Financial Statements

Years Ended September 30, 2016 and 2015

BDO

Henry Mayo Newhall Hospital

Financial Statements

Years Ended September 30, 2016 and 2015

Henry Mayo Newhall Hospital

Contents

Tel: 714-957-3200
Fax: 714-957-1080
www.bdo.com

600 Anton Blvd., Suite 500
Costa Mesa, CA 92626

Independent Auditor's Report

Board of Directors
Henry Mayo Newhall Hospital
Valencia, California

We have audited the accompanying financial statements of Henry Mayo Newhall Hospital, which comprise the statements of financial position as of September 30, 2016 and 2015, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Henry Mayo Newhall Hospital as of September 30, 2016 and 2015, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

BDO USA, LLP

December 22, 2016

Financial Statements

Henry Mayo Newhall Hospital

Statements of Financial Position

September 30,	**2016**	2015
Assets		
Current assets		
Cash and cash equivalents	**$ 42,152,465**	$ 54,171,507
Investments	**73,750,620**	69,020,924
Assets limited as to use	**2,198,215**	2,202,615
Patient accounts receivable, less bad debt allowances of $11,251,548 and $8,552,770, respectively	**51,873,513**	48,044,915
Receivable from affiliate	**5,558,262**	2,942,427
Other receivables	**322,740**	1,026,714
Inventories	**5,968,258**	5,171,106
Prepaid expenses and other current assets	**3,014,519**	3,618,076
Quality assurance fee receivable	**3,784,421**	2,779,694
California Hospital Foundation grant receivable	**1,509,872**	1,849,671
Total current assets	**190,132,885**	190,827,649
Assets limited as to use, less current portion	**420**	6,522,490
Property, plant and equipment, net	**189,702,815**	152,844,179
Pledged lease	**2,429,433**	2,470,656
Deferred financing costs, net	**3,159,116**	3,385,911
Other assets	**1,621,947**	1,874,782
Total assets	**$ 387,046,616**	$ 357,925,667

Henry Mayo Newhall Hospital

Statements of Financial Position

September 30,	**2016**	2015
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	**$ 4,715,000**	$ 4,540,000
Current portion of obligations under capitalized leases	**1,567,089**	1,367,013
Accounts payable	**30,305,927**	23,030,976
Accrued payroll and benefits	**17,788,876**	19,499,716
Accrued expenses	**1,132,113**	384,342
Accrued interest	**3,369,869**	3,455,560
Quality assurance fee payable	**4,612,636**	4,140,433
Quality assurance fee deferred revenue	**-**	1,453,462
Total current liabilities	**63,491,510**	57,871,502
Long-term debt, less current portion	**146,447,869**	151,201,486
Obligations under capitalized leases, less current portion	**4,940,292**	6,507,381
Deferred rent liability	**703,719**	**-**
Deferred contribution revenue	**2,429,433**	2,470,656
Accrued malpractice liability	**3,420,992**	3,393,340
Total liabilities	**221,433,815**	221,444,365
Commitments and contingencies		
Net assets		
Temporarily restricted	**5,539,677**	3,133,367
Unrestricted	**160,073,124**	133,347,935
Total net assets	**165,612,801**	136,481,302
Total liabilities and net assets	**$ 387,046,616**	$ 357,925,667

See accompanying notes to financial statements.

Henry Mayo Newhall Hospital

Statements of Operations

Years Ended September 30,	**2016**	2015
Unrestricted revenues		
Net patient service revenue	**$ 321,808,237**	$ 312,266,494
Provision for bad debts	**(9,790,521)**	(8,622,426)
Net patient service revenue less provision for bad debts	**312,017,716**	303,644,068
Nonpatient revenue	**3,680,360**	3,240,739
California Hospital Foundation grant revenue	**5,538,731**	8,023,088
Net assets released from restrictions used for operations	**353,601**	303,136
Total unrestricted revenues	**321,590,408**	315,211,031
Expenses		
Salaries and wages	**112,192,528**	102,426,213
Employee benefits	**36,343,863**	29,886,436
Registry	**10,564,610**	9,011,686
Supplies	**46,609,930**	44,376,006
Purchased services	**29,203,366**	26,408,177
Repairs and maintenance	**5,914,673**	5,327,709
Interest	**6,207,105**	7,969,937
Depreciation and amortization	**14,519,150**	15,842,735
Insurance, net	**1,807,870**	1,749,634
Facility costs	**7,857,026**	6,673,583
Quality assurance fee hospital tax	**17,869,417**	28,036,921
Other operating costs	**16,560,827**	15,676,587
Total expenses	**305,650,365**	293,385,624
Operating income	**15,940,043**	21,825,407
Other income (loss)		
Contributions	**2,284,726**	166,202
Interest income	**1,003,118**	400,365
Other non-operating (loss) income, net	**(867,415)**	864,301
Electronic health records grant income	**348,557**	870,676
Equity in income of Joint Venture	**753,463**	672,331
Excess of revenues over expenses	**19,462,492**	24,799,282
Unrealized gain (loss) on investments, net	**4,729,416**	(116,676)
Net assets released from restrictions used for purchases of property, plant and equipment	**2,533,281**	2,305,000
Net increase in unrestricted net assets	**$ 26,725,189**	$ 26,987,606

See accompanying notes to financial statements.

Henry Mayo Newhall Hospital

Statements of Changes in Net Assets

Years Ended September 30,	**2016**	2015
Unrestricted net assets		
Excess of revenues over expenses	**$ 19,462,492**	$ 24,799,282
Unrealized gain (loss) on investments, net	**4,729,416**	(116,676)
Net assets released from restrictions used for purchases of property, plant and equipment	**2,533,281**	2,305,000
Net increase in unrestricted net assets	**26,725,189**	26,987,606
Temporarily restricted net assets		
Contributions	**5,293,192**	2,184,444
Net assets released from restrictions	**(2,886,882)**	(2,608,136)
Net increase (decrease) in temporarily restricted net assets	**2,406,310**	(423,692)
Increase in net assets	**29,131,499**	26,563,914
Net assets, beginning of year	**136,481,302**	109,917,388
Net assets, end of year	**$ 165,612,801**	$ 136,481,302

See accompanying notes to financial statements.

Henry Mayo Newhall Hospital

Statements of Cash Flows

Years Ended September 30,	**2016**	2015
Cash flows from operating activities		
Increase in net assets	**$ 29,131,499**	$ 26,563,914
Adjustments to reconcile change in net assets to net cash and cash equivalents provided by operating activities:		
Depreciation and amortization	**14,519,150**	15,842,735
Provision for bad debts	**9,790,521**	8,622,426
Amortization and write-offs of deferred financing costs and bond premiums, net	**188,178**	193,390
Capitalization of financing interest	**(1,587,398)**	-
Capitalization of labor costs for internal use software	**(1,313,277)**	-
Equity in income of Joint Venture	**(753,463)**	(672,331)
Distribution from Joint Venture	**814,000**	742,000
Unrealized gain on investments, net	**(4,729,416)**	(747,625)
Changes in assets and liabilities:		
Patient accounts receivable	**(13,619,119)**	(17,163,622)
Receivable from affiliate	**(2,615,835)**	380,538
Other receivables	**703,974**	488,825
Inventories	**(797,152)**	(490,909)
Prepaid expenses and other current assets	**603,557**	(584,204)
Quality assurance fee receivable	**(1,004,727)**	(2,779,694)
California Hospital Foundation grant receivable	**339,799**	(1,849,671)
Other assets	**192,297**	(299,557)
Accounts payable	**7,274,951**	7,145,286
Accrued payroll and benefits	**(1,710,840)**	5,278,256
Accrued expenses	**747,771**	(916,538)
Accrued interest	**(85,691)**	(89,638)
Deferred rent	**703,719**	-
Quality assurance fee payable	**472,203**	3,209,366
Quality assurance fee deferred revenue	**(1,453,462)**	1,453,462
Accrued malpractice liability	**27,652**	90,073
Net cash and cash equivalents provided by operating activities	**35,838,891**	44,416,482
Cash flows from investing activities		
Acquisition of property, plant and equipment	**(48,477,111)**	(32,192,484)
Proceeds from sale of short-term investments	**68,950,620**	58,001,040
Purchases of short-term investments	**(68,950,899)**	(69,590,240)
Decrease in assets limited as to use	**6,526,470**	26,144,949
Increase in assets limited as to use	**-**	(2,202,615)
Net cash and cash equivalents used in investing activities	**(41,950,920)**	(19,839,350)
Cash flows from financing activities		
Payments on long-term debt	**(4,540,000)**	(4,525,000)
Payments on capital lease obligations	**(1,367,013)**	(1,187,340)
Net cash and cash equivalents used in financing activities	**(5,907,013)**	(5,712,340)

