

Annual Financial Report

New Hanover Regional Medical Center

Wilmington, North Carolina

**(A Component Unit of New Hanover County, North
Carolina)**

Years Ended September 30, 2014 and 2013

With Report of Independent Auditor

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Independent Auditor's Report

Board of Trustees
New Hanover Regional Medical Center
Wilmington, North Carolina

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities, the aggregate discretely presented component units, and the fiduciary fund information of New Hanover Regional Medical Center (NHRMC), a component unit of New Hanover County, North Carolina, as of and for the years ended September 30, 2014 and 2013, and the related notes to the financial statements, which collectively comprise the NHRMC's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express opinions on these financial statements based on our audits. We did not audit the financial statements of Lower Cape Fear Hospice, Incorporated, which is a discretely presented component unit, which comprises 58% and 59% of the assets, 57% and 59% of the net position, and 18% and 19% of the revenues of the aggregate discretely presented component units as of and for the years ended September 30, 2014 and 2013, respectively. Those statements were audited by another auditor, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for Lower Cape Fear Hospice, Incorporated, is based solely on the report of the other auditor. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement. The fiduciary fund information and the financial statements of Carolina Healthcare Associates, Inc.; Pender Memorial Hospital, Incorporated; Physician Quality Partners, LLC; and Lower Cape Fear Hospice, Incorporated, the aggregate discretely presented component units; and New Hanover Regional Medical Center Foundation, Inc., a blended component unit, were not audited in accordance with *Government Auditing Standards*.

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 opinions.

Opinions

In our opinion, based on our audits and the reports of the other auditor, the financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities, the aggregate discretely presented component units, and the fiduciary fund information of New Hanover Regional Medical Center as of September 30, 2014 and 2013, and the respective changes in financial position and cash flows, where applicable, thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the Management's Discussion and Analysis on pages 5–10 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Information

Our audits were conducted for the purpose of forming opinions on the financial statements that collectively comprise NHRMC's basic financial statements. The supplementary information listed in the contents under supplemental information is presented for purposes of additional analysis and is not a required part of the basic financial statements.

The supplementary information listed in the contents under supplemental 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. Such information has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, based on our audits, the procedures performed as described above, and the reports of the other auditor, the accompanying supplementary 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 reports dated December 5, 2014 and December 5, 2013 on our consideration of NHRMC'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 these reports is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. These reports are an integral part of audits performed in accordance with *Government Auditing Standards* in considering NHRMC's internal control over financial reporting and compliance.

McGladrey LLP

Wilmington, North Carolina
December 5, 2014

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**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Management's Discussion and Analysis
For the Fiscal Years Ended September 30, 2014 and 2013**

Management's discussion and analysis of New Hanover Regional Medical Center's (NHRMC) financial performance provides an overview of the Medical Center's activities for the fiscal years ended September 30, 2014 and 2013. Except as otherwise noted, the financial highlights in this analysis refer exclusively to New Hanover Regional Medical Center and its blended component unit (NHRMC).

FINANCIAL HIGHLIGHTS

For the year ended September 30, 2014

NHRMC's net position increased over the prior year by \$63.9M (11.0%).

NHRMC reported operating income of \$63.9M or \$5.0M more than prior year.

Total non-operating activity resulted in net revenue of \$2.9M, representing a net revenue increase of \$8.5M over the prior year's net non-operating loss of \$5.6M.

For the year ended September 30, 2013

NHRMC's net position increased over the prior year by \$50.5M (9.6%).

NHRMC reported operating income of \$58.9M or \$29.5M more than prior year.

Total non-operating activity resulted in net expense of \$5.6M, representing a net revenue decrease of \$17.3M over the prior year's net non-operating gain of \$11.6M.

SUMMARY OF NEW HANOVER REGIONAL MEDICAL CENTER

The reporting entity includes New Hanover Regional Medical Center, as well as New Hanover Regional Medical Center Foundation, Inc., blended component unit (collectively NHRMC), Carolina Healthcare Associates, Inc. (CHA), The Pension Plan of New Hanover Regional Medical Center, Pender Memorial Hospital, Incorporated (PMH), Physician Quality Partners, LLC (PQP), and Lower Cape Fear Hospice, Incorporated (LCFH). CHA, PQP, PMH and LCFH are discretely presented component units. The reporting entity's business activities are presented in the Audited Financial Statements as Totals (Memorandum Only).

USING THIS ANNUAL REPORT

The Annual Financial Report includes the basic financial statements and notes to the financial statements. In using the statements, please refer to Note 1 of the basic financial statements for additional information regarding the definition of the reporting entity, blended component units and discretely presented component units.

The financial statements report information about NHRMC using full accrual accounting methods as utilized by similar business activities in the private sector. The financial statements include a statement of net position; a statement of revenues, expenses and changes in net position; a statement of cash flows; fiduciary fund information; and notes to the financial statements. The statement of net position presents the financial position of NHRMC on a full accrual, historical cost basis. While the statement of net position provides information about the nature and amount of resources and obligations at year-end, the statement of revenues, expenses and changes in net position presents the results of the business activities over the course of the fiscal year and information as to how net position changed during the fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of the related cash flows.

The statement of cash flows presents changes in cash and cash equivalents, resulting from operational, financing, and investing activities. This statement presents cash receipts and cash disbursements information, without consideration of the earnings event, when an obligation arises, or the depreciation of capital assets.

Fiduciary fund information is included as a result of NHRMC's fiduciary responsibility for a defined benefit plan it sponsors.

The notes to the financial statements provide required disclosures and other information that are essential to a full understanding of the material data provided in the financial statements. The notes present information about NHRMC's accounting policies, significant account balances and activities, material risks, obligations, commitments, contingencies and subsequent events, if any. Supplementary information presents the financial data of each entity blended to form NHRMC as reported in the financial statements as well as the financial data for each of the discretely presented component units. The activity of the blended component unit is not considered to be materially significant as compared to the activity of NHRMC (the Primary Government).

The financial statements were prepared by NHRMC's staff from the detailed books and records of NHRMC.

NHRMC'S OPERATING RESULTS AND CHANGES IN NET POSITION:

	Years Ended		
	September 30, 2014	September 30, 2013	September 30, 2012
	(In Thousands)		
Net Patient Service Revenue	\$ 735,072	\$ 687,658	\$ 645,780
Other Revenue	23,260	30,816	21,080
Total operating revenue	758,332	718,474	666,860
Expenses:			
Health care services			
Salaries, wages and benefits	345,958	336,734	322,016
Medical supplies	151,793	144,723	139,614
Professional fees	24,478	19,730	22,591
Purchased services	77,196	67,150	64,086
Depreciation and amortization	45,955	43,466	42,795
Other	49,054	47,728	46,329
Total operating expenses	694,434	659,531	637,431
Operating income	63,898	58,943	29,429
Nonoperating Revenues (Expenses), net	2,859	(5,647)	11,649
	66,757	53,296	41,078
Capital and Permanent Endowment Contributions and Transfers to Component Units	(2,856)	(2,766)	(3,979)
Increase in net position	63,901	50,530	37,099
Net Position, beginning	579,146	528,616	491,517
Net Position, ending	\$ 643,047	\$ 579,146	\$ 528,616

Discussion:

For the year ended September 30, 2014

Total operating revenue increased \$39.9M (5.5%). The increase in operating revenue is largely due to increased utilization of both inpatient and outpatient services from the previous year. Net patient service revenue continues to be impacted by an increase in unreimbursed services as health insurers shift more reimbursement responsibility to individuals through increased deductibles and co-pays along with an increase in those individuals who have little or no health insurance or other means of payment. These trends are consistent in the healthcare industry. Other operating revenue consists primarily of cafeteria sales, outpatient pharmacy sales, grants, contributions and rental income from NHRMC owned facilities.

Total operating expenses increased \$34.9M. The increased utilization of services as described above contributed to the increase in operating expense. Costs for purchased services, professional fees, and depreciation rose above the rate of increase in revenues; costs for personnel, medical supplies, and other expenses rose at a rate below revenue growth. Increased costs for purchased services are directly attributable to increased funding for CHA. Professional fees increased due to higher consulting and physician fees. Through supply cost initiatives, the impact of increased costs for medical supplies due to the inflationary market was minimized.

NHRMC continues to ensure that wage and benefit costs remain competitive while managing productivity through staffing targets along with increased focus on employee health and wellness. These activities continue to ensure personnel costs trend favorable to revenue growth.

Operating income reflects income earned from operations before consideration of any interest income from investments, interest expense or other non-operating income. Operating income increased approximately \$5.0M as a result of increased net revenue from operations as a percentage of net expenses.

Income before capital contributions and transfers increased \$13.5M reflecting income from operations along with any interest earned on investments, increases and decreases in the fair value of investments, interest expense, and other non-operating items. This activity, when added to the increase in operating income, accounted for the change from the prior year.

For the year ended September 30, 2013

Total operating revenue increased \$51.6M (7.7%). The increase in operating revenue is largely due to increased utilization of both inpatient and outpatient services from the previous year. In April 2012, NHRMC obtained sole community hospital status and updated reimbursement from the State of North Carolina's Medicaid Reimbursement Initiative (see Note 2). Net patient service revenue continues to be impacted by an increase in unreimbursed services as health insurers shift more reimbursement responsibility to individuals through increased deductibles and co-pays along with an increase in those individuals who have little or no health insurance or other means of payment. These trends are consistent in the healthcare industry. Other operating revenue consists primarily of cafeteria sales, outpatient pharmacy sales, grants, contributions and rental income from NHRMC owned facilities.

Total operating expenses increased \$22.1M. The increased utilization of services as described above contributed to the increase in operating expense. Costs for purchased services rose above the rate of increase in revenues; costs for personnel, professional fees, medical supplies, depreciation and other expenses rose at a rate below revenue growth. Increased costs for purchased services are directly attributable to increased IT maintenance expenses related to the EPIC information system (see Note 6). Through supply cost initiatives, the impact of increased costs for medical supplies due to the inflationary market was minimized.

NHRMC continues to ensure that wage and benefit costs remain competitive for healthcare employers, an industry continually experiencing workforce shortages. A focus on managing productivity through staffing targets along with increased focus on employee health and wellness activities helped to manage these personnel costs over the past year.

Operating income reflects income earned from operations before consideration of any interest income from investments, interest expense or other non-operating income. Operating income increased approximately \$29.5M as a result of increased net revenue from operations as a percentage of net expenses.

Income before capital contributions and transfers increased \$12.2M reflecting income from operations along with any interest earned on investments, increases and decreases in the fair value of investments, interest expense, and other non-operating items. This activity, when added to the increase in operating income, accounted for the change from the prior year.

SUMMARY OF NHRMC NET POSITION

	September 30, 2014	September 30, 2013	September 30, 2012
	(In Thousands)		
Assets			
Current assets	\$ 260,204	\$ 231,586	\$ 176,911
Capital assets - tangible, net	426,546	424,353	433,768
Other noncurrent assets	370,400	354,089	343,890
Total assets	1,057,150	1,010,028	954,569
Deferred outflows of resources	4,404	5,024	14,444
Total assets and deferred outflows of resources	\$ 1,061,554	\$ 1,015,052	\$ 969,013
Liabilities			
Current liabilities	\$ 128,382	\$ 130,469	\$ 118,667
Long-term obligations	290,125	305,437	321,730
Total liabilities	418,507	435,906	440,397
Net Position			
Net investment in capital assets	170,669	157,143	157,626
Unrestricted	463,791	413,994	358,878
Restricted	8,587	8,009	12,112
Total net position	643,047	579,146	528,616
Total liabilities and net position	\$ 1,061,554	\$ 1,015,052	\$ 969,013

Discussion:

September 30, 2014

Total assets and deferred outflows of resources have increased by \$46.5M over the past fiscal year end. The increase in current assets is primarily due to an increase in cash and cash equivalents and patient accounts receivable. These increases are attributable to increased utilization of services. Increases in noncurrent assets are the result of additional excess funds invested from operations along with interest earnings and unrealized gains / losses in the market value of NHRMC investments.

Total liabilities and deferred inflows of resources have decreased by \$17.4M over the past fiscal year end. A decrease in current liabilities resulted primarily from a decrease in estimated third-party payor settlements. Estimated third-party payor settlements reflect potential settlements with Medicare and Medicaid upon final audit of cost reports. The reader may refer to Note 2 of the basic financial statements for additional information.

Net position increased \$63.9M during the past year reflecting the overall performance during the past fiscal year.

September 30, 2013

Total assets and deferred outflows of resources have increased by \$46.0M over the past fiscal year end. The increase in current assets is primarily due to an increase in patient accounts receivable. The increase in accounts receivable is attributable to increased utilization of services. The decrease in capital assets reflects a reduction in capital spending as a result of the conclusion of the implementation of the majority of the EPIC information system (see Note 6). Increases in noncurrent assets are the result of interest earnings and unrealized gains / losses in the market value of NHRMC investments.

Total liabilities and deferred inflows of resources have decreased by \$4.5M over the past fiscal year end. An increase in current liabilities resulted primarily from an increase in wages payable, self insured liability, and estimated third-party payor settlements. Estimated third-party payor settlements reflect potential settlements with Medicare and Medicaid upon final audit of cost reports. The reader may refer to Note 2 of the basic financial statements for additional information.

Net position increased \$50.5M during the past year reflecting the overall performance during the past fiscal year.

LONG-TERM DEBT DISCUSSION

For the year ended September 30, 2014

Long-term debt (noncurrent portion) is approximately \$290.1M as of September 30, 2014 and includes Hospital Revenue Bonds issued in 2006, 2008, 2011, and 2013 as well as approximately \$5.6M in interest rate swaps related to the 2008 series Revenue bonds (see Note 7).

NHRMC continues to make annual debt service and semi-annual interest payments on these bonds in compliance with bond documents. There have been no changes in the credit rating for New Hanover Regional Medical Center over the past year. Changes in long-term liabilities are summarized in Note 6 of the basic financial statements.

For the year ended September 30, 2013

Long-term debt (noncurrent portion) is approximately \$305.4M as of September 30, 2013 and includes Hospital Revenue Bonds issued in 2006, 2008, 2011, and 2013 as well as approximately \$6M in interest rate swaps related to the 2008 series Revenue bonds (see Note 7) and \$1.6M for a financing agreement with EPIC Software (see Note 6).

NHRMC continues to make annual debt service and semi-annual interest payments on these bonds in compliance with bond documents. There have been no changes in the credit rating for New Hanover Regional Medical Center over the past year. Changes in long-term liabilities are summarized in Note 6 of the basic financial statements.

CAPITAL ASSETS DISCUSSION

For the year ended September 30, 2014

NHRMC completed construction of a new cardiology/medical office building and began construction on a new freestanding emergency room. The cardiology building has enabled NHRMC to consolidate cardiac practice service in a single location and in the future will aid in the relocation of outpatient clinics. The new freestanding emergency room will be located in northern New Hanover County, and will allow NHRMC to better serve patient needs in northern New Hanover, Pender, and southern Onslow Counties.

For the year ended September 30, 2013

NHRMC began construction of a new cardiology/medical office building and a new freestanding emergency room. The cardiology building will enable NHRMC to consolidate cardiac practice service in a single location and in the future will aid in the relocation of outpatient clinics. The new freestanding emergency room will be located in northern New Hanover County, and will allow NHRMC to better serve patient needs in northern New Hanover, Pender, and southern Onslow Counties.

NEXT YEAR'S FORECAST AND RATES

The operational environment for the health care industry continues to be challenging. Demands for new technology and services, increases in costs for medical supplies, and increasing challenges for cost containment because of reductions in reimbursement for services provided continue to impact the industry. NHRMC anticipates federal and state reimbursement and expense will be an unfavorable impact totaling more than \$10.7M in the upcoming fiscal year.

For the fiscal year beginning October 1, 2014, the Board of Trustees has approved a forecast to include increases of \$39M in salaries and benefits for employees, \$161M in bad debt and charity care, and \$58M in capital investments and debt service.

To offset increases in operating costs, the forecast reflects an increase in volumes in both inpatient and outpatient services along with anticipated cost savings in supplies, labor costs and improved focus on the hospital's revenue cycle. A price increase of 5% was approved for NHRMC to also offset additional operating costs.

OTHER ECONOMIC FACTORS

NHRMC continues to compensate for federal and state reimbursement below the rate of expense growth in the healthcare industry. Excluding the governmental programs, Medicare and Medicaid, there is no other payer that has a significant presence in New Hanover County. NHRMC continues to manage expense growth in an environment of lower reimbursement from governmental payers and an increasing burden on the patient to pay a higher portion of their medical care costs as seen through an increase in individual co-pays, deductibles and uninsured. The recent implementation of the Accountable Care Act (ACA) at a national level and the state of North Carolina's election to not expand medical access is expected to have an overall negative impact on operations.

With slow growth in the national, state and local economies, unemployment has remained at elevated levels. NHRMC, like hospitals across the state, continues to serve as an economic engine in the community. New Hanover County and the surrounding primary service area of NHRMC, including Brunswick and Pender Counties, continue to see moderate growth resulting in additional demand for services provided by NHRMC. It is expected however, given the current job market, economic climate and other economic factors affecting healthcare, that NHRMC will be faced with absorbing more uninsured patients and more uncompensated care in the upcoming year. NHRMC receives no local taxpayer support to assist with this care.

CONTACTING THE FINANCIAL MANAGER

This financial report is designed to provide our customers and creditors with a general overview of the finances of New Hanover Regional Medical Center and to demonstrate the accountability for the monies received for services provided. If you have any questions or concerns about this report or need additional financial information contact Ed Ollie, Executive Vice President / CFO, PO Box 9000, Wilmington, North Carolina 28402.

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New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Net Position – Proprietary Fund
(Dollars in Thousands)

	September 30, 2014			September 30, 2013		
	Combined	Total		Combined	Total	
	NHRMC	Component Units	(Memorandum Only)	NHRMC	Component Units	(Memorandum Only)
ASSETS						
Current assets						
Cash and cash equivalents (Note 3)	\$ 57,115	\$ 14,205	\$ 71,320	\$ 47,436	\$ 9,276	\$ 56,712
Assets limited as to use (Note 3):						
Cash equivalents held by bond paying agent	16,863	-	16,863	16,011	-	16,011
Cash for debt service-not held by bond paying agent	948	-	948	910	-	910
Cash equivalents and investments for the future payment of claims liabilities	21,755	-	21,755	21,671	-	21,671
Receivables:						
Patient accounts, less allowance for bad debts (Note 2)	109,434	16,900	126,334	99,871	16,934	116,805
Estimated third-party payor settlements (Note 2)	10,043	1,759	11,802	8,932	1,085	10,017
Due from primary government	-	1,517	1,517	-	4,173	4,173
Due from component units	311	-	311	1,077	-	1,077
Other receivables	12,275	991	13,266	9,348	752	10,100
Investments (Note 3)	-	6,522	6,522	-	2,866	2,866
Inventories	17,570	392	17,962	15,821	483	16,304
Prepaid expenses	13,890	2,965	16,855	10,509	2,320	12,829
Total current assets	260,204	45,251	305,455	231,586	37,889	269,475
Noncurrent cash, investments, and donor receivables						
Noncurrent Cash and Investments (Note 3):						
Designated by Board for operating and other	-	11,526	11,526	-	11,674	11,674
Designated by Board for capital improvements	319,272	6,688	325,960	301,150	5,009	306,159
Designated by Board for ESC reserve	-	-	-	-	55	55
Restricted under loan agreement	-	799	799	-	-	-
Designated by Board for supplemental retirement plans (Note 10)	1,585	-	1,585	1,753	-	1,753
Restricted by donors for specific purpose	2,914	-	2,914	2,560	-	2,560
Restricted by donors for endowments	2,018	1,503	3,521	2,006	1,393	3,399
	325,789	20,516	346,305	307,469	18,131	325,600
Pledges and grants receivable	1,728	393	2,121	1,664	543	2,207
Total noncurrent cash, investments, and donor receivables	327,517	20,909	348,426	309,133	18,674	327,807
Other Assets						
Intangible capital assets, net of amortization (Note 4)	36,647	367	37,014	39,357	677	40,034
Investment in affiliates (Note 12)	1,586	-	1,586	670	-	670
Pension asset (Note 10)	4,363	-	4,363	4,380	-	4,380
Other long term assets	287	611	898	549	689	1,238
Total other assets	42,883	978	43,861	44,956	1,366	46,322
Capital assets - tangible (Note 4)						
Land	11,314	5,652	16,966	11,314	4,702	16,016
Depreciable capital assets, net of accumulated depreciation	404,826	29,737	434,563	407,803	27,890	435,693
Construction in progress	10,406	3,512	13,918	5,236	1,008	6,244
Total capital assets – tangible	426,546	38,901	465,447	424,353	33,600	457,953
Total assets	1,057,150	106,039	1,163,189	1,010,028	91,529	1,101,557
DEFERRED OUTFLOWS OF RESOURCES (Notes 6 and 7)						
Deferred charges on bond refundings	4,404	-	4,404	5,024	-	5,024
Interest rate swap agreements	-	216	216	-	221	221
Total deferred outflows of resources	4,404	216	4,620	5,024	221	5,245
Total assets and deferred outflows of resources	\$ 1,061,554	\$ 106,255	\$ 1,167,809	\$ 1,015,052	\$ 91,750	\$ 1,106,802

See Notes to Financial Statements.

