

SOUTHEAST COMMUNITY HEALTH SYSTEMS
FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING
DECEMBER 31, 2015

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DAIGREPONT & BRIAN

A Professional Accounting Corporation

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Southeast Community Health Systems
Zachary, LA

Report on the Financial Statements

We have audited the accompanying financial statements of Southeast Community Health Systems (a non-profit organization), which comprise the statement of financial position as of December 31, 2015 and the related statements of activities and changes in net assets, functional expenses, and cash flows for the fourteen months then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Southeast Community Health Systems as of December 31, 2015 and the changes in its net assets and its cash flows for the fourteen months then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations* and the Schedule of Compensation, Benefits and Other Payments to the Chief Executive Officer, are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated June 21, 2016 on our consideration of Southeast Community Health Systems' internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Daigrepoint & Brian apac

Daigrepoint & Brian, APAC

June 21, 2016

SOUTHEAST COMMUNITY HEALTH SYSTEMS
STATEMENT OF FINANCIAL POSITION
DECEMBER 31, 2015

ASSETS

Current Assets

Cash	\$ 1,054,053
Patient receivables, net	483,469
Grants receivable	390,941
Inventory	57,193
Prepaid expenses	46,289
Deposits	11,404
Total Current Assets	<u>2,043,349</u>

Property and Equipment, net 8,117,700

Other Assets

Goodwill	114,000
Loan origination costs, net	67,955
Total Other Assets	<u>181,955</u>

Total Assets \$ 10,343,004

LIABILITIES AND NET ASSETS

Current Liabilities

Current portion of notes payable	\$ 230,217
Accounts payable	138,604
Accrued expenses	350,596
Total Current Liabilities	<u>719,417</u>

Long Term Debt 2,798,154

Net Assets 6,825,433

Total Liabilities and Net Assets \$ 10,343,004

See accompanying notes and independent auditors' report.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

REVENUES

Net patient revenue	\$ 4,293,486
Federal grants	4,159,549
Other grants	514,079
Interest income	229
Other income	76,696
	<u>76,696</u>

Total Revenues	<u>9,044,039</u>
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EXPENSES

Program services	7,046,730
Management and general	1,597,263
	<u>1,597,263</u>

Total Expenses	<u>8,643,993</u>
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CHANGE IN NET ASSETS	<u>400,046</u>
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Net assets - beginning of year	6,425,387
Net assets - end of year	<u>\$ 6,825,433</u>

See accompanying notes and independent auditors' report.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
STATEMENT OF FUNCTIONAL EXPENSE
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

	Program Services	Management & General	Total
Salaries and related expenses			
Salaries	\$ 4,652,133	\$ 94,941	\$ 4,747,074
Employee fringe benefits	89,546	1,827	91,373
Payroll taxes	345,094	7,043	352,137
Total salaries and related expenses	<u>5,086,773</u>	<u>103,811</u>	<u>5,190,584</u>
General expenses			
Advertising	6,492	58,425	64,917
Amortization	-	5,284	5,284
Bad debts	688,273	-	688,273
Bank charges	15,259	7,861	23,120
Conferences and meetings	76	7,543	7,619
Depreciation	541,431	53,548	594,979
Dues and subscriptions	6,526	29,730	36,256
Insurance	107,817	103,589	211,406
Interest	-	194,148	194,148
Miscellaneous	21,042	3,144	24,186
Postage	531	8,320	8,851
Professional fees	38,786	736,932	775,718
Rent	12,519	1,391	13,910
Repairs and maintenance	164,613	46,429	211,042
Staff training	3,276	37,675	40,951
Supplies	211,410	34,416	245,826
Taxes and licenses	11,041	2,935	13,976
Telephone	33,550	22,366	55,916
Travel	10,516	139,716	150,232
Utilities	86,799	-	86,799
Total general expenses	<u>1,959,957</u>	<u>1,493,452</u>	<u>3,453,409</u>
Total expenses	<u>\$ 7,046,730</u>	<u>\$ 1,597,263</u>	<u>\$ 8,643,993</u>

See accompanying notes and independent auditors' report.

