

Hospital Accounting and Auditing Manual

Revised, February 2024



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Examiners of Public Accounts
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I. INTRODUCTION

This manual was prepared and promulgated by the Alabama Department of Examiners of Public Accounts (hereinafter, “Department”) under the authority and responsibility provided by *Ala. Code* § 22-21-4(a). This statute provides that certified public accountants, subject to the control of the Alabama State Board of Public Accountancy, may audit the books and records of publicly owned hospitals, nursing homes, rest homes, and other publicly owned medical institutions. These audits must be performed in accordance with generally accepted auditing standards and shall comply with procedures promulgated by the Chief Examiner of Public Accounts.

This manual establishes uniform auditing and reporting standards for audits of county hospitals which fulfill requirements of *Ala. Code* § 22-21-4 and § 41-5A-1 through 41-5A-23.

This manual also requires that audits of hospitals be made in accordance with the following:

Generally Accepted Auditing Standards as promulgated by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA);

Government Auditing Standards, issued by the Comptroller General of the United States; and

AICPA Audit and Accounting Guide, “State and Local Governments” and “Government Auditing Standards and Single Audits”.

Should additional guidance be issued by authoritative accounting and auditing standards setting bodies, such guidance will be adopted and incorporated into this manual unless the same is specifically excluded by the Department.

NOTE: As a general rule, Medicaid arrangements between the state and providers are contracts for services and not federal financial assistance; therefore, they would not be covered by the Single Audit Act.

If you have any questions concerning the necessary reports for a particular entity, contact the Department of Examiners of Public Accounts, Coordinator of Hospital Audits at coordinator@alexaminers.gov.

II. EFFECTIVE DATE

The provisions of this manual are effective immediately upon issuance.

III. ENGAGEMENT OF CERTIFIED PUBLIC ACCOUNTANTS

Ala. Code § 22-21-4(a) states, “The books and records of publicly owned hospitals, nursing homes, rest homes or any other publicly owned medical institution may, upon request of the governing board of the particular institution, be audited annually by any certified public accountant who is subject to the control of the Alabama State Board of Public Accountancy. The selection of the certified public accountant to perform the audit shall be the responsibility of the governing board of the particular institution . . . The audit to be performed by the certified public accountant shall . . . comply with the procedures promulgated by the Chief Examiner of Public Accounts.”

IV. CONTACT WITH THE DEPARTMENT OF EXAMINERS OF PUBLIC ACCOUNTS

The following address should be used for correspondence with the Department:

Department of Examiners of Public Accounts
Attn: Coordinator of Hospital Audits
P. O. Box 302251
Montgomery, AL 36130-2251

The Department will provide technical assistance upon request. Requests for assistance may be submitted via e-mail to coordinator@alexaminers.gov. Additionally, the auditor should contact the Department when:

- a. evidence of fraud, abuse, irregularities or illegal acts is discovered;
- b. there is uncertainty about audit requirements; or
- c. the auditor cannot gain access to necessary records.

V. AUDIT SCOPE

The scope of the audit of the financial statements must be sufficient to enable the auditor to report on the following:

- a. Fairness of presentation of the financial statements as to the financial position and the results of operations in accordance with generally accepted accounting principles.
- b. Compliance with applicable state and local governmental laws and regulations, as well as applicable legal opinions and interpretations (i.e., ordinances and Attorney General's opinions).
- c. The internal control of the Hospital.

The audit should include all funds under the supervision and control of the Hospital as well as all component units required to be included as part of the reporting entity by the Governmental Accounting Standards Board.

VI. STANDARDS OF FIELD WORK

Audits are to be performed in conformity with generally accepted auditing standards and generally accepted government auditing standards contained in the Yellow Book that pertain to financial audits.

Procedures used during field work should be guided by the AICPA Audit and Accounting Guides, *State and Local Governments* and *Government Auditing Standards and Single Audits*, issued by the AICPA and any applicable Statements of Position (SOP) issued by the AICPA. The auditor is not limited to these procedures and should use such procedures as are necessary to perform an audit of sufficient scope according to the required standards.

The Department has adopted certain additions to the standards for fieldwork as described for financial audits in the Yellow Book. The Department's additions to the Yellow Book standards for field work are as follows:

- a. Yellow Book standards require the auditor to design the audit to provide reasonable assurance of detecting misstatements resulting from violations of provisions of contracts or grant agreements that have a direct and material effect on the determination of financial statement amounts or other financial data significant to the audit objectives. The Chief Examiner of Public Accounts requires that tests of financial transactions be made to determine compliance with state and local statutes, ordinances, regulations, and Attorney General's opinions which pertain to financial transactions **regardless of the effect on the financial statements**. The auditor should be knowledgeable about and report on the auditee's compliance with state and local statutes, ordinances, regulations, and Attorney General's opinions which pertain to the auditee's financial transactions both specifically as a hospital and generally as a public institution.

- b. The Chief Examiner requires that the Department's Coordinator of Hospital Audits be consulted when legal questions arise concerning the interpretation of laws and regulations. Auditors should not release reports that involve possible noncompliance with laws and regulations without consulting first with the Department's Coordinator of Hospital Audits.
- c. The Chief Examiner requires that the Department's Coordinator of Hospital Audits be notified immediately when evidence concerning the existence of fraud, abuse or illegal acts is uncovered. The Chief Examiner will assist in determining the nature and extent of fraud, abuse, and illegal acts and in bringing any resulting charges against officials or employees. In addition, auditors should not release information or reports containing information on illegal acts or indications of such acts without consulting with the Coordinator of Hospital Audits.
- d. If the auditor cannot obtain necessary records, the Coordinator of Hospital Audits should be notified. The Chief Examiner has statutory authority to subpoena necessary records.

VII. PROCEDURES FOR FIELD WORK

Procedures used during field work should be guided by the AICPA Audit and Accounting Guide, *Health Care Organizations*, as well as applicable portions of the AICPA Audit and Accounting Guides, and any subsequent related authoritative guides or materials. The auditor is not limited to these procedures and should use such procedures as are necessary to perform an audit of sufficient scope according to the required standards.

VIII. STANDARDS OF REPORTING

Examples of the required financial statements, reports, and schedules are contained in Appendix I. A brief discussion of each is contained on the following pages. For additional guidance, refer to GASB's *Codification of Governmental Accounting and Financial Reporting Standards*, Section 2200.

A. Financial Statements

The financial statements of the Hospital are to be presented in conformity with generally accepted accounting principles (GAAP) for special purpose governments. The key to determining the appropriate financial reporting model for a hospital is determining whether it has governmental activities or business-type activities (BTA) or both. Generally, governmental activities are financed through taxes, intergovernmental revenues, or other nonexchange revenues. Business-type activities are financed in whole or in part by fees charged to external parties for goods or services. Enterprise funds may be used to report any activity for which a fee is charged to external users for goods or services (GASB Codification 1300.109). The required financial statements for a hospital depend on whether the hospital is engaged in more than one governmental program or has both governmental and business-type activities or is engaged only in providing business-

type activities. This determination should be based on auditor judgment in consultation with the management of the hospital.

Many hospitals may choose to report as an entity engaged only in BTA. For this reason, the BTA reporting model is illustrated in Appendix I. The illustrated financial statement examples contained in Appendix I should not be interpreted as an endorsement of one method of presentation over another presentation method allowable under GAAP. A hospital may choose to report as a special-purpose government engaged in governmental activities or one engaged in both governmental and business-type activities. If other presentation methods are chosen, the reporting guidance in GASB Codification Sp20 (See also Ho5) should be followed.

If the hospital reports as an entity engaged only in BTA, it should present only the financial statements required for enterprise funds. The basic financial statements and required supplementary information (RSI) for a hospital reporting as a BTA are as follows:

- Management's Discussion and Analysis (MD&A);
- Enterprise fund financial statements consisting of:
 - a. Statement of net position;
 - b. Statement of revenues, expenses, and changes in fund net position;
and
 - c. Statement of cash flows;
- Notes to the financial statements; and
- RSI other than MD&A, if applicable.

(See GASB Codification Sp20.113 and Ho5.104).

Assets and liabilities of proprietary funds should be presented in a classified format to distinguish between current and long-term assets and liabilities. Governments are encouraged to present their proprietary funds in a net position format – assets plus deferred outflows of resources less liabilities less deferred inflows of resources equal net position – although a balance sheet format – assets plus deferred outflows of resources equal liabilities plus deferred inflows or resources plus net position– may be used. Regardless of the format used, the proprietary funds should report the residual amount as net position, rather than net assets, proprietary fund balance, or equity (See GASB Codification P80.111). The entity should also establish a policy that defines operating revenues and expenses that is appropriate to the nature of the activity being reported, disclose it in the summary of significant accounting policies and use it consistently from period to period. (See GASB Codification P80.115).

Disclosures relating to the financial statements should be in conformity with disclosure requirements set forth by the GASB. A list of common note disclosures is included in Appendix I. For additional guidance, refer to the GASB *Codification of Governmental Accounting and Financial Reporting Standards*.

B. Required Supplementary Information (RSI)

Required Supplementary Information (RSI) is financial information that GASB standards require to be presented with, but outside of, the basic financial statements. Depending on a hospital's specific circumstances, five types of RSI may be required: (1) Management's Discussion and Analysis (MD&A), (2) Required Schedule(s)—Pension Schedules and/or Other Postemployment Benefits, (3) Budgetary Comparison Schedule(s), (4) Infrastructure Condition and Maintenance Data (for hospitals using the modified approach for infrastructure assets), and (5) Revenues and Claims Development Trend Data

(for public entity risk pools). The MD&A may be the most commonly applicable type of RSI for hospitals. If the hospital reports governmental activities and presents fund financial statements, a budgetary comparison schedule is required for the general fund and for each major special revenue fund that has a legally adopted annual budget. More detailed guidance regarding the other types of RSI can be found in the GASB Codification.

Normally, RSI is presented following the Notes to the Financial Statements. However, MD&A information is the exception and should be presented preceding the financial statements. All other applicable RSI should be presented after the Notes. Below is a brief discussion of the MD&A.

1. **Management's Discussion and Analysis** – The MD&A **should be prepared by the entity's management** and should provide an objective and easily readable analysis of the hospital's financial activities based on currently known facts, decisions or conditions. The MD&A should discuss the current year results in comparison with the prior year, with emphasis on the current year. This fact-based analysis should discuss the positive and negative aspects of the comparison with the prior year. The information required to be reported in the MD&A is general rather than specific in order to encourage financial managers to effectively report only the most relevant information and to avoid "boilerplate" discussion. The information presented should be confined to the items outlined in GASB Codification 2200.109.

2. **Required Schedules:**

Pension Schedules – If the hospital provides pension benefits under a defined benefit plan as a single-employer (Single) and agent-multiple-

employer (Agent) employer or cost sharing employer, the following information should be presented for a ten (10) year period (for additional guidance refer to the GASB Codification of Governmental Accounting and Financial Reporting Standards P20):

- Single and Agent Employers – a schedule of changes in the net pension liability and a schedule of employer contributions should be presented for each single-employer and agent pension plan through which pensions are provided. The net pension liability information (e.g., changes in net pension information, total pension liability, the pension plan's fiduciary net position, net pension liability, the pension plan's net pension as a percentage of the total pension liability, covered-employee payroll, and net pension liability, the pension plan's fiduciary net position as a percentage of total pension liability, covered-employee payroll, and net pension liability as a percentage of covered-employee payroll.) should be determined as of the measurement date of the net pension liability and may be presented in a single schedule. The employer contributions (actuarially determined calculation or not) should be determined as of the employer's most recent fiscal year-end and presented in a 10-year schedule with required elements as specified in the aforementioned GASB Codification. Significant methods and assumptions used in calculating the actuarially determined contributions, if any, should be presented as notes to the required schedules.

- Cost- Sharing Employers – a 10-year schedule should be presented to provide the employer’s proportionate share of the collective net pension liability. In addition, a 10-year schedule should be presented of statutorily or contractually required contributions. See GASB Codification section P20 for data elements required to be included in the schedules. Information about factors that significantly affect trends in the amounts reported in the schedules should be reported as notes to the schedules.
- **Other Postemployment Benefits (OPEB) Schedules** – If the Hospital provides other postemployment benefits other than pensions, information about those benefits is required to be presented in the financial statements, notes and required supplementary information. GASB Statement 75 identifies the schedules employers are required to present when OPEBs are provided to employees as part of the OPEB Plan. The information contained in the required schedule(s) will depend upon whether the plan is a single and agent plan, a cost-sharing plan, and/or whether there is a special funding situation. Practitioners should refer to GASB 75 for additional information and/or to Sections P50 – P54 of the GASB Codification to ensure that the required information is presented in the *Required Supplementary Information*.
- OPEB Schedules – If the Hospital provides OPEB benefits as a single-employer (Single), agent multiple-employer (Agent) or a cost-sharing employer, the following information should be presented as RSI for a

ten (10) year period (for additional guidance, refer to GASB Codification of Governmental Accounting and Financial Reporting Standards P50):

- Single and Agent Employers – a schedule of changes in the OPEB liability and a schedule of employer contributions should be presented for each single-employer and agent OPEB plan through which OPEBs are provided. The OPEB liability information (e.g. changes in OPEB information, total OPEB liability, the OPEB plan's fiduciary net position, net OPEB liability, the OPEB plan's fiduciary net position as a percentage of the OPEB liability, covered payroll, and net OPEB liability as a percentage of covered-payroll) should be determined as of the measurement date of the OPEB liability and may be presented in a single schedule. The employer contributions (actuarially determined calculation or not) should be determined as of the employer's most recent fiscal year-end and presented in a 10-year schedule with required elements as specified in the aforementioned GASB Codification. Significant methods and assumptions used in calculating the actuarially determined contributions, if any, should be presented as notes to the required schedules.
- Cost-Sharing Employers – a 10-year schedule should be presented to provide the employer's proportionate share of the collective OPEB liability. In addition, a 10-year schedule should be presented of

statutorily or contractually required contributions. See GASB codification section P50 for data elements required to be included in the schedules. Information about factors that significantly affect trends in the amounts reported in the schedules should be reported as notes to the schedules.

C. Financial and Legal Compliance Audits

Auditors should follow the guidance in this manual, generally accepted auditing standards promulgated by the Auditing Standards Board of the American Institute of Certified Public Accountants (AICPA), *Government Auditing Standards* issued by the Comptroller General of the United States, and other applicable AICPA pronouncements and Statements of Positions (SOPs). Auditors are required to perform tests of compliance in every audit of hospitals.

1. Auditee's Responsibility

Auditee Response – The auditee is required to prepare a response when deficiencies in internal control, fraud, illegal acts, violations of provision of contracts or grant agreements or abuse are reported by the auditor. The auditor should normally request that this response is submitted in writing, stating the responsible officials' view on the reported findings, conclusions, and recommendations, as well as management's planned corrective actions. When the audited entity's comments oppose the report's findings, conclusions, or recommendations, and are not, in the auditor's opinion, valid, or when planned corrective actions do not adequately address the auditor's recommendations, the auditors should state their reasons for disagreeing with the comments or planned corrective action.

2. Auditor's Reports

The auditor should prepare the following reports. Examples of these reports and schedules are included in Appendix I.

- a. Independent Auditor's Report – an opinion or disclaimer of opinion as to whether the financial statements are presented fairly in all material respects in conformity with generally accepted accounting principles. (See Example in Appendix I)
- b. 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* – The purpose of this report is to: (1) report any significant deficiencies (including material weaknesses) which are identified as a result of performing the audit of the financial statements, and (2) report occurrences of noncompliance with provision of laws, regulations, contracts and grants which could have a direct and material effect on the required financial statements, as well as abuse. (See Example in Appendix I)

D. Additional Reporting Requirements

The Department has adopted the following additional reporting requirements:

1. In addition to the reporting responsibilities regarding fraud, illegal acts, violations of provisions of contracts or grant agreements, other noncompliance with laws and regulations or abuse contained in the Yellow Book, the Chief Examiner of Public Accounts requires that the Department's Coordinator of Hospital Audits also be notified.

2. A schedule of Board Members should be included. Refer to the example report in Appendix I of this manual for guidance concerning the format and content of this schedule.

IX. PROCEDURES FOR REPORTING

A. Form and Content

The overall format of the report should generally be as shown in the example report found in Appendix I. As discussed previously, the format and content of the financial statements will vary depending on the reporting model for the individual hospital.

The appropriate note disclosures are a matter of professional judgment and will vary depending on the specific circumstances encountered. However, included in Appendix I are sample note disclosures which are typically applicable to governmental entities. Professional judgment, along with materiality considerations, should be used in determining which disclosures are appropriate for a fair presentation in accordance with GAAP for a particular hospital.

B. SAFE Program

Public hospitals are subject to the State of Alabama's Security for Alabama Funds Enhancement (SAFE) Act. This has an impact on the information required by generally accepted accounting principles to be disclosed in the notes to the financial statements on audits of these hospitals. Auditors performing audits of the public hospitals should be aware of the provisions so that they can determine compliance with the Act and ensure that appropriate note disclosure is made.

Public hospitals' monies that have been deposited with financial institutions or banks in accordance with the provision of the SAFE Program are considered fully insured and collateralized. Below is a brief summary of the provisions of the SAFE Program.

The SAFE Program was established by the Alabama Legislature and is governed by the provisions contained in *Ala. Code* § 41-14A-1 through 41-14A-14. All public entities covered under the SAFE Program are required to deposit their funds with banks or financial institutions that meet all the requirements of the SAFE Program and have been designated as Qualified Public Depositories (QPDs). These public funds are protected through a collateral pool administered by the Alabama State Treasurer's Office. The financial institutions (QPDs) holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by the financial institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Depository Insurance Corporation (FDIC). If the securities pledged fail to produce adequate funds, every institution participating in the pool would share the liability for the remaining balance.