	September 30, 2014			September 30, 2013		
	NHRMC	Combined	Total	NHRMC	Combined	Total
		Component	(Memorandum		Component	(Memorandum
	Units	Only)	Units	Only)		
LIABILITIES						
Current Liabilities						
Accounts payable and other liabilities	\$ 32,008	\$ 9,507	\$ 41,515	\$ 29,722	\$ 8,317	\$ 38,039
Professional liability claims (Note 9)	16,575	-	16,575	17,052	-	17,052
Accrued salaries and wages	35,053	4,758	39,811	33,567	4,599	38,166
Estimated third-party payor settlements (Note 2)	11,627	604	12,231	15,562	395	15,957
Due to primary government	-	311	311	-	1,077	1,077
Due to component units	1,517	-	1,517	4,173	-	4,173
Accrued interest payable	5,951	-	5,951	5,388	-	5,388
Other self-funded liabilities (Note 9)	11,683	-	11,683	11,047	-	11,047
Capital lease obligations, notes and bonds payable, current portion (Notes 5 and 6)	13,968	670	14,638	13,958	451	14,409
Total current liabilities	128,382	15,850	144,232	130,469	14,839	145,308
Long-Term Obligations						
Capital lease obligations less current portion (Notes 5 and 6)	-	-	-	237	-	237
Net pension obligation (Notes 6 and 10)	-	228	228	-	229	229
Supplemental retirement plans (Notes 6 and 10)	1,585	-	1,585	1,753	-	1,753
Interest rate swap agreements (Note 7)	5,580	216	5,796	6,051	221	6,272
Notes and bonds payable, less current portion (Note 6)	282,960	11,602	294,562	297,396	9,129	306,525
Total long-term obligations	290,125	12,046	302,171	305,437	9,579	315,016
Total liabilities	418,507	27,896	446,403	435,906	24,418	460,324
Commitments and Contingencies (Notes 2, 4, 5, 6, 7, 9, 10, 11, 12, 13 and 14)						
NET POSITION						
Net investment in capital assets	170,669	26,997	197,666	157,143	25,055	182,198
Unrestricted	463,791	47,519	511,310	413,994	39,593	453,587
Restricted	8,587	3,843	12,430	8,009	2,684	10,693
Total net position	643,047	78,359	721,406	579,146	67,332	646,478
Total liabilities and net position	\$ 1,061,554	\$ 106,255	\$ 1,167,809	\$ 1,015,052	\$ 91,750	\$ 1,106,802

New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Revenues, Expenses, and Changes in Net Position – Proprietary Fund
(Dollars in Thousands)

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	Combined		Total	Combined		Total
	NHRMC	Units	Only)	NHRMC	Units	Only)
Operating Revenues						
Net patient service revenue (Notes 2 and 6)	\$ 735,072	\$ 165,682	\$ 900,754	\$ 687,658	\$ 152,287	\$ 839,945
Other revenue	23,260	34,792	58,052	30,816	24,306	55,122
Total operating revenue	758,332	200,474	958,806	718,474	176,593	895,067
Operating Expenses						
Salaries, wages and benefits	345,958	65,169	411,127	336,734	59,332	396,066
Medical supplies	151,793	33,709	185,502	144,723	31,949	176,672
Professional fees	24,478	57,669	82,147	19,730	49,822	69,552
Purchased services	77,196	19,044	96,240	67,150	16,287	83,437
Depreciation and amortization	45,955	3,993	49,948	43,466	3,536	47,002
Other	49,054	15,693	64,747	47,728	13,666	61,394
Total operating expenses	694,434	195,277	889,711	659,531	174,592	834,123
Operating Income	63,898	5,197	69,095	58,943	2,001	60,944
Nonoperating Revenues (Expenses)						
Interest expense	(12,507)	(273)	(12,780)	(12,817)	(304)	(13,121)
Other nonoperating income (expense)	(1,539)	108	(1,431)	35	110	145
Interest earned and net realized gain on investments	3,907	-	3,907	3,747	-	3,747
Net increase in fair value of investments	12,083	1,979	14,062	2,327	1,293	3,620
Gain (loss) on sale of capital assets	158	(163)	(5)	(101)	(16)	(117)
Equity in net income of joint ventures (Note 12)	757	-	757	1,162	-	1,162
Nonoperating revenues (expenses), net	2,859	1,651	4,510	(5,647)	1,083	(4,564)
Excess of revenues over expenses before capital contributions	66,757	6,848	73,605	53,296	3,084	56,380
Capital and Permanent Endowment Contributions and Capital Transfers to/from Component Units	(2,856)	4,179	1,323	(2,766)	3,310	544
Increase in net position	63,901	11,027	74,928	50,530	6,394	56,924
Net position, beginning	579,146	67,332	646,478	528,616	60,938	589,554
Net position, ending	\$ 643,047	\$ 78,359	\$ 721,406	\$ 579,146	\$ 67,332	\$ 646,478

See Notes to Financial Statements.

New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Cash Flows – Proprietary Fund
(Dollars in Thousands)

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	Combined	Total		Combined	Total	
	Component	(Memorandum		Component	(Memorandum	
NHRMC	Units	Only)	NHRMC	Units	Only)	
Cash Flows From Operating Activities						
Cash received from and on behalf of patients	\$ 720,539	\$ 172,486	\$ 893,025	\$ 678,006	\$ 156,902	\$ 834,908
Cash payments to suppliers for services and goods	(304,191)	(132,933)	(437,124)	(278,945)	(115,098)	(394,043)
Cash payments to employees for services	(346,022)	(65,111)	(411,133)	(333,156)	(59,199)	(392,355)
Other operating cash receipts	17,493	33,430	50,923	28,444	23,774	52,218
Net cash provided by operating activities	87,819	7,872	95,691	94,349	6,379	100,728
Cash Flows From Noncapital Financing Activities						
Contributions and operating grants	2,775	-	2,775	1,595	-	1,595
Payments (to) from component unit	(1,890)	-	(1,890)	1,447	(1,048)	399
Mercy Care merger cash contribution	-	959	959	-	-	-
Net cash provided by (used in) noncapital financing activities	885	959	1,844	3,042	(1,048)	1,994
Cash Flows From Capital and Related						
Financing Activities						
Acquisition of capital assets	(45,741)	(7,175)	(52,916)	(30,206)	(5,678)	(35,884)
Proceeds from disposed assets	527	-	527	877	(4)	873
Acquisition of intangible assets	-	-	-	(1,000)	-	(1,000)
Capital contributions	150	-	150	310	234	544
Principal payments on capital lease obligations	(484)	-	(484)	(468)	(3)	(471)
Principal payments on revenue bonds and other outstanding debt	(13,817)	(511)	(14,328)	(12,958)	(2,331)	(15,289)
Interest paid on capital financing	(13,007)	(273)	(13,280)	(12,913)	(304)	(13,217)
Proceeds from bonds/notes	-	2,263	2,263	61,375	2,584	63,959
Refunding of revenue bonds	-	-	-	(58,560)	-	(58,560)
Transfers (to) from component unit	(3,005)	2,088	(917)	(3,076)	3,076	-
Net cash (used in) capital and related financing activities	(75,377)	(3,608)	(78,985)	(56,619)	(2,426)	(59,045)
Cash Flows From Investing Activities						
(Purchases) sales of investments, net of maturities	(18,550)	(949)	(19,499)	(19,261)	(1,268)	(20,529)
Interest earned on investments	3,821	112	3,933	3,682	111	3,793
Contributions to partnerships	-	-	-	(161)	-	(161)
Distributions from partnerships	837	-	837	1,073	-	1,073
Other interest earned	(992)	-	(992)	15	(2)	13
Net cash (used in) investing activities	(14,884)	(837)	(15,721)	(14,652)	(1,159)	(15,811)
Net increase (decrease) in cash and cash equivalents	(1,557)	4,386	2,829	26,120	1,746	27,866
Cash and cash equivalents at beginning of year	130,845	9,931	140,776	104,725	8,185	112,910
Cash and cash equivalents at end of year	\$ 129,288	\$ 14,317	\$ 143,605	\$ 130,845	\$ 9,931	\$ 140,776

(Continued)

New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Cash Flows – Proprietary Fund (Continued)
(Dollars in Thousands)

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	Combined		Total	Combined		Total
	NHRMC	Units	(Memorandum Only)	NHRMC	Units	(Memorandum Only)
Reconciliation of Cash and Cash Equivalents to the Statement of Net Position						
Unrestricted cash and cash equivalents	\$ 57,115	\$ 14,205	\$ 71,320	\$ 47,436	\$ 9,276	\$ 56,712
Cash and cash equivalents in noncurrent cash and investments						
Designated by Board for operating and PDO reserve	-	67	67	-	576	576
Designated by Board for ESC reserve	-	-	-	-	55	55
Reserved for debt service – held by bond paying agent	16,863	-	16,863	16,011	-	16,011
Reserved for debt service – not held by bond paying agent	948	-	948	910	-	910
Designated by Board for claims liabilities	156	-	156	69	-	69
Designated by Board for capital improvements	54,206	-	54,206	66,419	-	66,419
By donor restrictions	-	45	45	-	24	24
Cash and cash equivalents, including noncurrent cash and cash equivalents at end of year	\$ 129,288	\$ 14,317	\$ 143,605	\$ 130,845	\$ 9,931	\$ 140,776
Reconciliation of Operating Income to Net Cash Provided by Operating Activities						
Cash Flows From operating activities:						
Operating income	\$ 63,898	\$ 5,197	\$ 69,095	\$ 58,943	\$ 2,001	\$ 60,944
Employee services included in nonoperating income	(1,567)	-	(1,567)	-	-	-
Operating grants in other revenue	(2,775)	-	(2,775)	(1,595)	-	(1,595)
Adjustments to reconcile operating income to net cash provided by operating activities:						
Depreciation and amortization	45,955	3,993	49,948	43,466	3,536	47,002
Changes in:						
Patient receivables and programs	(12,480)	1,989	(10,491)	(13,113)	877	(12,236)
Inventories	(1,749)	91	(1,658)	760	(9)	751
Prepaid expenses and other current assets	(3,381)	(4,243)	(7,624)	(146)	(521)	(667)
Accounts payable and other liabilities	(1,847)	578	(1,269)	2,624	(13)	2,611
Accrued salaries and wages	1,486	164	1,650	3,562	509	4,071
Pension asset	17	-	17	16	-	16
Net pension obligation	-	(1)	(1)	-	(1)	(1)
Other long term assets	262	104	366	(168)	-	(168)
Net cash provided by operating activities	\$ 87,819	\$ 7,872	\$ 95,691	\$ 94,349	\$ 6,379	\$ 100,728
Non-Cash Capital and Related Financing Activities						
Unrealized gain	\$ 12,083	\$ 1,979	\$ 14,062	\$ 2,327	\$ 1,293	\$ 3,620
Capital assets acquired through lease agreement	\$ -	\$ 167	\$ 167	\$ 1,189	\$ -	\$ 1,189
Mercy Care net asset transfer	\$ -	\$ 2,091	\$ 2,091	\$ -	\$ -	\$ -
Partial swap termination costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ 1,976	\$ -	\$ -
Bond issuance costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ 1,000	\$ -	\$ 1,000

See Notes to Financial Statements.

New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Fiduciary Net Position – Fiduciary Fund
December 31, 2013 and 2012
(Dollars in Thousands)

ASSETS	The Pension Plan of New Hanover Regional Medical Center	
	2013	2012
Investments (Note 3):		
Real estate	\$ 4,356	\$ 4,356
Money market funds	1,276	2,596
Mutual funds	197,595	139,846
Common stocks	-	34,732
	<u>203,227</u>	<u>181,530</u>
Receivable:		
Accrued income	<u>108</u>	<u>241</u>
Total assets	<u>203,335</u>	<u>181,771</u>
Net position: restricted for pension benefits	<u>\$ 203,335</u>	<u>\$ 181,771</u>

See Notes to Financial Statements.

New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)
Statements of Changes in Fiduciary Net Position – Fiduciary Fund
Years Ended December 31, 2013 and 2012
(Dollars in Thousands)

	The Pension Plan of New Hanover Regional Medical Center	
	2013	2012
Additions		
Employer's contributions	\$ 8,422	\$ 8,842
Investment income:		
Net appreciation in fair value of investments	20,297	13,436
Dividends and interest	4,051	5,309
	24,348	18,745
Less investment expense	429	410
Net investment income	23,919	18,335
Total additions	32,341	27,177
Deductions		
Distributions to participants	10,535	9,422
Administrative expenses	242	253
Total deductions	10,777	9,675
Net increase in net position	21,564	17,502
Net position – restricted for pension benefits:		
Beginning of year	181,771	164,269
End of year	\$ 203,335	\$ 181,771

See Notes to Financial Statements.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

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

Reporting Entity

New Hanover Regional Medical Center (NHRMC) is a public, nonprofit corporation providing health care to residents of southeastern North Carolina. NHRMC is a component unit of New Hanover County (County), North Carolina for financial reporting purposes and is included in the basic financial statements of the County together with its component units, which are described below. As required by accounting principles generally accepted in the United States of America, these financial statements present NHRMC and its component units. All dollars presented in these Notes to Financial Statements are in thousands.

NHRMC

The New Hanover Regional Medical Center Foundation, Inc. (Foundation) is a 501(c)(3) nonprofit organization, which was founded by NHRMC in 1991 to serve solely NHRMC as a fundraising entity. As such, the Foundation is included in NHRMC's financial statements as a blended component unit; the balances and transactions of this entity are blended with those of New Hanover Regional Medical Center in the accompanying financial statements, and referred to as NHRMC. Intercompany balances and transactions are eliminated in the process. The Foundation assets and revenues are less than 1% of the NHRMC total activities and the details of the Foundation are not considered material to the financial statements.

The Pension Plan of New Hanover Regional Medical Center comprises the fiduciary fund information. The Plan's fiscal year ends included herein are December 31, 2013 and 2012.

Combined Component Units

The combined component units consist of the following discretely presented component units: Carolina Healthcare Associates, Inc. (CHA), Physician Quality Partners, LLC (PQP), Lower Cape Fear Hospice, Incorporated (LCFH), and Pender Memorial Hospital, Incorporated (PMH). They are reported in a separate column in NHRMC's basic financial statements to emphasize that they are legally separate from NHRMC.

Carolina Healthcare Associates. CHA (doing business as NHRMC Physicians Group) is a 501(c)(3) nonprofit corporation governed by NHRMC. The Executive Committee of the NHRMC Board of Trustees, which includes 8 of the 17 voting members of NHRMC's full Board of Trustees, serves as the CHA Board, thereby constituting 100% of CHA's Board members. CHA provides an integrated primary and specialty care physician practice network to NHRMC in the form of physician and nurse practitioner services within NHRMC clinical areas and independent office locations in the NHRMC service area. Through contractual agreement, Carolinas Physician Network (CPN) operates and manages each of the medical practices owned by CHA and provides certain professional medical services for each of those practices. At the end of fiscal year 2014, CHA consisted of 114 physicians, 6 nurse practitioners, and 37 mid-level providers. CHA's operating revenue was \$136,229 in fiscal year 2014 and \$114,479 in fiscal year 2013. During the years ended September 30, 2014 and 2013, NHRMC recorded an operating expense and CHA recorded other operating revenue in the amount of approximately \$22,333 and \$12,707, respectively, to fund CHA's fiscal year operating deficits. Additionally, during 2014 and 2013, NHRMC funded capital acquisitions, net of returns of capital assets, for CHA of approximately \$929 and (\$115), respectively.

Physician Quality Partners. On May 24, 2013, Articles of Organization were filed with the NC Department of the Secretary of State for Physician Quality Partners, LLC (PQP). PQP is a Clinically Integrated Network (CIN)/Accountable Care Organization (ACO) formed to actively develop clinical initiatives that will improve the quality of health care services and control costs. PQP is included in NHRMC's financial statements as a discretely presented component unit. During the year ended September 30, 2014, NHRMC transferred \$1,000 to fund PQP's initial operations. PQP had no activity to report for the fiscal year ended September 30, 2013. NHRMC carries an equity interest equal to PQP's net position, which is included in investment in affiliates.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

**Note 1. Description of Reporting Entity and Summary of Significant Accounting Policies
(Continued)**

Lower Cape Fear Hospice. LCFH is an affiliated organization of NHRMC. The Trustees of NHRMC appoint 80% of the board of directors of LCFH, a nonprofit organization that provides professional care to the terminally ill and support and education to the family and community. The organization currently serves 6 counties in southeastern North Carolina and 3 counties in South Carolina. During the years ended September 30, 2014 and 2013, NHRMC granted and paid LCFH approximately \$564 and \$564, respectively, in support of LCFH's Palliative Care Program.

To effect continuity in operations and derive efficiencies, Mercy Care, a Hospice operating in the Myrtle Beach area of South Carolina adjacent to Lower Cape Fear Hospice's Southeast North Carolina service area, merged with Lower Cape Fear Hospice, Inc. effective April 1, 2014.

Mercy Care's operations were absorbed into and continued by Lower Cape Fear Hospice. Accordingly, the net assets were transferred to Lower Cape Fear Hospice, Inc. at a carrying value of \$2,091.

Pender Memorial Hospital. PMH consists of Pender Memorial Hospital, a nonprofit acute care hospital, and NHRMC Homecare, formed in 2008 as a nonprofit home health care service. The hospital provides inpatient, outpatient, and emergency care services to the residents of Pender County and vicinity. NHRMC Homecare provides homecare services in Pender and other surrounding counties. PMH is an affiliated organization of NHRMC through a 20-year operating agreement commencing in fiscal year 1999. NHRMC is required by the operating agreement to fund any operating deficit of PMH during any fiscal year the agreement is in effect. All operating income generated by PMH operations shall be returned to NHRMC on an annual basis. During the years ended September 30, 2014 and 2013, NHRMC recorded an operating expense and PMH recorded other operating revenue in the amount of approximately \$4,984 and \$5,766 to fund PMH's fiscal year operating deficits. Additionally under the operating agreement, beginning in fiscal year 2009 NHRMC committed to infuse capital into PMH as part of the NHRMC annual capital budget process. Upon termination of the operating agreement, PMH is required to reimburse NHRMC for the unamortized value of capital acquired under this commitment. During 2014 and 2013, NHRMC funded capital acquisitions of approximately \$1,159 and \$3,191, respectively, of capital into PMH.

Complete separate financial statements are issued by the following individual component units and may be obtained at their administrative offices:

New Hanover Regional Medical Center Foundation, Inc.
2259 South 17th Street
Wilmington, North Carolina 28401

Lower Cape Fear Hospice, Incorporated
1414 Physicians Drive
Wilmington, North Carolina 28401

Basis of Presentation

The statements of net position (presented in a balance sheet format), statements of revenues, expenses and changes in net position, and statements of cash flows present information about the primary entity (NHRMC) and its component units. These statements include the financial activities of the overall entity, except for the fiduciary activities. The statements of fiduciary net position and statements of changes in fiduciary net position present information about The Pension Plan of New Hanover Regional Medical Center (NHRMC Pension Plan) (see Note 10).

Basis of Accounting

NHRMC uses enterprise fund accounting. Revenues and expenses of enterprise funds are recognized on the economic resources measurement focus and the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

**Note 1. Description of Reporting Entity and Summary of Significant Accounting Policies
(Continued)**

Use of Estimates

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

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments maturing in three months or less from the date of purchase. All investments are carried at fair value.

Inventories

Inventories of supplies are valued at the lower of cost (first-in, first-out method) or market.

Designated Assets and Restricted Assets

Designated assets are set aside by the Board of Trustees for future capital or other long-term needs and the Board may, at its discretion, subsequently use them for other purposes. As of September 30, 2014 and 2013, NHRMC also had funds restricted by donors. Restricted funds of LCFH are for LCFH programs.

Gifts, bequests, and grants restricted by the donor for specific operating purposes are recorded as restricted revenue in the period received. Gifts, bequests, and grants received with conditions as to their use or funding are recorded as liability when received and included as other operating revenue in the financial statements of the period in which expenses are made for the purpose intended by the donor. Resources restricted by donors for additions to capital assets are included in the statement of revenues, expenses and changes in net position as capital contributions.

Investments

Investments are reported at fair value. Fair value of investments in equity securities and mutual funds is determined by quoted market prices. Fair value of fixed income investments is recorded at the amount reported by the financial institution, which approximates a value determined by a discounted cash flow model. Amounts in the NCCMT, an SEC registered (2a-7) money market fund, are valued at the fair value as determined by the share price. The amount recorded by the fiduciary fund as investment in real estate represents estimated fair value determined by appraisal.

Intangible Capital Assets

Intangible capital assets consist of goodwill and other intangibles and are recorded net of amortization. Goodwill and other intangibles are recorded at historical cost and amortized over the estimated life of the expected economic benefit, using the straight-line method. Estimated lives are between 5 and 40 years.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

**Note 1. Description of Reporting Entity and Summary of Significant Accounting Policies
(Continued)**

Tangible Capital Assets

Purchased or constructed tangible capital assets are recorded at cost. Donated capital assets are recorded at estimated fair value at the date received. NHRMC's, CHA's, and PMH's policies are to generally capitalize assets with a cost of \$1,000 or greater and a useful life of at least one year.

Depreciation is calculated using the straight-line method over the estimated useful lives of the depreciable assets as recommended by the American Hospital Association. Core Information Technology Software is depreciated over 10 years, and Other Information Technology Software is depreciated over 5 years, which may be different than the AHA's recommendation. Amounts in construction-in-progress are not yet subject to depreciation. NHRMC's net interest costs of approximately \$500 and \$124 were incurred and capitalized during fiscal years ended September 30, 2014 and 2013, respectively, in the construction of long-term assets and will be amortized over the related assets' estimated useful lives. LCFH calculates depreciation using accelerated methods using lives of 3 to 10 years for furniture and equipment and lives of 20 to 45 years for buildings.

Legal title to NHRMC's capital assets is in the name of either New Hanover County or New Hanover Regional Medical Center. Substantially all facilities, equipment, and future improvements are leased from New Hanover County (See Note 5). Legal title to CHA's capital assets is in CHA's name. Legal title to LCFH's capital assets is in LCFH's name. PQP has no capital assets. Legal title to PMH's capital assets is in the name of either Pender County or Pender Memorial Hospital, Incorporated. Substantially all of PMH's facilities are leased from Pender County (See Note 5).

Self-Funded Liabilities

NHRMC is self-insured for employee medical claims and contracts with a third party to administer the program. NHRMC's losses are limited under the contract by specific and aggregate stop-loss insurance coverage for claims above specified amounts. NHRMC is also self-insured for a portion of professional liabilities, workers' compensation, and unemployment benefits. Provisions for estimated unpaid claims outstanding at September 30, 2014 and 2013 have been made.

CHA employees are covered under the NHRMC medical and professional liability plans. CHA is self-insured for unemployment benefits. Provisions for estimated unpaid claims outstanding at September 30, 2014 and 2013 have been made.

Unamortized Premiums

Bonds payable are recorded net of unamortized premiums (discounts) on bonds. Premiums and discounts are amortized over the life of the related debt using the effective interest method (See Note 6).

Deferred Outflows/Inflows of Resources

In addition to assets, the statement of net position reports a separate section for deferred outflow of resources. This separate financial statement element, Deferred Outflows of Resources, represents a consumption of net position that applies to a future period and so will not be recognized as an expense or expenditure until then. In addition to liabilities, the statement of net position can report a separate section for deferred inflows of resources. This separate financial statement element, Deferred Inflows of Resources, represents an acquisition of net position that applies to a future period and so will not be recognized as revenue until then.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

**Note 1. Description of Reporting Entity and Summary of Significant Accounting Policies
(Continued)**

Interest Rate Swap Agreements

NHRMC and LCFH have entered into interest rate swap agreements to modify interest rates on certain outstanding debt. Net interest expenses resulting from these agreements and the resulting accrued receivable or payable under the swap agreements are reflected in the financial statements as assets or liabilities at fair value. The fair value of interest rate swaps is recorded at the values reported by the counterparties, which approximates a value determined by the discounted cash flow model. For all swap instruments determined to be ineffective, the change in fair value is recorded in the statement of revenues, expenses and changes in net position as a component of the net increase (decrease) in fair value of investments. For all hedged swap instruments determined to be effective, any change in fair value is deferred and recorded on the statement of net position as a deferred outflow of resources.

Unamortized Deferral on Refundings

Losses on bond refundings are deferred and amortized over the shorter of the lives of the refunded debt or the refunding debt using the effective interest method for fixed rate bonds and the straight-line method for variable rate bonds recorded net of accumulated amortization. The deferrals are included in deferred outflows of resources.

Net Position

Net position classifications are defined as follows:

- *Net investment in capital assets* consists of capital asset, including any restricted capital assets, net of accumulated depreciation and reduced by the outstanding balances of any bonds, notes, or other borrowings that are attributable to the acquisition, construction, or improvement of those assets.
- *Restricted* at NHRMC consists of net position generated from revenues that have constraints on their use imposed by third parties, creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation. As of September 30, 2014 and 2013, restricted net position consists of: nonexpendable endowments of approximately \$2,000 and \$2,000, respectively; and other expendable net position resulting from specific purpose donations and grants.
- *Unrestricted* consists of net position that has no third party restrictions on use and is not invested in capital assets.

Operating Income

Transactions resulting from the primary purpose of NHRMC, which is to provide medical services to the region, are reported as operating revenues and expenses. Revenues and expenses not meeting these criteria are reported as non-operating.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

**Note 1. Description of Reporting Entity and Summary of Significant Accounting Policies
(Continued)**

Charity Care

NHRMC has estimated its direct and indirect costs of providing charity care under its charity care policy. In order to estimate the cost of providing such care, management calculated a cost-to-charge ratio by comparing the per-diem rate from the most recently filed cost report to the System's gross bill rate. The cost to charge ratio is applied to the charity care charges foregone to calculate the estimated direct and indirect cost of providing charity care.

