

**Novant Health, Inc.
and Affiliates**
Consolidated Financial Statements
December 31, 2016 and 2015

Novant Health, Inc. and Affiliates

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December 31, 2016 and 2015

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Report of Independent Auditors

To the Board of Trustees of
Novant Health, Inc.

We have audited the accompanying consolidated financial statements of Novant Health, Inc. and Affiliates, which comprise the consolidated balance sheets as of December 31, 2016 and 2015, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended.

Management's Responsibility for the Consolidated Financial Statements

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

Auditors' Responsibility

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

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

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Novant Health, Inc. and Affiliates as of December 31, 2016 and 2015, and the results of their operations, changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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

March 24, 2017

Novant Health, Inc. and Affiliates
Consolidated Balance Sheets
December 31, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Assets		
Current assets		
Cash and cash equivalents	\$ 260,988	\$ 354,403
Accounts receivable, net of allowance for doubtful accounts of \$230,511 in 2016 and \$209,606 in 2015	511,649	432,512
Short-term investments	260,319	465,772
Current portion of assets limited as to use	18,586	13,736
Deferred tax asset	-	7,311
Current assets held for sale	14,173	-
Receivable for settlement with third-party payors	13,897	10,599
Other current assets	181,750	170,690
Total current assets	<u>1,261,362</u>	<u>1,455,023</u>
Assets limited as to use	147,124	46,694
Long-term assets held for sale	57,193	-
Long-term investments	2,014,688	1,806,599
Property and equipment, net	1,940,642	1,854,102
Intangible assets and goodwill, net	287,466	308,215
Investments in affiliates	32,046	33,246
Other assets	107,011	92,091
Total assets	<u>\$ 5,847,532</u>	<u>\$ 5,595,970</u>
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term debt	\$ 66,624	\$ 178,347
Short-term borrowings	83,627	86,785
Accounts payable	160,192	148,529
Accrued liabilities	358,685	383,086
Current liabilities held for sale	13,498	-
Estimated third-party payor settlements	33,296	24,344
Total current liabilities	<u>715,922</u>	<u>821,091</u>
Long-term debt, net of current portion	1,325,810	1,593,257
Deferred tax liability	-	3,843
Long-term liabilities held for sale	1,682	-
Derivative financial instruments	50,305	57,941
Employee benefits and other liabilities	305,476	231,069
Total liabilities	<u>2,399,195</u>	<u>2,707,201</u>
Commitments and contingencies		
Net assets		
Unrestricted - attributable to Novant Health	3,291,669	2,820,367
Unrestricted - noncontrolling interests	96,620	13,663
Total unrestricted net assets	<u>3,388,289</u>	<u>2,834,030</u>
Temporarily restricted	48,767	43,758
Permanently restricted	11,281	10,981
Total net assets	<u>3,448,337</u>	<u>2,888,769</u>
Total liabilities and net assets	<u>\$ 5,847,532</u>	<u>\$ 5,595,970</u>

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

Novant Health, Inc. and Affiliates
Consolidated Statements of Operations and Changes in Net Assets
Years Ended December 31, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Operating revenues		
Patient service revenues (net of contractual allowances and discounts)	\$ 4,308,993	\$ 4,061,243
Provision for bad debts	(204,535)	(195,958)
Net patient service revenues less provision for bad debts	<u>4,104,458</u>	<u>3,865,285</u>
Other revenue	<u>235,665</u>	<u>262,716</u>
Total operating revenues	<u>4,340,123</u>	<u>4,128,001</u>
Operating expenses		
Salaries and employee benefits	2,290,877	2,153,132
Supplies and other	1,456,401	1,405,855
Depreciation expense	237,416	209,888
Amortization expense	2,972	3,644
Impairment charge	11,850	8,572
Interest expense	<u>81,832</u>	<u>88,522</u>
Total operating expenses	<u>4,081,348</u>	<u>3,869,613</u>
Operating income	258,775	258,388
Non-operating income (expense)		
Investment income (loss)	151,073	(60,039)
Income tax expense	(3,371)	(7,022)
Gain on extinguishment of debt	6,304	-
Other, net	24	34
Unrealized gain on non-hedged derivative financial instruments	<u>-</u>	<u>217</u>
Excess of revenues over expenses	<u>\$ 412,805</u>	<u>\$ 191,578</u>

Continued on following page

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

Novant Health, Inc. and Affiliates
Consolidated Statements of Operations and Changes in Net Assets, continued
Years Ended December 31, 2016 and 2015

<i>(in thousands of dollars)</i>	2016	2015
Unrestricted net assets		
Excess of revenues over expenses	\$ 412,805	\$ 191,578
Change in funded status of defined benefit plans	47,862	23,514
Loss on voluntary pension settlement	(4,396)	-
Unrealized gain on derivative financial instruments	5,564	4,140
Formation of Novant Health UVA Health System	92,187	-
Other changes in unrestricted net assets	237	1,017
Increase in unrestricted net assets	<u>554,259</u>	<u>220,249</u>
Temporarily restricted net assets		
Contributions and investment income	11,131	8,930
Formation of Novant Health UVA Health System	740	-
Net assets released from restrictions for operations	(6,862)	(5,592)
Increase in temporarily restricted net assets	<u>5,009</u>	<u>3,338</u>
Permanently restricted net assets		
Contributions, net of reclassifications	300	18
Increase in permanently restricted net assets	<u>300</u>	<u>18</u>
Increase in total net assets	559,568	223,605
Net assets, beginning of year	<u>2,888,769</u>	<u>2,665,164</u>
Net assets, end of year	<u>\$ 3,448,337</u>	<u>\$ 2,888,769</u>

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

Novant Health, Inc. and Affiliates
Consolidated Statements of Cash Flows
Years Ended December 31, 2016 and 2015

(in thousands of dollars)

	2016	2015
Cash flows from operating activities		
Increase in net assets	\$ 559,568	\$ 223,605
Adjustments to reconcile changes in net assets to net cash provided by operating activities		
Depreciation, amortization, and accretion	241,688	220,315
Gain on sale of real estate	(4,234)	(7,605)
Gain on sale of business	-	(40,027)
Impairment charge	11,850	8,572
Gain on extinguishment of debt	(6,304)	-
Loss on voluntary pension settlement	4,396	-
Change in funded status of defined benefit plans	(47,862)	(23,514)
Increase in unrestricted net assets related to consolidated affiliated entities	(92,927)	-
Share of earnings in affiliates, net of distributions	587	(1,894)
Net realized and unrealized (gains) losses on assets limited as to use and investments	(129,464)	84,734
Change in fair value of interest rate swaps	(7,636)	(2,401)
Contributions restricted for capital	(2,314)	(3,856)
Provision for bad debts	204,535	195,958
Changes in operating assets and liabilities, net of assets acquired and liabilities assumed		
Accounts receivable	(320,730)	(258,855)
Accounts payable and accrued liabilities	(24,227)	13,682
Deferred taxes, net	1,627	(422)
Other assets and liabilities, net	6,542	13,725
Net cash provided by operating activities	<u>395,095</u>	<u>422,017</u>
Cash flows from investing activities		
Capital expenditures	(288,282)	(227,793)
Proceeds from sale of affiliates	-	80,980
Proceeds from sales of long-term investments	943,012	521,832
Purchase of long-term investments	(1,022,634)	(696,028)
Proceeds from sales of short-term investments	605,914	465,050
Purchase of short-term investments	(400,551)	(560,059)
Proceeds from sale of property and equipment	3,503	9,338
Cash acquired	13,198	2,568
Other investing activities	(1,182)	(1,863)
Net cash used in investing activities	<u>(147,022)</u>	<u>(405,975)</u>
Cash flows from financing activities		
Principal payments on long-term debt	(374,566)	(36,872)
Bond proceeds received from trustee	-	2,877
Proceeds from sale of accounts receivable, net	37,709	35,086
Cash (payments) receipts for repurchase agreements, net	(3,066)	3,556
Other financing activities	(1,565)	4,917
Net cash (used in) provided by financing activities	<u>(341,488)</u>	<u>9,564</u>
Net (decrease) increase in cash and cash equivalents	(93,415)	25,606
Cash and cash equivalents		
Beginning of year	<u>354,403</u>	<u>328,797</u>
End of year	<u>\$ 260,988</u>	<u>\$ 354,403</u>

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

Novant Health, Inc. and Affiliates
Consolidated Statements of Cash Flows, continued
Years Ended December 31, 2016 and 2015

(in thousands of dollars)

	2016		2015
Supplemental disclosure of cash flow information			
Interest paid	\$ 89,813	\$	87,979
Income taxes paid	1,810		7,257
Supplemental disclosure of noncash operating activities			
Settlement of patient receivables and other liabilities	1,108		2,733
Supplemental disclosure of noncash financing and investing activities			
Property and equipment financed through current liabilities	31,685		26,626

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

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

1. Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a nonprofit, integrated health care network of physician clinics, outpatient centers and hospitals that serves patients and communities in North Carolina, Virginia and South Carolina. Novant Health consists of nearly 1,500 physicians and 25,000 team members at approximately 500 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, serving more than 4 million patients annually. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Principles of Consolidation

The consolidated financial statements include the accounts of all affiliates controlled by Novant Health. All intercompany transactions and balances have been eliminated. Investments in affiliates in which the Company does not have control or has a 50% or less interest are accounted for by either the equity or cost method.

Use of Estimates

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

Significant estimates include, but are not limited to, accounts receivable allowances, third-party payor settlements, goodwill and intangible asset valuation and subsequent recoverability, useful lives of intangible assets and property and equipment, medical and professional liability and other self-insurance accruals, and pension related assumptions.

Fair Value of Financial Instruments

The fair value of financial instruments approximates the carrying amount reported in the consolidated balance sheets for cash and cash equivalents, investments other than alternatives, assets limited as to use and interest rate swaps. More information can be found in Note 8, *Fair Value Measurements*.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less, excluding amounts limited as to use by board designation, donors or trustees.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

Accounts Receivable

Accounts receivable consist primarily of amounts owed by various governmental agencies, insurance companies and patients. Novant Health manages these receivables by regularly reviewing the accounts and contracts and by providing appropriate allowances for uncollectible amounts. In evaluating the collectability of accounts receivable from third-party payors, the Company analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary (for example, for anticipated uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). In evaluating the collectability of accounts receivable from patients (including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists), Novant Health considers several factors, including historical collection results, the age of the accounts, changes in collection patterns and general industry conditions. Novant Health records a provision for bad debts in the period of service based on the analysis and consideration of these factors. Once collection efforts are complete, any difference between the amount charged and the amount collected is written off against the allowance for doubtful accounts.

Other Current Assets

Other current assets include inventories (which primarily consist of hospital and medical supplies and pharmaceuticals), prepaid expenses and other receivables. Inventory costs are determined primarily using the average cost method and are stated at the lower of cost or market value.

Investments

Investments are classified as trading securities. All investments are designated as trading at the time of acquisition. Accordingly, unrealized gains and losses on investments are included in excess of revenues over expenses, unless the income or loss is restricted by donor or law. Long-term investments are classified as noncurrent assets as the Company does not expect to use these funds to meet its current liabilities.

Investments in equity and debt securities with readily determinable fair values are measured at fair value in the accompanying consolidated balance sheets. The Company also invests in alternative investments through limited partnerships and limited liability corporations ("LLCs"). These investments are recorded using the equity method of accounting (which approximates fair value) with the related earnings reported as investment income in the accompanying consolidated financial statements. The values provided by the respective partnership or LLC are based on market value or other estimates that require varying degrees of judgment. Because these investments are not readily marketable, the estimated value is subject to additional uncertainty and, therefore, may differ from the value that would have been used had a market for such investments existed. Such differences could be material. The Company believes the carrying amount of these investments is a reasonable estimate of fair value.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the investment balances included in the consolidated financial statements.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

Assets Limited as to Use

Assets limited as to use primarily include assets held by trustees under indenture agreements and assets designated for specific purposes by the Board of Trustees.

Derivatives

The Company selectively enters into interest rate protection agreements to mitigate changes in interest rates on variable rate borrowings. The notional amounts of such agreements are used to measure the interest to be paid or received and do not represent the amount of exposure to loss. None of these agreements are used for speculative or trading purposes.

Derivatives are recognized on the consolidated balance sheets at fair value. The accounting for changes in the fair value of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship. The Company formally documents the hedging relationships at inception of the contract for derivative transactions, including identifying the hedge instruments and hedged items, as well as the risk management objectives and strategies for entering into the hedge transaction. At inception and on a quarterly basis thereafter, the Company assesses the effectiveness of derivatives used to hedge transactions. If a cash flow hedge is deemed effective, the change in fair value is recorded as an other change in unrestricted net assets. If after assessment it is determined that a portion of the derivative is ineffective, then that portion of the derivative's change in fair value will be immediately recognized in excess of revenues over expenses. The change in fair value of all derivatives that do not qualify for hedge accounting is also recognized in excess of revenues over expenses.

