



**DISTRICT BOARD
MEETING AGENDA
September 10, 2020 at 4:00PM
Zoom Webinar Meeting**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDQT09>

Via Telephone dial-in access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

1. Call to Order – Les Daniels, Chair

- A. Roll Call
- B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

- A. Investment Committee Update (John Grady)
- B. Epic Journey Update (Patty Lavelly)
- C. 2021 Budget - Version 2 (Joel Snook)

4. Disclosure of Voting Conflict

5. *Public Comment

6. Board Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Joint Board and Finance & Audit Committee Meeting Minutes of June 9, 2020
[Pages 1-8]

7. Committee Reports

- 7.1 Finance and Audit Committee Report – (No Report)
- 7.2 Good Health Foundation Committee Report – (No Report)

7. Committee Reports (Continued)

- 7.3 Quality, Patient Safety and Compliance Committee – (No Report)
- 7.4 Lakeside Health Advisory Board Report – (Commissioner Alonso)
- 7.5 Primary Care Clinics Board Report – (Commissioner Jackson-Moore)

8. Consent Agenda – Motion to Approve Consent Agenda Items

HEALTH CARE DISTRICT

A. ADMINISTRATION

8A-1 RECEIVE AND FILE:

September 2020 Internet Posting of District Public Meeting.
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

8A-2 RECEIVE AND FILE

Health Care District Board Attendance. [Page 9]

8A-3 RECEIVE AND FILE:

Health Care District Financial Statements July 2020. (Joel Snook) [Pages 10-59]

8A-4 Staff Recommends a MOTION TO APPROVE:

Credentialing and Privileging of Healey Center Practitioner(s) (Belma Andric)
[Pages 60-61]

8A-5 Staff Recommends a MOTION TO APPROVE:

Department of Security Services Policy of Operations (Steven Hurwitz)
[Pages 62-65]

8A-6 Staff Recommends a MOTION TO APPROVE:

Records Management/HIM Policy Updates and Retired Policies
(Valerie Shahriari) [Pages 66-78]

8A-7 RECEIVE AND FILE:

Lakeside Medical Center Confidential Public Records Request Quarterly Report
(Valerie Shahriari) [Pages 79-81]

8A-8 RECEIVE AND FILE

Good Health Foundation Tax Form 990 (Joel Snook) [Pages 82-121]

DISTRICT HOSPITAL HOLDINGS, INC.

B. ADMINISTRATION

8B-1 Staff Recommends a MOTION TO APPROVE:

Medical Staff Appointments for Lakeside Medical Center (Belma Andric, MD)
[Pages 122-124]

9. Regular Agenda

A. **ADMINISTRATION**

9A-1 **Staff Recommends a MOTION TO APPROVE:**

FY 2020 Budget Amendment (Joel Snook) [Pages 125-128]

9A-2 **Staff Recommends a MOTION TO APPROVE:**

FY 2020 Budget Transfers (Joel Snook) [Pages 129-131]

9A-3 **Staff Recommends a MOTION TO APPROVE:**

Low Income Pool Participation for Palm Beach County Hospitals and Federally Qualified Health Centers (Joel Snook) [Pages 132-134]

9A-4 **Staff Recommends a MOTION TO APPROVE:**

Lakeside Medical Center Equipment Replacement. (Joel Snook)
[Pages 135-136]

9A-5 **Staff Recommends a MOTION TO APPROVE:**

Transition Plan for In-House Internal Audit Model. (Josh Burrill) [Pages 137-154]

10. CEO Comments

11. Finance and Audit Committee Member Comments

12. HCD Board Member Comments

13. Establishment of Upcoming Board Meetings

September 24, 2020

- 4:00PM, Health Care District Board Annual Meeting (Officer Elections)
- 5:15PM, Truth In Millage (TRIM) Meeting

December 8, 2020

- 2:00PM, Health Care District Board Meeting

14. Motion to Adjourn

*Public comments should be emailed to hbromley@hcdpbc.org or submitted via telephone to 561-804-5968 by 12:30 PM on Thursday, September 10, 2020. All comments received during this timeframe will be read aloud and included in the official meeting record.



**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS
AND
FINANCE & AUDIT COMMITTEE
JOINT SUMMARY MINUTES
June 9, 2020
Zoom Webinar Meeting**

Remote Participation Link:

<https://zoom.us/j/5507895592?pwd=REZ4TWtYUXowQWNpWTBaVXRzZ1dDOT09>

Via Telephone dial-in access: (646) 558-8656 / Meeting ID: 550 789 5592 / Password: 946503

1. Call to Order

Les Daniels called the meeting to order.

A. Roll Call

Health Care District Board members present included: Les Daniels, Chair; Nancy Banner, Vice Chair; Sean O'Bannon, Secretary; Dr. Alina Alonso; Cory Neering; Ed Sabin and Tammy Jackson-Moore.

Finance and Audit Committee members present included: Joseph Bergeron; Richard Sartory; Mark Marciano and Joseph Gibbons. Michael Burke was absent.

Staff present included: Darcy Davis, Chief Executive Officer; Dr. Belma Andric, Chief Medical Officer; Valerie Shahriari, General Counsel; Dr. Tom Cleare, AVP Planning & Community Engagement; Karen Harris, VP of Field Operations; Steven Hurwitz, Chief Administrative Officer; Deborah Hall, Chief Compliance Officer; Joel Snook, Chief Financial Officer and Nancy Stockslager, Chief Information Officer.

Recording/Transcribing Secretary: Heidi Bromley

B. Affirmation of Mission: The mission of the Health Care District of Palm Beach County is to be the health care safety net for Palm Beach County. Our vision is meeting changes in health care to keep our community healthy.

Health Care District Board
Summary Meeting Minutes
June 9, 2020
Page 2 of 8

2. Agenda Approval

- A. Additions/Deletions/Substitutions
- B. Motion to Approve Agenda

Ms. Davis stated that we have a substitution for item 10A-4. There was a separate e-mail that was sent with a revised agenda item for the tentative millage. We would like to substitute the one that was sent in the separate e-mail from the one that was incorporated in the packet.

CONCLUSION/ACTION: Commissioner Sabin made a motion to approve the agenda. The motion was duly seconded by Commissioner Jackson-Moore. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

- A. Economic Update and Investment Program Review

Mr. John Grady presented the Investment Program Review to the Board.

- B. Employee Engagement Results

Mr. Hurwitz presented the Employee Engagement Results to the Board.

- C. Budget Version 1

Mr. Snook presented the Health Care District Budget Version 1 to the Board.

4. Disclosure of Voting Conflict

5. Public Comment

Chair Daniels read a public comment (from Mr. Don Chester) into the Record.

6. Meeting Minutes

- A. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of March 11, 2020

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Board Meeting Minutes of March 11, 2020 as presented. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

Health Care District Board
Summary Meeting Minutes
June 9, 2020
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6. Meeting Minutes (Continued)

- B. **Staff Recommends a MOTION TO APPROVE:**
Board Meeting Minutes of May 12, 2020

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Board Meeting Minutes of May 12, 2020 as presented. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

7. Finance & Audit Committee Meeting Minutes & Attendance

- A. **Staff Recommends a MOTION TO APPROVE:**
Finance & Audit Committee Meeting Minutes of May 28, 2019

CONCLUSION/ACTION: Mr. Bergeron made a motion to approve the Finance & Audit Committee Meeting Minutes of May 28, 2020 as presented. The motion was duly seconded by Mr. Gibbons. There being no objection, the motion passed unanimously.

- B. **Staff Recommends a MOTION TO APPROVE:**
Finance & Audit Committee Meeting Minutes of March 10, 2020

CONCLUSION/ACTION: Mr. Gibbons made a motion to approve the Finance & Audit Committee Meeting Minutes of March 10, 2020 as presented. The motion was duly seconded by Mr. Bergeron. There being no objection, the motion passed unanimously.

- C. **RECEIVE AND FILE**
Finance & Audit Committee Attendance

8. Committee Reports

- 8.1 Finance and Audit Committee Report – (No Report)
8.2 Good Health Foundation Committee Report – (No Report)
8.3 Quality, Patient Safety and Compliance Committee – (Commissioner Alonso)

Commissioner Alonso stated that we had our meeting today and we reviewed all the different entities. We have some new dashboards that were well done and captured a lot of really good information. We also went over some of the new data that is being collected. It was a very productive meeting.

Health Care District Board
Summary Meeting Minutes
June 9, 2020
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8.4 Lakeside Health Advisory Board Report – (Commissioner Alonso)

Commissioner Alonso stated that the Lakeside Health Advisory Board met on June 2, 2020. The Board voted to elect Inger Harvey as the new Board Secretary. Presentations discussed were:

COVID19 statistics/dashboard for Lakeside Medical Center.

OB Department at Lakeside and the transition.

COVID19 dashboard for the C.L. Brumback clinic testing locations throughout Palm Beach County.

8.5 Primary Care Clinics Board Report – (Commissioner Jackson-Moore)

Commissioner Jackson-Moore stated that we held a Zoom Board meeting on May 27, 2020. Since March of 2020, we have received three HRSA grant awards in response to the COVID-19 Pandemic. Certintell is a cloud-based telehealth platform that allows safety-net providers to reach underserved populations, as well as Phreesia which is a paperless registration software in anticipation of the “new normal” for operations. Employee Health Launched an employee health program to monitor team-member symptoms and offer free COVID-19 screening, testing and mitigation.

9. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Commissioner O’Bannon made a motion to approve the Consent agenda as presented. The motion was duly seconded by Commissioner Alonso. There being no objection, the motion passed unanimously.

HEALTH CARE DISTRICT

A. **ADMINISTRATION**

9A-1 **RECEIVE AND FILE:**

June 2020 Internet Posting of District Public Meeting.

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=344&m=0|0&DisplayType=C>

9A-2 **RECEIVE AND FILE**

Health Care District Board Attendance

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9. Consent Agenda (Continued)

9A-3 **RECEIVE AND FILE:**

Health Care District Financial Statements April 2020

9A-4 **Staff Recommends a MOTION TO APPROVE:**

Proclamation Recognizing Trauma System for Trauma Awareness Month

9A-5 **Staff Recommends a MOTION TO APPROVE:**

Proclamation Recognizing National Nurses Week

9A-6 **Staff Recommends a MOTION TO APPROVE:**

Compliance & Privacy Policies

DISTRICT HOSPITAL HOLDINGS, INC.

B. **ADMINISTRATION**

9B-1 **Staff Recommends a MOTION TO APPROVE:**

Medical Staff Appointments for Lakeside Medical Center

9B-2 **Staff Recommends a MOTION TO APPROVE:**

Second Amendment to License Agreement

10. Regular Agenda

A. **ADMINISTRATION**

10A-1 **RECEIVE & FILE:**

EPIC Update

Ms. Stockslager presented the Board with a brief update on the EPIC project.

CONCLUSION/ACTION: Received and filed.

10A-2 **Staff Recommends a MOTION TO APPROVE:**

Award for External Audit Services

Mr. Snook stated that this agenda items presents the Board and Finance & Audit Committee with the recommendation to continue our relationship with RSM at their five year contract bid of \$1,216,100.

The District's current external audit contract with RSM expires September 2020. Per our current Purchasing Policy a committee was formed with the CFO, Finance

Health Care District Board
Summary Meeting Minutes
June 9, 2020
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Director, and Purchasing Manager to initiate receipt of an evaluation of competitive bids from qualified audit firms for future external auditing services. Four bids were received from national and regional firms – all with offices in West Palm Beach. Management compared all proposals and jointly reached consensus that RSM was better suited to serve the Health Care District as external auditors due to their current knowledge and experience with the Health Care District’s unique operational and accounting needs. Staff recommends that the Board approve the award for External Audit Services to RSM.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Award for External Audit Services. The motion was duly seconded by Commissioner O’Bannon. There being no objection, the motion passed unanimously.

10A-3 **Staff Recommends a MOTION TO APPROVE:**
Atlantis Clinic Lease Proposal

Ms. Davis stated that the existing Lantana clinic, which has the highest annual volume of medical visits has outgrown the existing space where it is co-located with the Department of Health. The Lantana location serves as the pediatric hub for C. L. Brumback Primary Care Clinics, and offers dental services and medication assisted treatment in addition to the high medical visit volume. Staff has identified a building which still falls within the HRSA-identified, underserved area which would allow for an increase in square footage and additional efficiencies in the delivery of care to patients. Staff recommends the Board approve the move of the Lantana clinic location to 4801 S. Congress Avenue through the execution of the lease, not to exceed 10 years and a cost of \$772,000 for the first year with an inflation factor not to exceed 3% annually.

CONCLUSION/ACTION: Commissioner Alonso made a motion to approve the Atlantis Clinic Lease Proposal. The motion was duly seconded by Commissioner Banner. There being no objection, the motion passed unanimously.