Using the methodology noted above, NHRMC has estimated the costs of providing patient services classified as charity care to be \$11,355 and \$15,864 for the years ended September 30, 2014 and 2013, respectively. NHRMC did not receive any funds to subsidize the costs of providing charity care under its charity care policy for the years ended September 30, 2014 and 2013.

Charity care provided by component units is not considered significant to the financial statements.

Net Patient Service Revenue and Net Patient Receivables

Net patient service revenue and net patient receivables are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Net patient service revenue includes estimated retroactive adjustments under reimbursement agreements with third-party payors. Estimated third-party payor settlements are accrued in the period the related services are rendered and adjusted in future periods, as final settlements are determined, and it is possible that the amounts of final settlements could be materially different than those initially estimated by management.

Sales and Income Taxes

NHRMC, CHA, LCFH, PQP, and PMH are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code. In addition, they receive reimbursement from the state of North Carolina for sales taxes paid during the year.

Pension Plan

NHRMC maintains a defined benefit pension plan covering substantially all of its employees in addition to a few CHA employees grandfathered into the plan. PMH also maintains a separate defined benefit pension plan covering substantially all of its employees. NHRMC and PMH recognize pension expense under a systematic approach whereby the measurement of the pension expense for an accounting period is similar to the employer's calculated required contributions for that period, in accordance with an established and actuarially sound funding policy, and the difference between pension payments and pension expense is recognized as a prepaid pension asset or net pension obligation on the statement of net position.

Total (Memorandum Only) Columns

Total "Memorandum Only" columns do not represent consolidated financial information of the reporting entity, and do not present information that reflects financial position, changes in financial position, or cash flows in conformity with accounting principles generally accepted in the United States of America. These columns are presented only to facilitate financial analysis.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 2. Net Patient Service Revenue and Allowance and Provision for Bad Debts

NHRMC, CHA, LCFH, and PMH have agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of payment arrangements with major third-party payors are as follows:

Medicare

As of April 14, 2012, NHRMC was recognized by the Centers for Medicare and Medicaid Services (CMS) as a Sole Community Hospital (SCH). CMS reimburses SCH hospitals at a higher rate than Prospective Payment System hospitals.

Services for NHRMC Medicare acute inpatients are paid at interim rates subject to settlement, and non-acute inpatients and outpatients are paid at prospectively determined rates.

Other Medicare payments are based on interim rates with final settlement determined after submission of annual cost reports and audits of these reports by the Medicare fiscal intermediary. NHRMC's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2011.

PMH is a "Critical Access Hospital." This enables PMH to receive 101% cost based reimbursement from Medicare for its hospital based services. PMH's skilled nursing and home health services are reimbursed at prospectively determined rates. PMH's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2010.

Medicare services represent:

	Percentage of Net Patient Services Revenue for the Year Ended September 30,		Percentage of Net Patient Accounts Receivable as of September 30,	
	2014	2013	2014	2013
NHRMC	39%	40%	19%	20%
CHA	61%	62%	35%	30%
LCFH	91%	90%	85%	74%
PMH	70%	65%	48%	50%

**New Hanover Regional Medical Center
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**Notes to Financial Statements
(Dollars in Thousands)**

Note 2. Net Patient Service Revenue and Allowance and Provision for Bad Debts (Continued)

Medicaid

Inpatient services rendered to NHRMC Medicaid patients are reimbursed at a prospectively determined rate. Services to outpatients are reimbursed at a percentage of cost as defined in the Medicaid regulations. Effective October 1, 2005, PMH is reimbursed at cost by Medicaid for both inpatient and outpatient critical access hospital services. NHRMC and PMH Medicaid cost reimbursement is based on tentative interim rates with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediary. NHRMC's Medicaid cost reports have been audited through September 30, 2012, and PMH's Medicaid cost reports have been audited through September 30, 2012. PMH's skilled nursing and home health services are reimbursed on prospective rates.

Medicaid services represent:

	Percentage of Net Patient Services Revenue for the Year Ended September 30,		Percentage of Net Patient Accounts Receivable as of September 30,	
	2014	2013	2014	2013
NHRMC	12%	13%	11%	12%
CHA	2%	3%	4%	8%
LCFH	4%	5%	11%	22%
PMH	20%	22%	13%	14%

NHRMC qualifies for reimbursement under the Medicaid Reimbursement Initiative (MRI also known as Medicaid Disproportionate Share or DSH). During 2011, the state of North Carolina enacted legislation (the GAP Program) intended to supplement existing Medicaid Disproportionate Share payments with federal matching funds drawn down via provider assessments. During fiscal year ended September 30, 2014, NHRMC received approximately \$37,048 from the state of North Carolina under the MRI program, of which \$3,223 was from the GAP Program. During fiscal year ended September 30, 2013, NHRMC received approximately \$36,118 from the state of North Carolina under the MRI program, of which \$5,281 was for the 2013 GAP Assessment Program. The MRI Program balances are recorded net of assessments in net patient service revenue.

For the fiscal year ended September 30, 2014, PMH received approximately \$211 of which \$74 was for the GAP program. For the fiscal year ended September 30, 2013, PMH received approximately \$55, of which \$19 was for the 2013 GAP Program.

Audits of MRI program reports are performed annually. Fiscal year 2011 is the first year since 2003 where MRI audits can potentially have a financial impact and NHRMC has determined that payments received in the years since 2010 are not at risk. For prior years, the MRI was audited and settled through September 30, 2003. Amounts of supplemental payments received by NHRMC for years 2004 through 2010 were not subject to settlement.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
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Note 2. Net Patient Service Revenue and Allowance and Provision for Bad Debts (Continued)

Changes in Estimates Related to Third Party Payors

Adjustments to estimated third party payor settlements from prior years occurring in 2014 and 2013 increased NHRMC's change in net position by approximately \$2,031 and decreased NHRMC's change in net position by approximately \$1,143, respectively.

Adjustments to estimated third party payor settlements from prior years occurring in 2014 and 2013 decreased PMH's change in net position by approximately \$42 and \$49, respectively.

Recovery Audit Contractor Audits

In 2009, the Centers for Medicare and Medicaid Services (CMS) implemented nation-wide use of recovery audit contractors (RACs) as part of CMS' efforts to ensure accurate claims payments. The RACs search for potentially improper Medicare payments that may have been made to health care providers and that were not detected through existing CMS program integrity efforts. The North Carolina Department of Health and Human Services implemented a similar program in August 2012 for Medicaid payments.

During the years ended September 30, 2014 and 2013, the number of NHRMC claims chosen by RAC for review totaled 144 and 573, respectively. Net overpayments processed to date for fiscal year 2014 and 2013, respectively, are \$274 and \$135. NHRMC has recorded a reserve for estimated assessments under future RAC audits in the estimated third-party payor settlements on the statement of net position.

PMH RAC activity is immaterial at this time for either Medicare or Medicaid.

Electronic Health Records Incentive Program

The Electronic Health Records Incentive Program, enacted as part of the American Recovery and Reinvestment Act of 2009, provides for incentive payments under both the Medicare and Medicaid programs to eligible health care providers that demonstrate meaningful use of certified electronic health records technology (EHR). Payments under the Medicare program are generally made for up to four years for eligible hospitals and up to five years for eligible professionals and are based on statutory formulas. Under the NC Medicaid Electronic Health Record Incentive Program, eligible hospitals may receive payments over three years while eligible professionals receive payments for up to five years. Payments under both programs are subject to audits of the financial records and statistics used to determine payment and of the IT resources used to demonstrate meaningful use. Payments for any fiscal year may be subject to audit for up to six years and recouped by CMS if there are audit findings of noncompliance. Amounts due under this program are recognized in the period that all requirements for the receipt of funds have been met.

During the year ended September 30, 2014, NHRMC recorded revenue related to meaningful use incentives totaling \$2,915 of which \$2,615 was from Medicare and \$300 was from Medicaid. \$2,702 is recorded as a receivable as of September 30, 2014. The meaningful use payments are recorded in other revenue on the statement of revenues, expenses and changes in net position. NHRMC recorded revenue related to meaningful use incentives totaling \$5,967, of which \$3,269 was from Medicare and \$2,698 was from Medicaid, during the year ended September 30, 2013, with no associated receivable. Audits of meaningful use incentives made to NHRMC during the year ended September 30, 2013 had no findings.

CHA recorded meaningful use incentives totaling \$827 and \$523 during the years ended September 30, 2014 and 2013, respectively, which are recorded in other revenue on the statement of revenues, expenses and changes in net position. Medicare payments were \$759 for the year ended September 30, 2014 and \$438 for September 30, 2013. Medicaid payments were \$68 for the year ended September 30, 2014 and \$85 for September 30, 2013. For the year ended September 30, 2014 and 2013, respectively, there were no associated receivables recorded. Pre-payment audits of meaningful use incentives made to two CHA eligible professionals for the 2012 program year had no findings.

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**Notes to Financial Statements
(Dollars in Thousands)**

Note 2. Net Patient Service Revenue and Allowance and Provision for Bad Debts (Continued)

Allowances for Bad Debts

Allowance for bad debts are maintained for receivables which historically experience uncollectible accounts. The allowance for bad debts is as follows:

	September 30,	
	<u>2014</u>	<u>2013</u>
NHRMC	\$ 103,410	\$ 77,515
CHA	5,059	3,820
LCFH	726	675
PMH	3,496	3,150
	<u>\$ 112,691</u>	<u>\$ 85,160</u>

For the years ended September 30, 2014 and 2013, net patient service revenue is reported net of a provision for bad debts of:

	Year Ended September 30,	
	<u>2014</u>	<u>2013</u>
NHRMC	\$ 98,771	\$ 89,062
CHA	6,770	6,082
LCFH	546	976
PMH	5,486	4,262
	<u>\$ 111,573</u>	<u>\$ 100,382</u>

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(Dollars in Thousands)**

Note 3. Cash and Cash Equivalents and Investments

Deposits

As of September 30, 2014 and 2013, the carrying values and bank balances of deposits were as follows (in thousands):

	2014		2013	
	Carrying Value	Bank Balance	Carrying Value	Bank Balance
NHRMC	\$ 61,017	\$ 72,164	\$ 61,483	\$ 68,324
CHA	5,784	5,795	1,326	1,335
LCFH	4,478	4,482	7,287	7,612
PMH	3,369	3,452	1,255	1,482
PQP	621	622	-	-

Custodial credit risk for deposits is the risk that in the event of bank failure, a government's deposits may not be returned to it. NHRMC and PMH have no policy on custodial credit risk, but all deposits of NHRMC and PMH were with depositories covered under statewide single financial institution collateral pools (known as the Pooling Method) whereby collateral is maintained for all the depository's governmental units in the State. The North Carolina State Treasurer monitors Pooling Method depositories for adequate collateralization.

Under the Pooling Method, all uninsured deposits are collateralized with securities held by the State Treasurer's agent in the name of the State Treasurer. The amount of the pledged collateral is based on an approved averaging method for non-interest bearing deposits and the actual current balance for interest-bearing deposits. Depositories using the Pooling Method report to the State Treasurer the adequacy of their pooled collateral covering uninsured deposits. The State Treasurer does not confirm this information with NHRMC or PMH. Because of the inability to measure the exact amount of collateral pledged for NHRMC and PMH under the Pooling Method, the potential exists for undercollateralization, and this risk may increase in periods of high cash flows. However, the State Treasurer of North Carolina enforces strict standards of financial stability for each Pooling Method depository.

As of September 30, 2014, financial institutions are each insured by the Federal Deposit Insurance Corporation (FDIC) for deposits up to \$250,000. The Foundation has cash balances in a financial institution that from time to time have exceeded federal depository insurance limits. Bank balances in excess of federal depository insurance limits are uninsured and uncollateralized and amounted to \$1,821 and \$0 for the Foundation as of September 30, 2014 and 2013, respectively. NHRMC and PMH have cash balances in financial institutions that exceed federal depository limits, but the excess is collateralized under the Pooling Method described above.

CHA, PQP, and LCFH are not subject to the above described statutes. CHA and LCFH have cash balances in a financial institution that from time to time have exceeded federal depository insurance limits. Bank balances in excess of federal depository insurance limits are uninsured and uncollateralized and amounted to \$5,291 and \$832 for CHA, \$372 and \$0 for PQP, and \$3,640 and \$7,112 for LCFH, as of September 30, 2014 and 2013, respectively.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
(Dollars in Thousands)**

Note 3. Cash and Cash Equivalents and Investments (Continued)

Investments

North Carolina General Statute 159-30 authorizes NHRMC and PMH to invest in obligations of the United States or obligations fully guaranteed both as to principal and interest by the United States; obligations of specific U.S. government agencies; obligations of the state of North Carolina; bonds and notes of any North Carolina local government or public authority; certain high quality issues of commercial paper and bankers' acceptances; a commingled investment pool established and administered by the North Carolina State Treasurer pursuant to North Carolina General Statute 147-69.3; certain repurchase agreements with respect to direct obligations of the United States or obligations which are guaranteed by the United States as to principal and interest; and the North Carolina Capital Management Trust (NCCMT). Additionally, North Carolina General Statute 159-30 also requires NHRMC and PMH to limit custodial credit risk as governed by the Statute. State statutes do not govern the Foundation's investment policies or those of LCFH and CHA.

NHRMC's investment policy consists of strategies for the short-term and the long-term. The intent of the short-term fund investment strategy is to provide short-term liquidity and working capital for operations and other strategic purposes. Assets invested in the short-term fund are primarily in the NCCMT. The intent of the long-term fund investment strategy is to generate current income and maintain stability of principal. The long-term fund divides investments into three investment strategies: short/intermediate fixed income, broad duration fixed income, and domestic and international equity securities. NHRMC invests in domestic and international equity securities through a commingled investment pool administered by the North Carolina State Treasurer in preferred or common stocks allowable under North Carolina General Statute. NHRMC's participation in the commingled investment pool is voluntary, and generally only 2 withdrawals are allowed within any 12-month period and are only permitted on the first business day of each calendar month.

The Foundation's investment policy allows investments to be allocated among fixed income securities, equity securities, and cash equivalents, with specific minimum target allocations and maximums by investment type.

LCFH's investment policy divides investment strategies into two investment categories, short-term and long-term. Allocation to each category is based on the liquidity needs of LCFH. The intent of the short-term fund investment strategy, generally LCFH operations, is to provide short-term liquidity and working capital for operations and other strategic purposes, with the primary strategy to be preservation of principal, and income a secondary consideration. The intent of the long-term fund investment strategy is to generate current income and maintain stability of principal.

CHA does not have a formal investment policy and generally does not retain funds for investments.

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**Notes to Financial Statements
(Dollars in Thousands)**

Note 3. Cash and Cash Equivalents and Investments (Continued)

As of September 30, 2014 and 2013, NHRMC had the following investments, concentrations and maturities, excluding fiduciary investments:

Investment Type	Weighted Average Maturity in Years	Fair Value 2014	Weighted Average Maturity in Years	Fair Value 2013
US Treasury	9.1	\$ 1,281	N/A	\$ -
US Government Treasury Notes	2.8	19,036	2.7	41,373
US Government Treasury Bonds	17.3	4,487	10.2	19,881
US Government Agencies:				
Federal Farm Credit Bank	2.3	2,314	< 1 year	1,019
Federal Home Loan Bank	1.4	4,509	3.3	9,764
Federal Home Loan Mortgage Corp	3.4	6,000	4.1	20,683
Federal Nat'l Mortgage Association	2.2	6,307	5.6	15,624
Mortgage Backed Securities:				
Federal Home Loan Mtg Corp Pool	18.5	20,050	19.0	22,725
Federal Nat'l Mortgage Assoc Pool	16.6	22,679	17.7	29,393
Gov't Nat'l Mortgage Assoc Pool	17.2	9,216	19.3	9,356
Asset Backed CMO's:				
Gov't Nat'l Mortgage Assoc	24.0	19,862	22.2	6,570
Vendee Mortgage Trust Series 1993-1	8.4	629	9.4	780
Vendee Mortgage Trust Ser 1992-1 CL 2Z	7.6	623	8.6	763
Vendee Mortgage Trust Ser 1994-3B CL 2F	8.0	481	9.0	543
Vendee Mortgage Trust Ser 1995-1 CL 3ZB	10.4	568	11.4	653
Vendee Mortgage Trust Ser 1997-1 CL 2Z	12.4	329	13.4	373
Vendee Mortgage Trust Ser 1996-1 CL 1Z	11.4	721	12.4	825
NC Capital Management Trust – Cash Portfolio	N/A	68,246	N/A	69,342
Department of State Treasurer Trust Funds				
Investment Program – Equity Investment Fund	N/A	151,499	N/A	75,940
Department of State Treasurer Short-Term				
Investment Fund (STIF)	N/A	16,079	N/A	68
Mutual Funds	N/A	6,517	N/A	6,319
		<u>\$ 361,433</u>		<u>\$ 331,994</u>

N/A = Not applicable.

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**Notes to Financial Statements
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Note 3. Cash and Cash Equivalents and Investments (Continued)

As of September 30, 2014 and 2013, LCFH had the following investments:

Investment Type	Fair Value	
	2014	2013
Bond Funds	\$ 3,640	\$ 3,130
Equity Funds	23,286	17,212
	<u>\$ 26,926</u>	<u>\$ 20,342</u>

Interest Rate Risk. Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its value to changes in market interest rates. NHRMC's investment policy mitigates interest rate risk by providing adequate liquidity for short-term cash needs, and by making longer-term investments only with funds that are not needed for current cash flow purposes. NHRMC also invests in collateralized mortgage obligations and mortgage backed securities. The value of the securities is based on the cash flows from principal and interest payments due on the underlying mortgages. When interest rates decline, prepayments by mortgagees may increase. The resultant reduction in expected total cash flows affects the fair value of these securities and makes the fair values of these securities highly sensitive to changes in interest rates.

LCFH's investment policy mitigates interest rate risk by providing adequate liquidity for short-term cash needs, and by making longer-term investments only with funds that are not needed for current cash flow purposes. The policy does not formally limit maturities as a means of managing exposure to fair value losses arising from changes in interest rates.

Credit Risk. Generally, credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. State Statutes limit NHRMC's investments to obligations of the United States or obligations fully guaranteed both as to principal and interest by the United States; obligations of specific U.S. government agencies; obligations of the state of North Carolina; bonds and notes of any North Carolina local government or public authority; certain high quality issues of commercial paper and bankers' acceptances; investment in a commingled investment pool established and administered by the North Carolina State Treasurer; certain repurchase agreements with respect to direct obligations of the United States or obligations which are guaranteed by the United States as to principal and interest; and the North Carolina Capital Management Trust (NCCMT). NHRMC's investments in the NCCMT Cash Portfolio carried a rating of AAAM by Standard & Poor's as of September 30, 2014.

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**Notes to Financial Statements
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Note 3. Cash and Cash Equivalents and Investments (Continued)

NHRMC's investment portfolio includes debentures and mortgage backed securities (MBS) issued by the Federal National Mortgage Association, the Federal Home Loan Mortgage Corp., Vendee Mortgage Trust, and the Government National Mortgage Association; debentures issued by Federal Home Loan Bank and Federal Farm Credit Bank; and certain mutual funds. All are rated Aaa by Moody's Investors Service or backed by the full faith of the U.S. Government, which is rated Aaa, as of September 30, 2014 and 2013. With respect to NHRMC's investments in mortgage backed securities, NHRMC's investment portfolio consists of both traditional mortgage backed securities (MBS's) and asset backed collateralized mortgage obligations (CMO's). An MBS is an asset backed security whose cash flows are backed by the principal and interest payments of a pool of mortgage loans. Payments are typically made monthly over the lifetime of the underlying loans. CMO's, a type of mortgage backed security, are bonds that represent claims to specific cash flows from large pools of mortgages. The streams of principal and interest payments on the mortgages are distributed to the different classes of CMO interests. Credit risk associated with MBS's and CMO's is affected by homeowners or borrowers defaulting on their loans. NHRMC's investments in CMO's are explicitly guaranteed by the U.S. Government (Government National Mortgage Association and Vendee Mortgage Trust securities).

In addition to minimizing credit risk by limiting investments to those allowed by State Statute, it is NHRMC's policy to diversify the investment portfolio so that the impact of potential losses from any one type of security and/or issuer will be minimized.

LCFH's policy is to diversify the investment portfolio so that the impact of potential losses from any one type of security will be minimized.

Concentration of Credit Risk. Concentration of credit risk is the risk of loss attributed to the magnitude of government's investment in a single issuer. NHRMC's investment policy requires a balance between short/intermediate fixed income securities, broad duration fixed income securities, and investment in a commingled investment pool established and administered by the North Carolina State Treasurer as allowable under State Statute; however it places no limit on the amount NHRMC may invest in any one issuer. As of September 30, 2014, securities issued/backed by Fannie Mae, Freddie Mac, and Ginnie Mae represent 8.0%, 7.2%, and 8.0% of the Hospital's investment portfolio, respectively. As of September 30, 2013, securities issued/backed by Fannie Mae, Freddie Mac, and Ginnie Mae represent 13.6%, 13.1%, and 4.8% of the Hospital's investment portfolio, respectively.

Foreign Currency Risk. Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of an investment or a deposit. NHRMC's investment in the State Treasurer's Trust Funds Investment Program-Equity Investment Fund exposes NHRMC to foreign currency risk as a result of its positions in foreign currency-denominated equity securities. NHRMC does not have an investment policy that limits its exposure to foreign currency risk, however NHRMC's investment policy provides for the maintenance of a balance between three investment strategies, one of which is the State Treasurer's Trust Funds Investment Program-Equity Investment Fund. At September 30, 2014 and 2013, NHRMC had approximately \$36,435 and \$15,317, respectively, exposed to foreign currency risk, of which 18% and 19%, respectively, represent investments denominated in the Euro; 11% and 17%, respectively, represent investments denominated in the British Pound; and 19% and 17%, respectively, represent investments denominated in the Japanese Yen.

Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those such changes could materially affect the amounts reported by NHRMC and LCFH in the statement of net position.

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**Notes to Financial Statements
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Note 3. Cash and Cash Equivalents and Investments (Continued)

Deposits and investments of NHRMC as of September 30, 2014 and 2013 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents		
Cash on hand	\$ 20	\$ 19
Deposits	35,892	36,414
Short-term mutual fund (1)	21,203	11,003
	<u>\$ 57,115</u>	<u>\$ 47,436</u>
Assets limited as to use		
Held by bond paying agent		
Short-term mutual fund (1)	\$ 16,863	\$ 16,011
By Board for debt service		
Deposits	948	910
By Board for claims liabilities		
Cash	-	1
U.S. Treasury securities	7,910	6,764
U.S. Agency securities	13,694	14,838
Short-term mutual fund (1)	151	68
	<u>\$ 39,566</u>	<u>\$ 38,592</u>
Designated by Board for capital improvements		
U.S. Treasury securities	\$ 16,894	\$ 54,491
U.S. Agency securities	5,436	32,251
Other securities backed by		
U.S. Government/Gov't Agencies	75,158	71,981
Dept. of State Treasurer Trust Funds		
Investment Program –		
Equity Investment Fund	151,499	75,940
Dept. of State Treasurer Short-Term		
Investment Fund (STIF)	16,079	68
Deposits	24,177	24,159
Short-term mutual fund (1)	30,029	42,260
	<u>\$ 319,272</u>	<u>\$ 301,150</u>
Designated by Board for employee benefit plans		
Mutual funds	\$ 1,585	\$ 1,753
	<u>\$ 1,585</u>	<u>\$ 1,753</u>
Restricted for Specific Purposes		
Mutual funds	\$ 2,914	\$ 2,560
	<u>\$ 2,914</u>	<u>\$ 2,560</u>
Restricted for Endowments		
Mutual funds	\$ 2,018	\$ 2,006
	<u>\$ 2,018</u>	<u>\$ 2,006</u>

(1) – North Carolina Capital Management Trust, a cash equivalent.