The QPD is required to provide an annual statement as of September 30 to each public depositor that summarizes their deposit account relationship and provides balances of deposits. The public depositor is required to verify the deposit account information and notify the QPD within 60 calendar days of receipt of the statement of any inaccuracies.

Ala. Code § 41-14A-3, as amended by Act No. 2009-471 allows hospitals to enter into agreements with banks that are covered by the SAFE Program to purchase certificates of deposit (CDs) on the hospital's behalf with other federally insured banks or savings association in such amounts so that the hospital's deposits, including any accrued interest, are fully covered by FDIC. If complied with, this arrangement generally eliminates custodial credit risk.

The auditor should perform procedures to determine whether the provisions of the SAFE Act have been complied with and ensure that the appropriate disclosures have been made in the notes to the financial statements.

C. Special Reports

All management letters and audit reports submitted to the auditee must also be submitted to the Chief Examiner of Public Accounts along with the copies of the audit report. The management letter will become a part of the permanent file.

D. Audit Report Distribution

A draft copy of the report may be sent to the Coordinator of Hospital Audits upon completion of the audit. After review of the draft copy, the Coordinator of Hospital Audits will notify the auditor of any changes that should be made to the report before it is published. The auditor should mail six (6) copies of the final report to the Coordinator of Hospital Audits. The cover letter accompanying the final report should state if the auditor has delivered copies of the report to the Board of the hospital being audited. Reports must be forwarded to the Chief Examiner of Public Accounts, postpaid, by registered mail not later than March 31st of the year following the end of the audit period. Reports are not considered final until formally approved and released by the Chief Examiner of Public Accounts. The auditor may issue the same basic financial statements contained in the report forwarded to the Chief Examiner to the auditee to satisfy the requirements of other financial statement users. The auditor should submit to the auditee one copy for the Chairman of the Board and one copy for each Board member. The following address information should be

used to send in the copies of the final report depending on the method of delivery:

Physical Address

401 Adams Ave

Suite 280

Montgomery, AL 36104

Mailing

P.O. Box 302251

Montgomery, AL 36130-2251

Additionally, a .pdf copy of the final report should be e-mailed to the Coordinator of Hospital Audits at the following e-mail address: coordinator@alexaminers.gov.

The distribution and release of the reports forwarded to the Department is the responsibility of the Chief Examiner.

E. Additional Statements on Auditing Standards and Accounting Pronouncements

As additional statements on auditing standards and accounting pronouncements are issued by applicable standards setting bodies (AICPA, GASB, Comptroller General of the United States, etc.), they will be adopted and incorporated into this manual unless the Chief Examiner specifically excludes them.

When new pronouncements are issued, the Department of Examiners of Public Accounts will strive to update the manual in a timely manner. However, it is the responsibility of the auditor to ensure that the financial statements are fairly presented in accordance with generally accepted accounting principles and that the audit is conducted in accordance with all applicable auditing standards.

APPENDIX I

EXAMPLE REPORT

(ILLUSTRATIVE ONLY)

Independent Auditor's Report¹

[INSERT APPROPRIATE ADDRESSEE]

Report on the Audit of the Financial Statements

Opinion(s)

We have audited the **accompanying** financial statements of the _____ (governmental activities, the business-type activities, each major fund, etc.) of the _____ County Hospital Board, as of and for the years ended September 30, 20__ and 20__ and the related notes to the financial statements, which collectively comprise the basic financial statements of the _____ County Hospital Board, as listed in the table of contents as Exhibits 1 through ____.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of _____ County Hospital Board as of September 30, 20__ and 20__, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

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

Emphasis of Matter [See AU-C sections 706.08 - .09] – *in year of implementation only for adoption of new Accounting Standards*²

As discussed in Note ____ to the financial statements, {Describe the matters to be emphasized – Implementation of new GASB Statement, major subsequent events, major litigations, etc.}. Our opinion on the basic financial statements is not modified with respect to this matter. [See AU-C sections 708.07 - .12 and 708.A7]

¹¹ This report is after implementation of the new reporting SASs. See AU-C Section 700 – 799 for additional guidance on preparation.

² The following is an example of an emphasis of matter paragraph for change in accounting principle resulting from the adoption of a new accounting pronouncement: “As described in Note X to the financial statements, in 20X1, the _____ Hospital Board adopted new accounting guidance, GASB Statement Number 87, *Leases*. Our opinion is not modified with respect to this matter.”

Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the {identify the required supplementary information, such as management’s discussion and analysis, applicable pensions as well as analysis and budgetary comparison information}, on pages XX-XX and XX-XX, be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in the appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management’s responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with ***Government Auditing Standards***, we have also issued our report dated {date of report} on our consideration of the _____ County Hospital Board’s internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of testing on internal control over financial reporting and on compliance and the results of that testing, and not to provide an opinion on the effectiveness of the _____ County Hospital Board’s internal control over financial reporting or compliance. That report is an integral part of an audit performed in accordance with ***Government Auditing Standards*** in considering the _____ County Hospital Board’s internal control over financial reporting and compliance.

Firm Name

[Auditor’s City and State]

[Date of Auditor’s Report]

NOTE: This is an example of an unmodified report for a County Hospital Board on comparative financial statements reporting with the BTA only model.

SAMPLE FINANCIAL STATEMENTS

PERPETUAL COUNTY HOSPITAL BOARD				
STATEMENT OF NET POSITION				
SEPTEMBER 30, 2XXZ AND 2XXY				
(In thousands)				
		2XXZ		2XXY
Assets				
Current Assets:				
Cash and cash equivalents		\$ 7,136		\$ 7,557
Short-term investments		3,142		3,423
Patient accounts receivable, net of estimated uncollectibles of \$2,125 in 2XXZ and \$2,040 in 2XXY		19,834		16,727
Supplies and other current assets		2,270		2,428
Total current assets		32,382		30,135
Noncurrent cash and investments:				
Internally designated for capital acquisitions		15,000		15,000
Other long-term investments		2,605		1,327
Held by trustee for debt service		1,945		2,005
Restricted by contributors and grantors for capital acquisitions and research		1,124		1,078
Principal of permanent endowments		3,003		2,919
Delinquent property taxes		385		229
Capital assets:				
Land		3,590		3,590
Depreciable capital assets, net of accumulated depreciation		39,792		39,328
Total capital assets, net of accumulated depreciation		43,382		42,918
Other assets		1,056		936
Total assets		\$ 100,882		\$ 96,547
Deferred Outflows of Resources				
Liabilities				
Current Liabilities:				
Current maturities of long-term debt		\$ 1,250		\$ 1,488
Accounts payable and accrued expenses		4,945		4,575
Estimated third-party payor settlements		1,822		1,651
Other current liabilities		1,673		1,797
Total current liabilities		9,690		9,511
Long-term debt, net of current maturities		19,672		20,412
Other long-term liabilities		3,361		2,690
Total Liabilities		32,723		32,613
Deferred Inflows of Resources				
Net Position:				
Net Investment in capital assets		22,460		21,018
Restricted:				
For debt service		1,945		2,005
Expendable for capital acquisitions		733		628
Expendable for research		781		899
Expendable for specific operating activities		331		573
Nonexpendable permanent endowments		3,003		2,919
Unrestricted		38,906		35,892
Total Net Position		68,159		63,934
See accompanying Notes to the Financial Statements.				

PERPETUAL COUNTY HOSPITAL BOARD
STATEMENTS OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
FOR THE YEARS ENDED SEPTEMBER 30, 2XXZ AND 2XXY
(In thousands)

	<u>2XXZ</u>	<u>2XXY</u>
Operating revenues:		
Net patient service revenue (net of provision for bad debts of \$859 in 2XXZ amd \$938 om 2XXY	\$ 43,305	\$ 43,736
Premium revenue	9,876	13,058
Other	3,416	3,248
Total operating revenues	<u>56,597</u>	<u>60,042</u>
Operating expenses:		
Salaries and benefits	46,845	43,235
Medical supplies and drugs	12,746	7,986
Insurance	7,030	7,382
Other supplies	10,314	11,166
Depreciation and amortization	4,065	3,638
Total Expenses	<u>81,000</u>	<u>73,407</u>
Operating income (loss)	(24,403)	(13,365)
Nonoperating revenues (expenses):		
Property taxes	23,895	15,309
Investment income	5,653	5,304
Interest expense	(1,489)	(1,552)
Noncapital grants and contributions	170	853
Other	(425)	
Total nonoperating revenues (expenses)	<u>27,804</u>	<u>19,914</u>
Excess of revenues over expenses before capital grants, contributions, and additions to permanent endowments	<u>3,401</u>	<u>6,549</u>
Capital grants and contributions	824	2560
Additions to permanent endowments	<u>4,225</u>	<u>351</u>
Increase in net position	63,934	9,460
Net position - beginning of the year	<u>\$ 68,159</u>	<u>54,474</u>
Net position - end of the year	<u>\$ 68,159</u>	<u>\$ 63,934</u>

PERPETUAL COUNTY HOSPITAL BOARD
STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED SEPTEMBER 30, 2XXZ AND 2XXY
(In thousands)

	<u>2XXZ</u>	<u>2XXY</u>
Cash flows from operating activities:		
Receipts from and on behalf of patients	\$ 50,074	\$ 54,680
Payments to suppliers and contractors	(30,029)	(26,634)
Payments to employees	(46,955)	(43,460)
Other receipts and payments, net	4,591	3,597
Net cash provided by operating activities	<u>(22,319)</u>	<u>(11,817)</u>
Cash flows from noncapital financing activities:		
Property taxes	20,739	12,224
Noncapital grants and contributions	170	853
Contributions to permanent endowments		351
Other	<u>(425)</u>	
Net cash provided by noncapital financing activities	<u>20,484</u>	<u>13,428</u>
Cash flows from capital and related financing activities:		
Capital grants and contributions	824	2,560
Property taxes restricted to capital acquisitions	3,000	3,000
Principal paid on long-term debt	(1,488)	(1,896)
Interest paid on long-term debt	(1,489)	(1,552)
Purchase of capital assets	<u>(4,019)</u>	<u>(4,111)</u>
Net cash used by capital and related financing activities	<u>(3,172)</u>	<u>(1,999)</u>
Cash flows from investing activities:		
Interest and dividends on investments	2,737	2,124
Purchase of investments	(1,045)	(289)
Proceeds from sale of investments	<u>2,327</u>	<u>683</u>
Net cash provided by investing activities	<u>4,019</u>	<u>2,518</u>
Net increase (decrease) in cash and cash equivalents	(988)	2,130
Cash and cash equivalents, beginning of year	<u>9,101</u>	<u>6,971</u>
Cash and cash equivalents, end of year	<u>\$ 8,113</u>	<u>\$ 9,101</u>

PERPETUAL COUNTY HOSPITAL BOARD
STATEMENTS OF CASH FLOWS (continued)
FOR THE YEARS ENDED SEPTEMBER 30, 2XXZ AND 2XXY
(In thousands)

	<u>2XXZ</u>	<u>2XXY</u>
Reconciliation of cash and cash equivalents to the balance sheet:		
Cash and cash equivalents in current assets	\$ 7,136	\$ 7,557
Restricted cash and cash equivalents	977	1,544
Total cash and cash equivalents	<u>\$ 8,113</u>	<u>\$ 9,101</u>
Reconciliation of operating income (loss) to net cash provided (used) by operating activities:		
Operating income (loss)	\$ (24,403)	\$ (13,365)
Adjustments to reconcile operating income to net cash flows used in operating activities:		
Depreciation and amortization	4,065	3,638
Provision for bad debts	859	938
Changes in:		
Patient accounts receivable	(3,966)	(2,909)
Supplies and other current assets	158	100
Other assets	(120)	
Accounts payable, accrued expenses, and other current liabilities	246	(225)
Estimated third-party payor settlements	171	(235)
Other liabilities related to operating activities	671	241
Net cash used in operating activities	<u>\$ (22,319)</u>	<u>\$ (11,817)</u>

Noncash Investing, Capital, and Financing Activities:

The Board entered into capital lease obligations of \$510,000 for new equipment in 2XXZ.

The Board held investments at September 30, 2XXZ with a fair value of \$XXX. During 2XXZ, the net increase in the fair value of these investments was \$XXX.

See accompanying Notes to the Financial Statements.

NOTES TO THE FINANCIAL STATEMENTS³

³ Note: The accompanying sample notes are for illustrative purposes only and, therefore, the amounts included may not agree with the sample set of financial statements. All of the notes shown may not be applicable. In addition, there may be other note disclosures which are required. The auditor should ensure that the Board/Hospital has made the appropriate note disclosures based on the provisions of generally accepted accounting principles (GAAP) and on the specific circumstances.

PERPETUAL COUNTY HOSPITAL BOARD
NOTES TO THE FINANCIAL STATEMENTS
SEPTEMBER 30, 2XXZ AND 2XXY

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

Reporting Entity - The Perpetual County Hospital Board (the Board) is a not-for-profit public corporation that owns and operates Perpetual Medical Center, (the Hospital) a 75-bed hospital that serves Perpetual and surrounding counties. The Perpetual County Hospital Board was originally incorporated under the provisions of *Ala. Code* § 22-21-70 through 22-21-83. As of October 1, 19XX, the Board was designated to operate as a hospital corporation under the provisions of *Ala. Code* § 22-21-100 through 22-21-112.

Tax Status - As a governmental unit, the Board is exempt from federal and state income taxes.

Related Organization - The Board is appointed by the Perpetual County Commission. The County, however, is not financially accountable (because it does not impose will or have a financial benefit or burden relationship) for the Board and the Board is not considered part of the Commission's financial reporting entity. The Board is considered a related organization of the County Commission.

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

Enterprise Fund Accounting - The Board uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Substantially all revenues and expenses are subject to accrual.

Cash and Cash Equivalents - Cash and cash equivalents include investments in highly liquid debt instruments with an original maturity of three months or less.

Lease Receivable

NOTE: When the Board is a Lessor, this should be included and modified to the Board's terms. Modify as necessary.

The Board's lease receivable is measured at the present value of lease payments expected to be received during the lease term. Under the lease agreement, the Board may receive variable lease payments that are dependent upon the lessee's revenue. The variable payments are recorded as an inflow of resources in the period the payment is received.

A deferred inflow of resources is recorded for the lease. The deferred inflow of resources is recorded at the initiation of the lease in an amount equal to the initial recording of the lease

receivable. The deferred inflow of resources is amortized on a straight-line basis over the term of the lease.

In accordance with GASB Statement Number 87, payments received on leases with a term of 12 months or less or leases with a present value of \$ _____ or less, as determined by the Board, are recognized as revenue as received. These leases are not included in lease receivable or deferred inflows of resources on the Statement of Net Position.

Capital Assets – Capital assets are those assets with an initial, individual cost of more than \$ _____ and an estimated useful life in excess of _____ year(s). The Board’s capital assets are reported at historical costs. Contributed capital assets are reported at their estimated fair value at the time of their donation. Right-to-use leased assets are recorded at the present value of payments expected to be made during the lease term plus any upfront payments and ancillary charges paid to place the leased asset in service. All capital assets other than land are depreciated or amortized (in the case of capital leases) using the straight-line method of depreciation using these asset lives:

Land improvements	15 to 20 years
Buildings and building improvements	20 to 40 years
Equipment, computers, and furniture	2 to 7 years

Intangible right-to-use lease assets are amortized over the shorter of the lease term or the asset’s estimated useful life, unless the lease contains a purchase option the Board is reasonably certain will be exercised. In those instances, the right-to-use leased asset is amortized over the asset’s estimated useful life.

Right-to-use Lease Assets (Buildings)	20 to 40 years
Right-to-use Lease Assets (Equipment)	2 to 7 years

Right-to-Use Assets and Lease Liability

NOTE: Use this wording when the Board is a Lessee.

The Board has recorded right-to-use lease assets and liabilities as a result of implementing GASB Statement Number 87. The right-to-use assets are initially measured at an amount equal to the initial measurement of the related lease liability plus any lease payments made prior to the lease term, less lease incentives, and plus ancillary charges necessary to place the lease into service. The right-to-use assets are amortized on a straight-line basis over the life of the related lease.

In accordance with GASB Statement Number 87, payments on leases with a term of 12 months or less or leases with a present value of less than \$5,000 (for equipment leases) and less than \$50,000 (for property leases) are expensed as incurred. These leases are not included in assets or liabilities on the statement of net position. **(Revised to Board’s capitalization threshold and estimated useful life)**

Payments included in the measurement of present value include:

1. Fixed payments,
2. Variable payments that depend on an index or a rate, initially measured using the index or rate as of the commencement of the lease term,
3. Variable payments that are fixed in substance,
4. Amounts that are reasonably certain of being required to be paid by the Board under residual value guarantees,
5. The exercise price of a purchase option if it is reasonably certain that the Board will exercise that option
6. Payments for penalties for terminating the lease, if the lease term reflects the Board exercising (1) an option to terminate the lease or (2) a fiscal funding or cancellation clause,
7. Any lease incentives receivable from the lessor,
8. Any other payments that are reasonably certain of being required based on an assessment of all relevant factors.

The Board also entered into certain subscription-based agreements to use vendor-provided information technology (IT). In accordance with GASB Statement Number 96, Subscription-based information technology arrangements (SBITAs) result in an intangible right-to-use asset and a subscription obligation on the Statement of Net Position. The Board capitalizes SBITA items that are greater than \$XX,000 over the subscription term and the initial term exceeds 12 months.

An intangible right-to-use asset represents the Board's right to use an underlying asset for the lease or subscription term. Lease and/or subscription obligations represent the Board's liability to make lease and/or subscription payments arising from the lease and/or subscription agreement. Intangible right-to-use assets, lease obligations, and subscription obligations are recognized based on the present value of lease and/or subscription payments over the lease term, where the initial term exceeds 12 months. Residual value guarantees and the value of an option to extend or terminate a lease and/or subscription are reflected to the extent it is reasonably certain to be paid or exercised. Variable payments based on future performance or usage are not included in the measurement of the lease and/or subscription liability. Intangible right-to-use assets are amortized using a straightline basis over the shorter of the lease and/or subscription term or useful life of the underlying asset. Prepayments made before the commencement of the lease and/or subscription are reported as intangible right-to-use assets in progress.