10A-4 **Staff Recommends a MOTION TO APPROVE:**
Tentative Millage Rate

Mr. Snook stated that the District tax rate in 2020 was 0.7261 mills. Staff is recommending the 2021 proposed tentative millage rate be set at 0.7261, which is 4.0% over the rolled-back rate of 0.6982 and equal to the 2020 tax rate. The rolled-back rate is the tax rate which generates the same amount of tax revenue as the previous year, excluding new construction. The proposed tentative millage rate represents the tax rate the Board cannot exceed when it sets the final rate at the

Health Care District Board
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September TRIM hearings. Staff recommends the Board set a proposed tentative millage rate of 0.7261 mills.

CONCLUSION/ACTION: Commissioner Jackson-Moore made a motion to approve the Tentative Millage Rate as presented. The motion was duly seconded by Commissioner O'Bannon. There being no objection, the motion passed unanimously.

11. CEO Comments

Ms. Davis informed the group that Karen and her team have experienced a couple of surveys which they passed without finding. Lakeside has seen 148 positive patients since March 14, 2020. They experienced one spike around May 7, 2020, however, it has since subsided. Staff has done a phenomenal job in managing the volume and taking the very best care of the patients. Additionally, Warrior (the mobile van) and Scout (the new leased vehicle) has been doing mobile outreach since May 26, 2020 and has done over one thousand tests throughout the County. The new permanent mobile coach (Hero) is under construction and we hope to receive it soon. The corporate office has reopened and we are doing staggered shifts. We have tested almost everyone at the District and will continue every 30 days. The daily text screening that the employees get every day is a true model. Everyone seems to feel very safe coming back to work.

At this time, Ms. Shahriari requested that the District Board meet in a private session in order to discuss a litigation matter. She requested that the District Board meet on September 10, 2020 at 3:00PM prior to the scheduled Board meeting.

12. Finance and Audit Committee Member Comments

Mr. Sabin reminded the Finance and Audit Committee that there is a Good Health Foundation meeting immediately following this meeting.

Mr. Gibbons stated that he would like to congratulate Darcy for the way staff has handled this whole situation. He is very proud of the work they've done in the community and helping people. Excellent job.

Mr. Sartory congratulated Darcy and leadership for an epic job during these uncertain times.

Dr. Marciano thanked staff for all their help.

13. HCD Board Member Comments

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Summary Meeting Minutes
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14. Establishment of Upcoming Board Meetings

September 10, 2020

- 4:00PM, Joint Meeting with the Finance & Audit Committee
- 5:15PM, Truth In Millage (TRIM) Meeting

September 24, 2020

- 4:00PM, Health Care District Board Annual Meeting (Officer Elections)
- 5:15PM, Truth In Millage (TRIM) Meeting

December 8, 2020

- 2:00PM, Health Care District Board Meeting

15. Motion to Adjourn

There being no further business, the meeting was adjourned.

**Sean O'Bannon, Secretary
Health Care District Board**

Date

**Edward G. Sabin, Chair
Finance & Audit Committee**

Date

**HEALTH CARE DISTRICT OF
PALM BEACH COUNTY
BOARD OF COMMISSIONERS**

Attendance Tracking for 2020

	3/11/20	5/12/20	6/9/20	7/21/20	9/10/20	9/24/20	12/8/20
Leslie Daniels	X	X	X	X			
Nancy Banner	X	X	X	X			
Sean O'Bannon	X	X	X	X			
Dr. Alonso	X	X	X	X			
Cory Neering	X	X	X	X			
Ed Sabin	X	X	X	X			
Tammy Jackson-Moore	X	X	X	X			

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Health Care District Financial Statements

2. Summary:

The YTD July 2020 financial statements for the Health Care District are presented for Board review.

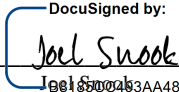
3. Substantive Analysis:

Management has provided the income statements and key statistical information for the Health Care District. Additional management discussion and analysis is incorporated into the financial statement presentation.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 202009101344486...
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

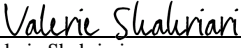
 Date Approved

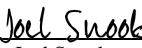
6. Recommendation:

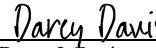
Staff recommends the Board receive and file the YTD July 2020 Health Care District financial statements.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Joel Snook
VP & Chief Financial Officer

DocuSigned by:

Darcy Davis
Chief Executive Officer



Health Care District of Palm Beach County

FINANCIAL STATEMENT

July 2020



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Management Discussion and Analysis

Combined Financial Statements

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MEMO

To: Finance & Audit Committee

From: Joel H Snook, VP & Chief Financial Officer

Date: August 20, 2020

Subject: Management Discussion and Analysis of July 2020 Health Care District Financial Statements

The July statements represent the financial performance for the ten months of the 2020 fiscal year for the Health Care District. Total revenue year to date (YTD) is favorable to budget by \$2.8M or 1.4%. Expenses before depreciation YTD are \$6.1M favorable to budget or 3.0%. Year to date, the consolidated net margin is \$13.8M, with a favorable variance to budget of \$9.2M or 196.9%.

The General Fund YTD total revenue is above budget by \$1.3M or 0.9%. This favorable variance is mainly due to unrealized gain on investment and interest earnings that are over budget by \$1.4M and \$412k, respectively. Unrealized gain on investment variance of \$1.4M represents increase in current market value of investment portfolio held by the District, and will only be realized should the District liquidate its' portfolio.

Expenses in the General Fund YTD after overhead allocation are favorable to budget by \$7.9M or 7.8%. Significant categories of YTD favorable budget variance include medical services of \$2.1M, and other expenses of \$3.4M. Medical services claims continue to decline through better utilization management of District Cares membership and improved coordination of care, in addition, the restructuring of the trauma contracts to claims paid rather than by fixed monthly amount is contributing to this favorable variance. Other expenses are favorable to budget due to reduced Low Income Pool (LIP) obligations to several hospitals.

The General Fund YTD has a net margin of \$57.4M versus a budgeted net margin of \$48.2M for a favorable net margin variance of \$9.2M or 19.1%. The General Fund has subsidized a total of \$61.3M YTD to support operations of; Healey Center \$2.8M, Lakeside Medical Center



\$17.7M, Primary Care Clinics \$10.6M, Capital Replacement \$21M and Medicaid Match \$9.3M. Included in this transfer line is \$20.0M reserved for the Epic software implementation.

The Healey Center total revenue YTD of \$15.5M was under budget by (\$24k) or (0.2%). Increased charity care and bad debt write off are the main reasons for this unfavorable variance. Total YTD operating expenses before overhead allocation of \$16.3M were unfavorable to budget by \$44k or 0.3%. The YTD net margin after overhead allocations for the Healey Center was a loss of (\$3.55M) or 2.3% under the budgeted loss of (\$3.64M).

Lakeside Medical Center total revenue YTD of \$24.9M was over budget by \$2.0M or 8.9%. Net patient revenue YTD of \$19.3M was under budget by (\$3.4M) or (15.1%). This unfavorable variance is due to higher bad debt allocation. Total operating expenses YTD of \$38.4M were above budget by (\$1.9M) or (5.3%). This unfavorable variance is mainly due to higher than budgeted, salaries and wages (\$256k), purchased services (\$517k), medical supplies (\$344k), contracted physician expense (\$1.3M) and drugs (\$200k). Purchased services increased due to increased legal reserves for pending litigation. Medical supplies is over budget due to inventory adjustment resulting from inventory audit. Contracted physician expense variance consist mostly of services provided for anesthesiology services. Drug expenses are unfavorable due primarily to unanticipated increased cost of pharmaceuticals. The YTD net margin after overhead allocations at Lakeside Medical Center was (\$20.3M) compared to a budgeted loss of (\$21.3M) or a positive variance of \$1M or 4.8%.

The Primary Care Clinics total revenue YTD of \$15.9M was under budget by (\$232k) primarily due to grant revenue timing and closure of clinics during March and April. Net patient revenue YTD was unfavorable to budget by (\$762k). The COVID-19 national emergency started mid-March and 9 clinics were closed to start countywide COVID-19 testing. Total operating expenses YTD for the clinics are unfavorable to budget by (\$763k). This unfavorable variance is primarily due to salary, wages and benefits (\$454k), purchased services (\$87k), medical services (\$171k), and repairs and maintenance (\$146k). Higher collection fees from Athena in purchased services, coupled with increased laboratory expense in medical services, as well as repairs and maintenance unanticipated Allscripts software maintenance are the primary reason for operating expenses unfavorable variance. Total net margin YTD after overhead allocations for the Primary Care Clinics is a loss of (\$10.5M), and is unfavorable to budget by (\$944k) or (9.8%).

The District was awarded a total of \$15.4M in COVID-19 grants from HRSA and the CARES Act to make up for lost revenue related to the pandemic and to prevent, prepare, respond with increase healthcare capacity and staffing levels for COVID-19. \$12.4M of these funds were appropriated under the CARES Act to cover health care related expenses or lost revenues that are attributable to the coronavirus. \$3M of

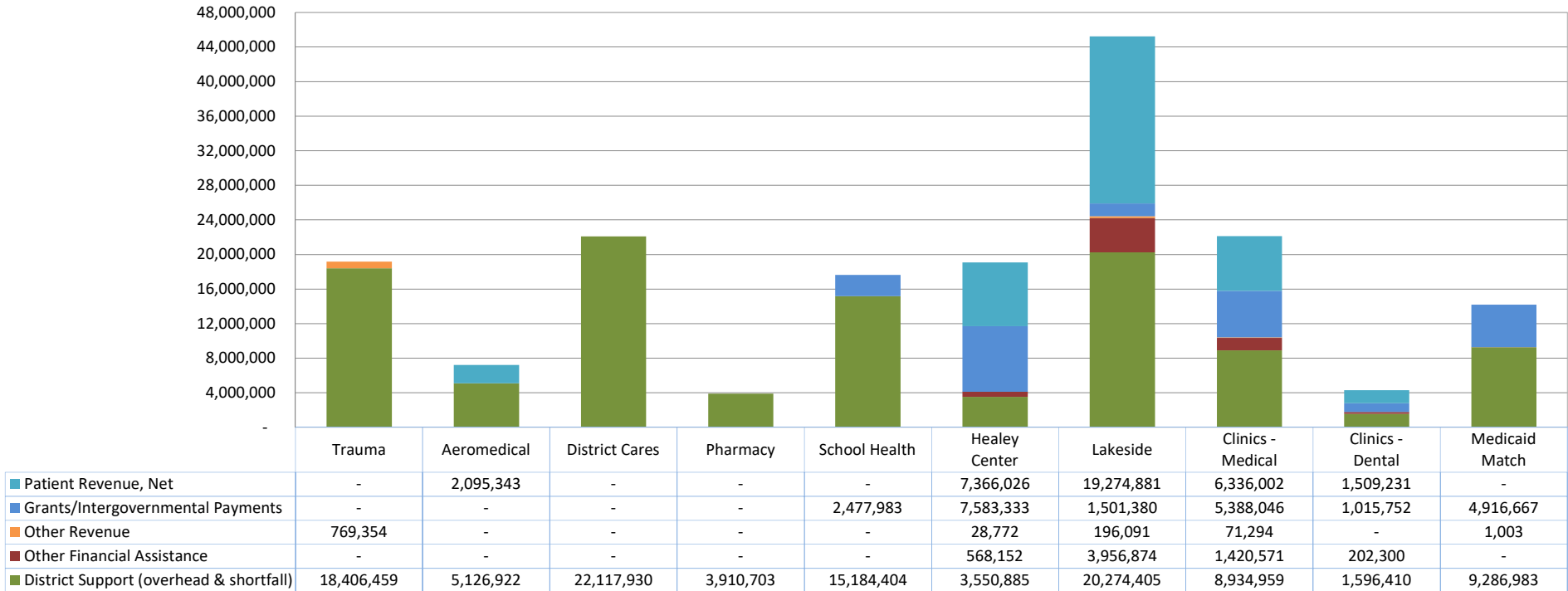


the \$15.4M was appropriated by HRSA to expand testing and increase health care capacity for the clinics. The District has recognized a total of \$6.1M through July 2020 as revenue in accordance with grant recognition principles to cover for the lost revenue as visits had significantly decreased in March through May 2020 due to the closure of clinics and the cancellation of elective procedures at LMC to comply with mandated social distancing guidelines. The remaining grant monies will be recognized in coming months to match COVID -19 expenses and loss revenues as outlined per the CARES Act. The Clinics through July have recognized \$1.6M of the \$3M grant from HRSA and the remaining monies will be recognized in coming months as the Clinics incur payroll and other expenses related to COVID - 19. The clinics were reopened in June, but to lower volumes and telemedicine visits due to social distancing requirements related to COVID - 19. The District has established strong internal control systems to ensure compliance with grantor requirements.