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**Notes to Financial Statements
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Note 3. Cash and Cash Equivalents and Investments (Continued)

Deposits of CHA as of September 30, 2014 and 2013 are summarized as follows:

Cash and cash equivalents		
Cash on hand	\$	6
Deposits		5,784
	\$	<u>5,790</u>
	\$	5
		1,326
	\$	<u>1,331</u>

Deposits and investments of LCFH as of September 30, 2014 and 2013 are summarized as follows:

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents		
Cash on hand	\$	4
Deposits		4,366
	\$	<u>4,370</u>
Investments		
Bond and mutual funds	\$	6,522
	\$	<u>6,522</u>
By Board for operating and PDO reserve		
Deposits	\$	67
Bond and mutual funds		11,459
	\$	<u>11,526</u>
By Board for ESC reserve		
Deposits	\$	-
	\$	<u>-</u>
By Board for capital improvements		
Bond and mutual funds	\$	6,688
	\$	<u>6,688</u>
By Board for Mercy Care reserve		
Bond and mutual funds	\$	799
	\$	<u>799</u>
Endowments		
Deposits	\$	45
Bond and mutual funds		1,458
	\$	<u>1,503</u>
	\$	55
	\$	<u>55</u>
	\$	5,009
	\$	<u>5,009</u>
	\$	-
	\$	<u>-</u>
	\$	24
		1,369
	\$	<u>1,393</u>

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**Notes to Financial Statements
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Note 3. Cash and Cash Equivalents and Investments (Continued)

Deposits and investments of PMH as of September 30, 2014 and 2013 are summarized as follows:

Cash and cash equivalents		
Deposits	\$ 3,369	\$ 1,255
Short-term mutual fund (1)	55	55
	<u>\$ 3,424</u>	<u>\$ 1,310</u>

(1) – North Carolina Capital Management Trust, a cash equivalent.

Pension Trust Investments

Investments of The Pension Plan of New Hanover Regional Medical Center (Plan) are governed by North Carolina State Statutes, which generally provide for any type of investment subject to the prudent person rule.

The following table presents investments as of December 31, 2013 and 2012:

	<u>2013</u>	<u>2012</u>
Real Estate:		
28.77 Acres of land and buildings in Wilmington, NC	\$ 4,356	\$ 4,356
Money market funds:		
Federated Government Obligations Fund	1,276	1,222
Federated U.S. Treasury Cash Reserves Fund	-	1,375
Mutual funds:		
AQR Diversified Arbitrage Fund	9,584	-
Columbia Acom Fund	5,070	-
Davis New York Venture Fund	-	38,355
Euro Pac Growth Fund	-	18,467
Harbor Fund	20,316	-
Mainstay High Yield Corporate Bond Fund	9,805	-
Oppenheimer International Growth Fund Y	5,016	-
Oppenheimer Developing Markets Fund	14,799	-
Pimco Commodity Real Return Strategy Fund	9,820	-
Pimco Emerging Local Bond Fund	9,724	-
Pimco Total Return Institutional Fund	34,064	73,835
Royce Fund	-	9,188
SEI Institutionally Managed Mid Cap Fund	5,077	-
SPDR Gold Trust Fund	4,725	-
T. Rowe Price Inst US Str Research Fund	39,826	-
Vanguard High Yield Corporate Fund	4,903	-
Wisdomtree Large Cap Dividend Fund	19,979	-
Wisdomtree Emerging Markets Corporate Bond Fund	4,887	-
Common stocks	-	34,732
	<u>\$ 203,227</u>	<u>\$ 181,530</u>

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Note 3. Cash and Cash Equivalents and Investments (Continued)

Interest Rate Risk. The Plan does not have a formal policy that limits investment maturities as a means of managing its exposure to fair value losses arising from changes in interest rates. The Plan may invest in domestic fixed income securities; however, the Plan's investment policy does not allow these securities to exceed 40% of the Plan's portfolio. The average maturity of the Federated Government Obligations Fund is approximately 50 days. All of the Plan's bond funds have average effective maturities between 5 and 8 years.

Credit Risk. Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The Plan's investment policy limits the Plan's portfolio in domestic fixed income securities rated less than BBB to no more than 10% of the total plan portfolio. The Moody's credit quality rating of the Federated Government Obligations Fund is Aaa-mf. The Plan's bond funds are not rated by credit rating agencies.

Custodial Credit Risk. Custodial credit risk for investments is the risk that, in the event of the failure of the counterparty, the Plan will not be able to recover the value of its investments and other assets that are in possession of an outside third party. The Plan's common stock investments were registered in the name of and held by the First Citizens Bank & Trust Company and identified in First Citizens Bank & Trust Company's records as belonging to the Plan. Mutual funds are not subject to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form.

Concentration of Credit Risk. Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. Money market funds and registered investment companies (mutual funds) are excluded from this disclosure requirement. The Plan's policies restrict investment by type of investment, geographic location and percentage of total portfolio.

Due to the level of risk associated with investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statement of fiduciary net position.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity

Capital asset activity was as follows:

NHRMC - Year Ended September 30, 2014

	Beginning Balance	Additions	Retirements	Ending Balance
NHRMC Activity:				
Capital assets, not being depreciated:				
Land	\$ 11,314	\$ -	\$ -	\$ 11,314
Construction in progress	5,236	46,592	(41,422)	10,406
Total capital assets, not being depreciated	16,550	46,592	(41,422)	21,720
Capital assets, being depreciated/amortized:				
Intangible assets	65,255	-	(1,173)	64,082
Buildings and leasehold improvements	506,192	17,832	(568)	523,456
Equipment	314,241	23,443	(9,526)	328,158
Total capital assets being depreciated/amortized	885,688	41,275	(11,267)	915,696
Less accumulated depreciation/amortization for:				
Intangible assets	(25,898)	(2,710)	1,173	(27,435)
Buildings, leasehold improvements, and equipment	(412,630)	(43,245)	9,087	(446,788)
Total accumulated depreciation/amortization	(438,528)	(45,955)	10,260	(474,223)
Total capital assets being depreciated/ amortized, net	447,160	(4,680)	(1,007)	441,473
NHRMC activities, capital assets, net	\$ 463,710	\$ 41,912	\$ (42,429)	\$ 463,193

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

NHRMC - Year Ended September 30, 2013

	Beginning Balance	Additions	Retirements	Ending Balance
NHRMC Activity:				
Capital assets, not being depreciated:				
Land	\$ 11,622	\$ -	\$ (308)	\$ 11,314
Construction in progress	491	17,158	(12,413)	5,236
Total capital assets, not being depreciated	12,113	17,158	(12,721)	16,550
Capital assets, being depreciated/amortized:				
Intangible assets	64,255	1,000	-	65,255
Buildings and leasehold improvements	494,900	12,563	(1,271)	506,192
Equipment	317,514	14,309	(17,582)	314,241
Total capital assets being depreciated/amortized	876,669	27,872	(18,853)	885,688
Less accumulated depreciation/amortization for:				
Intangible assets	(22,434)	(3,464)	-	(25,898)
Buildings, leasehold improvements, and equipment	(390,759)	(40,002)	18,131	(412,630)
Total accumulated depreciation/amortization	(413,193)	(43,466)	18,131	(438,528)
Total capital assets being depreciated/ amortized, net	463,476	(15,594)	(722)	447,160
NHRMC activities, capital assets, net	\$ 475,589	\$ 1,564	\$ (13,443)	\$ 463,710

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

<u>CHA - Year Ended September 30, 2014</u>	<u>Beginning</u>			<u>Ending</u>
	<u>Balance</u>	<u>Additions</u>	<u>Retirements</u>	<u>Balance</u>
CHA Activity:				
Capital assets, not being depreciated:				
Construction in progress	\$ 288	\$ 2,958	\$ (3,150)	\$ 96
Total capital assets, not being depreciated	288	2,958	(3,150)	96
Capital assets, being depreciated/amortized:				
Intangible assets	1,976	-	-	1,976
Buildings and leasehold improvements	517	104	(73)	548
Equipment	5,894	2,829	(340)	8,383
Total capital assets being depreciated/amortized	8,387	2,933	(413)	10,907
Less accumulated depreciation/amortization for:				
Intangible assets	(1,316)	(300)	-	(1,616)
Buildings, leasehold improvements, and equipment	(2,723)	(1,355)	271	(3,807)
Total accumulated depreciation/amortization	(4,039)	(1,655)	271	(5,423)
Total capital assets being depreciated/amortized, net	4,348	1,278	(142)	5,484
CHA activities, capital assets, net	\$ 4,636	\$ 4,236	\$ (3,292)	\$ 5,580

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

<u>CHA - Year Ended September 30, 2013</u>	<u>Beginning Balance</u>	<u>Additions</u>	<u>Retirements</u>	<u>Ending Balance</u>
CHA Activity:				
Capital assets, not being depreciated:				
Construction in progress	\$ 68	\$ 693	\$ (473)	\$ 288
Total capital assets, not being depreciated	68	693	(473)	288
Capital assets, being depreciated/amortized:				
Intangible assets	1,976	-	-	1,976
Buildings and leasehold improvements	457	60	-	517
Equipment	5,594	348	(48)	5,894
Total capital assets being depreciated/amortized	8,027	408	(48)	8,387
Less accumulated depreciation/amortization for:				
Intangible assets	(992)	(324)	-	(1,316)
Buildings, leasehold improvements, and equipment	(1,628)	(1,111)	16	(2,723)
Total accumulated depreciation/amortization	(2,620)	(1,435)	16	(4,039)
Total capital assets being depreciated/amortized, net	5,407	(1,027)	(32)	4,348
CHA activities, capital assets, net	\$ 5,475	\$ (334)	\$ (505)	\$ 4,636

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

LCFH - Year Ended September 30, 2014

	Beginning Balance	Additions	Retirements	Ending Balance
LCFH Activity:				
Capital assets, not being depreciated:				
Land	\$ 4,660	\$ 950	\$ -	\$ 5,610
Construction in progress	596	2,592	-	3,188
Total capital assets, not being depreciated	5,256	3,542	-	8,798
Capital assets, being depreciated/amortized:				
Buildings and leasehold improvements	15,205	928	-	16,133
Equipment	4,037	728	-	4,765
Total capital assets being depreciated/amortized	19,242	1,656	-	20,898
Less accumulated depreciation/amortization for:				
Buildings, leasehold improvements, and equipment	(4,844)	(891)	-	(5,735)
Total accumulated depreciation/amortization	(4,844)	(891)	-	(5,735)
Total capital assets being depreciated/ amortized, net	14,398	765	-	15,163
LCFH activities, capital assets, net	\$ 19,654	\$ 4,307	\$ -	\$ 23,961

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

LCFH - Year Ended September 30, 2013

	Beginning Balance	Additions	Retirements	Ending Balance
LCFH Activity:				
Capital assets, not being depreciated:				
Land	\$ 4,660	\$ -	\$ -	\$ 4,660
Construction in progress	631	490	(525)	596
Total capital assets, not being depreciated	<u>5,291</u>	<u>490</u>	<u>(525)</u>	<u>5,256</u>
Capital assets, being depreciated/amortized:				
Buildings and leasehold improvements	14,894	311	-	15,205
Equipment	3,083	954	-	4,037
Total capital assets being depreciated/amortized	<u>17,977</u>	<u>1,265</u>	<u>-</u>	<u>19,242</u>
Less accumulated depreciation/amortization for:				
Buildings, leasehold improvements, and equipment	(4,031)	(813)	-	(4,844)
Total accumulated depreciation/amortization	<u>(4,031)</u>	<u>(813)</u>	<u>-</u>	<u>(4,844)</u>
Total capital assets being depreciated/ amortized, net	<u>13,946</u>	<u>452</u>	<u>-</u>	<u>14,398</u>
LCFH activities, capital assets, net	<u>\$ 19,237</u>	<u>\$ 942</u>	<u>\$ (525)</u>	<u>\$ 19,654</u>

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

PMH - Year Ended September 30, 2014

	Beginning			Ending
	Balance	Additions	Retirements	Balance
PMH Activity:				
Capital assets, not being depreciated:				
Land	\$ 42	\$ -	\$ -	\$ 42
Construction in progress	124	975	(871)	228
Total capital assets, not being depreciated	166	975	(871)	270
Capital assets, being depreciated/amortized:				
Intangible assets	191	-	-	191
Buildings and leasehold improvements	13,000	680	(9)	13,671
Equipment	8,480	738	(780)	8,438
Total capital assets being depreciated/amortized	21,671	1,418	(789)	22,300
Less accumulated depreciation/amortization for:				
Intangible assets	(174)	(10)	-	(184)
Buildings, leasehold improvements, and equipment	(11,676)	(1,449)	466	(12,659)
Total accumulated depreciation/amortization	(11,850)	(1,459)	466	(12,843)
Total capital assets being depreciated/amortized, net	9,821	(41)	(323)	9,457
PMH activities, capital assets, net	\$ 9,987	\$ 934	\$ (1,194)	\$ 9,727

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 4. Capital Asset Activity (Continued)

PMH - Year Ended September 30, 2013

	Beginning Balance	Additions	Retirements	Ending Balance
PMH Activity:				
Capital assets, not being depreciated:				
Land	\$ 42	\$ -	\$ -	\$ 42
Construction in progress	481	2,802	(3,159)	124
Total capital assets, not being depreciated	523	2,802	(3,159)	166
Capital assets, being depreciated/amortized:				
Intangible assets	191	-	-	191
Buildings and leasehold improvements	10,964	2,082	(46)	13,000
Equipment	8,709	1,945	(2,174)	8,480
Total capital assets being depreciated/amortized	19,864	4,027	(2,220)	21,671
Less accumulated depreciation/amortization for:				
Intangible assets	(165)	(9)	-	(174)
Buildings, leasehold improvements, and equipment	(12,598)	(1,279)	2,201	(11,676)
Total accumulated depreciation/amortization	(12,763)	(1,288)	2,201	(11,850)
Total capital assets being depreciated/amortized, net	7,101	2,739	(19)	9,821
PMH activities, capital assets, net	\$ 7,624	\$ 5,541	\$ (3,178)	\$ 9,987

All depreciation is directly or indirectly related to the provision of healthcare services. NHRMC has active projects for building construction and leasehold improvements as of September 30, 2014 and 2013. As of September 30, 2014, NHRMC has remaining committed amounts to be paid of approximately \$11,198 on projects.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 5. Lease Obligations and Commitments

Under a lease agreement dated October 1, 1993 and most recently amended July 1, 2013, NHRMC leases its existing facilities and equipment and all future improvements from New Hanover County through October 2038, all of which have been recorded as capital assets in the accompanying statements of net position. Covenants under the lease agreement correspond to those in the Series 2006, 2008, 2011, and 2013 Revenue Bond Indentures. The County maintains a limited right under the bond order to terminate the lease with 90 days notice (after public hearing). In addition, under the lease agreement, NHRMC has agreed to maintain certain debt service coverage and cushion ratios as discussed further in Note 6.

NHRMC also leases capital assets under operating leases that have initial or remaining noncancelable terms in excess of one year.

Scheduled payments on NHRMC's operating lease commitments are as follows:

Year Ending September 30,	Amount
2015	\$ 6,664
2016	6,598
2017	5,970
2018	3,961
2019	3,494
2020 - 2023	4,460
Total minimum payments	<u>\$ 31,147</u>

Rent expense on operating leases for NHRMC totaled approximately \$9,027 and \$8,754 in 2014 and 2013, respectively.

Under a facility and services agreement signed on October 1, 2012 between NHRMC and Atlantic Surgicenter, LLC, NHRMC leases an ambulatory surgical facility through October 1, 2017. The lease may be terminated by NHRMC in 2015; see note 12 for additional details. A portion of this lease has been determined to be a capital lease for various pieces of medical and computer equipment. As of September 30, 2014, the leased assets were recorded at \$1,189 and had accumulated amortization of \$996. The remaining scheduled principal payment on this capital lease is \$237 for the fiscal year ending September 30, 2015.

Scheduled payments on this lease commitment, including the capital lease portion, are as follows:

Year Ending September 30,	Amount
2015	\$ 1,120
Total minimum payments	<u>\$ 1,120</u>

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 5. Lease Obligations and Commitments (Continued)

CHA leases office space and equipment under various noncancelable operating lease agreements that expire between 2015 and 2028. Scheduled payments on CHA's operating lease commitments are as follows:

CHA

Year Ending September 30,	Amount
2015	\$ 4,567
2016	4,466
2017	4,253
2018	4,328

Included in these commitments is \$8,253 of minimum payments to NHRMC.

Rent expense on operating leases for CHA totaled approximately \$4,887 and \$4,228 in 2014 and 2013, including payments of \$655 and \$92 to NHRMC, respectively.

LCFH leases office space under various noncancelable operating lease agreements, which expire over the next year. Rent expense related to these agreements totaled approximately \$46 and \$42 in 2014 and 2013, respectively.

LCFH also has capital leases for various pieces of equipment and vehicles. As of September 30, 2014, the leased assets had been recorded at \$167 and had accumulated amortization of \$21. A summary of capital leases obligations of LCFH is as follows at September 30, 2014:

	<u>2014</u>
Capital lease obligations, at an interest rate of 2.256% collateralized by leased equipment	<u>\$ 149</u>
Less current portion	<u>(31)</u>
Capital lease obligations, less current portion	<u><u>\$ 118</u></u>

Scheduled payments of LCFH's capital lease obligations are as follows:

Year Ending September 30,	Amount
2015	\$ 34
2016	34
2017	32
2018	23
2019	<u>35</u>
Total minimum payments	158
Less amount representing interest	<u>(9)</u>
Present value of net minimum payments	<u><u>\$ 149</u></u>

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 5. Lease Obligations and Commitments (Continued)

PMH, under an amended and restated lease agreement dated November 15, 2004, leases its main facilities and equipment and all future improvements from Pender County through 2019, with an option (at NHRMC's direction) to renew for 10 additional years. Pender County and PMH maintain a limited right under the lease agreement to terminate the lease if specified provisions cannot be cured within 180 days, provided that NHRMC shall be permitted to cure any breach on behalf of PMH within established time frames.

PMH leases additional space under a noncancelable operating lease, which expires in fiscal year 2028. In addition, PMH leases certain medical equipment under operating leases that expires between 2017 and 2018. Scheduled payments on PMH's operating lease commitments are as follows:

<u>Year Ending September 30,</u>	<u>Amount</u>
2015	\$ 347
2016	347
2017	344
2018	230
2019	197
2020-2028	<u>1,684</u>
Total minimum payments	<u>\$ 3,149</u>

Rent expense on operating leases for PMH totaled approximately \$347 and \$439 in 2014 and 2013, respectively.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities

Changes in long-term liabilities:

Long-term obligation activity for the years ended September 30, 2014 and 2013, was as follows:

NHRMC - Year Ended September 30, 2014

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Bonds payable:					
Revenue bonds	\$ 300,615	\$ -	\$ (11,615)	\$ 289,000	\$ 11,965
Less deferred amounts:					
Issuance discounts, (premiums), net	(6,776)	-	851	(5,925)	-
Total bonds payable	307,391	-	(12,466)	294,925	11,965
Capital leases (Note 5)	721	-	(484)	237	237
Supplemental retirement plans	1,753	-	(168)	1,585	-
Notes payable	3,479	-	(1,713)	1,766	1,766
Long-term obligations	\$ 313,344	\$ -	\$ (14,831)	\$ 298,513	\$ 13,968

NHRMC - Year Ended September 30, 2013

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Bonds payable:					
Revenue bonds	\$ 313,750	\$ 56,745	\$ (69,880)	\$ 300,615	\$ 11,615
Less deferred amounts:					
Issuance discounts, (premiums), net	(2,520)	(4,630)	374	(6,776)	-
Total bonds payable	316,270	61,375	(70,254)	307,391	11,615
Capital leases (Note 5)	-	1,189	(468)	721	484
Supplemental retirement plans	1,672	81	-	1,753	-
Notes payable	5,117	-	(1,638)	3,479	1,859
Long-term obligations	\$ 323,059	\$ 62,645	\$ (72,360)	\$ 313,344	\$ 13,958

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

LCFH - Year Ended September 30, 2014

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Revenue bonds	\$ 5,846	\$ -	\$ (314)	\$ 5,532	\$ 320
Notes payable	3,734	3,028	(172)	6,591	319
Capital leases (Note 5)	-	167	(18)	149	31
	\$ 9,580	\$ 3,195	\$ (504)	\$ 12,272	\$ 670

LCFH - Year Ended September 30, 2013

	Beginning Balance	Additions	Reductions	Ending Balance	Due Within One Year
Revenue bonds	\$ 6,100	\$ -	\$ (254)	\$ 5,846	\$ 313
Notes payable	3,227	2,584	(2,077)	3,734	138
	\$ 9,327	\$ 2,584	\$ (2,331)	\$ 9,580	\$ 451

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

NHRMC Bonds Payable

Series 2006, 2008, 2011, and 2013 bonds outstanding at September 30, 2014 and 2013, are as follows:

Revenue Bonds	Principal Amount	
	2014	2013
Series 2006A Hospital Revenue Bonds Serial revenue bonds with interest rates ranging from 3.0% to 5.0%, maturing annually through 2024	\$ 51,910	\$ 56,015
Series 2006B Hospital Revenue Bonds Term revenue bonds maturing in 2027, with stated interest rate of 5.0%	26,440	26,440
Term revenue bonds maturing in 2031, with stated interest rate of 5.125%	33,560	33,560
Series 2008A Variable Rate Hospital Revenue Bonds, demand obligations with mandatory redemptions annually through 2038	18,095	18,510
Series 2008B Variable Rate Hospital Revenue Bonds, demand obligations with mandatory redemptions annually through 2038	18,095	18,510
Series 2011 Revenue Bonds Serial revenue bonds with interest rates ranging from 3.0% to 5.0%, maturing annually through 2025	54,695	57,945
Term revenue bonds maturing in October 2026, with stated interest rates of 4.625% and 5.0%	7,535	7,535
Term revenue bonds maturing in October 2027, with stated interest rates of 4.625% and 5.0%	12,375	12,375
Term revenue bonds maturing in October 2028, with stated interest rates of 4.625% and 5.0%	12,980	12,980
Series 2013 Revenue Bonds Serial revenue bonds with interest rates ranging from 2.0% to 5.0%, maturing annually (beginning October 2013) through 2026	53,315	56,745
Revenue bonds payable	289,000	300,615
Unamortized premiums, net	5,925	6,776
Current portion	(11,965)	(11,615)
Total revenue bonds payable, long-term	\$ 282,960	\$ 295,776

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Series 2006 Hospital Revenue Bonds (Fixed Rates)

On September 13, 2006, NHRMC issued \$60,000 of Series 2006A Variable Rate Hospital Revenue Bonds, and \$60,000 of Series 2006B Variable Rate Hospital Revenue Bonds (collectively the 2006 Bonds) through New Hanover County for use by NHRMC. The bonds initially bore interest at an auction rate, established weekly. The bonds were issued for the purpose of providing funding, together with other available funds, to pay the costs of various construction projects including, but not limited to, the construction and equipping of a new 186,804 square foot surgical pavilion, construction and equipping of a new 194,995 square foot Women's and Children's Center, expansion and upgrading of the central energy plant, and related site work including reconfiguration of existing parking lots.

In 2009, the Series 2006A Bonds were converted from auction rate securities to fixed rate mode for a discount of approximately \$168, and the Series 2006B Bonds were converted for a premium of \$358, both of which are being amortized under the effective interest method over the life of the bonds. There was no significant economic gain or loss resulting from this transaction.