Property Taxes – The Board received approximately 29 percent in 2XXZ and 19 percent in 2XXY of its financial support from property taxes. These funds were used as follows:

	<u>2XXZ</u>	<u>2XXY</u>
Used to support operations	\$20,895	\$12,309
Levied for debt service	3,000	3,000

Millage rates for property taxes are levied by the _____ County Commission. Property taxes are assessed for property as of October 1 of the preceding year based on the millage rates established by the County Commission. Property taxes are due and payable the following October 1 and are delinquent after December 31.

Grants and Contributions – From time to time, the Board receives grants from the State of Alabama as well as contributions from individuals and private organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses. (Use this note only if applicable)

Endowments – Endowments are provided to the Board on a voluntary basis by individuals and private organizations. Permanent endowments require that the principal or corpus of the endowment be retained in perpetuity. If a donor has not provided specific instructions, Alabama state law permits the Board to authorize for expenditure the net appreciation of the investments of endowment funds, as discussed in Note _____. (Use this note only if applicable)

Assets limited as to use – Assets limited as to use primarily include assets held by trustees under indenture agreements and designated assets set aside by the Board for future capital improvements, over which the Board retains control and may at its discretion subsequently use for other purposes. Amounts required to meet current liabilities of the Hospital have been reclassified in the balance sheet at September 30, 2XXZ and 2XXY.

Restricted Resources – When the Board has both restricted and unrestricted resources available to finance a particular program; it is the Board's policy to use restricted resources before unrestricted resources.

Net Position – Net position of the Board is classified in the following three components:

- **Net Investment in Capital Assets** – consist of capital assets **and intangible right-to-use assets**, net of accumulated depreciation and reduced by the current balances of any outstanding borrowing used to finance the purchase or construction of those assets. Deferred Outflows of Resources and Deferred Inflows of Resources related to acquiring, constructing and improving those assets are also included. Any significant unspent related debt proceeds, or deferred inflows of resources attributable to the unspent amount at year-end related to capital assets are not included in this calculation. Debt proceeds or deferred inflows of resources at the end of the reporting period should be included in the same net position amount (restricted, unrestricted) as the unspent amount.
- **Restricted:**
 - **expendable** – consist of noncapital net assets that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the Board, including amounts deposited with trustees as required by revenue bond indentures, discussed in Note _____.
 - **nonexpendable** – equal the principal portion of permanent endowments.
- **Unrestricted** – consist of the remaining net position that do not meet the definition of net investment in capital assets or restricted.

Operating Revenues and Expenses – The Board’s statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Board’s principal activity. Nonexchange revenues, including taxes, grants and contributions received for purposes other than capital asset acquisition, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

Compensated Absences – The Board’s employees earn vacation days at varying rates depending on years of service. Vacation time does not accumulate. Generally, any days not used at year-end expire. Employees also earn sick leave benefits based on varying rates depending on years of service. Employees may accumulate sick leave up to a specified maximum. Employees are not paid for accumulated sick leave if they leave before retirement. However, employees who retire from the Board may convert accumulated sick leave to termination payments at varying rates, depending on the employee’s contract. The estimated amount of sick leave payable as termination payments is reported as a noncurrent liability in both 2XXZ and 2XXY. (This is an example of a policy. The Board’s policy should be described.)

(NOTE: The Governmental Accounting Standards Board (GASB) requires the accrual of a liability for vacation leave as the benefits are earned by employees if both of the following conditions are met: 1) the employees’ rights to receive compensation are attributable to services already rendered and 2) it is probable that the employer will compensate the employees for the benefits through paid time off or some other means, such as cash payments at termination or retirement)

Risk Management – The Board is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; medical malpractice; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters. Settled claims have not exceeded this commercial coverage in any of the three preceding years. (NOTE: Care should be taken to ensure that this note is modified to reflect the individual circumstances.)

Investments in Debt and Equity Securities – Investments in debt and equity securities are reported at fair value except for short-term highly liquid investments that have a remaining maturity at the time they are purchased of one year or less. These investments are carried at amortized cost. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenues when earned.

Net Patient Service Revenue - The Hospital has agreements with third-party payors that provide for payments to the hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third party payers, 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.

Premium Revenue - The Hospital has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the Hospital receives monthly capitation payments based on the number of each HMO's participants, regardless of services actually performed by the Hospital. In addition, the HMOs make fee-for-service payments to the Hospital for certain covered services based upon discounted fee schedules.

Charity Care - The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

2. Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare. Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Inpatient nonacute services and defined capital and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. The Hospital is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. Beginning in 2XXW, the Hospital claimed Medicare payments based on an interpretation of certain “disproportionate share” rules. The intermediary disagreed and declined to pay the excess reimbursement claimed under that interpretation. Through 19XX, the Hospital has not included the claimed excess in net patient revenues pending resolution of the matter. In 20XZ, the intermediary accepted the claims and paid the outstanding claims, including \$950,000 applicable to 20XY and \$300,000 applicable to 20X5 and prior, which has been included in 20XZ net revenues. Approximately ___% and ___% of the Hospital’s gross patient revenues were derived from Medicare beneficiaries in fiscal years 20XZ and 20XY, respectively.

Medicaid - Inpatient services and outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The inpatient rates are established by the prepaid health plan of which the Hospital is a member. Outpatient services are reimbursed based

on an established fee schedule. Annually, a copy of the Medicare cost report is submitted to the Medicaid agency to assist the agency in monitoring the program. Approximately __% and __% of the Hospital's gross patient revenues were derived from Medicaid beneficiaries in fiscal years 2XXZ and 2XXY, respectively.

Blue Cross – Inpatient and outpatient services rendered to Blue Cross subscribers are reimbursed based on a cost reimbursement methodology. The Authority is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by Blue Cross. The Hospital's Blue Cross cost reports have been audited by Blue Cross through September 30, 20XX. Approximately __% and __% of the Hospital's gross patient revenues were derived from Blue Cross subscribers in fiscal years 2XXZ and 2XXY, respectively.

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

3. Endowments and Restricted Net Position

Restricted, expendable net position are available for the following purposes:

	<u>2XXZ</u>	<u>2XXY</u>
Program A Activities:		
Purchase of Equipment	\$ 404	\$ 321
Research	53	683
General	46	63
Program B Activities:		
Purchase of Equipment	\$ 235	\$ 235
Research	184	151
General	79	110
Program C Activities:		
General	206	400
Buildings and Equipment	94	72
Research	<u>44</u>	<u>65</u>
Total temporarily restricted net position	<u>\$ 1,845</u>	<u>\$2,100</u>

Unless the contributor provides specific instruction, Alabama state law permits the Board to authorize for expenditure the net appreciation (realized and unrealized) of the investments in its endowments. When administering its power to spend net appreciation, the Board of Trustees is required to consider the Hospital's "long- and short-term needs, present and anticipated financial requirements, expected total return on its investments, price-level trends, and general economic conditions." Any net appreciation that is spent is required to be spent for the purposes designated by the contributor.

The Board chooses to spend only a portion of the investment income (including changes in the value of investments) each year. Under the policy established by the Board, 5 percent of the average market value of endowment investments at the end of the previous three years has been authorized for expenditure. The Board retains the remaining amount, if any, to be used in future years when the amount computed using the spending policy exceeds investment income. At September 30, 2XXZ and 2XXY, net appreciation of \$864 and \$953, respectively, is available to be spent, of which \$402 and \$682, respectively, is reported as restricted expendable net position, and the balance is in unrestricted net position.

Restricted nonexpendable net position as of September 30, 2XXZ and 2XXY, represent the principal amounts of permanent endowments, restricted to investment in perpetuity. Investment earning from the Board's permanent endowments are expendable to support these programs as established by the contributor:

	<u>2XXZ</u>	<u>2XXY</u>
Program A activities	\$ 158	\$ 158
Program B activities	176	176
Program C activities	423	423
Any activities of the Board	<u>854</u>	<u>854</u>
	1,611	1,611
Endowment requiring income to be added to		
Original gift until fund's value is \$2,125	<u>1,392</u>	<u>1,392</u>
Total restricted nonexpendable net position	<u>3,003</u>	<u>3,003</u>

4. Designated Net Position

Of the \$40,851 and \$37,897 of unrestricted net position reported in 2XXZ and 2XXY, respectively, \$15,000 has been designated by the Board for capital acquisition. Designated funds remain under the control of the Board, which may at its discretion later use the funds for other purposes.

5. Deposits and Investments

A. Deposits

The Board's deposits at year-end were held by financial institutions that participate in the State of Alabama's Security for Alabama Funds Enhancement (SAFE) Program. The SAFE Program was established by the Alabama Legislature and is governed by the provisions contained in *Ala. Code* § 41-14A-1 through 41-14A-14. Under the SAFE Program, all public funds are protected through a collateral pool administered by the Alabama State Treasurer's Office. Under this program, financial institutions holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by that financial institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Depository Insurance Corporation (FDIC). If the securities pledged failed to produce adequate funds, every institution participating in the pool would share the liability for the remaining balance.

Ala. Code § 41-14A-3 allows the Board to enter into agreements with banks that are covered by the SAFE Program to purchase certificates of deposit (CDs) on the Board's behalf with other federally insured banks or savings association in such amounts so that the Board's deposits, including any accrued interest, are fully covered by FDIC. **(NOTE: This arrangement is commonly referred to as participation in the Certificate of Deposit Accounts Registry Service (CDARS). Include this paragraph only if the Board has entered into such an arrangement.)**

B. Investments

(NOTE: The Board is required to briefly describe its investment policy for each type of applicable risk [e.g. credit risk, interest rate risk, etc.]; the legal or contractual provisions for investments, including repurchase agreements; commitments to resell securities under yield maintenance repurchase agreements and losses due to default by counterparties. The following illustrations provide example of possible policies. Additionally, GASB Statement 72 contains several valuation approaches to determine fair value of investments. See Note ___ below for further consideration of the requirements related to the Fair Value of Financial Instruments. **They are for illustration purposes only.** The auditor should ensure that the specific policy formally adopted by the Board is disclosed and that disclosures meet the requirements of all applicable standards.)

As discussed in Note 1, the Board's investments generally are carried at fair value. As of September 30, 2XXZ and 2XXY, the Board had the following investments and maturities, all of which were held in the Board's name by a custodial bank that is an agent of the Board.⁴

September 30, 2XXZ

<u>Investment Type</u>	<u>Carrying Amount</u>	<u>Investment Maturities (in Years)</u>			
		<u>Less Than 1</u>	<u>1 – 5</u>	<u>6 - 10</u>	<u>More Than 10</u>
U.S. Treasuries	\$ 21,774	\$ XXX	\$ XXX	\$ XXX	\$ XXX
Federal National Mortgage Association	3,580	XXX	XXX	XXX	XXX
Government National Mortgage Association	3,580	XXX	XXX	XXX	XXX
Total	\$ 28,934	\$ XXX	\$ XXX	\$ XXX	\$ XXX

September 30, 2XXY

<u>Investment Type</u>	<u>Carrying Amount</u>	<u>Investment Maturities (in Years)</u>			
		<u>Less Than 1</u>	<u>1 – 5</u>	<u>6 - 10</u>	<u>More Than 10</u>
U.S. Treasuries	\$ 20,039	\$ XXX	\$ XXX	\$ XXX	\$ XXX
Federal National Mortgage Association	3,365	XXX	XXX	XXX	XXX
Government National Mortgage Association	3,366	XXX	XXX	XXX	XXX
Total	\$ 26,770	\$ XXX	\$ XXX	\$ XXX	\$ XXX

Interest rate risk is the risk that changes in interest rates will adversely affect the fair value of an investment. As a means of limiting its exposure to fair value losses arising from rising interest rates, the Board's investment policy limits at least half of the Board's investment portfolio to maturities of less than one year. Investment maturities are limited as follows:

⁴ This illustrative note presents interest rate information using the segmented time distribution method. Other methods for illustrating interest rate information are described in paragraph 15 of GASB State No. 40, *Deposit and Investment Risk Disclosures*.

<u>Maturity</u>	<u>Maximum Investment</u>
One to five years	35%
Six to ten years	15%
More than ten years	5%

(NOTE: If the Board does not have a policy the following should be stated: The Board does not have a formal investment policy that limits investment maturities as a means of managing its exposure to fair value losses from changing interest rates. In addition, investments that are highly sensitive to interest rate change should be disclosed.)

Credit Risk

(NOTE: Credit Risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligation. GASB Statement No. 40 requires that information about the credit risk associated with investments be provided by disclosing the credit quality ratings of investment in debt securities as described by nationally recognized statistical rating organizations such as Standard & Poor's, Moody's Investors Service, and Fitch Ratings, rating agencies, as of the date of the financial statements. U.S. government or obligations explicitly guaranteed by the U.S. government are not considered to have credit risk and do not require disclosure. If a credit quality disclosure is required and the investment is unrated, the disclosure should indicate this fact. The credit quality ratings of external investment pools, money market funds, bond mutual funds, and other pooled investments of fixed-income securities in which the government has invested should be disclosed. If the Board has investments with credit risk and the Board does not have a formally adopted credit risk policy, this fact must be disclosed.) Example note follows:

The Board's policy requires that investments be made only in U.S. government obligations held by the Board's third-party agent. As of September 30, 2XXZ and 2XXY, the Board's investments in Federal National Mortgage Association were rated AAA by Standard and Poor's and Fitch Ratings and AAA by Moody's Investor Services.

Custodial Credit Risk

For an investment, this is the risk that, in the event of the failure of the counterparty, the government will not be able to cover the value of its investments or collateral securities that are in the possession of an outside party. The Board's investment policy limits the amount of securities that can be held by counterparties to no more than \$XX,XXX. (Include this last sentence only when the Board has adopted a formal custodial credit risk policy. Otherwise, state that the Board has no policy.) Of the investment in corporate bonds of \$XXX,XXX, the Board has a custodial credit risk exposure of \$XX,XXX because the related securities are uninsured, unregistered and held by the Board's brokerage firm which is also the counterparty of these particular securities.

Concentrations of Credit Risk

Concentration of credit risk is the risk of loss attributed to the magnitude of the Board's investment in a single issuer. The Board places no limit on the amount it may invest in any one issuer. More than 5 percent of the Board's investments at September 30, 2XXZ and 2XXY are invested in the Federal National Mortgage Association. These investments are 12.37% and 12.57%, respectively, of the Board's total investments at September 30, 2XXZ and 2XXY. **(NOTE: The amount and issuer of investments in any one issuer that represent 5 percent or more of the total investments must be disclosed. This does not include U.S. government securities and investments in mutual funds, external investment pools and other pooled investments.)**

(If the Board's investments are exposed to foreign currency risk, the U.S. Dollar balance of such investments organized by currency denomination should be disclosed.

(Security Lending Transactions – transactions in which governmental entities transfer their securities to broker-dealers and other entities for collateral which may be cash, securities, or letters of credit, and simultaneously agree to return the collateral for the same securities in the future. If the Board has security lending collateral that is reported in the statement of net position/balance sheet, GASB Statement No. 40, paragraph 10, disclosures should be made.)

The carrying amount of deposits and investments are included in the Board's balance sheets as follows:

		<u>2XXZ</u>	<u>2XXY</u>
A.	Carrying amount		
B.	Deposits	\$ 5,021	\$ 6,539
	Investments	<u>28,934</u>	<u>26,770</u>
		\$33,955	\$33,309
C.	Included in the following balance sheet captions		
	Cash and cash equivalents	\$ 7,136	\$ 7,557
	Short-term investments	3,142	3,423
	Noncurrent cash and investments:		
	Other long-term investments	2,605	1,327
	Restricted by contributors and grantors for		
D.	Capital acquisitions and research	1,124	1,078
	Internally designated for capital acquisition	15,000	15,000
	Held by trustee for debt service	1,945	2,005
	Principal of permanent endowments	<u>3,003</u>	<u>2,919</u>
		<u>\$33,955</u>	<u>\$33,309</u>

6. Derivative Instruments

NOTE: Refer to the guidance on derivatives contained in GASB Codification D40 to determine if the hospital has derivatives and, if so, ensure that the *applicable* disclosures as outlined in Section D40.168-.179 have been made. The note should be specifically tailored to fit the individual circumstances. Some disclosures related to the derivative instruments may need to be made in other parts of the notes and cross-referenced to this note. For example, if an investment derivative exposes the entity to interest rate risk, that exposure should be disclosed as required by GASB Statement No. 40 under the Deposits and Investments Note. Similarly, if a hedging derivative relates to debt, disclosures may need to be made in the Long-Term Debt Note.

7. Charity Care

Charges excluded from revenue under the Board's charity care policy were \$7,100 and \$6,845 for 2XXZ and 2XXY, respectively.