Henry Mayo Newhall Hospital

Statements of Cash Flows (Continued)

Years Ended September 30,	**2016**	2015
Net (decrease) increase in cash and cash equivalents	**(12,019,042)**	18,864,792
Cash and cash equivalents, beginning of year	**54,171,507**	35,306,715
Cash and cash equivalents, end of year	**$ 42,152,465**	$ 54,171,507
Supplemental disclosure of cash flow information		
Cash paid for interest during the year	**$ 7,692,016**	$ 7,866,185
Supplemental disclosure of non-cash transactions		
Pledged lease (See Note 12)	**$ 41,223**	$ 40,609
Bond premiums write off and amortization (See Note 6)	**$ (38,617)**	$ (38,714)

See accompanying notes to financial statements.

1. Organization

Henry Mayo Newhall Hospital (the "Company" or "Hospital") is a California not-for-profit public service benefit acute care hospital providing patient services to individuals in Santa Clarita, California.

The Hospital is affiliated with Santa Clarita Health Care Association, Inc. and its affiliates through common management. Santa Clarita Health Care Association and one of its subsidiaries, Santa Clarita Health Care Management Group, Inc., had no activity during the years ended September 30, 2016 and 2015. In addition, the Hospital is also affiliated with Henry Mayo Newhall Health Foundation (the "Foundation"). The Foundation shares some members of management with the Hospital, however, the Hospital has no control over the Foundation or any ongoing interests in the net assets of the Foundation.

The Hospital established the Henry Mayo Management Service Organization ("MSO") for the purposes of offering administrative services and startup funding for local healthcare facilities. The MSO is a not-for-profit mutual benefit company and the Hospital is the sole member. In accordance with ASC 958-810-25 Not-for-Profit Entities: Consolidation, the Hospital consolidated the MSO into these financial statements. The MSO's financial activities are not material to the Hospital. All significant intercompany balances have been eliminated upon consolidation.

2. Summary of Significant Accounting Policies

Basis of Presentation

The Company prepares its financial statements in accordance with the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 954, *Health Care Entities.* The Company's accounting policies used in the preparation of the accompanying financial statements are in conformity with accounting principles generally accepted in the United States of America and have been consistently applied.

Management's Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. The significant estimates made in the preparation of the Company's financial statements relate to the assessment of the carrying value of accounts receivable and bad debt allowances, accruals for malpractice liability and other similar risks, amounts payable or receivable under health insurance plans and amounts payable or receivable from the government. While management believes that these estimates are reasonable, actual results could be materially different from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include certain highly liquid investments with original maturities of three months or less when purchased, that are not held as collateral.

Investments

Investments are accounted for in accordance with FASB ASC 958-320, *Not-for-Profit Entities — Investments — Debt and Equity Securities*. Under FASB ASC 958-320, equity securities with readily determinable fair values and all investments in debt securities are reported at fair value with realized and unrealized gains and losses included in other non-operating income (loss) in the accompanying statements of activities and changes in net assets.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts in the statements of financial position.

Patient Accounts Receivable

Patient accounts receivable are stated at the amounts billed to patients or third-party payors and others less contractual allowances. The carrying amount of patient accounts receivable is reduced by bad debt allowances that reflect management's best estimate of the amounts that will not be collected. Bad debt allowances are based on management's review of the historical collection experience of all balances.

The Company provides for an allowance against patient accounts receivable for an amount that could become uncollectible, whereby such receivables are reduced to their estimated net realizable value. The Company estimates this allowance based on the aging of their accounts receivable, historical collection experience from the payors, and other relevant factors. There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, volume of patients through the emergency department, the increased burden of co-payments to be made by patients with insurance and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the Company's estimation process. These impacts may be material.

The Company's policy is to attempt to collect amounts due from patients, including co-payments and deductibles due from patients with insurance, at the time of service while complying with all federal and state laws and regulations, including, but not limited to, the Emergency Medical Treatment and Labor Act ("EMTALA").

Certain classes of patient accounts receivable are charged off against allowances after a designated period of collection efforts. Subsequent cash recoveries are recognized as income in the period when they occur.

The Company provides outpatient and emergency trauma services ("AB99") for Medi-Cal and other beneficiaries. The Hospital has been designated as a Private Trauma Hospital, as defined by the Centers for Medicare & Medicaid Services ("CMS"), in the County of Los Angeles, and receives supplemental reimbursements for such trauma services that it provides during its fiscal year. Based on agreements entered into and related reimbursements received to date, the Company determined that no reserves were necessary for its receivables relating to the California AB99 payor category as of September 30, 2016 and 2015. There are various factors that can impact the supplemental reimbursements and the changes in these factors can have a material impact on future collection of these amounts. At September 30, 2016 and 2015, the Hospital recorded AB99 receivable balances of approximately $2,241,000 and $0, respectively

Inventories

Inventories consist primarily of pharmaceuticals and medical supplies and are stated at the lower of cost, which is determined using the weighted-average method, or market.

Assets Limited as to Use

Assets limited as to use include assets set aside by trustees under indenture agreements. These investments, consisting primarily of cash, money market accounts, corporate bonds, are stated at fair value. Assets limited as to use are classified according to their underlying obligation.

Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess (deficit) of revenues over expenses. Unrealized gains and losses on investments are included in the excess (deficit) excess of revenues over expenses in the accompanying statements of changes in net assets unless the investments are trading securities.

Property, Plant and Equipment

Property, plant and equipment are stated at cost less depreciation and amortization. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment. Such amortization is included in depreciation and amortization in the financial statements. The estimated useful lives of the related assets are as follows:

Building and improvements	10 to 40 years
Equipment and furniture	2 to 15 years

Maintenance, repairs and investments in minor equipment are charged to operations. Expenditures which materially increase the value of properties or extend the useful lives are capitalized.

In accordance with ASC 835-20 Capitalization of Interest – Qualifying Assets, the Hospital capitalizes interest costs on assets that meet the criteria described in that accounting literature.

In accordance with ASC 350-40 Internal-Use Software, the Hospital capitalizes certain external direct costs of materials and services consumed in developing or obtaining internal-use computer software. Additionally, the Hospital capitalizes certain payroll costs for employees who are directly associated with and who devote time to the internal-use computer software project, to the extent of the time spent directly on the project during the application development stage.

Deferred Financing Costs

Deferred financing costs are amortized using the effective interest method, over the terms of the related bonds or loans.

Deferred financing costs, net, totaled $3,159,116 and $3,385,911 as of September 30, 2016 and 2015, respectively. Of these amounts, $712,014 and $799,401 relate to the issuance of the 2013 Bond Series A, B, & C (see Note 6), as of September 30, 2016 and 2015, respectively. Furthermore, $2,447,102 and $2,586,510 relate to the issuance of the 2014 Bonds (see Note 6), as of September 30, 2016 and 2015, respectively.

In connection with the issuance of the 2013 Bond Series A, B, & C (see Note 6), the Company capitalized $971,985 of issuance costs, which are being amortized over the life of the bonds. In connection with the issuance of the 2014 Bonds (see Note 6), the Company capitalized $2,817,884 of issuance costs, which are being amortized over the life of the bonds. Amortization expenses of approximately $227,000 and $232,000 were recorded for the years ended September 30, 2016 and 2015, respectively, and are included in interest expense in the accompanying statements of operations.

