions	517,683	2,931,254
Benefits paid to participants	<u>(517,683)</u>	<u>(2,931,254)</u>
Fair value of plan assets at end of year	<u>—</u>	<u>—</u>
Funded status and accrued benefit costs	\$ <u><u>(12,316,315)</u></u>	\$ <u><u>(13,528,899)</u></u>

The accumulated benefit obligation for the SERP was approximately \$12,316,000 and \$13,505,000 as of September 30, 2016 and 2015, respectively.

Weighted average assumptions used to determine projected benefit obligations at September 30, 2016 and 2015 were as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	0.97%	3.05%
Projected rate of compensation increase	3.00%–8.00%	3.00%–8.00%

The actuarial assumptions used in determining net periodic pension costs for the years ended September 30, 2016 and 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Discount rate	3.05%	3.46%
Projected rate of increase in compensation levels	3.00%–8.00%	3.00%–8.00%

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The following are deferred pension costs, which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2016. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees:

	<u>Net prior service cost</u>	<u>Net actuarial loss</u>	<u>Total</u>
Amounts recognized in unrestricted net assets as of September 30, 2016	\$ —	(449,777)	(449,777)
Amounts in net assets to be recognized during the next fiscal year	—	—	—

(i) *Cash Flows*

The final benefits expected to be paid in fiscal year 2017 upon termination of the plan are \$12,316,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations at September 30, 2016.

**(d) Other Postretirement Benefits**

The Center sponsors a defined benefit postretirement plan, which is intended to provide medical benefits to retirees who were hired prior to January 1, 2001 and had completed 30 or more years of service or who attained age 62 and completed five years of service. In addition, the plan provides benefits to retirees who had completed 20 or more years of service prior to January 1, 1997. The postretirement plan is contributory, with retiree contributions adjusted annually based on the projected average plan cost of the Center's self-insured health benefit program for the year. The Center accrues the cost of providing postretirement benefits during the active service period of the employee.

The components of net periodic postretirement benefit cost for the years ended September 30, 2016 and 2015 are as follows:

	<u>2016</u>	<u>2015</u>
Service cost – benefits attributed to service during the year	\$ 82,042	107,452
Interest cost on accumulated postretirement benefit obligation	176,341	192,508
Amortization of net loss	<u>(190,905)</u>	<u>(130,337)</u>
Net periodic postretirement benefit cost	<u>\$ 67,478</u>	<u>169,623</u>



**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The following table sets forth the postretirement plan's funded status and amounts recognized in other liabilities in the Center's consolidated balance sheets as of September 30, 2016 and 2015 (measurement date as of September 30):

	<u>2016</u>	<u>2015</u>
Change in accumulated benefit obligation:		
Accumulated benefit obligation at beginning of year	\$ 4,327,934	4,210,430
Service cost	82,042	107,452
Interest cost	176,341	192,508
Retiree contributions	429,412	416,799
Actuarial loss (gain)	(574,530)	(103,563)
Benefits paid	<u>(450,030)</u>	<u>(495,692)</u>
Accumulated benefit obligation at end of year	<u>3,991,169</u>	<u>4,327,934</u>
Change in plan assets:		
Employer contribution	20,618	78,893
Employee contribution	429,412	416,799
Benefits paid	<u>(450,030)</u>	<u>(495,692)</u>
Fair value of plan assets at end of year	<u>—</u>	<u>—</u>
Funded status and accrued benefit costs	\$ <u>(3,991,169)</u>	<u>(4,327,934)</u>

For measurement purposes, for pre-Medicare benefits, a 7.5% annual rate of increase in the per capita cost of covered healthcare benefits was assumed for 2016 and 2015, respectively. For post-Medicare benefits, a 9% annual rate of increase in the per capita costs was assumed for the same period. These rates were assumed to decrease gradually over the next nine years and to remain at 5% thereafter.