8. Accounts Receivable and Payable

Patient accounts receivable and accounts payable (including accrued expenses) reported as current assets and liabilities by the Board at September 30, 2XXZ and 2XXY consisted of these amounts:

Patient Accounts Receivable	2XXZ	2XXY
Receivable from patients and their insurance carriers	\$ 13,976	\$ 11,868
Receivable from Medicare	4,286	3,002
Receivable from Medicaid	<u>3,697</u>	<u>3,897</u>
Total patient accounts receivable	21,959	18,767
Less allowance for uncollectibles amounts	<u>2,125</u>	<u>2,040</u>
Patient accounts receivable, net	<u>\$ 19,834</u>	<u>\$ 16,727</u>
<u>Accounts Payable and Accrued Expenses</u>		
	<u>2XXZ</u>	<u>2XXY</u>
Payable to employees (including payroll taxes)	\$2,437	\$1,970
Payable to suppliers	2,481	2,591
Other	<u>27</u>	<u>14</u>
Total amounts payable and accrued expenses	<u>\$4,945</u>	<u>\$4,575</u>

NOTE: A lessor should disclose the following about its lease activities (which may be grouped for purposes of disclosure), other than short-term leases and certain regulated leases: (1) A general description of its leasing arrangements, including the basis, terms, and conditions on which any variable payments not included in the measurement of the lease receivable are determined, (2) The total amount of inflows of resources (for example, lease revenue, interest revenue, and any other lease-related inflows) recognized in the reporting period from leases, if that amount cannot be determined based on the amounts displayed on the face of the financial statements, (3) The amount of inflows of resources recognized in the reporting period for variable and other payments not previously included in the measurement of the lease receivable, including inflows of resources related to residual value guarantees and termination penalties, and (4) The existence, terms, and conditions of options by the lessee to terminate the lease or abate payments if the lessor government has issued debt for which the principal and interest payments are secured by the lease payments.

Example 1

The lease receivable is comprised of amounts due to the Board for various leased spaces for which the Board serves as the lessor. The lease receivable is accounted for as the present value of the remaining lease payments expected to be received during the lease term. See Note ___ - Lease Obligations for additional information regarding the Board's lessor agreements. For the year ended September 30, 2022, lease receivable was as follows:

	Current	Noncurrent	Total
Remaining Lease Payment from Lessees	\$ 398,246.85	\$ 187,089.15	\$ 585,336.00
Total Leases Receivable	\$ 398,246.85	\$ 187,089.15	\$ 585,336.00

Example 2

In April 2022, the Board entered into a lease with a coffee vendor. Under the lease, the coffee vendor pays the Board \$1,000 per month for sixty months in exchange for operating its business within a 100 square foot section in the lobby of the Board's building. In months where the lessee's gross revenue from the space exceeds \$10,000, the lessee makes an additional variable payment equal to five percent of the excess revenue. The lease receivable is measured as the present value of the future minimum rent payments expected to be received during the lease term at a discount rate of 3%, which is the stated rate in the agreement.

In fiscal year 2022, the Board recognized \$2,790 of lease revenue and \$398 of interest revenue under the lease. In addition, the Board recognized \$351 in variable lease revenue equal to five percent of the lessee's reported excess revenue during the year.

9. Capital and Intangible Right-to-Use Assets

Capital asset additions, retirements, and balances for the years ended September 30, 2XXZ and 2XXY were as follows:

	Balance October 1, 2XXY, as restated (*)	Additions	Retirements	Balance September 30, 2XXZ
Capital Assets not being depreciated:				
Land	\$ 3,590			\$ 3,590
Capital Assets being Depreciated:				
Land improvements	645	17		662
Buildings and improvements	29,265	965	(810)	29,420
Equipment	30,375	3,547	(1,860)	32,062
Totals Capital Assets being depreciated at historical cost	\$60,285	\$4,529	(\$2,670)	\$62,144
Less accumulated depreciation for:				
Land improvements	(291)	(65)		(356)
Buildings and improvements	(5,352)	(582)	810	(5,124)
Equipment	(15,314)	(3,418)	1,860	(16,872)
Total accumulated depreciation	(20,957)	(4,065)	2,670	(22,352)
Total Capital Assets Being Depreciated, Net	\$39,328	\$ 464	\$ 0	\$39,792
Total Capital Assets, Net	\$42,918	\$ 464	\$ 0	\$43,382

* - Restated by the implementation of GASB Statement Number 87 – Leases. Intangible right-to-use leased asset activity accounted for separately.

	Balance October 1, 2XXX, as restated (*)	Additions	Retirements	Balance September 30, 2XXY
Capital Assets not being depreciated:				
Land	\$ 3,590			\$ 3,590
Capital Assets being depreciated				
Land improvements	608	112	(75)	645
Buildings and improvements	29,187	78		29,265
Equipment	26,710	3,921	(256)	30,375
Totals capital assets being depreciated at historical cost	\$56,505	\$4,111	(\$331)	\$60,285
Less accumulated depreciation for:				
Land improvements	(309)	(57)	75	(291)
Buildings and improvements	(4,826)	(526)		(5,352)
Equipment	(12,515)	(3,055)	256	(15,314)
Total accumulated depreciation	(17,650)	(3,638)	331	(20,957)
Total Capital Assets Being Depreciated, Net	\$38,855	\$ 473	\$ 0	\$39,328
Total Capital Assets, Net	\$42,445	\$ 473	\$ 0	\$42,918

* - Restated by the implementation of GASB Statement Number 87 – Leases. Intangible right-to-use leased asset activity accounted for separately.

Additional disclosures may be necessary related to capital assets (See GASB Codification Section 1400 for additional information.)

NOTE: The following table is used when the Board is a Lessee.

The Board has recorded two right to use leased assets. The assets are right to use assets for leased equipment and leased motor vehicles. The related leases are discussed in the Leases subsection of the Liabilities section of this note. The right to use lease assets are amortized on a straight-line basis over the terms of the related leases.

NOTE: A government should disclose the following about its Subscription Based Information Technology Arrangements (SBITAs) (which may be grouped for purposes of disclosure), other than short-term SBITAs: (1) A general description of its SBITA, including the basis, terms, and conditions on which any variable payments not included in the measurement of the subscription liability are determined, (2) The total amount of subscription assets and the related accumulated amortization, disclosed separately from other capital assets, (3) The amount of outflows of resources recognized in the reporting period for variable and other payments not previously included in the measurement of the subscription liability, (4) The amount of outflows of resources recognized in the reporting period for other payments, such as termination penalties, not previously included in the measurement of the subscription liability, (5) Principal and interest requirements to maturity, presented separately, for the subscription liability for each five subsequent fiscal years and in five-year increments thereafter, (6) Commitments under SBITAs before the commencement of the subscription term, (7) The components of an loss associated with an impairment.

Right -to-Use asset activity for the year ended September 30, 20XX, was as follows:

	Balance October 1, 2021 *(as, Restated)	Additions	Retirements	Balance September 30, 2022
Intangible Right-to-Use Assets:				
Leased Equipment	\$ 125,534.00	\$ 55,351.00	\$	\$ 180,885.00
Leased Motor Vehicles	1,034,691.00			1,034,691.00
Subscription Based IT Arrangements (SBITAs)	100,000.00	300,000.00		400,000.00
Total Right-to-Use Assets	1,260,225.00	355,351.00		1,615,576.00
Less Accumulated Amortization:				
Leased Equipment	(5,540.00)	(16,606.00)		(22,146.00)
Leased Motor Vehicles	(345,535.00)	(125,040.00)		(470,575.00)
Subscription Based IT Arrangements (SBITAs)		(25,000.00)		(25,000.00)
Total Accumulated Amortization	(351,075.00)	(166,646.00)		(517,721.00)
Amortized Leased Assets, Net	\$ 909,150.00	\$ (188,705.00)	\$	\$ 1,097,855.00
*Due to the implementation of GASB Statement Number 96 for SBITAs, the Board's beginning subscription asset balance was restated from fiscal year 2023. There was no impact to net position.				

Long-Term Debt, Lease Obligations and Subscription Based IT Arrangement Obligations

The following is a summary of long-term obligations, including lease and SBITA obligations, for the Board for 2XXZ and 2XXY follows:

	Balance October 1, 2XXY, as restated (*)	Additions	Reductions	Balance September 30, 2XXZ	Amounts Due Within One Year
Bonds and Notes Payable:					
Revenue notes	\$ 18,714		(\$457)	\$ 18,257	\$ 620
Mortgage loan	1,808		(99)	1,709	99
Note Payable	570		(464)	106	106
Total long-term debt	21,092		(1,020)	20,072	825
Lease Obligations	808	510	(468)	850	425
Subscription Obligations	100	300	(25)	375	25
Other Liabilities:					
Compensated Absences	2,625	662	(6)	3,281	
Net Pension Obligation	65	15		80	See Note 9
Total Other Liabilities	2,690	677	(6)	3,361	
Total Noncurrent Liabilities	<u>\$ 24,690</u>	<u>\$1,487</u>	<u>(\$1,519)</u>	<u>\$ 24,658</u>	<u>\$1,275</u>

* Beginning balance was restated due to the implementation of GASB Statement Number 96. See Restatement Note ____.

	Balance October 1, 2XXX, as restated (*)	Additions	Reductions	Balance September 30, 2XXY	Amounts Due Within One Year
Bonds and Notes Payable:					
Revenue notes	\$ 19,568		(\$854)	\$ 18,714	\$ 457
Mortgage loan	1,907		(99)	1,808	99
Note Payable	1,045		(475)	570	464
Total long-term debt	22,520		(1,428)	21,092	1,020
Lease Obligations	1,276		(468)	808	468
Subscription Obligations	100	300	(25)	375	100
Other Liabilities:					
Compensated absences	2,400	236	(11)	2,625	
Net pension obligation	49	16		65	See Note 9
Total other liabilities	2,449	252	(11)	2,690	
Total noncurrent liabilities	<u>\$ 26,345</u>	<u>\$552</u>	<u>(\$1,932)</u>	<u>\$ 24,965</u>	<u>\$1,513</u>

* Beginning balance was restated due to the implementation of GASB Statement Number 96. See Restatement Note ____.

Long-term debt – The terms and due dates of the Board’s long-term debt, including lease obligations, at September 30, 2XXZ and 2XXY, follow:

- 7.25 percent Revenue Notes, due November 1, 2XZ7, collateralized by a pledge of the Board’s gross receipts. Thus, all operating and nonoperating revenues of the board are similarly pledged.
- 9.25 percent mortgage loan, due January 2XY5, collateralized by a mortgage on property and equipment with a depreciated cost of \$1,530 on September 30, 2XX7.
- 9.75 percent note payable, due March 2XX8, unsecured.
- Capital lease obligations, at varying rates of imputed interest from 9.8 percent to 12.3 percent collateralized by leased equipment with cost of \$1,275 at September 30, 2XX7.

Under the terms of the Revenue Note Indenture, the Board is required to maintain certain deposits with a trustee. Such deposits are included with restricted cash and investments on the balance sheet. The Revenue Note Indenture also places limits on the incurrence of additional borrowings and requires that the Board satisfy certain measures of financial performance as long as the notes are outstanding.

Schedule principal and interest repayments on long-term debt and payments on lease obligations are as follows:

Year Ending September 30:	Long-term Debt		Lease Obligations		Subscription Obligations	
	Principal	Interest	Principal	Interest	Principal	Interest
2XX8	\$ 825	\$ 553	\$ 425	\$ 58	\$ 100	\$ 34
2XX9	775	487	213	27	100	25
2XY0	836	465	212	13	100	16
2XY1	900	448			75	8
2XY2	972	432				
2XY3 to 2XY7	5,764	1,769				
2XY8 to 2XZ2	4,824	1,492				
2XZ3 to 2XZ7	5,176	1,116				
Total	<u>\$ 20,072</u>	<u>\$ 6,762</u>	<u>\$ 850</u>	<u>\$ 98</u>	<u>\$ 375</u>	<u>\$ 83</u>

Lease Obligations

Lessee Agreements

The Board leases equipment and motor vehicles from external parties for various terms under long-term, noncancelable lease agreements. The leases expire at various dates through 2032 and some provide for renewal options ranging from one year to five years. In accordance with GASB Statement Number 87, the Board records intangible right-of-use assets and lease liabilities based on the present value of expected payments over the lease term of the respective leases. The expected payments are discounted using the interest rate charged on the lease, if available, or are otherwise discounted using an estimated incremental borrowing rate. The Board does not have any leases featuring payments tied to an index or market rate. The Board also does not have any leases subject to a residual value guarantee. See Note ___ - Capital and Intangible Right-to-Use Assets for information on leased assets and associated accumulated amortization. Future commitments for leases having remaining terms in excess of one year as of September 30, 2022, were as follows:

Fiscal Year Ending:	Lease Obligations	
	Payable	Interest
September 30, 2023	\$ 2,769,346.45	\$ 218,717.28
2024	2,741,201.07	159,363.48
2025	1,934,803.83	102,930.09
2026	1,779,811.66	64,514.96
2027	866,520.65	37,112.72
2028 - 2032	884,882.46	18,750.90

Total Remaining Lease Commitments	\$ 10,976,566.12	\$ 601,389.43
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Lease commitments consist of:

Description	Lease Obligations Payable
Agreements between the Board and third-party vendors for various equipment rentals in monthly installments ranging from \$1,750.00 to \$4,500.00, with fixed and implicit interest rates ranging from 3.50% to 4.35%. The agreements expire in various fiscal years from 2023 to 2028.	\$ 1,806,937.00
Agreements between the Board and third-party vendors for various school buses. Payable in monthly installments ranging from \$24,391.90 to \$34,981.18, with fixed and implicit interest rates ranging from 2.97% to 3.15%. The agreements expire in various fiscal years from 2023 to 2032.	\$ 9,169,629.12
Present Value of Minimum Lease Commitments	\$ 10,976,566.12

Lessor Agreements

The Board leases a building to external parties. The leases expire at various dates through 2025, and some provide renewal options through 2040. Lease receivables and deferred inflows of resources are recorded based on the present value of the expected receipts over the term of the respective leases. The expected receipts are discounted using the interest rate charged on the lease or using the Board's incremental borrowing rate. During the year ended September 30, 2022, the Board recognized revenues related to these lease agreements totaling \$497,709. Total minimum lease payments to be received under lessor agreements are as follows:

Fiscal Year Ending:	Lease Obligations Receivable	Interest
September 30, 2023	\$ 398,247.00	\$ 2,343.00
2024	162,361.00	972.00
2025	24,728.00	272.00
Total Remaining Lease Obligation Receivable	\$ 585,336.00	\$ 3,587.00

Subscription Obligations

There were no variable payments based on performance, nor termination penalties expensed for fiscal year ended September 30, 2023. See Note __ - Capital and Intangible Right-to-Use Assets for information on right-to-use assets (intangible assets) and associated accumulated amortization. Future commitments for subscriptions having remaining terms in excess of one year as of September 30, 2023, were as follows:

Fiscal Year Ending:	Subscriptions Obligations	
	Principle	Interest
September 30, 2024	\$ 142,970.00	\$ 18,299.00
2025	152,034.00	12,721.00
2026	116,524.00	6,750.00
2027	61,167.00	1,382.00
Total Minimum Subscription Payments	\$ 472,695.00	\$ 39,152.00

10. Termination Benefits

NOTE: Termination benefits are inducements provided to employees to hasten termination of service which can be voluntary or involuntary. It includes early retirement incentives, severance benefits and other termination related costs. It does not include unemployment compensation or other postemployment benefits. It also would not include payments for compensated absences. If an entity has termination benefits, the related liability and expense should be recognized in the financial statements, and the following information disclosed: 1) A description of the termination benefits arrangements (including types of benefits provided, number of employees, and the period of time which benefits are expected to be provided) for the period in which the employer becomes obligated for termination benefits and any future periods in which the employee is required to render services to receive the termination benefits, 2) in the period in which the employer becomes obligated for the termination benefits, the cost of the benefits, if that information is not otherwise identifiable from the face of the financial statements, 3) for all periods in which termination benefits are reported, the significant methods and assumptions used to determine the liability, and 4) if termination benefits are not estimable, that fact should be stated. For additional guidance, see GASB Codification T25.

11. Defined Benefit Pension Plan

(NOTE: The following is an example of the note disclosures required by GASB Statement No. 68, "Accounting and Financial Reporting for Pensions. This information is for Hospital Boards which participate in the Employees' Retirement System of Alabama (ERS). If the entity participates in another pension plan in addition to or instead of the ERS, disclosure relevant to the other plan(s) should be made similar to what is provided below. For more detailed guidance refer to GASB Codification P20, Pe5 or Pe6, whichever is appropriate.)

A. General Information about the Pension Plan

Plan Description

The Employees' Retirement System of Alabama (ERS), an agent multiple-employer plan (the "Plan"), was established October 1, 1945 under the provisions of Act Number 515, Acts of Alabama 1945, for the purpose of providing retirement allowances and other specified benefits for state employees, State Police, and on an elective basis, to all cities, counties, towns and quasi-public organizations. The responsibility for the general administration and operation of ERS is vested in its Board of Control which consists of 15 trustees. Effective October 1, 2021, Act Number 2021-390, Acts of Alabama, created two additional representatives to the ERS Board of Control effective October 1, 2021. The Plan is administered by the Retirement Systems of Alabama (RSA). The ***Code of Alabama 1975***, Section 36-27-2, grants the authority to establish and amend the benefit terms to the ERS Board of Control. The Plan issues a publicly available financial report that can be obtained at www.rsa-al.gov.

The ERS Board of Control consists of 15 trustees as follows:

- 1) The Governor, ex officio.
- 2) The State Treasurer, ex officio.
- 3) The State Personnel Director, ex officio.
- 4) The State Director of Finance, ex officio.
- 5) Three vested members of ERS appointed by the Governor for a term of four years, no two of whom are from the same department of state government nor from any department of which an ex officio trustee is the head.
- 6) Eight members of ERS who are elected by members from the same category of ERS for a term of four years as follows:
 - a. Two retired members with one from the ranks of retired state employees and one from the ranks of retired employees of a city, county, or a public agency each of whom is an active beneficiary of ERS.
 - b. Two vested active state employees.
 - c. One full time employee of a participating municipality or city in ERS pursuant to the ***Code of Alabama 1975***, Section 36-27-6.
 - d. One full time employee of a participating county in ERS pursuant to the ***Code of Alabama 1975***, Section 36-27-6.
 - e. One full time employee or retiree of a participating employer in ERS pursuant to the ***Code of Alabama 1975***, Section 36-27-6.
 - f. One full time employee of a participating employer other than a municipality, city or county in ERS pursuant to the ***Code of Alabama 1975***, Section 36-27-6.