Property and Equipment

Property and equipment are recorded at cost, if purchased, or at fair value at the date of donation, if donated. Depreciation is computed on a straight-line basis over the estimated useful lives of the related assets. Leasehold improvements are amortized over the life of the lease or the useful life of the asset, whichever is shorter.

Following is a summary of the estimated useful lives used in computing depreciation:

Buildings	30–40 years
Machinery and equipment	3–15 years
Software	3–10 years
Furniture and fixtures	7–14 years

Certain facilities and equipment held under capital leases are classified as property and equipment and amortized on the straight-line method over the period of the lease term or the estimated useful life of the asset, whichever is shorter. The related obligations are recorded as liabilities. Amortization of equipment under capital lease is included in depreciation expense.

The Company also capitalizes the cost of software developed for internal use.

Maintenance and repairs of property and equipment are expensed in the period incurred. Replacements or improvements that increase the estimated useful life of an asset are capitalized. Assets that are sold, retired or otherwise disposed of are removed from the respective asset cost and accumulated depreciation accounts and any gain or loss is included in the results of operations.

Novant Health, Inc. and Affiliates

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(in thousands of dollars)

Operating leases are accounted for in accordance with generally accepted accounting principles (“GAAP”), which requires the recognition of fixed rental payments, including rent escalations, on a straight-line basis over the term of the lease.

Under the terms of the 1984 deed in which the Forsyth County Board of County Commissioners conveyed the assets of Forsyth Memorial Hospital (the “Hospital”) to Novant Health, Novant Health is required to operate the Hospital as a community general hospital open to the general public, and if Novant Health is dissolved, a successor nonprofit corporation approved by the Forsyth County Board of County Commissioners must carry out the terms and conditions of this conveyance. If these terms are not met, all ownership rights to the Hospital shall revert to the County, including the buildings and land together with the personal property and equipment associated with the Hospital with a net book value of approximately \$239,668 at December 31, 2016.

Gifts of long-lived assets such as land, buildings, or equipment are excluded from the excess of revenues over expenses and are reported as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Goodwill and Other Intangible Assets

Goodwill represents the excess of the purchase price over the fair value of the net assets of acquired companies. Intangible assets generally represent the acquisition date fair value of certain rights or relationships obtained in such business acquisitions.

The Company considers certificates of need, which are required by certain states prior to the acquisition of high cost capital items, to be indefinite-lived intangible assets. The Company also has intangible assets with identifiable useful lives related to business acquisitions. These assets include business relationships and corporate trade names. In accordance with GAAP, the Company amortizes the cost of these intangible assets with identifiable useful lives down to their estimated residual value.

Following is a summary of the estimated useful lives used in computing amortization:

Business relationships	26 years
Corporate trade name	29 years

On an annual basis, Novant Health tests goodwill and indefinite-lived assets for impairment. If it is more likely than not that the indefinite-lived asset is impaired, additional testing for impairment is required. GAAP prescribes that impairment for indefinite-lived intangibles is evaluated by comparing the fair value of the asset with its carrying amount. If the carrying amount exceeds the fair value, an impairment loss is recognized as the amount of that excess.

Novant Health, Inc. and Affiliates

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(in thousands of dollars)

Impairment tests are performed at the reporting unit level for units that have goodwill. If it is more likely than not that the fair value of the reporting unit exceeds the carrying value of the reporting unit, additional impairment testing is not required. If it is more likely than not that the carrying value of the reporting unit exceeds the fair value of the reporting unit, additional testing for impairment is required. GAAP prescribes a two-step process for testing for goodwill impairments after applying the qualitative assessment. The first step is to determine if the carrying value of the reporting unit with goodwill is less than the related fair value of the reporting unit. The fair value of the reporting unit is determined through use of discounted cash flow methods and/or market based multiples of earnings and sales methods. If the carrying value of the reporting unit is less than the fair value of the reporting unit, the goodwill is not considered impaired. If the carrying value is greater than the fair value, the potential for impairment of goodwill exists. The goodwill impairment is determined by allocating the current fair value of the reporting unit among the assets and liabilities based on a purchase price allocation methodology as if the reporting unit was being acquired in a business combination. The fair value of the goodwill is implied from this allocation and compared to the carrying value with an impairment loss recognized if the carrying value is greater than the implied fair value.

Investments in Affiliates

Investments in entities which Novant Health does not control, but in which it has a substantial ownership interest and can exercise significant influence, are accounted for using the equity method. Investments in entities of 20% or less and where there are no qualitative indicators of significant influence are accounted for using the cost method.

Other Assets

Other assets consist of notes and pledges receivable, insurance receivables, prepaid pension costs and the cash surrender value of insurance policies.

Compensated Absences

The Company's employees earn vacation days at varying rates depending on years of service. Vacation time accumulates up to certain limits, at which time no additional vacation hours can be earned. Provided this hourly limit is not met, employees can continue to accumulate vacation hours and time can be carried over to future years. Accrued vacation time is included in accrued liabilities on the Company's consolidated balance sheets.

Self-Insurance Reserves

The Company is self-insured for certain employee health benefit options, workers' compensation and malpractice. These costs are accounted for on an accrual basis to include estimates of future payments for claims incurred.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. The earnings on permanently restricted net assets are available for use as specified by the donors. The Company's temporarily restricted and permanently restricted net assets are predominantly held by related foundations for various hospital service costs and community health programs.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

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(in thousands of dollars)

Contributions Received

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received or the condition is met. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is met, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions, which is included in other operating revenue. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying consolidated financial statements.

Statement of Operations

All activities of Novant Health deemed by management to be ongoing, major and central to the provision of healthcare services are reported as operating revenue and expenses. Other activities are deemed to be non-operating and include investment income (loss), change in fair value of non-hedged derivative financial instruments, income tax expense and gain on extinguishment of debt.

Novant Health receives supplemental Medicaid payments from the state of North Carolina through a federally approved disproportionate share program ("Medicaid DSH"). During 2012, the federal government approved an amendment to the Medicaid DSH plan. This amendment, referred to as the Medicaid Gap Assessment Program ("GAP"), provides a new funding model whereby hospitals are assessed an amount based on a percentage of their costs and are then paid supplemental amounts in an effort to reduce Medicaid losses. Novant Health records GAP payments received as net patient service revenue and GAP assessments paid as other operating expense on the consolidated statements of operations and changes in net assets. These supplemental payments are recognized in income when earned, if reasonably estimable and deemed collectible. There can be no assurance that this program will not be discontinued or materially modified. During 2016, Novant Health received \$137,002 and paid \$67,212 for the GAP program. During 2015, Novant Health received \$141,745 and paid \$74,008 for the GAP program.

The consolidated statements of operations and changes in net assets include excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses include changes in funded status of defined benefit plans, loss on voluntary pension settlement, unrealized gains on derivative financial instruments that apply hedge accounting and the formation of the Novant Health UVA Health System.

Other Revenue

Other revenue consists primarily of earnings from investments in affiliates accounted for using the equity method of accounting, pharmacy revenue and contributions.

Income Taxes

Novant Health is classified as a nonprofit organization pursuant to Section 501(c)(3) of the Internal Revenue Code and is exempt from income taxes on revenue earned from its tax-exempt purposes. Novant Health also operates various for-profit subsidiaries which operate in service lines that are complimentary to the Company's tax-exempt purpose. Income from activities that are determined by IRS regulations to be unrelated to the tax-exempt purposes as well as income from activities of for-profit subsidiaries of the Company are subject to federal and state taxation.

Novant Health, Inc. and Affiliates
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(in thousands of dollars)

The Company provides for income taxes using the asset and liability method. This approach recognizes the amount of federal, state and local taxes payable or refundable for the current year, as well as deferred tax assets and liabilities for the future tax consequences of events recognized in the consolidated financial statements and income tax returns. Deferred income tax assets and liabilities are adjusted to recognize the effects of changes in tax laws or enacted tax rates in the period in which such laws or rates are enacted.

A valuation allowance is required when it is more likely than not that some portion of the deferred tax assets will not be realized. Realization is dependent on generating sufficient future taxable income.

Reclassifications

Certain balances in the prior fiscal year have been reclassified to conform to the presentation adopted in the current fiscal year.

3. Organizational Changes

Formation of Novant Health UVA Health System

Effective January 1, 2016, Novant Health and The Rector and Visitors of the University of Virginia on behalf of its Medical Center (“UVAMC”) entered into an integration and joint operating agreement (the “Integration Agreement”). The Integration Agreement provides for the creation of a regional healthcare alliance through the creation of a new not-for-profit corporation, Novant Health UVA Health System. Novant Health and UVAMC are the sole members of Novant Health UVA Health System. Novant Health agreed to exchange its sole membership in Prince William Health System for a 60% membership interest in Novant Health UVA Health System. UVAMC agreed to exchange its sole membership in Culpeper Memorial Hospital for a 40% membership interest in Novant Health UVA Health System.

Novant Health recognized the fair value of Culpeper Memorial Hospital and its subsidiaries (“CMH”) in its consolidated balance sheets and included the operations of Novant Health UVA Health System in its consolidated statements of operations and changes in net assets beginning January 1, 2016. This resulted in the recognition of the following amounts in Novant Health’s consolidated balance sheet as of January 1, 2016:

Cash and cash equivalents	\$	11,397
Accounts receivable, net of allowance for doubtful accounts		11,241
Receivable for settlement with third-party payors		2,192
Other current assets		3,706
Assets limited as to use		796
Property and equipment, net		56,924
Long-term investments		2,883
Intangible assets and goodwill, net		25,280
Current portion of long-term debt		217
Accounts payable		6,308
Accrued liabilities		3,654
Long-term debt		739
Employee benefits and other liabilities		4,000
Net assets		99,501

Novant Health, Inc. and Affiliates
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(in thousands of dollars)

The integration agreement includes a working capital true-up based on target net assets at the date of formation. This provision resulted in a payable to UVA of \$6,574 at the date of formation.

Divestiture of Georgia Imaging Centers

In July 2015, the Company divested of its imaging centers in Georgia. These 22 locations with a net carrying value of \$35,836 were sold to Northside Hospital, Inc. for cash of \$80,500. These imaging centers contributed \$29,192 in operating revenues and \$(140) in operating loss in 2015. As a result of this transaction, the Company recognized a gain of \$43,951. This gain is included in other revenue in the consolidated statements of operations and changes in net assets for the year ended December 31, 2015. Novant Health still manages these Georgia locations.

Assets Held for Sale

The Company classifies assets and liabilities (“disposal group”) as held for sale when management, having the authority to approve the action, commits to a plan to sell the disposal group, the sale is probable within one year, and the disposal group is available for immediate sale in its present condition. In addition, the Company considers whether an active program to locate a buyer has been initiated, whether the disposal group is marketed actively for sale at a price that is reasonable in relation to its current value, and whether actions required to complete the plan indicate it is unlikely that significant changes to the plan will be made or that the plan will be withdrawn. The disposal group is measured at the lower of its carrying amount or fair value less cost to sell and long-lived assets within the disposal group are not depreciated while classified as held for sale. In December 2016, it was determined that MedQuest, Inc. and its subsidiaries met all of the criteria to classify it as an asset held for sale. The disposal group was written down to \$56,186, or its fair value less cost to sell. As a result, an impairment charge of \$9,400 was recorded.

The following table summarizes the carrying amounts of major classes of assets and liabilities held for sale:

Cash and cash equivalents	\$ 1,898
Accounts receivable, net of allowance for doubtful accounts	6,316
Deferred tax asset	3,251
Other current assets	<u>2,708</u>
Current assets held for sale	14,173
Property and equipment, net	15,482
Intangible assets and goodwill, net	41,382
Other long-term assets	<u>329</u>
Long-term assets held for sale	57,193
Accrued liabilities	<u>13,498</u>
Current liabilities held for sale	13,498
Employee benefits and other liabilities	<u>1,682</u>
Long-term liabilities held for sale	1,682

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4. Net Patient Service Revenue

Net patient service revenue is presented net of provisions for contractual adjustments and other allowances. Novant Health has agreements with third-party payors that provide for payments at amounts different from its established rates. Retroactive adjustments are accrued on an estimated basis in the period the related service is rendered and adjusted in future periods as final settlements are determined. During 2016 and 2015, Novant Health recorded a favorable change in estimate of \$55,000 and \$82,000, respectively, related to the net realizable value of patient receivables. This change in estimate is reflected as an increase in net patient service revenues less provision for bad debts in the consolidated statements of operations and changes in net assets and was primarily the result of favorable collections from a previous patient accounting system, as well as from favorable collections from the Company's transition to an electronic health record in 2014 and 2015. For uninsured patients that do not qualify for charity care, Novant Health recognizes revenue on the basis of its standard rates for services provided, less discounts for uninsured patients as provided by the Company's financial assistance policies. Based on historical experience, many of the Company's uninsured patients will be unable or unwilling to pay for the services provided. As a result, Novant Health records a significant provision for bad debts related to uninsured patients in the period the services are provided. Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources, is as follows:

	2016	2015
Third-party payors	\$ 4,227,059	\$ 3,995,854
Self-pay	<u>81,934</u>	<u>65,389</u>
Total	<u>\$ 4,308,993</u>	<u>\$ 4,061,243</u>

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

Medicare and Medicaid

Inpatient acute care services rendered to program beneficiaries are paid at prospectively determined rates per diagnosis. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Inpatient non-acute services, certain outpatient services, and defined capital and medical education costs related to beneficiaries are paid based on a cost reimbursement methodology. Outpatient services are paid at a prospectively determined rate. Novant Health is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by Novant Health and audits thereof by the fiscal intermediary. The Company's Medicare cost reports are final settled through 2013 for all facilities except for Novant Health Forsyth Medical Center which is finalized through 2010. Substantially all of the Company's Medicaid cost reports are final settled through 2013.