Amortization expenses are expected to be approximately $221,000, $215,000, $209,000, $203,000, $196,000 and $2,115,000 for the years ending September 30, 2017, 2018, 2019, 2020, 2021 and thereafter, respectively.

Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* ("ASC 820"), provides a framework for measuring fair value and requires enhanced disclosures about fair value measurements. These guidelines clarify that fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants.

ASC 820 requires disclosure about how fair value is determined for assets and liabilities and establishes a hierarchy for which these assets and liabilities must be grouped, based on significant levels of inputs as follows: Level 1 quoted prices in active markets for identical assets or liabilities; Level 2 quoted prices in active markets for similar assets and liabilities and inputs that are observable for the asset or liability; or Level 3 unobservable inputs for the asset or liability, such as discounted cash flow models or valuations. The determination of where assets and liabilities fall within this hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The Company's Level 1 assets as of September 30, 2016 and 2015 include part of the Company's cash equivalents, investments which consist of fixed income mutual funds and equity mutual funds, and assets limited as to use which consists of cash and money market accounts.

The Company does not have any Level 2 or Level 3 assets as of September 30, 2016 or 2015.

Fixed Income Mutual Funds

The fixed income mutual funds are registered with the Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940 and are valued based on quoted prices from the applicable exchange, and to the extent valuation adjustments are not applied to these securities, are categorized as Level 1.

Equity Mutual Funds (Domestic and International)

The equity mutual funds are registered with the Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940 and are valued based on quoted prices from the applicable exchange, and to the extent valuation adjustments are not applied to these securities, are categorized as Level 1.

The following table presents the financial instruments carried at fair value as of September 30, 2016 (as described above):

	Level 1	Level 2	Level 3	Total
Investments:				
Mutual fund – fixed income	**$ 25,432,406**	**$ -**	**$ -**	**$ 25,432,406**
Mutual fund – equity securities	**48,318,214**	**-**	**-**	**48,318,214**
Assets limited as to use:				
Cash	**2,198,635**	**-**	**-**	**2,198,635**
Total assets at fair value	**$ 75,949,255**	**$ -**	**$ -**	**$ 75,949,255**

The following table presents the financial instruments carried at fair value as of September 30, 2015 (as described above):

	Level 1	Level 2	Level 3	Total
Investments:				
Mutual fund – fixed income	$ 69,020,924	$ -	$ -	$ 69,020,924
Assets limited as to use:				
Money market account	163,303	-	-	163,303
Cash	8,561,802	-	-	8,561,802
Total assets at fair value	$ 77,746,029	$ -	$ -	$ 77,746,029

Excess of Revenues over Expenses

The statements of operations include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities, permanent transfers of assets to and from affiliates for other than goods and services, and contributions of long-lived assets (including assets acquired using contributions which by donor restriction are to be used for the purposes of acquiring such assets).

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets are those that must be maintained by the Hospital in perpetuity.

At September 30, 2016 and 2015, the Hospital had $5,539,677 and $3,133,367 of temporarily restricted net assets, respectively. The Hospital did not have any permanently restricted net assets at September 30, 2016 and 2015.

California Quality Assurance Fee Program

The State of California enacted Assembly Bill 1383 ("AB 1383") effective January 1, 2010, as amended by Assembly Bill 1653 (collectively, the "Program"), to provide one-time supplemental payments to certain medical facilities such as the Hospital that serve a disproportionate share of indigent and low-income patients. The Program requires participating hospitals to pay fee assessments into a pool of funds to which the federal government contributes matching funds. These funds, including the federal matching funds, are then distributed to qualifying hospitals based on a prescribed formula.

In September 2011, the State of California enacted Senate Bill ("SB 335") which provides a 30-month extension of the Hospital Fee Program for date of service from July 1, 2011 through December 31, 2013. The elements of SB 335 related to the fee for service payments were approved by CMS on June 22, 2012. The payments due under the managed care component are scheduled to be made in three cycles. The first two cycles were previously approved by CMS, and the third cycle was approved by CMS subsequent to September 30, 2014. Implementation of SB 335 was delayed to August 2012 as a result of pending legal advice obtained by the California Hospital Association, although certain technical changes to the legislation required by CMS are included in Senate Bill 920. For the years ended September 30, 2016 and 2015, the Hospital did not recognize any fees which in the statements of operations because the program had elapsed. For the years ended September 30, 2016 and 2015, the Hospital has recognized $594,648 and $0, respectively, in supplemental payments that were received related to the program, which is recorded as a reduction to contractual adjustment in net patient service revenue. The Hospital did not record any California Hospital Foundation and Trust ("CHFT") grant revenue from the CHA in the statements of operations as there was no revenue received. As of September 30, 2016, under SB 335 there were no future programs fees payable, nor supplemental payments receivable, nor California Hospital Foundation grants receivable recorded in the statement of financial position.

Governor Brown signed Senate Bill 239 ("SB 239") in October 2013, which enacted a hospital fee program for the period January 1, 2014 through December 31, 2016. On December 5, 2014, the fee for service portion of the program was approved by CMS. In August of 2015, CMS approved the first cycle of the managed care portion of the SB 239 program for the non-expansion population of Medi-Cal coverage recipients. This non-expansion population equated to approximately 59% of the total Medi-Cal population for California. In March of 2016, CMS approved the remainder of the first cycle of the managed care portion of SB 239. SB 239 provides that the hospital fee program will continue through December 31, 2022 in three year cycles and will require authorization of each cycle by the California legislature. For the years ended September 30, 2016 and 2015, respectively, the Hospital recognized $17,869,417 and $28,036,921 in fees which are reflected in total expenses in the statements of operations; it recognized $13,630,321 and $20,361,477 in supplemental payments which is recorded as a reduction to contractual adjustment in net patient service revenue; and it recognized $5,538,731 and $8,023,088 in grant revenue recorded as California Hospital Foundation grant revenue in the statements of operations. As of September 30, 2016 and 2015, respectively, the Hospital recognized $5,294,293 and $4,629,365 in receivables related to the program; $3,784,421 and $2,779,694, of which was a supplemental payment from the state and was recorded as a reduction to contractual adjustment in net patient service revenue and $1,509,872 and $1,849,671 of which was a grant receipt from the CHFT and was recorded as California Hospital Foundation grant revenue in the statements of operations. As of September 30, 2016 and 2015, respectively, future programs fees payable of $4,612,636 and $4,140,433 was accrued for in current liabilities, while $0 and $1,453,462 respectively was recorded as deferred revenue, pending full CMS approval of the managed care portion of the program.

On November 8, 2016, California Passed Proposition 52 to make the California quality assurance fee program permanent. First, Proposition 52 extends the current hospital fee program. Secondly, Proposition 52 strictly prohibits the legislature from using these funds for any other purpose without a vote of the people. Any changes to the program will require voter approval for a two-thirds majority vote by state lawmakers.

Electronic Health Records Incentive Program

The American Recovery and Reinvestment Act of 2009 ("ARRA") established incentive payments under the Medicare and Medicaid programs for certain professionals and hospitals that meaningfully use certified electronic health record ("EHR") technology or adopt or implement such technology. The Medicare incentive payments were paid out to qualifying hospitals over four consecutive years on a transitional schedule. To qualify for Medicare incentives, hospitals and physicians had to meet EHR "meaningful use" criteria that become more stringent over three stages that have yet to be finalized by CMS.

The Medi-Cal programs required hospitals to register for the program prior to 2016, to engage in efforts to adopt, implement or upgrade certified EHR technology in order to qualify for the initial year of participation, and to demonstrate meaningful use of certified EHR technology in order to qualify for payment for up to three additional years.

For the years ended September 30, 2016 and 2015, the Hospital has recorded $348,557 and $870,676, net of accruals for refunds of overpayments of approximately $116,597 and $0, respectively, related to the Medicare program in other income in the statements of operations. These incentives have been recognized following the gain contingency model, whereby recognition of gain contingencies under FASB ASC 450, *Contingencies*, are not allowed until there is satisfactory resolution of the uncertainty that realization has occurred.