Benefits Provided

State law establishes retirement benefits as well as death and disability benefits and any ad hoc increase in postretirement benefits for the ERS. Benefits for ERS members vest after 10 years of creditable service. State employees who retire after age 60 (52 for State Police) with 10 years or more of creditable service or with 25 years of service (regardless of age) are entitled to an annual retirement benefit, payable monthly for life. Local employees who retire after age 60 with 10 years

or more of creditable service or with 25 or 30 years of service (regardless of age), depending on the particular entity's election, are entitled to an annual retirement benefit, payable monthly for life. Service and disability retirement benefits are based on a guaranteed minimum or a formula method, with the member receiving payment under the method that yields the highest monthly benefit. Under the formula method, members of the ERS (except State Police) are allowed 2.0125% of their average final compensation (highest 3 of the last 10 years) for each year of service. State Police are allowed 2.875% for each year of State Police service in computing the formula method.

Act Number 2012-377, Acts of Alabama, established a new tier of benefits (Tier 2) for members hired on or after January 1, 2013. Tier 2 ERS members are eligible for retirement after age 62 (56 for State Police) with 10 years or more of creditable service and are entitled to an annual retirement benefit, payable monthly for life. Service and disability retirement benefits are based on a guaranteed minimum or a formula method, with the member receiving payment under the method that yields the highest monthly benefit. Under the formula method, Tier 2 members of the ERS (except State Police) are allowed 1.65% of their average final compensation (highest 5 of the last 10 years) for each year of service. State Police are allowed 2.375% for each year of state police service in computing the formula method.

Members are eligible for disability retirement if they have 10 years of creditable service, are currently in-service, and determined by the RSA Medical Board to be permanently incapacitated from further performance of duty. Preretirement death benefits equal to the annual earnable compensation of the member as reported to the Plan for the preceding year ending September 30th are paid to the beneficiary.

Act Number 2019-132, Acts of Alabama, allowed employers who participate in the ERS pursuant to the *Code of Alabama 1975*, Section 36-27-6, to provide Tier 1 retirement benefits to their Tier 2 members. Tier 2 employers adopting Act Number 2019-132, Acts of Alabama, will contribute 7.5% of earnable compensation for regular employees and 8.5% for firefighters and law enforcement officers. A total of 608 employers adopted Act Number 2019-132, Acts of Alabama, as of September 30, 2022.

Act Number 2019-316, Acts of Alabama, allows employees at the time of retirement to receive a partial lump sum (PLOP) distribution as a single payment not to exceed the sum of 24 months of the maximum monthly retirement allowance the member could receive. This option may be selected in addition to the election of another retirement allowance option at a reduced amount based upon the amount of the partial lump sum distribution selected.

The ERS serves approximately 886 local participating employers. The ERS membership includes approximately 108,890 participants. As of September 30, 2022, membership consisted of:

Retirees and beneficiaries currently receiving benefits	30,598
Terminated employees entitled to but not yet receiving benefits	2,286
Terminated employees not entitled to a benefit	18,689

Active Members	57,278
Post-DROP participants who are still active service	39
Total	108,890

Contributions

Tier I covered members of the ERS contributed 5% of earnable compensation to the ERS as required by statute until September 30, 2011. From October 1, 2011 to September 30, 2012, covered members of the ERS were required by statute to contribute 7.25% of earnable compensation. Effective October 1, 2012, covered members of the ERS are required by statute to contribute 7.50% of earnable compensation. Certified law enforcement, correctional officers, and firefighters of the ERS contributed 6% of earnable compensation as required by statute until September 30, 2011. From October 1, 2011 to September 30, 2012, certified law enforcement, correctional officers, and firefighters of the ERS were required by statute to contribute 8.25% of earnable compensation. Effective October 1, 2012, certified law enforcement, correctional officers, and firefighters of the ERS are required by statute to contribute 8.50% of earnable compensation. State Police of the ERS contribute 10% of earnable compensation.

Employers participating in the ERS pursuant to *Code of Alabama 1975*, Section 36-27-6, were not required by statute to increase covered member contribution rates but were provided the opportunity to do so through Act 2011-676, Acts of Alabama. By adopting Act 2011-676, Acts of Alabama, Tier 1 regular members contribution rates increased from 5% to 7.5% of earnable compensation and Tier 1 firefighters and law enforcement officers increased from 6% to 8.5% of earnable compensation.

Tier 2 covered members of the ERS contribute 6% of earnable compensation to the ERS as required by statute. Tier 2 certified law enforcement, correctional officers, and firefighters of the ERS are required by statute to contribute 7% of earnable compensation. Tier 2 State Police members of the ERS contribute 10% of earnable compensation. These contributions rates are the same for Tier 2 covered members of ERS local participating employers.

The ERS establishes rates based upon an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with additional amounts to finance any unfunded accrued liability, the pre-retirement death benefit and administrative expenses of the Plan. For the year ended September 30, 2023 (or other year-end if not September), the Board's active employee contribution rate was _____ percent of covered employee payroll, and the Board's average contribution rate to fund the normal and accrued liability costs was ___[from RSI "Schedule of Board Contributions"]_ percent of pensionable payroll.

The Board's contractually required contribution rate for the year ended September 30, 2023 was _____% of pensionable pay for Tier 1 employees, and _____% of pensionable pay for Tier 2 employees. These required contribution rates are based upon the actuarial valuation dated September 30, 2020, a percent of annual pensionable payroll, and actuarially determined as an amount that, when combined with member contributions, is expected to finance the costs of

benefits earned by members during the year, with an additional amount to finance any unfunded accrued liability. Total employer contributions to the pension plan from the System were \$[See System general ledger for FY2023] for the year ended September 30, 2023.

B. Net Pension Liability

The Board's net pension liability was measured as of September 30, 2022, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as September 30, 2021, rolled forward to September 30, 2022, using standard roll-forward techniques as shown in the following table:

Total Pension Liability as of 9/30/2021 (a)	\$ Detail Table on Page 4
Entry Age Normal Cost* for 10/1/2021 - 9/30/2022 (b)	\$ Detail Table on Page 4
Transfers Among Employers	\$ Detail Table on Page 4
Actual Benefit Payments for 10/1/2021 - 9/30/2022 (c)	\$ Detail Table on Page 4
Total Pension Liability as of 9/30/2022	\$ Detail Table on Page 4
[(a) x (1.0745)] + (b) - [(c) x (1.03725)]	

[See Detail Report provided by RSA to entity - Page 4]

Actuarial Assumptions

The total pension liability as of September 30, 2022, was determined based on the annual actuarial funding valuation report prepared as of September 30, 2021. The key actuarial assumptions are summarized below:

Inflation	2.50%
Projected Salary Increases, including inflation:	
State and Local Employees	3.25-6.00%
State Police	4.00-7.75%
Investment Rate of Return (*)	7.45%
(*) Net of pension plan investment expense	

Mortality rates were based on the Pub-2010 Below-Median Tables, projected generationally using the MP-2020 scale, which is adjusted by 66-2/3% beginning with year 2019.

Group	Membership Table				Set Forward (+)/Setback (-)	Adjustment to Rates
Non-FLC Retirees	Service	General Median	Healthy	Below	Male: +2, Female: +2	Male: 90% ages <65,

FLC/State Police Service Retirees	Public Safety Healthy Below Median	Male: +1, Female: none	96% ages >=65 Female: 96% all ages None
Beneficiaries	Contingent Survivor Below Median	Male: +2, Female: +2	None
Non-FLC Disabled Retirees	General Disability	Male: +7, Female: +3	None
FLC/State Police Disabled Retirees	Public Safety Disability	Male: +7, Female: none	None

The actuarial assumptions used in the September 30, 2021 valuation were based on the results of an actuarial experience study for the period October 1, 2015 through September 30, 2020.

The long-term expected rate of return on pension plan investments was determined using a log-normal distribution analysis in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target asset allocation and best estimates of geometric real rates of return for each major asset class are as follows:

	Target Allocation	Long-Term Expected Rate of Return (*)
Fixed Income	15.00%	2.80%
U. S. Large Stocks	32.00%	8.00%
U. S. Mid Stocks	9.00%	10.00%
U. S. Small Stocks	4.00%	11.00%
International Developed Market Stocks	12.00%	9.50%
International Emerging Market Stocks	3.00%	11.00%
Alternatives	10.00%	9.00%
Real Estate	10.00%	6.50%
Cash	5.00%	1.50%
Total	<u>100.00%</u>	

(*) Includes assumed rate of inflation of 2.00%.

Discount rate. The discount rate used to measure the total pension liability was the long-term rate of return, 7.45%. The projection of cash flows used to determine the discount rate assumed that plan member contributions will be made at the current contribution rate and that the employer contributions will be made in accordance with the funding policy adopted by the ERS Board of Control. Based on those assumptions, components of the pension plan's fiduciary net position were projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was

applied to all periods of projected benefit payments to determine the total pension liability.

C. Changes in Net Pension Liability

	Increase/(Decrease)		
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a)-(b)
Balances at September 30, 2021			
Changes for the Year:			
Service cost			
Interest			
Changes in assumptions			
Differences between expected and actual experience			
Contributions – employer			
Contributions – employee			
Net investment income			
Benefit payments, including refunds of employee contributions			
Administrative expense			
Transfers among employers			
Net Changes			
Balances at September 30, 2022			

[See Detail Report provided by RSA to entity - Page 3]

Sensitivity of the Net Pension Liability to Changes in the Discount Rate

The following table presents the Board's net pension liability calculated using the discount rate of 7.45%, as well as what the Board's proportionate share of the net pension liability would be if it were calculated using a discount rate that is 1-percentage point lower (6.45%) or 1-percentage-point higher (8.45%) than the current rate:

	1% Decrease (6.45%)	Current Rate (7.45%)	1% Increase (8.45%)
Commission's Net Pension Liability	\$	\$	\$

[See Detail Report provided by RSA to entity - Page 3]

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued RSA Annual Comprehensive Report for the fiscal year ended September 30, 2022. The supporting actuarial information is included in the GASB Statement Number 68 Report for the ERS prepared as of September 30, 2022. The auditor's report dated _____ on the Schedule of Changes in Fiduciary Net Position by Employer and accompanying notes is also available. The additional financial and actuarial information is available at www.rsa-al.gov/index.php/employers/financial-reports/gasb-68-reports/.

D. Pension Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to Pensions

For the year ended September 30, 2023, the Board recognized pension expense of [see general ledger amount]. At September 30, 2023, the Board reported deferred outflows of resources and deferred inflows of resources related to pensions of the following sources:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	\$	\$
Changes of assumptions		
Net difference between projected and actual earnings on pension plan investments		
Employer contributions subsequent to the measurement date	*	
Total	\$ *	\$ 30

*- See Board's general ledger for FY2023.

See Detail Table provided by RSA to entity - Page 4

The \$[FY 2023 Employer Contributions applied to pension liability (see amount * above)] reported as deferred outflows of resources related to pensions resulting from Board contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended September 30, 2024. Amounts reported as deferred outflows of resources and deferred inflows of resources to pensions will be recognized in pension expense as follows:

Year Ending:		
September 30,	2024	\$
	2025	\$
	2026	\$
	2027	\$
	2028	\$
	Thereafter	\$

See Detail Table provided by RSA to entity - Page 7

12. Other Postemployment Benefits (OPEB)

NOTE: Other Postemployment Benefits (OPEB) are postemployment benefits other than pension benefits which include health care benefits, life insurance, disability income, etc., which are provided separately from a pension plan. The following disclosures should be made if the Board provides OPEB. However, GASB Statement No. 45, *“Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans”* may be effective for some hospitals. The effective date of GASB Statement No. 45 is dependent on the entity’s total annual revenues in the first fiscal year ending after June 15, 1999. The definitions and cutoff point for that purpose are the same as those in GASB Statement No. 34 for phase 1, 2 and 3 governments. The auditor should exercise care in determining whether the provisions of either GASB No. 45 which relate to employers or GASB Statement No. 43, *“Financial Reporting for Postemployment Benefit Plans Other Than Pension Plans”* which relates to the OPEB plan, is applicable. A complete discussion of notes that should be included can be found in GASB Codification P50.

GASB Statement 75, *Accounting and Financial Reporting for Postemployment Benefits Other than Pensions* issued by the Governmental Accounting Standard Board replaces GASB Statement 45, *Accounting and Financial Reporting by Employers for Pension Benefits Other Than Pensions* as amended by Statement No. 57, *OPEB Measurements by Agent Employers and Agent Multiple-Employer Plans*, for OPEB . GASB Statement 75 is effective for fiscal years beginning after June 15, 2017 (Fiscal Year July 1, 2017 through June 30, 2018 for entities with a June 30 fiscal year end; or Fiscal Year October 1, 2017 through September 30, 2018 for entities with a September 30th year end, and for entities on calendar year ending December 31st, January 1, 2018 through December 31, 2018.) Early implementation is encouraged. This pronouncement substantially revised the accounting and reporting requirements, including notes disclosures for entities who provide other postemployment

benefits (OPEB) other than pensions. The accounting and reporting required will depend on the type of plan the auditee has for OPEB (Single, Agent, Cost Sharing, Defined Contribution, Special Funding Situations and whether or not the OPEB benefits are administered by a trust). Practitioners should apply the requirements of GASB Statement 75 based on the type of plan that their auditee has in place.

Illustrations are not provided. Practitioners should refer to Section P50 of the GASB Codification, or to the original pronouncement for sample note disclosures.

13. Commitments and Contingencies

The Board is committed under various noncancelable operating leases, all of which are for equipment and computers. These expire in various years through 2XY9. Future minimum operating lease payments are as follows:

<u>Year ending September 30:</u>	
2XX8	\$ 3,109
2XX9	2,898
2XY0	2,795
2XY1	2,780
2XY2	2,575
2XY3 – 2XY7	4,215
2XY8 – 2XY9	1,065
Total	<u>\$19,437</u>

Litigation. The Hospital is involved in litigation and regulatory investigations arising in the course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Hospital's future financial position or results from operations.

Allowance for doubtful accounts. Beginning in 2XX4, the Hospital has provided care under an agreement with Associated HMO. The HMO currently owes the Hospital \$950,000, substantially all of which is overdue. The Hospital has notified the HMO that further services under the contract cannot be provided without payment on the outstanding balance. The HMO has assured the Hospital that additional funds are being obtained in order to pay the overdue balance and continue service under the agreement, however, if the HMO is unable to make payments, additional allowances for bad debts would need to be accrued.

14. Medical Malpractice Claims

The Hospital purchases professional and general liability insurance to cover medical malpractice claims. There are known claims and incidents that may result in an assertion of additional claims, as well as claims from unknown incidents that may be asserted arising from services provided to patients. The Hospital has employed independent actuaries to estimate the ultimate costs, if any,

of the settlement of such claims. Accrued malpractice losses have been discounted at 7 percent and in management's opinion provide an adequate reserve for loss contingencies.

On March 15, 2XX7, a patient filed a suit against the Hospital for malpractice during care received as an inpatient. The Hospital believes it has meritorious defenses against the suit; however, the ultimate resolution of the matter could result in a loss. The patient has claimed \$16 million in actual damages. Under state law, punitive damages are determined at trial. The Hospital maintains insurance coverage for malpractice claims. The coverage does not include punitive damages awards. Trial is scheduled to occur within the next year.

15. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2XXZ and 2XXY, was as follows:

	<u>2XXZ</u>	<u>2XXY</u>
Medicare	51%	53%
Medicaid	17%	14%
Blue Cross	18%	17%
Other third-party payors	7%	9%
Patients	<u>7%</u>	<u>7%</u>
	100%	100%

16. Fair Value of Financial Instruments (illustrations not provided)

GASB Statement 72 contains several valuation approaches to determining fair value. These approaches include:

- (1) Market Approach – this approach uses prices and other relevant information that is generated by transactions in the market for identical or similar assets, liabilities, or groups of assets and liabilities. Examples of this approach would be obtaining quoted market prices, using market multiple techniques and employing a matrix pricing technique.
- (2) Cost Approach – this approach involves determining the amount required to replace the current service capacity of an asset.
- (3) Income Approach – this approach converts future amounts, such as cash flows or revenues and expenses, to a single current amount (discounted present value). Under this approach fair value measurements would reflect current market expectations about future amounts.

It also requires participants to use certain assumptions (inputs) when pricing an asset or liability, including assumptions about risk, to include the following:

- a. The risk inherent in a particular valuation technique used to measure fair value (pricing model)
- b. The risk inherent in the inputs to the valuation technique.

Inputs can be observable or unobservable. There are three levels of inputs within the fair value hierarchy:

1. **Level 1 inputs** – consists of quoted prices (unadjusted) in active markets for identical assets or liabilities that the government can access at the measurement date.
2. **Level 2 inputs** – consist of inputs other than quoted prices included within Level 1 that are observable for an asset or liability, either directly or indirectly.
3. **Level 3 inputs** – consist of unobservable inputs for an asset or liability.

Level 1 inputs are the highest priority and Level 3 inputs are the lowest priority in the fair value hierarchy.

The Hospital is required to disclose the following, organized by type of asset or liability and should give consideration in determining the level of detail and disaggregation and the amount of emphasis that should be placed on each disclosure requirement:

- a. The nature and characteristics, and risks of an asset or liability.
- b. The level of the fair value hierarchy within which the fair value measurement is categorized.
- c. Whether the section or another section specifies a type for an asset or a liability. Items should be disaggregated by type as specified in applicable accounting standards.
- d. The objective or mission of the government.
- e. The characteristics of the government.
- f. The relative significance of assets and liabilities.
- g. Whether separately issued financial statements are available.
- h. Line items presented in the statement of net position.

