

Halifax Hospital Medical Center d/b/a Halifax Health

Financial Report
September 30, 2024

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Independent Auditor's Report

RSM US LLP

Honorable Commissioners of the Board
Halifax Hospital Medical Center
d/b/a Halifax Health

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and fiduciary activities of Halifax Hospital Medical Center d/b/a Halifax Health (Halifax Health), as of and for the year ended September 30, 2024, and the related notes to the financial statements, which collectively comprise Halifax Health's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and fiduciary activities of Halifax Health as of September 30, 2024, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the basic financial statements of Halifax Health's fiduciary activities as of and for the year ended September 30, 2024, which represent 100% of the total assets and additions and deductions of the fiduciary activities. The basic financial statements of Halifax Health's fiduciary activities was audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Halifax Health's fiduciary activities, is based solely on the report of the other auditors.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Halifax Health and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Halifax Health's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Halifax Health's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Halifax Health's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

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

Supplementary Information

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

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated January 27, 2025, on our consideration of Halifax Health'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 solely 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 the effectiveness of Halifax Health's 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 Halifax Health's internal control over financial reporting and compliance.

RSM US LLP

Orlando, Florida
January 27, 2025

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

**Management’s Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

INTRODUCTION

This section of the Halifax Hospital Medical Center (the “Medical Center”) d/b/a Halifax Health’s annual financial report provides an overview of the organization and management’s discussion and analysis of financial performance and results for the fiscal year ended September 30, 2024. This analysis should be read in conjunction with the accompanying basic financial statements.

The Medical Center was originally created in 1925 under the name Halifax Hospital District by Chapter 112.72, Laws of Florida, 1925, as amended (“Enabling Act”). The Medical Center’s Board of Commissioners (the “Board”) is empowered to levy ad valorem taxes for operating expenses, capital outlays, and other purposes. Pursuant to the Enabling Act, the Medical Center has all the powers of a body corporate, including, but not limited to, the power to establish, construct, operate, and maintain such hospitals, medical facilities, and health care facilities and services for the preservation of the public health, for the public good, and for the use of the public; to enter into contracts; to borrow money; to establish for-profit and not-for-profit corporations; to acquire, purchase, hold, lease, and convey real and personal property; and of eminent domain.

After an amendment in 2019, the Enabling Act further authorizes the Medical Center to establish, own, construct, equip, operate, manage, and maintain hospitals and facilities and provide services within and beyond the boundaries of the geographic taxing district in the counties of Brevard, Flagler, Lake, and Volusia, as well as allow the continuance of hospice care services throughout the state of Florida. This is as long as proceeds from ad valorem taxes and non-ad valorem special assessments outside the boundaries of the taxing district are not used.

The Medical Center owns and operates three inpatient hospital facilities with a combined 673 beds under one license from the Agency for Health Care Administration (“AHCA”). The main campus of the Medical Center, located in Daytona Beach, includes a Level III neonatal intensive care center and a Level II state-certified trauma center, offering open-heart surgery, neurosurgery, inpatient rehabilitation and other specialty inpatient and outpatient services. The Port Orange campus, located 10 miles south of the main campus, is a community hospital providing a broad range of services to the residents of Port Orange and southeast Volusia County. The Halifax Behavioral Services (“HBS”) campus, two miles north of the main campus, provides inpatient and outpatient child, adolescent, and adult psychiatric services. In addition to its inpatient facilities, the Medical Center owns and operates outpatient centers in Daytona Beach, Port Orange, Ormond Beach, Palm Coast, New Smyrna Beach, and Deland.

Further, the Medical Center of Deltona (“MCD”) was established and opened in February 2020. MCD is a 43-bed hospital, separately licensed by AHCA, that provides the Deltona community with a hospital and high-quality medical care. In addition, MCD also owns and operates the outpatient centers located in Deltona.

The licensed beds by location are set forth in the table below:

Licensed Beds by Location

Main campus:	
Inpatient hospital	523
Inpatient rehabilitation	40
Port Orange campus	80
Medical Center of Deltona	43
HBS campus	30
Total	716

**Halifax Hospital Medical Center
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**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

The Medical Center has established not-for-profit corporations (the "component units" or the "affiliates") to assist in carrying out its purpose to provide health care and related services to the community. The component units are legally separate organizations that were established to provide administrative and other services for and on behalf of the Medical Center. The component units of the Medical Center are:

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

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

OVERVIEW OF THE FINANCIAL STATEMENTS

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

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

Schedules of net position and revenues, expenses, and changes in net position for the Obligated Group are included as additional (supplementary) information. The members of the Obligated Group are the Medical Center and Holdings. In accordance with generally accepted accounting principles, certain component units are blended with the accounts of the Medical Center in the Obligated Group financial information, including EVHS, Staffing, HHCSI and PBFS.

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

**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

NET POSITION AND CHANGES IN NET POSITION

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

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

	September 30,	
	<u>2024</u>	<u>2023</u>
Current assets	\$ 749,249	\$ 637,378
Assets whose use is limited, noncurrent	79,017	35,055
Capital and right to use assets, net	501,207	478,943
Other noncurrent assets and deferred outflows	<u>205,407</u>	<u>224,723</u>
Total assets and deferred outflows	<u>\$ 1,534,880</u>	<u>\$ 1,376,099</u>
Current liabilities	\$ 205,112	\$ 188,701
Long-term debt and premium on long-term debt, net	512,406	447,684
Noncurrent liabilities and deferred inflows	<u>229,988</u>	<u>262,151</u>
Total liabilities and deferred inflows	<u>947,506</u>	<u>898,536</u>
Net investment in capital assets	2,280	38,843
Restricted net position	5,671	5,671
Unrestricted net position	<u>579,423</u>	<u>433,049</u>
Total net position	<u>587,374</u>	<u>477,563</u>
Total liabilities, deferred inflows and net position	<u>\$ 1,534,880</u>	<u>\$ 1,376,099</u>

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

**Management’s Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

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

**Condensed Statements of Revenues and Expenses
(In Thousands)**

	September 30,	
	2024	2023
Operating revenue	\$ 880,901	\$ 786,457
Operating expenses	(817,147)	(747,524)
Income from operations	63,754	38,933
Nonoperating revenues, net	46,057	5,418
Contributions	-	12,000
Increase in net position	\$ 109,811	\$ 56,351

MANAGEMENT’S DISCUSSION OF RECENT FINANCIAL PERFORMANCE

Total assets and deferred outflows of Halifax Health increased \$158.8 million from September 30, 2023. Current assets of Halifax Health increased \$111.9 million from fiscal year 2023 primarily as a result of an increase in investments of \$125.6 million partially offset by a decrease in cash and cash equivalents of \$22 million. Accounts receivable increased by \$6.5 million due to increased patient volumes. Trustee held funds increased by \$42 million from 2023 from the issuance of the Halifax Hospital Medical Center (Daytona Beach, Florida) Hospital Revenue Bonds, Series 2024 (“Series 2024 – Medical Center”). Capital and right to use assets, net of accumulated depreciation increased \$22.3 million from 2023 due to purchases of capital assets of \$50.1 million. Other noncurrent assets and deferred outflows decreased \$19.3 million from 2023 primarily due to deferred outflows related to the pension plan.

Total liabilities and deferred inflows of Halifax Health increased \$49.0 million from September 30, 2023. Current liabilities increased \$16.4 million primarily as a result of an increase in accounts payable of \$9.8 million and an increase in accrued payroll of \$3.3 million.

Long-term debt, excluding current portion due, increased approximately \$63 million from September 30, 2023, primarily as a result of the debt issuance of the Series 2024 – Medical Center bonds. As of September 30, 2024, the Medical Center’s outstanding bonds (Series 2008, Series 2015, Series 2016, Series 2022-Medical Center and Series 2024 – Medical Center) were rated A- by Standard & Poor’s, and A- by Fitch Ratings with a stable outlook.

The decrease in noncurrent liabilities and deferred inflows of Halifax Health of \$32.2 million from September 30, 2023 is primarily due to the decrease in net pension liability of \$27.3 million.

The net position of Halifax Health at September 30, 2024, was \$587.4 million, an increase of \$109.8 million from September 30, 2023.

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

**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

Operating Revenues

The increase in operating revenues of \$94.4 million over 2023 of Halifax Health is primarily the result of increased volumes in inpatient admissions, emergency department visits, orthopedics, general surgery and hospice service lines. Halifax Health continues to expand the quality and continuum of services that it provides to the community.

Utilization statistics for the years ended September 30, 2024 and 2023 are as follows:

Halifax Health Utilization Statistics

	September 30,	
	2024	2023
Medical Center Activity:		
Admissions	26,071	25,795
Patient days	148,574	149,083
Average daily census	407	408
Total outpatient visits	296,816	282,807
Observation patient day equivalents	8,778	10,088
Medical Center of Deltona Activity:		
Admissions	2,472	2,006
Patient days	9,706	7,018
Average daily census	27	19
Total outpatient visits	21,040	20,207
Observation patient day equivalents	1,917	1,951
Hospice Activity:		
Hospice patient days	264,203	255,140

Halifax Health's inpatient admissions for 2024 increased by 742 admissions compared to 2023, and patient days for 2024 increased by 2,179 (1.4%) compared to 2023. The increase in patient days led to an increase in the average daily census by 7 patients per day from the prior year. Outpatient visits for 2024 increased by 14,842 compared to 2023.

Operating Expenses

Total operating expenses of Halifax Health increased by \$69.6 million in fiscal year 2024 compared to fiscal year 2023 primarily due to an increase in salaries of \$22.4 million, an increase in supplies of \$22.7 million, and an increase in purchased services of \$16.7 million.

Halifax Health also incurs expenses related to ad valorem taxes levied. These expenses include payments to Volusia County and the cities of Daytona Beach, Ormond Beach, Holly Hill, South Daytona and Port Orange (tax collector and appraiser commissions, Medicaid matching funds, and redevelopment taxes) and the costs of non-hospital community health services (physician services, community clinics, prescription drugs, medical supplies, etc.). Ad valorem tax-related expenses were substantially the same from 2024 to 2023.

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

**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

Nonoperating Revenues, Expenses, Gains and Losses

Investment income increased \$24.4 million in fiscal year 2024 compared to fiscal year 2023 as a result of favorable performance of the equity markets. Investment income for the year ended September 30, 2024 includes a favorable change in unrealized gains and losses, net of approximately \$19.1 million.

KEY FINANCIAL INDICATORS

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

Key Financial Indicators

	September 30,	
	2024	2023
Total margin	11.5%	5.5%
Days cash on hand	293	276
Unrestricted cash to long-term debt	117.2%	114.8%
Long-term debt to capitalization	48.7%	49.9%
Total net patient service revenue, before provision for bad debts (in millions)	\$ 918.3	\$ 793.9

The total margin increased to 11.5% in fiscal year 2024 due to an increase in operating revenues and nonoperating revenues primarily related to excess operating cash flow and investment income compared to fiscal year 2023. The number of days cash on hand, which includes unrestricted cash, investments and board designated assets whose use is limited, increased from 276 days at September 30, 2023 to 293 days at September 30, 2024, due primarily as a result of excess cash flow, land sales and Series 2024 bond financing which included \$33 million for previously reimbursed capital expenditures.

Total net patient service revenue, before provision for bad debts, increased \$124.3 million from 2023 as a result of higher admissions, patient days, patient acuity, surgical volume increases, and revised charge and payment increases from third parties and Medicare.

COMMUNITY BENEFIT

Halifax Health provides a continuum of health care services to the community and is involved in numerous outreach programs that help meet the public health needs of the community. Halifax Health provided an estimated \$60.7 million in community benefits during fiscal year 2024, which is comprised of amounts paid for community health and wellness services and the cost of uncompensated care, calculated by multiplying the cost-to-charge ratio times to the total amount of uncompensated care deductions from gross revenue.

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

**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

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

SCHEDULE OF USES OF PROPERTY TAXES
(in thousands)

	September 30,	
	2024	2023
Gross property tax levy	\$ 21,186	\$ 20,640
Tax discounts and uncollectible taxes	(475)	(612)
Net property taxes collected	20,711	20,028
Amounts paid to Volusia County and Cities:		
Tax collector and appraiser commissions	(696)	(453)
Volusia County Medicaid matching assessment	(2,804)	(2,794)
Redevelopment taxes paid to Cities	(1,251)	(1,179)
Subtotal	(4,751)	(4,426)
Net taxes available for community health, wellness and readiness	15,960	15,602
Amounts paid for community health and wellness services:		
Preventive health services (clinics, Healthy Kids, etc.)	(324)	(229)
Physician services	(9,315)	(10,336)
Trauma services	(7,247)	(6,407)
Pediatric and neonatal intensive care services	(1,905)	(1,750)
Child and adolescent behavioral services	(828)	(370)
Subtotal	(19,619)	(19,092)
Deficiency of net taxes available to fund hospital operating expenses	(3,659)	(3,490)
Uncompensated care provided by Halifax Health, <i>at cost</i> :		
Halifax Health patients at facilities within the Halifax Health tax district	(32,097)	(27,240)
Non Halifax Health taxing district patients and other write-offs	(24,940)	(15,592)
Subtotal	(57,037)	(42,832)
Total deficiency of net taxes available to fund hospital operating expenses and uncompensated care provided by Halifax Health, <i>at cost</i>	\$ (60,696)	\$ (46,322)

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

**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

RISK FACTORS

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

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

- Salaries in the health care industry continue to be very competitive due to increased costs of attracting and retaining quality physicians, registered nurses, and other health care professionals. The COVID-19 pandemic has made attracting and retaining clinical staff more difficult and has caused health care providers including Halifax Health to utilize contracted clinical services, resulting in increased costs. During the year ended September 30, 2024, the Medical Center incurred increased costs for internal clinical staffing and contract labor of \$17.1 million.
- Rising rates of inflation and interest could result in increased costs that may not be offset by increases in Medicare, Medicaid, commercial and other payor rates.
- Market fluctuations and volatility could impact investment income of the Medical Center and its affiliates, and required pension plan funding.
- Expansion of telemedicine services and elimination of certificate of need requirements in the state of Florida may lead to greater competition and lower patient volumes and revenues.
- Respiratory Syncytial Virus Infection (RSV) and/or other viral infections, or new public health emergencies, could affect the Medical Center's ability to maintain clinical staffing levels and provide services.
- Severe weather, including hurricanes and tropical storms, could impact the ability of the Medical Center to provide services, and could result in increased costs and a negative local economic impact.
- The laws and regulations governing the Medicare and Medicaid program are complex and subject to change. As such, changes to these programs could have a negative effect on the financial performance of the Halifax Health. Audits of hospital compliance with Medicare and Medicaid program laws and regulations present exposure for repayments and fines and penalties.
- Federal and State initiatives:
 - The state of Florida has not approved Medicaid expansion, which has constrained state funding.
 - Federal legislative efforts, both directly and via tax reform, could significantly reduce access to individual insurance coverage currently provided under Federal programs.
 - The state of Florida Low Income Pool ("LIP") Program has been extended to June 30, 2030. Payments from the LIP program have been limited to the cost of charity care services provided, meaning that LIP funds are not available to offset Medicaid costs in excess of Medicaid payments.