Revenue from the Medicare and Medicaid programs accounted for approximately 31.0% and 5.3%, respectively, of Novant Health's net patient service revenue for the year ended 2016, and 31.2% and 5.3%, respectively, of Novant Health's net patient service revenue for the year ended 2015. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a possibility that recorded estimates will change by a material amount in the near term.

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In July 2010, the Department of Health and Human Services published final regulations implementing the health information technology provisions of the American Recovery and Reinvestment Act. The regulation defines the “meaningful use” of Electronic Health Records (“EHR”) and established the requirements for the Medicare and Medicaid EHR payment incentive programs. These programs allow Medicare and Medicaid incentive payments to be paid to eligible hospitals, physicians, and certain other health professionals that implement and achieve meaningful use of certified EHR technology. The implementation period for these new Medicare and Medicaid incentive payments started in federal fiscal year 2011 and can end as late as 2016 for Medicare and 2021 for the state Medicaid programs. Novant Health recognizes income related to Medicare and Medicaid incentive payments using a gain contingency model that is based upon when our eligible providers and hospitals have demonstrated meaningful use of certified EHR technology for the applicable period, and, if applicable, the cost report information for the full cost report year that will determine the final calculation of the incentive payment is available. During 2016 and 2015, Novant Health recognized \$12,176 and \$16,177, respectively, of revenue related to EHR funds. These amounts are included in other revenue in the accompanying consolidated statements of operations and changes in net assets. This amount represents amounts that were received and/or amounts for which Novant Health has successfully met meaningful use criteria. Included in the Company’s consolidated balance sheets at December 31, 2016 and 2015 is deferred revenue of \$804 and \$8,421, respectively. At December 31, 2016 and 2015, Novant Health had a receivable related to EHR funds of \$0 and \$5,100, respectively.

Other Payors

Novant Health also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to Novant Health under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Payments for services covered by these programs and certain other third-party payor contracts are generally less than billed charges. Provisions for contractual adjustments including Medicare, Medicaid, and managed care total approximately \$6,127,154 (or 57%) and \$5,528,484 (or 55%) of 2016 and 2015 gross patient service revenue, respectively.

The allowance for doubtful accounts is determined based on management’s assessment of historical and expected net collections, business and economic conditions, the age of the accounts, trends in federal and state governmental health care coverage and other collection indicators. The Company’s self-pay write-offs (including charity care) were \$601,555 in 2016 compared to \$586,546 in 2015. Novant Health has not changed its charity care or uninsured discount policies during 2015 or 2016. Novant Health does not maintain a material allowance for doubtful accounts from third-party payors, nor did it have significant write-offs from third-party payors.

Novant Health has a program of factoring certain patient receivables with recourse to a third-party. Novant Health is obligated to repurchase factored receivables upon occurrence of certain conditions of the program. Accordingly, Novant Health accounts for the factoring as a secured borrowing. The factored receivables are recorded at their estimated net realizable value and are shown as other assets in the consolidated balance sheets. An offsetting liability, representing Novant Health’s potential recourse for these receivables, is part of employee benefits and other liabilities in the consolidated balance sheets. As of December 31, 2016, the factored notes and the related liabilities were \$42,289 and \$51,547, respectively. As of December 31, 2015, the factored notes and the related liabilities were \$31,075 and \$44,606 respectively.

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5. Charity Care and Community Benefit

In accordance with Novant Health's mission to improve the health of its communities one person at a time, Novant Health facilities accept patients regardless of their ability to pay. At acute facilities, uninsured patients qualify for a full write-off of their bills if their household income is at or below 300% of the federal poverty level. Novant Health also offers a catastrophic discount for patients with an account balance greater than \$5, flexible payment plans, and discounts for uninsured patients who do not qualify for the charity care program. In addition to these programs for hospitals, Novant Health physician groups and outpatient centers also have charity care programs to assist patients in need. The Company's approximate cost of providing care to indigent patients was \$122,017 and \$125,317 for the years ended December 31, 2016 and 2015, respectively. Novant Health estimates the costs of providing traditional charity care using each facility's estimated ratio of costs to charges. Funds received from gifts or grants to subsidize charity services provided were \$2,124 and \$1,300 for the years ended December 31, 2016 and 2015, respectively.

In addition to providing charity care to uninsured patients, Novant Health also provides services to beneficiaries of public programs and various other community health services intended to improve the health of the communities in which the Company operates. Novant Health uses the following four categories to identify the resources utilized for the care of persons who are underserved and for providing community benefit programs to the needy:

- Traditional charity care, which includes the cost of services provided to persons who cannot afford health care because of inadequate resources and who are uninsured.
- Unpaid cost of Medicare, which represents the unpaid cost of services provided to persons through the government program for individuals age 65 and older as well as those that qualify for federal disability benefits.
- Unpaid cost of Medicaid, which represents the unpaid cost of services provided to persons covered by the government program for medically indigent patients.
- Community benefit programs consist of the unreimbursed costs of certain programs and services for the general community, mainly for indigent patients but also for people with chronic health risks. Examples of these programs include health promotion and education, free clinics and screenings, and other community services.

The amount of unpaid cost of Medicare, Medicaid, and other community benefit programs is reported on page 48 in the accompanying other financial information.

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6. Other Current Assets

Other current assets consist of the following at December 31:

	2016	2015
Inventory	\$ 82,091	\$ 75,568
Prepays	39,541	34,827
Other receivables	60,118	60,295
	<u>\$ 181,750</u>	<u>\$ 170,690</u>

7. Assets Limited as to Use and Investments

Short-Term Investments

Novant Health holds certain investments that are short-term in nature and have original maturity dates ranging from three to twelve months. Short-term investments consist of the following at December 31:

	2016	2015
Certificates of deposit	\$ 58	\$ 5,064
Fixed income - Government securities	260,261	430,566
Fixed income - Corporate and other	-	30,142
	<u>\$ 260,319</u>	<u>\$ 465,772</u>

Assets Limited as to Use

The designation of assets limited as to use is as follows:

	2016		2015	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
Under general and professional liability funding arrangement held by trustee	\$ 12,089	\$ 42,084	\$ 13,541	\$ 39,508
Designated by board to service benefit plans	6,497	105,040	195	7,186
	<u>\$ 18,586</u>	<u>\$ 147,124</u>	<u>\$ 13,736</u>	<u>\$ 46,694</u>

Assets limited as to use are invested primarily in cash and cash equivalents and corporate, U.S. government and U.S. agency debt obligations. At December 31, 2016 and 2015, the Company had \$0 and \$889, respectively, in investments carried at net asset value per share ("NAV").

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The Company recorded additional current and long-term assets limited as to use in 2016 in the amounts of \$6,302 and \$98,049, respectively, related to non-qualified deferred compensation plans which had previously been excluded. An equal and offsetting adjustment has been reflected in employee benefits and other liabilities as of December 31, 2016. The uncorrected effect to current and long-term assets limited as to use was \$2,508 and \$90,290, respectively, at December 31, 2015.

Long-Term Investments

Investments are reported at either fair value, the equity method of accounting or at NAV as a practical expedient. The composition of long-term investments is as follows:

	December 31, 2016			
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 168,714	\$ -	\$ -	\$ 168,714
U.S. equities	376,753	19,875	230,038	626,666
International equities	126,434	60,089	184,083	370,606
Fixed income - Government securities	127,475	-	-	127,475
Fixed income - Corporate and other	28,604	58,764	27,013	114,381
Hedge funds	-	362,498	-	362,498
Emerging markets	24,843	-	88,889	113,732
Real estate and other	33,558	97,058	-	130,616
	<u>\$ 886,381</u>	<u>\$ 598,284</u>	<u>\$ 530,023</u>	<u>\$ 2,014,688</u>

	December 31, 2015			
	At Fair Value	On Equity Method	At NAV	Total
Cash and cash equivalents	\$ 122,800	\$ -	\$ -	\$ 122,800
U.S. equities	275,374	21,810	185,494	482,678
International equities	118,568	49,530	159,915	328,013
Fixed income - Government securities	124,828	-	-	124,828
Fixed income - Corporate and other	28,456	51,519	15,479	95,454
Hedge funds	-	423,673	-	423,673
Emerging markets	18,789	15,078	79,011	112,878
Real estate and other	10,478	105,797	-	116,275
	<u>\$ 699,293</u>	<u>\$ 667,407</u>	<u>\$ 439,899</u>	<u>\$ 1,806,599</u>

Long-term investments carried at NAV may be redeemed or liquidated only after giving notice to the fund manager. The notice period ranges from 5 to 30 days. These investments have been reported at NAV by each fund as a practical expedient to estimate their fair value. Novant Health has the ability to redeem its interests at or near the financial statement date. Novant Health defines near term as within 90 days of the financial statement date.

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The Company's investments in hedge funds include limited partnerships, limited liability corporations, and off-shore investment funds. The underlying investments of the limited partnerships and limited liability corporations include, among others, futures and forward contracts, options, and securities sold not yet purchased, intended to hedge against changes in the market value of investments. These financial instruments may result in loss due to changes in the market (market risk). Alternative investments are less liquid than the Company's other investments.

The Company's investments in hedge funds represent 18.0% and 23.5% of total long-term investments held at December 31, 2016 and 2015, respectively. These instruments may contain elements of both credit and market risk. Such risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, emphasis on speculative investments (both derivatives and nonmarketable investments), and nondisclosure of portfolio composition.

Novant Health is obligated under certain investment agreements to periodically advance additional funding up to specified levels. As of December 31, 2016 and 2015, Novant Health had future commitments of \$67,167 and \$70,745, respectively, for which capital calls had not been exercised.

Investment income (loss) for assets limited as to use and investments is comprised of the following for the years ended December 31:

	2016	2015
Income (loss)		
Interest and dividend income	\$ 21,609	\$ 24,695
Net realized gains	29,251	31,081
Net unrealized gains (losses)	100,213	(115,815)
	<u>\$ 151,073</u>	<u>\$ (60,039)</u>

Investment income (loss) is shown net of related expenses on the consolidated statements of operations and changes in net assets. Investment related administrative expenses were \$4,767 and \$5,070 for the years ended December 31, 2016 and 2015, respectively.

8. Fair Value Measurements

Novant Health categorizes, for disclosure purposes, assets and liabilities measured at fair value in the financial statements based upon whether the inputs used to determine their fair values are observable or unobservable. Observable inputs are inputs which are based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about pricing the asset or liability, based on the best information available in the circumstances.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an asset's or liability's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement of the asset or liability. The Company's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

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Novant Health follows the three-level fair value hierarchy to categorize these assets and liabilities recognized at fair value at each reporting period, which prioritizes the inputs used to measure such fair values. Level inputs are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities on the reporting date. Investments classified in this level generally include exchange traded equity securities, futures, pooled short-term investment funds, options and exchange traded mutual funds.

Level 2: Inputs other than quoted market prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. If the asset or liability has a specified (contractual) term, a Level 2 input must be observable for substantially the full term of the asset or liability. Investments classified in this level generally include fixed income securities, including fixed income government obligations; asset-backed securities; certificates of deposit; derivatives; as well as certain U.S. and international equities which are not traded on an active exchange.

Level 3: Inputs that are unobservable for the asset or liability. Investments classified in this level generally include investments in preferred stock.

Assets and liabilities classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. Novant Health uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 assets and liabilities. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

As of December 31, 2016 and 2015, the Level 1 and Level 2 assets and liabilities listed in the fair value hierarchy tables below utilize the following valuation techniques and inputs:

Certificates of deposit

The fair value of certificates of deposit is based on cost plus accrued interest. Significant observable inputs include security cost, maturity, and relevant short-term interest rates.

Fixed income and debt securities

The fair value of investments in fixed income and debt securities is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security specific characteristics, such as early redemption options.