Net Patient Service Revenue

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

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, are as follows:

Years ended September 30,	**2016**	2015
Medicare	**$ 100,447,034**	$ 97,819,997
Medi-Cal	**25,846,534**	28,907,720
HMO/PPO	**190,614,450**	184,056,639
Self-Pay and others	**4,900,219**	1,482,138
	$ 321,808,237	$ 312,266,494

Charity Care

The Hospital provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. The Hospital's charity care policy includes criteria such as patients with a prior history of bad debt without payments, patients who have expired, homeless patients, incarcerated patients whose services were provided prior to arrest, and patients with a history of unemployment, or a history of ongoing major illness causing multiple hospitalizations. Other types of exceptions to the above categories require management approval on a specific case by case basis. Net patient service revenue is reflected net of the charity care reserves. Charity care reserves are based on gross revenue foregone. The actual costs for charity care in accordance with the Hospitals charity care policy aggregated approximately $13,120,150 and $12,365,568 for the years ended September 30, 2016 and 2015, respectively. The Hospital has estimated the cost of charity care based on a ratio of cost to charges of operating expenses excluding interest expense.

Charity care reserves included in contractual discounts and the provision for bad debts each year are as follows:

Years ended September 30,	**2016**	2015
Provision of bad debt	**$ 9,790,521**	$ 8,622,426
Charity care reserve	**4,998,257**	6,193,229
Total charity care and provision for bad debts	**$ 14,788,778**	$ 14,815,655

Advertising

Advertising costs are expensed as incurred. Advertising expense during the years ended September 30, 2016 and 2015 was approximately $434,352 and $1,864,008, respectively.

Donated Services

Volunteers perform various services. The services donated are not reflected in the accompanying financial statements as expense and income from donations, as these services do not meet the criteria for recognition.

Interest Expense

Interest expense, which includes amortization of deferred financing costs, during the years ended September 30, 2016 and 2015 was approximately $6,207,000 and $7,970,000, respectively. The Company capitalized $1,587,000 of interest expense related to assets under construction that met the criteria prescribed by ASC 835-20 Capitalization of Interest – Qualifying Assets during the year ended September 30, 2016. No interest costs were capitalized during the year ended September 30, 2015.

Income Taxes

The Hospital is a not-for-profit corporation and has been recognized as tax-exempt pursuant to Section 501 (c)(3) of the Internal Revenue Code ("IRC"). Under FASB ASC 740, *Uncertainty in Income Taxes*, interest and penalties, if any, are recorded to interest expense and other operating

costs, respectively. There were no interest or penalties recorded for the years ended September 30, 2016 and 2015. The tax years subject to examination by major tax jurisdictions include the years 2012 and forward by the U.S. Internal Revenue Service ("IRS"). For California, the tax years subject to examination include the years 2011 and forward.

Impairment of Long-Lived Assets

The Company periodically reviews the carrying values of its long-lived assets for possible impairment. Whenever events or changes in circumstances indicate that the carrying amount of the assets may not be recoverable, the Company records an adjustment to reduce the related assets to their net realizable value. The Company believes that no material impairment of its long-lived assets exists at September 30, 2016 and 2015, respectively.

Accrual for General and Professional Liability Risks

The Company records reserves for claims when they are probable and reasonably estimable. The Company maintains reserves, which are based on actuarial estimates by an independent third party, for the portion of their professional liability risks, including incurred but not reported claims. The Company estimates reserves for losses and related expenses using expected loss-reporting patterns. Reserves are not discounted. There can be no assurance that the ultimate liability will not exceed the Company's estimates. Adjustments to the estimated reserves are recorded in the Company's statements of operations in the periods when such amounts are determined. These adjustments may be material.

New Accounting Pronouncements

In May 2014, the FASB issued ASU No. 2014-09, *Revenue from Contracts with Customers* (ASU 2014-09), as amended by ASU 2015-14. The core principle of ASU 2014-09 is built on the contract between a vendor and a customer for the provision of goods and services, and attempts to depict the exchange of rights and obligations between the parties in the pattern of revenue recognition based on the consideration to which the vendor is entitled. To accomplish this objective, the standard requires five basic steps: (i) identify the contract with the customer, (ii) identify the performance obligations in the contract, (iii) determine the transaction price, (iv) allocate the transaction price to the performance obligations in the contract, (v) recognize revenue when (or as) the entity satisfies a performance obligation. Nonpublic entities will apply the new standard for annual periods beginning after December 15, 2018, including interim periods therein. Three basic transition methods are available — full retrospective, retrospective with certain practical expedients, and a cumulative effect approach. Under the third alternative, an entity would apply the new revenue standard only to contracts that are incomplete under legacy U.S. GAAP at the date of initial application (e.g. January 1, 2019) and recognize the cumulative effect of the new standard as an adjustment to the opening balance of retained earnings. That is, prior years would not be restated and additional disclosures would be required to enable users of the financial statements to understand the impact of adopting the new standard in the current year compared to prior years that are presented under legacy U.S. GAAP. Early adoption is permitted for fiscal years beginning after December 15, 2016. The Company is currently evaluating the effect of this guidance on its consolidated financial statements.

In August 2014, the FASB issued ASU No. 2014-15, *Presentation of Financial Statements – Going Concern: Disclosures of Uncertainties about an Entity's Ability to Continue as a Going Concern.* This ASU provides guidance about management's responsibility to evaluate whether there is substantial doubt about an entity's ability to continue as a going concern and to provide related footnote disclosures. Specifically, this ASU provides a definition of the term substantial doubt and

requires an assessment for a period of one year after the date that the financial statements are issued (or available to be issued). It also requires certain disclosures when substantial doubt is alleviated as a result of consideration of management's plans and requires an express statement and other disclosures when substantial doubt is not alleviated. The new standard will be effective for reporting periods beginning after December 15, 2016, with early adoption permitted. The Company will apply the provisions of this standard upon adoption.

In April 2015, the FASB issued ASU No. 2015-03, *Simplifying the Presentation of Debt Issuance Costs.* This ASU amends existing guidance to require the presentation of debt issuance cost on the statement of financial position as a deduction from the carrying amount of the related debt, instead of an asset. This ASU is effective for reporting periods beginning after December 15, 2015 and early adoption is permitted. The Company is currently evaluating the standard and the impact on its financial statements and footnote disclosures.

In February 2016, the FASB issued ASU No. 2016-02, Leases (ASU 2016-02). The core principle of ASU 2016-02 is that a lessee should recognize the assets and liabilities that arise from leases, including operating leases. Under the new requirements, a lessee will recognize in the statement of financial position a liability to make lease payments (the lease liability) and the right-of-use asset representing the right to the underlying asset for the lease term. For leases with a term of 12 months or less, the lessee is permitted to make an accounting policy election by class of underlying asset not to recognize lease assets and lease liabilities. The recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee have not significantly changed from previous GAAP. The standard is effective for fiscal years beginning after December 15, 2018, including interim periods within those fiscal years. Early application of the amendment is permitted. The Company is currently evaluating the standard and the impact on its financial statements and footnote disclosures.

In August 2016, the FASB issued ASU 2016-14, Not-for-Profit Entities (Topic 958) and Health Care Entities (Topic 954) – Presentation of Financial Statements of Not-for-Profit Entities. This ASU is aimed to improve the presentation of financial statements of not-for-profit entities. ASU 2016-14 replaces the current presentation of three classes of net assets (unrestricted, temporarily restricted, and permanently restricted) with two classes of net assets – net assets with donor restrictions and net assets without donor restrictions. In addition, the ASU requires investment return to be presented net of all related external and direct internal expenses and introduces a requirement to present expenses by nature and function, as well as an analysis of these expenses in a single location. ASU 2016-14 also requires additional disclosures regarding qualitative information on how a nonprofit entity manages its liquid available resources to meet cash needs for general expenditures within one year of the balance sheet date and quantitative information that communicates the availability of a nonprofit's financial assets to meet cash needs for general expenditures within one year of the balance sheet date. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017. The Organization is currently evaluating this standard and the impact on its financial statements and footnote disclosures.