In addition, the Hospital is required by paragraphs 81 and 82 of GASB 72 to disclose additional information for each type of asset or liability measured at fair value in the statement of net position after the initial recognition and fair value measurements of investment for certain entities that calculate the Net Asset Value (NAV) per share (or its equivalent). (See *GASB Codification*, Section 3100.162 and .163.

17. Related Party Transactions

Describe any related party transactions, if applicable.

18. Promises to Contribute

At September 30, 2XX4, the Hospital had received \$1,500,000 of conditional promises to contribute to the building of a new facility for outpatient services. These contributions will be recorded as temporarily restricted support when received. The Hospital had no material outstanding unconditional promises of support at September 30, 2XXZ.

19. Subsequent Event

On December 22, 2XXZ, the Hospital signed a contract in the amount of \$1,050,000 for the purchase of certain real estate.

REQUIRED SUPPLEMENTARY INFORMATION

REQUIRED SUPPLEMENTARY INFORMATION

PENSION PLANS:

Required Supplementary Information for Pension Plans include the following schedules and must include information for ten years:

- Schedule of Changes in Net Pension Liability
- Schedule of Hospital Board Contributions

OTHER POSTEMPLOYMENT BENEFITS (OPEB) PLANS

All Single and Agent Employers:

Paragraph 57 of GASB Statement 75 states:

“All Single and Agent Employers are required to present for each single or agent plan for which OPEB is provided as the following information. (GASB 75 paragraph 57 a and b)

- a. A 10-year schedule of changes in the net OPEB liability that separately presents the information required by paragraph 55 of Statement 75 for each year.
- b. A 10-year schedule presenting the following for each year:
 - (1) If the employer does not have a special funding situation:
 - a. The total OPEB liability
 - b. The OPEB plan's fiduciary net position
 - c. The net OPEB liability
 - d. The OPEB plan's fiduciary net position as a percentage of the total OPEB liability
 - e. The covered payroll
 - f. The net OPEB liability as a percentage of covered payroll.
 - (2) If the employer has a special funding situation, information about the collective net OPEB liability:
 - a. The total OPEB liability
 - b. The OPEB plan's fiduciary net position
 - c. The collective net OPEB liability
 - d. The non-employer contributing entities' total proportionate share (amount) of the collective net OPEB liability
 - e. The employer's proportionate share (amount) of the collective net OPEB liability
 - f. The covered payroll
 - g. The employer's proportionate share (amount) of the collective net OPEB liability as a percentage of covered payroll
 - h. The OPEB plan's fiduciary net position as a percentage of the total OPEB liability.

- c. If an actuarially determined contribution is calculated, a 10-year schedule presenting the following for each year:
 - (1) The actuarially determined contribution of the employer. For purposes of this schedule, actuarially determined contributions should exclude amounts, if any, associated with payables to the OPEB plan that arose in a prior fiscal year and those associated with separately financed specific liabilities of the individual employer to the OPEB plan.
 - (2) The amount of contributions recognized by the OPEB plan in relation to the actuarially determined contributions of the employer. For purposes of this schedule, contributions should exclude amounts resulting from contributions recognized by the OPEB as noncurrent receivables.
 - (3) The difference between the actuarially determined contributions of the employer and the amount of contributions recognized by the OPEB plan in relation to the actuarially determined contribution of the employer.
 - (4) The covered-payroll.
 - (5) The amount of contributions recognized by the OPEB plan in relation to the actuarially determined contributions of the employer as a percentage of covered payroll.
- d. If an actuarially determined contribution is not calculated and the contribution requirements of the employer are statutorily or contractually established, a 10-year schedule presenting the following for each year:
 - (1) The statutorily or contractually required employer contribution. For purposes of this schedule, statutorily or contractually required contributions should exclude amounts, if any, associated with payables to the OPEB plan that arose in a prior fiscal year and those associated with separately financed specific liabilities of the individual employer to the OPEB plan.
 - (2) The amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution. For the purposes of this schedule, contributions should exclude amounts resulting from contributions recognized by the OPEB plan as noncurrent receivables.
 - (3) The difference between the statutorily or contractually required employer contribution and the amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution.
 - (4) The covered payroll.
 - (5) The amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution as a percentage of covered payroll.”

The information contained in subparagraph (a) and (b) should be determined as of the measurement date of the net OPEB liability and is allowed to be presented in a single schedule. The information contained in subparagraph (c) and (d) should be determined as of the employer’s most recent fiscal year end.

Paragraph 58 of the statement also requires notes to the schedules to be prepared and specifies the information that should be included in the notes to the required schedules.

Cost-Sharing Employers

Paragraph 97 of GASB Statement 75 requires cost-sharing employers to present certain information as required supplementary information in the financial statements. This paragraph requires employers to present:

“a. A 10-year schedule presenting the following for each year:

(1) If the employer does not have a special funding situation:

- (a) The employer’s portion (percentage) of the collective net OPEB liability
- (b) The employer’s proportionate share (amount) of the collective net OPEB liability
- (c) The employer’s covered payroll
- (d) The employer’s proportionate share (amount) of the collective net OPEB liability as a percentage of the employer’s covered payroll.
- (e) The OPEB plan’s fiduciary net position as a percentage of the total payroll.

(2) If the employer has a special funding situation:

- (a) The employer’s proportion (percentage) of the collective net OPEB liability
- (b) The employer’s proportionate share (amount) of the collective net OPEB liability
- (c) The portion of the non-employer contributing entities’ total proportionate share (amount) of the collective net OPEB liability that is associated with the employer²³

(d) The total of (b) and (c)

(e) The employer’s covered payroll

(f) The employer’s proportionate share (amount) of the collective net OPEB liability as a percentage of the employer’s covered payroll

(g) The OPEB plan’s fiduciary net position as a percentage of the total OPEB liability.

b. If the contribution requirements of the employer are statutorily or contractually established, a 10-year schedule presenting the following for each year:

- (1) The statutorily or contractually required employer contribution. For purposes of this schedule, the statutorily or contractually required contributions should exclude amounts, if any, associated with payables to the OPEB plan that arose in a fiscal year and those associated with separately financed specific liabilities of the individual employer to the OPEB plan.
- (2) The amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution. For purposes of this schedule, contributions should exclude amounts resulting from contributions recognized by the OPEB plan as noncurrent receivables.
- (3) The difference between the statutorily or contractually required employer contribution and the amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution.
- (4) The employer’s covered payroll.

²³ “The requirements of paragraph 116-118 address measurement by governmental non-employer contributing entities. For purposes of paragraph 97, the requirements of those paragraphs apply to the determination of the proportionate share of the net OPEB liability attributed to a nongovernmental non-employer contributing entity in a special funding situation.”

- (5) The amount of contributions recognized by the OPEB plan in relation to the statutorily or contractually required employer contribution as a percentage of the employer's covered payroll."

The information required in subparagraphs (a) and (b) is required to be presented separately for each cost-sharing OPEB plan where OPEB is provided. The information presented in subparagraph (a) is required to be presented as of the measurement date of the collective net OPEB liability. Subparagraph (b) information is required to be determined as of the employer's most recent fiscal year-end.

Paragraph 98 contains requirements relative to the information that should be included required notes to required schedules.

NOTE: Practitioners should refer to GASB Statement 75 to ensure that they have a complete understanding of the requirements of the statement.

ADDITIONAL INFORMATION

Board Members and Officials

October 1, 20XX through September 30, 20XX

<u>Board Member</u>	Position	Term Expires
Hon. Joe Doe	Chairman	2005
Hon. Bill Doe, M.D.	Vice-Chairman	2005
Hon. Leon Jones, M.D.	Secretary	2005
Hon. Joe Smith	Treasurer	Indefinite
Hon Jane Smith	Member	Indefinite
Hon Oak Breeley	Member	Indefinite
Hon. Mr. Mel Tillis	Member	Indefinite
<u>Official</u>		
Hon. Ben R. Crowe	Administrator	Indefinite

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

Independent Auditor's Report

[Insert Appropriate Addressee]

We have audited, 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, the financial statements of _____ County Hospital Board as of and for the year ended September 30, 20____, and related notes to the financial statements, which collectively comprise the _____ County Hospital Board's basic financial statements, and have issued our report thereon dated _____, 20X8.²⁴

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the _____'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the _____'s internal control. Accordingly, we do not express an opinion on the effectiveness of the _____'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 internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that have not been identified.

²⁴ Describe the nature of any departure from the standard report (e.g., qualified opinion, disclaimer of opinion, or adverse opinion). The auditor may also include additional communications for items reported in the auditor's report on the financial statements that are not modifications of the auditor's opinion (e.g., emphasis-of-matter paragraph because of an uncertainty about the entity's ability to continue as a going concern).

Report on Compliance and Other Matters²⁵

As part of obtaining reasonable assurance about whether _____’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under ***Government Auditing Standards***.²⁶

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity’s internal control or on compliance. This report is an integral part of an audit performed in accordance with ***Government Auditing Standards*** in considering the entity’s internal control and compliance. Accordingly, this communication is not suitable for any other purpose.²⁷

CPA Firm

[Auditor’s City and State]

[Date of Auditor’s Report]

NOTE: This report is used when there are no reportable instances of noncompliance and no material weaknesses (no material weaknesses identified). Auditors should use portions of Examples 1 and 2 that apply to a specific auditee situation. For example, if the auditor will be giving an unmodified opinion on compliance but has identified significant deficiencies, the compliance section of this report (Example 1) would be used along with the internal control section of Example 2. Alternatively, if the auditor will be giving a modified opinion on compliance but has not identified significant deficiencies the internal control section of this report would be used along with the compliance section of Example 2.

²⁵ Other Matters are certain findings of fraud. This heading and the reference to “other matters” in the paragraph below the heading typically appear in all reports, even in situations where (1) the report does not present or refer to findings of fraud or (2) the only findings of fraud are presented in or referred to from the internal control over financial reporting section.

²⁶ See *Government Auditing Standards*, paragraph 7.45, for reporting requirements for those instances where the auditor has detected instances of noncompliance with provision of laws, regulations, contracts or grant agreements or instances of fraud that have an effect on the subject matter or an assertion about the subject matter that are less than material but warrant the attention of those charged with governance.

²⁷ This paragraph complies with AU-C Section 905.11 [*Alert that Restricts the Use of the Auditor’s Written Communications*] contained in the AICPA’s Professional Standards. This section provides for a “purpose” alert in lieu of a “restricted use” alert for certain communications issued under ***Government Auditing Standards***.

**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 (Reportable Material Instances of
noncompliance and significant deficiencies)**

Independent Auditor's Report

[Insert Appropriate Addressee]

We have audited, 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, the financial statements of _____ County Hospital Board as of and for the year ended September 30, 2X__, and related notes to the financial statements, which collectively comprise the _____'s basic financial statements, and have issued our report thereon dated _____, 2X__.²⁸

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered _____'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Example Entity's internal control. Accordingly, we do not express an opinion on the effectiveness of _____'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 function, 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 internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that have not been identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We did identify certain deficiencies in internal control, described in the accompanying [*include title of schedule in which the findings are reported*] that we consider to be significant deficiencies. [List the reference number of the related findings, i.e., 2013-001, 2013-011, etc]. **[NOTE: If a**

²⁸ See Footnote 24.

separate schedule is not included, list the findings, along with the applicable reference number in the report. Modify last sentence in paragraph: “We did identify certain deficiencies in internal control that we consider to be significant deficiencies which area described below:”]

(Include Reference Number and Description of the significant deficiencies.)

Report on Compliance and Other Matters²⁹

As part of obtaining reasonable assurance about whether _____’s financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed instances of noncompliance or other matters that are required to be reported under ***Government Auditing Standards*** and which are described in the accompanying [*include title of the schedule where the findings are reported*] as items [List reference numbers and the related findings, for example 2013-02 through 2013-010]³⁰ [**NOTE: If a separate schedule is not included, list the findings, along with the applicable reference number in the report.** Modify last sentence in paragraph: “The results of our tests disclosed the following instances of noncompliance or other matters that are required to be reported under ***Government Auditing Standards***:”]

(Include Reference Number and Description the instances of noncompliance.)

_____ Response to Findings

Government Auditing Standards requires the auditor to perform limited procedures on the _____’s response to the findings identified in our audit and described in the accompanying {Include the title of the schedule in which the findings are reported or “previously” if the findings and responses are included in the body of the report.} The _____’s response to the findings identified in our audit are described in the accompanying Auditee Response [“*or above*” if findings and responses are included in the body of the report]. We did not audit the _____’s response and, accordingly, we express no opinion on the response.

²⁹ Other Matters are certain findings of fraud. This heading and the reference to “other matters” in the paragraph below the heading typically appear in all reports, even in situations where (1) the report does not present or refer to findings of fraud or (2) the only findings of fraud are presented in or referred to from the internal control over financial reporting section.

³⁰ The referenced findings in this section include those that are instances of noncompliance and those that are fraud or abuse that are not considered significant deficiencies.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with ***Government Auditing Standards*** in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.³¹

CPA Firm

[Auditor's City and State]

[Date of Auditor's Report]

NOTE: This report is used when there are significant deficiencies and reportable instances of noncompliance and other matters identified. Auditors should use applicable portions of Examples 1 and 2 that apply to a specific auditee. For example, if the auditor found reportable instances of noncompliance but no significant deficiencies in internal control, the auditor should use the compliance section of this report (Example 2) with the internal control section of Example 1. Alternatively, if the auditor found no reportable instances of noncompliance but identified significant deficiencies in internal control, the compliance section of Example 1 should be used along with the internal control section of this report (Example 2).

³¹ See Footnote 27

Auditee Response³²
For the Year Ended September 20, 2XX7

Finding 20XX-001:

Response:

Finding 20X1-012:

Response:

³² Note: The format for the auditee response may vary but should meet the criteria contained in *Government Auditing Standards* by the Comptroller General of the United States

APPENDIX II

Legal Compliance Information

PROLOGUE

The accompanying legal compliance information has been provided to help familiarize auditors with some of the legal requirements applicable to public hospitals. The accompanying legal compliance information is subject to change and it is the responsibility of the auditor performing the audit of a public hospital to ensure that the appropriate legal compliance testing is performed based on the most recent applicable laws and regulations.

Public Hospital Corporations

The information contained in this section is applicable to CPA's performing audits of public hospitals. Attorney General Opinions cited in this section do not necessarily represent all opinions issued during the time frame referenced. Further information may be secured by contacting the Department of Examiners of Public Accounts, Coordinator of Hospital Audits.

All public hospitals are operated pursuant to powers granted through statute. Some public hospitals are owned and operated directly by one or more counties and incorporated municipalities. Others are organized as public hospital corporations or public hospital authorities pursuant to act of the legislature, either general or local law. Public hospitals and public hospital corporations created pursuant to statute are not political subdivisions of the State. Legal Compliance depends upon the particular law under which the public hospital is organized.

1. Public Hospital Organization.

Ala. Code §§11-95-1 through 11-95-21

Each county and any municipality located in the county may act jointly in authorizing the incorporation of one or more public corporations for the purpose of providing public hospitals facilities in such counties and to invest each corporation so organized with all powers that may be necessary to enable it to accomplish its purpose. *Ala. Code* § 11-95-1.

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to public hospital organization, pursuant to *Ala. Code* § 11-95-1 through 11-95-21.

- The Perry County Hospital Board was organized under the provisions of Sections 22-21-70, et seq. Thus, only the provisions of that code section apply to the Perry County Board. *Ala. Code* § 11-95-7, which authorizes the creation of **joint municipal/county hospital boards**, is only applicable to a county hospital board created under that section. Attorney General Opinion 83-00466, dated September 9, 1983.
- Public hospitals incorporated under *Ala. Code* § 11-95-11 are **exempt** from all **county, municipal, and local taxes** and are exempt from **excise taxes** levied by any county, municipality or other political subdivision of the State in respect to the privilege of engaging in any of the activities in which such corporation may engage. Those hospitals are further exempt from paying any **fees** to a judge of probate of any county in respect to

its incorporation, amendment of its certificate of incorporation or recording of any document. Attorney General Opinion 91-00194, dated March 20, 1991.

2. Hospitals and other Health Care Facilities.

Ala. Code §§ 22-21-1 through 22-21-46

Corporate authorities of any town or city and the county commission of any county may establish hospitals for the reception of the sick or infirm or of persons suspected of having infectious or contagious diseases. *Ala. Code* § 22-21-1. Hospitals established by joint action of a county and a city or town may not be operated by a private corporation or association.

Any public body heretofore or hereafter created and established by ordinance or resolution pursuant to Chapter 21 may become a body corporate and politic under the name set forth in such ordinance or resolution by filing a certified copy of such ordinance or resolution with the Secretary of State. *Ala. Code* § 22-21-5. The corporations provided for shall have all the powers and authority of a health care authority as provided for by Article 11 of Chapter 21, Sections 22-21-310 through 22-21-344, except the corporations shall not exercise any power which is inconsistent or repugnant to the provisions of the ordinance or resolution under which it came into existence.

In Alabama Hospital Association v. Dillard, 388 So.2d 903 (Ala. 1980), the Alabama Supreme Court had before it the question: "whether otherwise lawful expenditures made by public hospital association and public hospital corporations are prohibited by Sections 68 and 94 of the constitution." *Id.* at 904. The Court held "that a public corporation is a separate entity from the state and from any local political subdivision, including a city or county within which it is organized." *Id.* at 905. The Court observed:

The powers of public hospital associations and corporations are defined by statute. *Ala. Code* § 22-21-1, *et seq.*

Under these various statutes public hospitals have the authority to make expenditures within the corporate powers which are necessary and appropriate and consistent with the maintenance of public health services and facilities. Of course, they are not authorized by statute, or by common law, to exceed the corporate powers, nor may they ignore the fiduciary responsibilities and duties that are an integral part of all corporate existence.