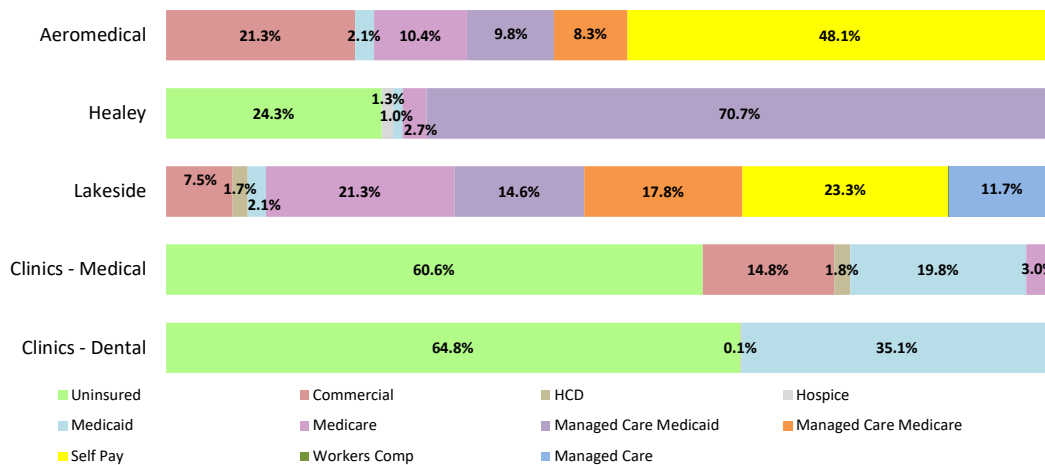
Cash and investments have a combined balance of \$174.0M, of which \$1.5M is restricted. Due from other governments reflects the tax collector receivable of \$2.0M, School District of PBC \$2.8M and HRSA grants \$3.1M. Total net position for all funds combined is \$248.2M.

Program Dashboard - YTD July 2020

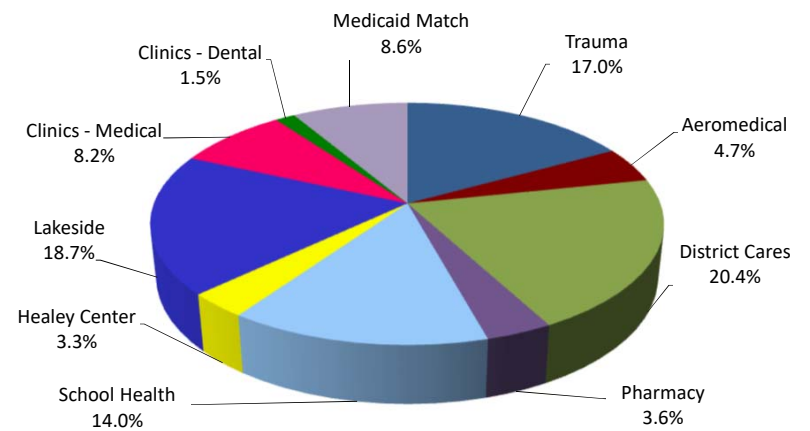
YTD Revenue and District Support by Program



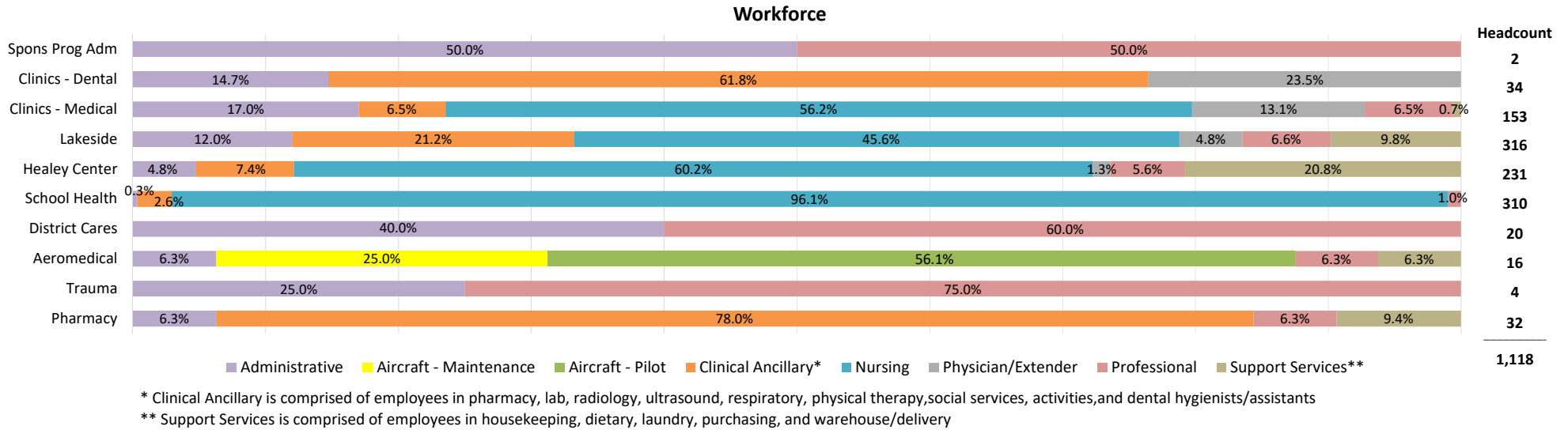
YTD Payor Mix by Volume



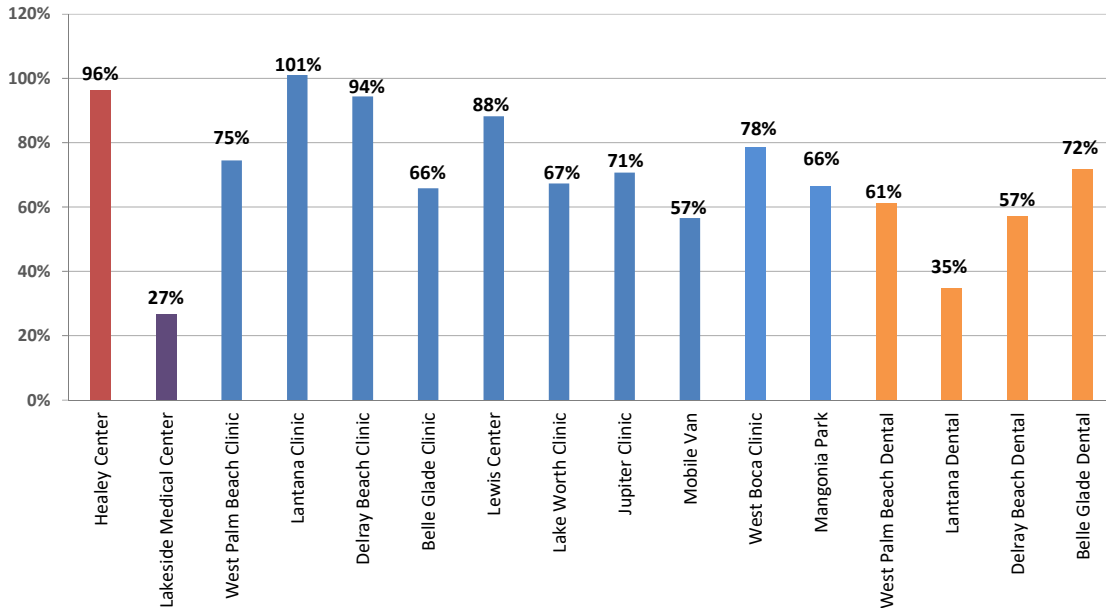
District Support (overhead and shortfall)



Program Dashboard - YTD July 2020

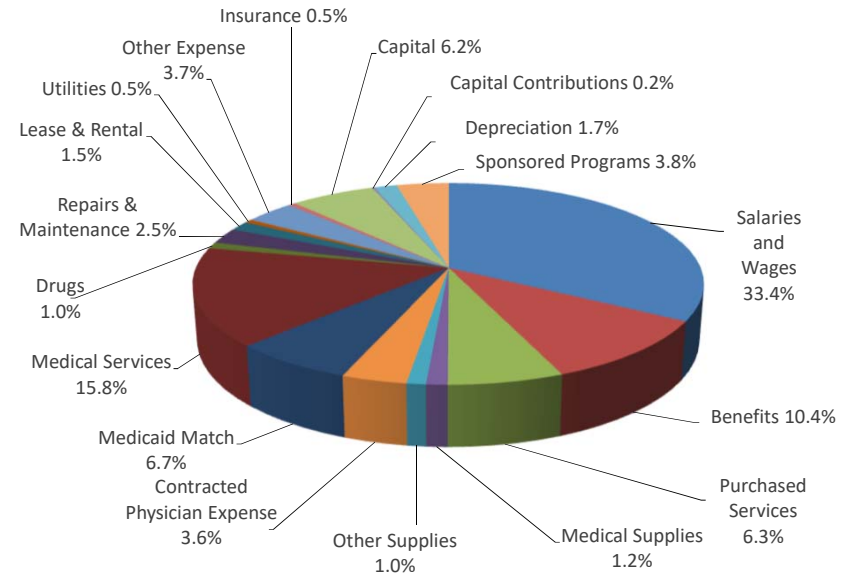


Capacity Percentage



Healey Center and Lakeside Medical Center capacity percentages reflect the year-to-date average daily census. Primary Care and Dental Clinic capacity percentages represent the number of completed visits compared to the budgeted number of visits at each location.

Functional Expense Breakdown



Revenues & Expenditures - Combined All Funds (Functional)

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
Revenues:													
\$ 2,870,113	\$ 2,515,389	\$ 354,724	14.1%	\$ 4,967,441	\$ (2,097,329)	(42.2%)	\$ 139,271,877	\$ 139,125,000	\$ 146,877	0.1%	\$ 131,650,536	\$ 7,621,341	5.8%
4,219,661	3,899,215	320,446	8.2%	3,304,360	915,301	27.7%	36,581,482	41,694,354	(5,112,872)	(12.3%)	40,393,153	(3,811,671)	(9.4%)
1,482,115	1,481,917	198	0.0%	1,481,917	198	0.0%	14,869,899	14,819,167	50,732	0.3%	14,819,167	50,732	0.3%
1,607,165	57,154	1,550,011	2,712.0%	53,156	1,554,009	2,923.5%	8,013,262	7,544,352	468,910	6.2%	10,794,150	(2,780,888)	(25.8%)
267,431	262,923	4,508	1.7%	315,046	(47,615)	(15.1%)	2,728,653	2,629,232	99,422	3.8%	3,620,834	(892,181)	(24.6%)
(9,881)	-	(9,881)	0.0%	(162,244)	152,364	(93.9%)	1,419,059	-	1,419,059	0.0%	1,747,871	(328,812)	(18.8%)
1,269,418	-	1,269,418	0.0%	-	1,269,418	0.0%	6,147,897	-	6,147,897	0.0%	-	6,147,897	0.0%
52,762	162,667	(109,905)	(67.6%)	85,272	(32,510)	(38.1%)	2,912,737	3,295,672	(382,935)	(11.6%)	3,125,164	(212,427)	(6.8%)
\$ 11,758,785	\$ 8,379,265	\$ 3,379,520	40.3%	\$ 10,044,948	\$ 1,713,837	17.1%	\$ 211,944,867	\$ 209,107,776	\$ 2,837,091	1.4%	\$ 206,150,875	\$ 5,793,991	2.8%
Expenditures:													
6,755,095	6,569,185	(185,910)	(2.8%)	6,015,582	(739,513)	(12.3%)	70,587,535	69,445,257	(1,142,278)	(1.6%)	66,218,849	(4,368,686)	(6.6%)
2,062,048	2,059,395	(2,653)	(0.1%)	1,775,585	(286,463)	(16.1%)	22,010,009	22,205,951	195,943	0.9%	20,772,418	(1,237,591)	(6.0%)
1,183,002	1,360,842	177,840	13.1%	1,426,814	243,812	17.1%	13,325,246	13,844,722	519,476	3.8%	11,979,428	(1,345,818)	(11.2%)
270,093	216,123	(53,970)	(25.0%)	193,659	(76,433)	(39.5%)	2,462,092	2,094,040	(368,052)	(17.6%)	2,020,233	(441,859)	(21.9%)
339,572	263,915	(75,657)	(28.7%)	436,824	97,252	22.3%	2,212,061	2,638,986	426,925	16.2%	2,840,036	627,975	22.1%
748,944	636,236	(112,708)	(17.7%)	1,275,326	526,381	41.3%	7,527,959	6,362,360	(1,165,599)	(18.3%)	9,045,496	1,517,537	16.8%
1,449,573	1,488,093	38,520	2.6%	1,417,231	(32,343)	(2.3%)	14,204,652	14,243,172	38,520	0.3%	14,391,545	186,894	1.3%
2,452,798	2,588,326	135,528	5.2%	3,362,961	910,163	27.1%	33,399,938	35,288,464	1,888,526	5.4%	33,164,103	(235,835)	(0.7%)
237,202	205,303	(31,899)	(15.5%)	290,158	52,956	18.3%	2,142,202	1,992,468	(149,734)	(7.5%)	1,961,417	(180,786)	(9.2%)
529,824	588,357	58,533	9.9%	467,653	(62,171)	(13.3%)	5,261,887	5,958,624	696,737	11.7%	4,909,836	(352,051)	(7.2%)
315,775	347,884	32,109	9.2%	313,643	(2,133)	(0.7%)	3,229,744	3,499,823	270,078	7.7%	3,377,491	147,747	4.4%
127,512	140,039	12,528	8.9%	130,952	3,440	2.6%	1,162,345	1,290,393	128,049	9.9%	1,220,903	58,559	4.8%
558,168	881,160	322,992	36.7%	336,348	(221,820)	(65.9%)	7,794,314	11,725,942	3,931,628	33.5%	10,497,098	2,702,784	25.7%
96,919	171,188	74,269	43.4%	460,118	363,199	78.9%	1,149,105	1,708,629	559,524	32.7%	1,697,055	547,950	32.3%
832,687	836,496	3,808	0.5%	859,012	26,325	3.1%	8,102,435	8,364,956	262,521	3.1%	8,163,154	60,719	0.7%
17,959,212	18,352,541	393,329	2.1%	18,761,864	802,652	4.3%	194,571,523	200,663,786	6,092,263	3.0%	192,259,062	(2,312,461)	(1.2%)
Net Performance before Depreciation & Overhead Allocations													
\$ (6,200,428)	\$ (9,973,276)	\$ 3,772,848	(37.8%)	\$ (8,716,916)	\$ 2,516,489	(28.9%)	\$ 17,373,343	\$ 8,443,990	\$ 8,929,353	105.7%	\$ 13,891,813	\$ 3,481,531	25.1%
356,277	378,529	22,252	5.9%	341,986	(14,291)	(4.2%)	3,541,647	3,785,292	243,644	6.4%	3,454,229	(87,418)	(2.5%)
18,315,489	18,731,070	415,581	2.2%	19,103,851	788,361	4.1%	198,113,170	204,449,077	6,335,907	3.1%	195,713,292	(2,399,879)	(1.2%)
Net Margin													
\$ (6,556,705)	\$ (10,351,805)	\$ 3,795,100	(36.7%)	\$ (9,058,903)	\$ 2,502,198	(27.6%)	\$ 13,831,696	\$ 4,658,699	\$ 9,172,998	196.9%	\$ 10,437,583	\$ 3,394,113	32.5%
1,151,990	1,378,821	226,831	16.5%	236,552	(915,438)	(387.0%)	13,189,426	13,788,208	598,782	4.3%	2,717,639	(10,471,787)	(385.3%)
47,657	-	(47,657)	0.0%	-	(47,657)	0.0%	338,995	-	(338,995)	0.0%	-	(338,995)	0.0%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ (7,661,038)	\$ (11,730,626)	\$ 4,069,588	(34.7%)	\$ (9,295,455)	\$ 1,634,417	(17.6%)	\$ 981,265	\$ (9,129,509)	\$ 10,110,774	(110.7%)	\$ 7,719,944	\$ (6,738,679)	(87.3%)