Reclassification

Certain amounts for 2015 have been reclassified to conform to the 2016 financial statement presentation with no impact on the previously reported net assets.

Subsequent Events

Management has evaluated events that have occurred subsequent to September 30, 2016 through December 22, 2016, the date on which the financial statements were available to be issued.

3. Net Patient Service Revenue

Gross patient service revenue is recorded on the basis of the Company's usual and customary charges. The Company has agreements with third-party payors that provide for payments to the Company at amounts different from its established rates. The difference between charges generated from agreements with third-party payors and the related payment amounts are reflected as contractual discounts as shown below:

Years ended September 30,	**2016**	2015
Gross patient service revenue	**$ 1,413,844,375**	$ 1,272,070,249
Contractual discounts	**(1,092,036,138)**	(959,803,755)
Net patient service revenue	**$ 321,808,237**	$ 312,266,494

A summary of the payment arrangements with major third party payors is as follows:

Medicare

Inpatient acute services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge ("DRGs"). These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Outpatient services related to Medicare beneficiaries are paid at prospectively determined rates according to Ambulatory Payment Classifications ("APCs"). Other payments, including disproportionate share and Medicare bad debt expense reimbursement, are based on the Hospital's cost reports, and are estimated using historical trends and current factors.

The Hospital is reimbursed at a tentative rate, with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare Cost reports have been final settled by the Medicare fiscal intermediary through 2013 and audited by the Medicare fiscal intermediary through 2012. The 2014 and 2015 cost reports have been filed and tentatively settled as of the date of the financial statements. The 2016 cost report has not been filed as of the date of the financial statements. Annual cost reports are generally due five months after the financial year end.

Laws and regulations governing the Medicare program are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates could change by a material amount in the near term.

HMO/PPO

The Company also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations ("HMOs"), and preferred provider organizations ("PPOs"). The basis for payment to the Company under these agreements includes prospectively

determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Self-Pay and Other

The Hospital offers managed care-style discounts to most uninsured patients, which enables the Hospital to offer lower rates to those patients who historically have been charged standard gross charges. Under this method, the discount offered to uninsured patients is recognized as a contractual allowance instead of provision for bad debts, which reduces net patient revenues at the time the uninsured patient accounts are recorded and reduces provision for bad debts. The uninsured patient accounts, net of contractual allowances recorded, are further reduced to their net realizable value through provision for bad debts or as charity care based on historical collection trends and other factors that affect the estimation process. For the years ended September 30, 2016 and 2015, provisions for bad debts were approximately $9,790,521 and $8,622,426, respectively. See *Charity Care* under Note 2 for further information.

The other payor category is comprised primarily of indemnity, workers' compensation, and other commercial payors. Payment usually occurs on a negotiated settlement basis at some discount to the Hospital's gross charges.

Medi-Cal

Inpatient services rendered to Medi-Cal program beneficiaries are in the process of a three-year transition to payment at prospectively determined rates based on diagnosis related groups from a contracted per diem rate. Outpatient services are paid based on prospectively determined rates per procedure provided. For the years ended September 30, 2016 and 2015, the State of California's Enhanced Medi-Cal Trauma program (AB 99) provided approximately $953,034 and $2,711,016, respectively, in additional receipts for this class of net patient service revenues.

4. Assets Limited as to Use and Investments

The composition of assets limited as to use at September 30, 2016 and 2015, is set forth in the following table. Assets limited as to use are held at fair value (see Note 2).

	2016	2015
Under indenture agreement, held by trustees:		
Money market account	**-**	163,303
Cash	**2,198,635**	8,561,802
Total assets limited as to use	**2,198,635**	8,725,105
Less current portion	**(2,198,215)**	(2,202,615)
Noncurrent portion	**$ 420**	$ 6,522,490

The composition of investments at September 30, 2016 and 2015, is set forth in the following table. Investments are held at fair value (see Note 2).

	2016	2015
Investments – current		
Mutual funds - equities (international and domestic)	**$ 48,318,214**	$ -
Mutual fund – fixed income	**25,432,406**	69,020,924
Total	**$ 73,750,620**	$ 69,020,924

For the year ended September 30, 2016, net unrealized gains were approximately $4,729,000 and net realized losses were approximately $867,000. For the year ended September 30, 2015, net unrealized losses were approximately $116,000 and net realized gains were approximately $864,000. Realized gains and losses and investment income were included in other non-operating income (loss), net in the accompanying statements of operations. Investment management fees for both years were de minimis.

5. Property, Plant and Equipment

A summary of property, plant and equipment at September 30, 2016 and 2015, is as follows:

	2016	2015
Building and improvements	**$ 179,976,932**	$ 174,314,503
Equipment and furniture	**110,293,407**	97,899,979
Building, improvements and equipment under capital leases	**13,379,607**	13,379,607
	303,649,946	285,594,089
Less accumulated depreciation and amortization	**(186,262,756)**	(171,770,724)
	117,387,190	113,823,365
Construction-in-progress	**69,088,865**	35,794,054
Land	**3,226,760**	3,226,760
Property, plant and equipment, net	**$ 189,702,815**	$ 152,844,179

Depreciation expense for the years ended September 30, 2016 and 2015 amounted to approximately $14,519,000 and $15,843,000, respectively. At September 30, 2016 and 2015, assets held under capital lease obligations, amounted to $13,380,000 for both years, and related accumulated depreciation amounted to $11,816,000 and $11,349,000, respectively.

The Company capitalized $1,587,000 of interest expense related to assets under construction that met the criteria prescribed by ASC 835-20 Capitalization of Interest – Qualifying Assets during the year ended September 30, 2016. No interest costs were capitalized during the year ended September 30, 2015.

6. Long-Term Debt

Long-term debt at September 30, 2016 and 2015 consists of the following:

	2016	2015
2013 Series A Revenue Bonds (1)	**$ 22,175,000**	$ 23,525,000
2013 Series B Revenue Bonds (2)	**30,300,000**	32,500,000
2013 Series C Revenue Bonds (3)	**28,450,000**	29,000,000
2014 Insured Revenue Bonds (4)	**69,560,000**	70,000,000
	150,485,000	155,025,000
Unamortized bond premium	**677,869**	716,486
	151,162,869	155,741,486
Less current maturities	**(4,715,000)**	(4,540,000)
	$ 146,447,869	$ 151,201,486

(1) California Statewide Communities Development Authority Series 2013 A Revenue Bonds in the original amount of $25,000,000 dated December 1, 2013, which bear interest at an annual of 4.19%, payable semi-annually (the "2013 Bonds Series A"). The 2013 Bonds Series A requires annual principal payments ranging from $1,075,000 to $4,500,000 beginning in 2014 through 2028. The 2013 Bonds Series A are secured by a deed of trust on substantially all of the Hospital's property.

(2) California Statewide Communities Development Authority Series 2013 B Revenue Bonds in the original amount of $35,000,000 dated December 1, 2013, which bear interest at an annual of 3.82%, payable semi-annually (the "2013 Bonds Series B"). The 2013 Bonds Series B requires annual principal payments ranging from $1,750,000 to $3,500,000 beginning in 2014 through 2027. The 2013 Bonds Series B are secured by a deed of trust on substantially all of the Hospital's property.

(3) California Statewide Communities Development Authority Series 2013 C Revenue Bonds in the original amount of $29,550,000 dated December 1, 2013, which bear interest at an annual of 3.93%, payable semi-annually (the "2013 Bonds Series C"). The 2013 Bonds Series C requires annual principal payments ranging from $550,000 to $4,125,000 beginning in 2014 through 2038. The 2013 Bonds Series C are secured by a deed of trust on substantially all of the Hospital's property.

(4) California Statewide Communities Development Authority Series 2014 Insured Revenue Bonds in the original amount of $70,000,000 dated January 22, 2014, which bear interest at annual rates ranging from 2.00% to 5.25%, payable semi-annually (the "2014 Bonds"). The 2014 Bonds require annual principal payments ranging from $295,000 to $5,715,000 beginning in 2016 through 2043. The 2014 Bonds are insured by Assured Guarantee Municipal Corp ("AGM") and are secured by a grant of security interest in the gross revenues of the Hospital as well as a deed of trust on substantially all of the Hospital's property. The 2014 Bonds were secured on parity with the 2013 Bonds Series A, B & C.