**Halifax Hospital Medical Center
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**Management's Discussion and Analysis (Unaudited)
Year Ended September 30, 2024**

- Medicaid special payment programs that began during fiscal year 2021, Hospital Directed Payment Program and Physician Directed Payment Program, designed to offset (but not eliminate) Medicaid costs in excess of Medicaid payments, could result in DSH and LIP cost limits to be exceeded and amounts being paid back in the future.
- The Federal Affordable Care Act ("ACA") enacted in March 2010, includes reduction in Medicaid disproportionate share funding of \$4 billion in 2020 (which was delayed due to the COVID-19 pandemic) and \$8 billion each year from 2021 to 2025, which could reduce payments to Halifax Health unless the cuts are further delayed by Congress. In addition, the "Build Back Better Act," adopted by the House of Representatives in November 2021 with support of President Biden, includes provisions that could further reduce Medicaid disproportionate share funding.
- The Statutory Pay-As-You-Go Act of 2010 will cause a 4% reduction in Medicare spending, including payments to hospitals, beginning in 2023, unless Congress waives these payment cuts.
- The Centers for Medicare & Medicaid Services (CMS) revised their regulations on the counting of Medicaid days in the disproportionate share hospital (DSH) calculation associated with certain section 1115 demonstrations. These changes are effective for patients discharged on or after October 1, 2023. As a result, providers will no longer be able to claim certain days associated with section 1115 waiver demonstrations. The rule will reduce Medicare DSH payments for hospitals and could impact a hospital's Medicare DSH and uncompensated care qualification or 340B program qualification. CMS estimates that excluding these days may result in a \$348 million annual reduction in the Medicare DSH payments to those impacted providers. CMS also acknowledges that the estimate is uncertain and the actual impact may be higher or lower.
- CARES Act Provider Relief Funds received are subject to audit and certain amounts could be at risk of being paid back in the future.
- Bundled payments and value-based payment initiatives of the Medicare program may reduce net payments received by Halifax Health.

The uncertainties listed above may adversely impact future operating results and financial position. The estimated effects of these matters have been considered in the development of the fiscal year 2024 Halifax Health operating budget.

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

**Statement of Net Position
September 30, 2024
(In Thousands)**

Assets and Deferred Outflows

Current Assets:	
Cash and cash equivalents	\$ 150,886
Investments	463,327
Current assets whose use is limited—Trustee-held self-insurance funds	216
Accounts receivable, patients, net of estimated uncollectibles of \$123,159	91,192
Inventories	20,151
Current portion of rent receivable	3,044
Other current assets	20,433
Total current assets	749,249
Noncurrent Assets Whose Use is Limited:	
Board-designated, funded depreciation	28,670
Trustee held funds	42,026
Restricted by donor	5,671
Board-designated, other	2,650
Investment in securities loan agreement	130,040
Depreciable capital assets, net	374,304
Nondepreciable capital assets	108,142
Right to use assets, net	18,761
Rent receivable	8,730
Other assets	21,122
Total assets	1,489,365
Deferred Outflows:	
Interest rate swap	14,411
Pension, contribution after measurement	10,615
Pension, other	9,065
Deferred outflows related to other postemployment benefits	1,085
Loss on refunding of debt, net	10,339
Total deferred outflows	45,515
Total assets and deferred outflows	\$ 1,534,880

(Continued)

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

**Statement of Net Position (Continued)
September 30, 2024
(In Thousands)**

Liabilities, Deferred Inflows and Net Position

Current Liabilities:

Accounts payable and accrued liabilities	\$ 135,527
Accrued payroll and personal leave time	34,586
Current portion of accrued self-insurance liability	4,230
Current portion of long-term debt	10,395
Current portion of lease liabilities	2,126
Current portion of SBITA liabilities	5,588
Interest payable on long-term debt	6,461
Other current liabilities	6,199
Total current liabilities	<u>205,112</u>

Noncurrent Liabilities:

Long-term debt, less current portion	502,215
Long-term lease liabilities, less current portion	8,085
SBITA liabilities, less current portion	5,197
Premium on long-term debt, net	10,191
Net pension liability	32,988
Other postemployment benefits liability	15,023
Accrued self-insurance liability, less current portion	7,070
Other liabilities	7,318
Securities loan agreement obligation	130,040
Long-term value of interest rate swap	14,411
Total liabilities	<u>937,650</u>

Deferred inflows related to leases	9,725
Deferred inflows related to other postemployment benefits	131
Total liabilities and deferred inflows	<u>947,506</u>

Net Position:

Net investment in capital assets	2,280
Restricted by donors, expendable	5,427
Restricted by donors, nonexpendable	244
Unrestricted	579,423
Total net position	<u>587,374</u>

Total liabilities, deferred inflows and net position	<u><u>\$ 1,534,880</u></u>
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See Notes to Financial Statements.

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

**Statement of Revenues, Expenses and Changes in Net Position
Year Ended September 30, 2024
(In Thousands)**

Operating Revenues:	
Net patient service revenue, before provision for bad debts	\$ 918,262
Provision for bad debts	(97,372)
Net patient service revenue	<u>820,890</u>
Ad valorem tax revenue	21,186
Other revenue	38,825
Total operating revenues	<u>880,901</u>
Operating Expenses:	
Salaries and benefits	391,732
Supplies	172,004
Purchased services	167,243
Depreciation and amortization	37,896
Ad valorem tax-related expenses	6,964
Leases and rentals	5,224
Other	36,084
Total operating expenses	<u>817,147</u>
Income from operations	63,754
Nonoperating Revenues (Expenses):	
Interest expense	(20,689)
Bond issue costs	(1,044)
Investment income, SLA	1,297
Investment income, net	45,898
Donation revenue	885
Appropriations	10,000
Nonoperating gains, net	9,710
Total nonoperating revenues, net	<u>46,057</u>
Increase in net position	109,811
Net Position:	
Beginning of year	477,563
End of year	<u>\$ 587,374</u>

See Notes to Financial Statements.

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

**Statement of Cash Flows
Year Ended September 30, 2024
(In Thousands)**

Cash Flows from Operating Activities:	
Receipts from third-party payors and patients	\$ 814,419
Payments to employees	(389,446)
Payments to suppliers	(344,596)
Other receipts	49,147
Other payments	(58,935)
Net cash provided by operating activities	70,589
Cash Flows from Noncapital Financing Activities:	
Proceeds from donations received	885
Other nonoperating gains	6,501
Net cash provided by noncapital financing activities	7,386
Cash Flows from Capital and Related Financing Activities:	
Acquisition of capital assets	(57,823)
Receipt of appropriations funding	10,000
Proceeds from the sale of capital assets	14,033
Gain on disposal of capital assets	3,210
Purchase of trustee held investments for capital projects	(42,026)
Principal paid on long-term debt	(9,635)
Proceeds from issuance of long-term debt	73,360
Payment of bond issue costs	(1,044)
Payment of interest on long-term debt	(19,980)
Net cash used in capital and related financing activities	(29,905)
Cash Flows from Investing Activities:	
Realized investment income	19,167
Investment income, SLA	1,297
Purchase of investments and assets whose use is limited	(184,937)
Proceeds from sales and maturities of investments and assets whose use is limited	94,429
Net cash used in investing activities	(70,044)
Net decrease in cash and cash equivalents	(21,974)
Cash and Cash Equivalents:	
Beginning of year	172,860
End of year	<u>\$ 150,886</u>

(Continued)

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

**Statement of Cash Flows (Continued)
Year Ended September 30, 2024
(In Thousands)**

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Reconciliation of Income from Operations to Net Cash	
Provided by Operating Activities:	
Income from operations	\$ 63,754
Adjustments to reconcile income from operations to net cash provided by operating activities:	
Depreciation and amortization expense	37,896
Change in unrealized gains and losses on investments considered operating activity	(10,279)
Provision for bad debts	97,372
Changes in assets and liabilities:	
Accounts receivable, patients	(103,843)
Inventories and other current assets	(542)
Rent receivable	(5,487)
Other assets	(2,721)
Deferred outflows, pension contribution after measurement date	5,985
Deferred outflows, pension other	23,418
Deferred outflows related to other postemployment benefits	87
Deferred outflows, loss on refunding of debt	859
Accounts payable and accrued liabilities	(4,397)
Lease and SBITA payments	(6,455)
Other liabilities	(28,584)
Deferred inflows related to leases	3,644
Deferred inflows related to other postemployment benefits	(118)
Net cash provided by operating activities	<u>\$ 70,589</u>
Noncash operating activities:	
Lease and SBITA liabilities incurred in connection with right to use assets	<u>\$ 1,914</u>
Noncash investing activities:	
Change in unrealized gains and losses on investments and assets whose use is limited	<u>\$ 26,796</u>
Noncash capital and related financing activities:	
Securities lending agreement	<u>\$ (2,025)</u>
Change in fair value of interest rate swap	<u>\$ 6,101</u>
Noncash investing and financing activities:	
Acquisition of capital assets included in accounts payable and accrued liabilities	<u>\$ 17,552</u>

See Notes to Financial Statements.

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

**Statement of Fiduciary Net Position
September 30, 2024
(In Thousands)**

Assets:

Investments, at fair value:

Money market funds	\$	113
Mutual funds		227,061
Pooled, common and collective funds		137,998
Accrued income		1
Total investments		<u>365,173</u>
Net assets restricted for pension benefits	\$	<u>365,173</u>

Liabilities and Net Position:

Accounts payable	\$	7
Net position		365,166
Total liabilities and net position restricted for pension benefits	\$	<u>365,173</u>

See Notes to Financial Statements.

Halifax Hospital Medical Center
d/b/a Halifax Health

Statement of Changes in Fiduciary Net Position
Year Ended September 30, 2024
(In Thousands)

Additions:	
Investment results:	
Appreciation in fair value of investments	\$ 55,655
Interest and dividends	<u>6,587</u>
Net investment income	62,242
Employer contributions	<u>10,139</u>
Total investment income and employer contributions, net	72,381
Deductions:	
Administrative expenses	57
Benefits paid directly to participants	<u>22,788</u>
Total deductions	<u>22,845</u>
Increase in net position restricted for pension benefits	49,536
Net Position Restricted for Pension Benefits:	
Beginning of year	315,630
End of year	<u>\$ 365,166</u>

See Notes to Financial Statements.

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

Notes to Financial Statements

Note 1. Description of the Organization

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

The Medical Center, located in Daytona Beach, Florida, is a full-service, accredited, acute care hospital licensed to operate 673 beds. The Medical Center owns and operates three inpatient hospital facilities under one license and several ambulatory facilities. The main campus of the Medical Center is the inpatient referral center, providing Level III neonatal intensive care and a Level II state-certified trauma center, in addition to open-heart surgery, neurosurgery, and other specialty inpatient and outpatient services. The Port Orange campus, located 10 miles south of the main campus, is a community hospital providing a broad range of services to the residents of Port Orange and Southeast Volusia County. The Halifax Behavioral Services campus, located two miles north of the main campus, provides child, adolescent, and adult inpatient and outpatient psychiatric services to the residents of Volusia and Flagler Counties.

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

Component Units: East Volusia Health Services, Inc. (“EVHS”); Halifax Healthcare Systems, Inc. (“HHCSI”), HH Holdings, Inc. (“Holdings”); Halifax Healthy Families Corporation d/b/a Healthy Communities (“Healthy Communities”); Halifax Staffing, Inc. (“Staffing”); Patient Business & Financial Services, Inc. (“PBFS”); Halifax Hospice, Inc. d/b/a Halifax Health Hospice (“Hospice”); Halifax Management System, Inc. (“HMS”); Halifax Medical Center Foundation, Inc. (“Foundation”); Medical Center of Deltona, Inc. (“MCD”) and Volusia Health Ventures, Inc. d/b/a Volusia Health Network (“VHN”) are legally separate organizations which represent component units of the Medical Center.

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

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

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

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

Notes to Financial Statements

Note 1. Description of the Organization (Continued)

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

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

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

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

MCD is a not-for-profit corporation, incorporated in the state of Florida, operating an accredited, 43-bed acute care hospital located in the City of Deltona, Florida.

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

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

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

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

EVHS has a 95% interest in Daytona Area Senior Services ("DASS") d/b/a Halifax Health Care at Home, which provides home health services to the residents of the local area. DASS' financial activity is included in these financial statements.