Series 2008 Variable Rate Hospital Revenue Bonds

On November 6, 2008, NHRMC issued Variable Rate Hospital Revenue Bonds (demand bonds) through New Hanover County, Series 2008A and Series 2008B (collectively, the 2008 Bonds), in the amounts of \$20,000 and \$20,000, respectively, for use by NHRMC. The bonds bear interest at a variable rate, established weekly by the applicable remarketing agents. The bonds were issued to reimburse NHRMC for certain costs associated with construction and equipping of the surgical pavilion, Women's and Children's Center, and certain facilities improvements; acquisition of certain information system equipment; and acquisition of certain operating equipment. As of September 30, 2014 and 2013, the rates on these bonds were 0.03% and 0.08%, respectively.

The 2008 Bonds are subject to purchase on the demand of the holder at a price equal to principal plus accrued interest on seven day's notice and delivery to the remarketing agent and tender agent. The remarketing agent is authorized to use its best efforts to sell the repurchased bonds at a price equal to the principal amount plus accrued and unpaid interest thereon, if any, to the purchase date.

NHRMC and the County have entered into a Reimbursement Agreement and an Irrevocable Letter of Credit with a bank under which NHRMC can draw down the funds to purchase any 2008 bonds that are tendered for purchase, to the extent that remarketing proceeds are not sufficient or available. The letter of credit expires on November 6, 2017. All unpaid drawings become due and payable upon expiration of the letter of credit in 2017. There were no unpaid drawings at September 30, 2014 or 2013. The agreement carries a variable interest rate based on the bank's prime rate or a maximum of 18%. The agreement also carries a Letter of Credit fee, payable quarterly, and required \$4,000 of NHRMC cash to be set aside for the life of the Letter of Credit. The Reimbursement agreement was amended on January 31, 2013 to remove the \$4,000 cash restriction.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Series 2011 Hospital Revenue Bonds (Fixed Rates)

On September 28, 2011, NHRMC issued \$93,965 of Series 2011 Fixed Rate Hospital Revenue Refunding Bonds through New Hanover County for use by NHRMC. The net proceeds (net of issuance costs) from the sale of the 2011 Series Bonds were used to redeem Series 1999 Bonds maturing on October 1, 2012 and thereafter (\$95,320) outstanding as of October 1, 2011. The net proceeds were held in escrow as of September 30, 2011 and then used to redeem all of the Refunded 1999 Bonds on October 1, 2011.

Interest on the Series 2011 bonds is paid at fixed rates established at the time of bond issuance. The Series 2011 bonds were originally issued at a premium of approximately \$2,651, which is being amortized under the effective interest method over the life of the bonds.

Series 2013 Hospital Revenue Bonds (Fixed Rates)

On December 14, 2005, NHRMC issued Variable Rate Hospital Revenue Refunding Bonds (demand bonds) through New Hanover County, Series 2005A-1, Series 2005A-2, Series 2005B-1 and Series 2005B-2 (collectively the 2005 Bonds), in the amounts of \$11,435, \$11,435, \$28,100 and \$28,100, respectively, for use by NHRMC. Interest on the Series 2005 bonds is set weekly at rates established by the applicable remarketing agents, not to exceed 12% per annum.

On July 18, 2013 NHRMC issued \$56,745 of Series 2013 Fixed Rate Hospital Revenue Refunding Bonds through New Hanover County. The net proceeds (net of issuance costs) from the sale of the 2013 Series Bonds were used to redeem Series 2005 Bonds totaling \$58,560 and partially terminate swaps held in connection with the Series 2005 Bonds. With the issuance of the 2013 Bonds and resulting redemption of the Series 2005 Bonds, the Standby Bond Purchase Agreement, under which the bank agreed to purchase any 2005 bonds that were tendered for purchase to the extent that remarketing proceeds were not sufficient or available, was also terminated.

Interest on the Series 2013 bonds is paid at fixed rates, established at the time of bond issuance. The Series 2013 bonds were originally issued at a premium of \$4,630, which is being amortized under the effective interest method over the life of the bonds. Additionally, NHRMC recorded a deferred outflow of resources of \$1,976 related to the refunding.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Debt Service and Covenants

Under the terms of the Bond indentures and related lease agreement with the County, the Obligated Unit (New Hanover Regional Medical Center, CHA, and PQP) is required to make semiannual debt service payments on unpaid fixed rate debt (2006, 2011, and 2013 bonds), monthly debt service payments on variable rate demand bonds (2008 bonds) and is also required to comply with certain restrictive covenants, including limitations on incurrence of additional debt, limitations on transfer of assets, and maintenance of certain measures of financial performance, including a minimum long-term debt service ratio of 1.75 and a cushion ratio of 1.75, for as long as the bonds are outstanding.

The following table sets forth on an historical basis the maximum annual long-term debt service coverage ratio as of September 30, 2014 and 2013, calculated for the Obligated Unit:

Long-term debt service coverage ratio	Years Ended September 30,	
	2014	2013
Income before capital contributions and operating transfers	\$ 68,757	\$ 49,662
Plus:		
Depreciation and amortization	47,610	44,901
Interest expense	12,507	12,817
Less:		
Unrealized Gains on Investments	11,825	2,058
Income available for debt service	<u>\$ 117,049</u>	<u>\$ 105,322</u>
Maximum annual debt service	\$ 26,707	\$ 26,707
Maximum annual debt service coverage ratio	4.38	3.94
Cushion ratio	September 30,	
	2014	2013
Cash	\$ 60,794	\$ 46,548
Designated by Board	319,272	301,150
Total unrestricted cash and investments	<u>\$ 380,066</u>	<u>\$ 347,698</u>
Maximum annual debt service	\$ 26,707	\$ 26,707
Cushion ratio	14.23	13.02

The Series 2006, 2008, 2011, and 2013 Revenue Bonds are secured by and payable from the net revenue of the Obligated Unit, the money and securities held by the trustee pursuant to the bonds, as well as the income from the temporary investment of these trustee-held funds. Substantially all of the Obligated Unit's revenues, which were \$869,578 and \$818,651 for the years ended September 30, 2014 and 2013, respectively, are security for the revenue bonds.

Total funds held by the trustee (including amounts as bond paying agent) at September 30, 2014 and 2013, were approximately \$16,863 and \$16,011, respectively.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Scheduled payments of principal and interest on bonded debt are as follows. (Interest on any variable rate bonds is included at the rates in effect as of September 30, 2014; payments are shown assuming the letter of credit for the 2008 Bonds are renewed throughout the life of the bonds.)

Fiscal Year	Principal	Interest	Total Bonded Debt Service
2015	\$ 11,965	\$ 11,547	\$ 23,512
2016	12,605	11,159	23,764
2017	13,065	10,701	23,766
2018	13,625	10,215	23,840
2019	14,095	9,747	23,842
2020 - 2024	79,000	39,692	118,692
2025 - 2029	100,015	20,717	120,732
2030 - 2034	34,270	2,709	36,979
2035 - 2039	10,360	7	10,367
	<u>\$ 289,000</u>	<u>\$ 116,494</u>	<u>\$ 405,494</u>

Interest paid related to these bonds was approximately \$12,560 and \$12,297 during fiscal years ended September 30, 2014 and 2013, respectively.

Other NHRMC Long-Term Liabilities

NHRMC has implemented the EPIC information system product suite to replace most core clinical and revenue systems. Implementation was phased in over several years, with the majority of core systems functional and the electronic medical record in place during fourth quarter fiscal year 2012. With the EPIC product, NHRMC meets the requirements necessary to qualify for Meaningful Use stimulus incentives available through the federal government. See Note 2 for additional discussion on Meaningful Use Stimulus funds.

Pricing for product licensing and annual maintenance of the EPIC suite is based on current volume expectations; subscription fees are incurred per user or per usage, depending on the specific system component.

Long-term financial commitments include a financing agreement with EPIC System Corporation related to implementation of the product, and annual maintenance agreements and subscription fees required for continued use of the product suite. NHRMC management plans to continue use of the EPIC system for no less than 10 years. The financing agreement requires 59 monthly installment payments to be made between November 2010 and September 2015. The net present value of the remaining payments under the agreement using a 4.5% discount rate is approximately \$1,766 at September 30, 2014. As of September 30, 2014, the entire amount of \$1,766 is reflected in notes and bonds payable, current portion. If volumes dictate an increase in cost, this increase will be invoiced over the remaining payments due.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Lower Cape Fear Hospice 2007 Bonds

During the year ended September 30, 2008, LCFH issued \$4,000 of Series 2007 Variable Rate Health Care Facility Revenue Bonds (the LCFH 2007 Bonds) through the North Carolina Medical Care Commission for use by LCFH. The bonds bear interest at a variable rate of LIBOR plus 1.9%, determined weekly. The bond funds were used to finance construction on a new administrative building in Wilmington, North Carolina, which was completed during fiscal year 2009. Repayment of principal is due annually through October 2027. The LCFH 2007 Bonds are secured by a letter of credit from a bank. Under the terms of the bond, LCFH is required to maintain a minimum long-term debt service coverage ratio of 1.2, LCFH is required to maintain a maximum debt to net position ratio of 0.75 to 1.0; LCFH is required to maintain a cash flow coverage ratio of 1.25 to 1.0; and LCFH's total net position must be more than \$9 million. As of September 30, 2014, LCFH was in compliance with those covenants.

Lower Cape Fear Hospice 2011 Bonds

During the year ended September 30, 2011, LCFH issued \$3,400 of Series 2011 Variable Rate Health Care Facility Revenue Bonds (the LCFH 2011 Bonds) through the North Carolina Medical Care Commission for use by LCFH. The bonds bear interest at a variable rate of 78% of LIBOR plus 1.3%, adjusted monthly. The bond funds were used to finance construction of an inpatient facility in Brunswick County, North Carolina. Repayment of principal is due annually through April 2029. Under the terms of the bond, LCFH is required to maintain a minimum long-term debt service coverage ratio of 1.2. As of September 30, 2014, LCFH was in compliance with those covenants.

During the year ended September 30, 2011, LCFH entered into an interest rate protection transaction. The agreement insures that LCFH's effective interest rate on the 2011 Bonds will not exceed 3.7% through April 13, 2018.

Scheduled payments of principal and interest on the LCFH 2007 and 2011 Bonds are as follows. (Interest on any variable rate bonds is included at the rates in effect as of September 30, 2014):

Fiscal Year	Principal	Interest	Total Bonded Debt Service
2015	\$ 320	\$ 89	\$ 409
2016	325	84	409
2017	332	79	411
2018	334	74	408
2019	339	68	407
2020 - 2024	1,895	248	2,143
2025 - 2029	1,987	70	2,057
	<u>\$ 5,532</u>	<u>\$ 712</u>	<u>\$ 6,244</u>

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 6. Bonds Payable and Other Long-Term Liabilities (Continued)

Lower Cape Fear Hospice Notes Payable

During the year ended September 30, 2009, LCFH converted short-term debt into a long-term loan with financing provided by USDA Rural Development. The funds were used to construct an inpatient facility in Whiteville, North Carolina. The total amount of the loan was approximately \$2,071. This loan was refinanced in July 2013. The original amount was \$2,000. The loan has a fixed interest rate of 3.45% and matures in August 2028. The loan is carried on the financial statements as of September 30, 2014 at approximately \$1,926. The Whiteville Care Center serves as collateral.

During the year ended September 30, 2012, LCFH borrowed \$1,230 from First Citizens Bank to purchase land adjacent to its other facilities. The loan has a fixed interest rate of 3.35% and a repayment of 15 years. The loan is carried on the financial statements as of September 30, 2014 at approximately \$1,086. The land serves as collateral.

During the year ended September 30, 2014, LCFH obtained a construction loan from First Citizens Bank with a maximum draw of \$4,000 for the expansion and renovation of the Wilmington inpatient facility and for site parking and service road additions on the Wilmington campus. The construction began in 2013, resulting in a drawn down balance at September 30, 2014 of \$2,830. This loan is interest only for the first 12 months. The loan has a fixed interest rate of 3.45% and a maturity date of August 2028.

During the year ended September 30, 2014, LCFH acquired Mercy Care of Horry County, and assumed a mortgage loan on its facility on Devon Court, Myrtle Beach, South Carolina. The mortgage loan is from Wells Fargo, and has a fixed interest rate of 3.9% and matures in May 2018. The loan is carried on the financial statements as of September 30, 2014 at approximately \$749.

Scheduled principal repayment on these notes payables are as follows:

Fiscal Year	Amount
2015	\$ 319
2016	330
2017	342
2018	951
2019	326
Thereafter	4,323
	6,591
Less current portion	(319)
	\$ 6,272

**New Hanover Regional Medical Center
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**Notes to Financial Statements
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Note 7. Derivative Investments

NHRMC has the following interest rate swap agreements:

As of September 30, 2014							
Associated Bond Issues	Notional Amount	Start Date	End Date	NHRMC Pays	NHRMC Receives	Fair Value as of 9/30/14	Change in Fair Value for the year ended 9/30/14
Series 2008A-1	\$ 7,240	December 14, 2005	October 1, 2023	3.593%	70% of LIBOR	\$ (743)	\$ 150
Series 2008A-2	7,225	December 14, 2005	October 1, 2023	3.593%	70% of LIBOR	(743)	150
Series 2008B-1	20,280	December 14, 2005	October 1, 2026	3.618%	70% of LIBOR	(2,517)	244
Series 2008B-2	1,445	December 14, 2005	October 1, 2026	3.618%	70% of LIBOR	(1,175)	(318)
				Wtd avg BMA Muni Bond Swap	73.87% of Wtd avg LIBOR		
Basis Swap	50,000	January 25, 2002	October 21, 2021	Index		(402)	245
						<u>\$ (5,580)</u>	

As of September 30, 2013							
Associated Bond Issues	Notional Amount	Start Date	End Date	NHRMC Pays	NHRMC Receives	Fair Value as of 9/30/13	Change in Fair Value for the year ended 9/30/13
Series 2008A-1	\$ 7,825	December 14, 2005	October 1, 2023	3.593%	70% of LIBOR	\$ (893)	\$ 430
Series 2008A-2	7,730	December 14, 2005	October 1, 2023	3.593%	70% of LIBOR	(893)	427
Series 2008B-1	21,465	December 14, 2005	October 1, 2026	3.618%	70% of LIBOR	(2,761)	1,428
Series 2008B-2	-	December 14, 2005	October 1, 2026	3.618%	70% of LIBOR	(857)	3,331
				Wtd avg BMA Muni Bond Swap	73.87% of Wtd avg LIBOR		
Basis Swap	50,000	January 25, 2002	October 21, 2021	Index		(647)	101
						<u>\$ (6,051)</u>	

Swaps associated with 2005 and 2008 bonds

As a means to lower its borrowing costs when compared against fixed-rate bonds at the time of the issuance of the Series 2005 Variable Rate Hospital Revenue Refunding Bonds, NHRMC entered into two separate interest rate swaps in connection with the bonds.

With the issuance of the 2013 Bonds to redeem the Series 2005 Bonds, NHRMC partially terminated swaps held in connection with the Series 2005 Bonds. The remaining swaps totaling \$37,000 were restructured to hedge the Series 2008 Bonds until 2026.

The terms, fair values, and underlying bond issues of the outstanding swaps as of September 30, 2014 and 2013 are shown in the table above (in thousands). The notional amounts of the swaps approximate the principal amounts of the associated debt.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
(Dollars in Thousands)**

Note 7. Derivative Investments (Continued)

During the year ended September 30, 2013, the swaps were restructured in conjunction with the issuance of the 2013 Bonds, the remaining swaps held to hedge the Series 2008 Bonds were determined to be ineffective hedging derivative instruments under the provisions of GASB 53. Therefore, the entire fair value of the ineffective swaps in the amount of \$5,404 as of September 30, 2013 was recorded as a component (a decrease) of net increase in fair value of investments in the statement of revenues, expenses, and changes in net position. For the year ended September 30, 2014, the net change in fair value of \$226 has been recorded as a component of net (decrease) increase in fair value of investments in the statement of revenues, expenses and changes in net position.

As a result of the negative position, NHRMC is not exposed to credit risk at September 30, 2014. However, should interest rates change and the fair value of the swap become positive, NHRMC would be exposed to credit risk in the amount of the swap's fair value.

NHRMC or the counterparties may terminate the swap if the other party fails to perform under the terms of the contract or there is a termination event, as defined in the contract. If the swaps are terminated, the variable rate bonds would no longer carry a synthetic interest rate. Also, if at the time of termination the swaps have negative fair values, NHRMC would be liable to the counterparties for payments equal to the swaps' fair values.

Basis Swap

During fiscal year 2002, NHRMC entered into a 19-year interest rate swap (basis swap) agreement, with a notional amount of \$50 million related to its Series 1999 Hospital Revenue Bonds. NHRMC's objective was to have a mixture of fixed- and variable-rate debt to take advantage of market fluctuations. Because NHRMC anticipated that interest rates might decline, NHRMC decided to synthetically create variable-rate debt by entering into a derivative. Terms of the rate swap agreement is described below.

Based on the swap agreement, NHRMC owes the counterparty interest calculated at a variable rate of the weighted-average BMA Municipal Bond Swap Index to the counterparty to the swap. In return, the counterparty owes NHRMC interest based on 73.875% of weighted-average one month US LIBOR. Under the swap agreement, only the net difference in the interest payments is actually exchanged with the counterparty. Settlement payments under the swap agreement are exchanged semi-annually. The notional amounts are not exchanged; they are only the basis on which the interest payments are calculated.

As of September 30, 2014 and 2013, the basis swap has an estimated negative fair value of approximately \$402 and \$647, respectively, which is recorded as a liability for interest rate swap agreements in the statement of net position. Under the provisions of GASB 53, the basis swap qualifies as an investment derivative instrument and therefore, changes in fair value of \$245 and \$101 for the years ended September 30, 2014 and 2013, respectively, have been recorded as a component of net (decrease) increase in fair value of investments in the statement of revenues, expenses and changes in net position.

As a result of the negative position, NHRMC is not exposed to credit risk at September 30, 2014. However, should interest rates change and the fair value of the swap become positive, NHRMC would be exposed to credit risk in the amount of the swap's fair value. NHRMC's objective for holding the basis swap was to preserve short-term cash resources in a market that was not favorable to the performance of the basis swap. NHRMC or the counter-party may terminate the swap if the other party fails to perform under the terms of the contract. If, at the time of the termination, the swap has a negative fair value, NHRMC would be liable to the counterparty for a payment equal to the swap's fair value.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
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Note 7. Derivative Investments (Continued)

LCFH Swap

LCFH hedged \$2,000 of its interest rate exposure associated with the LCFH 2007 Bonds through an interest rate swap agreement with a bank. As of September 30, 2014 and 2013, the \$1,650 and \$1,750 notional amounts, respectively, are hedged at an interest rate of 3.885%. Based on market tax exempt interest rates of about .041% and .062%, the present value of cash payment under the swap arrangement is a negative position of approximately \$216 and \$221 as of September 30, 2014 and 2013, respectively, which is recognized as a liability. The objective of the swap agreement was to effectively change one half of the LCFH 2007 Bonds' variable rate to a fixed rate of 3.885%, to provide LCFH with a reduced possibility of a negative budget outcome. This swap has been effective from inception through September 30, 2014. The term of the LCFH 2007 Bonds and the swap are essentially the same, 20 years.

Credit Risk. The counterparty carries a guarantee by an entity rated A1 by Moody's Investors Service, A by Standard & Poor's, and A+ by Fitch Ratings.

Basis Risk. All interest rates in the swap are based on BMA and no basis risk exists.

Termination Risk. If at the time of termination the swap has a negative fair value, LCFH would be liable to the counterparty for a payment equal to the swap's fair value.

Fiscal Year	Series 2007 Variable Rate Bonds		Interest Rate		Total
	Principal	Interest	Swaps, Net		
2015	\$ 200	\$ 2	\$ 140	\$	342
2016	200	2	131		333
2017	200	2	122		324
2018	200	2	112		314
2019	200	1	103		304
2020 - 2024	1,100	5	381		1,486
2025 - 2027	1,200	1	134		1,335
	<u>\$ 3,300</u>	<u>\$ 15</u>	<u>\$ 1,123</u>	<u>\$</u>	<u>4,438</u>

**New Hanover Regional Medical Center
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**Notes to Financial Statements
(Dollars in Thousands)**

Note 8. Transactions with Health Sciences Foundation, Inc.

During the years ended September 30, 2014 and 2013, Health Sciences Foundation, Inc., d/b/a South East Area Health Education Center (SEAHEC), was affiliated with NHRMC and the University of North Carolina as SEAHEC leased space from NHRMC for its operations and reimbursed NHRMC for a portion of its medical resident salaries. NHRMC paid SEAHEC for educational services provided to its employees and subsidized the SEAHEC medical education program and family practice program. NHRMC also paid SEAHEC for various contracted medical services not related to medical education programs, such as physician trauma coverage, neonatal and pediatric specialty services.

On October 1, 2014, SEAHEC operations were merged into the operations of NHRMC. The merger resulted in the transfer by SEAHEC of its net assets to NHRMC as outlined in the Integration Agreement dated September 24, 2014. On November 14, 2014, \$8,153 of restricted cash and investments were transferred to the NHRMC Foundation.

Note 9. Risk Management

NHRMC, CHA, LCFH, and PMH are exposed to various risks of loss in the ordinary course of business as a result of torts, theft of, damage to, or destruction of assets, business interruption, allegations of medical malpractice (hospital professional liability), natural disasters, employee and officer errors and omissions, and employee workers' compensation and medical claims.

NHRMC purchases commercial insurance coverage against risk of loss due to errors and omissions, fiduciary liability, property damage and theft, pollution liability and various other insurable risks. NHRMC carries property insurance in the amount of \$750,000 for 2014 and 2013 with a deductible of \$100 for all perils except named windstorm. For 2014 and 2013, the minimum deductible for named storm is \$5,000 per location, with a maximum deductible of \$25,000 per location. For 2014 and 2013, NHRMC was self-insured for workers' compensation and employer's liability up to \$350 per claim. A specific limit of \$25,000 applies to worker's compensation. For 2014 and 2013, NHRMC was also self-insured for professional liability and general liability claims up to \$5,000. There was a \$20,000 annual aggregate in 2014 and 2013. In both 2014 and 2013, hospital professional liability and general liability stop loss coverage is on a claims made basis; general liability is written on an occurrence basis. Excess commercial insurance is purchased to provide coverage above the self-insured retention levels for hospital professional liability and general liability. NHRMC is fully self-insured for hospital professional liability claims incurred prior to June 25, 2002, but not reported as of that date. No payments have exceeded insurance coverage in the past three fiscal years where insurance coverage applies, subject to the deductibles and retentions noted above. NHRMC is self-insured for employee medical claims up to \$350 per individual, excluding costs associated with domestic claims (claims for services provided at NHRMC).

NHRMC records an estimated liability for unpaid medical claims based upon reserve amounts and/or historical trends calculated by the third party administrators of the plans. The liabilities for workers' compensation, hospital professional liability and general liability claims are accrued at estimated amounts as determined by a third party actuary.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
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Note 9. Risk Management (Continued)

Following is a reconciliation of changes in NHRMC's recorded aggregate liability for claims, which is included in professional liability claims and other self-funded liabilities.

	Years Ended September 30,		
	2014	2013	2012
Beginning liability	\$ 28,099	\$ 27,957	\$ 29,779
Provisions for claims	50,400	55,116	52,956
Payments for claims	(47,565)	(52,848)	(52,791)
Administrative fees	(2,676)	(2,126)	(1,987)
Ending liability	\$ 28,258	\$ 28,099	\$ 27,957

The combined component units' risk management disclosures are not considered significant to the reporting entity.