The California Statewide Communities Development Authority issued the bonds on behalf of the Company. The 2013 Bonds, Series, A, B & C and 2014 Bonds were issued under a new master trust indenture agreement dated December 1, 2013, as most recently amended February 1, 2014.

The new master trust indenture and loan agreements require that certain funds be established with the trustee as defined. Accordingly, these funds are recorded as assets limited as to use in the statements of financial position (see Note 4). The new master trust indenture also requires the Hospital to comply with certain restrictive covenants including maintaining an annual debt service coverage ratio of at least 1.25 to 1, days cash on hand of not less than 60 days, a ratio of funded debt to capitalization as defined of no greater than 0.7 to 1 and restrictions on incurrence of additional debt among other covenants. The Hospital was in compliance with the covenants included in the new master trust indenture at September 30, 2016 and 2015.

Maturities of long-term debt at September 30, 2016 above are as follows:

Years ending September 30,	Principal Maturities
2017	$ 4,715,000
2018	4,900,000
2019	5,095,000
2020	5,295,000
2021	5,510,000
Thereafter	124,970,000
	150,485,000
Unamortized net bond premium and discounts, net	678,000
	$ 151,163,000

7. Pension Plan

The Hospital maintains a deferred compensation annuity plan (defined as an IRC Section 403(b) plan), which covers employees who elect to participate.

The Hospital provides matching contributions equal to 5% of participants' eligible annual compensation up to the amount allowed by the Internal Revenue Service for the calendar year. Employer matching contributions are funded annually based on the calendar year. For the years ended September 30, 2016 and 2015, the Company's matching contributions were approximately $2,800,000 and $2,400,000, respectively.

8. Receivable from Affiliate

ASC 958-20-15, *Transfers of Assets to a Not-For-Profit Organization or Charitable Remainder Trust That Raises or Holds Contributions for Others,* requires organizations similar to the Hospital and the Foundation to record on the designated organization as a temporarily restricted asset, those funds raised by the Foundation for the benefit of the Hospital.

The amounts raised on behalf of the Hospital by the Foundation or due from the Foundation are recorded as a receivable from affiliate as follows:

September 30,	**2016**	2015
Program receivables	**$ 5,477,877**	$ 3,068,022
Other receivables (payables), net	**80,385**	(125,595)
	$ 5,558,262	$ 2,942,427

9. Related Party Transactions

The Foundation received contributions of approximately $4,951,000 and $1,921,000 for the benefit of Hospital programs such as the new patient tower, the ICU, the cath-lab, the palliative care unit and the NICU for the years ended September 30, 2016 and 2015, respectively (see Note 10). At September 30, 2016 and 2015, the Hospital had a net receivable from the Foundation in the amount of $5,558,000 and $2,942,000, respectively (see Note 8). During the years ended September 30, 2016 and 2015, funds in the amount of approximately $2,533,000 and $2,305,000, respectively, were received from the Foundation and spent by the hospital on these programs. Hospital contributed $ 784,000 and $544,000 to the Foundation for general operations the fiscal year ended September 30, 2016 and 2015, respectively, which is included in the other operating expenses in the statements of operations.

10. Temporarily Restricted Net Assets

Funds received from the Foundation for the benefit of Hospital programs such as the ICU, NICU and Emergency Room are recorded as temporarily restricted contributions.

For the years ended September 30, 2016 and 2015, approximately $322,000 and $263,000 in grant monies had been received, and approximately $354,000 and $303,000 expenditures had been incurred in accordance with the Bioterrorism grant program, respectively. Various compliance requirements exist surrounding the grants received from the county of Los Angeles. Noncompliance with certain of these requirements may result in repayment of the monies received to the county.

Contributions and grants that were recorded as temporarily restricted contributions and funds relating to these temporarily restricted net assets were transferred to unrestricted net assets when the temporary restriction had lapsed and when used or incurred for the program.

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Temporarily restricted net assets are available for the following purposes at September 30, 2016 and 2015:

September 30,	**2016**	2015
Foundation funds:		
Emergency Room	**$ 1,701,747**	$ 1,386,587
New Patient Tower	**2,789,133**	881,565
Other Equipment	**398,097**	330,476
ICU/NICU	**48,745**	32,527
Infusion Center	**79,056**	77,006
Other	**461,021**	331,227
	5,477,799	3,039,388
Bio Terrorism	**61,878**	93,979
Total	**$ 5,539,677**	$ 3,133,367

11. Tower Imaging Joint Venture

On December 21, 2005, the Company entered into a 50% joint venture agreement with Tower Imaging Medical Group, Inc., a California professional corporation ("TIMG"), whereby the Company and TIMG (together the "Partners") formed Tower Imaging Valencia, LLC, a California limited liability company (the "Joint Venture"). The Tower Imaging Joint Venture is a for-profit enterprise. The Partners each made initial contributions of $25,000 into the Joint Venture. During the years ended September 30, 2016 and 2015, no contributions were made by the Partners. The Company accounts for the investment in the Joint Venture under the equity method of accounting. Under the equity method, the Company recognizes its share of the earnings or losses in the Joint Venture.

The Joint Venture was formed for the purpose of providing outpatient radiology services outside of the Hospital, and by participating with TIMG to jointly develop the imaging facilities, the Company anticipates to further its charitable healthcare mission by improving access to quality, cost-effective diagnostic imaging services for residents of the Santa Clarita service area. The Partners share the profits and losses of the Joint Venture in a pre-determined ratio of 50% and 50%, in accordance with the Joint Venture agreement. Allocation of cash distributions to the LLC members is to be made in proportion to the respective percentage interests of the Company and TIMG. During the year ended September 30, 2016, the Joint Venture distributed a total of $1,628,000 or $814,000 for each partner from the Joint Venture. During the year ended September 30, 2015, the Joint Venture distributed a total of $1,484,000 or $742,000 for each partner from the Joint Venture. The original term of the Joint Venture agreement was ten years, and during 2016 it was extended another five years, until 2021.

As members of the Joint Venture, TIMG and the Company have the obligation to guarantee, in the form of credit support, to a third-party credit lender pro rata amounts based on that member's percentage interest. In return, each member making such guarantee is to receive an annual credit enhancement fee equal to a fair market value percentage rate of the amount of the liability guaranteed by each member, and the credit enhancement fee is to be paid prior to any distributions to the members. In the event there is a default of the guaranteed obligation, then such member has all of the rights against the Joint Venture including, without limitation, to

receive the credit enhancement fee until such member is exonerated from the underlying liability. At September 30, 2016, the Company and TIMG have not guaranteed any debt relating to the Joint Venture.

In accordance with the Joint Venture agreement, the day-to-day business and affairs of the Joint Venture is managed by TIMG, and in return TIMG receives compensation for such management service that is mutually agreed upon between the Company and TIMG. TIMG's management service includes developing and maintaining appropriate quality control programs, preparation of monthly management and financial reports, maintaining the accounting policies and procedures, and providing and training of all non-physician personnel, among others.

The Company agreed to provide certain services to the Joint Venture such as information technology and maintenance services among others. In addition, the Company agreed to allow the Joint Venture to rent certain property from the Company. At September 30, 2016 and 2015, the Company recorded a receivable in the amount of $17,344 and $88,374, respectively, from the Joint Venture related to these services and rent. This receivable is included as part of other assets in the statements of financial position.

The carrying value of the investment in the Joint Venture at September 30, 2016 and 2015 was approximately $788,000 and $844,000, respectively, and is recorded as part of other assets in the statements of financial position.

The unaudited condensed financial statement information for the Joint Venture as of and for the years ended September 30, 2016 and 2015, respectively, was:

	2016	2015
Condensed financial statement information (unaudited):		
Total assets	**$ 3,290,512**	$ 3,967,905
Total liabilities	**$ 1,173,570**	$ 1,717,879
Net income	**$ 1,546,245**	$ 1,251,709

12. Commitments and Contingencies

Leases

The Hospital leases various facilities and equipment under operating and capital leases.