SOUTHEAST COMMUNITY HEALTH SYSTEMS
STATEMENT OF CASH FLOWS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015

CASH FLOWS FROM OPERATING ACTIVITIES

Changes in net assets	\$ 400,046
<u>Adjustments to reconcile net revenues over expenses to net cash provided by operating activities:</u>	
Depreciation and amortization	600,263
Change in allowance for doubtful accounts	337,834
Decrease in accounts receivable	31,416
Decrease in other assets	271
Decrease in accounts payable	(273,965)
Increase in accrued expenses	107,357
Total adjustments	<u>803,176</u>
Net cash provided by operating activities	<u>1,203,222</u>

CASH FLOWS FROM INVESTING ACTIVITIES

Purchase of capital assets	<u>(389,897)</u>
Net cash used by investing activities	<u>(389,897)</u>

CASH FLOWS FROM FINANCING ACTIVITIES

Proceeds from the issuance of long term debt	72,249
Principal payments on long term debt	<u>(264,094)</u>
Net cash used by financing activities	<u>(191,845)</u>

INCREASE IN CASH	621,480
CASH, BEGINNING OF YEAR	<u>432,573</u>
CASH, END OF YEAR	<u>\$ 1,054,053</u>
Cash paid for interest	<u>\$ 194,148</u>

See accompanying notes and independent auditors' report.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

1. Summary of Significant Accounting Policies

Organization

Southeast Community Health Systems (SCHS) is a Federally Qualified Health Center that is federally and state funded to provide primary and preventative care in five rural based communities in southeast Louisiana. The clinics are located in Zachary, Greensburg, Kentwood, Hammond, and Independence. SCHS offers medical, dental, and behavioral health services, which include mental health counseling, substance abuse treatment and services. The mission of SCHS is to provide quality, affordable healthcare to all patients in underserved areas, and to improve the health and wellness of the communities we serve.

SCHS has changed its year end from October 31st to December 31st to coincide with a change in their federal grant period. Therefore, these financial statements present fourteen months of revenues and expenses.

Basis of Accounting

The financial statements of SCHS have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables and other liabilities.

Revenues

Grant and Contracts

SCHS receives the majority of its revenues from Federal and State agencies. SCHS recognizes contract revenue (up to contract ceiling) from its contracts either on a pro-rata basis over the contract life or to the extent of expenses. Revenue recognition depends on the contract. Any of the funding sources may, at its discretion, request reimbursement for expenses or return of funds, or both, as a result of non-compliance by SCHS with the terms of the grant/contract.

Federal funds come from the United States Department of Health and Human Services (DHHS) through the Health Resources and Services Administration as part of the Consolidated Health Centers program (CHCP). Compliance is required based on the terms and conditions of the grant agreements, and DHHS may, at its discretion, request reimbursement for expense or the return of funds not expended, or both, based on non-compliance with the these terms.

Net Patient Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers (including Medicare and Medicaid), and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. It is reasonably possible that these estimates could change in the near term.

The Center has a sliding fee plan for patients without any third party payers and whose income level fall within the sliding fee guidelines. The sliding fee plan is based on the federal poverty guidelines.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

1. Summary of Significant Accounting Policies (continued)

Net Assets

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board's (FASB) Accounting Standard Codification (ASC) 958, *Not-for-Profit Entities*. Under FASB ASC 958, SCHS is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Net assets, revenues, expenses, gains and losses are classified based on the existence or absence of grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Unrestricted Net Assets

Unrestricted net assets are for general use with no restrictions.

Temporarily Restricted Net Assets

Temporarily restricted net assets can be expended currently, but only for a specified purpose designated by the grantor. As of December 31, 2015 there were no temporarily restricted net assets.

Permanently Restricted Net Assets

Net assets permanently restricted for future use by the grantor or the board of directors. As of December 31, 2015 there were no permanently restricted net assets.

Cash

Cash consists of bank deposits held with financial institutions.

Patient Receivables and Allowance for Uncollectible Accounts

SCHS extends credit to patients, as well as third party intermediaries. Patient receivables are generally carried at the original billed amount less contractual adjustments and the allowance for uncollectible accounts. This allowance is based on management's estimates, historical experience and a review of all outstanding amounts on an ongoing basis. Patient receivables are written-off when deemed uncollectible and recoveries, if any, are recorded when received.

Inventories of Supplies

Inventories of medical supplies and drugs are stated at the lower of cost or market.

Property and Equipment

Property and equipment is presented in the financial statements at cost less allowances for depreciation. Depreciation is computed using the straight-line method and is provided over the estimated useful lives of the assets which ranges from 5 to 39 years.