Attorney General Opinions

The opinions referenced in this section relate to hospitals established under *Ala. Code* § 22-21-1, *et seq.*

- *Ala. Code* §§ 22-21-1 and 22-21-5 authorize the establishment of a **public corporation**. Any entity organized pursuant thereto is, accordingly a public corporation. Attorney General Opinion 79-00419, dated June 29, 1979.
- **Family members** of the mayor or councilman of Phenix City may be appointed to the board of directors of the Homer D. Cobb Memorial Hospital. It was also determined that

city funds may be deposited in an institution where relatives of the mayor or a councilman is an officer if such relative is not a member of the household and is not financially dependent on the mayor or councilman. Also, city funds may be deposited in a mutual savings and loan association where the mayor or councilman is a depositor. Attorney General Opinion 84-00248, dated April 17, 1984.

- If a **member of the board owned** less than 10% of the **stock** in the bank where board funds are kept that *Ala. Code* § 41-16-60, relating to conflicts of interest, would not be violated if the board member continued to serve on the board. If the board member owns 10% or more of the stock in the bank, he cannot serve on the board without being in violation of *Ala. Code* § 41-16-60 unless the funds of the hospital board are deposited in another bank. If the board member owns less than 10% of the stock and continues to serve on the hospital board, public policy would require that he refrain from participating in any discussion or voting on any matter regarding the placing of the funds in the bank where he serves as director. Attorney General Opinion 84-00421, dated August 20, 1984.
- A municipal hospital board may **invest funds** not presently needed for its corporate purposes only as provided in *Ala. Code* § 22-21-77(15). Attorney General Opinion 85-00405, dated June 26, 1985.
- Employees of a regional medical center organized pursuant to *Ala. Code* § 22-21-1, *et seq.*, are **public employees**. Attorney General Opinion 88-00365 dated July 14, 1988.
- The center may function as its own general contractor in the **construction and renovation of facilities** that it owns. It may employ experts such as superintendents of construction, consultants, and others possessing a high degree of professional skill. The employment of such experts falls within an exception to the competitive bid requirements of the law, *Ala. Code* § 41-16-50(a)(3). Attorney General Opinion 92-00018, dated October 10, 1991.
- The **audit** of public owned hospitals is in lieu of the biennial audit by the Examiners of Public Accounts required for county departments, agencies, boards and institutions. Attorney General Opinion 93-00051, dated November 10, 1992.

3. Public Hospital Associations.

Ala. Code §§ 22-21-50 through 22-21-57

"[A]ny one or more local governing bodies located in the same or contiguous counties within a zone determined by the State Board of Health as a zone for public hospitals may act to establish a hospital association, a body corporate and politic." *Ala. Code* § 22-21-50. A hospital association shall consist of directors appointed by the local governing bodies. *Ala. Code* § 22-21-51.

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to public hospital associations organized under the provisions of *Ala. Code* § 22-21-50, *et seq.*

- A county hospital association may **purchase a building** if acquisition of the building is to promote the general health of the county. The association may transfer its remaining assets to the county as a step toward dissolution of the association. Attorney General Opinion 81-00104, dated November 26, 1980.
- A county hospital association may not **finance the sale of real property**. Alabama Hospital Association v. Dillard, 388 So.2d 903 (Ala. 1980), has since held that public hospital corporations and public hospital associations are not political subdivisions of the State and not subject to Sections 68 and 94 of the Constitution of 1901. It was also held that a county hospital association may enter into a lease option-to-buy, with a private concern, and that a county hospital association may sell its medical facility to a municipality. Attorney General Opinion 82-00377, dated June 9, 1982.
- A hospital association may establish a **physician scholarship program** and may enter into a contract with a physician providing income guarantees and/or expense subsidies. Attorney General Opinion 82-00549.
- The DeKalb County Hospital Association is a public hospital association, a body corporate and politic established by the local governing body. The directors are appointed by the local governing body; therefore, the hospital association is a "**governmental entity**" within the meaning of *Ala. Code* § 11-93-2. Attorney General Opinion 87-00134, dated March 31, 1987.
- The **county commission** cannot call a meeting of the directors and the executive committee of the Randolph County Hospital Association. The county commission, however, can ask the hospital association to hold a meeting and interested citizens may attend the meeting. A hospital association is a separate entity from any local political subdivision, including a city or county, although the board of directors may be appointed by the county governing body. Alabama State Florist Association, Inc. v. Lee County Hospital Board, 479 So.2d 720 (Ala. 1985). Attorney General Opinion 91-00130, dated December 28, 1990.
- *Ala. Code* § 22-21-50 provides for the steps for incorporating and obtaining from the Secretary of State a **certificate of incorporation** for a hospital association. Because there is no specific method of amending the articles of incorporation of a hospital corporation created under *Ala. Code* § 22-21-50, *et seq.*, given by statute, the articles should be amended by the same procedure that the original articles of incorporation were adopted and issued. It was also determined that once the Randolph County Hospital Association was designated by the county commission to receive hospital tax proceeds, the duty to receive hospital tax proceeds cannot be delegated to the county commission. Attorney General Opinion 93-00051, dated November 10, 1992.

- There is no statutory authority for a hospital association to **invest** its funds in **mutual funds**. A public hospital corporation is not authorized by statute or common law to exceed its corporate powers. Attorney General Opinion 94-00137, dated April 20, 1994.
- A county hospital association board of directors is responsible for **maintaining its records** at an appropriate location under the supervision of a responsible person designated by the board. Attorney General Opinion 97-00235, dated July 25, 1997.
- The Dale County Hospital Association is subject to the **State Competitive Bid Law** set forth in *Ala. Code* § 41-16-50, *et seq.* It was further stated that a project for the renovation of the hospital association's existing facility or construction of a new facility and the selection and employment of a general contractor for said project are subject to the State Competitive Bid Law. On October 27, 1997 Mr. Quattlebaum was informed by letter of the Attorney General that the above-referenced opinion considered only the specific statute inquired about, *Ala. Code* § 41-16-50, *et seq.* However, Act No. 97-225, which amended *Ala. Code* § 41-16-50 and the State's public works law, *Ala. Code* § 39-1-1, *et seq.*, should be reviewed as they may also apply to the renovation project of a hospital association. Attorney General Opinion 97-00238, dated July 29, 1997.
- The Dale County Hospital Association is not authorized to enter into a **joint venture** with private individuals or business entities by creating a corporation, partnership, or limited liability corporation to provide health services. Attorney General Opinion 98-00001, dated October 3, 1997.
- Under *Ala. Code* § 22-21-51(a), the directors of the Pickens County Hospital Association may not serve staggered terms. Attorney General Opinion 2005-018, dated November 15, 2004.

4. Hospital Boards.

Ala. Code §§ 22-21-70 through 22-21-83

Any "corporations organized under this division shall be nonprofit corporations, and no part of net earnings thereof shall inure to the benefit of any member thereof or other individual or private corporation." *Ala. Code* § 22-21-71. A corporation established under *Ala. Code* § 22-21-70, *et seq.*, is a separate entity from the state and any local political subdivision including the county in which it is organized. See Alabama State Florist Association v. Lee County Hospital Board, 479 So.2d 720 (Ala. 1985). Members of the board of directors shall serve without compensation, except they may be reimbursed for actual expenses incurred in the performance of their duties as directors. *Ala. Code* § 22-21-76.

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to hospital boards organized pursuant to *Ala. Code* § 22-21-70 through 22-21-83.

- A town may **contribute funds** to a hospital organized under the provisions of *Ala. Code* § 22-21-70, *et seq.* Attorney General Opinion 80-00276, dated May 18, 1980.
- A county hospital board subject to the provisions of *Ala. Code* § 22-21-77 has the power to **lease** the hospital's facility to private individuals. Any lease agreement must provide adequate consideration for the lease of the facility. Attorney General Opinion 80-00386, dated June 9, 1980.
- A county may authorize the **organization of a county hospital board** under the provisions of *Ala. Code* § 22-21-70 through 83; or, a county hospital authority under the provisions of *Ala. Code* § 22-21-170 through 191. It was stated that if the county were to authorize the creation of either a hospital board or hospital authority it would be lawful for the municipality to provide services or funds to the board or authority. *Ala. Code* §§ 22-21-81, 22-21-179(21) and 11-47-134. Attorney General Opinion 80-00498, dated August 6, 1980.
- A county hospital may authorize the **sale of hospital property** for valuable consideration without obtaining approval of the county commission. It was further stated that the proceeds of the sale of the hospital property go to the county hospital board. Attorney General Opinion 81-00020, dated October 10, 1980.
- Only **expenditures** which are necessary for the operation or maintenance of a public nonprofit hospital corporation should be reimbursed to the hospital administrator and board members of the hospital. Attorney General Opinion 81-00141, dated January 6, 1981.
- **Directors** of a public hospital corporation may also be a member of the county board of education. Attorney General Opinion 81-00142, dated January 6, 1981.
- Funds allocated for the purpose of paying the **salary** of county hospital **staff physicians** may then be conveyed to the Perry County Hospital Board pursuant to *Ala. Code* § 22-21-81. This Section authorizes counties to convey to a county hospital board, without consideration, monies allocated for the operation of a county hospital, provided that the transfer is authorized by a duly authorized resolution of the county commission. Attorney General Opinion 81-00267, dated February 19, 1981.
- The Colbert County Hospital Board has specific authority under *Ala. Code* § 22-21-77(14) to **invest surplus funds** solely in interest bearing securities issued by the United States. Attorney General Opinion 81-00273, dated March 5, 1981.
- A **conflict of interest** exists if the administrator of a county serves on the board of directors of the county hospital corporation. Attorney General Opinion 81-00500, dated August 14, 1981.
- The hospital board is the properly designated agency of the county to acquire, construct, equip, operate, and maintain public hospital facilities. Therefore, the proceeds of the **special tax** should be paid over to the board and used by it for anyone of the purposes for which the tax has been voted. Attorney General Opinion 81-00536, dated August 25, 1981.

- The Chairman of the Greene County Board of Education **may also serve** on the Greene County Hospital Board organized under the provisions of *Ala. Code* § 22-21-70 through 22-21-112. Attorney General Opinion 82-00400, dated June 17, 1982.
- The Jackson County hospital board must make some **showing of necessity** when exercising its discretionary authority to provide **incentives** to locate in Jackson County. It was stated that it would appear to be reasonable to pay the moving expenses of a perspective physician and provide free office space for one year on board owned property. It was also stated that an argument could "probably be made" that interest free loans for the purpose of purchasing capital equipment would be acceptable provided the proper security agreement is filled. Attorney General Opinion, 82-00510, dated August 13, 1982.
- **Surplus funds** from tax levied under Amendment No. 72 may be used for construction, operation and maintenance of the county hospital and can be used for other public health facilities that the county governing body deems in the public interest. Attorney General Opinion, 82-00564 dated September 22, 1982.
- The Winston County Hospital Board may contract with a private ambulance company for **ambulance service** and pay a periodic subsidy for those services. Attorney General Opinion, 83-00059, dated November 3, 1982.
- The medical center may contract for **ambulance service** upon receipt of adequate consideration. Attorney General Opinion 83-00330, dated May 30, 1983.
- Membership of the Greene County Hospital **board** must be nine members pursuant to *Ala. Code* § 22-21-73(a)(3). Attorney General Opinion 83-00353, dated June 20, 1983.
- The provisions of *Ala. Code* § 11-95-1, *et seq.*, are applicable to **joint municipal/county hospital boards** and not to a county hospital board organized under *Ala. Code* § 22-21-70, *et seq.* Attorney General Opinion 83-00466, dated September 9, 1998.
- The Bibb County Commission may **remove a member** of the Hospital Board before the end of his or her term only if the member becomes incapable of acting as a board member. Attorney General Opinion, 84-000216, dated March 23, 1984.
- The Jackson County Hospital cannot expend **public funds in a risk venture** with a for profit entity. *Ala. Code* § 22-21-70 neither contemplates nor provides for funds of the hospital board to be expended or allotted to any institution or organization over which the hospital board has no direct control or supervision. Attorney General Opinion 85-00242, dated March 12, 1985.
- Surplus **millage tax** funds of the board may be contributed to the county commission to aid in the care of indigents. Attorney General Opinion, 86-00111, dated January 9, 1986.

- The North Baldwin Hospital Board may **sell and finance real property** belonging to the board. The board should receive fair market value and the board's interests should be protected by a financing agreement. Financing the sale of real property is a form of legal conveyance or transfer within the authority of *Ala. Code* § 22-21-77(4). Attorney General Opinion 86-00373, dated September 22, 1986.
- A hospital board may **appropriate funds** to a county school board for the express purpose of maintaining a school health clinic. Attorney General Opinion 86-00383, dated September 29, 1986.
- The Perry County Hospital Board may share some of the **rent monies** from the lease of the county hospital with the Perry County Commission if there will be sufficient funds to pay all obligations of the board which may arise. Attorney General Opinion 87-00235, dated June 29, 1987.
- The Chilton County Hospital is authorized to voluntarily **contract for the payment of funds** to the Chilton County Department of Public Health, the Chilton-Shelby Mental Health Center, and Central Alabama Community Hospital so long as said funds are used for the purposes specified in *Ala. Code* § 22-21-77(5). It was further proffered that the board may share some of its funds with the county commission as long as there will be sufficient funds to pay all obligations of the board which may arise. Attorney General Opinion 88-00218, dated March 29, 1988.
- The Cherokee County Commission, the Cherokee County Hospital Board, established in accordance with *Ala. Code* § 22-21-70, *et seq.*, or the Baptist Center-Cherokee, a private entity which operates the hospital in that county, may operate an **ambulance service**. However, none of these entities has a legal responsibility to operate an ambulance service; as such authorization is permissive and not mandatory. It was also determined that the four **mill tax** proceeds collected under Constitutional Amendment No. 72 must be paid by the tax collector to the Cherokee County Hospital Board. The board is the proper agency to expend such funds. Attorney General Opinion 88-00313, dated June 10, 1988.
- *Ala. Code* § 22-21-70, *et seq.*, does not specifically require that the directors of the county hospital boards keep **minutes of director's meetings**. Under the general law pertaining to nonprofit corporations, the directors of a county hospital must keep minutes of the meeting. The minutes must reflect motions made and seconded and by whom. Attorney General Opinion 90-00045, dated November 16, 1989.
- Pursuant to *Ala. Code* §§ 22-21-77(4) and (5), the Winston County Hospital Board may offer such **recruitment incentives** to physicians to locate in Winston County as the board reasonably determines are necessary. Although the hospital association in question was incorporated pursuant to *Ala. Code* § 22-21-50, *et seq.*, it was the opinion of the Attorney General that *Ala. Code* §§ 22-21-77(4) and (5) would authorize the hospital board to lease office property and to provide the leased space at no cost to the doctor in private practice if the board reasonably determined that these steps are necessary to recruit physicians in the county. The opinion cited a September 10, 1982 opinion written to Robert H. Brogden

which held that the Dale County Hospital Association could contract with a prospective physician to provide clearly defined compensation, including income guarantees and or expense subsidies, for services rendered to the hospitals. The board must make some showing of necessity when exercising its discretionary authority to provide such incentives. In order to attract doctors to the county the board may pay a physician's salary, rent and other expense until such time as the doctor can maintain his or her own private practice. Attorney General Opinion 90-00279, dated May 17, 1990.

- A hospital board is not authorized to construct, own and operate an **assisted living facility**. However, health care authorities incorporated under *Ala. Code* § 22-21-310 through 22-21-359 may do so, and under the provisions of *Ala. Code* §§ 22-21-351 and 22-21-352, the board may be able to reincorporate as a health care authority pursuant to *Ala. Code* § 22-21-310, *et seq.* Attorney General Opinion 95-00030, dated November 7, 1994.
- The **City of Luverne** may **contribute funds** to the Crenshaw County Hospital organized under *Ala. Code* § 22-21-70, *et seq.*, or the Crenshaw County Commission. Also, it was concluded that the hospital board may contract with a **nonprofit corporation**, to **operate an emergency room**. Attorney General Opinion 95-00141, dated March 8, 1995.
- A county commission, by virtue of *Ala. Code* § 22-21-81, may, by a duly adopted resolution, **appropriate funds** to a hospital corporation. If the **electric board of the city** has **surplus funds** from the issuance of bonds and the collection of revenue, and if the proceedings authorizing the issuance of bonds provided that such surplus funds can be used in any lawful manner or similar language, the electric board may contribute these surplus funds to the Crenshaw County Hospital Board or the Crenshaw County Commission. The county hospital board may then contract with the **nonprofit corporation** leasing the hospital for the **operation of an emergency room**. Attorney General Opinion 95-00143, dated March 9, 1995. *See also*, Attorney General Opinion 81-267, dated February 19, 1981.
- Hospital boards may own and operate **rural health clinics** in such locations in the county as the board determines best serves the citizens of the county. Attorney General Opinion 97-00187, dated May 15, 1997.
- A county hospital organized pursuant to *Ala. Code* § 22-21-70 through 22-21-83 may expend funds derived from an **ad valorem tax** to make physical improvements to a health care facility owned by it. Whether it can expect to **recoup** such **expenditure from a for-profit operating company** to which it leases the facility involves factual issues which are uniquely within the province of the board, and which must be determined by it. Attorney General Opinion 98-00176, dated June 30, 1998.
- *Ala. Code* § 22-21-76(4) would not prohibit a **county superintendent of education** from also **serving as a hospital board member**. It was also stated that Article XVII, Section 280, of the Constitution of Alabama does not prohibit an individual from **simultaneous serving** as county superintendent of education and as a member of the hospital board. Attorney General Opinion 99-00110, dated February 11, 1999.