The Hospital's most significant capital lease obligation is for the ambulatory care facility and office, which was amended on December 1, 2007. The lease requires monthly minimum payments of approximately $150,000, subject to an annual consumer price index adjustment with a minimum/maximum range through to April 2020. The lease agreement does not have an option for renewal. The facility houses an outpatient surgery program and therapy services. Portions of the facility are sublet to third parties.

Leases that do not meet the criteria for capitalization are classified as operating leases with related rentals charged to operations as incurred. Operating leases consist primarily of medical office space and equipment leases. Total rental expense, including month-to-month rentals, for the years ended September 30, 2016 and 2015, was approximately $5,055,573 and $3,741,044, respectively.

The Hospital has entered into various sublease agreements. The lease termination dates range through to 2072. Rental sublease income generated from these leases totaled approximately $1,133,000 and $918,000 for the years ended September 30, 2016 and 2015, respectively.

The future minimum lease payments required under capital leases and non-cancelable operating lease agreements with terms of one year or more are as follows:

Years ending September 30,	Capital Leases	Operating Leases
2017	$ 2,155,233	$ 2,526,395
2018	2,209,114	2,328,751
2019	2,264,342	2,275,471
2020	1,146,147	2,122,884
2021	-	1,850,479
2022 and thereafter	-	22,307,009
Total lease obligation	7,774,836	$ 33,410,989
Less amount representing interest at 10.1% per annum	(1,267,455)	
Present value of future minimum lease payments	6,507,381	
Less current portion	(1,567,089)	
Noncurrent portion	$ 4,940,292	

The future minimum expected sublease income for these agreements is as follows:

Years ending December 31,	Lease Income
2017	$ 294,668
2018	303,508
2019	312,613
2020	321,991
2021	331,651
Thereafter	40,029,027
Total	$ 41,593,458

In November 2012, the Hospital (as landlord) entered into a ground lease with an independent third-party (as tenant) to lease approximately 53,870 square feet of the Hospital's land for the construction of a Medical Office Building ("MOB") that the Hospital will occupy and lease upon completion of the MOB. The ground lease term is for 60 years with annual base rent in the amount of $124,575 payable to the Hospital in equal monthly installments. The annual rent increase is 3% for the first twenty years followed by increases using the CPI Index with a floor of 2% and ceiling of 4% compounded as recalculated from the initial base rent assuming the first twenty year period used the CPI Index method.

In connection with the Ground Lease, the Hospital (as tenant) entered into a lease agreement to occupy approximately 38,378 square feet of the MOB. The initial lease term is 20 years with a lessee option to renew for 4 additional 10 year periods with the base rent of $75,886 per month with annual rent increases of 3%. After the initial lease term, assuming options to renew are exercised, the base rent increases using the CPI Index with a floor of 2% and a ceiling of 4%. Rent payments associated with the MOB commence upon the earlier of the Hospital's occupation of the property or 120 calendar days after the premises delivery date as defined in the lease agreement. The lease commenced in March 2014. The Company determined this to be an operating lease and lease rentals were straight-lined over the initial term of the lease.

Litigation

The Hospital is a defendant in various legal actions alleging malpractice and other grievances. Further, the Hospital is a named defendant in employment-related matters, such as alleged discrimination complaints and certain wage-related claims. It is the management's opinion that these actions are covered by insurance, existing accruals, or otherwise will be resolved without a material adverse effect on the financial position or results of operations of the Hospital.

In the normal course of the Hospital's ongoing compliance and review process, the Hospital routinely investigates all allegations of non-compliance or violation of Medicare and Medi-Cal (Medicaid) laws and regulations, including any potential Stark or Anti-Kickback issues. As the result of allegations of non-compliance made by certain members of the medical staff, the Hospital conducted an investigation of issues relating to possible Stark violations in connection with certain physician contracts evaluated the nature and extent of any resulting financial liability. The Hospital disclosed the results of this investigation to the Centers for Medicare and Medicaid Services ("CMS") in the appropriate manner as required by Federal law. In April of 2016, the Hospital notified CMS that it had reevaluated the disclosed arrangements in light of important substantive guidance that CMS provided to the Hospital subsequent to its acceptance of the Hospital's disclosure. As a result of this revised analysis, the Hospital advised CMS of its position that the previously disclosed arrangements were in fact in full compliance with the requirements of the Stark law. Accordingly, the Hospital withdrew its voluntary disclosure. CMS has acknowledged this withdrawal, there has been no further activity in connection with this matter, the Hospital expects no liability in connection with it, and considers this matter now to be fully resolved without any payment having had to be made. Accordingly, no liability has been recorded as of September 30, 2016.

Golden Valley Pledged Lease Asset

On September 10, 2008, the Hospital entered into a lease Agreement with GMS Golden Valley Ranch, LLC for 50 years at a minimum annual rent of $1.00 plus common area costs, taxes and insurance (the "Golden Valley Lease") for 2,000 sq. ft. of space in a new shopping center nearby to the Hospital, for the purpose of operating a physical therapy facility. The lease of the space is contingent on the continued use by the Hospital for public benefit. Accordingly, the Golden Valley Lease was recorded as a conditional pledge for the present value of the fair value of lease payments and an underlying pledged lease asset was recorded in the amount of $2,742,543. Due to the contingent nature of the lease, a liability for $2,742,543 was recorded as deferred contribution revenue on the statements of financial position. As of September 30, 2016, the pledged lease asset and deferred contribution revenue was $2,429,433 for each account. As of September 30, 2015, the pledged lease asset and deferred contribution revenue was $2,470,656 for each account. The pledged asset and corresponding liability are being amortized using the straight-line method over the life of the lease.

Construction Commitment

At September 30, 2016 and 2015, the Hospital has outstanding construction commitments of approximately $80,408,375 and $94,543,783, respectively.

Management Incentive Plan

The Hospital has a Management Incentive Plan which provides incentive compensation when certain financial goals are met. For the years ended September 30, 2016 and 2015, the Hospital incurred incentive compensation of $1,553,210 and $1,050,000, respectively.

Physician Guarantee

The Hospital has entered into Practitioner Recruitment Agreements (the "Recruitment Agreements") with four physicians. Pursuant to the Recruitment Agreements, the Hospital is to provide financial assistance in the form of an income guarantee or relocation loan, for the physician to establish a specialty practice in the area. The remaining agreements expire through February 2017, with monthly payments ranging from approximately $18,000 to $25,000 or in incremental amounts not to exceed an aggregate amount ranging from $202,000 to $360,000. As of September 2016, the Company had advanced approximately $242,000 to the physicians pursuant to these Recruitment Agreements. As of September 30, 2016 and 2015, $238,000 and $613,000, respectively, was recorded as a liability in accounts payable in the statements of financial position in accordance with ASC 460-10, Guarantees.

Legislation

The healthcare 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 healthcare program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. The Company believes that it is in compliance with fraud and abuse as well as other applicable government laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

Affordable Care Act

The Patient Protection and Affordable Care Act ("PPACA") will substantially reform the United States health care system. The legislation impacts multiple aspects of the health care system, including many provisions that change payments from Medicare, Medicaid and insurance companies. Starting in 2014, the legislation required the establishment of health insurance exchanges, which provide individuals without employer provided health care coverage the opportunity to purchase insurance. It is anticipated that some employers currently offering insurance to employees will opt to have employees seek insurance coverage through the insurance exchanges. It is possible that the reimbursement rates paid by insurers participating in the insurance exchanges may be substantially different than rates paid under current health insurance products. Another significant component of the PPACA is the expansion of the Medicaid program to a wide range of newly eligible individuals. In anticipation of this expansion, payments under

certain existing programs, such as Medicare disproportionate share, will be substantially decreased. Each state's participation in an expanded Medicaid program is optional.