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

Notes to Financial Statements

Note 1. Description of the Organization (Continued)

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

**Condensed Combining Statement of Net Position
September 30, 2024
(In Thousands)**

	Medical Center	Blended Component Units										Intercompany Eliminations	Halifax Health
		Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	MCD	HMS		
Assets and Deferred Outflows													
Current assets	\$ 287,128	\$ 197,407	\$ -	\$ -	\$ 264	\$ 21,630	\$ 141,272	\$ 6	\$ 67,428	\$ 27,646	\$ 23,399	\$ (16,931)	\$ 749,249
Noncurrent assets whose use is limited	70,696	-	-	-	-	-	2,650	-	5,671	-	-	-	79,017
Capital and right to use assets, net	352,145	18,536	-	-	1,215	225	17,482	-	-	110,855	18,707	(17,958)	501,207
Other assets and deferred outflows	55,804	6,677	-	-	-	11,765	5,361	-	-	131,258	12,389	(17,847)	205,407
Total assets and deferred outflows	\$ 765,773	\$ 222,620	\$ -	\$ -	\$ 1,479	\$ 33,620	\$ 166,765	\$ 6	\$ 73,099	\$ 269,759	\$ 54,495	\$ (52,736)	\$ 1,534,880
Liabilities, Deferred Inflows and Net Position													
Current liabilities	\$ 186,701	\$ 54	\$ -	\$ -	\$ 2,413	\$ 434	\$ 4,507	\$ 207	\$ 53	\$ 25,736	\$ 1,938	\$ (16,931)	\$ 205,112
Long-term debt, less current portion	374,590	-	-	-	-	-	-	-	-	127,625	-	-	502,215
Other liabilities and deferred inflows	106,621	6,901	-	-	1,017	122	4,629	-	1,838	133,139	21,717	(35,805)	240,179
Total liabilities and deferred inflows	667,912	6,955	-	-	3,430	556	9,136	207	1,891	286,500	23,655	(52,736)	947,506
Net Position:													
Net investment in capital assets	(19,906)	18,441	-	-	5	116	15,196	-	-	(21,872)	11,057	(757)	2,280
Restricted by donors, expendable	-	-	-	-	-	-	-	-	5,427	-	-	-	5,427
Restricted by donors, nonexpendable	-	-	-	-	-	-	-	-	244	-	-	-	244
Unrestricted (deficit)	117,767	197,224	-	-	(1,956)	32,948	142,433	(201)	65,537	5,131	19,783	757	579,423
Total net position	97,861	215,665	-	-	(1,951)	33,064	157,629	(201)	71,208	(16,741)	30,840	-	587,374
Total liabilities, deferred inflows and net position	\$ 765,773	\$ 222,620	\$ -	\$ -	\$ 1,479	\$ 33,620	\$ 166,765	\$ 6	\$ 73,099	\$ 269,759	\$ 54,495	\$ (52,736)	\$ 1,534,880

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

Notes to Financial Statements

Note 1. Description of the Organization (Continued)

**Condensed Combining Statement of Revenues, Expenses and Changes in Net Position
Year Ended September 30, 2024
(In Thousands)**

	Medical	Blended Component Units										Intercompany Eliminations	Halifax Health
	Center	Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	MCD	HMS		
Operating revenues	\$ 725,981	\$ 1,827	\$ -	\$ -	\$ 2,946	\$ 10,811	\$ 60,036	\$ 1,270	\$ 13,350	\$ 63,736	\$ 4,926	\$ (3,982)	\$ 880,901
Operating expenses, before depreciation and amortization	306,515	217	332,072	19,871	3,848	4,316	56,574	1,087	930	52,970	1,203	(352)	779,251
Depreciation and amortization	30,818	607	-	-	237	112	1,233	-	-	6,556	1,963	(3,630)	37,896
Total operating expenses	337,333	824	332,072	19,871	4,085	4,428	57,807	1,087	930	59,526	3,166	(3,982)	817,147
Income (loss) from operations	388,648	1,003	(332,072)	(19,871)	(1,139)	6,383	2,229	183	12,420	4,210	1,760	-	63,754
Nonoperating revenues (expenses)	(338,291)	13,582	332,072	19,871	-	-	23,148	6	-	(5,515)	1,184	-	46,057
Increase (decrease) in net position	\$ 50,357	\$ 14,585	\$ -	\$ -	\$ (1,139)	\$ 6,383	\$ 25,377	\$ 189	\$ 12,420	\$ (1,305)	\$ 2,944	\$ -	\$ 109,811

**Condensed Combining Statement of Cash Flows
Year Ended September 30, 2024
(In Thousands)**

Net cash provided by (used in):	Medical	Blended Component Units										Intercompany Eliminations	Halifax Health
	Center	Holdings	Staffing	PBFS	HHCSI	EVHS	Hospice	VHN	Foundation	MCD	HMS		
Operating Activities	\$ 418,869	\$ 1,381	\$ (332,072)	\$ (19,871)	\$ -	\$ 2,921	\$ 3,693	\$ -	\$ 1,995	\$ 8,528	\$ 2,697	\$ -	\$ 88,141
Noncapital Financing Activities	(345,104)	30	332,072	19,871	-	(10)	527	-	-	-	-	-	7,386
Capital and Related Financing Activities	(37,074)	(195)	-	-	-	-	(594)	-	-	(9,825)	231	-	(47,457)
Investing Activities	(20,763)	(5,559)	-	-	-	(13,518)	(4,930)	-	(2,717)	(7,541)	(15,016)	-	(70,044)
Net increase (decrease) in cash and cash equivalents	15,928	(4,343)	-	-	-	(10,607)	(1,304)	-	(722)	(8,838)	(12,088)	-	(21,974)
Cash and Cash Equivalents:													
Beginning of year	111,248	5,647	-	-	-	15,802	8,441	-	1,426	14,554	15,742	-	172,860
End of year	\$ 127,176	\$ 1,304	\$ -	\$ -	\$ -	\$ 5,195	\$ 7,137	\$ -	\$ 704	\$ 5,716	\$ 3,654	\$ -	\$ 150,886

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

Notes to Financial Statements

Note 1. Description of the Organization (Continued)

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

Note 2. Significant Accounting Policies

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

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

Cash and Cash Equivalents: All unrestricted highly liquid investments with maturities of three months or less when purchased are considered cash equivalents, excluding cash and cash equivalents included in assets whose use is limited. Cash deposits are fully collateralized and federally insured up to Federal Deposit Insurance Corporation limits.

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

Master Securities Loan Agreement: Halifax Health lends securities to other entities (borrowers) for collateral that will be returned for the same securities in the future under Master Securities Loan Agreements ("MSLA"). MCD entered into an MSLA with JP Morgan Chase Bank, N.A. ("JPMC"). The securities are recorded as a noncurrent asset and a noncurrent liability in the statement of net position.

Assets Whose Use is Limited: Assets whose use is limited are marketable securities that are designated and set aside and controlled by the Board for repair and replacement of capital assets and for other purposes. The Board retains control of, and may use, these designated assets for purposes other than those for which the assets were initially designated.

Capital Assets: Purchases of real property and equipment of \$5,000 or greater that have a useful life of longer than one year are capitalized at cost. The costs of replacement assets are capitalized in the same manner. The cost of minor equipment less than \$5,000 and repairs are recorded in operating expenses.

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

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Depreciation and Amortization: Capital assets, excluding land and construction in progress, are depreciated on a straight-line basis over the estimated useful lives of the related assets. Estimated useful lives range from 5 to 20 years for building improvements, 10 to 40 years for buildings, 10 to 20 years for fixed equipment, and 3 to 20 years for major movable equipment. Capitalized intangible assets and goodwill are amortized over their estimated useful lives of three years and five years, respectively. Bond premium (discount) is reported in the accompanying financial statements as an increase (deduction) from long-term debt and is deferred and amortized in a manner that approximates the effective interest method.

Leases: A lease asset is determined at inception when the control of the right to use underlying asset belongs to the entity for the term of the lease for a period of one year or greater. The term of the lease may include exercisable options when reasonably certain the option will be renewed. Right to use assets are amortized in a systematic and rational manner over the shorter of the lease terms or useful life of the underlying asset.

Leases, in which Halifax Health is the lessee, are included as right to use assets, net of amortization, in accordance with GASB Statement No. 87, *Leases* ("GASB 87"), in the statement of net position at the present value of expected lease payments over the lease term, adjusted for lease incentives, if applicable. Lease liabilities and rent receivables are based initially at the present value of lease payments or receipts, respectively, over the course of the lease and is re-measured whenever there is a change or modification of the lease terms. The current and long-term lease liabilities are recorded in the statement of net position.

Payments for leases, in which Halifax Health is the lessor, are recorded as a rent receivable and a deferred inflows related to leases. Terms vary by lease, each providing a monthly lease payment subject to a fixed escalation on the anniversary date of the agreement. As lease payments are received, deferred inflows are accreted as rental revenue and the interest income is included in investment income in the statement of revenue, expenses and change in net position.

For leases recorded, the rates are based upon the incremental borrowing rate and vary based on inception date and terms of the contract. Current rates range from 0.59% to 6.47%.

Subscription-Based Information Technology Arrangements: Subscription-Based Information Technology Arrangements ("SBITA") is defined as a contract that conveys control of the right to use another party's information technology software, alone or in combination with tangible capital assets, as specified in the contract for a period of time in an exchange or exchange-like transaction. A SBITA is included as right to use asset and corresponding SBITA liability in accordance with GASB Statement No. 96, *Subscription-Based Information Technology Arrangements* (GASB 96).

For SBITAs recorded, the rates are based upon the incremental borrowing rate and vary based on inception date and terms of the contract. Current rates range from 5.0% to 6.02%.

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Debt Issuance Costs and Unamortized Bond Premium (Discount): Debt issuance costs are expensed as incurred. Unamortized bond premiums and discounts are amortized over the period the related obligation is outstanding. The amortization of bond premiums and discounts are included as a component of interest expense.

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

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

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

Personal Leave Time: Personal leave time, which includes holiday, sick, and vacation time, that is accrued but not used at September 30, 2024, is included in accrued payroll and personal leave time in the accompanying statement of net position.

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

Self-Insurance: Halifax Health is self-insured for various risks of loss, including professional and general liability losses, workers' compensation claims, and employees' health claims. Estimated liabilities include known claims and claims that have been incurred but not reported. The noncurrent portion of estimated professional and general liability losses and workers' compensation claims have been discounted using a 2% interest rate for 2024. Estimated losses for employees' health claims are not discounted as all amounts are considered current liabilities. See Note 6 for more information on self-insurance liabilities.

Income Taxes: The Medical Center is tax exempt under Section 115 of the Internal Revenue Code ("IRC"). With the exception of VHN, all of the component units are not-for-profit corporations described in Section 501(c)(3) of the IRC and are exempt from federal and state income taxes on related income pursuant to Section 501(a) of the IRC and Chapter 220.13 of the Florida Statutes, respectively. VHN is a taxable Florida not-for-profit corporation. There was no material amount of tax expense or benefit for the year ended September 30, 2024.

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

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

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

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

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

Revenue and Expenses: For purposes of presentation, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as operating revenues and expenses. Peripheral or incidental transactions, such as interest expense, donations, and investment income (loss) are reported as nonoperating revenues, expenses, gains, and losses, with the exception of the Foundation. Investment income (loss) of the Foundation is recorded as operating revenues in the accompanying statement of revenues, expenses and changes in net position.

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

Ad valorem taxes received by the Medical Center are based on the assessed valuation of certain taxable real and personal property at the Board-approved millage rate for the year. Gross receipts of \$21.1 million are included in operating revenues in the accompanying statement of revenues, expenses, and changes in net position. Certain expenses directly attributable to the Medical Center's status as a taxing authority are classified as ad valorem tax-related expenses. These expenses, when added to the charity care and other uncompensated care provided to qualifying patients, exceed ad valorem taxes received and are considered by the Board when determining the tax levy.

Substantially all expenses, including those expenses directly attributable to the Medical Center's status as a taxing authority, are considered by management to be ongoing and central to the provision of health care services and, therefore, are reported as operating expenses.

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

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

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

Net patient service revenue is reported at estimated net realizable amounts due from patients, third-party payors, and others when services are rendered, and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Approximately \$24.5 million in amounts due to Medicare and Medicaid relating to estimated future retroactive adjustments is recorded in accounts payable and accrued liabilities.

Revenue from the Medicare and Medicaid programs accounted for approximately 55.6% of net patient service revenue for the year ended September 30, 2024. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Adjustments to revenue are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as changes in estimated provisions and final settlements are determined. There were no significant adjustments to revenue related to prior periods during the year ended September 30, 2024.

The Medical Center, MCD and Hospice classify a patient as charity based on established policies. These policies define charity services as those services for which no additional payment is anticipated. When assessing a patient's ability to pay, the Medical Center and MCD utilize percentages of the federal poverty income levels, as well as the relationship between charges and the patient's income. Beginning fiscal year 2016, the Medical Center's policy was revised from 200% to 400% of the federal poverty income level and has been applied to current MCD practices. Hospice classifies charity patients as those whose income is at or below the federal poverty guidelines. Core services may be covered in full, or discounted based on income and a sliding scale. Charity care, based on estimated costs, totaled approximately \$48.7 million for the year ended September 30, 2024. Cost of charity care is calculated by applying the cost-to-charge ratio to the total amount of charity care deductions from gross revenue. The cost-to-charge ratio is calculated by taking the total expenses, excluding bad debt, and dividing by gross charges of the Medical Center and MCD.

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

Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

Net patient service revenue is reported net of charity adjustments, contractual adjustments, and provision for bad debts for the year ended September 30, 2024, as follows (in thousands):

Gross patient charges	\$ 3,359,544
Charity adjustments	(203,083)
Contractual adjustments	<u>(2,238,199)</u>
Net patient service revenue before provision for bad debts	918,262
Provision for bad debts	<u>(97,372)</u>
Net patient service revenue	<u>\$ 820,890</u>

Other Funding Sources: Halifax Health receives funding from various components of the State Medicaid program. Funding sources include Low Income Pool (“LIP”), Disproportionate Share Hospital (“DSH”), Indirect Medical Education (“IME”), Graduate Medical Education (“GME”), Hospital Directed Payment Program (“DPP”), and Public Hospital Payment (“PHP”).

The LIP program distributes funding to Halifax Health in support of programs that provide coverage for uninsured and underinsured patients. The LIP is a federal matching program that provides the State with the opportunity to receive additional distributions based upon a fixed annual pool of approximately \$1.5 billion distributed based on a measure of charity care cost.

The DSH program distributes funding to Halifax Health as add-on payments for hospitals that treat a disproportionate number of low-income patients. These payments help hospitals continue to serve impoverished communities.

On November 13, 2020, the U.S. Court of Appeals for the D.C. Circuit issued its opinion in favor of the plaintiff hospitals, concluding that patient days paid for with Florida Medicaid Waiver funds (“waiver days”) from the Low Income Pool must be regarded as Medicaid patient days for purposes of computing Medicare DSH payments. This matter affected Halifax Health’s cost reports from fiscal years 2007 through 2024. CMS declined to appeal the U.S. Court of Appeals decision, and during fiscal year 2024, CMS entered into settlement discussions with the affected hospitals, instructing its Medicare Administrative Contractors (MACs) to reopen and adjust certain hospital cost reports to revise upward the Medicare DSH payments (the Medicare DSH Waiver Days Settlement).

As of September 30, 2024, Halifax Health received Notice of Program Reimbursement (NPRs) for fiscal years 2007, 2008 and 2011 payment of approximately \$20.3 million which has been recognized in net patient service revenue and \$5.5 million of interest, which is included in nonoperating revenues, net in the accompanying statement of revenues, expenses, and changes in net position as all contingencies related to those years have been resolved. As of September 30, 2024, Halifax Health as received payment of approximately \$13.8 million from CMS related to waiver days for fiscal years 2014-2024 which is included in accounts payable and accrued liabilities in the accompanying Statement of Net Position. Halifax Health will recognize net patient service revenue related to those years once all contingencies have been resolved.

IME requires a hospital to have approved GME programs. These programs provide additional payments for a Medicare discharge to reflect the higher patient care costs of teaching hospitals relative to non-teaching hospitals.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 2. Significant Accounting Policies (Continued)

DPP is administered regionally and is to help reduce the Medicaid shortfall experienced by hospitals. The program provides direct supplemental payments to eligible public and private entities that provide inpatient and outpatient services to Medicaid managed care recipients.

PHP provides supplemental payments for services provided by Doctor of Medicine or Osteopathy, as well as other licensed health care practitioners, to support access to high quality care in a public hospital in Florida.