U.S., international, emerging markets and real estate equity securities

The fair value of investments in U.S., international, emerging markets and real estate equity securities are primarily determined using either quoted prices in active markets or the calculated net asset value. The values for underlying investments are fair value estimates determined by external fund managers based on operating results, balance sheet stability, growth, and other business and market sector fundamentals. The investments in Level 2 may be redeemed or liquidated on a daily basis with no notice.

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Derivatives

The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Significant observable inputs to valuation models include interest rates, credit spreads, volatilities and maturity.

During 2016 and 2015, there were no transfers between Level 1 and 2.

The following table summarizes fair value measurements, by level, at December 31, 2016 for all financial assets and liabilities measured at fair value on a recurring basis in the financial statements:

	Fair Value Measurements at Reporting Date Using			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 58	\$ -	\$ 58
Fixed income - Government securities	-	260,261	-	260,261
Total short-term investments	-	260,319	-	260,319
Assets limited as to use:				
Cash and cash equivalents	4,261	-	-	4,261
U.S. equities	96,396	-	-	96,396
International equities	2,157	-	-	2,157
Fixed income - Government securities	9,549	38,439	-	47,988
Fixed income - Corporate and other	344	14,564	-	14,908
Total assets limited as to use	112,707	53,003	-	165,710
Long-term investments:				
Cash and cash equivalents	168,714	-	-	168,714
U.S. equities	376,753	-	-	376,753
International equities	126,434	-	-	126,434
Fixed income - Government securities	-	127,475	-	127,475
Fixed income - Corporate and other	22,502	6,102	-	28,604
Emerging markets	24,843	-	-	24,843
Other exchange-traded funds	33,558	-	-	33,558
Total long-term investments	752,804	133,577	-	886,381
Total assets at fair value	\$ 865,511	\$ 446,899	\$ -	\$ 1,312,410
Liabilities				
Accrued liabilities	\$ 6,302	\$ -	\$ -	\$ 6,302
Derivative financial instruments	-	50,305	-	50,305
Employee benefits liabilities	103,373	-	-	103,373
Total liabilities at fair value	\$ 109,675	\$ 50,305	\$ -	\$ 159,980

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The following table summarizes fair value measurements, by level, at December 31, 2015 for all financial assets and liabilities measured at fair value on a recurring basis in the financial statements:

	Fair Value Measurements at Reporting Date Using			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Assets				
Short-term investments:				
Certificates of deposit	\$ -	\$ 5,064	\$ -	\$ 5,064
Fixed income - Government securities	-	430,566	-	430,566
Fixed income - Corporate and other	-	30,142	-	30,142
Total short-term investments	-	465,772	-	465,772
Assets limited as to use:				
Cash and cash equivalents	592	-	-	592
U.S. equities	6,018	-	-	6,018
International equities	62	-	-	62
Fixed income - Government securities	-	36,765	-	36,765
Fixed income - Corporate and other	396	15,708	-	16,104
Total assets limited as to use	7,068	52,473	-	59,541
Long-term investments:				
Cash and cash equivalents	122,800	-	-	122,800
U.S. equities	275,374	-	-	275,374
International equities	118,568	-	-	118,568
Fixed income - Government securities	-	124,828	-	124,828
Fixed income - Corporate and other	15,289	13,167	-	28,456
Emerging markets	18,789	-	-	18,789
Real estate and other	10,478	-	-	10,478
Total long-term investments	561,298	137,995	-	699,293
Total assets at fair value	\$ 568,366	\$ 656,240	\$ -	\$ 1,224,606
Liabilities				
Derivative financial instruments	\$ -	\$ 57,941	\$ -	\$ 57,941
Employee benefits liabilities	5,547	-	-	5,547
Total liabilities at fair value	\$ 5,547	\$ 57,941	\$ -	\$ 63,488

Impairment Charges

As a result of its impairment testing for 2016, the Company recorded impairment charges of \$11,850 to reduce the carrying value of long-lived property and equipment assets from their carrying value of \$3,250 to their estimated fair value of \$800 and to reduce the carrying value of assets held for sale from their carrying value of \$65,586 to their estimated fair value, less costs to sell of \$56,186. As a result of its impairment testing for 2015, the Company recorded impairment charges of \$8,572 to fully write-off long-lived property and equipment assets. These impairment charges are included in the consolidated statements of operations and changes in net assets.

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9. Property and Equipment

Property and equipment consists of the following December 31:

	2016	2015
Land and land improvements	\$ 278,304	\$ 261,959
Leasehold improvements	152,892	156,010
Buildings and building improvements	1,784,714	1,735,771
Buildings under capital lease obligations	26,997	26,854
Equipment	1,664,465	1,635,544
Equipment under capital lease obligations	4,537	5,307
Software	500,216	465,641
Construction-in-progress	<u>187,358</u>	<u>94,541</u>
	4,599,483	4,381,627
Less: Accumulated depreciation	<u>(2,658,841)</u>	<u>(2,527,525)</u>
	<u>\$ 1,940,642</u>	<u>\$ 1,854,102</u>

Novant Health reviews long-lived assets for recoverability as required when events and changes in circumstances indicate that its carrying value may not be recoverable. As a result of this review, \$2,450 and \$8,572 were recorded in impairment charges related to property and equipment assets in 2016 and 2015, respectively.

At December 31, 2016 and 2015, land and buildings with a net book value of \$25,040 and \$27,641 respectively, were leased to various unrelated health care organizations, with terms ranging from six months to five years. Depreciation expense and capital lease related amortization expense for the years ended December 31, 2016 and 2015 amounted to \$237,416 and \$209,888, respectively. Accumulated amortization for buildings and equipment under capital lease obligations was \$22,801 and \$22,186 at December 31, 2016 and 2015, respectively. Construction contracts of approximately \$323,955 exist for the expansion of existing hospitals and facility renovations. At December 31, 2016, the remaining commitment on these contracts was \$146,341.

On June 27, 2009, Novant Health sold a portfolio of 22 medical office buildings to a third-party real estate investor. The combined selling price of the buildings was \$122,280. Novant Health is leasing space in each of the buildings from the buyer. The transaction was recorded as a sale-leaseback and resulted in a total gain of \$59,889. Novant Health recognized gains from this transaction of \$3,997 in 2016 and 2015. The remaining deferred gain of \$29,979 will be recognized over the average life of Novant Health's lease agreements with the buyer.

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10. Intangible Assets and Goodwill

Intangible assets consist of the following at December 31:

	Gross Intangible	Accumulated Amortization	Net Intangible
Balance at December 31, 2016			
Unamortized intangible assets			
Certificates of need	\$ 47,228	\$ -	\$ 47,228
Total unamortized intangible assets	47,228	-	47,228
Amortized intangible assets			
Business relationships	44,132	(15,472)	28,660
Corporate trade name and other intangibles	23,285	(5,568)	17,717
Total amortized intangible assets	67,417	(21,040)	46,377
Total intangible assets	\$ 114,645	\$ (21,040)	\$ 93,605
Balance at December 31, 2015			
Unamortized intangible assets			
Certificates of need	\$ 66,378	\$ -	\$ 66,378
Total unamortized intangible assets	66,378	-	66,378
Amortized intangible assets			
Business relationships	46,851	(14,629)	32,222
Corporate trade name and other intangibles	24,831	(8,418)	16,413
Total amortized intangible assets	71,682	(23,047)	48,635
Total intangible assets	\$ 138,060	\$ (23,047)	\$ 115,013

Amortization expense related to intangible assets was \$2,972 and \$3,644 for the years ended December 31, 2016 and 2015, respectively. Estimated annual amortization expense for intangible assets for the years 2017 through 2021 is approximately \$2,577, \$2,566, \$2,488, \$2,488 and \$2,488, respectively.

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The following table summarizes the changes in the carrying amount of goodwill for the years ended December 31:

	2016	2015
As of January 1		
Goodwill, net of accumulated amortization	\$ 230,765	\$ 261,636
Accumulated impairment losses	<u>(37,563)</u>	<u>(65,260)</u>
	193,202	196,376
Goodwill acquired, net of purchase price adjustments and other	13,822	(737)
Goodwill reclassified as held for sale	(13,163)	-
Disposals, net of accumulated amortization	<u>-</u>	<u>(2,437)</u>
	<u>193,861</u>	<u>193,202</u>
As of the end of the period		
Goodwill, net of accumulated amortization	208,621	230,765
Accumulated impairment losses	<u>(14,760)</u>	<u>(37,563)</u>
	<u>\$ 193,861</u>	<u>\$ 193,202</u>

Novant Health reviews long-lived assets for recoverability as required when events and changes in circumstances indicate that its carrying value may not be recoverable. During 2016 and 2015, no impairment charges to amortizable intangible assets were recorded as a result of this review. Our impairment tests presume stable or improving results at certain Novant Health reporting units which are based on the implementation of programs and initiatives that are designed to achieve projected results. If these projections are not met, or in the future negative trends occur which would impact our future outlook, further impairments of goodwill and other intangible assets may occur. Future restructuring of our markets that could potentially change our reporting units could also result in future impairments of goodwill.

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11. Investments in Affiliates

Novant Health has noncontrolling interests in nine healthcare related entities. The Company's ownership interests in the entities range from 9.1% to 51.0%. These investments are accounted for using either the cost or equity method.

A summary of investments, ownership percentages, investment amounts and the Company's share of earnings for the years ended December 31 is as follows:

Investee	% Ownership		Investment Balance		Share of Earnings of Investee	
	2016	2015	2016	2015	2016	2015
Advanced Services	23%	24%	\$ 22,520	\$ 21,582	\$ 1,170	\$ 2,439
Providence Plaza LLC	30%	30%	4,497	4,501	203	181
Rowan Hospice & Palliative Care LLC	50%	50%	382	1,485	81	(140)
Other	Various	Various	4,647	5,678	213	(201)
			<u>\$ 32,046</u>	<u>\$ 33,246</u>	<u>\$ 1,667</u>	<u>\$ 2,279</u>

The following table presents summarized financial information related to investments in the above noncontrolled entities as of December 31:

	2016	2015
Assets	\$ 155,880	\$ 152,510
Liabilities	48,962	52,449
Equity	106,918	100,061
Total revenue	183,805	197,689
Total expenses	179,939	187,754
Net income	3,866	9,935
Novant Health's share of net income	1,667	2,279

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12. Other Assets

Other assets consist of the following at December 31:

	2016	2015
Notes receivable and other	\$ 54,853	\$ 43,296
Cash surrender value of insurance policies	21,470	19,671
Pledges receivable	15,111	14,234
Reinsurance receivables	10,047	10,645
Prepaid pension costs	5,530	4,245
	<u>\$ 107,011</u>	<u>\$ 92,091</u>

13. Accrued Liabilities

Accrued liabilities consist of the following at December 31:

	2016	2015
Accrued compensation	\$ 214,162	\$ 202,294
Legal accrual	-	32,000
Payroll taxes and withholdings	17,025	14,791
Interest	9,550	12,146
Postretirement benefit liability	1,320	1,305
Pension liability	221	217
Other accrued liabilities	82,035	82,052
Self-insurance		
Employee medical claims liability	17,272	19,324
Malpractice and workers' compensation liability	17,100	18,957
	<u>\$ 358,685</u>	<u>\$ 383,086</u>

The legal accrual is discussed further in Note 20, *Commitments and Contingencies*.

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14. Long-Term Debt

Following is a summary of long-term debt at December 31:

	2016	2015
Tax-exempt revenue bonds	\$ 803,630	\$ 1,071,270
Taxable revenue bonds	500,000	600,000
Taxable variable rate demand bonds	<u>53,800</u>	<u>57,800</u>
Total bonds	1,357,430	1,729,070
Capital lease obligations and other notes payable	<u>35,815</u>	<u>36,435</u>
	1,393,245	1,765,505
Unamortized premium or discount, net	7,020	15,888
Unamortized debt issuance costs, net	<u>(7,831)</u>	<u>(9,789)</u>
	1,392,434	1,771,604
Less: Current maturities	<u>(66,624)</u>	<u>(178,347)</u>
	<u>\$ 1,325,810</u>	<u>\$ 1,593,257</u>

Tax-Exempt Revenue Bonds

Novant Health has tax-exempt financing agreements through conduit issuers. These bonds are comprised of the following at December 31:

	2016	2015
Series 2013 A and B Current Interest Term Bonds and Serial Bonds, bearing interest at rates ranging from 3.0% to 5.0% payable semi-annually and maturing through 2046; principal payments began in 2014	\$ 279,965	\$ 286,865
Series 2010 A Current Interest Term Bonds and Serial Bonds, bearing interest at rates ranging from 4.0% to 5.0% payable semi-annually and maturing through 2043; principal payments begin in 2023	264,165	264,165
Series 2008 A, B and C Variable Rate Demand Bonds, bearing interest at variable rates payable monthly and maturing through 2028; principal payments began in 2009	124,500	135,240
Series 2006 Current Interest Term Bonds, bearing interest at rates ranging from 4.5% to 5.0% payable semi-annually and maturing through 2039; principal payments begin in 2023	-	250,000
Series 2004 A and B Variable Rate Demand Bonds, bearing interest at variable rates payable monthly and maturing through 2034; principal payments begin in 2025	<u>135,000</u>	<u>135,000</u>
	<u>\$ 803,630</u>	<u>\$ 1,071,270</u>

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In 2003, Novant Health entered into a new Master Trust Indenture (the "Agreement"). The Agreement authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates. Novant Health and two of its affiliates that operate tertiary care hospitals, Novant Health Forsyth Medical Center and Novant Health Presbyterian Medical Center, are the members of the Obligated Group. The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The Company's Restricted Affiliates, which include certain other subsidiaries of the Company, are not directly obligated to pay obligations under the Agreement, but the members of the Obligated Group have covenanted in the Agreement to cause the Restricted Affiliates to provide funds to the members of the Obligated Group to pay obligations under the Agreement. All bonds issued by Novant Health subsequent to 2003 are collateralized by the Obligated Group.