Revenues and Expenses by Fund YTD

FOR THE TENTH MONTH ENDED JULY 31, 2020

	General Fund	Healey Center	Lakeside Medical	Healthy Palm Beaches	Primary Care Clinics	Medicaid Match	Capital Funds	Total
Revenues:								
Ad Valorem Taxes	\$ 139,271,877	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 139,271,877
Premiums	-	-	-	-	-	-	-	-
Patient Revenue, Net	2,095,343	7,366,026	19,274,881	-	7,845,232	-	-	36,581,482
Intergovernmental Revenue	2,369,899	7,583,333	-	-	-	4,916,667	-	14,869,899
Grants	108,084	-	1,501,380	-	6,403,798	-	-	8,013,262
Interest Earnings	2,661,853	-	-	-	-	-	-	2,661,853
Unrealized Gain/(Loss)-Investments	1,419,059	-	-	-	-	-	-	1,419,059
Other Financial Assistance	-	568,152	3,956,874	-	1,622,871	-	-	6,147,897
Other Revenue	2,634,310	28,772	196,091	-	71,294	1,003	48,068	2,979,537
Total Revenues	\$ 150,560,424	\$ 15,546,283	\$ 24,929,227	\$ -	\$ 15,943,195	\$ 4,917,669	\$ 48,068	\$ 211,944,867
Expenditures:								
Salaries and Wages	30,247,499	9,797,686	16,630,171	-	13,912,179	-	-	70,587,535
Benefits	10,096,874	3,540,326	4,604,490	-	3,768,317	-	-	22,010,009
Purchased Services	8,646,451	718,474	3,215,957	-	744,365	-	-	13,325,246
Medical Supplies	43,722	498,801	1,539,482	-	380,087	-	-	2,462,092
Other Supplies	578,399	649,420	834,191	-	150,051	-	-	2,212,061
Contracted Physician Expense	135,417	10,291	7,382,252	-	-	-	-	7,527,959
Medicaid Match	-	-	-	-	-	14,204,652	-	14,204,652
Medical Services	32,522,340	42,865	-	-	834,733	-	-	33,399,938
Drugs	68,482	256,480	998,070	-	819,170	-	-	2,142,202
Repairs & Maintenance	3,254,234	256,169	1,466,255	-	285,229	-	-	5,261,887
Lease & Rental	1,498,103	11,429	584,170	-	1,136,042	-	-	3,229,744
Utilities	84,381	371,295	657,183	-	49,486	-	-	1,162,345
Other Expense	7,094,029	94,701	356,053	-	249,531	-	-	7,794,314
Insurance	917,527	57,847	148,490	-	25,241	-	-	1,149,105
Sponsored Programs	8,102,435	-	-	-	-	-	-	8,102,435
Total Operational Expenditures	103,289,893	16,305,783	38,416,763	-	22,354,431	14,204,652	-	194,571,524
Net Performance before Depreciation & Overhead Allocations	\$ 47,270,531	\$ (759,500)	\$ (13,487,536)	\$ -	\$ (6,411,237)	\$ (9,286,983)	\$ 48,068	\$ 17,373,343
Budget	\$ 37,256,001	\$ (779,804)	\$ (13,583,764)	\$ -	\$ (5,415,452)	\$ (9,323,349)	\$ 290,358	\$ 8,443,990
Prior Year: Net Performance before Depreciation & Overhead Allocations	\$ 40,536,444	\$ 613,190	\$ (17,332,290)	\$ 6,368	\$ (738,365)	\$ (9,471,764)	\$ 278,229	\$ 13,891,813

Combined Governmental Funds Statement of Net Position

As of July 31, 2020

	General Fund July 2020	General Fund June 2020	Medicaid Match July 2020	Medicaid Match June 2020	Capital Projects July 2020	Capital Projects June 2020	Governmental Funds July 2020	Governmental Funds June 2020
Assets								
Cash and Cash Equivalents	\$ 1,463,227	\$ (13,810,600)	\$ 609,042	\$ 609,042	\$ 32,978,582	\$ 13,835,924	\$ 35,050,851	\$ 634,366
Restricted Cash	-	-	-	-	-	-	-	-
Investments	117,166,602	139,406,758	-	-	-	20,000,000	117,166,602	159,406,758
Notes Receivable	-	-	-	-	-	-	-	-
Accounts Receivable, net	1,055,360	625,643	-	-	-	-	1,055,360	625,643
Due From Other Funds	-	-	-	-	-	-	-	-
Due From Other Governments	4,810,167	4,897,280	-	-	-	-	4,810,167	4,897,280
Inventory	50,270	50,270	-	-	-	-	50,270	50,270
Other Current Assets	3,840,544	3,688,657	-	-	-	-	3,840,544	3,688,657
Total Assets	<u>\$ 128,386,170</u>	<u>\$ 134,858,008</u>	<u>\$ 609,042</u>	<u>\$ 609,042</u>	<u>\$ 32,978,582</u>	<u>\$ 33,835,924</u>	<u>\$ 161,973,794</u>	<u>\$ 169,302,974</u>
Liabilities								
Accounts Payable	2,629,450	2,529,208	-	-	316,629	15,713	2,946,078	2,544,921
Medical Benefits Payable	3,132,876	4,397,000	-	-	-	-	3,132,876	4,397,000
Due To Other Funds	-	-	-	-	-	-	-	-
Due To Other Governments	-	-	-	-	-	-	-	-
Deferred Revenue	2,941,753	3,260,782	-	-	-	-	2,941,753	3,260,782
Other Current Liabilities	205,122	281,647	-	-	-	-	205,122	281,647
Noncurrent Liabilities	537,224	539,627	-	-	-	-	537,224	539,627
Total Liabilities	<u>9,446,425</u>	<u>11,008,264</u>	<u>-</u>	<u>-</u>	<u>316,629</u>	<u>15,713</u>	<u>9,763,053</u>	<u>11,023,977</u>
Fund Balances								
Nonspendable	3,045,659	2,923,094	-	-	-	-	3,045,659	2,923,094
Assigned to Subsequent Year's Budget	51,950,000	51,950,000	-	-	-	-	51,950,000	51,950,000
Assigned to Capital Projects	-	-	-	-	32,661,953	33,820,210	32,661,953	33,820,210
Assigned to Medicaid Match	-	-	609,042	609,042	-	-	609,042	609,042
Unassigned	63,944,087	68,976,650	-	-	-	-	63,944,087	68,976,650
Ending Fund Balance	<u>118,939,746</u>	<u>123,849,744</u>	<u>609,042</u>	<u>609,042</u>	<u>32,661,953</u>	<u>33,820,210</u>	<u>152,210,741</u>	<u>158,278,996</u>
Total Liabilities and Fund Balances	<u>\$ 128,386,170</u>	<u>\$ 134,858,008</u>	<u>\$ 609,042</u>	<u>\$ 609,042</u>	<u>\$ 32,978,582</u>	<u>\$ 33,835,923</u>	<u>\$ 161,973,794</u>	<u>\$ 169,302,972</u>

Combined Business-Type Funds Statement of Net Position

As of July 31, 2020

	Healey Center July 2020	Healey Center June 2020	Healthy Palm Beaches July 2020	Healthy Palm Beaches June 2020	Lakeside Medical Center July 2020	Lakeside Medical Center June 2020	Primary Care Clinics July 2020	Primary Care Clinics June 2020	Business-Type Funds July 2020	Business-Type Funds June 2020
Assets										
Cash and Cash Equivalents	\$ 4,092,282	\$ 4,018,049	\$ 1,420,098	\$ 1,420,098	\$ 14,780,802	\$ 15,595,287	\$ (101,368)	\$ (1,261,007)	\$ 20,191,814	\$ 19,772,427
Restricted Cash	8,855	8,855	1,500,000	1,500,000	-	-	-	-	1,508,855	1,508,855
Accounts Receivable, net	874,197	887,928	1,630	1,630	2,219,066	2,698,688	1,195,816	1,569,555	4,290,709	5,157,801
Due From Other Funds	-	-	-	-	-	-	-	-	-	-
Due From Other Governments	-	-	-	-	259,755	138,031	2,867,315	3,594,531	3,127,071	3,732,563
Inventory	-	-	-	-	528,008	503,824	-	-	528,008	503,824
Other Current Assets	88,570	90,690	45,555	45,555	519,829	866,237	189,602	162,984	843,556	1,165,466
Net Investment in Capital Assets	18,123,580	18,202,393	-	-	35,154,740	35,364,135	2,437,294	2,414,681	55,715,614	55,981,209
Total Assets	<u>\$ 23,187,485</u>	<u>\$ 23,207,914</u>	<u>\$ 2,967,283</u>	<u>\$ 2,967,283</u>	<u>\$ 53,462,200</u>	<u>\$ 55,166,204</u>	<u>\$ 6,588,659</u>	<u>\$ 6,480,745</u>	<u>\$ 86,205,626</u>	<u>\$ 87,822,145</u>
Deferred Outflows of Resources										
Deferred Outflows Related to Pensions	\$ 65,475	\$ 65,475	\$ -	\$ -	\$ 1,707	\$ 1,707	\$ 426	\$ 426	\$ 67,608	\$ 67,608
Liabilities										
Accounts Payable	115,676	136,126	4,993	4,993	779,483	890,860	344,039	280,899	1,244,191	1,312,878
Medical Benefits Payable	-	-	-	-	-	-	-	-	-	-
Due to Other Funds	-	-	-	-	-	-	-	-	-	-
Due to Other Governments	55,950	44,276	-	-	2,301,819	2,301,819	-	-	2,357,770	2,346,095
Deferred Revenue	84,499	281,891	-	-	7,768,001	8,580,977	327,932	277,932	8,180,433	9,140,801
Other Current Liabilities	2,286,340	2,007,420	-	-	4,081,936	3,693,302	2,714,285	2,378,026	9,082,561	8,078,749
Noncurrent Liabilities	1,375,790	1,390,159	-	-	1,954,704	1,958,471	1,360,990	1,353,023	4,691,484	4,701,653
Total Liabilities	<u>\$ 3,918,255</u>	<u>\$ 3,859,871</u>	<u>\$ 4,993</u>	<u>\$ 4,993</u>	<u>\$ 16,885,943</u>	<u>\$ 17,425,430</u>	<u>\$ 4,747,247</u>	<u>\$ 4,289,881</u>	<u>\$ 25,556,438</u>	<u>\$ 25,580,176</u>
Deferred Inflows of Resources										
Deferred Inflows	\$ 124,561	\$ 124,561	\$ -	\$ -	\$ 2,090	\$ 2,090	\$ 543	\$ 543	\$ 127,194	\$ 127,194
Net Position										
Net Investment in Capital Assets	18,123,580	18,202,393	-	-	35,154,740	35,364,135	2,437,294	2,414,681	55,715,614	55,981,209
Restricted	8,855	8,855	1,500,000	1,500,000	7,752,414	8,565,391	-	-	9,261,269	10,074,246
Unrestricted	1,077,709	1,077,709	1,462,289	1,462,289	(6,332,988)	(6,190,842)	(596,424)	(224,360)	(4,387,281)	(3,873,071)
Total Net Position	<u>19,210,143</u>	<u>19,288,956</u>	<u>2,962,289</u>	<u>2,962,289</u>	<u>36,574,166</u>	<u>37,738,684</u>	<u>1,840,869</u>	<u>2,190,321</u>	<u>60,589,601</u>	<u>62,182,384</u>
Total Net Position	<u>\$ 23,128,399</u>	<u>\$ 23,148,828</u>	<u>\$ 2,967,282</u>	<u>\$ 2,967,283</u>	<u>\$ 53,460,109.36</u>	<u>\$ 55,164,114</u>	<u>\$ 6,588,116</u>	<u>\$ 6,480,202</u>	<u>\$ 86,273,233</u>	<u>\$ 87,889,753</u>