The programs above are subject to governmental administrative approval and provider-specific cost limits which are retrospectively audited. The Medical Center recognized revenue related to these other funding sources within net patient service revenue. The following table shows the amounts by program for the year ended September 30, 2024:

LIP/DSH	\$	18,621
IME		1,815
DPP		13,195
PHP		1,805
Total other Medicaid payments	\$	35,436

New Accounting Pronouncements: Effective October 1, 2023, Halifax Health adopted GASB Statement No. 101, *Compensated Absences* (GASB No. 101). This Statement established accounting and reporting requirements for liabilities arising from certain types of compensated absence arrangements. The adoption of GASB No. 101 required the organization to recognize a liability for compensated absences that were previously not recognized. Halifax Health has implemented the provisions of GASB No. 101 prospectively, and prior periods have not been restated. The adoption of this standard did not have a material impact on Halifax Health's financial position or results of operations for the year ended September 30, 2024.

Pending Accounting Pronouncements: In December 2023, GASB issued Statement No. 102, *Certain Risk Disclosures*. This Statement provides guidance on the disclosure of essential information about risks related to a government's vulnerabilities due to certain concentrations or constraints. The standard disclosure should include the specific concentration or constraint and the related events associated with them that could cause a substantial impact should it occur, and the actions taken to mitigate said risk. This standard becomes effective for the fiscal year that begins after June 15, 2024. Halifax Health is currently evaluating the impact of this Statement on its financial statements.

In April 2024, GASB issued Statement No. 103, *Financial Reporting Model Improvements*. This Statement provides guidance on improving key components of the financial reporting model to enhance its effectiveness in providing information that is essential for decision making and assessing accountability and application issues. This standard becomes effective for the fiscal year that begins after June 15, 2025. Halifax Health is currently evaluating the impact of this Statement on its financial statements.

In September 2024, GASB issued Statement No. 104, *Disclosure of Certain Capital Assets*. This Statement provides guidance on providing users of the financial statement essential information about certain types of capital assets and capital assets held for sale. This standard becomes effective for the fiscal year that begins after June 15, 2025. Halifax Health is currently evaluating the impact of this Statement on its financial statements.

Notes to Financial Statements

Note 3. Investments and Assets Whose Use is Limited

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

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

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

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

Halifax Health classified its pooled investments as level 2 or using the net asset value (“NAV”) per share or its equivalent guidelines established by GASB Statement No. 72.

A Pooled Investment Fund is a fund that combines money from many individual investors and invests in securities and other assets. They are not registered with the Securities and Exchange Commission as an investment company. Halifax can redeem up to 100% of its investment in any Pooled Investment Fund monthly with five-business days notice. As of September 30, 2024, Halifax Health has no unfunded commitments.

Parametric Portfolio Associates LLC (“Parametric”) is managed through a management agreement. Participants share in the investment income, expenses, gains and losses of each Pooled Investment Fund based on their proportionate share as determined by units. The fair value of the position in the pool is the same as the value of the pool shares.

The Clarion Lion Properties Fund’s (“Clarion”) investment philosophy seeks to take advantage of changing conditions within the U.S. property and capital markets by periodically shifting allocations among property types and locations, while remaining focused on the management of a core equity real estate portfolio.

Lord Abbett Short Duration Income actively invests its portfolio in short-term investment grade bonds.

Lord Abbett Core Fixed Income actively invests its portfolio in investment grade bonds.

**Halifax Hospital Medical Center
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Notes to Financial Statements

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

The composition and fair value classification of investments and assets whose use is limited of Halifax Health at September 30, 2024, is set forth in the following table:

Direct Investments (Fair Value)

	Assets Whose Use is Limited and Restricted Assets						Total
	Investments	Trustee- Held Self- Insurance Funds	Trustee- Held Funds for Capital Projects	Board- Designated Funded Depreciation	Restricted by Donor	Board Designated Other	
	(In Thousands)						
<u>Level 1</u>							
Money market funds	\$ 14,116	\$ 216	\$ 18,323	\$ 99	\$ -	\$ -	\$ 32,754
Mutual funds:							
Chartwell Short Duration High Yield	8,325	-	-	-	-	-	8,325
DFA Emerging Markets Core Equity Portfolio	7,651	-	-	-	399	95	8,145
DFA International Large Cap Portfolio	16,452	-	-	-	887	279	17,618
DFA Small Cap Value Portfolio	4,778	-	-	-	1,856	430	7,064
DFA U.S. Large Cap Value Portfolio	4,895	-	-	-	2,284	868	8,047
Vanguard Global Min Vol Admiral Fund	19,359	-	-	-	-	-	19,359
Vanguard Growth Index Fund	7,044	-	-	-	-	60	7,104
Vanguard Total Stock Market Index Fund	41,250	-	-	-	-	-	41,250
Vanguard Short-Term Investment Grade Inst Fund	34,026	-	-	-	-	918	34,944
Vanguard Small Cap Growth Index Fund	3,725	-	-	-	-	-	3,725
U.S. Treasury obligations	136,787	-	10,410	15,432	-	-	162,629
Total Level 1	298,408	216	28,733	15,531	5,426	2,650	350,964
<u>Level 2</u>							
U.S. Government-sponsored enterprises:							
Federal National Mortgage Association	9,537	-	-	4,881	-	-	14,418
Federal Home Loan Bank	20,322	-	13,293	7,154	-	-	40,769
Federal Home Loan Mortgage Corporation	2,414	-	-	965	-	-	3,379
Corporate bonds	59,278	-	-	-	-	-	59,278
Other	1,532	-	-	139	245	-	1,916
Total Level 2	93,083	-	13,293	13,139	245	-	119,760
Total Direct Investments	\$ 391,491	\$ 216	\$ 42,026	\$ 28,670	\$ 5,671	\$ 2,650	\$ 470,724

Halifax Hospital Medical Center
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Notes to Financial Statements

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

Pooled Investments

	Assets Whose Use is Limited and Restricted Assets							Total
	Investments	Trustee- Held Self- Insurance Funds	Trustee- Held Funds for Capital Projects	Board- Designated Funded Depreciation	Restricted by Donor	Board Designated Other		
	(In Thousands)							
Pooled, Common and Collective Fund:								
<u>Level 2</u>								
Lord Abbett Core Fixed Income Fund	\$ 24,319	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 24,319
Lord Abbett Short Duration Income Fund	23,678	-	-	-	-	-	-	23,678
Total Level 2	47,997	-	-	-	-	-	-	47,997
<u>Net Asset Value</u>								
Parametric Defensive Equity Fund LLC	20,163	-	-	-	-	-	-	20,163
Clarion Lion Properties Fund	3,676	-	-	-	-	-	-	3,676
Total Net Asset Value	23,839	-	-	-	-	-	-	23,839
Total Pooled Investments	71,836	-	-	-	-	-	-	71,836
Total Direct and Pooled Investments	\$ 463,327	\$ 216	\$ 42,026	\$ 28,670	\$ 5,671	\$ 2,650	\$	\$ 542,560

**Halifax Hospital Medical Center
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Notes to Financial Statements

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

The composition of investments in the Halifax Pension Plan at September 30, 2024, is set forth in the following table (in thousands):

<u>Level 1</u>	
Money market funds	\$ 113
Mutual funds:	
Chartwell Short Duration High Yield	13,482
DFA Emerging Markets Core Portfolio	17,636
DFA Large Cap International Portfolio	41,829
DFA U.S. Large Cap Value Portfolio	17,274
DFA U.S. Small Cap Value Portfolio	12,807
Vanguard Global Minimum Volatility Shares	40,227
Vanguard Growth Index Fund	16,645
Vanguard Total Stock Market Index Fund	58,558
Vanguard Small Cap Growth Index Fund	8,603
Pooled, Common and Collective Fund:	
<u>Level 2</u>	
Lord Abbett Short Duration Credit Trust II Fee Class MQ	31,978
Lord Abbett Core Fixed Income Trust II Fee Class MQ	32,698
<u>Net Asset Value</u>	
Parametric Defensive Equity Fund LLC	37,598
Clarion Lion Properties Fund	14,470
Partners Group Private Credit Strategy A LLC	21,255
Total	<u><u>\$ 365,173</u></u>

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

The Medical Center invests in money market, mutual funds and commingled investment vehicles whose underlying holdings qualify as fixed-income, equity or option securities in accordance with its investment policy described in Note 4.

At September 30, 2024, the Medical Center was invested in two money market funds, Wells Fargo Advantage Government Fund and Goldman Sachs Treasury Obligation Fund, and the following bond mutual funds:

- **Vanguard Short-Term Investment Grade (VFSIX)** actively invests its portfolio in short- and intermediate-term investment grade bonds. The fund had a credit rating of BBB and an average duration of 2.6 years as of September 30, 2024.
- **Chartwell Short Duration High Yield Fund (CWFIX)** actively invests in higher quality, short-term high yield corporate debt securities. The fund had a credit rating of BB and an average duration of 1.5 years as of September 30, 2024.

At September 30, 2024, the Medical Center held debt securities in U.S. Treasury Obligations and U.S. Government-sponsored enterprises including Federal National Mortgage Association, Federal Home Loan Bank, and Federal Home Loan Mortgage Corporation.

Notes to Financial Statements

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

Halifax holds the following Pooled Investment Funds:

- **Parametric Defensive Equity Fund LLC** is a commingled investment vehicle that provides income through selling call and put options on the S&P 500 while overlaying with positions in the S&P 500 and in short-term U.S. Treasury bills.
- **The Clarion Lion Properties Fund** is a core, open-end real estate fund that invests primarily in a diversified portfolio of high-quality real estate assets in the four main property types (office, retail, industrial and apartment) located in major markets across the United States.
- **Lord Abbett Short Duration Income** actively invests its portfolio in short-term investment grade bonds. The fund had a credit rating of A and an average duration of 1.8 years as of September 30, 2024.
- **Lord Abbett Core Fixed Income** actively invests its portfolio in investment grade bonds. The fund had a credit rating of AA- and an average duration of 5.9 years as of September 30, 2024.
- **Partners Group Private Credit Fund** seeks to generate attractive risk-adjusted returns and current income by investing in a diversified portfolio of primarily senior secured loans. The majority of Fund Investments will be the most senior tranche in the capital structure of the relevant borrowers and often have lien security over the assets of the borrowers. The Investments may also comprise of opportunistic credit, which may appear attractive on a relative value basis.

Investment gains on assets whose use is limited, restricted assets, and investments for the year ended September 30, 2024, was \$47.2 million and includes a favorable increase in unrealized gains and losses of \$26.8 million. Investment gains of the Foundation was \$11.9 million and includes a favorable increase in unrealized gains and losses of approximately \$10.2 million and is included in other operating revenues.

Note 4. Deposits and Investment Risk

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

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

- U.S. Government securities and repurchase agreements;
- U.S. Government agency and U.S. Government-sponsored enterprises;
- Domestic bank certificates of deposit provided that any such investments are in Federal Deposit Insurance Corporation guaranteed accounts or deposits collateralized by U.S. Government securities or obligations;

Notes to Financial Statements

Note 4. Deposits and Investment Risk (Continued)

- Securities of, or other interests in, any management-type investment company or investment trust registered under the Investment Company Act of 1940, as amended from time to time, provided that the portfolio of such investment company or investment trust is limited to obligations of the U.S. Government or any agency or instrumentality thereof;
- Repurchase agreements with reputable financial institutions, which are fully secured by U.S. Government obligations;
- Mutual funds of registered investment advisors may be purchased to invest in the permissible securities listed above; and
- Commingled investment vehicles holding permissible securities listed above and in strategies listed in accordance with the investment policy.

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

- Local government investment pool;
- U.S. Government securities and repurchase agreements;
- U.S. Government agency and U.S. Government-sponsored enterprises;
- Domestic Bank Certificates of Deposit provided that any such investments are in Federal Deposit Insurance Corporation ("FDIC") guaranteed accounts or deposits collateralized by U.S. Government securities or obligations;
- Repurchase agreements with reputable financial institutions, which are fully secured by U.S. Government obligations;
- Commercial Paper and Stocks; limited to issuers with an A rating or better;
- Mutual funds of registered investment advisors may be purchased to invest in the permissible securities listed above; and
- Commingled investment vehicles holding permissible securities listed above and in strategies listed in accordance with the investment policy.

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

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of a depository financial institution, Halifax Health and the Halifax Pension Plan will not be able to recover its deposits. At September 30, 2024, Halifax Health and the Halifax Pension Plan's deposits, consisting primarily of cash and cash equivalents, were covered by federal depository insurance, collateralized with U.S. Treasury Securities and Federal agency securities or guaranteed 100% by the state of Florida and collateralized through the Florida Bureau of Collateralization.

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

Notes to Financial Statements

Note 4. Deposits and Investment Risk (Continued)

Credit Risk: The investment policy provides guidelines to investment managers that restrict investments in debt securities to those with an A- or A rating or better for Halifax Health and the Halifax Pension Plan, respectively, and established asset allocation limits to reduce the concentration of credit risk. Guidelines are provided to investment managers and monitored by the investment advisory firm and management for compliance. As of September 30, 2024, Halifax Health did not have investments in debt securities in any one issuer that represents 5% or more of total investments. At September 30, 2024, the money market fund held by Halifax Health had a credit rating of Aaa-mf from Moody's Investor Service.

As of September 30, 2024, the Halifax Pension Plan did not have investments in debt securities. The Halifax Pension Plan's investments in mutual funds and pooled investments that primarily invest in debt securities have a credit ratings ranging from A to B.