The bond agreements provide for early redemption periods of the bonds prior to mandatory redemption, subject to a premium, generally ranging from 0.0% to 2.0%, as defined in the agreements. In accordance with the bond indenture agreements, the bonds are general, unsecured obligations of Novant Health. The bond indentures require Novant Health to cause the Restricted Affiliates to comply with certain covenants, including the maintenance of a minimum debt service coverage ratio and a minimum number of days cash on hand. As of December 31, 2016, Novant Health is in compliance with these bond covenants.

The Series 2004 A and B Variable Rate Demand Bonds are collateralized by a standby purchase agreement ("SBPA") issued by JP Morgan Chase Bank National Association. The SBPA expires January 31, 2018. If the SBPA should be used to fund tenders due to a failed remarketing, repayment in quarterly installments over three years is required. As a result, the Company has classified \$36,818 of the 2004 bonds as current at December 31, 2016 and 2015.

In March 2011, the documents related to the Series 2008 A, B and C Variable Rate Demand Bonds were amended to allow the conversion of the bonds to bank direct purchase index floating rate bonds. In March 2014, the Series 2008 A, B, and C Variable Rate Demand Bonds were refinanced and in September 2016, the Series 2008 A bonds were refinanced. Subsequent to the refinancing, the direct purchase agreement related to the Series 2008 A Variable Rate Demand Bonds has a term of five years and will expire in September 2021. Subsequent to the refinancing, the direct purchase agreement related to the Series 2008 B and 2008 C Variable Rate Demand Bonds has a term of seven years and will expire in March 2021.

In November 2016, Novant called the Series 2006 Current Interest Term Bonds at par and repaid them with cash from operations. This resulted in a \$6,304 gain on extinguishment.

Taxable Revenue Bonds

On September 23, 2009, Novant Health issued \$350,000 of taxable fixed rate bonds (the "2009 A Bonds"). \$250,000 of these bonds bear interest at a rate of 5.85% and mature in 2019. The remaining \$100,000 of these bonds matured in 2014. Proceeds of the 2009 A Bonds were used to refinance a portion of the Company's revolving credit facility in January 2010.

On November 12, 2009, Novant Health issued \$100,000 of taxable fixed rate bonds (the "2009 B Bonds"). The 2009 B Bonds bear interest at a rate of 5.35% and matured in 2016. Proceeds of the 2009 B Bonds were used to refinance the remaining portion of the Company's revolving credit facility in January 2010.

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On April 23, 2013, Novant Health issued \$250,000 of taxable fixed rate bonds (the "2013 C Bonds"). The 2013 C bonds bear interest at a rate of 4.37% and mature in 2043. Proceeds of the 2013 C Bonds were used for eligible purposes, including the refinancing of long-term debt.

The taxable revenue bonds are subject to the same covenant requirements that are included in the bond agreements for the tax-exempt revenue bonds.

Taxable Variable Rate Demand Bonds

In 1997, Novant Health issued Taxable Variable Rate Demand Bonds, totaling \$87,800, collateralized by an irrevocable letter of credit issued by Wachovia Bank of North Carolina, N.A. The irrevocable letter of credit is collateralized by the bonds, all income, earnings, profits, interest, premium or other payments on the bonds, and all proceeds arising from the sale, exchange or collection of the bonds. Interest on the bonds is payable on a quarterly basis. Mandatory sinking fund requirements began in 2001 and will continue until their final maturity of June 1, 2022. At December 31, 2016 and 2015, the rate of interest on the variable bonds was 0.76% and 0.42% respectively. The irrevocable letter of credit is currently available through November 1, 2018.

Other Long-Term Debt

Other long-term debt consists of a promissory note related to the redemption of a membership interest and various loans and notes on buildings and capital leases, bearing interest at rates ranging from 1.00% to 12.15%.

Scheduled maturities of all long-term debt are as follows:

Years Ending December 31

2017	\$ 29,817
2018	30,838
2019	277,257
2020	27,192
2021	44,159
Thereafter	<u>983,982</u>
	<u>\$ 1,393,245</u>

Novant Health capitalized \$1,552 and \$889 of interest in 2016 and 2015, respectively.

Debt Issuance Costs

Effective January 1, 2016, Novant Health adopted ASU 2015-03, *Simplifying the Presentation of Debt Issuance Costs*, which requires that unamortized debt issuance costs be presented in the balance sheet as a direct deduction from the carrying value of the associated debt. Application of the new guidance is on a retrospective basis, therefore \$9,789 of debt issuance costs, net of amortization, were reclassified from other assets to long-term debt at December 31, 2015. Debt issuance costs are amortized using the effective interest method over the life of the related debt agreement and instruments.

Short-Term Borrowings and Securities Repurchase Transactions

On June 13, 2013, Novant Health entered into a \$200,000 Senior Revolving Credit Facility. The line of credit bears interest at variable rates and has a five year term. At December 31, 2016 and 2015, there were no amounts outstanding.

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Securities repurchase transactions are conducted by the Company under a standardized securities industry master agreement, amended to suit the specificities of each respective counter-party. These agreements generally provide detail as to the nature of the transaction, including provisions for payment netting, established parameters concerning the ownership and custody of the collateral securities, including the right to substitute collateral during the term of the agreement, and provide for remedies in the event of default by either party. The Company's securities repurchase agreements are accounted for as a secured borrowing and are reported in the consolidated balance sheets as a short-term borrowing. The Company posts collateral in the form of U.S. treasury and agency securities and receives an amount equal to approximately 98% of the fair value of the securities to be repurchased with maturities ranging between February 2017 and April 2017 at interest rates ranging from 0.63% to 0.75%. At December 31, 2016 and 2015, the fair value amounts outstanding were \$83,528 and \$86,588, respectively. Interest rates on the outstanding balances at December 31, 2016 ranged from 0.90% to 0.95%. The maturity dates of the agreements generally range from one to four weeks.

Interest Rate Swaps

As of August 18, 2008, concurrent with the 2008 bond issuance, Novant Health entered into two interest rate swap agreements to hedge the variable interest rates of the 2008 bonds. The swaps are based on an aggregate notional amount of \$124,500. Novant Health receives a variable rate which is tied to 68% of LIBOR, and pays a fixed rate of 3.679% and 3.621% for the \$91,900 and \$32,600 notional amounts, respectively. In July 2006, Novant Health entered into a floating-to-fixed swap agreement with a notional amount of \$135,000 and a term of 28 years to hedge the floating rate 2004 bonds. Novant Health receives a variable rate which is tied to 64.8% of LIBOR plus 12 basis points and pays a fixed interest rate of 3.8%. The swaps have been designated as cash flow hedges and are carried on the consolidated balance sheets at fair value. These swaps qualify for hedge accounting and were assessed for effectiveness at the time the contracts were entered into and are assessed for effectiveness on an ongoing basis at each quarter end using the hypothetical derivative method. Unrealized gains and losses related to the effective portion of the swaps are recognized as a change in unrestricted net assets and gains or losses related to ineffective portions are recognized in excess of revenues over expenses as interest expense. As of December 31, 2016 and 2015, Novant Health's swaps are recorded as long-term liabilities in the consolidated balance sheets.

In August 2005, Novant Health UVA Health System Prince William Medical Center entered into an interest rate swap agreement in order to hedge its exposure to changes in interest rates. The interest rate swap matured on September 1, 2015. The exchanges of cash flows with the counter party (a commercial bank) began on September 8, 2005. Pursuant to the swap agreement, Novant Health UVA Health System Prince William Medical Center paid the counter party a fixed interest rate of approximately 5.6% and received interest at a variable rate equal to LIBOR plus one percent, calculated on the notional amount. The interest rate swap did not qualify for hedge accounting and therefore changes in the fair value of the interest rate swap were recorded in excess of revenues over expenses.

As of December 31, 2016 and 2015 all interest rate swaps are designated as hedged instruments.

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The following table summarizes the effect of the interest rate swaps on the consolidated statements of operations and changes in net assets for the years ended December 31:

Statement of Operations and Changes in Net Assets Location	Amount of Gain Recognized in Change in Unrestricted Net Assets		Amount of Gain (Loss) Recognized in Excess of Revenues Over Expenses	
	2016	2015	2016	2015
Derivatives designated as hedged instruments				
Change in fair value of hedged interest rate swaps	\$ 5,564	\$ 4,140	\$ -	\$ -
Hedge ineffectiveness	-	-	2,071	(1,956)
Derivatives not designated as hedged instruments				
Change in fair value of non-hedged interest rate swaps	-	-	-	217
	<u>\$ 5,564</u>	<u>\$ 4,140</u>	<u>\$ 2,071</u>	<u>\$ (1,739)</u>

15. Employee Benefits and Other Liabilities

Employee benefits and other liabilities consist of the following at December 31:

	2016	2015
Deferred gains	\$ 64,711	\$ 70,197
Self-insurance malpractice and workers' compensation, net of current portion	57,499	55,949
Deferred compensation liability	103,373	5,547
Employee benefits and other	56,494	46,043
Postretirement benefit liability, net of current portion	20,167	20,599
Pension liability, net of current portion	3,232	32,734
	<u>\$ 305,476</u>	<u>\$ 231,069</u>

The Company recorded additional employee benefits, net of current portion, in 2016 in the amount of \$98,049 related to non-qualified deferred compensation plans which had previously been excluded (see Note 7). An equal and offsetting adjustment has been reflected in long-term assets limited as to use as of December 31, 2016. The uncorrected effect to employee benefits, net of current portion, was \$90,290 at December 31, 2015.

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16. Income Taxes

The provision for federal and state income taxes is as follows:

	2016	2015
Current tax expense		
Federal	\$ 1,183	\$ 3,975
State	561	691
	<u>1,744</u>	<u>4,666</u>
Deferred tax expense (benefit)		
Federal	1,607	467
State	20	(888)
	<u>1,627</u>	<u>(421)</u>
Benefit applied to reduce goodwill	<u>-</u>	<u>2,777</u>
	<u>\$ 3,371</u>	<u>\$ 7,022</u>

The components of deferred taxes are as follows:

	2016	2015
Deferred tax assets		
Loss carryforwards	\$ 37,585	\$ 38,376
Deferred charge for intercompany transfer	-	12,033
Accounts receivable	-	5,230
Other long-term assets	8	1,401
Other	82	2,185
Total deferred tax assets	<u>37,675</u>	<u>59,225</u>
Deferred tax liabilities		
Property and equipment	-	(2,963)
Intangible assets	-	(11,670)
Other assets	-	(24)
Total deferred tax liabilities	<u>-</u>	<u>(14,657)</u>
Valuation allowance	<u>(37,675)</u>	<u>(41,100)</u>
Net deferred tax asset	<u>\$ -</u>	<u>\$ 3,468</u>

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GAAP requires that deferred tax assets be reduced by a valuation allowance if it is more likely than not that some portion or all of a deferred tax asset will not be realized. The ultimate realization of deferred tax assets is dependent upon the generation of future taxable income during the periods in which those temporary differences are deductible. In making this determination, management considers all available positive and negative evidence affecting specific deferred tax assets, including the Company's past and anticipated future performance, reversal of deferred tax liabilities, length of carryback and carryforward periods and implementation of tax planning strategies.

Objective positive evidence is necessary to support a conclusion that a valuation allowance is not needed for all or a portion of deferred tax assets when significant negative evidence exists.

Cumulative losses in recent years are the most compelling form of negative evidence considered by management in this determination. For the year ended December 31, 2016, management has determined that based on all available evidence, a valuation allowance of \$37,675 is appropriate.

As of December 31, 2016, the Company had approximately \$98,211 of federal and \$73,324 of state loss carryforwards available to reduce taxable income. The loss carryforwards expire through 2036.