The weighted average discount rate used in determining the accumulated postretirement benefit obligation was 4.20% and 4.65% as of September 30, 2016 and 2015, respectively. The weighted average discount rate used in determining the net benefit cost was 4.65% and 4.75% as of September 30, 2016 and 2015, respectively.

The impact of a one percentage point change in assumed healthcare cost trend rates as of September 30, 2016 is as follows:

	<u>One percentage increase</u>	<u>One percentage decrease</u>
Effect on total of service and interest cost components	\$ 55,808	(41,899)
Effect on postretirement benefit obligation	870,794	(663,740)

The following are deferred pension costs that have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of September 30, 2016. Unrecognized

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees.

Net actuarial gain recognized in unrestricted net assets as of	
September 30, 2016	\$ (1,932,651)
Net actuarial gain to be recognized during the next year	(181,698)

*(i) Cash Flows*

The Center expects to contribute approximately \$226,000 to its postretirement benefit plan in fiscal year 2017.

The benefits expected to be paid in each year from 2017 through 2021 are approximately \$226,000; \$205,000; \$159,000; \$140,000; and \$134,000, respectively. The aggregate benefits expected to be paid in the five years from 2022 through 2026 are \$725,000. The expected benefits are based on the same assumptions used to measure the Center's benefit obligations as of September 30, 2016 and include estimated future employee service.

**(11) Commitments and Contingencies**

***(a) Litigation***

During the normal course of business, the Center is involved in litigation with respect to professional liability claims and other matters. In addition, the Center is subject to periodic regulatory investigations. The Center has purchased insurance coverage to minimize its exposure to such risk. This coverage includes property, directors and officers, vehicles, medical malpractice, and general liability. Each policy has its own deductible and/or self-insurance retention. Based on current information, management believes at this time that the results of the litigation and inquiries are not likely to have a material adverse effect on the consolidated financial position and results of the Center.

***(b) Professional Liability***

The Center insures its professional and general liability on a claims-made basis through a commercial insurance carrier. The Center has secured claims-made coverage continuously from October 1, 1997 through September 30, 2016. The Center has renewed its claims-made policy.

For claims prior to October 1, 1997, the Authority, as an agency or subdivision of the state of Florida, had sovereign immunity in tort actions. Therefore, in accordance with Chapter 768.28, the Center's legal liability was limited by statute to \$100,000 per claimant and \$200,000 for all claimants per occurrence. Self-insurance retention limits from October 1, 1997 to September 30, 2010 range from \$1,000,000 to \$5,000,000. On May 21, 2010, the Captive was incorporated to provide excess professional liability and general liability coverage to the Center on a claims-made basis. The Captive's liability under this policy is limited to \$80,000,000 per claim and in the aggregate.

The Center has employed independent actuaries to assist management in estimating the ultimate costs, if any, of the settlement of known claims and incidents, as well as unreported incidents that may

## FLORIDA HEALTH SCIENCES CENTER, INC.

### Notes to Consolidated Financial Statements

September 30, 2016 and 2015

be asserted, arising from services rendered to patients. Reported amounts for professional liability were approximately \$73,629,000 and \$82,946,000 as of September 30, 2016 and 2015, respectively, and are included in accrued expenses and other liabilities on the accompanying consolidated balance sheets. The Center records the professional liability based on the actuarially determined expected level. Given the maturity of the plan, the Center believes the expected level is a better estimate of the ultimate outcome than other confidence levels. The expected level is a commonly followed industry practice.

#### **(c) Third Party Reimbursement**

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Center is aware of these laws and regulations and, in situations where there is a possible violation or instance of noncompliance, has recorded an estimate of the impact of the possible violation or instance of noncompliance. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs. As a result, there is a possibility that recorded estimates will change.

#### **(12) Other Funding Sources**

The Hospital receives funding from various components of the state of Florida's (the State) Medicaid program, including the Low Income Pool program (LIP) and Medicaid per diem rates. The State's LIP program distributes funding to the Hospital in recognition of the disproportionate level of care provided to indigent patients and to defray some of the costs associated with graduate medical education. The LIP is a federal matching program that provides states with the opportunity to receive additional distributions based upon the difference between Medicaid reimbursement and the amount that would have been received for the same patients using Medicare reimbursement formulas, as defined. Medicaid fee for service is paid based on inpatient APR-DRG and outpatient per line rates and may be adjusted based on annual cost report submissions.