Note 10. Pension and Supplemental Retirement Plan Obligations

NHRMC and PMH provide defined benefit pension plans, which are summarized as follows:

NHRMC Plan Description: NHRMC sponsors and has fiduciary responsibility for The Pension Plan of New Hanover Regional Medical Center (the NHRMC Plan). The Plan was originally effective June 14, 1967, and was most recently amended in December 2012 to comply with the Heroes Earnings Assistance and Relief Tax Act of 2008. The Plan is a single employer plan, covering all employees of NHRMC (including Foundation) and certain employees of CHA who meet eligibility requirements.

An employee is eligible to participate in the plan upon completion of 1,000 hours of service in a plan year. Employees may retire with unreduced retirement benefits upon attainment of the age of 65 (if participation in the plan was prior to January 1, 1988) or the later of age 65 or completion of five years of participation (if participation in the plan was on or after January 1, 1988). Employees hired prior to January 1, 2001 who retire under the above conditions are entitled to annual retirement benefits equal to 1.25% of their average compensation times the years of service up to 30 years and .65% of the excess, if any, of the average compensation over Social Security covered compensation, times the years of service up to 30 years. Employees hired on or after January 1, 2001, who retire under the above conditions are entitled to annual retirement benefits equal to .75% of their average compensation times the years of service up to 30 years and .65% of the excess, if any, of the average compensation over Social Security covered compensations, times the years of service up to 30 years. The average compensation is the average salary of the employee during the 5 highest paid consecutive calendar years of creditable service during the 10 calendar years preceding the employee's retirement date. Employees may retire with reduced retirement benefits after reaching age 55 and completing 5 years of creditable service. Plan provisions also include death and disability retirement benefits, whereby the disabled employee is entitled to receive their normal retirement benefit accrued up to the date of disability retirement. Upon death of an employee before retirement, benefit payments will be paid to the surviving spouse, if any. If there is no surviving spouse, the death benefit will be split among surviving children or paid to a designated beneficiary. Upon the death of an employee after retirement, benefit payments will be distributed in accordance with the method elected by the employee.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 10. Pension and Supplemental Retirement Plan Obligations (Continued)

The Plan issues a separate, stand-alone financial report that can be obtained by contacting the office of the Executive Vice President/CFO, P.O. Box 9000, Wilmington, North Carolina 28402. The Plan was created by act of the Trustees of New Hanover Regional Medical Center, who have the authority to amend or terminate the Plan.

Funding Policy: The contribution requirements of the contributing employers to the NHRMC plan are established by the Plan document and determined annually by NHRMC based on actuarial recommendations.

Annual Pension Cost and Net Pension Asset: NHRMC's annual pension cost and net pension asset were as follows for the years ended September 30, 2014 and 2013:

	2014	2013
Annual required contribution	\$ (8,422)	\$ (8,842)
Interest on net pension asset	328	330
Adjustment to annual required contribution	(345)	(346)
Annual pension cost	(8,439)	(8,858)
Contributions made	(8,422)	(8,842)
Decrease in net pension asset	(17)	(16)
Net pension asset, beginning of year	4,380	4,396
Net pension asset, end of year	\$ 4,363	\$ 4,380

The annual required contribution for the basic plan for the 2014 year was determined as part of the January 1, 2013 actuarial valuation. The actuarial assumptions included (a) 7.5% investment rate of return (net of administrative expenses) and (b) projected salary increases of 4% per year. Both (a) and (b) included an inflation component of 3%. The assumptions did not include post retirement benefit increases. The actuarial value of assets is valued at a market-related value that spreads gains and losses over 5 years. The actuarial funding method is currently the Projected Unit Credit Method. The 22% corridor limit for asset smoothing will be reduced by 2% per year until 20% and the amortization period is 30 years. The annual contributions for NHRMC for the years ended September 30, 2014 and 2013 were approximately \$8,422 and \$8,842, respectively.

Significant Accounting Policies of the Plan: The Plan prepares its financial statements on the accrual basis of accounting. Employer contributions are recognized when due and receivable. Distributions to participants are recognized when due and payable in accordance with the terms of the Plan. Investments are valued at fair value based on quoted market prices. The Plan's fiscal year end is December 31.

**New Hanover Regional Medical Center
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**Notes to Financial Statements
(Dollars in Thousands)**

Note 10. Pension and Supplemental Retirement Plan Obligations (Continued)

The Three-Year Trend Information is as follows:

Employer Contributions:

Fiscal Year Ended	Annual Pension Cost (APC)	Percent of APC Contributed	Net Pension Asset
9/30/2012	\$ (10,610)	100%	\$ 4,396
9/30/2013	(8,858)	100%	4,380
9/30/2014	(8,439)	100%	4,363

Funded Status and Funding Progress:

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (a - b)	Funded Ratio (a/b)	Annual Covered Payroll (c)	Deficit as a Percentage of Covered Payroll ((a - b) / c)
1/1/2012	\$ 177,056	\$ 201,062	\$ (24,006)	88%	\$ 214,146	-11.21%
1/1/2013	181,308	201,987	(20,679)	90%	234,391	-8.82%
1/1/2014	196,826	232,802	(35,976)	85%	244,481	-14.72%

**New Hanover Regional Medical Center
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**Notes to Financial Statements
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Note 10. Pension and Supplemental Retirement Plan Obligations (Continued)

PMH Plan Description: PMH sponsors a single-employer, non-contributory defined benefit pension plan covering substantially all employees. The Plan was originally effective January 1, 1970, and was most recently amended and restated effective January 1, 2009. All employees having completed 2 years of service who are at least 21 years old and work a minimum of 1,000 hours annually are eligible to participate in the Plan. Retirement benefits under the Plan are based upon earnings and number of years of service of Plan participants. Employer benefits vest to 100 percent after 5 years of service. Employees hired prior to January 1, 1992 who retire under the above conditions are entitled to annual retirement benefits equal to 1% of their 1991 annual benefit compensation as defined by the Plan times the years of service prior to January 1, 1992 and .5% of their 1991 annual benefit compensation in excess of \$9 times the years of service after January 1, 1992. Personnel employed on or after January 1, 1992, who retire at or after age 65 with 5 years of credited service are entitled to an annual retirement benefit, payable monthly for a maximum of 35 years based on service to normal retirement date, in an amount equal to .75% of their average compensation as defined by the Plan and .65% of average compensation in excess of the applicable covered compensation for Social Security purposes for each year of credited service after December 31, 1991. Credited service for the .5% and .65% portions is limited to a maximum of 35 years. Employees may retire with reduced retirement benefits after reaching age 60 and completing 10 years of creditable service. The Plan also provides a death benefit for surviving spouses of vested employees.

The Plan issues a separate, stand-alone financial report that can be obtained by contacting the office of the Financial Officer, 507 E. Fremont Street, Burgaw, North Carolina, 28425.

Funding Policy: The contribution requirements of the contributing employer to the Plan are established by the Plan document and determined annually by PMH based on actuarial recommendations. Employee contributions were required prior to January 1, 1992, based on 3% of their annual salary up to \$9 and 4.5% of annual salary over \$9. No employee contributions are required or permitted after 1991.

Annual Pension Cost and Net Pension Obligation: PMH's annual pension cost and net pension obligation were as follows for the years ended September 30, 2014 and 2013:

Annual required contribution	\$	(362)	\$	(349)
Interest on net pension obligation		(17)		(17)
Adjustment to annual required contribution		18		18
Annual pension cost		<u>(361)</u>		(348)
Contributions made		(362)		(349)
Other		-		(1)
Decrease in net pension obligation		1		2
Net pension obligation beginning of year		<u>(229)</u>		(231)
Net pension obligation end of year	\$	<u>(228)</u>	\$	<u>(229)</u>

**New Hanover Regional Medical Center
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(Dollars in Thousands)**

Note 10. Pension and Supplemental Retirement Plan Obligations (Continued)

The annual required contribution for the basic plan for the 2014 year was determined as part of the January 1, 2013 actuarial valuation. The actuarial assumptions included (a) 7.5% investment rate of return (net of administrative expenses) and (b) projected salary increases of 4% per year. Both (a) and (b) included an inflation component of 3%. The assumptions did not include post retirement benefit increases. The actuarial value of assets was determined using the market value of investments. The actuarial funding method is currently the Projected Unit Credit Method. The amortization period for the 20% corridor limit is 30 years. The annual contributions for PMH for the years ended September 30, 2014 and 2013 were approximately \$362 and \$349, respectively.

The Three-Year Trend Information is as follows:

Employer Contributions:

Fiscal Year Ended	Annual Pension Cost (APC)	Percent of APC Contributed	Net Pension Obligation
9/30/2012	\$ (358)	100%	\$ (231)
9/30/2013	(348)	100%	(229)
9/30/2014	(361)	100%	(228)

Funded Status and Funding Progress:

Actuarial Valuation Date	Actuarial Value of Assets (a)	Actuarial Accrued Liability (AAL) (b)	Unfunded AAL (a - b)	Funded Ratio (a/b)	Annual Covered Payroll (c)	Deficit as a Percentage of Covered Payroll ((a - b) / c)
1/1/2012	\$ 3,739	\$ 5,068	\$ (1,329)	74%	\$ 8,372	-15.87%
1/1/2013	3,921	5,386	(1,465)	73%	8,736	-16.77%
1/1/2014	4,314	7,143	(2,829)	60%	9,515	-29.73%

Supplemental Retirement Plans:

NHRMC offers all employees a retirement plan created in accordance with the Internal Revenue Code, Section 457(b). NHRMC is not required to match employee contributions or make employer contributions to the plan. In accordance with the provisions of GASB Statement 32, plan balances and activities are not reflected in NHRMC's financial statements.

In addition, NHRMC offers 2 supplemental retirement plans under IRC Section 457(f) to certain eligible employees. NHRMC has recorded a liability of approximately \$1,350 and \$1,518 as of September 30, 2014 and 2013, respectively, in accordance with the provisions of these plans.

NHRMC has assumed assets and liabilities of the former Cape Fear Memorial Hospital, Inc. deferred compensation plan. The assets are valued at fair value as of the statement of net position date. There are no additional deferrals being made to the plan and no active employees participating.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 11. Defined Contribution Retirement Plans

NHRMC offers a defined contribution plan under IRS code section 403(b) which is available to all employees and administered by AIGValic. Under provisions of the Plan document, NHRMC matches employee contributions according to a Plan formula, which is weighted for years of service. This match was suspended in January 2010. Employee contributions vest when made, employer contributions vest after three calendar years of service with 1,000 hours worked in each year.

Employee optional contributions totaled approximately \$8,956 and \$8,454, for the years ended September 30, 2014 and 2013, respectively. Employee contribution percentages were 3.37% and 3.33% of total payroll for the years ended September 30, 2014 and 2013, respectively. There were no employer matching contributions by NHRMC for the years ended September 30, 2014 and 2013.

CHA offers a defined contribution plan under IRS code section 403(b) which is available to all employees and administered by AIGValic. Under provisions of the Plan document, CHA matches employee contributions according to a Plan formula, which is weighted for years of service. Employee contributions vest when made, employer contributions vest after 3 calendar years of service with 1,000 hours worked in each year.

CHA employer required and actual matching contributions totaled approximately \$369 and \$325, and employee optional contributions totaled approximately \$670 and \$605, for the years ended September 30, 2014 and 2013, respectively. Employer matching contribution percentages were 1.99% and 1.98%, and employee contribution percentages were 3.61% and 3.68% of total payroll for the years ended September 30, 2014 and 2013, respectively.

As of January 1, 2009, LCFH adopted a defined contribution plan under IRS code section 403(b) and an elective deferral plan. The plans cover qualified employees of LCFH, which are generally all employees. LCFH can match contributions to the 403(b) plan, but is not required to do so. Employer contributions vest after 3 complete years of service. Employer contributions to these plans for the years ended September 30, 2014 and 2013 were \$783 and \$691, respectively.

PMH offers a defined contribution plan under IRS code section 403(b), which is available to all employees and is administered by AIGValic. There is no match made by PMH; all contributions are made by employees only. Employee contributions vest when made.

Note 12. Investment in Affiliates

In February 2005, NHRMC entered into a joint venture agreement to form South Atlantic Radiation Oncology, LLC (SARO). NHRMC has committed to contribute capital for 50% ownership in the joint venture. South Atlantic Radiation Oncology, LLC was formed to provide essential radiation oncology services for patients in Southeastern North Carolina.

In March 2005, NHRMC invested in Atlantic Surgicenter, LLC (Surgicenter), a joint venture formed to operate a freestanding ambulatory surgery center consisting of four general operating rooms and one non-licensed procedure room, located in New Hanover County, North Carolina. Annually, NHRMC invests additional funds as needed to maintain its 40% ownership in the joint venture. In June 2012, resolutions were adopted by the members of the joint venture resulting in an increase in NHRMC ownership in the joint venture to 46% with additional capital contribution of \$767. In January 2014, the Surgicenter entered into a loan agreement with First Citizens Bank & Trust Company in the amount of \$2,400, and NHRMC signed as the guarantor. NHRMC has guaranteed a portion of the debt up to their ownership percentage in the joint venture.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 12. Investment in Affiliates (Continued)

On October 1, 2012, NHRMC and Atlantic Surgicenter, LLC entered into a Facility and Services Agreement whereby the Surgicenter will provide NHRMC with the space, equipment, and services to operate the ambulatory surgical facility as a hospital-based facility.

Also in 2005, NHRMC entered into a joint venture agreement to form Porters Neck Imaging, LLC (PNI), committing to contribute capital for a 50% ownership in the joint venture. PNI was formed to provide mobile MRI services to New Hanover and surrounding counties.

In April 2007, NHRMC entered into a joint venture agreement to form Doshier/NHRMC, LLC. NHRMC has committed to contribute capital for a 50% ownership in the joint venture. The purpose of the joint venture is to operate healthcare related facilities and provide healthcare services in Brunswick County, North Carolina in a manner that furthers the charitable and tax-exempt purposes of the members.

In March 2012, NHRMC entered into a joint venture agreement to acquire and maintain a 10% ownership in the newly formed company, Assuring Affordable, Quality Healthcare in North Carolina, LLC (AAQHNC). This company conducts advocacy activities in support of North Carolina state laws that are designed to ensure access to safe, affordable, quality healthcare.

A summary of NHRMC's joint venture and other affiliate investment activity as of and for the years ended September 30, 2014 and 2013, is as follows:

							2014			
	Ownership Percentage	Method of Accounting	Net Income (Loss)	Investment as of September 30	2014 Capital Contributions	2014 Distributions Received	Cumulative Contributions (net of distributions received)			
SARO	50%	Equity	\$ 520	\$ 155	\$ -	\$ 488				
Surgicenter	46%	Equity	263	396	-	-				
PNI	50%	Equity	403	362	-	348				
Doshier/ NHRMC	50%	Equity	(2)	89	-	-				
AAQHNC	10%	Equity	(1)	10	-	-				
PQP	100%	Equity	(426)	574	1,000	-				
							2013			
	Ownership Percentage	Method of Accounting	Net Income (Loss)	Investment as of September 30	2013 Capital Contributions	2013 Distributions Received	Cumulative Contributions (net of distributions received)			
SARO	50%	Equity	\$ 491	\$ 123	\$ -	\$ 478				
Surgicenter	46%	Equity	89	138	161	-				
PNI	50%	Equity	592	307	-	595				
Doshier/ NHRMC	50%	Equity	(6)	91	-	-				
AAQHNC	10%	Equity	(4)	11	-	-				

All investments noted above are included in the Investment in affiliates in the statements of net position. The net income (loss) of all equity investments is included in equity in net income of joint ventures in the statements of revenues, expenses and changes in net position.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 13. Contingencies

NHRMC is aware of various asserted and unasserted claims. Management has been unable to reasonably estimate the amount of the loss, if any, relative to these claims, since the ultimate resolution of these matters will be dependent upon future events. Management feels that these claims can be successfully defended and intends to resist the allegations of these matters in every way and does not plan to seek out-of-court settlements. In the event that judgments adverse to their interests should be rendered, management feels any liability will be fully covered by existing insurance or not be material to the financial statements.

NHRMC strives to be paid appropriately for services it provides, but third-party payors continue to provide lower rates of payments. In recent years, there have been numerous federal legislative and administrative actions, including the Health Care Reform Act, that have reduced the rate of increase in Medicare payments to hospitals and other health care providers. The federal government has also reduced the share of federal matching payments made to the states to subsidize the cost of Medicaid. Accordingly, NHRMC funding from Medicare and Medicaid is likely to be reduced.

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. NHRMC believes that they are in compliance with all applicable laws and regulations and are not aware of any significant pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties and exclusion from the Medicare and Medicaid programs.

NHRMC entered into an agreement with a consulting firm during the year ended September 30, 2014 to achieve cost savings and operating efficiencies. As of September 30, 2014, maximum remaining payments total \$12,508, of which \$2,858 is guaranteed and \$9,650 is contingent. Contingent fees are based on a percentage of cost savings achieved by the consulting firm, and could range between \$0 and \$9,650.

Note 14. Physician Practice Management Commitments

CHA has engaged Carolinas Physician Network (CPN), a physician practice network within the nonprofit corporation of Carolinas HealthCare Systems, through contractual agreements, to operate and manage each of the medical practices owned by CHA and provide certain professional medical services for each of those practices. CPN provides physicians and mid-level providers to operate each of the medical practices owned by CHA and provides certain professional medical services for each of those practices. In exchange, CHA pays a flat annual fee adjusted annually to equal the estimated compensation of the Practice Providers. In its role as manager, CPN provides management and billing services, practice acquisition services, provider recruiting, and access to its practice management system. Fees under the management agreement are based on the number and specialties of the practices. The Management Services and Professional Services Agreements, amended in 2014, expires in 2015 and may be renewed for successive one year terms. During the years ended September 30, 2014 and 2013, CHA paid \$66,683 and \$58,902, respectively, to CPN under these agreements, including \$56,590 and \$50,597, respectively, for physician fees, and \$10,093 and \$8,305, respectively, for all other administrative services.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to Financial Statements
(Dollars in Thousands)**

Note 15. Pending GASB Statements

The Governmental Accounting Standards Board (GASB) has issued several pronouncements prior to September 30, 2014 that have effective dates that may impact future financial presentations.

In June 2012, GASB issued GASB Statement 67, *Financial Reporting for Pension Plans, an Amendment of GASB Statement 25*. The objective of this Statement is to improve financial reporting by state and local pension plans. This Statement and Statement 68 establish a definition of a pension plan that reflects the primary activities associated with the pension arrangement – determining pensions, accumulating and managing assets dedicated for pensions, and paying benefits to plan members as they come due. The provisions of this Statement are effective for financial statements for periods beginning after June 15, 2013, with earlier application encouraged. The Pension Plan of NHRMC and the PMH Plan will implement changes necessary to adopt GASB 67 with their December 31, 2014 financial statements which will be included in NHRMC's September 30, 2015 financial statements.

In June 2012, GASB issued GASB Statement 68, *Accounting and Financial Reporting for Pensions, an Amendment of GASB Statement 27*. The objectives of this Statement include improving the accounting and financial reporting by state and local governments for pensions, and improving information provided by state and local governmental employers about financial support for pensions that is provided by other entities. This Statement and Statement 67 establish a definition of a pension plan that reflects the primary activities associated with the pension arrangement – determining pensions, accumulating and managing assets dedicated for pensions, and paying benefits to plan members as they come due. The provisions of this Statement are effective for financial statements for periods beginning after June 15, 2014, with earlier application encouraged. Preliminary calculations provided by the Actuary estimate that the net pension liability to be recognized by NHRMC is \$50,232 and \$3,305 by PMH as of October 1, 2014.

In January 2013, GASB issued GASB Statement 69, *Government Combinations and Disposals of Government Operations*. This standard provides detailed requirement for the accounting and disclosures required for various types of government combinations, such as mergers, acquisitions and transfers of operations. The provisions of this Statement are effective for financial statements beginning after December 15, 2013. NHRMC will report transactions associated with the merger of Health Sciences Foundation, Inc. (see Footnote 8) as of October 1, 2014 in conformity with the requirements of GASB 69.

In April 2013, GASB issued GASB Statement 70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*. The standard addresses the accounting and disclosures required when a government offers a financial guarantee on behalf of another government, not-for-profit organization, private entity or individual without directly receiving equal or approximately equal value in exchange (a nonexchange transaction). Management does not expect GASB 70 to have any significant impact on its financial statements.

In November 2013, GASB issued GASB Statement 71, *Pension Transition for Contributions Made Subsequent to the Measurement Date*. The standard amends Statement No. 68 to require that, at transition, a government recognize a beginning deferred outflow of resources for its pension contributions, if any, made subsequent to the measurement date of the beginning net pension liability. It is not anticipated that NHRMC will be impacted by GASB 71.