Income tax expense reported in the consolidated statements of operations and changes in net assets is shown below:

	2016	2015
Federal taxes	\$ 2,790	\$ 4,442
State income taxes	581	(197)
Other- benefit applied to reduce goodwill	-	2,777
Income tax expense	<u>\$ 3,371</u>	<u>\$ 7,022</u>

The Company is required to evaluate uncertain tax positions. This evaluation includes a quantification of tax risk in areas such as unrelated business taxable income and the taxation of our for-profit subsidiaries. This evaluation did not have a material effect on the Company's consolidated statements of operations and changes in net assets for the years ended December 31, 2016 and 2015.

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17. Employee Benefit Plans and Other Postretirement Benefit Plans

Certain Novant Health affiliates participate in the Pension Restoration Plan of Novant Health, Inc. (the "Novant Plan"), a noncontributory defined benefit pension plan covering substantially all the affiliates' employees of record as of December 1998. Participation is limited to vested employees as of December 31, 1998. Effective January 1, 2008, and July 1, 2009, the Company assumed two noncontributory defined benefit plans, the Pension Plan for the Employees of Rowan Regional Medical Center (the "Rowan Plan") and the Prince William Hospital Corporation Cash Balance Pension Plan (the "Prince William Plan"), respectively. Participation in the Rowan Plan was closed to new entrants and the accrued benefits were frozen as of December 31, 2003. Participation in the Prince William Plan was closed to new entrants and the accrued benefits were frozen as of April 1, 2010. The assets of the plans are primarily invested in common trust funds, common stocks, bonds, notes and U.S. government securities.

Certain Novant Health affiliates have supplemental retirement income plans covering highly compensated employees. These are nonqualified plans which are not subject to ERISA funding requirements. As such, Novant Health intends only to fund the plans in amounts equivalent to the plans' annual benefit payments. During 2013, the Company implemented a new supplemental retirement income plan that covers certain highly compensated employees. This plan acts as a defined contribution plan and annual funding requirements are determined under provisions of the plan.

Novant Health also provides fixed dollar amounts for health care and life insurance benefits to certain retired employees. Covered employees may become eligible for these benefits if they meet minimum age and service requirements, and if they are eligible for retirement benefits. Novant Health has the right to modify or terminate these benefits.

Information regarding benefit obligations, plan assets, funded status, expected cash flows and net periodic benefit cost follows within this footnote.

	Defined Benefit Plans		Postretirement Healthcare Benefit Plans	
	2016	2015	2016	2015
Change in benefit obligations				
Projected benefit obligation at beginning of year	\$ 336,480	\$ 374,403	\$ 21,904	\$ 23,995
Service cost	925	1,147	121	147
Interest cost	14,363	13,768	841	828
Actuarial gain	(867)	(2,243)	(538)	(2,328)
Assumption change	(10,595)	(33,023)	-	-
Settlements	(36,079)	(3,484)	-	-
Benefits paid	(14,567)	(14,088)	(841)	(830)
Employee contributions	-	-	-	92
Projected benefit obligation at end of year	<u>\$ 289,660</u>	<u>\$ 336,480</u>	<u>\$ 21,487</u>	<u>\$ 21,904</u>

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The assumption change for 2016 is primarily due to a change in the discount rate. The assumption change for 2015 is primarily a result of changes in the discount rate and a modification of the new mortality table that was adopted in 2014. During 2016, the Company announced a limited lump sum window distribution of present valued pension benefits to terminated vested participants of the plans meeting certain criteria. The benefit election window was open from August 29, 2016 to October 31, 2016 and benefit distributions were made in December 2016. Based on the number of plan participants electing to take the lump sum distribution and the total amount of such distributions, the Company incurred a non-cash charge of \$4,396 in 2016 when the distributions were made. The reduction in the number of plan participants will reduce the cost of administering the plans in the future.

Weighted-Average Assumptions Used to Determine End of Year Benefit Obligations	Defined Benefit Plans		Postretirement Healthcare Benefit Plans	
	2016	2015	2016	2015
Discount rate	3.65% - 4.06%	2.65% - 4.44%	3.65% - 4.05%	3.70% - 4.05%
Rate of compensation increase ⁽¹⁾	5.00%	5.00%	N/A	N/A
Health care cost trend on covered charges	N/A	N/A	9.5% in 2017, grading to 5.0% in 2025	10.0% in 2016, grading to 5.0% in 2025

(1) The compensation increase does not apply to the Rowan Plan or the Prince William Plan as benefits under these plans were frozen at December 31, 2016 and 2015.

Assumed health care cost trend rates may have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would not have a significant effect on the amounts reported as of December 31, 2016.

Plan Assets

Change in plan assets	Defined Benefit Plans		Healthcare Benefit Plans	
	2016	2015	2016	2015
Fair value of plan assets at beginning of year	\$ 307,774	\$ 337,535	\$ -	\$ -
Actual return on plan assets	35,000	(11,836)	-	-
Employer contributions	184	177	841	738
Employee contributions	-	-	-	92
Settlements	(36,079)	(3,484)	-	-
Benefits paid	(14,567)	(14,088)	(841)	(830)
Plan expenses	(575)	(530)	-	-
Fair value of plan assets at end of year	<u>\$ 291,737</u>	<u>\$ 307,774</u>	<u>\$ -</u>	<u>\$ -</u>

The Company's primary investment objective for the defined benefit plans ("the Plans") is to invest the plan assets so that they will generate sufficient cash flows needed to fund future payments as they come due. The Plans' primary holdings are in fixed income mutual funds that are diversified by issuer and maturity. The Plans also hold equity mutual funds that are diversified by geography, capitalization, style and investment manager. In addition, the Plans may hold Treasury Inflation-Protected Securities, alternative asset, real estate and commodity mutual funds. The investment guidelines, asset allocation, and investment performance are reviewed by the Novant Health Administrative Committee.

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Novant Health's pension plan asset allocation and target allocation by asset category at December 31, 2016 are as follows:

Asset Category	Target Range	Percentage of Plan Assets
Debt securities	85–100%	93.0%
Equity securities	0–10%	6.0%
Cash and other	0–4%	1.0%
		<u>100.0%</u>

The fair values of the Company's plan assets at December 31, 2016, by asset category are as follows:

	At NAV	Fair Value Measurements at Reporting Date Using			Total
		Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Equity securities					
U.S. equity	\$ -	\$ 10,401	\$ -	\$ -	\$ 10,401
Developed non-U.S. equity	-	4,667	-	-	4,667
Emerging markets equity	-	1,109	-	-	1,109
Fixed income securities					
U.S. fixed income	193,784	-	77,700	-	271,484
Cash and other	-	4,076	-	-	4,076
	<u>-</u>	<u>4,076</u>	<u>-</u>	<u>-</u>	<u>4,076</u>
Total fair value of the Company's plan assets	<u>\$ 193,784</u>	<u>\$ 20,253</u>	<u>\$ 77,700</u>	<u>\$ -</u>	<u>\$ 291,737</u>

The fair values of the Company's plan assets at December 31, 2015, by asset category are as follows:

	Fair Value Measurements at Reporting Date Using			Total
	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)	
Equity securities				
U.S. equity	\$ -	\$ 31,371	\$ -	\$ 31,371
Developed non-U.S. equity	-	19,451	-	19,451
Emerging markets equity	-	4,761	-	4,761
Fixed income securities				
U.S. fixed income	-	251,731	-	251,731
Cash and other	-	460	-	460
	<u>-</u>	<u>460</u>	<u>-</u>	<u>460</u>
Total fair value of the Company's plan assets	<u>\$ -</u>	<u>\$ 307,774</u>	<u>\$ -</u>	<u>\$ 307,774</u>

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Funded Status

The funded status of the plans recognized in the balance sheet and the amounts recognized in unrestricted net assets follows:

	Defined Benefit Plans		Postretirement Healthcare Benefit Plans	
	2016	2015	2016	2015
End of Year				
Fair value of plan assets at end of year	\$ 291,737	\$ 307,774	\$ -	\$ -
Benefit obligation at end of year	289,660	336,480	21,487	21,904
Funded status	<u>\$ 2,077</u>	<u>\$ (28,706)</u>	<u>\$ (21,487)</u>	<u>\$ (21,904)</u>
Amount recognized in the balance sheets				
Prepaid benefit cost at measurement date	\$ 40,027	\$ 52,366	\$ -	\$ -
Accrued benefit cost	(2,667)	(2,836)	(21,295)	(21,199)
Change in unrestricted net assets	<u>(35,283)</u>	<u>(78,236)</u>	<u>(192)</u>	<u>(705)</u>
Net asset (liability) recognized	<u>\$ 2,077</u>	<u>\$ (28,706)</u>	<u>\$ (21,487)</u>	<u>\$ (21,904)</u>
Amounts recognized in unrestricted net assets				
Prior service cost	\$ 1,539	\$ 2,030	\$ -	\$ -
Net actuarial loss	33,744	76,206	192	705
	<u>\$ 35,283</u>	<u>\$ 78,236</u>	<u>\$ 192</u>	<u>\$ 705</u>
Other changes in plan assets and benefit obligations				
Net gain	\$ (33,701)	\$ (10,484)	\$ (538)	\$ (2,328)
Amortization of net loss (gain)	(8,761)	(10,019)	25	(189)
Amortization of prior service credit	<u>(491)</u>	<u>(494)</u>	<u>-</u>	<u>-</u>
Total recognized in unrestricted net assets	<u>\$ (42,953)</u>	<u>\$ (20,997)</u>	<u>\$ (513)</u>	<u>\$ (2,517)</u>

At the end of 2016 and 2015, the projected benefit obligation, accumulated benefit obligation and fair value of plan assets were as follows:

	2016	2015
Projected benefit obligation	\$ 289,660	\$ 336,480
Accumulated benefit obligation	285,846	325,349
Fair value of plan assets	291,737	307,774

Cash Flows

The Company does not plan to make any contributions to its defined benefit pension plans in 2017. The Company expects to make contributions to the supplemental retirement income plans of approximately \$3,732 for the 2017 fiscal year.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2016 and 2015

(in thousands of dollars)

The following assumed benefit payments, which reflect expected future service, as appropriate, and were used in the calculation of projected benefit obligations, are estimated to be paid as follows:

	Defined Benefit Plans	Postretirement Healthcare Benefit Plans
Expected Benefit Payments		
2017	\$ 22,946	\$ 1,214
2018	17,974	1,089
2019	18,374	1,143
2020	18,760	1,195
2021	18,637	1,233
2022–2026	92,025	6,505

	Defined Benefit Plans		Postretirement Healthcare Benefit Plans	
	2016	2015	2016	2015
Net periodic benefit cost				
Service cost	\$ 925	\$ 1,147	\$ 121	\$ 147
Interest cost	14,363	13,768	841	828
Estimated return on plan assets	(12,186)	(12,414)	-	-
Amortization of prior service cost	491	494	-	-
Recognized net actuarial loss	4,365	9,019	(25)	189
Settlements	4,396	1,000	-	-
Net periodic benefit cost	<u>\$ 12,354</u>	<u>\$ 13,014</u>	<u>\$ 937</u>	<u>\$ 1,164</u>
Total recognized in net periodic benefit cost and unrestricted net assets	<u>\$ (30,599)</u>	<u>\$ (7,983)</u>	<u>\$ 424</u>	<u>\$ (1,353)</u>

Amounts expected to be amortized from unrestricted net assets into net periodic benefit cost during the year ending December 31, 2017 are as follows:

	Defined Benefit Plans	Postretirement Healthcare Benefit Plans
Actuarial net loss (gain)	\$ 1,194	\$ (89)
Prior service cost	256	-

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
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(in thousands of dollars)

The weighted-average assumptions used to determine net periodic benefit cost were as follows:

	Defined Benefit Plans		Postretirement Healthcare Benefit Plans	
	2016	2015	2016	2015
Discount rate	2.65% - 4.44%	2.70% - 3.82%	3.70% - 4.05%	3.50% - 3.75%
Expected return on plan assets	4.00%	4.00%	N/A	N/A
Rate of compensation increase ⁽¹⁾	5.00%	5.00%	N/A	N/A
Health care cost trend on covered charges	N/A	N/A	10.0% in 2016, grading to 5.0% in 2025	7.5% in 2015, grading to 5.0% in 2020

(1) The compensation increase does not apply to the Rowan Plan or the Prince William Plan as benefits under these plans were frozen at December 31, 2016 and 2015.

In developing the expected return on plan assets, the Company considers the plan assets' historical actual return, targeted asset allocations, and the anticipated future economic environment and long-term performance of individual asset classes, based on the Company's investment strategy. While appropriate consideration is given to recent and historical investment performance, the assumption represents management's best estimate of the long-term prospective return.

Assumed health care cost trend rates may have a significant effect on the amounts reported for the health care plans. A one-percentage-point change in assumed health care cost trend rates would not have a significant effect on the amounts reported as of December 31, 2016.

In addition to these plans, Novant Health sponsors a number of defined contribution plans. Contributions are determined under various formulas. Costs related to such plans amounted to \$65,734 and \$62,205 in 2016 and 2015, respectively.