The total funding amounts from the LIP and trauma programs were approximately \$22,263,000 and \$26,271,000 during the years ended September 30, 2016 and 2015, respectively, and are reported as disproportionate share distributions in the accompanying consolidated statements of operations and changes in unrestricted net assets. Since July 1, 2001, the Hospital has received trauma funding of approximately \$3,500,000 per year from Hillsborough County to supplement the Hospital's reimbursement for trauma services rendered to Hillsborough County residents.

Under the terms of an agreement with the Hillsborough County Health Plan, the Hospital is paid for authorized services provided to eligible recipients based on contracted rates. The contract renews on an annual basis and is currently through June 30, 2017. These payments are subject to certain limits (network caps) for each network per contract, including amounts the Hospital must reimburse physicians. For the year ended September 30, 2016 and 2015, approximately \$24,756,000 and \$23,359,000, respectively, were included in net patient services revenue.

#### **(13) Joint Ventures**

On January 31, 2014, the Center and Adventist Health System Sunbelt Healthcare Corporation (Florida Hospital) established West Central Florida Health Alliance, LLC (WCFHA), a Limited Liability Company organized under the laws of the state of Florida. The Center and Florida Hospital, each, contributed

## FLORIDA HEALTH SCIENCES CENTER, INC.

### Notes to Consolidated Financial Statements

September 30, 2016 and 2015

\$1,000,000 to WCFHA in exchange for a 50% ownership interest. The Center records this investment at cost. The new partnership will provide Tampa residents with greater access to a spectrum of community services and broaden the geographic footprint of these two healthcare providers. On August 5, 2014, the Center and Florida Hospital established West Florida Health, Inc. (WFH), a Florida not-for-profit corporation. In October 2014, the Center and Florida Hospital filed Articles of Amendment to give public notice that they are the members of WFH. In addition, the Center and Florida Hospital transferred all assets and liabilities of WCFHA to WFH as of November 13, 2014. Subsequent to the transfer, WCFHA was dissolved.

On August 19, 2014 West Florida Health, Inc. filed Articles of Organization for West Florida Health Network, LLC (WFH Network), a Florida Limited Liability Company. On July 1, 2015 the Center and Florida Hospital agreed to contribute \$1,500,000 in operating capital to WFH to fund the operations of WFH Network. The Center and Florida Hospital each contributed \$1,025,000 during the fiscal year ended September 30, 2016. Each organization is expected to contribute an additional \$1,297,500 by November 30, 2016.

On November 17, 2014, West Florida Health, Inc. became the sole member of West Florida Health Home Care, Inc. (WFH HC), a Florida not-for-profit Corporation. On January 8, 2015, WFH entered into an asset purchase agreement with University Community Hospital, Inc. and Florida Hospital Zephyrhills, Inc. for a total purchase price of \$3,700,000. The Center and Florida Hospital each contributed \$2,350,000 to WFH to fund 50% of the purchase, which includes \$500,000 for operating capital for the new venture. In May 2015, the Center and Florida Hospital each loaned \$1,200,000 to WFH HC. The notes are demand notes at a 1% interest rate. The Center has recorded this demand note in prepaid and other current assets on the consolidated balance sheet.

The Center's distributive share of operating losses of approximately \$1,986,000 and \$811,000 has been included in nonoperating gain (losses) in the consolidated statements of operations and changes in unrestricted net assets for the years ended September 30, 2016 and 2015, respectively.

#### **(14) Affiliated Organizations**

The Foundation was established to solicit contributions from the general public on behalf of the Hospital for the funding of capital acquisitions and to support Hospital programs. As of September 30, 2016 and 2015, the Foundation held assets for the Hospital that were temporarily and permanently restricted by donors. The Hospital's interest in the net assets of the Foundation is included in assets limited as to use and amounted to approximately \$9,566,000 and \$8,526,000 as of September 30, 2016 and 2015, respectively.