Supplementary Information

**New Hanover Regional Medical Center
Combining Statements of Net Position
(Dollars in Thousands)**

	September 30, 2014				September 30, 2013			
	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	Eliminating Entries	NHRMC	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	Eliminating Entries	NHRMC
ASSETS								
Current assets								
Cash and cash equivalents	\$ 54,383	\$ 2,732	\$ -	\$ 57,115	\$ 45,217	\$ 2,219	\$ -	\$ 47,436
Assets limited as to use:								
Cash equivalents held by bond paying agent	16,863	-	-	16,863	16,011	-	-	16,011
Cash for debt service-not held by bond paying agent	948	-	-	948	910	-	-	910
Cash equivalents and investments for the future payment of claims liabilities	21,755	-	-	21,755	21,671	-	-	21,671
Receivables:								
Patient accounts, less allowance for bad debts	109,434	-	-	109,434	99,871	-	-	99,871
Estimated third-party payor settlements	10,043	-	-	10,043	8,932	-	-	8,932
Due from component units	311	-	-	311	1,077	-	-	1,077
Other receivables	11,777	762	(264)	12,275	8,763	923	(338)	9,348
Inventories	17,570	-	-	17,570	15,821	-	-	15,821
Prepaid expenses	13,867	23	-	13,890	10,474	35	-	10,509
Total current assets	256,951	3,517	(264)	260,204	228,747	3,177	(338)	231,586
Noncurrent cash and investments								
Cash and Investments:								
Designated by Board for capital improvements	319,272	-	-	319,272	301,150	-	-	301,150
Designated by Board for supplemental retirement plans	1,585	-	-	1,585	1,753	-	-	1,753
Restricted by donors for specific purpose	-	2,914	-	2,914	-	2,560	-	2,560
Restricted by donors for endowments	-	2,018	-	2,018	-	2,006	-	2,006
	320,857	4,932	-	325,789	302,903	4,566	-	307,469
Pledges and grants receivable	-	1,728	-	1,728	-	1,664	-	1,664
Total assets limited as to use	320,857	6,660	-	327,517	302,903	6,230	-	309,133
Other assets								
Intangible capital assets, net of amortization	36,647	-	-	36,647	39,357	-	-	39,357
Investment in affiliates	1,586	-	-	1,586	670	-	-	670
Pension asset	4,363	-	-	4,363	4,380	-	-	4,380
Other long term assets	277	10	-	287	539	10	-	549
Total other assets	42,873	10	-	42,883	44,946	10	-	44,956
Capital assets – tangible								
Land	11,314	-	-	11,314	11,314	-	-	11,314
Depreciable capital assets, net of accumulated depreciation	404,826	-	-	404,826	407,803	-	-	407,803
Construction in progress	10,406	-	-	10,406	5,236	-	-	5,236
Total capital assets – tangible	426,546	-	-	426,546	424,353	-	-	424,353
Total assets	1,047,227	10,187	(264)	1,057,150	1,000,949	9,417	(338)	1,010,028
DEFERRED OUTFLOWS OF RESOURCES								
Deferred charges on bond refundings	4,404	-	-	4,404	5,024	-	-	5,024
Total assets and deferred outflows of resources	\$ 1,051,631	\$ 10,187	\$ (264)	\$ 1,061,554	\$ 1,005,973	\$ 9,417	\$ (338)	\$ 1,015,052

**New Hanover Regional Medical Center
Combining Statements of Net Position
(Dollars in Thousands)**

	September 30, 2014				September 30, 2013			
	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	Eliminating Entries	NHRMC	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	Eliminating Entries	NHRMC
LIABILITIES								
Current liabilities								
Accounts payable and other liabilities	\$ 31,689	\$ 583	\$ (264)	\$ 32,008	\$ 29,613	\$ 447	\$ (338)	\$ 29,722
Professional liability claims	16,575	-	-	16,575	17,052	-	-	17,052
Accrued salaries and wages	35,053	-	-	35,053	33,567	-	-	33,567
Estimated third-party payor settlements	11,627	-	-	11,627	15,562	-	-	15,562
Due to component units	1,517	-	-	1,517	4,173	-	-	4,173
Accrued interest payable	5,951	-	-	5,951	5,388	-	-	5,388
Other self-funded liabilities	11,683	-	-	11,683	11,047	-	-	11,047
Capital lease obligations, notes and bonds payable, current portion	13,968	-	-	13,968	13,958	-	-	13,958
Total current liabilities	128,063	583	(264)	128,382	130,360	447	(338)	130,469
Long-term obligations								
Capital lease obligations less current portion	-	-	-	-	237	-	-	237
Supplemental retirement plans	1,585	-	-	1,585	1,753	-	-	1,753
Interest rate swap agreements	5,580	-	-	5,580	6,051	-	-	6,051
Notes and bonds payable, less current portion	282,960	-	-	282,960	297,396	-	-	297,396
Total long-term obligations	290,125	-	-	290,125	305,437	-	-	305,437
Total liabilities	418,188	583	(264)	418,507	435,797	447	(338)	435,906
NET POSITION								
Net investment in capital assets	170,669	-	-	170,669	157,143	-	-	157,143
Unrestricted	462,774	1,017	-	463,791	413,033	961	-	413,994
Restricted	-	8,587	-	8,587	-	8,009	-	8,009
Total net position	633,443	9,604	-	643,047	570,176	8,970	-	579,146
Total liabilities and net position	\$ 1,051,631	\$ 10,187	\$ (264)	\$ 1,061,554	\$ 1,005,973	\$ 9,417	\$ (338)	\$ 1,015,052

New Hanover Regional Medical Center
Combining Statements of Revenues, Expenses, and Changes in Net Position
(Dollars in Thousands)

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC
Operating revenues:						
Net patient service revenue	\$ 735,072	\$ -	\$ 735,072	\$ 687,658	\$ -	\$ 687,658
Other revenue	20,485	2,775	23,260	29,221	1,595	30,816
Total operating revenue	755,557	2,775	758,332	716,879	1,595	718,474
Operating expenses:						
Salaries, wages and benefits	345,408	550	345,958	336,111	623	336,734
Medical supplies	151,793	-	151,793	144,723	-	144,723
Professional fees	24,452	26	24,478	19,708	22	19,730
Purchased services	77,196	-	77,196	67,150	-	67,150
Depreciation and amortization	45,955	-	45,955	43,466	-	43,466
Other	48,313	741	49,054	47,146	582	47,728
Total operating expenses	693,117	1,317	694,434	658,304	1,227	659,531
Operating income	62,440	1,458	63,898	58,575	368	58,943
Nonoperating revenues (expenses):						
Interest expense	(12,507)	-	(12,507)	(12,817)	-	(12,817)
Other nonoperating income, net	(1,561)	22	(1,539)	12	23	35
Interest earned and net realized gain on investments	3,781	126	3,907	3,592	155	3,747
Net increase in fair value of investments	11,825	258	12,083	2,058	269	2,327
Gain (loss) on sale of capital assets	158	-	158	(101)	-	(101)
Equity in net income of joint ventures	757	-	757	1,162	-	1,162
Nonoperating revenues (expenses), net	2,453	406	2,859	(6,094)	447	(5,647)
Income before capital contributions and capital transfers	64,893	1,864	66,757	52,481	815	53,296
Capital contributions and transfers:						
Capital and permanent endowment contributions	142	8	150	98	212	310
Capital transfers to component units	(1,768)	(1,238)	(3,006)	(2,065)	(1,011)	(3,076)
Total capital contributions and capital transfers	(1,626)	(1,230)	(2,856)	(1,967)	(799)	(2,766)
Change in net position	63,267	634	63,901	50,514	16	50,530
Net position, beginning	570,176	8,970	579,146	519,662	8,954	528,616
Net position, ending	\$ 633,443	\$ 9,604	\$ 643,047	\$ 570,176	\$ 8,970	\$ 579,146

**New Hanover Regional Medical Center
Combining Statement of Cash Flows
(Dollars in Thousands)**

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC
Cash Flows From Operating Activities						
Cash received from and on behalf of patients	\$ 720,539	\$ -	\$ 720,539	\$ 678,006	\$ -	\$ 678,006
Cash payments to suppliers for goods and services	(303,572)	(619)	(304,191)	(278,628)	(317)	(278,945)
Cash payments to employees for services	(345,472)	(550)	(346,022)	(332,533)	(623)	(333,156)
Other operating cash receipts	17,396	97	17,493	28,436	8	28,444
Net cash provided by (used in) operating activities	88,891	(1,072)	87,819	95,281	(932)	94,349
Cash Flows From Noncapital Financing Activities						
Contributions and operating grants	-	2,775	2,775	-	1,595	1,595
Payments (to) from component unit	(1,890)	-	(1,890)	1,447	-	1,447
Advances between affiliates	210	(210)	-	848	(848)	-
Net cash (used in) provided by noncapital financing activities	(1,680)	2,565	885	2,295	747	3,042
Cash Flows From Capital and Related Financing Activities						
Acquisition and construction of property and equipment	(45,741)	-	(45,741)	(30,206)	-	(30,206)
Proceeds from disposed assets	527	-	527	877	-	877
Acquisition of intangible assets	-	-	-	(1,000)	-	(1,000)
Capital contributions	142	8	150	98	212	310
Principal payments on capital lease obligations	(484)	-	(484)	(468)	-	(468)
Principal payments on revenue bonds and other outstanding debt	(13,817)	-	(13,817)	(12,958)	-	(12,958)
Interest paid on capital financing	(13,007)	-	(13,007)	(12,913)	-	(12,913)
Proceeds from revenue bonds	-	-	-	61,375	-	61,375
Refunding of revenue bonds	-	-	-	(58,560)	-	(58,560)
Transfers (to) from component unit	(1,977)	(1,028)	(3,005)	(2,913)	(163)	(3,076)
Net cash (used in) provided by capital and related financing activities	(74,357)	(1,020)	(75,377)	(56,668)	49	(56,619)
Cash Flows From Investing Activities						
(Purchases) sales of investments, net of maturities	(18,550)	-	(18,550)	(19,261)	-	(19,261)
Interest earned on investments	3,781	40	3,821	3,592	90	3,682
Contributions to partnerships	-	-	-	(161)	-	(161)
Distributions from partnerships	837	-	837	1,073	-	1,073
Other interest earned	(992)	-	(992)	15	-	15
Net cash provided by (used in) investing activities	(14,924)	40	(14,884)	(14,742)	90	(14,652)
Net increase (decrease) in cash and cash equivalents	(2,070)	513	(1,557)	26,166	(46)	26,120
Cash and cash equivalents at beginning of year	128,626	2,219	130,845	102,460	2,265	104,725
Cash and cash equivalents at end of year	\$ 126,556	\$ 2,732	\$ 129,288	\$ 128,626	\$ 2,219	\$ 130,845

(Continued)

**New Hanover Regional Medical Center
Combining Statement of Cash Flows (Continued)
(Dollars in Thousands)**

	Year Ended September 30, 2014			Year Ended September 30, 2013		
	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC	New Hanover Regional Medical Center	New Hanover Regional Medical Center Foundation	NHRMC
Reconciliation of cash and cash equivalents to the statement of net position						
Unrestricted cash and cash equivalents	\$ 54,383	\$ 2,732	\$ 57,115	\$ 45,217	\$ 2,219	\$ 47,436
Cash and cash equivalents in noncurrent cash and investments						
Reserved for debt service-held by bond paying agent	16,863	-	16,863	16,011	-	16,011
Reserved for debt service-not held by bond paying agent	948	-	948	910	-	910
Designated by Board for payment of claims liabilities	156	-	156	69	-	69
Designated by Board for capital improvements	54,206	-	54,206	66,419	-	66,419
Cash and cash equivalents, including noncurrent cash and cash equivalents at end of year	\$ 126,556	\$ 2,732	\$ 129,288	\$ 128,626	\$ 2,219	\$ 130,845
Reconciliation of operating income to net cash provided by (used in) operating activities						
Cash flows from operating activities						
Operating income	\$ 62,440	\$ 1,458	\$ 63,898	\$ 58,575	\$ 368	\$ 58,943
Employee services included in nonoperating income	(1,567)	-	(1,567)	-	-	-
Operating grants and contributions	-	(2,775)	(2,775)	-	(1,595)	(1,595)
Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities:						
Depreciation and amortization	45,955	-	45,955	43,466	-	43,466
Changes in:						
Receivables	(12,577)	97	(12,480)	(13,121)	8	(13,113)
Inventories	(1,749)	-	(1,749)	760	-	760
Prepaid expenses	(3,393)	12	(3,381)	(129)	(17)	(146)
Accounts payable and other liabilities	(1,983)	136	(1,847)	2,320	304	2,624
Accrued salaries and wages	1,486	-	1,486	3,562	-	3,562
Pension asset	17	-	17	16	-	16
Other long-term assets	262	-	262	(168)	-	(168)
Net cash provided by (used in) operating activities	\$ 88,891	\$ (1,072)	\$ 87,819	\$ 95,281	\$ (932)	\$ 94,349
Non-cash capital and related financing activities						
Unrealized gain	\$ 11,825	\$ 258	\$ 12,083	\$ 2,058	\$ 269	\$ 2,327
Capital assets acquired through lease agreement	\$ -	\$ -	\$ -	\$ 1,189	\$ -	\$ 1,189
Partial swap termination costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ 1,976	\$ -	\$ 1,976
Bond issuance costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ 1,000	\$ -	\$ 1,000

New Hanover Regional Medical Center
Combining Statements of Net Position – Discretely Presented Component Units
(Dollars in Thousands)

	September 30, 2014					September 30, 2013			
	CHA	LCFH	PMH	PQP	Total Combined Units	CHA	LCFH	PMH	Total Combined Units
ASSETS									
Current assets									
Cash and cash equivalents	\$ 5,790	\$ 4,370	\$ 3,424	\$ 621	\$ 14,205	\$ 1,331	\$ 6,635	\$ 1,310	\$ 9,276
Patient accounts, less allowance for bad debts	8,643	3,995	4,262	-	16,900	8,901	4,457	3,576	16,934
Due from health insurance programs	-	-	1,759	-	1,759	-	-	1,085	1,085
Due from primary government	-	33	1,484	-	1,517	-	34	4,139	4,173
Other receivables	312	562	117	-	991	77	468	207	752
Investments	-	6,522	-	-	6,522	-	2,866	-	2,866
Inventories	-	-	392	-	392	-	-	483	483
Prepaid expenses	2,279	441	245	-	2,965	1,684	425	211	2,320
Total current assets	17,024	15,923	11,683	621	45,251	11,993	14,885	11,011	37,889
Noncurrent cash, investments, and donor receivables									
Noncurrent Cash and Investments:									
Designated by Board for operating and PDO reserve	-	11,526	-	-	11,526	-	11,674	-	11,674
Designated by Board for capital improvements	-	6,688	-	-	6,688	-	5,009	-	5,009
Designated by Board for ESC reserve	-	-	-	-	-	-	55	-	55
Restricted by agreement for Mercy Care reserve	-	799	-	-	799	-	-	-	-
Restricted by donors for endowments	-	1,503	-	-	1,503	-	1,393	-	1,393
	-	20,516	-	-	20,516	-	18,131	-	18,131
Pledges and grants receivable	-	393	-	-	393	-	543	-	543
Total noncurrent cash, investments, and donor receivables	-	20,909	-	-	20,909	-	18,674	-	18,674
Other assets									
Intangible capital assets, net of amortization	360	-	7	-	367	660	-	17	677
Other long term assets	-	611	-	-	611	-	689	-	689
Total other assets	360	611	7	-	978	660	689	17	1,366
Capital assets – tangible									
Land	-	5,610	42	-	5,652	-	4,660	42	4,702
Depreciable capital assets, net of accumulated depreciation	5,124	15,163	9,450	-	29,737	3,688	14,398	9,804	27,890
Construction in progress	96	3,188	228	-	3,512	288	596	124	1,008
Total capital assets – tangible	5,220	23,961	9,720	-	38,901	3,976	19,654	9,970	33,600
Total assets	22,604	61,404	21,410	621	106,039	16,629	53,902	20,998	91,529
DEFERRED OUTFLOWS OF RESOURCES									
Interest rate swap agreements	-	216	-	-	216	-	221	-	221
Total assets and deferred outflows of resources	\$ 22,604	\$ 61,620	\$ 21,410	\$ 621	\$ 106,255	\$ 16,629	\$ 54,123	\$ 20,998	\$ 91,750

New Hanover Regional Medical Center
Combining Statements of Net Position – Discretely Presented Component Units
(Dollars in Thousands)

	September 30, 2014					September 30, 2013				
	CHA	LCFH	PMH	PQP	Total	CHA	LCFH	PMH	Total	
					Combined				Combined	
					Units				Units	
LIABILITIES										
Current liabilities										
Accounts payable and other liabilities	\$ 5,448	\$ 2,560	\$ 1,491	\$ 8	\$ 9,507	\$ 4,360	\$ 2,475	\$ 1,482	\$ 8,317	
Accrued salaries and wages	1,522	2,261	975	-	4,758	1,428	2,103	1,068	4,599	
Estimated third-party payor settlements	-	-	604	-	604	-	-	395	395	
Due to primary government	-	-	272	39	311	-	-	1,077	1,077	
Capital lease obligations, notes and bonds payable, current portion	-	670	-	-	670	-	451	-	451	
Total current liabilities	6,970	5,491	3,342	47	15,850	5,788	5,029	4,022	14,839	
Long-term obligations										
Net pension obligation	-	-	228	-	228	-	-	229	229	
Interest rate swap agreements	-	216	-	-	216	-	221	-	221	
Notes and bonds payable, less current portion	-	11,602	-	-	11,602	-	9,129	-	9,129	
Total long-term obligations	-	11,818	228	-	12,046	-	9,350	229	9,579	
Total liabilities	6,970	17,309	3,570	47	27,896	5,788	14,379	4,251	24,418	
Commitments and contingencies										
NET POSITION										
Net investment in capital assets	5,580	11,690	9,727	-	26,997	4,636	10,074	10,345	25,055	
Unrestricted	10,054	28,778	8,113	574	47,519	6,205	26,986	6,402	39,593	
Restricted	-	3,843	-	-	3,843	-	2,684	-	2,684	
Total net position	15,634	44,311	17,840	574	78,359	10,841	39,744	16,747	67,332	
Total liabilities and net position	\$ 22,604	\$ 61,620	\$ 21,410	\$ 621	\$ 106,255	\$ 16,629	\$ 54,123	\$ 20,998	\$ 91,750	

New Hanover Regional Medical Center
Combining Statements of Revenues, Expenses, and Changes in Net Position – Discretely Presented Component Units
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013			
	CHA	LCFH	PMH	PQP	Total Combined Units	CHA	LCFH	PMH	Total Combined Units
Operating revenues:									
Net patient service revenue	\$ 111,961	\$ 31,506	\$ 22,215	\$ -	\$ 165,682	\$ 100,366	\$ 29,886	\$ 22,035	\$ 152,287
Other revenue	24,268	3,936	5,463	1,125	34,792	14,113	3,827	6,366	24,306
Total operating revenue	136,229	35,442	27,678	1,125	200,474	114,479	33,713	28,401	176,593
Operating expenses:									
Salaries, wages and benefits	23,730	23,969	17,247	223	65,169	20,832	20,796	17,704	59,332
Medical supplies	25,885	6,145	1,679	-	33,709	25,928	4,204	1,817	31,949
Professional fees	56,625	237	725	82	57,669	48,987	118	717	49,822
Purchased services	14,693	577	3,774	-	19,044	12,075	505	3,707	16,287
Depreciation and amortization	1,655	879	1,459	-	3,993	1,435	813	1,288	3,536
Other	9,671	2,920	2,856	246	15,693	8,025	2,476	3,165	13,666
Total operating expenses	132,259	34,727	27,740	551	195,277	117,282	28,912	28,398	174,592
Operating income (loss)	3,970	715	(62)	574	5,197	(2,803)	4,801	3	2,001
Nonoperating revenues (expenses):									
Interest expense	-	(273)	-	-	(273)	-	(304)	-	(304)
Other nonoperating income (loss)	-	112	(4)	-	108	-	111	(1)	110
Net increase in fair value of investments	-	1,979	-	-	1,979	-	1,293	-	1,293
Loss on sale of capital assets	(106)	(57)	-	-	(163)	(16)	-	-	(16)
Nonoperating revenues (expenses), net	(106)	1,761	(4)	-	1,651	(16)	1,100	(1)	1,083
Income (loss) before capital contributions and capital transfers	3,864	2,476	(66)	574	6,848	(2,819)	5,901	2	3,084
Capital and permanent endowment contributions and capital transfers to (from) component units	929	2,091	1,159	-	4,179	(115)	-	3,425	3,310
Change in net position	4,793	4,567	1,093	574	11,027	(2,934)	5,901	3,427	6,394
Net position, beginning	10,841	39,744	16,747	-	67,332	13,775	33,843	13,320	60,938
Net position, ending	\$ 15,634	\$ 44,311	\$ 17,840	\$ 574	\$ 78,359	\$ 10,841	\$ 39,744	\$ 16,747	\$ 67,332

New Hanover Regional Medical Center
Combining Statements of Cash Flows – Discretely Presented Component Units
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013			
	CHA	LCFH	PMH	PQP	Total Combined	CHA	LCFH	PMH	Total Combined
					Units				Units
Cash flows from operating activities									
Cash received from and on behalf of patients	\$ 111,984	\$ 36,785	\$ 23,717	\$ -	\$ 172,486	\$ 101,700	\$ 33,382	\$ 21,820	\$ 156,902
Cash payments to suppliers for services and goods	(106,376)	(16,663)	(9,613)	(281)	(132,933)	(95,004)	(10,015)	(10,079)	(115,098)
Cash payments to employees for services	(23,640)	(23,907)	(17,341)	(223)	(65,111)	(20,658)	(20,918)	(17,623)	(59,199)
Other operating cash receipts	24,268	2,574	5,463	1,125	33,430	14,113	3,296	6,365	23,774
Net cash provided by (used in) operating activities	6,236	(1,211)	2,226	621	7,872	151	5,745	483	6,379
Cash flows from noncapital financing activities									
Payments to component unit	-	-	-	-	-	-	-	(1,048)	(1,048)
Mercy Care merger cash contribution	-	959	-	-	959	-	-	-	-
Net cash provided by (used in) noncapital financing activities	-	959	-	-	959	-	-	(1,048)	(1,048)
Cash flows from capital and related financing activities									
Acquisition of capital assets	(2,706)	(3,198)	(1,271)	-	(7,175)	(627)	(1,416)	(3,635)	(5,678)
Proceeds from disposed assets	-	-	-	-	-	13	-	(17)	(4)
Capital contributions	-	-	-	-	-	-	-	234	234
Principal payments on capital lease obligations	-	-	-	-	-	-	-	(3)	(3)
Interest paid on capital financing	-	(273)	-	-	(273)	-	(304)	-	(304)
Proceeds from bonds	-	2,263	-	-	2,263	-	2,584	-	2,584
Payments on notes payable	-	(511)	-	-	(511)	-	(2,331)	-	(2,331)
Transfers (to) from component unit	929	-	1,159	-	2,088	(115)	-	3,191	3,076
Net cash used in capital and related financing activities	(1,777)	(1,719)	(112)	-	(3,608)	(729)	(1,467)	(230)	(2,426)
Cash flows from investing activities									
Purchases of investments, net of maturities	-	(949)	-	-	(949)	-	(1,268)	-	(1,268)
Interest earned on investments	-	112	-	-	112	-	111	-	111
Other interest earned (loss)	-	-	-	-	-	-	-	(2)	(2)
Net cash used in investing activities	-	(837)	-	-	(837)	-	(1,157)	(2)	(1,159)
Net increase (decrease) in cash and cash equivalents	4,459	(2,808)	2,114	621	4,386	(578)	3,121	(797)	1,746
Cash and cash equivalents at beginning of year	1,331	7,290	1,310	-	9,931	1,909	4,169	2,107	8,185
Cash and cash equivalents at end of year	\$ 5,790	\$ 4,482	\$ 3,424	\$ 621	\$ 14,317	\$ 1,331	\$ 7,290	\$ 1,310	\$ 9,931

(Continued)

New Hanover Regional Medical Center
Combining Statements of Cash Flows – Discretely Presented Component Units (Continued)
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013				
	CHA	LCFH	PMH	PQP	Total Combined Units	CHA	LCFH	PMH	Total Combined Units	
Reconciliation of cash and cash equivalents to the statement of net position										
Unrestricted cash and cash equivalents	\$ 5,790	\$ 4,370	\$ 3,424	\$ 621	\$ 14,205	\$ 1,331	\$ 6,635	\$ 1,310	\$ 9,276	
Cash and cash equivalents in noncurrent cash and investments										
Designated by Board for operating reserve	-	67	-	-	67	-	576	-	576	
Designated by Board for ESC reserve	-	-	-	-	-	-	55	-	55	
By donor restrictions	-	45	-	-	45	-	24	-	24	
Cash and cash equivalents, including noncurrent cash and cash equivalents at end of year	\$ 5,790	\$ 4,482	\$ 3,424	\$ 621	\$ 14,317	\$ 1,331	\$ 7,290	\$ 1,310	\$ 9,931	
Reconciliation of operating income to net cash provided by operating activities										
Cash flows from operating activities										
Operating income (loss)	\$ 3,970	\$ 715	\$ (62)	\$ 574	\$ 5,197	\$ (2,803)	\$ 4,801	\$ 3	\$ 2,001	
Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities:										
Depreciation and amortization	1,655	879	1,459	-	3,993	1,435	813	1,288	3,536	
Changes in:										
Patient receivables and programs	24	463	1,502	-	1,989	1,335	(243)	(215)	877	
Inventories	-	-	91	-	91	-	-	(9)	(9)	
Prepaid expenses and other current assets	(595)	(3,615)	(33)	-	(4,243)	223	(651)	(93)	(521)	
Accounts payable and other liabilities	1,093	75	(637)	47	578	(213)	771	(571)	(13)	
Accrued salaries and wages	89	168	(93)	-	164	174	254	81	509	
Net pension obligation	-	-	(1)	-	(1)	-	-	(1)	(1)	
Other long-term assets	-	104	-	-	104	-	-	-	-	
Net cash provided by (used in) operating activities	\$ 6,236	\$ (1,211)	\$ 2,226	\$ 621	\$ 7,872	\$ 151	\$ 5,745	\$ 483	\$ 6,379	
Non-cash capital and related financing activities										
Unrealized gain	\$ -	\$ 1,979	\$ -	\$ -	\$ 1,979	\$ -	\$ 1,293	\$ -	\$ 1,293	
Capital assets acquired through lease agreement	\$ -	\$ 167	\$ -	\$ -	\$ 167	\$ -	\$ -	\$ -	\$ -	
Mercy Care net asset transfer	\$ -	\$ 2,091	\$ -	\$ -	\$ 2,091	\$ -	\$ -	\$ -	\$ -	