Certain Novant Health affiliates participate in cafeteria plans which provide certain benefits, including basic medical and dental coverage, long-term disability benefits, reimbursement of supplemental dependent care expenses and group life insurance benefits. The affiliates contribute predetermined amounts for each full-time and part-time employee, which is allocated to the various benefit options in accordance with the participant's election. Affiliate contributions to these plans were approximately \$207,535 in 2016 and \$216,097 in 2015.

Certain Novant Health affiliates participate in non-qualified deferred compensation plans which provide certain individuals meeting specific criteria with the ability to defer compensation. These nonqualified plans are not subject to ERISA funding requirements. The assets of these plans are held in a rabbi trust, which restricts access to the assets. The assets of these plans, along with the associated liabilities, are recorded as current and long-term assets limited as to use, accrued liabilities, and employee benefits and other liabilities on the consolidated balance sheet.

Novant Health is self-insured for medical coverage exposures up to certain limits for all Novant Health employees. The Company has recorded an estimate of the liability for claims incurred but not reported as of December 31, 2016 and 2015.

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2016 and 2015

(in thousands of dollars)

18. Noncontrolling Interests

The following table reconciles the carrying amounts of the Company's controlling interest and the noncontrolling interests for unrestricted net assets:

	Total	Controlling Interest	Noncontrolling Interests
Balance at January 1, 2015	\$ 2,613,781	\$ 2,602,871	\$ 10,910
Excess of revenues over expenses	191,578	189,371	2,207
Change in funded status of defined benefit plans	23,514	23,514	-
Unrealized gain on derivative financial instruments	4,140	4,140	-
Other changes in unrestricted net assets	1,017	471	546
Balance at December 31, 2015	2,834,030	2,820,367	13,663
Excess (deficit) of revenues over expenses	412,805	424,962	(12,157)
Change in funded status of defined benefit plans	47,862	45,449	2,413
Loss on voluntary pension settlement	(4,396)	(3,733)	(663)
Unrealized gain on derivative financial instruments	5,564	5,564	-
Creation of Novant Health UVA Health System	92,187	(2,032)	94,219
Other changes in unrestricted net assets	237	1,092	(855)
Balance at December 31, 2016	\$ 3,388,289	\$ 3,291,669	\$ 96,620

19. Professional and General Liability Insurance Coverage

Novant Health is self-insured for professional and general liability exposures up to certain limits. The Company has umbrella policies in place above those limits. The provision for estimated medical malpractice claims includes estimates of the ultimate costs for reported claims and claims incurred but not reported. Novant Health also participates in a self-insured program for workers' compensation and is self-insured for certain health benefits options. A portion of these self-insured professional liabilities is funded through a revocable trust fund operated by Novant Health. Liabilities for self-insured professional and general liability risks, for both asserted and unasserted claims were discounted, assuming a 3% rate for both malpractice and workers' compensation for December 31, 2015, based on historical loss payment patterns. The liabilities were undiscounted for 2016. At December 31, 2016 and 2015, professional and general liability loss reserves of \$74,599 and \$74,906, respectively, are included in current liabilities and employee benefits and other liabilities on the consolidated balance sheets. These balances included a discount of \$0 and \$6,740 at December 31, 2016 and 2015, respectively. Expenses related to these plans amounted to \$13,252 and \$14,858 in 2016 and 2015, respectively.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

20. Commitments and Contingencies

The Company and its affiliates are presently involved in various personal injury, regulatory investigations, tort actions and other claims and assessments arising out of the normal course of business. Management believes that Novant Health has adequate legal defenses, self-insurance reserves and/or insurance coverage for these asserted claims, as well as any unasserted claims and does not believe these claims will have a material effect on the Company's operations or financial position. The health care industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

On March 12, 2014, a putative class action lawsuit was filed in the U.S. District Court, Middle District of North Carolina, against Novant Health and individual fiduciaries regarding alleged breaches of fiduciary duties in the administration of certain Novant Health retirement plans. In 2015, management determined that a loss was probable and recorded a reserve of \$32,000 to estimate the Company's exposure to loss related to this claim as of December 31, 2015. As of December 31, 2016, payment has been made for the full amount of the settlement. Discussions with Novant Health's insurance providers to determine if any of this loss will be covered are ongoing.

21. Operating Leases

Certain operating properties and equipment are leased under noncancelable operating leases. Total rental expense under operating leases was \$90,058 and \$84,325 in 2016 and 2015, respectively. Future minimum rentals under noncancelable operating leases with terms of more than one year are as follows:

Years Ending December 31

2017	\$	82,985
2018		70,071
2019		55,240
2020		45,788
2021		37,996
Thereafter		102,577
	\$	<u>394,657</u>

Novant Health, Inc. and Affiliates
Notes to Consolidated Financial Statements
December 31, 2016 and 2015

(in thousands of dollars)

Novant Health leases six plots of land to a third-party under long-term ground lease agreements. Total rental income under these lease agreements was \$1,186 and \$1,165 in 2016 and 2015, respectively. The future rental income related to the ground leases are as follows:

Years Ending December 31

2017	\$	1,207
2018		1,241
2019		1,263
2020		1,286
2021		1,309
Thereafter		86,570
	\$	92,876

22. Concentrations of Credit Risk

Novant Health provides services primarily to the residents of various counties within North Carolina, South Carolina and Virginia without collateral or other proof of ability to pay. Most patients are local residents who are insured partially or fully under third-party payor arrangements.

The mix of receivables from patients and third-party payors at December 31 is as follows:

	2016	2015
Medicare	26.4%	26.3%
Medicaid	6.2%	5.5%
Other third-party payors	55.9%	56.9%
Patients	11.5%	11.3%
	<u>100.0%</u>	<u>100.0%</u>

Novant Health places the majority of its cash and investments with corporate and financial institutions. Novant Health maintains cash balances in excess of FDIC insured limits; however, the Company has not experienced any losses on such deposits.

23. Functional Expenses

Novant Health provides general health care services to residents within its geographic region. Expenses relating to providing these services at December 31 are as follows:

	2016	2015
Health care services	\$ 2,955,683	\$ 2,752,587
General and administrative	1,125,665	1,117,026
	<u>\$ 4,081,348</u>	<u>\$ 3,869,613</u>

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

24. Subsequent Events

The Company evaluated subsequent events and transactions for potential recognition or disclosure in the consolidated financial statements through March 28, 2017, the day the consolidated financial statements were issued.

25. Recent Accounting Pronouncements

In May 2014, the FASB issued ASU 2014-9, *Revenue from Contracts with Customers (Topic 606)*. Since that date, the FASB has issued additional guidance to clarify and refine the guidance in Topic 606. This guidance replaces existing industry-specific guidance and provides guidelines based on the core principle that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration. The guidance also requires expanded qualitative and quantitative disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows arising from contracts with customers.

This guidance is effective for Novant Health beginning January 1, 2018. Early adoption is permitted at January 1, 2017, however, we have elected not to early adopt this guidance. The guidance allows the use of either the retrospective or modified retrospective (cumulative effect) transition method. We have not yet selected a transition method. Novant Health is continuing to evaluate the effect this guidance will have on its financial statements and believes that the most significant impact will be to the presentation of our income statement where the provision for bad debts will be recorded as a direct reduction of revenue and will not be presented as a separate line item. Novant Health does not believe that the adoption of this guidance will have a significant impact on the recognition of net revenues for any period.

In April 2015, the FASB issued ASU 2015-3, *Interest – Imputation of Interest (Subtopic 835-30): Simplifying the Presentation of Debt Issuance Costs*. This guidance requires that debt issuance costs related to a recognized debt liability be presented on the balance sheet as a direct deduction from the carrying amount of that liability, consistent with debt discounts. This guidance was effective for Novant Health on January 1, 2016 with retrospective presentation required. The consolidated balance sheets reflect the reclassification of issuance costs from other assets to long-term debt at December 31, 2015 and December 31, 2016.

In November 2015, the FASB issued ASU 2015-17, *Income Taxes (Topic 740), Balance Sheet Classification of Deferred Taxes*. This guidance removes the requirement that deferred tax liabilities be separated into current and noncurrent amounts on a classified balance sheet. Instead, deferred tax liabilities and assets are presented as noncurrent. This guidance will be effective for Novant Health on January 1, 2018 and is not expected to have a significant impact on Novant Health's consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01, *Financial Instruments – Overall (Subtopic 825-10), Recognition and Measurement of Financial Assets and Financial Liabilities*, this guidance requires equity investments to be measured at fair value with changes in fair value recognized in net income and simplifies the impairment assessment of equity investments without readily determinable fair values. This guidance is effective for Novant Health on January 1, 2019 with prospective application and a cumulative-effect adjustment at the date of adoption. The guidance amends disclosure requirements to no longer require the application of the fair value of financial instruments disclosure guidance (such as fair value of debt) and we have elected to early adopt this provision effective January 1, 2016.

Novant Health, Inc. and Affiliates

Notes to Consolidated Financial Statements

December 31, 2016 and 2015

(in thousands of dollars)

In February 2016, the FASB issued ASU 2016-2, *Leases (Topic 842)*. The most significant change from current practice is that this guidance requires the recognition of lease assets and liabilities for those leases classified as operating leases under current guidance. The guidance also provides guidance for the measurement of lease assets and liabilities and additional required disclosures. This guidance is effective for Novant Health on January 1, 2019 with modified retrospective presentation required. We are currently evaluating the impact of adopting this guidance on Novant Health's consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958), Presentation of Financial Statements of Not-for-Profit Entities*. This guidance is effective for Novant Health on January 1, 2018 with retroactive presentation, with exceptions to retroactive presentation for certain disclosures. This guidance requires the presentation of two classes of net assets, rather than the currently required three classes. The guidance also request enhanced disclosures of amounts and nature of donor imposed and internally designated funds and requires new disclosures about information useful for assessing liquidity and availability of resources. We are currently evaluating the impact of adopting this guidance on Novant Health's consolidated financial statements.

In August 2016, the FASB issued ASU 2016-15, *Statement of Cash Flows (Topic 230), Classification of Certain Cash Receipts and Cash Payments*. This standard provides additional guidance related to the presentation and classification of certain items in the statement of cash flow for which there is diversity in practice. The provisions of this guidance are effective for Novant Health on January 1, 2019 with early adoption permitted and retroactive application, unless it impracticable. We are currently evaluating the impact of adopting this guidance on Novant Health's consolidated financial statements.

In January 2017, the FASB issued ASU 2017-04, *Simplifying the Test for Goodwill Impairment*. The new guidance eliminates the requirement to calculate the implied fair value of goodwill (i.e., Step 2 of the current goodwill impairment test) to measure a goodwill impairment charge. Instead, entities will record an impairment charge based on the excess of a reporting unit's carrying amount over its fair value (i.e., measure the charge based on the current Step 1). This guidance is effective for Novant Health on January 1, 2022. We are currently evaluating the provisions of this guidance to determine how our goodwill impairment testing will be impacted and whether we may elect to adopt this guidance prior to the stated effective date. The adoption of this guidance would only impact Novant Health's consolidated financial statements in situations where an impairment of a reporting unit's assets is determined.

Other Financial Information



Report of Independent Auditors

To the Board of Trustees of
Novant Health, Inc.

We have audited the consolidated financial statements of Novant Health, Inc. and Affiliates as of December 31, 2016 and for the year then ended and our report thereon appears on page 1 of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The Schedule of Cost of Community Benefit Programs as of December 31, 2016 and 2015 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole.

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

March 24, 2017

Novant Health, Inc. and Affiliates
Schedule of Cost of Community Benefit Programs
December 31, 2016 and 2015

(in thousands of dollars)

The net cost, excluding the provision of bad debts, of providing care to indigent patients and community benefit programs is as follows:

	2016	2015
Traditional charity care	\$ 122,017	\$ 125,317
Unpaid cost of Medicare	400,700	389,186
Unpaid cost of Medicaid	109,992	105,417
Community benefit programs	<u>92,784</u>	<u>86,412</u>
	<u>\$ 725,493</u>	<u>\$ 706,332</u>

As discussed in Note 2 in the accompanying consolidated financial statements, Novant Health received supplemental Medicaid payments during 2016 and 2015 which are included in the community benefit amounts for each year.



Report of Independent Auditors

To the Board of Trustees of
Novant Health, Inc.

We have audited the consolidated financial statements of Novant Health, Inc. and Affiliates as of December 31, 2016 and for the year then ended and our report thereon appears on page 1 of this document. That audit was conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies.

A handwritten signature in black ink that reads "PricewaterhouseCoopers LLP".