SUPPLEMENTAL INFORMATION

GENERAL FUND

General Fund Revenue & Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 2,870,113	\$ 2,515,389	\$ 354,724	14.1%	\$ 4,967,441	\$ (2,097,329)	(42.2%)	Ad Valorem Taxes	\$ 139,271,877	\$ 139,125,000	\$ 146,877	0.1%	\$ 131,650,536	\$ 7,621,341	5.8%	
528,277	211,731	316,546	149.5%	215,989	312,288	144.6%	Patient Revenue, Net	2,095,343	2,434,913	(339,570)	(13.9%)	2,327,216	(231,874)	(10.0%)	
232,115	231,917	198	0.1%	231,917	198	0.1%	Intergovernmental Revenue	2,369,899	2,319,167	50,732	2.2%	2,319,167	50,732	2.2%	
-	-	-	0.0%	-	-	0.0%	Grants	108,084	-	108,084	0.0%	36,375	71,709	197.1%	
266,603	224,959	41,643	18.5%	288,743	(22,141)	(7.7%)	Interest Earnings	2,661,853	2,249,594	412,259	18.3%	3,220,826	(558,973)	(17.4%)	
(9,881)	-	(9,881)	0.0%	(162,244)	152,364	(93.9%)	Unrealized Gain/(Loss)-Investments	1,419,059	-	1,419,059	0.0%	1,747,871	(328,812)	(18.8%)	
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%	
36,676	147,064	(110,388)	(75.1%)	76,214	(39,539)	(51.9%)	Other Revenue	2,634,310	3,139,639	(505,329)	(16.1%)	2,996,884	(362,574)	(12.1%)	
\$ 3,923,902	\$ 3,331,060	\$ 592,842	17.8%	\$ 5,618,061	\$ (1,694,158)	(30.2%)	Total Revenues	\$ 150,560,424	\$ 149,268,313	\$ 1,292,111	0.9%	\$ 144,298,875	\$ 6,261,549	4.3%	
Expenditures:															
2,651,202	2,587,633	(63,569)	(2.5%)	2,080,689	(570,512)	(27.4%)	Salaries and Wages	30,247,499	30,071,632	(175,866)	(0.6%)	28,527,123	(1,720,376)	(6.0%)	
837,704	869,592	31,889	3.7%	614,663	(223,041)	(36.3%)	Benefits	10,096,874	10,351,523	254,649	2.5%	9,575,766	(521,108)	(5.4%)	
747,193	947,804	200,611	21.2%	914,077	166,885	18.3%	Purchased Services	8,646,451	9,709,632	1,063,181	10.9%	7,616,995	(1,029,456)	(13.5%)	
1,555	7,542	5,987	79.4%	827	(728)	(88.1%)	Medical Supplies	43,722	75,417	31,694	42.0%	75,692	31,969	42.2%	
147,888	74,813	(73,075)	(97.7%)	289,643	141,754	48.9%	Other Supplies	578,399	747,967	169,568	22.7%	1,012,545	434,146	42.9%	
-	29,167	29,167	100.0%	29,167	29,167	100.0%	Contracted Physician Expense	135,417	291,667	156,250	53.6%	291,667	156,250	53.6%	
2,305,432	2,516,667	211,235	8.4%	3,271,906	966,474	29.5%	Medical Services	32,522,340	34,577,377	2,055,037	5.9%	32,682,742	160,402	0.5%	
616	901	285	31.7%	11,557	10,941	94.7%	Drugs	68,482	9,010	(59,472)	(660.1%)	314,806	246,324	78.2%	
376,284	385,830	9,546	2.5%	290,807	(85,477)	(29.4%)	Repairs & Maintenance	3,254,234	3,932,206	677,971	17.2%	2,677,337	(576,897)	(21.5%)	
138,476	180,019	41,544	23.1%	153,097	14,621	9.6%	Lease & Rental	1,498,103	1,790,454	292,351	16.3%	1,663,706	165,602	10.0%	
12,851	10,217	(2,634)	(25.8%)	10,171	(2,680)	(26.3%)	Utilities	84,381	102,167	17,786	17.4%	103,137	18,756	18.2%	
456,780	760,939	304,160	40.0%	274,005	(182,775)	(66.7%)	Other Expense	7,094,029	10,511,304	3,417,275	32.5%	9,556,963	2,462,934	25.8%	
68,495	147,394	78,899	53.5%	433,943	365,448	84.2%	Insurance	917,527	1,477,001	559,474	37.9%	1,500,799	583,272	38.9%	
832,687	836,496	3,808	0.5%	859,012	26,325	3.1%	Sponsored Programs	8,102,435	8,364,956	262,521	3.1%	8,163,154	60,719	0.7%	
8,577,161	9,355,013	777,852	8.3%	9,233,563	656,402	7.1%	Total Operational Expenditures	103,289,893	112,012,312	8,722,419	7.8%	103,762,431	472,538	0.5%	
Net Performance before Overhead															
(4,653,259)	(6,023,953)	1,370,694	(22.8%)	(3,615,502)	(1,037,756)	28.7%	Allocations	47,270,531	37,256,001	10,014,530	26.9%	40,536,444	6,734,087	16.6%	
(945,262)	(1,094,632)	149,370	(13.6%)	(1,045,021)	(99,759)	9.5%	Overhead Allocations	(10,156,739)	(10,946,319)	789,580	(7.2%)	(8,964,093)	1,192,646	(13.3%)	
7,631,899	8,260,382	628,483	7.6%	8,188,542	556,643	6.8%	Total Expenses	93,133,154	101,065,993	7,932,838	7.8%	94,798,338	1,665,184	1.8%	
\$ (3,707,997)	\$ (4,929,321)	\$ 1,221,325	(24.8%)	\$ (2,570,481)	\$ (1,137,515)	44.3%	Net Margin	\$ 57,427,270	\$ 48,202,320	\$ 9,224,950	19.1%	\$ 49,500,537	\$ 7,926,733	16.0%	
-	-	-	0.0%	-	-	0.0%	Capital	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%	
\$ (1,202,002)	\$ (4,601,297)	\$ 3,399,296	(73.9%)	\$ (4,302,439)	\$ (3,100,437)	72.1%	General Fund Support/Transfer In/Out	\$ (61,310,363)	\$ (46,012,973)	\$ (15,297,389)	33.2%	\$ (34,999,935)	\$ 26,310,428	(75.2%)	

Trauma Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 33,333	\$ 104,560	\$ (71,227)	(68.1%)	\$ 19,688	\$ 13,646	69.3%	Other Revenue	\$ 769,354	\$ 1,045,600	\$ (276,246)	(26.4%)	\$ 1,038,607	\$ (269,253)	(25.9%)	
33,333	104,560	(71,227)	(68.1%)	19,688	13,646	69.3%	Total Revenue	769,354	1,045,600	(276,246)	(26.4%)	1,038,607	(269,253)	(25.9%)	
<i>Direct Operational Expenses:</i>															
31,779	38,763	6,984	18.0%	37,084	5,305	14.3%	Salaries and Wages	365,901	369,505	3,604	1.0%	398,218	32,317	8.1%	
10,833	12,504	1,670	13.4%	11,955	1,122	9.4%	Benefits	116,273	121,358	5,084	4.2%	125,195	8,921	7.1%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
1,225,531	425,000	(800,531)	(188.4%)	1,129,398	(96,133)	(8.5%)	Medical Services	18,025,550	13,660,710	(4,364,840)	(32.0%)	11,554,088	(6,471,462)	(56.0%)	
-	42	42	100.0%	-	-	0.0%	Other Supplies	332	417	85	20.4%	233	(99)	(42.6%)	
-	29,167	29,167	100.0%	29,167	29,167	100.0%	Contracted Physician Expense	135,417	291,667	156,250	53.6%	291,667	156,250	53.6%	
833	2,500	1,667	66.7%	792	(42)	(5.3%)	Repairs & Maintenance	8,042	25,000	16,958	67.8%	7,917	(125)	(1.6%)	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
-	751	751	100.0%	410	410	100.0%	Other Expense	5,146	7,508	2,362	31.5%	9,282	4,136	44.6%	
15,275	100,745	85,470	84.8%	391,103	375,828	96.1%	Insurance	426,662	1,007,450	580,788	57.6%	1,128,712	702,050	62.2%	
1,284,252	609,471	(674,781)	(110.7%)	1,599,909	315,657	19.7%	Total Operational Expenses	19,083,323	15,483,615	(3,599,708)	(23.2%)	13,515,312	(5,568,011)	(41.2%)	
Net Performance before Overhead															
(1,250,919)	(504,911)	(746,008)	147.8%	(1,580,221)	329,303	(20.8%)	Allocations	(18,313,968)	(14,438,015)	(3,875,954)	21.2%	(12,476,705)	(5,837,264)	46.8%	
<i>Overhead Allocations:</i>															
40	55	15	27.6%	9	(31)	(350.2%)	Risk Mgt	487	548	61	11.1%	705	218	31.0%	
-	134	134	100.0%	146	146	100.0%	Internal Audit	984	1,337	353	26.4%	1,456	472	32.4%	
3,541	3,578	37	1.0%	3,598	58	1.6%	Home Office Facilities	31,954	35,776	3,822	10.7%	32,077	123	0.4%	
748	888	140	15.7%	689	(59)	(8.5%)	Administration	8,253	8,877	623	7.0%	6,895	(1,359)	(19.7%)	
794	830	36	4.3%	923	129	14.0%	Human Resources	8,200	8,302	102	1.2%	8,475	275	3.2%	
397	450	54	11.9%	352	(44)	(12.6%)	Legal	3,887	4,504	617	13.7%	3,523	(364)	(10.3%)	
177	204	28	13.6%	192	16	8.2%	Records	1,652	2,043	390	19.1%	1,750	98	5.6%	
105	280	175	62.4%	291	186	63.8%	Compliance	2,010	2,801	791	28.2%	1,914	(96)	(5.0%)	
-	-	-	0.0%	3	3	100.0%	Planning/Research	-	-	-	0.0%	158	158	100.0%	
783	761	(22)	(2.9%)	791	8	1.0%	Finance	7,487	7,607	119	1.6%	8,094	607	7.5%	
141	276	135	49.0%	454	313	69.0%	Public Relations	2,235	2,758	523	19.0%	2,486	251	10.1%	
3,195	2,658	(537)	(20.2%)	3,451	256	7.4%	Information Technology	23,461	26,578	3,116	11.7%	25,873	2,411	9.3%	
-	121	121	100.0%	-	-	0.0%	Project MGMT Office	1,457	1,214	(243)	(20.0%)	-	(1,457)	0.0%	
-	35	35	100.0%	93	93	100.0%	Corporate Quality	422	352	(70)	(20.0%)	688	267	38.7%	
9,919	10,270	350	3.4%	10,992	1,073	9.8%	Total Overhead Allocations	92,491	102,695	10,205	9.9%	94,093	1,603	1.7%	
1,294,171	619,741	(674,431)	(108.8%)	1,610,901	316,730	19.7%	Total Expenses	19,175,813	15,586,310	(3,589,503)	(23.0%)	13,609,405	(5,566,408)	(40.9%)	
\$ (1,260,838)	\$ (515,181)	\$ (745,657)	144.7%	\$ (1,591,213)	\$ 330,375	(20.8%)	Net Margin	\$ (18,406,459)	\$ (14,540,710)	\$ (3,865,749)	26.6%	\$ (12,570,798)	\$ (5,835,661)	(46.4%)	