- A county hospital board may not make **loans** to a **private, for-profit corporation** using funds it derives from **ad valorem taxes**. Attorney General Opinion 2002-226, dated May 8, 2002.
- A public corporation may **dispose of property** it owns "by any form of legal conveyance". The Tallapoosa County Hospital Authority may sell its assets to a private entity and that state law does not require that any other entity approve the board's actions. Attorney General Opinion 2002-335, dated September 12, 2002.
- The board may use funds derived from **ad valorem taxes** to help fund a **not for profit rescue unit** for the benefit of the citizens of Bullock County. Attorney General Opinion 2003-108, dated March 24, 2003.
- It is permissible for the Bullock County Hospital Board to **sell real property** to an individual for valuable consideration/fair market value without advertising the sale. Attorney General Opinion 2004-139, dated May 18, 2004.
- The board may contract with a **nonprofit organization**, which maintains a public health facility, which will thereafter set up a fund whereby individuals may apply for assistance in receiving **paramedic training**. Attorney General Opinion 2006-053, dated February 13, 2006.
- Because the ad valorem tax proceeds that the Bullock County Hospital Board receives may not be used for indigent care, the Bullock County Hospital Board may not contribute tax proceeds to a nonprofit or for-profit corporation that will thereafter provide nonemergency medical transportation for indigent and uninsured patients to out-of-county dialysis clinics. Attorney General Opinion 2011-028, dated January 12, 2011.

5. Hospital Corporations.

Ala. Code §§ 22-21-100 through 22-21-112

"[T]he county commission of any county in which a special tax for hospital purposes has heretofore been or shall hereafter be authorized at an election held in the county pursuant to the provisions of any amendment to the Constitution shall have the power to designate a hospital corporation in the county as the agency to acquire, construct, equip, operate, and maintain public hospital facilities in the county as a whole if the said special tax is a countywide tax or that portion of the county in which the tax shall have been voted if the said tax is not a countywide tax." *Ala. Code* § 22-21-101. *Ala. Code* § 22-21-102 provides that when a hospital corporation has been so designated by the county commission that any proceeds from any special tax for hospitals purposes that shall be paid to such corporation shall be used for one or more of the purposes for which the tax has been voted.

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to hospital corporations organized pursuant to *Ala. Code* § 22-21-100 through 22-21-112.

- A hospital corporation designated by the county commission under the provisions of *Ala. Code* § 22-21-100, *et seq.*, may obligate the county commission to continue a **special county tax** at a rate sufficient to prevent the impairment of the obligation of any contract made with respect to such tax. Attorney General Opinion 80-00471, dated July 21, 1980.
- The board operating under *Ala. Code* § 22-21-100 through 112 may contribute **public funds** to the company providing **insurance** to the hospital if the board finds that such a donation serves a valid public purpose. Attorney General Opinion 2002-329, dated September 3, 2002.

6. County and Municipal Hospital Authorities.

Ala. Code §§ 22-21-170 thru 22-21-191

Ala. Code § 22-21-171 authorizes each of the several counties of the state the organization of a public corporation or corporations for the purpose of acquiring, owning and operating public hospitals and other health care related facilities in the county in which such corporation shall be organized.

7. The Health Care Authorities Act of 1982.

Ala. Code §§ 22-21-310 through 22-21-344

Existing hospitals may reincorporate under the authority of *Ala. Code* § 22-21-310, *et seq.*

Ala. Code § 22-21-316(c) provides that the board of directors shall serve without compensation but shall be reimbursed for expenses actually incurred in and about the performance of duties. A majority of the directors shall constitute a quorum for the transaction of business. Any meeting of the board may be adjourned by a majority of the directors present. A single director may adjourn the meeting, if he is the only director present.

Ala. Code § 22-21-318(a)(6) allows a health care authority to lease or otherwise make available any health care facilities or other of its properties and assets to such persons, firms, partnerships, associations or corporations and on such terms as the board deems to be appropriate. Thus, the board may provide a physician with equipment and other assets.

Ala. Code § 22-21-318(a)(28) provides that the authority may make any expenditure of any moneys under its control that would, if the authority were generally subject to the state corporate income taxation, be considered as ordinary and necessary expense of the authority within the meaning of *Ala. Code* § 40-18-35 and applicable regulations there under and without limiting the generality of the foregoing, to expend its moneys for the recruitment of employees and physicians and dentists and other health care professionals.

The provisions of Chapter 25 of Title 36 (Ethics Law) shall, any provision thereof to the contrary notwithstanding, not apply to any authority, the members of the board or any of its officers or employees. *Ala. Code* § 22-21-334. *Ala. Code* § 22-21-335 provides that the provisions of Article 2 and 3 of Chapter 16 of Title 41 (Competitive Bid Law) shall not apply to any authority, the members of its boards or any of its officers or employees. Health authorities are exempted from the provisions of *Ala. Code* § 36-25A-1, *et seq.* (Open Meetings Act) or other similar laws. *Ala. Code* § 22-21-316(c).

Additional powers are found at Title 22, Chapter 21 Article 11, Division 1, Sections 22-21-350 through 22-21-356. Further additional powers are found at Article 11 Division 2, Sections 22-21-357 through 22-21-359.

Attorney General Opinions

The Attorney General Opinions referenced in this section are related to health care authorities organized under the provisions of *Ala. Code* § 22-21-310, *et seq.*

- Under certain circumstances, a health care authority may be covered by the provisions of the **immunity statute** found at *Ala. Code* § 10-11-1, *et seq.* The authority may provide for **indemnification** of its directors for liability rising from their acts or omissions in the scope of their duties. Attorney General Opinion 88-00249, dated April 7, 1988.
- The authority may provide for **indemnification** of members of its board of directors, officers, and certain other persons and may purchase liability **insurance** to cover directors, officers, et al. Attorney General Opinion 89-00105, dated December 30, 1988.
- A hospital authority, its contractors, and subcontractors are **exempt from sales and use tax** under *Ala. Code* § 22-21-333 for the construction materials and equipment used in the construction of a health care facility. Attorney General Opinion 89-00188, dated February 17, 1989.
- The authority did not owe **taxes** billed against the property purchased on September 30, 1991, though the deed was not filed on October 1, 1991. It was concluded that the tax assessed is void and no effective lien is attached to property owned by an **exempt entity**. Attorney General Opinion 93-00127, dated February 23, 1993.
- A health care authority may enter into an agreement whereby the authority pays for the education and training of a **hospital-based physician, medical student, or health care worker** in exchange for a commitment from the individual to work a specified period of time for the authority. Attorney General Opinion 93-00143, dated March 1, 1993.
- Marshall County Health Care Authority and other health care authorities organized, incorporated, or reincorporated pursuant to the Health Care Authorities Act of 1982, may **invest surplus funds** in those securities enumerated in *Ala. Code* § 22-21-355, to the extent permitted by the contracts that an authority has with holders of its securities. Attorney General Opinion 94-00025, dated October 21, 1993.

- The tax imposed on the business of **leasing or renting** is levied against the lessor not the lessee. *Ala. Code* § 40-12-222. It was stated that pursuant to *Ala. Code* § 22-21-333, the exemption relating to leases which is granted to health care authorities is applicable only when those authorities are lessors. Attorney General Opinion 94-00217, dated July 7, 1994.
- The Escambia County Health Authority retains the tax-exempt status conferred upon it by and within *Ala. Code* § 22-21-333 and that approval of the governing body of Escambia County was not necessary prior to entering into a **lease and asset transfer agreement** with Escambia County Alabama Community Hospitals, Inc. It was further stated that the tax collector should continue to pay and distribute county taxes to the authority in accordance with the laws and regulations in effect. Attorney General Opinion 96-00090, dated January 9, 1996.
- A health care authority under the provisions of *Ala. Code* § 22-21-310, *et seq.*, and its contractor and subcontractors are exempt from the **payment of sales and use tax** on the purchase of construction materials and equipment used in the construction of an addition to an existing health care facility. The same conclusion was reached in Attorney General Opinion 89-00188, dated February 17, 1989. Attorney General Opinion 96-00163, dated March 26, 1996.
- The authority has the power under *Ala. Code* § 22-21-318 to construct an **assisted living facility** building and handicap-equipped apartment for the elderly. Attorney General Opinion 96-00032, dated November 3, 1995.
- The Escambia County Health Care Authority retains the tax-exempt status conferred upon it by and within *Ala. Code* § 22-21-333. Approval of the governing body of Escambia County was not necessary prior to entering into the **lease and asset transfer agreement** with Escambia County Alabama Community Hospital, Inc. It was also determined that the tax collector of Escambia County Alabama should continue to pay and distribute county taxes to the Authority in accordance with the laws and regulations now in effect. Attorney General Opinion 96-00090, dated January 9, 1996.
- A city may **transfer funds** to a health care authority for providing **ambulance service** and designate the authority as the sole emergency service provider within the municipality and its police jurisdiction. Attorney General Opinion 96-00107, dated January 25, 1996.
- The St. Clair County Health Care Authority does not have the right to provide or pay former non-vested employees additional compensation obtained from **refunds** received by the Authority following termination of participation in the **Retirement Systems of Alabama**. Attorney General Opinion 96-00125, dated February 6, 1996.
- Properties of a health care authority are exempt from **municipal licenses and permit fees**. Attorney General Opinion 96-00201, dated May 1, 1996.

- Health care authorities are **exempt** from the payment of **sales, use, and excise taxes** under Article I and II of Chapter 23 of Title 40. Attorney General Opinion 96-00202, dated May 3, 1996.
- The Tombigbee Healthcare Authority, operating the Bryan W. Whitfield Hospital, is not exempt by *Ala. Code* § 22-21-333 from paying the \$1.50 fee for **filing a claim** against an estate. Attorney General Opinion 97-00198, dated June 4, 1997.
- Under the provisions of *Ala. Code* §§ 22-21-311 to 22-21-359, an **election** held pursuant to Act No. 114 (1973) would be held to be of no effect if brought to the consideration of a court of competent jurisdiction by a proper complaint alleging **unconstitutionality** of the act on the basis of Sections 42, 43, 44 and 212 of the Constitution of Alabama. Attorney General Opinion 98-00068, dated January 7, 1998.
- An amendment to the bylaws of the Jackson County Health Care authority providing for the **removal of a member** of the board of directors by a vote of two-thirds of the directors conflicts with *Ala. Code* § 22-21-316(d) providing for the removal of the members of the board of a health care authority. Attorney General Opinion 99-00009, dated October 19, 1998.
- An authority may **lease its facilities and equipment** and enter into an agreement for the management and the administration of the hospital. It was also stated that the referenced health authority established under *Ala. Code* § 22-21-310 through 22-21-344 will not lose its **tax exempt status** by entering into said lease agreement and that it was not necessary for the governing body to be a party to the contract. Attorney General Opinions 2000-057 and 2000-058, dated December 30, 1999.
- **Ad valorem tax revenues** can be spent within any reasonable time as determined by the North Baldwin County Health Care Authority. Attorney General Opinion 2002-113, dated January 4, 2002.
- The Escambia County Health Care Authority can donate to the Town of Flomaton, property formerly used as a small hospital facility. The health care authority will not lose its **tax exempt status** by entering into the **lease agreement**. It is not necessary for the county governing body to be a party to the contract. Attorney General Opinion 2003-039, dated November 25, 2002.
- The authority's board of directors, not the county commission, exercises the decision of **approving, rejecting, or refraining** from any action upon a presented claim against the authority, its nursing home or two assisted living facilities. Attorney General Opinion 2003-058, dated December 30, 2002.
- The Health Care Authority of North Alabama may offer its employees **incentive-based compensation** that permits employees to receive additional compensation if they meet certain written goals or standards of performance, provided the incentive-based compensation is prospective in its application, is treated as a regular part of an employee's

compensation, is made pursuant to a written policy adopted by the Authority, and is legal consideration offered to an employee in exchange for that employee attaining written goals or standards of performance. Attorney General Opinion 2006-153, dated September 28, 2006.

- The Henry County Health Care Authority, Inc. is required to **disclose the annual salaries** of top-level management executives to the public because such information is a matter of public record pursuant to *Ala. Code* § 36-12-40. Attorney General Opinion 2008-004, dated October 2, 2007.
- The Colbert County-Northwest Alabama Health Care Authority can contract with the governmental entity responsible for maintaining the public road between Helen Keller Hospital and Keller Medical Park to widen the road if the Authority's board of directors determines the improvement would accomplish a purpose of the Authority. Attorney General Opinion 2008-115, dated July 30, 2008.
- The Henry County Health Care Authority is subject to audit by the State of Alabama pursuant to *Ala. Code* § 41-5-6(9). Pursuant to *Ala. Code* § 22-21-4, the Authority may choose to have the audit performed by a certified public accountant. That report becomes a matter of public record only after acceptance and approval by the Department of Examiners of Public Accounts. Attorney General Opinion 2009-078, dated July 11, 2009.
- The Elmore County Health Care Authority may not use ad valorem taxes derived from Section 215.02 of the Recompiled Constitution of Alabama to assist Community Hospital, a private, nonprofit corporation in Elmore County, but may provide financial support from lease revenue or other Authority funds that are not ad valorem tax proceeds. Attorney General Opinions 2017-020, dated February 3, 2017 and 2015-016, dated November 20, 2014.
- The director of a health care authority does not hold an office of profit because they do not receive compensation for that position. This Opinion stated it would be permissible for a member of the Anniston City Council to also serve as a volunteer director of the Healthcare Authority of the City of Anniston without violating Section 280 of the Alabama Constitution prohibiting an individual from holding two offices of profit simultaneously. Attorney General Opinion 2022-024, dated February 22, 2022.

8. Ethics Law

Unless specifically excluded by statute, as in the case of health authorities organized under *Ala. Code* § 22-21-310, *et seq.*, the Ethics Law, *Ala. Code* § 36-25-1, *et seq.*, is applicable to public hospitals. *Ala. Code* § 36-25-5(a) prohibits public officials and employees from using their official position for personal gain. "[N]o public official or public employee shall use or cause to be used equipment, facilities, time, materials, human labor, or other public property under his or her discretion or control for the private benefit or business benefit of the public official, public employee, any other person, or principal campaign committee as defined in *Ala. Code* § 17-22A-2, which would materially affect his or her financial interest, except as

otherwise provided by law or as provided pursuant to a lawful employment agreement regulated by agency policy ... " *Ala. Code* § 36-25-5(c). There are numerous Ethics Commission Opinions asserting jurisdiction over public hospital corporations.

9. Competitive Bid Law

Purchases for public hospitals and nursing homes operated by the governing boards of instrumentalities of the state, counties, and municipalities are exempted from the State Competitive Bid Law. *Ala. Code* § 41-16-51(b)(5). Contracts for the enlargement, construction or alteration of public hospital facilities operated by the governing boards of an instrumentality of the states, counties and municipalities are subject to the Bid Law.

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to Alabama's Competitive Bid Law.

- The Attorney General has consistently ruled that **contracts for the enlargement, construction, or alteration of public hospital facilities** operated by governing boards of an instrumentality of the state, counties, and municipalities are subject to the Competitive Bid Law. The Opinion referenced a previous Attorney General Opinion dated December 15, 1971 addressed to Thomas Reuben Bell Attorney for the Sylacauga Hospital Board as support. Attorney General Opinion, dated March 8, 1979.
- Public hospitals established pursuant to *Ala. Code* § 22-21-1 through 22-21-8 have only the powers provided in *Ala. Code* § 22-21-5 and are not exempt from the provisions of the **Competitive Bid Law** found at *Ala. Code* § 41-16-50, *et seq.* Attorney General Opinion 91-00334, dated July 31, 1991.
- The Dale County Hospital Association is subject to the **State Competitive Bid Law** set forth in *Ala. Code* § 41-16-50, *et seq.* It was further stated that a project for the renovation of the hospital association's existing facility or construction of a new facility and the selection and employment of a general contractor for said project are subject to the State Competitive Bid Law. This opinion considered only the specific statute inquired about, *Ala. Code* § 41-16-50, *et seq.* However, Act No. 97-225, which amended *Ala. Code* § 41-16-50 and the State's public works law, *Ala. Code* § 39-1-1, *et seq.*, should be reviewed as they may also apply to the renovation project of a hospital association. Attorney General Opinion 97-00238, dated July 29, 1997.

10. Open Meetings Act of 2005

Public hospital corporations are subject to the provisions of *Ala. Code* § 36-25A-1, *et seq.*, except health authorities organized under *Ala. Code* § 22-21-310, *et seq.*

Attorney General Opinions

The Attorney General Opinions referenced in this section relate to Alabama's Open Meetings Act.

- A **county hospital board**, the members of which are appointed by the county governing body, is subject to the Open Meetings Act of 2005. Attorney General Opinion 2006-122, dated August 1, 2006.
- The board meetings of a health care authority organized under *Ala. Code* § 22-21-310, *et seq.* are not subject to the Open Meetings Act of 2005. Attorney General Opinion 2009-006 dated October 21, 2008.

11. Security for Alabama Funds Enhancement (SAFE) Act

Public hospitals incorporated as public bodies (corporations) under *Ala. Code* § 22-21-1, *et seq.*, are subject to the provisions of the Security for Alabama Funds Enhancement (SAFE) Act. The SAFE Program was established by the Alabama Legislature and is governed by the provisions contained in *Ala. Code* § 41-14A-1 through 41-14A-14. All covered public entities as defined under the Act are required to deposit their funds with banks or financial institutions that meet all the requirements of the SAFE Program and have been designated as Qualified Public Depositories (QPDs). These funds are protected through a collateral pool administered by the Alabama State Treasurer's Office.

The financial institutions (QPDs) holding deposits of public funds must pledge securities as collateral against those deposits. In the event of failure of a financial institution, securities pledged by that financial institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Depository Insurance Corporation (FDIC). If the securities pledged failed to produce adequate funds, every institution participating in the pool would share the liability for the remaining balance.

The QPD is required to provide an annual statement as of September 30th to each public depositor that summarizes their deposit account relationship and provides balances of deposits. The public depositor is required to verify the deposit account information and notify the QPD within 60 calendar days of receipt of the statement of any inaccuracies.