March 24, 2017

Novant Health, Inc. and Affiliates
Consolidating Balance Sheet
December 31, 2016

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Assets				
Current assets				
Cash and cash equivalents	\$ 210,738	\$ 50,250	\$ -	\$ 260,988
Accounts receivable, net of allowance for doubtful accounts	460,672	50,977	-	511,649
Short-term investments	260,261	58	-	260,319
Current portion of assets limited as to use	6,496	12,090	-	18,586
Current assets held for sale	-	14,173	-	14,173
Receivable for settlement with third-party payors	9,734	4,163	-	13,897
Other current assets	166,382	15,456	(88)	181,750
Total current assets	1,114,283	147,167	(88)	1,261,362
Assets limited as to use	105,207	41,917	-	147,124
Long-term assets held for sale	-	57,193	-	57,193
Long-term investments	1,750,494	264,194	-	2,014,688
Property and equipment, net	1,653,746	287,146	(250)	1,940,642
Intangible assets and goodwill, net	246,015	41,814	(363)	287,466
Investments in affiliates	68,272	19,118	(55,344)	32,046
Other assets	82,592	24,419	-	107,011
Total assets	<u>\$ 5,020,609</u>	<u>\$ 882,968</u>	<u>\$ (56,045)</u>	<u>\$ 5,847,532</u>
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 64,735	\$ 1,889	\$ -	\$ 66,624
Short-term borrowings	83,528	99	-	83,627
Accounts payable	142,429	17,763	-	160,192
Accrued liabilities	320,334	38,439	(88)	358,685
Current liabilities held for sale	-	13,498	-	13,498
Estimated third-party payor settlements	28,462	4,834	-	33,296
Due to (from) related organizations	(146,500)	146,500	-	-
Total current liabilities	492,988	223,022	(88)	715,922
Long-term debt, net of current portion	1,294,663	31,147	-	1,325,810
Long-term liabilities held for sale	-	1,682	-	1,682
Derivative financial instruments	50,305	-	-	50,305
Employee benefits and other liabilities	248,052	57,424	-	305,476
Total liabilities	2,086,008	313,275	(88)	2,399,195
Net assets				
Unrestricted - attributable to Novant Health	2,931,737	479,258	(119,326)	3,291,669
Unrestricted - noncontrolling interests	675	32,576	63,369	96,620
Total unrestricted net assets	2,932,412	511,834	(55,957)	3,388,289
Temporarily restricted	2,189	46,578	-	48,767
Permanently restricted	-	11,281	-	11,281
Total net assets	2,934,601	569,693	(55,957)	3,448,337
Total liabilities and net assets	<u>\$ 5,020,609</u>	<u>\$ 882,968</u>	<u>\$ (56,045)</u>	<u>\$ 5,847,532</u>

See accompanying notes to consolidating supplemental schedules.

Novant Health, Inc.
Consolidating Statement of Operations
Year Ended December 31, 2016

<i>(in thousands of dollars)</i>	Combined Group	Unrestricted Affiliates	Eliminations	Total
Operating revenues				
Net patient service revenue	\$ 3,838,129	\$ 470,864	\$ -	\$ 4,308,993
Provision for bad debts	<u>(180,110)</u>	<u>(24,425)</u>	-	<u>(204,535)</u>
Net patient service revenues less provision for bad debts	3,658,019	446,439	-	4,104,458
Other revenue	<u>184,251</u>	<u>78,018</u>	<u>(26,604)</u>	<u>235,665</u>
Total operating revenues	<u>3,842,270</u>	<u>524,457</u>	<u>(26,604)</u>	<u>4,340,123</u>
Operating expenses				
Salaries and employee benefits	2,051,828	278,349	(39,300)	2,290,877
Supplies and other	1,233,763	209,086	13,552	1,456,401
Depreciation expense	197,009	40,324	83	237,416
Amortization expense	2,288	684	-	2,972
Impairment charge	-	11,850	-	11,850
Interest expense	<u>66,792</u>	<u>15,040</u>	<u>-</u>	<u>81,832</u>
Total operating expenses	<u>3,551,680</u>	<u>555,333</u>	<u>(25,665)</u>	<u>4,081,348</u>
Operating income (loss)	290,590	(30,876)	(939)	258,775
Non-operating income (expense)				
Investment income	132,406	17,563	1,104	151,073
Income tax expense	(1,090)	(2,281)	-	(3,371)
Gain on extinguishment of debt	6,304	-	-	6,304
Other, net	<u>(5)</u>	<u>29</u>	<u>-</u>	<u>24</u>
Excess (deficit) of revenues over expenses	<u>\$ 428,205</u>	<u>\$ (15,565)</u>	<u>\$ 165</u>	<u>\$ 412,805</u>

See accompanying notes to consolidating supplemental schedules.

Novant Health, Inc.
Combined Group Combining Balance Sheet
December 31, 2016

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Assets				
Current assets				
Cash and cash equivalents	\$ 206,667	\$ 4,071	\$ -	\$ 210,738
Accounts receivable, net of allowance for doubtful accounts	298,113	162,559	-	460,672
Short-term investments	260,261	-	-	260,261
Current portion of assets limited as to use	6,423	73	-	6,496
Deferred tax asset	-	-	-	-
Receivable for settlement with third-party payors	7,845	1,889	-	9,734
Other current assets	144,050	24,009	(1,677)	166,382
Total current assets	923,359	192,601	(1,677)	1,114,283
Assets limited as to use	104,601	606	-	105,207
Long-term investments	1,750,494	-	-	1,750,494
Property and equipment, net	1,189,130	464,616	-	1,653,746
Intangible assets and goodwill, net	49,242	196,773	-	246,015
Investments in affiliates	159,570	3,917	(95,215)	68,272
Other assets	209,233	20,433	(147,074)	82,592
Total assets	<u>\$ 4,385,629</u>	<u>\$ 878,946</u>	<u>\$ (243,966)</u>	<u>\$ 5,020,609</u>
Liabilities and Net Assets				
Current liabilities				
Current portion of long-term debt	\$ 64,704	\$ 1,708	(1,677)	\$ 64,735
Short-term borrowings	83,528	-	-	83,528
Accounts payable	131,483	10,946	-	142,429
Accrued liabilities	234,249	86,085	-	320,334
Estimated third-party payor settlements	21,614	6,848	-	28,462
Due to (from) related organizations	(378,411)	231,911	-	(146,500)
Total current liabilities	157,167	337,498	(1,677)	492,988
Long-term debt, net of current portion	1,294,433	147,304	(147,074)	1,294,663
Derivative financial instruments	50,305	-	-	50,305
Employee benefits and other liabilities	225,192	22,860	-	248,052
Total liabilities	<u>1,727,097</u>	<u>507,662</u>	<u>(148,751)</u>	<u>2,086,008</u>
Net assets				
Unrestricted - attributable to Novant Health	2,658,521	368,431	(95,215)	2,931,737
Unrestricted - noncontrolling interests	-	675	-	675
Total unrestricted net assets	2,658,521	369,106	(95,215)	2,932,412
Temporarily restricted	11	2,178	-	2,189
Total net assets	<u>2,658,532</u>	<u>371,284</u>	<u>(95,215)</u>	<u>2,934,601</u>
Total liabilities and net assets	<u>\$ 4,385,629</u>	<u>\$ 878,946</u>	<u>\$ (243,966)</u>	<u>\$ 5,020,609</u>

See accompanying notes to consolidating supplemental schedules.

Novant Health, Inc.
Combined Group Combining Statement of Operations
Year Ended December 31, 2016

<i>(in thousands of dollars)</i>	Obligated Group	Restricted Affiliates	Eliminations	Combined Group Total
Operating revenues				
Net patient service revenue	\$ 2,369,983	\$1,468,146	\$ -	\$ 3,838,129
Provision for bad debts	(91,842)	(88,268)	-	(180,110)
Net patient service revenues less provision for bad debts	2,278,141	1,379,878	-	3,658,019
Other revenue	167,128	37,060	(19,937)	184,251
Total operating revenues	<u>2,445,269</u>	<u>1,416,938</u>	<u>(19,937)</u>	<u>3,842,270</u>
Operating expenses				
Salaries and employee benefits	1,157,934	893,894	-	2,051,828
Supplies and other	817,893	435,807	(19,937)	1,233,763
Depreciation expense	124,863	72,146	-	197,009
Amortization expense	-	2,288	-	2,288
Interest expense	43,538	23,254	-	66,792
Total operating expenses	<u>2,144,228</u>	<u>1,427,389</u>	<u>(19,937)</u>	<u>3,551,680</u>
Operating income (loss)	301,041	(10,451)	-	290,590
Non-operating income (expense)				
Investment income	132,399	7	-	132,406
Income tax expense	(1,090)	-	-	(1,090)
Gain on extinguishment of debt	6,304	-	-	6,304
Other, net	(5)	-	-	(5)
Excess (deficit) of revenues over expenses	<u>\$ 438,649</u>	<u>\$ (10,444)</u>	<u>\$ -</u>	<u>\$ 428,205</u>

See accompanying notes to consolidating supplemental schedules.

Novant Health, Inc.

Notes to Consolidating Supplemental Schedules

December 31, 2016

1. Consolidated Financial Statements Reporting Entity

Novant Health, Inc. (“Novant Health” or the “Company”) is a nonprofit, integrated health care network of physician clinics, outpatient centers and hospitals that serves patients and communities in North Carolina, Virginia and South Carolina. Novant Health consists of nearly 1,500 physicians and 25,000 team members at approximately 500 locations, including 14 medical centers and hundreds of outpatient facilities and physician clinics. Headquartered in Winston-Salem, North Carolina, Novant Health is committed to making healthcare remarkable for patients and communities, serving more than 4 million patients annually. Novant Health and its affiliates serve their communities with programs including health education, home health care, prenatal clinics, community clinics and immunization services.

2. Basis of Presentation and Summary of Significant Accounting Policies

Novant Health, Inc. Consolidating Balance Sheet and Consolidating Statement of Operations (which Combines the Information of the Combined Group and Unrestricted Affiliates)

The Total column reconciles to the consolidated financial statements of Novant Health, Inc. and includes the accounts of all affiliates controlled by Novant Health, Inc. The Total is comprised of the Combined Group (as described below, which is comprised of the Obligated Group and Restricted Affiliates) and the Unrestricted Affiliates, which represent affiliates not meeting the definition of the Obligated Group or Restricted Affiliates as defined below.

The Eliminations column represents the elimination of intercompany transactions and balances between the Combined Group and the Unrestricted Affiliates.

The consolidating balance sheet and consolidating statement of operations are otherwise prepared in accordance with accounting policies described in the accompanying notes to the consolidated financial statements. These schedules are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America, as a result of the exclusion of all required disclosures.

Combined Group Combining Balance Sheet and Statement of Operations

As noted in footnote 14 to the consolidated financial statements, the Company is subject to a Master Trust Indenture (the “Agreement”) which authorizes the creation of a Combined Group, which consists of the members of the Obligated Group and the Restricted Affiliates.

The members of the Obligated Group are jointly and severally liable for the payment of all obligations under the Agreement. The members of the Obligated Group are Novant Health and its two affiliates that operate tertiary care hospitals, Forsyth Memorial Hospital, Inc. d/b/a Novant Health Forsyth Medical Center and The Presbyterian Hospital d/b/a Novant Health Presbyterian Medical Center, both of which are North Carolina nonprofit corporations. In the accompanying Combined Group combining balance sheet and combining statement of operations, the Obligated Group column presents information of the aforementioned entities.

Novant Health, Inc.
Notes to Consolidating Supplemental Schedules
December 31, 2016

Restricted Affiliates represent entities that are not directly obligated to pay obligations under the Agreement, but the members of the Obligated Group have covenanted in the Agreement to cause the Restricted Affiliates to provide funds to the members of the Obligated Group to pay obligations under the Agreement. The Company has designated twelve of its affiliates as Restricted Affiliates. Seven of these Restricted Affiliates, Medical Park Hospital, Inc. d/b/a Novant Health Medical Park Hospital, Community General Health Partners, Inc. d/b/a Novant Health Thomasville Medical Center, Presbyterian Medical Care Corp. d/b/a Novant Health Matthews Medical Center, Brunswick Community Hospital d/b/a Novant Health Brunswick Medical Center, Presbyterian Orthopaedic Hospital, LLC d/b/a Novant Health Charlotte Orthopaedic Hospital, Prince William Hospital Corporation d/b/a Novant Health UVA Prince William Medical Center, and Prince William Health System, operate, or maintain a significant investment in, hospitals. The other five Restricted Affiliates, Carolina Medicorp Enterprises, Inc., Forsyth Medical Group, LLC, Foundation Health Systems Corp., Novant Medical Group, Inc. f/k/a Presbyterian Regional Healthcare Corp. and Salem Health Services, Inc., provide, or invest in subsidiaries or joint ventures which provide health care and ancillary services. All of the members of the Combined Group, except Salem Health Services, Inc., are exempt from federal and state income taxation.

The Eliminations column represents the elimination of intercompany transactions and balances between the Obligated Group and the Restricted Affiliates.

The Combined Group combining balance sheet and combining statement of operations are otherwise prepared in accordance with accounting policies described in the accompanying notes to the consolidated financial statements. These schedules are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America, as a result of the exclusion of all required disclosures.