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

As of September 30, 2024, Halifax Health had investments, assets whose use is limited and restricted assets maturing as follows:

	Fair Value	No Maturity Date or Less than 1 Year	1 – 5 Years	6 – 10 Years
	(In Thousands)			
Money market funds	\$ 32,754	\$ 32,754	\$ -	\$ -
Mutual funds	155,581	155,581	-	-
U.S. Government securities	162,629	92,302	39,063	31,264
U.S. Government-sponsored enterprises	58,566	52,148	3,436	2,982
Corporate bonds	59,278	29,605	29,187	486
Pooled, Common and Collective Funds	47,997	47,997	-	-
Other	1,916	1,916	-	-
Total	\$ 518,721	\$ 412,303	\$ 71,686	\$ 34,732

	Net Asset Value	No Maturity Date or Less than 1 Year	1 – 5 Years	6 – 10 Years
	(In Thousands)			
Pooled, Common and Collective Funds:				
Parametric Defensive Equity Fund LLC	\$ 20,163	\$ 20,163	\$ -	\$ -
Clarion Lion Properties Fund	3,676	3,676	-	-
Total	\$ 23,839	\$ 23,839	\$ -	\$ -

At September 30, 2024, all of the Halifax Pension Plan's investments had maturity dates within one year or no maturity date.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 5. Capital Assets and Right to Use Lease Assets

Capital assets and right to use lease assets are presented net of accumulated depreciation and amortization, respectively, in the accompanying statement of net position. A summary of the activities for the year ended September 30, 2024, is presented below:

	Balance at September 30,		Balance at September 30,	
	2023	Increases	Decreases	2024
Depreciable capital assets:				
Land improvements	\$ 8,609	\$ 1,038	\$ (905)	\$ 8,742
Buildings	535,365	35,294	(188)	570,471
Fixed equipment	35,951	9,801	(2,811)	42,941
Major moveable equipment	109,721	13,730	(5,921)	117,530
Computers and software	33,239	1,433	(789)	33,883
Accumulated depreciation	(378,341)	(30,029)	9,107	(399,263)
Depreciable capital assets, net	344,544	31,267	(1,507)	374,304
Nondepreciable capital assets:				
Land	53,787	347	(9,316)	44,818
Projects in progress	52,802	73,803	(63,281)	63,324
Capital assets, net	\$ 451,133	\$ 105,417	\$ (74,104)	\$ 482,446
Right to use assets				
Buildings and leasehold improvements	\$ 17,188	\$ 923	\$ (4,080)	\$ 14,031
SBITAs	20,534	991	(436)	21,089
Accumulated amortization, SBITAs	(5,184)	(5,578)	348	(10,414)
Accumulated amortization, leases	(4,728)	(2,289)	1,072	(5,945)
Right to use assets, net	\$ 27,810	\$ (5,953)	\$ (3,096)	\$ 18,761

Note 6. Self-Insurance and Insurance

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

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

Professional and general liability losses are recorded when it is probable that a loss has occurred and the amount of that loss can be reasonably estimated. Accrued self-insurance liabilities include an amount for claims that have been incurred but not reported based on actuarial determinations. Because actual claim liabilities depend on such complex factors as inflation, changes in legal doctrines, and damage awards, the process used in computing claim liabilities does not necessarily result in actual claim amounts. Claims liabilities are reevaluated periodically to take into consideration recently settled claims, the frequency of claims, and other economic and social factors. Due to current economic factors, the Medical Center discount rate is 2% and the confidence level is 75% as of September 30, 2024.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 6. Self-Insurance and Insurance (Continued)

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

Changes in the accrued self-insurance liabilities for the years ended September 30, 2024 and 2023, are as follows:

	Balance at September 30, 2023	Current Year Claims and Changes in Estimates	Claim Payments	Balance at September 30, 2024
Employee health	\$ 1,350	\$ 5,281	\$ (5,281)	\$ 1,350
Professional liability	8,700	(307)	(668)	7,725
Workers' compensation	2,700	526	(1,001)	2,225
Total	\$ 12,750	\$ 5,500	\$ (6,950)	\$ 11,300

	Balance at September 30, 2022	Current Year Claims and Changes in Estimates	Claim Payments	Balance at September 30, 2023
Employee health	\$ 1,550	\$ 4,741	\$ (4,941)	\$ 1,350
Professional liability	10,800	(1,691)	(409)	8,700
Workers' compensation	3,610	135	(1,045)	2,700
Total	\$ 15,960	\$ 3,185	\$ (6,395)	\$ 12,750

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

Note 7. Agreements

Master Securities Loan Agreement: MCD entered into a MSLA with JPMC. MCD and JPMC are the only parties to the MSLA. Under the terms and conditions of the MSLA, JPMC is obligated to make payments to MCD equal to the actual interest paid on the 2019 and Series 2022-MCD Bonds in exchange for payments from MCD based upon the outstanding par amount of the 2019 and Series 2022-MCD Bonds and a variable index rate (regularly scheduled payments). The MSLA has a scheduled termination date of December 18, 2026. Upon the occurrence of certain events, both MCD and JPMC maintain early termination rights by giving notice to the other party prior to the close of business on a business day. Upon any scheduled, unscheduled, or optional termination, MCD is obligated to pay JPMC the fair value of the 2019 and Series 2022-MCD Bonds as of the termination date in addition to any regularly scheduled payments due. Both the asset and obligation in the amount of \$130 million are recorded on the statement of net position as of September 30, 2024.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 7. Agreements (Continued)

Management Services, Governance, and Contribution Agreement: On December 17, 2019, MCD entered into a Management Services, Governance, and Contribution Agreement (“Agreement”) with the Medical Center, HMS, and Hospice, as well as Shands Teaching Hospital and Clinics, Inc. (“Shands”). Under the Agreement, the Medical Center and Shands will: (i) provide management services to operate the Medical Center of Deltona, (ii) provide equal capital funding contributions, and (iii) equally receive MCD profits and distributions. On February 2, 2022, MCD entered into an amendment to the Agreement. Under the amendment, MCD issued the Series 2022, Hospital Revenue Bonds in the amount of \$14.5 million to finance the acquisition of the emergency room facilities located on MCD’s campus in the City of Deltona. Additionally, under the Agreement and 2022 amendment, Shands, HMS, and Hospice agreed to individually provide (and have provided) joint and several liability guarantees for the obligations under the MSLA.

Note 8. Long-Term Debt

Halifax Health’s bonds are direct placement obligations. Long-term debt at September 30, 2024, consists of the following:

	Current Portion of Long-Term Debt	Long-Term Debt	Premium
	(In Thousands)		
Bonds payable:			
Series 2008	\$ -	\$ 70,000	\$ -
Series 2015	5,820	-	393
Series 2016	1,580	152,745	7,120
Series 2019	2,135	113,415	-
Series 2022 - MCD	280	14,210	-
Series 2022 - Medical Center	580	78,485	-
Series 2024 - Medical Center	-	73,360	2,678
Total bonds payable	\$ 10,395	\$ 502,215	\$ 10,191

Bonds Payable: Halifax Health has \$512.6 million of outstanding debt, which was privately placed to refund prior debt and to provide funding for capital projects and operating reserves. The debt is organized with outstanding principal balances as follows: \$70 million of tax-exempt, variable-rate demand-obligation (“VRDO”) bonds (“Series 2008”), secured by a letter of credit; \$5.8 million of tax-exempt, fixed rate bonds (“Series 2015”), \$154.3 million of tax-exempt, fixed rate bonds (“Series 2016”), \$115.5 million of revenue bonds (“Series 2019”), \$79.1 million of taxable refunding bonds (“Series 2022-Medical Center”), \$14.5 million of revenue bonds (“Series 2022 – MCD”) and \$73.4 million of tax-exempt, fixed rate bonds (“Series 2024-Medical Center”).

Pursuant to the terms of the Master Trust Indenture (“MTI”) and First Amendment under which the Series 2008, 2015, 2016, 2022, and 2024 Halifax Health bonds were privately placed (excluding conduit indebtedness), principal and interest on each bond series are payable from and secured by a pledge of net revenues of the Obligated Group. The members of the Obligated Group are the Medical Center and Holdings. In accordance with generally accepted accounting principles, certain component units are blended with the accounts of the Medical Center in the Obligated Group’s financial information, including EVHS, Staffing, HHCSI and PBFS.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

The Series 2024 Medical Center bonds are tax-exempt, fixed rate bonds with a 30-year maturity term, bifurcated between a portion of 5.25% and 4.25% coupons. The net proceeds of the Series 2024 Medical Center bonds were used to provide funds for future capital projects and for reimbursement of prior capital expenditures.

The Series 2022 MCD Bonds were privately placed at par value with a 5.00% interest rate coupon and may be redeemed at the option of the Borrower. The Series 2022 bonds have a maturity date of December 15, 2049, and are secured by a mortgage on the assets of MCD.

The Series 2019 Bonds were privately placed at par value with a 5.25% interest rate coupon and may be redeemed at the option of MCD in whole or in part beginning on December 15, 2020, at 100% of the principal amount to be redeemed plus accrued interest to the redemption date. The Series 2019 bonds have a maturity date of December 15, 2049, and are secured by a mortgage on the assets of MCD.

The Series 2015 bonds and Series 2016 bonds have maturities extending through 2046. Interest rates range from 3.38% to 5.00%.

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

The Series 2008 bonds are subject to purchase from time to time at the option of the owners thereof and are required to be purchased in certain circumstances. As such, the bonds are supported by a remarketing agreement and an irrevocable direct pay letter of credit with a bank in the aggregate amount of \$70 million at September 30, 2024. The remarketing agreement generally provides the Medical Center the option to market the obligations at the then-prevailing short-term rate, as determined by the remarketing agent. The obligations were marketed weekly during 2023, with interest rates ranging from 1.65% to 4.47%. The term of the letter of credit expires November 5, 2028. The letter of credit is secured by an interest in any bonds purchased with draws on the letter of credit and amounts payable under the MTI. The Medical Center did not draw on the letter of credit during 2023. In the event that the Series 2008 bonds are unable to be remarketed, the Medical Center would be required to draw on the letter of credit. Repayments of principal and interest would begin 367 days after the date of the draw (and no draw may be made on the letter of credit without seven days written notice). Repayments will be made in 12 equal quarterly installments of principal plus interest. Therefore, the final quarterly installment to be made under the provisions of the letter of credit would occur on July 10, 2026. Pursuant to the terms of the letter of credit, the Medical Center is required to comply with certain provisions regarding additional borrowings, capital expenditures, and the maintenance of certain financial ratios.

The Medical Center has a \$70 million notional-amount fixed-pay percentage of the London InterBank Offered Rate ("LIBOR") interest rate swap on the Series 2008 bonds (the "Swap"). The variable interest paid on the Series 2008 bonds is expected to correlate very closely with the rate that is received on the related Swap. In accordance with the adoption of GASB No. 93, the Medical Center transitioned from LIBOR to the Secured Overnight Financing Rate ("SOFR") effective July 2023. The effective interest rate on the Swap is a synthetic fixed rate of interest of 3.90% at September 30, 2024. See Note 9 for further information on the Swap.

The Medical Center has a \$30 million line of credit, which is available for general operating purposes and bears interest at a variable rate based on the Adjusted One Month SOFR rate. As of the end of the fiscal year, there were no outstanding borrowings under this line of credit.

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

Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

The Obligated Group is required to comply with certain provisions regarding additional borrowings and the maintenance of certain minimum debt service coverage, liquidity, and indebtedness ratios. A summary of bond issues follows (in thousands):

Fixed Rate Bonds

Series	Date Issued/ Converted	Original Issue Amount	Term Bonds		Serial Bonds		
			Interest Rate	Maturity Date	Original Issue Amount	Interest Rate	Maturity Date
Series 2015	April 29, 2015				\$ 57,530	4.00%–5.00%	June 1, 2046
Series 2016	March 28, 2016	\$ 48,430	5.00 3.38 5.00 3.75 4.00	June 1, 2030 June 1, 2031 June 1, 2036 June 1, 2041 June 1, 2046	\$ 117,060	3.38%–5.00%	June 1, 2046
Series 2019	December 18, 2019	\$ 123,055	5.25	December 15, 2049			
Series 2022 - Medical Center	March 15, 2022	\$ 80,185	2.58% 2.11%	June 1, 2025 June 1, 2046			
Series 2022 - MCD	February 2, 2022	\$ 14,490	5.00%	December 15, 2049			
Series 2024 - Medical Center	August 28, 2024	\$ 73,360	4.25% 5.25%	June 1, 2054 June 1, 2054			

Variable-Rate Bonds

Series	Date Issued	Original Issue Amount	Interest Rate at September 30, 2023	Maturity Date	Interest Rate Period
Series 2008	September 18, 2008	\$ 70,000	3.639%*	June 1, 2048	7 days

* This rate is the remarketed interest rate in effect as of September 30, 2024. The Medical Center also has a fixed-pay interest rate as part of the Swap. See Note 9 for more information on the Swap.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

Listed below are the debt service payments for Halifax Health for each of the five years ending September 30, 2025 through 2029 and in five-year increments thereafter (in thousands). The principal shown on the Series 2008 bonds is based on scheduled repayments. The interest rate used to calculate interest on the Series 2008 bonds was the remarketed interest rate in effect at September 30, 2024. The table below excludes interest amounts related to the swap (see Note 9).

	Series 2008		Series 2015		Series 2016		Series 2022 (Medical Center)		Series 2024 (Medical Center)		Series 2019		Series 2022 (MCD)		Total Debt Secured by Obligated Group		Total Halifax Health	
	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest	Principal	Interest
2025	\$ -	\$ 2,310	\$ 5,820	\$ 291	\$ 1,580	\$ 6,753	\$ 580	\$ 2,033	\$ -	\$ 2,731	\$ 2,135	\$ 6,010	\$ 280	\$ 718	\$ 7,980	\$ 14,118	\$ 10,395	\$ 20,846
2026	-	2,310	-	-	1,650	6,674	7,085	1,651	-	3,601	2,250	5,895	295	703	8,735	14,236	11,280	20,834
2027	-	2,310	-	-	6,165	6,592	2,805	1,507	-	3,601	2,375	5,774	310	688	8,970	14,010	11,655	20,472
2028	-	2,310	-	-	6,460	6,283	2,875	1,447	-	3,601	2,500	5,646	325	672	9,335	13,641	12,160	19,959
2029	-	2,310	-	-	6,790	5,960	2,930	1,387	-	3,601	2,635	5,511	340	656	9,720	13,258	12,695	19,425
2030-2034	-	11,550	-	-	39,035	24,739	15,575	5,980	-	18,007	15,465	25,264	1,975	2,998	54,610	60,276	72,050	88,538
2035-2039	4,435	11,404	-	-	44,730	14,626	17,315	4,266	-	18,007	20,105	20,622	2,540	2,436	66,480	48,303	89,125	71,361
2040-2044	25,185	8,385	-	-	32,260	7,008	21,535	2,289	-	18,007	26,150	14,584	3,265	1,714	78,980	35,689	108,395	51,987
2045-2049	40,380	2,585	-	-	15,655	946	8,365	266	10,810	18,007	33,995	6,733	4,190	788	75,210	21,804	113,395	29,325
2050	-	-	-	-	-	-	-	-	62,550	9,505	7,940	209	970	24	62,550	9,505	71,460	9,738
Total	\$ 70,000	\$ 45,474	\$ 5,820	\$ 291	\$ 154,325	\$ 79,581	\$ 79,065	\$ 20,826	\$ 73,360	\$ 98,668	\$ 115,550	\$ 96,248	\$ 14,490	\$ 11,397	\$ 382,570	\$ 244,840	\$ 512,610	\$ 352,485

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 8. Long-Term Debt (Continued)

Long-term debt (and related premium and discount) activity for the year ended September 30, 2024, consisted of the following:

	Balance at September 30, 2023 (Includes Premium and Discount)		Additions	Reductions by Payments or Decreases	Balance at September 30, 2024 (Includes Premium and Discount)		Due Within One Year
Series 2008	\$	70,000	\$ -	\$ -	\$	70,000	\$ -
Series 2015		12,359	-	(6,146)		6,213	5,820
Series 2016		163,265	-	(1,821)		161,444	1,580
Series 2019		117,575	-	(2,025)		115,550	2,135
Series 2022 (MCD)		14,490	-	-		14,490	280
Series 2022 (Medical Center)		79,630	-	(565)		79,065	580
Series 2024 (Medical Center)		-	76,039	-		76,039	-
Total	\$	457,319	\$ 76,039	\$ (10,557)	\$	522,801	\$ 10,395

Note 9. Interest Rate Swap

The Medical Center has entered into a Swap agreement with a notional amount of \$70 million in conjunction with the issuance of the Series 2008 bonds that effectively converts the variable rate bonds to a fixed rate. Under the terms of the Swap, the Medical Center pays to the counterparty a fixed rate of interest equal to 3.837% of the remaining notional amount. In turn, the Medical Center receives a payment of variable interest. As of July 2023, the variable interest is calculated based on SOFR. The termination date of this Swap agreement is June 1, 2048, which coincides with the maximum maturity of the Series 2008 bonds. Payments under the Swap agreement are insured by Assured Guaranty Municipal Corp. ("AGMC"). For the year ended September 30, 2024, the Medical Center made approximately \$2.7 million in payments under the Swap agreement to the counterparty and received approximately \$2.6 million in payments under the Swap agreement from the counterparty. The payments made and received under the Swap agreement are included in interest expense on the accompanying statement of revenues, expenses and changes in net position.