SCHS receives funding under Section 330 of the Public Health Services Act with various restrictions placed on items obtained with these funds. According to the Public Health Service grants Policy Statement, title to real and tangible property shall rest in the grantee upon acquisition, subject to the accountability requirements and the Public Health Service's right to transfer title.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

1. Summary of Significant Accounting Policies (continued)

Goodwill

Goodwill represents the excess of the cost of the purchased Kentwood Medical Clinic over the fair value of the net assets at the date of acquisition. In accordance with generally accepted accounting principles goodwill having indefinite lives will no longer be amortized. Instead, goodwill is tested annually for impairment. There was no change in the carrying amount of goodwill during the fourteen months ended December 31, 2015.

Functional Expenses

SCHS allocates its expenses on a functional basis between program service or management and general. Expenses that can be identified with a specific program are allocated directly according to their natural expense classification.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that effect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Income Taxes

SCHS accounts for income taxes in accordance with FASB ASC 740-10, *Accounting for Uncertainty in Income Taxes*. Management believes it has no material uncertain tax positions and, accordingly has not recognized a liability for any unrecognized tax benefits.

SCHS is a non-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

The Organization files Form 990 in the U.S. federal jurisdiction. The Organization is no longer subject to federal information return examinations by tax authorities for years before 2012.

Advertising Costs

The Center expenses its advertising costs as they are incurred. Total advertising costs for the fourteen months ended December 31, 2015 were \$64,917.

Subsequent Events

SCHS has evaluated subsequent events through June 21, 2016, the date the financial statements were available to be issued, for recording and disclosure.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

2. Property and Equipment

The following is a summary of property and equipment at December 31, 2015:

Land	\$ 851,224
Buildings	7,045,593
Furniture and fixtures	199,970
Office equipment	907,103
Medical equipment	<u>1,291,824</u>
	10,295,714
Less: Accumulated depreciation	<u>(2,178,014)</u>
	<u>\$ 8,117,700</u>
Depreciation expense	<u>\$ 594,979</u>

3. Economic Dependency

SCHS receives the majority of its revenue from funds provided by the U.S. Department of Health and Human Services Community Health Center Program. All funds received under the grant are federal funds and are appropriated each year by the federal government. If significant budget cuts are made at the federal level, the amount of funds received by SCHS could be reduced by an amount that could adversely impact its operations. Management is not aware of any actions that have been taken or are proposed to be taken by the federal government that will adversely impact the SCHS grant for the coming fiscal year.

4. Concentrations

SCHS receives approximately 46% of its operating revenue from the U.S. Department of Health and Human Services with 100% of the grants receivable being related to this source of revenue.

Net patient revenue represents approximately 47% of total revenue. SCHS grants credit without collateral to its patients, most of whom are local residents that may or may not be insured by a third-party payer. Revenue and receivables related to net patient revenue are as follows.

	<u>Revenue</u>	<u>Receivables</u>
Medicare	10%	21%
Medicaid	67%	47%
Third party insurance	9%	26%
Private pay	10%	3%
Other	6%	3%

Financial instruments, which potentially subject SCHS to concentrations of credit risk consist of cash deposits held with local banks. Cash deposits are insured by the Federal Deposit Insurance Corporation (FDIC) for up to \$250,000. As of December 31, 2015 SCHS had \$743,974 above the insured limit. SCHS places its deposits with high-credit, quality financial institutions and does not believe that it is exposed to any significant credit risk on uninsured amounts.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

5. Commitments and Contingencies

Funding

SCHS receives federal funding for specific purposes that is subject to audit by the grantor agencies. Such audits could lead to requests for reimbursement to the grantor agency for expenditures disallowed under terms of the grant. During the year ended December 31, 2015 SCHS reimbursed the Health Resources and Services Administration \$40,051 disallowed expenditures from 2012. It is the opinion of management that its compliance with the terms of the grant will result in negligible, if any, disallowed costs in the future. No provision has been recorded in the accompanying financial statements for such contingencies.

Legal proceedings

SCHS is involved in various claims and legal actions in the normal course of business. SCHS has medical malpractice insurance that is covered by the Federal Tort Claims Act. After consultation with legal counsel, management estimates that any pending legal matters will be resolved without material adverse effect on the financial position of SCHS.