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Notes to Consolidated Financial Statements

September 30, 2016 and 2015

The University of South Florida Board of Trustees (the University) has an affiliation agreement with the Center. The affiliation agreement establishes the Center as the primary teaching hospital for the University in order to provide healthcare education and training for students, residents, and other healthcare professionals. In accordance with the affiliation agreement, the University assigns physicians and residents to provide the customary services of the Center. For the years ended September 30, 2016 and 2015, the Center paid the University approximately \$65,273,000 and \$45,625,000, respectively, for these services, which also include the residents' salaries and the related malpractice coverage and medical director fees. These amounts are recorded within salaries and benefits, professional fees and other expenses in the accompanying consolidated statements of operations and changes in unrestricted net assets.

**(15) Subsequent Events**

The Center has evaluated subsequent events for recognition and disclosure through December 20, 2016, the date the consolidated financial statements were issued, and has determined that no additional disclosures or adjustments are required.

## **SUPPLEMENTARY INFORMATION**



KPMG LLP  
Suite 1700  
100 North Tampa Street  
Tampa, FL 33602-5145

**Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards**

The Board of Directors  
Florida Health Sciences Center, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the consolidated financial statements of Florida Health Sciences Center, Inc. (the Center), which comprise the consolidated balance sheet as of September 30, 2016, and the related consolidated statements of operations and changes in unrestricted net assets, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated December 20, 2016.

*Internal Control over Financial Reporting*

In planning and performing our audit of the consolidated financial statements, we considered the Center'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 financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Center'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 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 Center's consolidated 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 Center'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 Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

KPMG LLP

December 20, 2016  
Certified Public Accountants





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100 North Tampa Street  
Tampa, FL 33602-5145

## **Independent Auditors' Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

The Board of Directors  
Florida Health Sciences Center, Inc.:

### **Report on Compliance for Each Major Federal Program**

We have audited Florida Health Sciences Center, Inc.'s (the Center) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Center's major federal programs for the year ended September 30, 2016. The Center's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

#### *Management's Responsibility*

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

#### *Auditors' Responsibility*

Our responsibility is to express an opinion on compliance for each of the Center's major federal 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)*. 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 program occurred. An audit includes examining, on a test basis, evidence about the Center'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 program. However, our audit does not provide a legal determination of the Center's compliance.

#### *Opinion on Each Major Federal Program*

In our opinion, the Center 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 programs for the year ended September 30, 2016.

### **Report on Internal Control over Compliance**

Management of the Center 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 Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal 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 program and to test and report on internal control over compliance in accordance with the Uniform Guidance, 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 Center'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 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 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 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. Accordingly, this report is not suitable for any other purpose.

#### **Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the consolidated financial statements of the Center as of and for the year ended September 30, 2016, and have issued our report thereon dated December 20, 2016, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated 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 financial statements or to the consolidated 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 is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

**KPMG LLP**

May 5, 2017  
Certified Public Accountants



KPMG LLP  
Suite 1700  
100 North Tampa Street  
Tampa, FL 33602-5145

**Independent Auditors' Report on Compliance for Each Major State Project;  
Report on Internal Control over Compliance; and Report on Schedule of Expenditures of State  
Financial Assistance Required by Chapter 10.650, Rules of the Auditor General**

The Board of Directors  
Florida Health Sciences Center, Inc.:

**Report on Compliance for Each Major State Project**

We have audited Florida Health Sciences Center, Inc.'s (the Center) compliance with the types of compliance requirements described in the Florida Department of Financial Services' *State Projects Compliance Supplement* that could have a direct and material effect on each of the Center's major state projects for the year ended September 30, 2016. The Center's major state projects are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

*Management's Responsibility*

Management is responsible for compliance with state statutes, regulations, and the terms and conditions of its state projects applicable to its state projects.