HIPAA

The Health Insurance Portability and Accountability Act ("HIPAA") was enacted on August 21, 1996, to assure health insurance portability, reduce healthcare fraud and abuse, guarantee security and privacy of health information, and enforce standards for health information. Organizations are required to be in compliance with HIPAA provisions by April 2005. Effective August 2009, the Health Information Technology for Economic and Clinical Health Act ("HITECH Act") was introduced imposing notification requirements in the event of certain security breaches relating to protected health information. Organizations are subject to significant fines and penalties if found not to be compliant with the provisions outlined in the regulations.

Malpractice Insurance

The Hospital maintains medical malpractice insurance under a claims-made policy. A claims-made policy covers only claims net of the Hospital's self-insured retention ("SIR") of $500,000 per claim that occurs and are filed in the period during which the policy is in force. As of September 30, 2016 and 2015, the Hospital has made provisions for estimated medical malpractice claims including estimates of the ultimate costs for both reported claims and claims incurred but not reported. Management believes that its estimates are sufficient and will not result in any materially adverse adjustments.

In June and November 2005, the Company invested a total of $217,840 for the purchase of 27,230 shares (1.36% ownership in December 31, 2011) of capital stock in California Healthcare Insurance Company, Inc. ("CHI"), a risk retention group domiciled in Hawaii. CHI insures its owners and their affiliated entities for general and professional liability risks. The Company accounts for its investment in CHI under the cost method of accounting. During the years ended September 30, 2016 and 2015, the Company paid approximately $757,000 and $777,000, respectively, in premiums to CHI.

The Company has self-insured retention of $500,000 per claim for medical malpractice claims. CHI covers claims through a combination of risk layers that include, assuming the risk, reinsurance treaties with four A+ rated reinsurers and conventional type insurance with an A+ rated commercial carrier. CHI adjusts risk layers periodically in response to market conditions. The Company believes that CHI will provide the Company with efficient and cost effective management of its medical malpractice and other risks. As of September 30, 2016 and 2015, AM Best, the worldwide insurance rating and information agency, reported CHI's rating at A-. There is no guarantee that CHI will remain a viable insurance company. Excessive claims could have a material adverse effect on CHI's ability to pay claims.

Self-Insurance Program for Employee Healthcare

The Hospital has a self-insured program for employee healthcare for the years ended September 30, 2016 and 2015. An accrual has been made for the estimated liabilities arising from outstanding healthcare claims incurred but not yet reported, as of September 30, 2016 and 2015. Management believes that its estimates are sufficient, however, actual amounts may materially differ from those estimates. For the years ended September 30, 2016 and 2015, these liabilities were approximately $1,945,000 and $1,602,000, respectively, and are recorded in accrued payroll and benefits in the statements of financial position. The hospital also maintains a stop-loss

reinsurance policy for its self-insured healthcare program. The stop-loss policy reimburses the Hospital 100% of the costs incurred for a patient incident that exceeds certain thresholds of $200,000 if it occurred prior to May 2016 and $250,000 if it occurred subsequent to May 2016.

Worker's Compensation

The Hospital changed its worker's compensation insurance carrier for the year ended September 30, 2010 from a loss-sensitive premium policy with retrospective adjustments to a guaranteed cost premium policy. An accrual has been made for the liability arising from an audit of the policy for the plan year ended September 30, 2016 and 2015 for approximately $87,000 and $97,000, respectively and is included in accrued payroll and benefits in the statements of financial position. An estimated accrual has been made for the liability arising from the previous policy for the plan years ended September 30, 2015 and prior for approximately $2,396,000 and $2,405,000 is included in accrued payroll and benefits in the statements of financial position for the years ended September 30, 2016 and 2015, respectively. Actual amounts may materially differ from those estimates.

Union Contract

The Hospital has contracts with the California Nurses Association and the United Electrical, Radio & Machine Workers of America for the period January 2012 through January 2019 and February 2014 through January 2017, respectively. Employee benefits provided by the contracts include paid time off and health and retirement benefits. The contracts also specify compensation rates and hours of work and overtime. These compensation rates and benefits could change materially subject to the outcome of collective bargaining agreements.

United WestLab Agreement

In September 2006, the Company entered into an Administrative and Management Services Agreement (the "United WestLab Agreement") with NTI WestLab, Inc. ("UWL") whereby UWL would provide an outreach testing program to perform clinical laboratory testing services for non-registered patients of the Hospital and other patients referred by physicians, medical clinics, and other third parties in the geographic areas as defined. Further, the United WestLab Agreement specifies that UWL is to manage the day-to-day operations of the program as defined. The original term of the United WestLab Agreement expired on September 30, 2012 and was renewed for an additional three years through September 30, 2015, and operated on a month to month basis through March of 2016.

In consideration of UWL performing the aforementioned services, the Hospital paid UWL a management fee equal to a fixed amount each month, plus reimbursement of all costs borne by UWL in providing the services. The fixed management fee was $18,900 per month in year one of the agreement, and $21,000 per month in years two and three of the agreement. For the years ended September 30, 2016 and 2015, the Company paid approximately $1,280,000 and $1,991,000, respectively, in management fees and reimbursement of expenses to UWL.

In March of 2016, the Hospital sold its share of the assets at UWL, which equated to $2,600,000. The assets sold included laboratory equipment, accessories, machinery, apparatus, furniture, fixtures, computer hardware, office equipment, and inventory. As of September 30, 2016, the Hospital had received $2,277,000 of the sale amount, which was recorded to unrestricted contributions within the statement of operations. The remaining $323,000 is being held in an

escrow account until all performance obligations are met. The Hospital did not record the $323,000 in accordance with a gain contingency model.

13. Fair Value of Financial Instruments

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported on the statements of financial position for cash approximates its fair value.

Investments: The carrying amount reported on the statements of financial position for short term investments approximates its fair value.

Assets limited as to Use: The carrying amount reported on the statements of financial position for assets limited as to use approximates its fair value.

Long-term debt: Fair values of the Hospital's 2001 Bonds, 2007 Bonds, and 2014 Bonds are based on current traded value. The fair value of the 2013 Bonds is based on the discounted present value of cash flows.

The carrying amounts and estimated fair values of the Hospital's financial instruments at September 30, 2016 and 2015, are as follows (in thousands):

	2016		2015	
	Carrying Amount	**Fair Value**	Carrying Amount	Fair Value
Cash and cash equivalents	**$ 42,152**	**$ 42,152**	$ 54,172	$ 54,172
Investments	**73,751**	**73,751**	69,021	69,021
Asset limited as to Use	**2,199**	**2,199**	8,725	8,725
Long-term debt	**151,163**	**160,328***	155,741	160,195*

* Level 1 measurement was used to determine the fair value of the 2014 Bonds. Level 2 measurement was used to determine the fair value of the 2013 Series A, B, & C Bonds.

14. Functional Expenses

The Hospital provides general healthcare services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2016 and 2015, were as follows:

	2016	2015
Healthcare services	**$ 266,555,413**	$ 252,146,731
General and administrative	**39,094,952**	41,238,893
	$ 305,650,365	$ 293,385,624

15. Concentration of Credit Risk

The Hospital maintains cash deposits in financial institutions that exceed the amount insured by the United States government. Nonperformance by these institutions could expose the Hospital to losses for amounts in excess of the insured balances. The Hospital has not experienced, nor does it anticipate, nonperformance by these institutions.

Investments are managed by a board-approved investment policy within guidelines established by the Board of Directors, which, as a matter of policy, limit the amounts that may be invested in any one issuer. Concentration of credit risk with respect to patient accounts receivable, other than from government programs, is limited due to the large numbers of payors comprising the Hospital's patient base.

The Company is highly dependent upon various third-party payors and government programs for payment.

The Company grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of net patient revenues and patient accounts receivable as of and for the year ended September 30, 2016 and 2015, was as follows:

Net patient revenues	**2016**	2015
Medicare	**31%**	32%
Medi-Cal	**8%**	8%
Self-Pay and Other	**2%**	0%
HMO/PPO	**59%**	60%
	100%	100%

Patient accounts receivable	**2016**	2015
Medicare	**32%**	15%
Medi-Cal	**10%**	9%
Self-Pay and Other	**15%**	19%
HMO/PPO	**43%**	57%
	100%	100%