In December 2015 management and a former employee agreed to a settlement related to an ongoing wrongful termination case. The amount of the settlement was \$50,000 and has been accrued in these financial statements.

6. Notes Payable

Long-term debt consists of the following:

A note dated December 2010, with an original balance of \$3,650,750 due in 120 monthly installments. The principal portion is amortized over 20 years. Each installment, beginning December 2011, includes a principal portion of \$15,212 plus monthly interest at a variable rate. At December 31, 2015 the rate was 5.02%. The note is secured by buildings, land, and all deposit accounts.	\$ 2,920,600
A note dated August 2014, with an original balance of \$50,000 due in 24 monthly installments of \$2,261 with an interest rate of 7.99%. This note is secured by equipment.	17,559
A note dated October 2014, with an original balance of \$46,346 due in 24 monthly installments of \$2,048 with an interest rate of 6.21%. This note is secured by equipment.	17,963
A note dated December 2015, with an original balance of \$72,249 due in 60 monthly installments of \$1,477 with an interest rate of 8.33%. This note is secured by equipment.	72,249
Less: current installments	(230,217)
	<u>\$ 2,798,154</u>

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE FINANCIAL STATEMENTS
FOR THE FOURTEEN MONTHS ENDING DECEMBER 31, 2015**

6. Notes Payable (continued)

Long-term debt obligations mature in years ended December 31 are as follows:

2016	\$ 230,217
2017	195,746
2018	196,889
2019	198,130
2020	199,479
Thereafter	<u>2,007,910</u>
	<u>\$ 3,028,371</u>

Total interest charged to expense for the fourteen months ended December 31, 2015 was \$194,148.

SCHS has an available line of credit with a bank in the amount of \$400,000 and an interest rate of 4.85%. There were no amounts outstanding on the line of credit at December 31, 2015.

7. Loan Origination Costs

Loan origination costs in the amount of \$86,193 were incurred in connection with the note payable from December 2010 as noted above. These costs are being amortized over the life of the loan. Amortization expense for the fourteen months ended December 31, 2015 was \$5,284.

8. Retirement Plan

SCHS sponsors a 403 (b) tax-sheltered annuity plan, which covers substantially all of its employees who meet eligibility requirements. Eligible employees are allowed to contribute, on a tax-deferred basis, a portion of their compensation, up to federally designated limits. SCHS matches 100% of employee contributions up to a maximum of 5% of the employee's annual salary. Employees are vested in the plan at 25% after one year, 50% after two years, 75% after three years and 100% after four years. The Center's contributions to the plan for the fourteen months ended December 31, 2015 amounted to \$91,373.

9. Rent

SCHS rents various office space, storage facilities, and medical equipment on a temporary or month to month basis. Total lease and rental expense for the fourteen months ended December 31, 2015 was \$13,910.

10. Compensated Absences

Employees of SCHS had \$133,542 vested in accrued vacation pay at December 31, 2015.

11. Board of Directors Compensation

The Board of Directors is a voluntary board; therefore, no compensation or per diem has been paid to any Director.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE FOURTEEN MONTHS ENDING**

<u>Federal Grantor/Program or Cluster Title</u>	<u>CFDA Number</u>	<u>Pass-through Entity Identifying Number</u>	<u>Federal Expenditure</u>
Department of Health and Human Services direct programs:			
Consolidated Health Centers	93.224	N/A	<u>\$4,159,549</u>
Total Department of Health and Human Services direct programs:			<u>4,159,549</u>
Total expenditures of federal awards			<u><u>\$4,159,549</u></u>

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
FOR THE FOURTEEN MONTHS ENDING**

1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (the Schedule) includes the federal grant activity of Southeast Community Health Systems (SCHS) under programs of the federal government for the fourteen months ended December 31, 2015. The information in this Schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Because the Schedule presents only a selected portion of the operations of SCHS, it is not intended to and does not present the financial position, changes in net assets, or cash flows of SCHS.