*Auditors' Responsibility*

Our responsibility is to express an opinion on compliance for each of the Center's major state projects 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 Chapter 10.650, *Rules of the Auditor General*, State of Florida (Chapter 10.650). Those standards and Chapter 10.650 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 state project occurred. An audit includes examining, on a test basis, evidence about the Center'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 state project. However, our audit does not provide a legal determination of the Center's compliance.

*Opinion on Each Major State Project*

In our opinion, the Center 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 state projects for the year ended September 30, 2016.

**Report on Internal Control over Compliance**

Management of the Center 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 Center's internal control over compliance with the types of requirements that could have a direct and material effect on each major state project to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major state project and to test and report on internal control over compliance in accordance with Chapter 10.650, 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 Center'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 state project 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 state project 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 state project 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 Chapter 10.650. Accordingly, this report is not suitable for any other purpose.

#### **Report on Schedule of Expenditures of State Financial Assistance Required by the Chapter 10.650**

We have audited the consolidated financial statements of Center as of and for the year ended September 30, 2016, and have issued our report thereon dated December 20, 2016, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying schedule of expenditures of state financial assistance is presented for purposes of additional analysis as required by Chapter 10.650 and is not a required part of the consolidated 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated 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 financial statements or to the consolidated 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 state financial assistance is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

*KPMG LLP*

May 5, 2017  
Certified Public Accountants

**FLORIDA HEALTH SCIENCES CENTER, INC.**

Schedule of Expenditures of Federal Awards

Year ended September 30, 2016

<u>Federal grantor/pass through agency/program title</u>	<u>CFDA number</u>	<u>Agency or pass through grant number</u>	<u>Expenditures</u>
U.S. Department of Education:			
Division of Vocational Rehabilitation:			
Passed through:			
Florida Department of Education, Division of Vocational Rehabilitation:		H224A060009A and	
Florida Alliance for Assistive Services and Technology	84.224	H224A070009A	\$ <u>100,000</u>
Total U.S. Department of Education			<u>100,000</u>
U.S. Department of Health and Human Services:			
Health Resources and Services Administration			
Passed through:			
State of Florida Department of Health:			
(ASPR) National Bioterrorism Hospital Preparedness Program	93.889	COQVI-R1,A2	88,636
(CDC) Public Health Emergency Preparedness	93.069	COQVI-R1,A2	118,632
Ryan White – HIV Emergency Relief Project Grants	93.914	HB334	389,910
Refugee and Entrant Assistance	93.566	HB334	93,750
Direct Program:			
Poison Control Center Enhancement and Awareness	93.253	5 H4BHS15550-07-00	<u>341,971</u>
Total U.S. Department of Health and Human Services			<u>1,032,899</u>
Total Expenditures of Federal Awards			\$ <u><u>1,132,899</u></u>

See accompanying independent auditors' report.

**FLORIDA HEALTH SCIENCES CENTER, INC.**  
Schedule of Expenditures of State Financial Assistance  
Year ended September 30, 2016

<u>State grantor/pass through agency/program title</u>	<u>CSFA number</u>	<u>Agency or pass through grant number</u>	<u>Expenditures</u>
State of Florida Department of Health:			
Poison Information Center – Tampa	64.014	COQVB	\$ 1,540,383
Verified Trauma Center Financial Support	64.075	TRA20	526,991
Total State of Florida Department of Health			<u>2,067,374</u>
Total Expenditures of State Financial Assistance			<u>\$ 2,067,374</u>

See accompanying independent auditors' report.

## FLORIDA HEALTH SCIENCES CENTER, INC.

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

Year ended September 30, 2016

### (1) General

The accompanying Schedules of Expenditures of Federal Awards and State Financial Assistance (the Schedules) presents the activity of all federal and state programs administered by Florida Health Sciences Center, Inc. (the Center). Awards received directly from federal and state agencies, as well as those passed through other governmental agencies, are included on the Schedules. The information in the 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* (the Uniform Guidance), and Chapter 10.650, *Rules of the Auditor General* (Chapter 10.650) Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the consolidated financial statements.