In accordance with GASB Cod. Sec. D40, the Medical Center applies hedge accounting for its Swap. At September 30, 2024, the fair value of the Swap liability of approximately \$14.4 million was included in other long-term liabilities, with the current-year change in fair value of approximately \$6.1 million recorded as an increase in deferred outflows. The fair value of the Swap was approximately \$14.4 million at September 30, 2024, as determined by an independent source. In accordance with GASB Statement No. 72, the fair value measurement of the Swap is classified as Level 2 and is valued using matrix pricing based on the securities' relationship to benchmark quoted prices.

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

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 9. Interest Rate Swap (Continued)

Basis Risk: The Medical Center is exposed to basis risk on the Swap because the variable-rate interest payments it receives on the Swap is based on a rate other than the interest rate the Medical Center pays on its hedged, variable rate debt, which is remarketed every seven days. As of September 30, 2024, the interest rate on the hedged variable-rate debt is 5.33% and 70% of SOFR is 3.57%.

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

The following table summarizes the Medical Center's anticipated net cash flows from outstanding variable rate debt and the related Swap at September 30, 2024 (in thousands). The interest rates used to calculate interest on the variable rate debt and the variable portion of the Swap were the respective interest rates in effect at September 30, 2024. The rate used for the fixed-pay portion of the Swap is the actual interest rate of 3.837%.

	Principal	Interest	Net Interest on Swap	Total Interest
Years ending September 30:				
2025	\$ -	\$ 2,310	\$ 185	\$ 2,495
2026	-	2,310	185	2,495
2027	-	2,310	185	2,495
2028	-	2,310	185	2,495
2029	-	2,310	185	2,495
2030-2034	-	11,550	925	12,475
2035-2039	4,435	11,403	913	12,316
2040-2044	25,185	8,386	671	9,057
2045-2048	40,380	2,585	207	2,792
Total	\$ 70,000	\$ 45,474	\$ 3,641	\$ 49,115

Note 10. Pension Plan

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

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 10. Pension Plan (Continued)

The Plan covers all eligible employees who have attained the age of 21 and have more than one year of service. Eligibility for the Plan was closed to all employees whose initial hire date or rehire date was on or after October 1, 2000. Halifax Health assumed the unfunded portion of the past service liability for employees who participated and were not vested in the prior pension benefit programs. As of September 30, 2023, the measurement date, the Plan included 212 active employees, 302 terminated but vested participants, and 1,021 retired participants and beneficiaries.

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

The Medical Center is obligated by a contractual agreement to fund contributions on behalf of Staffing. The contribution rate is determined on an actuarial basis. Halifax Health contributed \$10.6 million to the Plan in fiscal year 2024. In accordance with GASB Statement No. 68, that amount is recorded on the statement of net position as a deferred outflow at September 30, 2024. The Medical Center's proportionate share of the contribution, expense and net pension liability is 94.9% and Hospice's proportionate share is 5.1% for fiscal year 2024. The proportionate share calculation is based on the present value of future salaries for active employees of Staffing and Hospice.

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

Actuarial Methods and Assumptions

Mortality table	Pri-2012 Mortality Table (Sex-Distinct), Scale MP-2021
Interest rate	6.25% annually, compounded
Pay increase	N/A
Cost of living adjustment	3%
Measurement date	September 30, 2023
Valuation date	October 1, 2023
Allocation of Plan assets	55-75% Equities 15-35% Fixed income 0-7% Core Private Real Estate 0-7% Private Credit
Real rate of return	Overall – +4.7%, arithmetic mean Equities – +5.0% Fixed income – +1.9% Real Estate – +3.8% Private Credit – +6.7%
Experience study date	October 1, 2011 - September 30, 2014

Notes to Financial Statements

Note 10. Pension Plan (Continued)

The discount rate used in measuring the total net pension liability of \$33 million was 6.25% for fiscal year 2024. The long-term expected rate of return on plan assets is 6.25%. The discount rates and rate of return are based on the long-term rate of return on pension plan investments expected to finance the payment of benefits into the future. Net pension liability at September 30, 2024, using a discount rate of 5.25% would have been \$69.1 million, and using a discount rate of 7.25% would have been a liability of \$2 million.

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

The projection of cash flows used to determine the discount rate assumed that contributions from the Medical Center and Hospice will continue into the future and that the Plan will eventually be fully funded. It is assumed that 25% of participants will elect a one-time, lump-sum benefit upon termination, and 0% of participants will elect a one-time, lump-sum benefit payment upon retirement. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 10. Pension Plan (Continued)

Changes in the pension accounts since the last valuation date, and pension expense, are as follows (in thousands):

	Deferred Outflow - Pension Contributions	Deferred (Inflow)/Outflow - Investment Returns	Deferred Outflow - Liability Loss	Deferred Outflow - Change in Assumptions	Total Pension Liability	Plan Fiduciary Net Position	Net Pension Liability	Pension Expense
Balance at September 30, 2023	\$ 16,600	\$ 32,483	\$ -	\$ -	\$ (346,009)	\$ 285,707	\$ (60,302)	\$ -
Service cost	-	-	-	-	(1,225)	-	(1,225)	1,225
Interest cost	-	-	-	-	(21,456)	-	(21,456)	21,456
Difference in expected and actual experience	-	(16,089)	(2,998)	-	2,998	16,089	19,087	-
Changes of assumptions	-	-	-	4,132	(4,132)	-	(4,132)	-
Projected investment income	-	-	-	-	-	18,484	18,484	(18,484)
Benefit payments	-	-	-	-	21,675	(21,675)	-	-
Expenses	-	-	-	-	-	(44)	(44)	44
Contributions recognized in Plan fiduciary net position	(16,600)	-	-	-	-	16,600	16,600	-
Contributions made after measurement date	10,615	-	-	-	-	-	-	-
Amortization of deferred balances	-	(7,329)	2,998	(4,132)	-	-	-	8,463
Balance at September 30, 2024	\$ 10,615	\$ 9,065	\$ -	\$ -	\$ (348,149)	\$ 315,161	\$ (32,988)	\$ 12,704

Proportionate share of the above balances as of September 30, 2024:

Medical Center	\$ 10,074	\$ 8,603	\$ -	\$ -	\$ (330,393)	\$ 299,088	\$ (31,305)	\$ 12,056
Hospice	541	462	-	-	(17,756)	16,073	(1,683)	648
	\$ 10,615	\$ 9,065	\$ -	\$ -	\$ (348,149)	\$ 315,161	\$ (32,988)	\$ 12,704

**Halifax Hospital Medical Center
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Notes to Financial Statements

Note 10. Pension Plan (Continued)

The following table shows the balances of deferred inflows and outflows for the Plan as of September 30, 2024, the amount of deferred outflows to be realized in future years and the amount of deferred inflows to be recognized in future years' pension expense as follows (in thousands):

	Deferred Outflow - Contributions	Deferred Outflow - Investment Returns	Deferred Outflow - Liability Loss	Deferred Outflow - Change in Assumptions	To Be Recognized in Future Pension Expense
Balance at September 30:					
2024	\$ 10,615	\$ 9,065	\$ -	\$ -	\$ -
2025	(10,615)	(2,623)	-	-	2,623
2026	-	(1,124)	-	-	1,124
2027	-	(8,535)	-	-	8,535
2028	-	3,217	-	-	(3,217)
	\$ -	\$ -	\$ -	\$ -	\$ 9,065

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

Total expense of the Contribution Plan for the year ended September 30, 2024, was approximately \$7.0 million and is included in salaries and benefits in the accompanying statement of revenues, expenses and changes in net position. Participants contributed approximately \$13.9 million to the Contribution Plan for the year ended September 30, 2024.

Note 11. Other Postemployment Benefits

Other Postemployment Benefit Plans: Qualified retired employees are eligible for certain postretirement benefit plans other than pensions ("OPEB").

Retiree HRA Plan description: All employees with 10 years of benefited service as a participant in the Halifax Pension Plan or the Florida Retirement System are eligible to receive a subsidy for health insurance premiums ("Retiree HRA Plan"). The Retiree HRA Plan is a multi-employer defined benefit plan. The participant must present, at the time of retirement, evidence of health insurance coverage, either through an insurance company or Medicare. Contributions to the Retiree HRA Plan are calculated based on the number of years of service and is limited to a maximum annual benefit of \$1,800 per participant. The Retiree HRA Plan does not issue stand-alone financial statements. It is included in the financial statements and required supplementary information.

Retiree Medical Plan description: Health insurance is also offered as a continuation of retiree group health benefits to certain retirees. All employees with 10 years of benefited service as a participant in the Halifax Pension Plan or with 30 years of benefit service who elect coverage from benefit eligible, active employment are able to participate in the Retiree Medical Plan ("Retiree Medical Plan").

Retirees and spouses on or before October 1, 2017 (Grandfathered) receive benefit coverage for the life of the retiree, provided the retiree and spouse, if applicable, elect coverage under Medicare Parts B and D when first eligible.

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Notes to Financial Statements

Note 11. Other Postemployment Benefits (Continued)

Retirees after October 1, 2017, may receive benefit coverage until attainment of age 65. Spouses of retirees after October 1, 2017, may receive benefit coverage until the earlier of attainment of age 65, the date the retiree reaches age 65 or the date the retiree ceases to be covered for any reason. There is no surviving spouse coverage under the plan.

The Retiree Medical Plan is a multi-employer defined benefit plan. Contributions to the Retiree Medical Plan are determined based on the calculated subsidized premium per participant. The Retiree Medical Plan does not issue stand-alone financial statements. It is included in the financial statements and required supplementary information.

Employees Covered by Benefit Terms: The following employees were covered by the benefit terms, as of October 1, 2022, which is the most recent actuarial valuation date:

	Retiree HRA Plan	Retiree Medical Plan
Active employees not fully eligible for benefits	142	88
Inactive employees currently receiving benefits	1,144	4
Active employees fully eligible for benefits	59	108
	1,345	200

Actuarial Methods and Assumptions: The total Retiree HRA Plan and Retiree Medical Plan's liabilities in the September 30, 2024 actuarial valuation were determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Actuarial Methods and Assumptions	Retiree HRA Plan	Retiree Medical Plan
Reporting date	September 30, 2024	September 30, 2024
Measurement date	September 30, 2023	September 30, 2023
Actuarial valuation date	October 1, 2023	October 1, 2023
Discount rate	4.63%	4.63%
Rate of compensation increase	3.00%	3.00%
Health care cost trend rates	N/A	**
Inflation rate	2.50%	2.50%
Actuarial cost method	Entry Age Normal	Entry Age Normal
Amortization method	Level Percentage	Level Percentage
Amortization period	1.000	4.510
Method used to determine actuarial value of assets	N/A	N/A

** 7.75% for health care costs, decreasing to an ultimate rate of 4.037% in 2075. 7.0% for prescription drugs, decreasing to an ultimate rate of 4.037% in 2075.

The discount rate was based on the Fidelity General Obligation 20-year AA Municipal Bond Index.

The actuarial assumptions used in the September 30, 2024 report were based on the results of an actuarial experience study for the period ended September 30, 2023. These actuarial assumptions are based on the presumption that the Retiree HRA Plan and the Retiree Medical Plan will continue. Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future.

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

Notes to Financial Statements

Note 11. Other Postemployment Benefits (Continued)

Changes in the Retiree HRA Plan and the Retiree Medical Plan Liability:

	Retiree HRA Plan	Retiree Medical Plan
	(In Thousands)	
Balance as of September 30, 2023	\$ 15,997	\$ 734
Changes for the year:		
Service cost	69	5
Interest	684	30
Differences between expected and actual experience	(1,028)	(15)
Changes of assumptions or other inputs	(301)	9
Benefit payments	(1,048)	(113)
Net changes	(1,624)	(84)
Balance as of September 30, 2024	\$ 14,373	\$ 650

Changes of assumptions or other inputs reflect a change in the discount rate from 4.40% as of September 30, 2023 to 4.63% as of September 30, 2024.

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate: The following table presents the total Retiree HRA Plan and Retiree Medical Plan OPEB liability of Halifax Health, as well as what the approximate total liability would be if it were calculated using a discount rate that is 1-percentage-point lower (3.63%) or 1-percentage-point higher (5.63%) than the current discount rate:

	1% Decrease 3.63%	Discount Rate 4.63%	1% Increase 5.63%
	(In Thousands)		
Total Retiree HRA Plan liability	\$ 15,763	\$ 14,373	\$ 13,176
Total Retiree Medical Plan liability	671	650	617

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to the OPEB: For the year ended September 30, 2024, Halifax Health recognized a Retiree HRA Plan credit to expense in the amount of \$576,000 and a credit to expense in the Retiree Medical Plan expense of \$92,000. At September 30, 2024, Halifax Health reported deferred outflows of resources and deferred inflows of resources related to the Retiree HRA Plan and Retiree Medical Plan from the following sources:

	Retiree HRA Plan		Retiree Medical Plan	
	Deferred Outflows of Resources	Deferred Inflows of Resources	Deferred Outflows of Resources	Deferred Inflows of Resources
	(In Thousands)			
Differences between expected and actual experience	\$ -	\$ -	\$ -	\$ (131)
Changes of assumptions or other inputs	-	-	22	-
Employer contributions subsequent to the measurement date	985	-	78	-
	\$ 985	\$ -	\$ 100	\$ (131)

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

Notes to Financial Statements

Note 11. Other Postemployment Benefits (Continued)

Employer contributions subsequent to the measurement date of September 30, 2023, of approximately \$1.0 million for the Retiree HRA Plan which is reported as deferred outflows of resources as of September 30, 2024, will be recognized as a reduction of the OPEB liability in Halifax Health's year ended September 30, 2024. Other amounts reported as the deferred outflows of resources and deferred inflows of resources related to the Retiree HRA Plan and Retiree Medical Plan will be recognized in OPEB expense future service to retirement of plan participants as follows:

	Retiree HRA Plan	Retiree Medical Plan
	(In Thousands)	
Years ending September 30:		
2025	\$ -	\$ (76)
2026	-	(20)
2027	-	(13)
	\$ -	\$ (109)

Note 12. Commitments and Contingencies

Lessee Leases and SBITAs: In connection with the adoption of GASB No. 96, Halifax Health recognized a SBITA liability and a right to use asset for agreements in which Halifax Health has the right to use another party's information technology software, alone or in combination with tangible capital assets for a period of one year or greater.