Aeromedical Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 959,256	\$ 968,548	\$ (9,292)	(1.0%)	\$ 966,587	\$ (7,331)	(0.8%)	Gross Patient Revenue	\$ 11,100,484	\$ 11,138,309	\$ (37,825)	(0.3%)	10,778,441	\$ 322,044	3.0%	
374,784	575,766	200,982	34.9%	703,482	328,698	46.7%	Contractual Allowances	6,847,765	6,621,318	(226,447)	(3.4%)	6,229,057	(618,708)	(9.9%)	
-	109,450	109,450	100.0%	384,770	384,770	100.0%	Charity Care	1,633,982	1,258,669	(375,313)	(29.8%)	2,014,664	380,682	18.9%	
56,195	71,601	15,406	21.5%	(337,655)	(393,850)	116.6%	Bad Debt	523,394	823,409	300,015	36.4%	207,503	(315,891)	(152.2%)	
430,979	756,817	325,838	43.1%	750,597	319,618	42.6%	Total Contractuals and Bad Debt	9,005,141	8,703,396	(301,745)	(3.5%)	8,451,224	(553,917)	(6.6%)	
528,277	211,731	316,546	149.5%	215,989	312,288	144.6%	Net Patient Revenue	2,095,343	2,434,913	(339,570)	(13.9%)	2,327,216	(231,874)	(10.0%)	
55.07%	21.86%			22.35%			Collection %	18.88%	21.86%			21.59%			
-	-	-	0.0%	-	-	0.0%	Other Financial Assistance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	12,000	(12,000)	(100.0%)	Other Revenue	-	-	-	0.0%	13,400	(13,400)	(100.0%)	
528,278	211,731	316,546	149.5%	227,990	300,288	131.7%	Total Revenues	2,095,343	2,434,913	(339,570)	(13.9%)	2,340,616	(245,274)	(10.5%)	
<i>Direct Operational Expenses:</i>															
174,676	176,689	2,012	1.1%	167,665	(7,012)	(4.2%)	Salaries and Wages	1,720,892	1,696,932	(23,960)	(1.4%)	1,612,871	(108,021)	(6.7%)	
61,211	61,147	(65)	(0.1%)	57,101	(4,110)	(7.2%)	Benefits	584,149	590,763	6,613	1.1%	543,893	(40,257)	(7.4%)	
230,324	248,257	17,934	7.2%	251,983	21,659	8.6%	Purchased Services	2,537,243	2,721,035	183,792	6.8%	2,520,784	(16,459)	(0.7%)	
1,545	1,292	(253)	(19.6%)	827	(718)	(86.8%)	Medical Supplies	11,464	12,917	1,453	11.2%	15,705	4,241	27.0%	
4,795	12,625	7,830	62.0%	8,407	3,612	43.0%	Other Supplies	72,224	126,250	54,026	42.8%	104,091	31,867	30.6%	
84,274	69,496	(14,778)	(21.3%)	57,900	(26,374)	(45.6%)	Repairs & Maintenance	749,727	766,662	16,935	2.2%	699,675	(50,052)	(7.2%)	
5,773	4,917	(857)	(17.4%)	4,717	(1,057)	(22.4%)	Utilities	43,841	49,167	5,326	10.8%	44,895	1,054	2.3%	
5,090	5,100	10	0.2%	5,090	-	0.0%	Lease & Rental	50,901	51,000	99	0.2%	50,901	-	0.0%	
25,395	30,110	4,715	15.7%	20,193	(5,202)	(25.8%)	Other Expense	216,415	305,406	88,991	29.1%	232,505	16,090	6.9%	
14,048	10,196	(3,852)	(37.8%)	7,254	(6,794)	(93.7%)	Insurance	137,833	101,963	(35,870)	(35.2%)	61,167	(76,666)	(125.3%)	
607,132	619,828	12,696	2.0%	581,136	(25,995)	(4.5%)	Total Operational Expenses	6,124,690	6,422,095	297,405	4.6%	5,886,487	(238,203)	(4.0%)	
Net Performance before Overhead															
(78,854)	(408,097)	329,242	(80.7%)	(353,147)	274,292	(77.7%)	Allocations	(4,029,347)	(3,987,181)	(42,166)	1.1%	(3,545,870)	(483,477)	13.6%	
<i>Overhead Allocations:</i>															
483	667	185	27.7%	91	(392)	(429.7%)	Risk Mgt	5,934	6,673	740	11.1%	7,304	1,371	18.8%	
-	35,846	35,846	100.0%	30,919	30,919	100.0%	Rev Cycle	430,152	358,460	(71,692)	(20.0%)	317,643	(112,509)	(35.4%)	
-	1,630	1,630	100.0%	1,505	1,505	100.0%	Internal Audit	11,990	16,297	4,307	26.4%	15,054	3,064	20.4%	
9,117	10,817	1,700	15.7%	7,140	(1,977)	(27.7%)	Administration	100,571	108,167	7,595	7.0%	71,399	(29,172)	(40.9%)	
2,875	3,005	130	4.3%	2,785	(90)	(3.2%)	Human Resources	29,685	30,054	369	1.2%	25,607	(4,079)	(15.9%)	
4,834	5,488	654	11.9%	3,648	(1,186)	(32.5%)	Legal	47,362	54,880	7,517	13.7%	36,479	(10,884)	(29.8%)	
2,151	2,489	338	13.6%	1,991	(161)	(8.1%)	Records	20,134	24,890	4,756	19.1%	18,125	(2,009)	(11.1%)	
1,284	3,414	2,130	62.4%	3,013	1,729	57.4%	Compliance	24,496	34,136	9,640	28.2%	19,819	(4,677)	(23.6%)	
-	-	-	0.0%	33	33	100.0%	Planning/Research	-	-	-	0.0%	1,632	1,632	100.0%	
9,541	9,269	(272)	(2.9%)	8,188	(1,353)	(16.5%)	Finance	91,236	92,688	1,452	1.6%	83,819	(7,418)	(8.8%)	
1,714	3,361	1,647	49.0%	4,701	2,987	63.5%	Public Relations	27,234	33,610	6,376	19.0%	25,739	(1,495)	(5.8%)	
38,927	32,386	(6,541)	(20.2%)	35,734	(3,193)	(8.9%)	Information Technology	285,887	323,861	37,974	11.7%	267,933	(17,954)	(6.7%)	
-	1,479	1,479	100.0%	-	-	0.0%	Project MGMT Office	17,753	14,794	(2,959)	(20.0%)	-	(17,753)	0.0%	
-	428	428	100.0%	960	960	100.0%	Corporate Quality	5,140	4,284	(857)	(20.0%)	7,090	1,949	27.5%	
70,925	110,279	39,355	35.7%	100,706	29,781	29.6%	Total Overhead Allocations	1,097,575	1,102,795	5,219	0.5%	897,642	(199,933)	(22.3%)	
678,057	730,107	52,051	7.1%	681,842	3,786	0.6%	Total Expenses	7,222,265	7,524,889	302,624	4.0%	6,784,129	(438,136)	(6.5%)	
\$ (149,779)	\$ (518,376)	\$ 368,597	(71.1%)	\$ (453,853)	\$ 304,073	(67.0%)	Net Margin	\$ (5,126,922)	\$ (5,089,976)	\$ (36,946)	0.7%	\$ (4,443,512)	\$ (683,410)	(15.4%)	

Managed Care Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
-	-	-	0.0%	-	-	0.0%	Total Revenue	-	-	-	0.0%	-	-	0.0%
<i>Direct Operational Expenses:</i>														
128,700	375,194	246,494	65.7%	374,463	245,764	65.6%	Salaries and Wages	2,725,221	3,575,755	850,534	23.8%	3,756,490	1,031,270	27.5%
42,976	136,284	93,308	68.5%	128,730	85,755	66.6%	Benefits	886,467	1,326,435	439,968	33.2%	1,310,962	424,495	32.4%
281,436	278,296	(3,140)	(1.1%)	300,762	19,326	6.4%	Purchased Services	2,850,230	2,782,958	(67,271)	(2.4%)	1,490,782	(1,359,448)	(91.2%)
938,874	2,091,667	1,152,793	55.1%	2,142,508	1,203,634	56.2%	Medical Services	14,355,763	20,916,667	6,560,904	31.4%	21,128,654	6,772,891	32.1%
1,565	2,748	1,183	43.1%	1,091	(474)	(43.4%)	Other Supplies	12,621	27,480	14,859	54.1%	23,897	11,276	47.2%
14,128	36,439	22,311	61.2%	28,563	14,435	50.5%	Repairs & Maintenance	200,910	366,585	165,675	45.2%	268,182	67,272	25.1%
-	9,686	9,686	100.0%	9,382	9,382	100.0%	Lease & Rental	47,533	96,858	49,324	50.9%	93,692	46,158	49.3%
-	767	767	100.0%	749	749	100.0%	Utilities	2,955	7,667	4,712	61.5%	6,285	3,330	53.0%
4,381	10,944	6,563	60.0%	(17,983)	(22,364)	124.4%	Other Expense	(158,061)	119,438	277,498	232.3%	63,022	221,083	350.8%
1,412,059	2,942,023	1,529,964	52.0%	2,968,265	1,556,206	52.4%	Total Operational Expenses	20,923,638	29,219,842	8,296,203	28.4%	28,141,966	7,218,328	25.6%
Net Performance before Overhead														
(1,412,059)	(2,942,023)	1,529,964	(52.0%)	(2,968,265)	1,556,206	(52.4%)	Allocations	(20,923,638)	(29,219,842)	8,296,203	(28.4%)	(28,141,966)	7,218,328	(25.6%)
<i>Overhead Allocations:</i>														
629	869	240	27.7%	118	(510)	(431.3%)	Risk Mgt	7,725	8,688	963	11.1%	9,481	1,757	18.5%
-	2,122	2,122	100.0%	1,961	1,961	100.0%	Internal Audit	15,610	21,217	5,607	26.4%	19,571	3,962	20.2%
26,162	26,435	273	1.0%	26,587	425	1.6%	Home Office Facilities	236,114	264,352	28,238	10.7%	237,021	907	0.4%
11,869	14,082	2,213	15.7%	9,268	(2,601)	(28.1%)	Administration	130,931	140,819	9,888	7.0%	92,679	(38,251)	(41.3%)
12,389	12,951	562	4.3%	13,233	844	6.4%	Human Resources	127,926	129,515	1,589	1.2%	121,481	(6,445)	(5.3%)
6,293	7,145	852	11.9%	4,735	(1,558)	(32.9%)	Legal	61,660	71,446	9,786	13.7%	47,351	(14,309)	(30.2%)
2,801	3,240	440	13.6%	2,584	(217)	(8.4%)	Records	26,212	32,404	6,192	19.1%	23,528	(2,684)	(11.4%)
1,671	4,444	2,773	62.4%	3,911	2,239	57.3%	Compliance	31,891	44,441	12,550	28.2%	25,726	(6,165)	(24.0%)
-	-	-	0.0%	43	43	100.0%	Planning/Research	-	-	-	0.0%	2,118	2,118	100.0%
12,421	12,067	(354)	(2.9%)	10,628	(1,793)	(16.9%)	Finance	118,778	120,668	1,890	1.6%	108,800	(9,977)	(9.2%)
2,231	4,376	2,144	49.0%	6,102	3,870	63.4%	Public Relations	35,455	43,756	8,301	19.0%	33,411	(2,045)	(6.1%)
50,677	42,163	(8,515)	(20.2%)	46,384	(4,293)	(9.3%)	Information Technology	372,188	421,625	49,438	11.7%	347,789	(24,398)	(7.0%)
-	1,926	1,926	100.0%	-	-	0.0%	Project MGMT Office	23,112	19,260	(3,852)	(20.0%)	-	(23,112)	0.0%
-	558	558	100.0%	1,246	1,246	100.0%	Corporate Quality	6,692	5,577	(1,115)	(20.0%)	9,203	2,511	27.3%
127,143	132,377	5,233	4.0%	126,800	(344)	(0.3%)	Total Overhead Allocations	1,194,292	1,323,767	129,475	9.8%	1,078,160	(116,132)	(10.8%)
1,539,202	3,074,399	1,535,197	49.9%	3,095,065	1,555,863	50.3%	Total Expenses	22,117,930	30,543,609	8,425,679	27.6%	29,220,126	7,102,196	24.3%
\$ (1,539,202)	\$ (3,074,399)	\$ 1,535,197	(49.9%)	\$ (3,095,065)	\$ 1,555,863	(50.3%)	Net Margin	\$ (22,117,930)	\$ (30,543,609)	\$ 8,425,679	(27.6%)	\$ (29,220,126)	\$ 7,102,196	(24.3%)