2. Summary of Significant Accounting Policies

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in OMB Circular A-122, Cost Principles for Non-Profit Organizations, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
SCHEDULE OF COMPENSATION, BENEFITS, AND
OTHER PAYMENTS TO CEO FROM PUBLIC FUNDS
FOR THE FOURTEEN MONTHS ENDING**

Chief Executive Officer:

A. Cyprian

Salary

\$ -

Benefits - Insurance

-

Benefits - Retirement

-

Travel and Reimbursed Expenses

-

\$ -

DAIGREPONT & BRIAN

A Professional Accounting Corporation

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

To the Board of Directors
Southeast Community Health Systems
Zachary, LA

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Southeast Community Health Systems, (a non-profit organization) which comprise the statement of financial position as of December 31, 2015 and the related statements of activities and changes in net assets, and cash flows for the fourteen months then ended, and the related notes to the financial statements, and have issued our report thereon dated June 21, 2016.

Internal Control Over Financial Reporting

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

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

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

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Southeast Community Health Systems' financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audits and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document. This report is intended solely for the information and use of the audit committee, management, others within the organization, the Legislative Auditor, and federal awarding agencies and pass-through entities and is not intended to be and should not be used by anyone other than these specified parties. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Daigrepoint & Brian APAC

Daigrepoint & Brian, APAC

June 21, 2016

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A Professional Accounting Corporation

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY OMB CIRCULAR A-133

To the Board of Directors
Southeast Community Health Systems
Zachary, LA

Report on Compliance for Each Major Federal Program

We have audited Southeast Community Health Systems' (a non-profit organization) compliance with the types of compliance requirements described in the OMB Circular A-133 Compliance Supplement that could have a direct and material effect on each of Southeast Community Health Systems' major federal programs for the fourteen months ended December 31, 2015. Southeast Community Health Systems' major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

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

Auditor's Responsibility

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

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination on Southeast Community Health Systems' compliance.

Opinion on Each Major Federal Program

In our opinion Southeast Community Health Systems complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the fourteen months ended December 31, 2015.

Report on Internal Control Over Compliance

Management of Southeast Community Health Systems is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Southeast Community Health Systems' internal control over compliance with the types of requirements that could have a direct and material effect on each major federal

program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Southeast Community Health Systems internal control over compliance.

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

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

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

This report is intended solely for the information and use of the Board of Directors, management, the Legislative Auditor, and federal awarding agencies and is not intended to be and should not be used by anyone other than these specified parties. Under Louisiana Revised Statute 24:513, this report is distributed by the Legislative Auditor as a public document.

Daigrepoint & Brian APAC

Daigrepoint & Brian, APAC

June 21, 2016

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
FOR THE FOURTEEN MONTHS ENDING**

We have audited the financial statements of Southeast Community Health Systems, as of December 31, 2015, and for the fourteen months then ended, and have issued our report thereon dated June 21, 2016. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States and the provisions of OMB Circular A-133. Our audit of the financial statements as of December 31, 2015 resulted in an unmodified opinion.

Summary of Auditors' Reports

A. Report on Internal Control and Compliance Material to the Financial Statements

Internal Control

Material Weaknesses	Yes	_____	No	_____ <u>X</u>
Significant Deficiencies	Yes	_____	No	_____ <u>X</u>

Compliance

Compliance Material to Financial Statements	Yes	_____	No	_____ <u>X</u>
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B. Federal Awards

Internal Control

Material Weaknesses	Yes	_____	No	_____ <u>X</u>
Significant Deficiencies	Yes	_____	No	_____ <u>X</u>

Type of Opinion on Compliance for Major Programs	_____ <u>Unmodified</u>
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Are there findings required to be reported in accordance with Circular A-133, Section 510(a)	Yes	_____	No	_____ <u>X</u>
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Was there a management letter issued	Yes	_____	No	_____ <u>X</u>
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C. Identification of Major Programs

CFDA Number(s)	Name of Federal Program or Cluster
93.224	Dept. of Health and Human Services - Consolidated Health Centers

Dollar threshold used to distinguish between Type A and Type B programs	_____ <u>\$ 300,000</u>
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Is the auditee a 'low risk' auditee as defined by OMB Circular A-133	Yes	_____	No	_____ <u>X</u>
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Findings - Financial Statement Audit

There are no findings for the fourteen months ended December 31, 2015.

Questioned Costs

There are no questioned costs for the fourteen months ended December 31, 2015.

**SOUTHEAST COMMUNITY HEALTH SYSTEMS
SUMMARY SCHEDULE OF PRIOR YEAR FINDINGS
FOR THE PERIOD ENDING OCTOBER 31, 2014**

Summary of Prior Audit Findings

There were no prior year audit findings or questioned costs.