Lease activity for the year ended September 30, 2024, consisted of the following:

	Balance at September 30, 2023	Additions	Reductions by Payments or Decreases	Balance at September 30, 2024	Due Within One Year
Lease liabilities	\$ 12,945	\$ 705	\$ (3,439)	\$ 10,211	\$ 2,126

In connection with GASB No. 87, Halifax Health recorded a lease obligation and right to use asset for agreements in which Halifax Health has the right to determine the nature and manner of an underlying asset's use for a period of one year or greater.

SBITA activity for the year ended September 30, 2024, consisted of the following:

	Balance at September 30, 2023	Additions	Reductions by Payments or Decreases	Balance at September 30, 2024	Due Within One Year
SBITA liabilities	\$ 15,688	\$ 991	\$ (5,894)	\$ 10,785	\$ 5,588

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

Notes to Financial Statements

Note 12. Commitments and Contingencies (Continued)

Future minimum SBITA (GASB No. 96) payments are as follows (in thousands):

	Principal	Interest	Total
Years ending September 30:			
2025	\$ 5,588	\$ 399	\$ 5,987
2026	3,401	155	3,556
2027	1,658	15	1,673
2028	138	3	141
Total payments required	\$ 10,785	\$ 572	\$ 11,357

Future minimum lease (GASB No. 87) payments are as follows (in thousands):

	Principal	Interest	Total
Years ending September 30:			
2025	\$ 2,126	\$ 178	\$ 2,304
2026	1,997	143	2,140
2027	1,511	112	1,623
2028	1,428	85	1,513
2029	1,418	57	1,475
2030-2034	1,590	87	1,677
2035-2039	141	9	150
Total payments required	\$ 10,211	\$ 671	\$ 10,882

Lessor Leases: In connection with the adoption of GASB No. 87, Halifax Health recognized a lease receivable and a deferred inflow of resources for lease agreements in which Halifax Health was the lessor. Each lease provides for a monthly lease payment subject to a fixed escalation on the anniversary date of each agreement. Lease revenue related to lessor leases was \$3.1 million for the year ended September 30, 2024. Interest income on lessor leases was \$162,000 for the year ended September 30, 2024. As of September 30, 2024, the long-term rent receivable for leases was \$8.7 million.

Future principal and interest requirements to maturity for the rent receivables are as follows (in thousands):

	Principal	Interest	Total
Years ending September 30:			
2025	\$ 3,044	\$ 142	\$ 3,186
2026	2,392	111	2,503
2027	2,114	86	2,200
2028	2,057	65	2,122
2029	799	47	846
2030-2034	735	138	873
2035-2039	144	86	230
2040-2044	223	57	280
2045-2049	266	18	284
Total payments required	\$ 11,774	\$ 750	\$ 12,524

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

Notes to Financial Statements

Note 12. Commitments and Contingencies (Continued)

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

Halifax Health is subject to various legal proceedings and claims, which are incidental to its normal business activities. In the opinion of Halifax Health's management, the ultimate liability with respect to these actions will not materially affect the operations or net position of Halifax Health.

Note 13. Concentrations of Credit Risk

The Medical Center and Hospice grant credit without collateral to its patients, most of who are local residents that are insured under third-party payor agreements. The mix of net receivables from patients and third-party payors at September 30, 2024, was as follows:

Medicare	15%
Medicaid	6%
Other third-party payors	78%
Self-pay patients	1%
Total	100%

Note 14. Joint Ventures

EVHS has a 50% equity interest in a joint venture to operate East Central Florida Outpatient Imaging, LLC (ECFOI). During the year ended September 30, 2024, EVHS received distributions of \$2.5 million from ECFOI and recognized its proportionate share of ECFOI's net income or loss by adjusting its equity interest balance. At September 30, 2024, EVHS had \$1.1 million recorded as an equity interest in ECFOI that is included in other assets in the accompanying financial statements. ECFOI issues stand-alone financial statements.

EVHS has a 50% equity interest in a joint venture to develop and operate outpatient facilities. At September 30, 2024, EVHS had \$2.2 million recorded as an equity interest that is included in other assets in the accompanying financial statements. During the year ended September 30, 2024, there were no distributions.

EVHS has a 50% equity interest in a joint venture to operate HB Rehabilitative Services, Inc. ("HB"). During the year ended September 30, 2024, EVHS received distributions of \$3.9 million from HB, and at September 30, 2024, EVHS had \$8.5 million recorded as an equity interest in HB that is included in other assets in the accompanying financial statements.

MCD and Brooks Halifax Rehabilitation Services, LLC, ("Brooks") entered into a joint venture agreement to provide outpatient rehabilitation clinics. MCD has a 50% equity interest in the joint venture to operate as HB Deltona Rehabilitative Services, LLC ("HBD"). During the year ended September 30, 2024, there were no distributions. MCD had \$263,000 recorded as an equity interest. HB does not issue stand-alone financial statements.

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

Notes to Financial Statements

Note 15. Subsequent Events

Management has evaluated subsequent events through January 27, 2025, the date the financial statements were available to be issued.

On December 19, 2024, MCD, as the Borrower, entered into financing agreements with the County of Volusia, Florida, as Issuer, for the issuance of County of Volusia, Florida Hospital Revenue Bonds (Medical Center of Deltona Project), Series 2024 (“Series 2024 - MCD”) in the aggregate principal amount of \$ 158,250,000. The proceeds from the sale of the Series 2024 - MCD bonds, when and if issued, will be loaned to Medical Center of Deltona, Inc., a Florida not-for-profit corporation known as Halifax Health | UF Health Medical Center of Deltona (the “Borrower”) for the primary purposes of (a) refunding the outstanding County of Volusia, Florida Hospital Revenue Bonds (Medical Center of Deltona, Inc. Project), Series 2019 and 2022 (the “Refunded Bonds”), previously issued for the benefit of the Borrower to finance the acquisition, construction and equipping of a 43-bed general hospital located in the City of Deltona, Volusia County, Florida known as the Medical Center of Deltona and to acquire certain emergency room facilities located on the campus thereof (the “Original Projects”), and (b) to finance the acquisition, construction and equipping of improvements to the Medical Center of Deltona (the “2024 Project” and, together with the Original Projects, the “Project”) located at 3300 Halifax Crossings Boulevard, Deltona, Florida 32725.

On December 19, 2024, MCD entered into a Master Securities Loan Agreement (“MSLA”) with JP Morgan Chase Bank, N.A. (“JPMC”). MCD and JPMC are the only parties to the MSLA. Under the terms and conditions of the MSLA, JPMC is obligated to make payments to MCD equal to the actual interest paid on the Series 2024 – MCD bonds in exchange for payments from MCD based upon the outstanding par amount of the Series 2024 – MCD Bonds and a variable index rate (regularly scheduled payments). The MSLA has a scheduled termination date of December 19, 2031. Upon the occurrence of certain events, both MCD and JPMC maintain early termination rights. Additionally, MCD maintains the right to optionally terminate the MSLA at any point in time after December 19, 2025. Upon any scheduled, unscheduled, or optional termination, MCD is obligated to pay JPMC the fair value of the Series 2024 – MCD Bonds as of the termination date in addition to any regularly scheduled payments due.

Required Supplementary Information

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

**Required Supplementary Information (Unaudited)
Schedule of Changes in Net Pension Liability
(In Thousands)**

	Total Pension Liability, (a)	Plan Fiduciary Net Pension, (b)	Net Pension Liability, (a) - (b)
Balance, September 30, 2014	\$ 311,814	\$ 207,198	\$ 104,616
Service cost	2,776	-	2,776
Interest	20,547	-	20,547
Difference between expected and actual experience	(2,241)	-	(2,241)
Contributions—employer	-	20,000	(20,000)
Net investment income	-	12,954	(12,954)
Benefit payments	(15,077)	(15,077)	-
Plan administrative expenses	-	(59)	59
Balance, September 30, 2015	317,819	225,016	92,803
Service cost	4,282	-	4,282
Interest	20,943	-	20,943
Difference between expected and actual experience and assumption changes	(4,845)	-	(4,845)
Contributions—employer	-	15,218	(15,218)
Net investment income	-	(9,853)	9,853
Benefit payments	(15,355)	(15,355)	-
Plan administrative expenses	-	(115)	115
Balance, September 30, 2016	322,844	214,911	107,933
Service cost	4,441	-	4,441
Interest	21,234	-	21,234
Difference between expected and actual experience and assumption changes	(2,804)	-	(2,804)
Contributions—employer	-	21,236	(21,236)
Net investment income	-	20,892	(20,892)
Benefit payments	(16,818)	(16,818)	-
Plan administrative expenses	-	(77)	77
Balance, September 30, 2017	328,897	240,144	88,753
Service cost	3,770	-	3,770
Interest	21,776	-	21,776
Difference between expected and actual experience and assumption changes	1,387	-	1,387
Contributions—employer	-	21,060	(21,060)
Net investment income	-	25,668	(25,668)
Benefit payments	(20,439)	(20,439)	-
Plan administrative expenses	-	(74)	74
Balance, September 30, 2018	335,391	266,359	69,032
Service cost	3,311	-	3,311
Interest	22,154	-	22,154
Difference between expected and actual experience and assumption changes	2,490	-	2,490
Contributions—employer	-	19,876	(19,876)
Net investment income	-	15,283	(15,283)
Benefit payments	(21,349)	(21,349)	-
Plan administrative expenses	-	(71)	71
Balance, September 30, 2019	\$ 341,997	\$ 280,098	\$ 61,899

(Continued)

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

**Required Supplementary Information (Unaudited)
Schedule of Changes in Net Pension Liability (Continued)
(In Thousands)**

	Total Pension Liability, (a)	Plan Fiduciary Net Pension, (b)	Net Pension Liability, (a) - (b)
Balance, September 30, 2019	\$ 341,997	\$ 280,098	\$ 61,899
Service cost	2,769	-	2,769
Interest	22,596	-	22,596
Difference between expected and actual experience and assumption changes	13,430	-	13,430
Contributions—employer	-	19,500	(19,500)
Net investment income	-	(3,969)	3,969
Benefit payments	(20,359)	(20,359)	-
Plan administrative expenses	-	(68)	68
Balance, September 30, 2020	360,433	275,202	85,231
Service cost	2,133	-	2,133
Interest	23,733	-	23,733
Difference between expected and actual experience and assumption changes	2,266	(7,526)	9,792
Change of assumptions	87	-	87
Contributions—employer	-	23,472	(23,472)
Net investment income	-	19,420	(19,420)
Benefit payments	(22,296)	(22,296)	-
Plan administrative expenses	-	(107)	107
Balance, September 30, 2021	366,356	288,165	78,191
Service cost	1,809	-	1,809
Interest	24,071	-	24,071
Difference between expected and actual experience and assumption changes	(4,216)	37,072	(41,288)
Change of assumptions	9,027	-	9,027
Contributions—employer	-	25,947	(25,947)
Net investment income	-	20,402	(20,402)
Benefit payments	(23,505)	(23,505)	-
Plan administrative expenses	-	(39)	39
Balance, September 30, 2022	373,542	348,042	25,500
Service cost	1,661	-	1,661
Interest	22,874	-	22,874
Difference between expected and actual experience	(8,950)	(58,769)	49,819
Change of assumptions	4,213	-	4,213
Contributions—employer	-	21,315	(21,315)
Net investment income	-	22,491	(22,491)
Benefit payments	(47,331)	(47,331)	-
Plan administrative expenses	-	(41)	41
Balance, September 30, 2023	\$ 346,009	\$ 285,707	\$ 60,302

(Continued)

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

**Required Supplementary Information (Unaudited)
Schedule of Changes in Net Pension Liability (Continued)
(In Thousands)**

	Total Pension Liability, (a)	Plan Fiduciary Net Pension, (b)	Net Pension Liability, (a) - (b)
Balance, September 30, 2023	\$ 346,009	\$ 285,707	\$ 60,302
Service cost	1,225	-	1,225
Interest	21,456	-	21,456
Difference between expected and actual experience	(2,998)	-	(2,998)
Change of assumptions	4,132	-	4,132
Contributions—employer	-	16,600	(16,600)
Net investment income	-	34,573	(34,573)
Benefit payments	(21,675)	(21,675)	-
Plan administrative expenses	-	(44)	44
Balance, September 30, 2024	<u>\$ 348,149</u>	<u>\$ 315,161</u>	<u>\$ 32,988</u>

Source: BPAS Actuarial and Pension Services.

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

**Required Supplementary Information (Unaudited)
Schedule of Funding Progress
(In Thousands)**

Actuarial Valuation Date	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a-b)	Medical Center Proportionate Share (a-b) * 94.90%	Hospice Proportionate Share (a-b) * 5.10%	Covered Payroll (c)	Fiduciary Net Position as a % of Net Pension Liability (b/a)	Net Pension Liability as a % of Covered Payroll
October 1, 2023	\$ 348,149	\$ 315,161	\$ 32,988	\$ 31,305	\$ 1,683	\$ 19,673	91%	168%
October 1, 2022	346,009	285,707	60,302	56,798	3,504	18,233	83	331
October 1, 2021	373,542	348,042	25,500	24,018	1,482	21,589	93	118
October 1, 2020	366,356	288,165	78,191	72,030	6,161	23,098	79	339
October 1, 2019	360,433	275,202	85,231	78,515	6,716	26,858	76	317
October 1, 2018	341,997	280,098	61,899	59,000	2,899	32,092	82	193
October 1, 2017	335,391	266,359	69,032	65,145	3,887	33,515	79	206
October 1, 2016	328,897	240,144	88,753	83,756	4,997	38,361	73	231
October 1, 2015	322,844	214,911	107,933	101,856	6,077	42,387	67	255
October 1, 2014	317,819	225,016	92,803	87,578	5,225	43,613	71	213

Source: BPAS Actuarial and Pension Services.