Pharmacy Services Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date													
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%							
-	-	-	0.0%	-	-	0.0%	Total Revenues							-	-	-	0.0%	36,375	(36,375)	(100.0%)
<i>Direct Operational Expenses:</i>																				
212,572	230,008	17,436	7.6%	269,010	56,437	21.0%	Salaries and Wages	2,279,066	2,190,070	(88,996)	(4.1%)	2,842,693	563,627	19.8%						
72,327	72,344	17	0.0%	75,634	3,307	4.4%	Benefits	697,113	705,135	8,022	1.1%	880,628	183,515	20.8%						
7,627	8,534	907	10.6%	8,542	915	10.7%	Purchased Services	64,824	85,340	20,516	24.0%	93,278	28,454	30.5%						
6,864	11,199	4,335	38.7%	3,654	(3,210)	(87.8%)	Other Supplies	83,019	111,990	28,971	25.9%	63,975	(19,044)	(29.8%)						
616	901	285	31.7%	11,557	10,941	94.7%	Drugs	68,482	9,010	(59,472)	(660.1%)	314,806	246,324	78.2%						
17,016	24,124	7,108	29.5%	57,127	40,111	70.2%	Repairs & Maintenance	174,610	241,240	66,630	27.6%	266,832	92,222	34.6%						
6,795	7,298	503	6.9%	6,737	(58)	(0.9%)	Lease & Rental	66,442	72,980	6,538	9.0%	160,936	94,493	58.7%						
-	-	-	0.0%	(235)	(235)	100.0%	Utilities	-	-	-	0.0%	5,292	5,292	100.0%						
9,020	9,004	(16)	(0.2%)	1,772	(7,248)	(409.0%)	Other Expense	57,008	91,570	34,562	37.7%	16,054	(40,954)	(255.1%)						
1,898	1,803	(95)	(5.3%)	2,207	309	14.0%	Insurance	13,511	18,030	4,519	25.1%	20,815	7,304	35.1%						
334,735	365,215	30,480	8.3%	436,004	101,269	23.2%	Total Operational Expenses							3,504,077	3,525,365	21,288	0.6%	4,665,310	1,161,233	24.9%
(334,735)							Net Performance before Overhead							(3,504,077)						
(365,215)							Allocations							(3,525,365)						
30,480														21,288						
(8.3%)														(0.6%)						
(436,004)														(4,665,310)						
101,269														1,124,858						
(23.2%)														(24.1%)						
<i>Overhead Allocations:</i>																				
267	369	102	27.7%	87	(179)	(204.9%)	Risk Mgt	3,278	3,687	409	11.1%	7,011	3,733	53.2%						
-	-	-	0.0%	2,246	2,246	100.0%	Rev Cycle	-	-	-	0.0%	23,078	23,078	100.0%						
-	900	900	100.0%	1,450	1,450	100.0%	Internal Audit	6,624	9,004	2,379	26.4%	14,473	7,848	54.2%						
5,037	5,976	939	15.7%	6,853	1,817	26.5%	Administration	55,564	59,760	4,196	7.0%	68,535	12,971	18.9%						
5,257	5,496	239	4.3%	7,617	2,359	31.0%	Human Resources	54,286	54,961	674	1.2%	69,922	15,636	22.4%						
2,671	3,032	361	11.9%	3,502	831	23.7%	Legal	26,167	30,320	4,153	13.7%	35,015	8,848	25.3%						
1,189	1,375	187	13.6%	1,911	722	37.8%	Records	11,124	13,752	2,628	19.1%	17,398	6,274	36.1%						
709	1,886	1,177	62.4%	2,892	2,183	75.5%	Compliance	13,534	18,860	5,326	28.2%	19,024	5,490	28.9%						
-	-	-	0.0%	32	32	100.0%	Planning/Research	-	-	-	0.0%	1,567	1,567	100.0%						
5,271	5,121	(150)	(2.9%)	7,859	2,588	32.9%	Finance	50,407	51,209	802	1.6%	80,456	30,049	37.3%						
947	1,857	910	49.0%	4,512	3,565	79.0%	Public Relations	15,046	18,569	3,523	19.0%	24,707	9,660	39.1%						
21,506	17,893	(3,614)	(20.2%)	34,300	12,794	37.3%	Information Technology	157,948	178,928	20,980	11.7%	257,184	99,236	38.6%						
-	237	237	100.0%	921	921	100.0%	Corporate Quality	2,840	2,367	(473)	(20.0%)	6,805	3,965	58.3%						
-	817	817	100.0%	-	-	0.0%	Project MGMT Office	9,808	8,174	(1,635)	(20.0%)	-	(9,808)	0.0%						
-	-	-	0.0%	93	93	100.0%	Managed Care Contract	-	-	-	0.0%	903	903	100.0%						
42,854	44,959	2,105	4.7%	74,276	31,422	42.3%	Total Overhead Allocations							406,627	449,590	42,963	9.6%	626,077	219,450	35.1%
377,589	410,174	32,585	7.9%	510,280	132,691	26.0%	Total Expenses							3,910,703	3,974,955	64,251	1.6%	5,291,387	1,380,683	26.1%
\$ (377,589)	\$ (410,174)	\$ 32,585	(7.9%)	\$ (510,280)	\$ 132,691	(26.0%)	Net Margin							\$ (3,910,703)	\$ (3,974,955)	\$ 64,251	(1.6%)	\$ (5,255,011)	\$ 1,344,308	(25.6%)

School Health Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month									Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%			Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 232,115	\$ 231,917	\$ 198	0.1%	\$ 231,917	\$ 198	0.1%	Palm Beach County School District		\$ 2,369,899	\$ 2,319,167	\$ 50,732	2.2%	\$ 2,319,167	\$ 50,732	2.2%
-	0	-	0.0%	0	-	0.0%	Grants		108,084	\$ -	108,084	0.0%	-	108,084	0.0%
232,115	231,917	198	0.1%	231,917	198	0.1%	Total Revenue		2,477,983	2,319,167	158,816	6.8%	2,319,167	158,816	6.8%
<i>Direct Operational Expenses:</i>															
801,099	611,900	(189,200)	(30.9%)	263,014	(538,085)	(204.6%)	Salaries and Wages		11,213,847	11,228,938	15,091	0.1%	10,914,571	(299,276)	(2.7%)
248,998	226,199	(22,799)	(10.1%)	50,663	(198,335)	(391.5%)	Benefits		4,222,842	4,080,112	(142,730)	(3.5%)	3,869,291	(353,551)	(9.1%)
-	-	-	0.0%	-	-	0.0%	Purchased Services		-	-	-	0.0%	-	-	0.0%
10	6,250	6,240	99.8%	-	(10)	0.0%	Medical Supplies		32,259	62,500	30,241	48.4%	59,987	27,728	46.2%
-	1,333	1,333	100.0%	156	156	100.0%	Other Supplies		23,380	13,333	(10,047)	(75.4%)	11,831	(11,549)	(97.6%)
8,335	12,677	4,342	34.2%	12,710	4,375	34.4%	Repairs & Maintenance		117,154	126,767	9,613	7.6%	101,885	(15,269)	(15.0%)
-	-	-	0.0%	-	-	0.0%	Utilities		-	-	-	0.0%	-	-	0.0%
27	2,715	2,688	99.0%	5,178	5,151	99.5%	Other Expense		5,672	28,025	22,353	79.8%	16,567	10,895	65.8%
1,058,470	861,074	(197,396)	(22.9%)	331,721	(726,748)	(219.1%)	Total Operational Expenses		15,615,155	15,539,675	(75,480)	(0.5%)	14,974,131	(641,023)	(4.3%)
Net Performance before Overhead															
(826,355)	(629,157)	(197,198)	31.3%	(99,805)	(726,550)	728.0%	Allocations		(13,137,172)	(13,220,508)	83,336	(0.6%)	(12,654,965)	(482,207)	3.8%
<i>Overhead Allocations:</i>															
1,196	1,653	457	27.7%	232	(964)	(416.0%)	Risk Mgt		14,700	16,533	1,832	11.1%	18,577	3,877	20.9%
-	4,037	4,037	100.0%	3,842	3,842	100.0%	Internal Audit		29,705	40,375	10,670	26.4%	38,347	8,642	22.5%
8,217	8,303	86	1.0%	8,350	134	1.6%	Home Office Facilities		74,156	83,025	8,869	10.7%	74,441	285	0.4%
22,586	26,797	4,211	15.7%	18,159	(4,428)	(24.4%)	Administration		249,158	267,975	18,817	7.0%	181,587	(67,571)	(37.2%)
38,073	39,801	1,728	4.3%	36,883	(1,190)	(3.2%)	Human Resources		393,126	398,009	4,884	1.2%	338,593	(54,532)	(16.1%)
11,975	13,596	1,621	11.9%	9,277	(2,698)	(29.1%)	Legal		117,337	135,960	18,623	13.7%	92,775	(24,562)	(26.5%)
5,330	6,166	837	13.6%	5,063	(267)	(5.3%)	Records		49,880	61,664	11,784	19.1%	46,098	(3,783)	(8.2%)
3,180	8,457	5,277	62.4%	7,662	4,482	58.5%	Compliance		60,687	84,570	23,883	28.2%	50,405	(10,283)	(20.4%)
-	-	-	0.0%	84	84	100.0%	Planning/Research		-	-	-	0.0%	4,151	4,151	100.0%
23,637	22,963	(674)	(2.9%)	20,823	(2,814)	(13.5%)	Finance		226,031	229,628	3,597	1.6%	213,174	(12,858)	(6.0%)
4,246	8,327	4,081	49.0%	11,955	7,709	64.5%	Public Relations		67,471	83,267	15,796	19.0%	65,462	(2,009)	(3.1%)
96,438	80,234	(16,204)	(20.2%)	90,882	(5,556)	(6.1%)	Information Technology		708,264	802,343	94,079	11.7%	681,427	(26,837)	(3.9%)
-	3,665	3,665	100.0%	-	-	0.0%	Project MGMT Office		43,982	36,652	(7,330)	(20.0%)	-	(43,982)	0.0%
-	1,061	1,061	100.0%	2,441	2,441	100.0%	Corporate Quality		12,735	10,612	(2,122)	(20.0%)	18,031	5,296	29.4%
214,878	225,061	10,183	4.5%	215,653	775	0.4%	Total Overhead Allocations		2,047,232	2,250,613	203,381	9.0%	1,823,066	(224,167)	(12.3%)
1,273,348	1,086,135	(187,213)	(17.2%)	547,375	(725,973)	(132.6%)	Total Expenses		17,662,387	17,790,288	127,901	0.7%	16,797,197	(865,190)	(5.2%)
\$ (1,041,233)	\$ (854,218)	\$ (187,015)	21.9%	\$ (315,458)	\$ (725,775)	230.1%	Net Margin		\$ (15,184,404)	\$ (15,471,121)	\$ 286,717	(1.9%)	\$ (14,478,030)	\$ (706,374)	4.9%

Sponsored Programs

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
<i>Sponsored Programs:</i>													
708,996	708,996	(0)	(0.0%)	705,594	(3,401)	(0.5%)	7,089,956	7,089,956	(0)	(0.0%)	7,055,942	(34,014)	(0.5%)
113,692	125,000	11,308	9.0%	153,418	39,726	25.9%	1,002,479	1,250,000	247,521	19.8%	1,097,212	94,734	8.6%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
10,000	2,500	(7,500)	(300.0%)	-	(10,000)	0.0%	10,000	25,000	15,000	60.0%	10,000	-	0.0%
832,687	836,496	3,808	0.5%	859,012	26,325	3.1%	8,102,435	8,364,956	262,521	3.1%	8,163,154	60,719	0.7%
<i>Direct Operational Expenses:</i>													
13,852	14,279	427	3.0%	13,969	117	0.8%	148,926	135,959	(12,967)	(9.5%)	132,675	(16,251)	(12.2%)
5,948	6,095	147	2.4%	5,750	(198)	(3.5%)	57,494	59,296	1,803	3.0%	55,309	(2,185)	(4.0%)
-	63	63	100.0%	-	-	0.0%	382	625	243	38.8%	112	(271)	(242.2%)
9,167	-	(9,167)	0.0%	-	(9,167)	0.0%	55,000	-	(55,000)	0.0%	-	(55,000)	0.0%
-	528	528	100.0%	-	-	0.0%	5,279	6,644	1,365	20.5%	2,844	(2,435)	(85.6%)
28,967	20,965	(8,002)	2	19,719	(9,248)	(46.9%)	267,081	202,524	(64,557)	(24.2%)	190,940	(76,142)	(39.9%)
\$ 861,654	\$ 857,461	\$ (4,194)	(0.5%)	\$ 878,731	\$ 17,077	1.9%	\$ 8,369,516	\$ 8,567,480	\$ 197,964	2.3%	\$ 8,354,094	\$ (15,422)	(0.2%)