### (2) Basis of Accounting

Federal and state programs administered by the Center are accounted for within the Center's operating funds. The accompanying Schedules of Expenditures of Federal Awards and State Financial Assistance have been prepared on the same basis of accounting as the Center's consolidated financial statements. The Center's consolidated financial statements are prepared in accordance with U.S. generally accepted accounting principles. Transactions are recorded on an accrual accounting basis. Under the accrual method, revenues are recognized when earned and expenses are recognized when a liability is incurred, without regard to receipt or payment of cash.

### (3) Relationship to Financial Statements

Federal awards and state financial assistance revenues are reported in the Center's consolidated financial statements as other revenue.

### (4) State Matching Funds

As part of the Ryan White – HIV Emergency Relief Project Grants, the Center received \$436,785 in matching funds from the State of Florida for contract HB 334 for the year ended September 30, 2016. In accordance with the contract agreements for these grants these amounts have been excluded from the Schedules of Expenditures of Federal Awards and State Financial Assistance.

### (5) Contingencies

Grant monies received and disbursed by the Center are for specific purposes and are subject to review by the grantor agencies. Such audits may result in requests for reimbursement due to disallowed expenditures. Based upon prior experience, the Center does not believe that such disallowances, if any, would have a material effect on the financial position of the Center. Management is not aware of any material questioned or disallowed costs as a result of grant audits in process or completed.

### (6) Indirect Costs

The Center received a negotiated indirect cost rate for federal awards and state projects; therefore, it did not elect to charge de minimus rate of 10% for determining indirect cost amounts.

**FLORIDA HEALTH SCIENCES CENTER, INC.**  
Schedule of Findings and Questioned Costs  
Year ended September 30, 2016

**(1) Summary of Auditors' Results**

(a) Type of report issued on whether the consolidated financial statements were prepared in accordance with generally accepted accounting principles:	Unmodified
(b) Internal control deficiencies over financial reporting disclosed by the audit of the consolidated financial statements:	
Material weaknesses:	No
Significant deficiencies:	None reported
(c) Noncompliance material to the consolidated financial statements:	No
<i>Federal Awards</i>	
(d) Internal control deficiencies over major programs disclosed by the audit:	
Material weaknesses:	No
Significant deficiencies:	None reported
(e) Type of report issued on compliance for major programs:	Unmodified
(f) Audit findings that are required to be reported in accordance with 2 CFR 200.516 (a)?	No
(g) Major programs:	
<b>Federal programs</b>	<b>CFDA No.</b>
U.S. Department of Health and Human Services: Health Resources and Services Administration – Direct Program Poison Control Center Enhancement and Awareness	93.253
(h) Dollar threshold used to distinguish between type A and type B programs:	\$750,000
(i) Auditee qualified as a low-risk auditee?	Yes



**FLORIDA HEALTH SCIENCES CENTER, INC.**

Schedule of Findings and Questioned Costs

Year ended September 30, 2016

*State Financial Assistance*

(j) Internal control deficiencies over major projects disclosed by the audit:

Material weaknesses identified: No

Significant deficiencies: None reported

(k) Type of report issued on compliance for major state projects: Unmodified

(l) Audit findings that are required to be reported under Chapter 10.650, *Rules of the Auditor General*? No

(m) Major projects::

<u>State projects</u>	<u>CSFA No.</u>
State of Florida Department of Health: Poison Information Center – Tampa	64.014

(n) Dollar threshold used to distinguish between type A and type B projects: \$300,000

**(2) Findings Relating to the Financial Statements Reported in Accordance with Government Auditing Standards**

None

**(3) Findings and Questioned Costs Relating to Federal Awards**

None

**(4) Findings and Questioned Costs Relating to State Projects**

None

There are no items related to state financial assistance required to be reported in a management letter pursuant to Chapter 10.650, *Rules of the Auditor General*.