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

**Required Supplementary Information (Unaudited)
Schedule of Actuarially Determined Contributions
(In Thousands)**

Actuarial Valuation Date	Actuarially Determined Contributions (a)	Contributions Recognized During the year (b)	Difference of Actuarially Determined and Recognized Contributions (a-b)	% Contributions Recognized to Contributions Actuarially Determined (b/a)	Covered Payroll (c)	Contributions as a % of Covered Payroll (b/c)
October 1, 2023	\$ 10,615	\$ 16,600	\$ (5,985)	156%	\$ 19,673	84%
October 1, 2022	16,600	21,315	(4,715)	128	18,233	117
October 1, 2021	21,315	25,947	(4,632)	122	21,589	120
October 1, 2020	25,947	23,472	2,475	90	23,098	102
October 1, 2019	23,472	19,500	3,972	83	26,858	73
October 1, 2018	19,500	19,876	(376)	102	32,092	62
October 1, 2017	19,876	21,060	(1,184)	106	33,515	63
October 1, 2016	21,060	21,236	(176)	101	38,361	55
October 1, 2015	21,236	15,218	6,018	72	42,387	36
October 1, 2014	15,218	20,000	(4,782)	131	43,613	46

Source: BPAS Actuarial and Pension Services.

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

Note to Required Supplementary Information – Halifax Pension Plan (Unaudited)

Note 1. Key Assumptions

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

Valuation date	October 1, 2023
Actuarial cost method	Entry Age Normal, Level Percent of Pay
Amortization method	10 year, closed
Remaining amortization period	Varies
Asset valuation method	Market value
Actuarial assumptions:	
Investment rate of return	6.250%
Projected salary increases	NA
Cost-of-living adjustments	3.00%
Mortality	Pri-2012 Mortality Table (Sex-Distinct), Scale MP-2021
Retirement age	62

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

Since the last measurement date, September 30, 2022, the Plan updated its assumptions regarding the interest rates. The change in the Plan assumption from 6.375% to 6.25% resulted in an increase in the pension liability of approximately \$4.5 million at September 30, 2024.

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

**Required Supplementary Information (Unaudited)
Schedule of Changes in Total Retiree HRA Plan Liability and Related Ratios
(In Thousands)**

	Years Ended September 30						
	2024	2023	2022	2021	2020	2019	2018
Total Retiree HRA Plan liability							
Service cost	\$ 69	\$ 186	\$ 197	\$ 213	\$ 162	\$ 197	\$ 173
Interest	684	445	483	528	647	617	601
Changes of benefit terms	-	-	-	-	-	-	(559)
Differences between expected and actual experience	(1,028)	(356)	132	199	(76)	43	96
Changes of assumptions or other inputs	(301)	(3,923)	472	778	2,419	(1,255)	(1,949)
Benefit payments	(1,048)	(1,004)	(942)	(878)	(846)	(274)	(750)
Net change in total Retiree HRA Plan liability	(1,624)	(4,652)	342	840	2,306	(672)	(2,388)
Total Retiree HRA Plan liability—beginning	15,997	20,649	20,307	19,467	17,161	17,833	20,221
Total Retiree HRA Plan liability—ending	\$ 14,373	\$ 15,997	\$ 20,649	\$ 20,307	\$ 19,467	\$ 17,161	\$ 17,833
Covered-employee payroll	\$ 17,691	\$ 18,232	\$ 21,589	\$ 23,098	\$ 32,044	\$ 32,092	\$ 33,468
Total Retiree HRA Plan liability as a percentage of covered-employee payroll	81.25%	87.74%	95.64%	87.92%	60.62%	53.48%	53.28%
Changes of assumptions or other inputs reflect a change in the discount rate of:	4.63%	4.40%	2.19%	2.41%	2.75%	3.83%	3.50%

This schedule is presented to illustrate the requirement to show information for 10 years. However, only 7 years of information are available since implementing GASB No. 75 at October 1, 2017. Annual plan information will be added until the required 10 years is presented.

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

**Required Supplementary Information (Unaudited)
Schedule of Changes in Total Retiree Medical Plan Liability and Related Ratios
(In Thousands)**

	Years Ended September 30						
	2024	2023	2022	2021	2020	2019	2018
Total Retiree Medical Plan liability							
Service cost	\$ 5	\$ 2	\$ 2	\$ 4	\$ 2	\$ 3	\$ 170
Interest	30	20	34	51	80	89	205
Changes of benefit terms	-	-	-	-	-	-	(5,085)
Differences between expected and actual experience	(15)	(105)	(308)	(132)	5	-	1,510
Changes of assumptions or other inputs	2	9	17	(35)	126	(58)	(530)
Benefit payments	(113)	(197)	(300)	(392)	(454)	(519)	(320)
Net change in total Retiree Medical Plan liability	(91)	(271)	(555)	(504)	(241)	(485)	(4,050)
Total Retiree Medical Plan liability—beginning	734	1,005	1,560	2,064	2,305	2,790	6,840
Total Retiree Medical Plan liability—ending	\$ 643	\$ 734	\$ 1,005	\$ 1,560	\$ 2,064	\$ 2,305	\$ 2,790
Covered-employee payroll	\$ -	\$ 18,232	\$ 21,589	\$ 23,098	\$ 32,044	\$ 32,092	\$ 33,468
Total Retiree Medical Plan liability as a percentage of covered-employee payroll	3.63%	4.03%	4.66%	6.44%	6.44%	7.18%	8.34%
Changes of assumptions or other inputs reflect a change in the discount rate of:	4.63%	4.40%	2.19%	2.41%	2.75%	3.83%	3.50%

This schedule is presented to illustrate the requirement to show information for 10 years. However, only 7 years of information are available since implementing GASB No. 75 at October 1, 2017. Annual plan information will be added until the required 10 years is presented.

Other Supplementary Information

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

**Supplementary Information
Schedule of Net Position—Obligated Group
September 30, 2024
(In Thousands)**

Assets and Deferred Outflows

Current Assets:	
Cash and cash equivalents	\$ 132,218
Investments	240,548
Current assets whose use is limited—Trustee-held self-insurance funds	216
Accounts receivable, patients, net of estimated uncollectibles of \$73,520	79,931
Inventories	18,094
Current portion of rent receivable	2,665
Other current assets	32,758
Total current assets	<u>506,430</u>
Noncurrent Assets Whose Use is Limited:	
Board-designated funded depreciation	28,670
Trustee-held funds	42,026
Depreciable capital assets, net	247,115
Nondepreciable capital assets	100,262
Right to use assets, net	24,744
Investment in affiliates	235,848
Rent receivable	9,200
Other assets	20,589
Total assets	<u>1,214,884</u>
Deferred Outflows:	
Interest rate swap	14,411
Pension, contribution after measurement date	10,074
Pension, other	8,603
Deferred outflows related to other postemployment benefits	1,030
Loss on refunding of debt, net	10,339
Total deferred outflows	<u>44,457</u>
Total assets and deferred outflows	<u><u>\$ 1,259,341</u></u>

(Continued)

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

**Supplementary Information
Schedule of Net Position—Obligated Group (Continued)
September 30, 2024
(In Thousands)**

Liabilities, Deferred Inflows and Net Position

Current Liabilities:	
Accounts payable and accrued liabilities	\$ 127,361
Accrued payroll and personal leave time	32,533
Current portion of accrued self-insurance liability	4,230
Current portion of long-term debt	7,980
Current portion of lease liabilities	4,050
Current portion of SBITA liabilities	5,349
Interest payable on long-term debt	4,461
Other current liabilities	3,638
Total current liabilities	189,602
Noncurrent Liabilities:	
Long-term debt, less current portion	374,590
Long-term lease liabilities, less current portion	11,163
Long-term SBITA liabilities, less current portion	5,012
Premium on long-term debt, net	10,191
Net pension liability	31,305
Other postemployment benefits liability	14,251
Accrued self-insurance liability, less current portion	7,070
Other liabilities	9,559
Long-term value of interest rate swap	14,411
Total liabilities	667,154
Deferred inflows related to leases	11,675
Deferred inflows related to other post employment benefits	124
Total liabilities and deferred inflows	678,953
Net Position:	
Net investment in capital assets	(1,345)
Unrestricted	581,733
Total net position	580,388
Total liabilities, deferred inflows and net position	\$ 1,259,341

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

Supplementary Information

Schedule of Revenues, Expenses and Changes in Net Position—Obligated Group

Year Ended September 30, 2024

(In Thousands)

Operating Revenues:	
Net patient service revenue, before provision for bad debts	\$ 780,815
Provision for bad debts	(83,222)
Net patient service revenue	<u>697,593</u>
Ad valorem tax revenue	21,186
Other revenue	22,786
Total operating revenues	<u>741,565</u>
Operating Expenses:	
Salaries and benefits	338,338
Supplies	156,782
Purchased services	132,514
Depreciation and amortization	31,774
Ad valorem tax-related expenses	6,964
Leases and rentals	2,394
Other	29,847
Total operating expenses	<u>698,613</u>
Income from operations	42,952
Nonoperating Revenues (Expenses):	
Interest expense	(14,159)
Bond issue costs	(1,044)
Investment income, net	22,363
Donation revenue	358
Appropriations	10,000
Nonoperating gains, net	9,716
Income from affiliates	39,625
Total nonoperating revenues, net	<u>66,859</u>
Increase in net position	109,811
Net Position:	
Beginning net position	470,577
End of year	<u>\$ 580,388</u>

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

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

Note 1. Summary of Significant Accounting Policies

Obligated Group: The members of the Obligated Group are the Medical Center and Holdings. In accordance with generally accepted accounting principles, certain component units are blended with the accounts of the Medical Center in the Obligated Group financial information, including EVHS, Staffing, HHCSI and PBFS. In addition, Hospice, VHN, Foundation, MCD and HMS are accounted for under the equity method in the Obligated Group financial information. The Medical Center has an equity interest in these entities, which are expected to produce income, appreciation in value, or other economic benefit. The net investment in capital assets and unrestricted components of the net position of the affiliates are included in equity interest in affiliates on the schedule of net position and income from affiliates is separately disclosed on the schedule of revenues, expenses, and changes in net position. In accordance with the MTI, the Obligated Group does not have ownership rights to the affiliates' restricted component of net position; therefore, they are excluded from the equity interest in affiliates.

The affiliates are not members of the Obligated Group and are not required to pay operating expenses or debt service of the Obligated Group. Except as may be requested by the Medical Center or Hospice, subject to certain limitations, to avoid or remedy a payment or covenant default, affiliates are not required to make any payments with respect to the outstanding indebtedness of the Medical Center or the Obligated Group.

Halifax Hospital Medical Center
d/b/a Halifax Health

Supplementary Information
Condensed Combining Schedule of Revenues, Expenses and Changes in Net Position—Florida Hospital Uniform Reporting System
Year Ended September 30, 2024
(In Thousands)

	Operating Entities							Nonoperating Entities				Subtotal of Nonoperating Entities	Subtotal of FHURS Halifax Medical Center	Medical Center of Deltona	Halifax Health Before Intercompany Eliminations	Intercompany Eliminations	Halifax Halifax Health
	Medical Center	Holdings	Staffing Medical Center Division	PBFS	HHCSI	EVHS	Total Medical Center	Hospice	VHN	Foundation	HMS						
Operating revenues	\$ 725,981	\$ 1,827	\$ -	\$ -	\$ 2,946	\$ 10,811	\$ 741,565	\$ 60,036	\$ 1,270	\$ 13,350	\$ 4,926	\$ 79,582	\$ 821,147	\$ 63,736	\$ 884,883	\$ (3,982)	\$ 880,901
Operating expenses, before depreciation and amortization	306,515	217	332,072	19,871	3,848	4,316	666,839	56,574	1,087	930	1,203	59,794	726,633	52,970	779,603	(352)	779,251
Depreciation and amortization	30,818	607	-	-	237	112	31,774	1,233	-	-	1,963	3,196	34,970	6,556	41,526	(3,630)	37,896
Total operating expenses	337,333	824	332,072	19,871	4,085	4,428	698,613	57,807	1,087	930	3,166	62,990	761,603	59,526	821,129	(3,982)	817,147
Income (loss) from operations	388,648	1,003	(332,072)	(19,871)	(1,139)	6,383	42,952	2,229	183	12,420	1,760	16,592	59,544	4,210	63,754	-	63,754
Non operating revenues (expenses)	(338,291)	13,582	332,072	19,871	-	-	27,234	23,148	6	-	1,184	24,338	51,572	(5,515)	46,057	-	46,057
Increase (decrease) in net position	\$ 50,357	\$ 14,585	\$ -	\$ -	\$ (1,139)	\$ 6,383	\$ 70,186	\$ 25,377	\$ 189	\$ 12,420	\$ 2,944	\$ 40,930	\$ 111,116	\$ (1,305)	\$ 109,811	\$ -	\$ 109,811

Halifax Staffing provides employees to staff and manage the Medical Center and MCD. Expenses for these divisions are separately reported in the columns above.



RSM US LLP

Independent Accountant's Report

Honorable Commissioners of the Board
Halifax Hospital Medical Center d/b/a Halifax Health

We have examined Halifax Hospital Medical Center's ("Halifax Health") compliance with *Section 218.415, Florida Statutes, Local Government Investment Policies* during the period October 1, 2023, to September 30, 2024. Management of Halifax Health is responsible for Halifax Health's compliance with the specified requirements. Our responsibility is to express an opinion on Halifax Health's compliance with the specified requirements based on our examination.

Our examination was conducted in accordance with attestation standards established by the AICPA. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether Halifax Health complied, in all material respects, with the specified requirements referenced above. An examination involves performing procedures to obtain evidence about whether Halifax Health complied with the specified requirements. The nature, timing, and extent of the procedures selected depend on our judgment, including an assessment of the risks of material noncompliance, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

We are required to be independent and to meet our other ethical responsibilities in accordance with relevant ethical requirements relating to the engagement.

Our examination does not provide a legal determination on Halifax Health's compliance with specified requirements.

In our opinion, Halifax Health complied, in all material respects, with *Section 218.415, Florida Statutes, Local Government Investment Policies* during the period from October 1, 2023 to September 30, 2024.

RSM US LLP

Orlando, Florida
January 27, 2025

**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***

Independent Auditor's Report

Honorable Commissioners of the Board
Halifax Hospital Medical Center d/b/a Halifax Health

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 (*Government Auditing Standards*), the financial statements of the business-type activities and the aggregate remaining fund information of Halifax Hospital Medical Center d/b/a Halifax Health (Halifax Health), which comprise Halifax Health's statement of financial position as of September 30, 2024, and the related statements of revenue, expenses and changes in net position and cash flows for the year then ended, and the related notes to the financial statements, which collectively comprise Halifax Health's basic financials statements, and have issued our report thereon dated January 27, 2025. Other auditors audited the financial statements of Halifax Health's fiduciary activities as described in our report on Halifax Health's financial statements. This report does not include the results of other auditors' testing of internal control over compliance that is reported on separately by those auditors.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered Halifax Health's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Halifax Health's internal control. Accordingly, we do not express an opinion on the effectiveness of Halifax Health's internal control.

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

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



Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Halifax Health's 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 financial statements. 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 entity'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 entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

RSM US LLP

Orlando, Florida
January 27, 2025