New Hanover Regional Medical Center
Combining Statements of Net Position – Obligated Unit
(Dollars in Thousands)

	September 30, 2014					September 30, 2013		
	New Hanover		PQP	Eliminating	Combined	New Hanover		Combined
	Regional Medical Center	CHA				Regional Medical Center	CHA	
ASSETS								
Current assets								
Cash and cash equivalents	\$ 54,383	\$ 5,790	\$ 621	\$ -	\$ 60,794	\$ 45,217	\$ 1,331	\$ 46,548
Assets limited as to use:								
Cash equivalents held by bond paying agent	16,863	-	-	-	16,863	16,011	-	16,011
Cash for debt service-not held by bond paying agent	948	-	-	-	948	910	-	910
Cash equivalents and investments for the future payment of claims liabilities	21,755	-	-	-	21,755	21,671	-	21,671
Receivables:								
Patient accounts, less allowance for bad debts	109,434	8,643	-	-	118,077	99,871	8,901	108,772
Estimated third-party payor settlements	10,043	-	-	-	10,043	8,932	-	8,932
Due from component units	311	-	-	(39)	272	1,077	-	1,077
Other receivables	11,777	312	-	-	12,089	8,763	77	8,840
Inventories	17,570	-	-	-	17,570	15,821	-	15,821
Prepaid expenses	13,867	2,279	-	-	16,146	10,474	1,684	12,158
Total current assets	256,951	17,024	621	(39)	274,557	228,747	11,993	240,740
Noncurrent cash and investments								
Cash and Investments:								
Designated by Board for capital improvements	319,272	-	-	-	319,272	301,150	-	301,150
Designated by Board for supplemental retirement plans	1,585	-	-	-	1,585	1,753	-	1,753
Total assets limited as to use	320,857	-	-	-	320,857	302,903	-	302,903
Other assets								
Intangible capital assets, net of amortization	36,647	360	-	-	37,007	39,357	660	40,017
Investment in affiliates	1,586	-	-	(574)	1,012	670	-	670
Pension asset	4,363	-	-	-	4,363	4,380	-	4,380
Other long-term assets	277	-	-	-	277	539	-	539
Total other assets	42,873	360	-	(574)	42,659	44,946	660	45,606
Capital assets – tangible								
Land	11,314	-	-	-	11,314	11,314	-	11,314
Depreciable capital assets, net of accumulated depreciation	404,826	5,124	-	-	409,950	407,803	3,688	411,491
Construction in progress	10,406	96	-	-	10,502	5,236	288	5,524
Total capital assets – tangible	426,546	5,220	-	-	431,766	424,353	3,976	428,329
Total assets	1,047,227	22,604	621	(613)	1,069,839	1,000,949	16,629	1,017,578
DEFERRED OUTFLOWS OF RESOURCES								
Deferred charges on bond refundings	4,404	-	-	-	4,404	5,024	-	5,024
Total assets and deferred outflows of resources	\$ 1,051,631	\$ 22,604	\$ 621	\$ (613)	\$ 1,074,243	\$ 1,005,973	\$ 16,629	\$ 1,022,602

New Hanover Regional Medical Center
Combining Statements of Net Position – Obligated Unit
(Dollars in Thousands)

	September 30, 2014					September 30, 2013		
	New Hanover Regional Medical Center		Eliminating Entries			New Hanover Regional Medical Center		
	CHA	PQP	Center	Combined	Center	CHA	Combined	
LIABILITIES								
Current liabilities								
Accounts payable and other liabilities	\$ 31,689	\$ 5,448	\$ 8	\$ -	\$ 37,145	\$ 29,613	\$ 4,360	\$ 33,973
Professional liability claims	16,575	-	-	-	16,575	17,052	-	17,052
Accrued salaries and wages	35,053	1,522	-	-	36,575	33,567	1,428	34,995
Estimated third-party payor settlements	11,627	-	-	-	11,627	15,562	-	15,562
Due to component units	1,517	-	39	(39)	1,517	4,173	-	4,173
Accrued interest payable	5,951	-	-	-	5,951	5,388	-	5,388
Other self-funded liabilities	11,683	-	-	-	11,683	11,047	-	11,047
Capital lease obligations, notes and bonds payable, current portion	13,968	-	-	-	13,968	13,958	-	13,958
Total current liabilities	128,063	6,970	47	(39)	135,041	130,360	5,788	136,148
Long-term obligations								
Capital lease obligations less current portion	-	-	-	-	-	237	-	237
Supplemental retirement plans	1,585	-	-	-	1,585	1,753	-	1,753
Interest rate swap agreements	5,580	-	-	-	5,580	6,051	-	6,051
Notes and bonds payable, less current portion	282,960	-	-	-	282,960	297,396	-	297,396
Total long-term obligations	290,125	-	-	-	290,125	305,437	-	305,437
Total liabilities	418,188	6,970	47	(39)	425,166	435,797	5,788	441,585
NET POSITION								
Net Investment in capital assets	170,669	5,580	-	-	176,249	157,143	4,636	161,779
Unrestricted	462,774	10,054	574	(574)	472,828	413,033	6,205	419,238
Total net position	633,443	15,634	574	(574)	649,077	570,176	10,841	581,017
Total liabilities and net position	\$ 1,051,631	\$ 22,604	\$ 621	\$ (613)	\$ 1,074,243	\$ 1,005,973	\$ 16,629	\$ 1,022,602

New Hanover Regional Medical Center
Combining Statements of Revenues, Expenses, and Changes in Net Position – Obligated Unit
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013			
	New Hanover Regional Medical Center	CHA	PQP	Eliminating Entries	Combined	New Hanover Regional Medical Center	CHA	Eliminating Entries	Combined
Operating revenues:									
Net patient service revenue	\$ 735,072	\$ 111,961	\$ -	\$ -	\$ 847,033	\$ 687,658	\$ 100,366	\$ -	\$ 788,024
Other revenue	20,485	24,268	1,125	(23,333)	22,545	29,221	14,113	(12,707)	30,627
Total operating revenue	755,557	136,229	1,125	(23,333)	869,578	716,879	114,479	(12,707)	818,651
Operating expenses:									
Salaries, wages and benefits	345,408	23,730	223	-	369,361	336,111	20,832	-	356,943
Medical supplies	151,793	25,885	-	-	177,678	144,723	25,928	-	170,651
Professional fees	24,452	56,625	82	-	81,159	19,708	48,987	-	68,695
Purchased services	77,196	14,693	-	(22,333)	69,556	67,150	12,075	(12,707)	66,518
Depreciation and amortization	45,955	1,655	-	-	47,610	43,466	1,435	-	44,901
Other	48,313	9,671	246	-	58,230	47,146	8,025	-	55,171
Total operating expenses	693,117	132,259	551	(22,333)	803,594	658,304	117,282	(12,707)	762,879
Operating income (loss)	62,440	3,970	574	(1,000)	65,984	58,575	(2,803)	-	55,772
Nonoperating revenues (expenses):									
Interest expense	(12,507)	-	-	-	(12,507)	(12,817)	-	-	(12,817)
Other nonoperating income, net	(1,561)	-	-	-	(1,561)	12	-	-	12
Interest earned and net realized gain (loss) on investments	3,781	-	-	-	3,781	3,592	-	-	3,592
Net increase in fair value of investments	11,825	-	-	-	11,825	2,058	-	-	2,058
Gain (loss) on sale of capital assets	158	(106)	-	-	52	(101)	(16)	-	(117)
Equity in net income of joint ventures	757	-	-	426	1,183	1,162	-	-	1,162
Nonoperating revenues (expenses), net	2,453	(106)	-	426	2,773	(6,094)	(16)	-	(6,110)
Income (loss) before capital contributions and capital transfers	64,893	3,864	574	(574)	68,757	52,481	(2,819)	-	49,662
Capital contributions and transfers:									
Capital and permanent endowment contributions	142	-	-	-	142	98	-	-	98
Capital transfers (to) from component units	(1,768)	929	-	-	(839)	(2,065)	(115)	-	(2,180)
Total capital contributions and capital transfers	(1,626)	929	-	-	(697)	(1,967)	(115)	-	(2,082)
Change in net position	63,267	4,793	574	(574)	68,060	50,514	(2,934)	-	47,580
Net position, beginning	570,176	10,841	-	-	581,017	519,662	13,775	-	533,437
Net position, ending	\$ 633,443	\$ 15,634	\$ 574	\$ (574)	\$ 649,077	\$ 570,176	\$ 10,841	\$ -	\$ 581,017

New Hanover Regional Medical Center
Combining Statements of Cash Flows – Obligated Unit
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013			
	New Hanover Regional Medical Center	CHA	PQP	Eliminating Entries	Combined	New Hanover Regional Medical Center	CHA	Eliminating Entries	Combined
Cash Flows From Operating Activities									
Cash received from and on behalf of patients	\$ 720,539	\$ 111,984	\$ -	\$ -	\$ 832,523	\$ 678,006	\$ 101,700	\$ -	\$ 779,706
Cash payments to suppliers for goods and services	(303,572)	(106,376)	(281)	23,333	(386,896)	(278,628)	(95,004)	12,707	(360,925)
Cash payments to employees for services	(345,472)	(23,640)	(223)	-	(369,335)	(332,533)	(20,658)	-	(353,191)
Other operating cash receipts (payments)	17,396	24,268	1,125	(23,333)	19,456	28,436	14,113	(12,707)	29,842
Net cash provided by operating activities	88,891	6,236	621	-	95,748	95,281	151	-	95,432
Cash Flows From Noncapital Financing Activities									
Payments from component unit	(1,890)	-	-	-	(1,890)	1,447	-	-	1,447
Advances between affiliates	210	-	-	-	210	848	-	-	848
Net cash (used in) provided by noncapital financing activities	(1,680)	-	-	-	(1,680)	2,295	-	-	2,295
Cash Flows From Capital and Related Financing Activities									
Acquisition and construction of property and equipment	(45,741)	(2,706)	-	-	(48,447)	(30,206)	(627)	-	(30,833)
Proceeds from disposed assets	527	-	-	-	527	877	13	-	890
Acquisition of intangible assets	-	-	-	-	-	(1,000)	-	-	(1,000)
Capital contributions	142	-	-	-	142	98	-	-	98
Principal payments on capital lease obligations	(484)	-	-	-	(484)	(468)	-	-	(468)
Principal payments on revenue bonds and other outstanding debt	(13,817)	-	-	-	(13,817)	(12,958)	-	-	(12,958)
Interest paid on capital financing	(13,007)	-	-	-	(13,007)	(12,913)	-	-	(12,913)
Proceeds from revenue bonds	-	-	-	-	-	61,375	-	-	61,375
Refunding of revenue bonds	-	-	-	-	-	(58,560)	-	-	(58,560)
Transfers (to) from component unit	(1,977)	929	-	-	(1,048)	(2,913)	(115)	-	(3,028)
Net cash used in capital and related financing activities	(74,357)	(1,777)	-	-	(76,134)	(56,668)	(729)	-	(57,397)
Cash Flows From Investing Activities									
(Purchases) sales of investments, net of maturities	(18,550)	-	-	-	(18,550)	(19,261)	-	-	(19,261)
Interest earned on investments	3,781	-	-	-	3,781	3,592	-	-	3,592
Contributions to partnerships	-	-	-	-	-	(161)	-	-	(161)
Distributions from partnerships	837	-	-	-	837	1,073	-	-	1,073
Other interest earned	(992)	-	-	-	(992)	15	-	-	15
Net cash (used in) investing activities	(14,924)	-	-	-	(14,924)	(14,742)	-	-	(14,742)
Net (decrease) increase in cash and cash equivalents	(2,070)	4,459	621	-	3,010	26,166	(578)	-	25,588
Cash and cash equivalents at beginning of year	128,626	1,331	-	-	129,957	102,460	1,909	-	104,369
Cash and cash equivalents at end of year	\$ 126,556	\$ 5,790	\$ 621	\$ -	\$ 132,967	\$ 128,626	\$ 1,331	\$ -	\$ 129,957

(Continued)

New Hanover Regional Medical Center
Combining Statements of Cash Flows – Obligated Unit (Continued)
(Dollars in Thousands)

	Year Ended September 30, 2014					Year Ended September 30, 2013				
	New Hanover Regional Medical Center	CHA	PQP	Eliminating Entries	Combined	New Hanover Regional Medical Center	CHA	Eliminating Entries	Combined	
Reconciliation of cash and cash equivalents to the statement of net position										
Unrestricted cash and cash equivalents	\$ 54,383	\$ 5,790	\$ 621	\$ -	\$ 60,794	\$ 45,217	\$ 1,331	\$ -	\$ 46,548	
Cash and cash equivalents in noncurrent cash and investments										
Reserved for debt service-held by bond paying agent	16,863	-	-	-	16,863	16,011	-	-	16,011	
Reserved for debt service-not held by bond paying agent	948	-	-	-	948	910	-	-	910	
Designated by Board for payment of claims liabilities	156	-	-	-	156	69	-	-	69	
Designated by Board for capital improvements	54,206	-	-	-	54,206	66,419	-	-	66,419	
Cash and cash equivalents, including noncurrent cash and cash equivalents at end of year	\$ 126,556	\$ 5,790	\$ 621	\$ -	\$ 132,967	\$ 128,626	\$ 1,331	\$ -	\$ 129,957	
Reconciliation of operating income (loss) to net cash provided by (used in) operating activities										
Cash flows from operating activities										
Operating income (loss)	\$ 62,440	\$ 3,970	\$ 574	\$ -	\$ 66,984	\$ 58,575	\$ (2,803)	\$ -	\$ 55,772	
Employee services included in nonoperating income	(1,567)	-	-	-	(1,567)	-	-	-	-	
Adjustments to reconcile operating income (loss) to net cash provided by (used in) operating activities:										
Depreciation and amortization	45,955	1,655	-	-	47,610	43,466	1,435	-	44,901	
Changes in:										
Receivables	(12,577)	24	-	-	(12,553)	(13,121)	1,335	-	(11,786)	
Inventories	(1,749)	-	-	-	(1,749)	760	-	-	760	
Prepaid expenses and other current assets	(3,393)	(595)	-	-	(3,988)	(129)	223	-	94	
Accounts payable and other liabilities	(1,983)	1,093	47	-	(843)	2,320	(213)	-	2,107	
Accrued salaries and wages	1,486	89	-	-	1,575	3,562	174	-	3,736	
Pension asset	17	-	-	-	17	16	-	-	16	
Other long-term assets	262	-	-	-	262	(168)	-	-	(168)	
Net cash provided by operating activities	\$ 88,891	\$ 6,236	\$ 621	\$ -	\$ 95,748	\$ 95,281	\$ 151	\$ -	\$ 95,432	
Non-cash capital and related financing activities										
Unrealized gain	\$ 11,825	\$ -	\$ -	\$ -	\$ 11,825	\$ 2,058	\$ -	\$ -	\$ 2,058	
Capital assets acquired through lease agreement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,189	\$ -	\$ -	\$ 1,189	
Partial swap termination costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,976	\$ -	\$ -	\$ 1,976	
Bond issuance costs paid with proceeds of refunded bonds	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,000	\$ -	\$ -	\$ 1,000	

**New Hanover Regional Medical Center
(A Component Unit of New Hanover
County, North Carolina)**

Compliance Reports
September 30, 2014

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**Independent Auditor's 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**

To the Board of Trustees
New Hanover Regional Medical Center
Wilmington, North Carolina

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities, the aggregate discretely presented component units, and the fiduciary fund information of New Hanover Regional Medical Center (Medical Center), a component unit of New Hanover County, North Carolina, as of and for the year ended September 30, 2014, and the related notes to the financial statements, which collectively comprise the Medical Center's basic financial statements, and have issued our report thereon dated December 5, 2014. Our report includes a reference to other auditors who audited the financial statements of Lower Cape Fear Hospice, Incorporated, a discretely presented component unit, as described in our report on the Medical Center's financial statements. The fiduciary fund information and the financial statements of Lower Cape Fear Hospice, Incorporated, Carolina Healthcare Associates, Inc., Physician Quality Partners, LLC, and Pender Memorial Hospital, Incorporated (the discretely presented component units) and New Hanover Regional Medical Center Foundation, Inc. (a blended component unit) were not audited in accordance with *Government Auditing Standards* and, accordingly, this report does not include reporting on internal control over financial reporting or instances of reportable noncompliance associated with those funds and components.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Medical Center'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 determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the 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.

McShadrey LLP

Wilmington, North Carolina
December 5, 2014



**Independent Auditor's Report
on Compliance for Each Major Federal Program and on
Internal Control Over Compliance and
Report on Schedule of Expenditures of Federal and State
Awards Required by OMB Circular A-133 and the
State Single Audit Implementation Act**

To the Board of Trustees
New Hanover Regional Medical Center
Wilmington, North Carolina

Report on Compliance for Each Major Federal Program

We have audited New Hanover Regional Medical Center's (Medical Center) compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* and the *Audit Manual for Governmental Auditors in North Carolina*, issued by the Local Government Commission, that could have a direct and material effect on each of the Medical Center's major federal programs for the year ended September 30, 2014. The Medical Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

New Hanover Regional Medical Center's basic financial statements include fiduciary fund information and the operations of Lower Cape Fear Hospice, Incorporated, Carolina Healthcare Associates, Inc., Physician Quality Partners, LLC, and Pender Memorial Hospital, Incorporated, (the aggregate discretely presented component units), and New Hanover Regional Medical Center Foundation, Inc., a blended component unit. Our audit, described below, did not include the fiduciary fund information and the operations of these component units because Lower Cape Fear Hospice, Incorporated was audited by other auditors and the fiduciary fund, Carolina Healthcare Associates, Inc., Physician Quality Partners, LLC, Pender Memorial Hospital, Incorporated and New Hanover Regional Medical Center Foundation, Inc. did not receive federal awards.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of the Medical Center's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and the State Single Audit Implementation Act. Those standards, OMB Circular A-133 and the State Single Audit Implementation Act, require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Medical Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

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

Opinion on Each Major Federal Program

In our opinion, the Medical Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended September 30, 2014.

Report on Internal Control Over Compliance

Management of the Medical Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Medical Center's internal control over compliance with the types of requirements that could have a direct and material effect on a major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Medical Center's internal control over compliance.

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

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

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal and State Awards Required by OMB Circular A-133

We have audited the financial statements of the business-type activities, the aggregate discretely presented component units, and the fiduciary fund information of the Medical Center as of and for the year ended September 30, 2014, and the related notes to the financial statements, which collectively comprise Medical Center's basic financial statements. We issued our report thereon dated December 5, 2014, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Medical Center's basic financial statements, as a whole. The accompanying schedule of expenditures of federal and State awards is presented for purposes of additional analysis as required by OMB Circular A-133 and the State Single Audit Implementation Act 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, schedule of expenditures of federal and State awards is fairly stated, in all material respects, in relation to the financial statements taken as a whole.

McGladrey LLP

Wilmington, North Carolina
December 5, 2014

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Schedule of Findings and Questioned Costs
For the Year Ended September 30, 2014**

Section I --- Summary of Auditor's Results

Financial Statements

Type of auditor's report issued: *Unmodified*

Internal control over financial reporting:

- Material weakness(es) identified? ___yes X no
- Significant deficiency(ies) identified? ___yes X none reported

Noncompliance material to financial statements noted? ___yes X no

Federal Awards

Internal control over major programs:

- Material weakness(es) identified? ___yes X no
- Significant deficiency(ies) identified? ___yes X none reported

Type of auditor's report issued on compliance for major programs: *Unmodified*

Any audit findings disclosed that are required to be reported in accordance with section 510(a) of OMB Circular A-133? ___yes X no

Identification of major programs:

CFDA Number(s)	Name of Federal Program or Cluster
93.399	Advancing Clinical Trials in Coastal North Carolina
93.889	ASPR Hospital Preparedness Program

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

Auditee qualified as low-risk auditee? X yes ___ no

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Schedule of Findings and Questioned Costs (Continued)
For the Year Ended September 30, 2014**

Section II --- Financial Statement Findings

None reported.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Schedule of Findings and Questioned Costs (Continued)
For the Year Ended September 30, 2014**

Section III --- Federal Award Findings and Questioned Costs

None reported.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Summary Schedule of Prior Audit Findings
For the year Ended September 30, 2014**

No unresolved prior audit findings.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Schedule of Expenditures of Federal and State Awards
For the Year Ended September 30, 2014**

Grantor/Pass-through Grantor/Program or Cluster Title	Federal CFDA Number	State/ Pass-through Entity Identifying Number	Federal Expenditures
Federal Awards:			
Cash Assistance:			
U.S. Department of Health and Human Services:			
Direct programs:			
Grants to Provide Outpatient Early Intervention Services with Respect to HIV Disease	93.918		\$ 455,067
Cancer Centers Support Grants: Improving Cancer Outcomes for Underserved Populations in SE North Carolina	93.397		\$ 109,439
Grants for Coordinated Services and Access to Research for Women, Infants, Children, and Youth	93.153		\$ 330,951
Affordable Care Act: Primary Care Residency Expansion	93.510		\$ 422,123
Grants for Advancing Clinical Trials in Coastal North Carolina	93.399		\$ 402,307
Passed through NC Department of Health and Human Services:			
Ryan White Title II HIV Primary Care	93.917	28053 30054	\$ 149,838 \$ 67,420 <u>\$ 217,258</u>
CDC Public Health Epidemiologist	93.074	00028611 00030511	\$ 52,411 \$ 18,368 <u>\$ 70,779</u>
Medical Reserve Corps	93.008	MRC090348 MRC11348 MRC140348	\$ 105 \$ 1 \$ 3,333 <u>\$ 3,439</u>
Emergency Nurse Provider Course	93.127	00030045	\$ 2,025
ASPR Hospital Preparedness Program	93.889	00029132 00030235	\$ 401,648 \$ 49,231 <u>\$ 450,879</u>
Passed through US Dept of Homeland Security:			
Mass Fatality Management Capability and Water Loss Purification/Dialysis	97.067	MOA1321	\$ 28,495
Total Federal Cash Assistance			<u>\$ 2,492,762</u>
<i>Total Expenditures of Federal Awards</i>			<u><u>\$ 2,492,762</u></u>

See Notes to Schedule.

**New Hanover Regional Medical Center
(A Component Unit of New Hanover County, North Carolina)**

**Notes to the Schedule of Expenditures of Federal and State Awards
For the Year Ended September 30, 2014**

Note 1. General

The accompanying Schedule of Expenditures of Federal and State Awards represents the activity of all Federal and State award programs of New Hanover Regional Medical Center, excluding any of Lower Cape Fear Hospice, Incorporated, Carolina Healthcare Associates, Incorporated, Physician Quality Partners, LLC, and Pender Memorial Hospital, Incorporated, discrete component units, New Hanover Regional Medical Center Foundation, Inc., a blended component unit, and New Hanover Regional Medical Center's fiduciary fund. All Federal and State awards received directly or indirectly (flow-through) from Federal and State awarding agencies are included on the schedule. The information in the schedule is presented in accordance with the requirements of OMB Circular A-133 and the State Single Audit Implementation Act.

Note 2. Basis of Accounting

The accompanying schedule has been prepared on the modified accrual basis. Under this method of accounting, revenues are recognized in the accounting period in which they become measurable and available to pay liabilities of the current period. Expenditures are recognized in the accounting period in which a liability is incurred.