General Fund Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Revenues:													
Ad Valorem Taxes	\$ -	\$ 13,264,588	\$ 101,722,924	\$ 5,379,537	\$ 5,480,440	\$ 2,512,306	\$ 4,595,581	\$ 2,711,452	\$ 734,936	\$ 2,870,113	\$ -	\$ -	\$ 139,271,877
Premiums													-
Patient Revenue, Net	313,507	259,739	155,863	259,942	148,387	92,770	52,408	53,069	231,380	528,277	-	-	2,095,343
Intergovernmental Revenue	231,917	231,917	231,917	231,917	231,917	275,095	232,243	237,414	233,449	232,115	-	-	2,369,899
Grants	-	-	-	-	-	-	-	-	108,084	-	-	-	108,084
Interest Earnings	257,013	236,715	300,360	318,744	345,085	258,889	249,421	219,214	209,810	266,603	-	-	2,661,853
Unrealized Gain/(Loss)-Investments	139,376	(142,804)	(7,299)	276,926	505,939	623,551	102,094	20,628	(89,473)	(9,881)	-	-	1,419,059
Other Financial Assistance	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Revenue	141,185	205,104	1,271,313	426,976	168,722	58,483	132,193	54,454	139,205	36,676	-	-	2,634,310
Total Revenues	\$ 1,082,998	\$ 14,055,259	\$ 103,675,078	\$ 6,894,042	\$ 6,880,488	\$ 3,821,093	\$ 5,363,941	\$ 3,296,231	\$ 1,567,391	\$ 3,923,902	\$ -	\$ -	\$ 150,560,424
Expenditures:													
Salaries and Wages	3,372,547	2,914,541	3,158,229	3,008,048	2,729,117	3,555,145	3,163,997	2,844,703	2,849,970	2,651,202	-	-	30,247,499
Benefits	1,070,529	1,059,381	1,204,858	983,644	805,757	1,045,299	1,005,616	1,028,134	1,055,953	837,704	-	-	10,096,874
Purchased Services	682,193	854,050	995,007	1,226,340	999,711	841,874	646,857	894,745	758,480	747,193	-	-	8,646,451
Medical Supplies	3,130	12,784	1,086	12,404	6,856	1,984	1,933	1,286	704	1,555	-	-	43,722
Other Supplies	92,634	(4,514)	5,915	25,522	32,840	33,818	96,070	103,349	44,877	147,888	-	-	578,399
Contracted Physician Expense	29,167	29,167	29,167	-	16,667	8,333	8,333	6,250	8,333	-	-	-	135,417
Medical Services	3,323,505	3,110,005	2,914,343	1,578,677	2,446,451	3,009,161	8,528,555	2,824,568	2,481,643	2,305,432	-	-	32,522,340
Drugs	2,007	10,012	31,957	23,449	(1,474)	35,790	(6,995)	(43,191)	16,311	616	-	-	68,482
Repairs & Maintenance	306,338	293,185	300,855	339,738	329,910	395,961	323,488	301,199	287,276	376,284	-	-	3,254,234
Lease & Rental	157,400	129,071	153,388	155,514	169,531	150,832	146,423	146,156	151,315	138,476	-	-	1,498,103
Utilities	8,133	7,871	8,913	8,883	8,032	8,146	9,710	5,953	5,890	12,851	-	-	84,381
Other Expense	590,710	513,049	2,593,281	578,835	494,196	481,506	483,172	474,068	428,432	456,780	-	-	7,094,029
Insurance	132,407	132,137	132,180	80,244	80,195	80,195	52,506	87,718	71,451	68,495	-	-	917,527
Sponsored Programs	851,872	855,423	646,156	754,712	822,478	842,660	832,848	835,179	828,420	832,687	-	-	8,102,435
Total Operational Expenditures	10,622,571	9,916,160	12,175,334	8,776,011	8,940,267	10,490,704	15,292,515	9,510,116	8,989,054	8,577,161	-	-	103,289,893
Net Performance before Overhead Allocations	\$ (9,539,573)	\$ 4,139,099	\$ 91,499,745	\$ (1,881,969)	\$ (2,059,779)	\$ (6,669,610)	\$ (9,928,574)	\$ (6,213,885)	\$ (7,421,663)	\$ (4,653,259)	\$ -	\$ -	\$ 47,270,531
Overhead Allocations	(827,438)	(915,214)	(1,096,258)	(1,264,772)	(788,002)	(1,154,316)	(1,079,382)	(1,183,810)	(902,286)	(945,262)	-	-	(10,156,739)
Total Expenses	9,795,133	9,000,947	11,079,076	7,511,239	8,152,265	9,336,388	14,213,133	8,326,306	8,086,769	7,631,899	-	-	93,133,154
Net Margin	\$ (8,712,135)	\$ 5,054,312	\$ 92,596,003	\$ (617,197)	\$ (1,271,776)	\$ (5,515,295)	\$ (8,849,192)	\$ (5,030,075)	\$ (6,519,378)	\$ (3,707,997)	\$ -	\$ -	\$ 57,427,270
General Fund Support/ Transfer In (Out)	\$ (5,470,228)	\$ (4,513,834)	\$ (4,419,609)	\$ (6,765,216)	\$ (1,877,799)	\$ (6,933,323)	\$ (5,379,952)	\$ (3,620,420)	\$ (21,127,979)	\$ (1,202,002)	\$ -	\$ -	\$ (61,310,363)



General Fund Program Statistics

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total
Aeromedical														
Patients Transported - Actual	56	43	51	58	55	57	31	30	48	40			469	508
Patients Transported - Budget	50	59	54	59	56	53	54	50	48	46			529	534
Variance	6	(16)	(3)	(1)	(1)	4	(23)	(20)	-	(6)	-	-	(60)	(26)
Actual Hours Available for Service	1,103	1,078	1,116	1,116	1,027	1,104	1,077	864	958	1,104			10,547	10,481
Service Hours Utilized	81.0	67.0	77.0	80.0	75.0	86.0	43.0	41.0	63.0	58.0			671.0	767
Utilization %	7.3%	6.2%	6.9%	7.2%	7.3%	7.8%	4.0%	4.7%	6.6%	5.3%			6.4%	7.3%
# of Flights - Training/Public Education	5	7	10	2	1	7	-	3	2	7			44	40
# of Flights - Maintenance	14	12	10	8	7	5	8	3	17	5			89	103
Trauma														
New Trauma Patients - Actual	396	365	448	455	402	359	302	349	409	399			3,884	3,928
New Trauma Patients - Budget	359	399	399	399	399	399	399	399	399	399			3,950	3,990
Variance	37	(34)	49	56	3	(40)	(97)	(50)	10	-	-	-	(66)	(62)
School Health														
Medical Events	49,338	34,285	28,487	36,252	37,235	19,023	-	-	4,317	-			208,937	311,292
Screenings	25,898	19,874	16,737	10,715	14,596	1,280	-	-	33,480	-			122,580	105,323
Total Events- Actual	75,236	54,159	45,224	46,967	51,831	20,303	-	-	37,797	-	-	-	331,517	416,615
Total Events- Budget	87,830	59,150	53,465	57,010	63,293	40,595	51,323	50,885	6,193	-			469,744	392,732
Managed Care														
District Care Visits to Primary Clinic - Medical	56	22	30	25	27	20	27	10	12	29			258	15,735
District Care Visits to Primary Clinic - Dental	-	-	-	-	-	-	-	-	-	-			-	2,627
Uninsured Visits to Primary Clinic - Medical	5,780	4,471	4,931	5,406	4,811	4,277	1,343	1,607	3,930	3,103			39,659	34,628
Uninsured Visits to Primary Clinic - Dental	1,672	1,461	1,427	1,567	1,424	734	87	156	208	164			8,900	12,687
Membership- Current Year	8,891	8,847	8,643	8,134	7,429	6,883	6,538	6,029	5,856	4,590				
Membership- Prior Year	9,446	9,195	8,929	8,731	8,470	8,259	8,369	8,491	8,630	8,827				
Pharmacy														
Total Prescriptions Filled at In-House Pharmacies	22,325	19,952	20,667	22,198	19,472	20,909	13,842	11,601	16,906	16,563			184,435	215,534
Total Prescriptions Filled at Retail Pharmacies	312	225	237	185	191	160	176	126	101	102			1,815	2,300
Total Prescriptions Filled Inhouse/Retail- Actual	22,637	20,177	20,904	22,383	19,663	21,069	14,018	11,727	17,007	16,665	-	-	186,250	217,834
Total Prescriptions Filled- Budget	24,765	21,289	20,606	23,337	21,478	22,050	22,914	21,651	20,078	21,960			220,128	245,985

* School closed.

** School year 19/20 year end reconciliation adjustment.



SUPPLEMENTAL INFORMATION

HEALEY CENTER

Healey Center Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
\$ 1,174,093	\$ 1,167,254	\$ 6,839	0.6%	\$ 1,236,815	\$ (62,722)	(5.1%)	\$ 11,964,845	\$ 11,484,267	\$ 480,578	4.2%	\$ 11,680,526	\$ 284,320	2.4%
117,729	106,914	(10,815)	(10.1%)	77,498	(40,231)	(51.9%)	1,199,587	1,051,896	(147,691)	(14.0%)	527,235	(672,352)	(127.5%)
315,536	245,972	(69,564)	(28.3%)	310,481	(5,055)	(1.6%)	3,146,837	2,420,046	(726,791)	(30.0%)	2,554,798	(592,039)	(23.2%)
51,807	5,698	(46,109)	(809.2%)	15,049	(36,759)	-244.3%	252,395	56,064	(196,331)	(350.2%)	58,833	(193,561)	(329.0%)
485,073	358,584	(126,489)	(35.3%)	403,027	(82,045)	(20.4%)	4,598,819	3,528,006	(1,070,813)	(30.4%)	3,140,866	(1,457,953)	(46.4%)
689,020	808,670	(119,650)	(14.8%)	833,788	(144,768)	(17.4%)	7,366,026	7,956,261	(590,235)	(7.4%)	8,539,660	(1,173,633)	(13.7%)
58.69%	69.28%			67.41%			61.56%	69.28%		73.11%			
758,333	758,333	-	0.0%	758,333	-	0.0%	7,583,333	7,583,333	-	0.0%	7,583,333	-	0.0%
197,392	-	197,392	0.0%	-	197,392	0.0%	568,152	-	568,152	0.0%	-	568,152	0.0%
141	3,070	(2,928)	(95.4%)	2,602	(2,461)	(94.6%)	28,772	30,695	(1,923)	(6.3%)	32,562	(3,790)	(11.6%)
955,866	761,403	194,463	(1)	760,935	194,931	25.6%	8,180,257	7,614,028	566,229	7.4%	7,615,895	564,362	7.4%
1,644,886	1,570,073	74,814	4.8%	1,594,723	50,163	3.1%	15,546,283	15,570,289	(24,006)	(0.2%)	16,155,554	(609,271)	(3.8%)
<i>Direct Operational Expenses:</i>													
1,019,250	945,982	(73,268)	(7.7%)	1,022,583	3,334	0.3%	9,797,686	9,459,815	(337,871)	(3.6%)	9,167,091	(630,595)	(6.9%)
364,306	355,108	(9,199)	(2.6%)	352,495	(11,811)	(3.4%)	3,540,326	3,551,077	10,750	0.3%	3,349,244	(191,082)	(5.7%)
62,088	76,323	14,234	18.7%	66,583	4,494	6.7%	718,474	778,951	60,477	7.8%	687,102	(31,371)	(4.6%)
67,451	46,333	(21,118)	(45.6%)	42,646	(24,805)	(58.2%)	498,801	463,333	(35,468)	(7.7%)	441,654	(57,148)	(12.9%)
48,174	75,716	27,542	36.4%	62,308	14,134	22.7%	649,420	757,159	107,738	14.2%	721,896	72,476	10.0%
1,004	2,208	1,205	54.5%	1,682	678	40.3%	10,291	22,083	11,793	53.4%	10,064	(227)	(2.3%)
5,166	4,708	(458)	(9.7%)	4,123	(1,043)	(25.3%)	42,865	47,083	4,219	9.0%	44,284	1,419	3.2%
27,964	31,667	3,703	11.7%	23,077	(4,887)	(21.2%)	256,480	316,667	60,187	19.0%	267,110	10,630	4.0%
14,786	33,759	18,972	56.2%	27,515	12,729	46.3%	256,169	338,738	82,569	24.4%	301,047	44,878	14.9%
1,300	1,520	220	14.5%	1,292	(8)	(0.6%)	11,429	15,197	3,768	24.8%	13,725	2,296	16.7%
38,637	36,164	(2,473)	(6.8%)	40,341	1,704	4.2%	371,295	361,636	(9,659)	(2.7%)	360,793	(10,502)	(2.9%)
20,922	16,312	(4,610)	(28.3%)	10,375	(10,547)	(101.7%)	94,701	175,548	80,847	46.1%	130,024	35,323	27.2%
7,480	6,912	(569)	(8.2%)	7,503	23	0.3%	57,847	62,808	4,961	7.9%	48,330	(9,517)	(19.7%)
1,678,529	1,632,710	(45,819)	(2.8%)	1,662,522	(16,007)	(1.0%)	16,305,783	16,350,094	44,310	0.3%	15,542,364	(763,419)	(4.9%)
(33,642)	(62,637)	28,994	(46.3%)	(67,799)	34,157	(50.4%)	(759,500)	(779,804)	20,304	(2.6%)	613,190	(1,372,690)	(223.9%)
78,813	64,849	(13,964)	(21.5%)	54,478	(24,334)	(44.7%)	784,673	648,492	(136,182)	(21.0%)	541,350	(243,323)	(44.9%)
<i>Overhead Allocations:</i>													
1,238	1,711	473	27.7%	230	(1,008)	(438.4%)	15,214	17,110	1,897	11.1%	18,428	3,214	17.4%
-	4,179	4,179	100.0%	3,811	3,811	100.0%	30,743	41,785	11,043	26.4%	38,038	7,296	19.2%
23,375	27,734	4,358	15.7%	18,013	(5,363)	(29.8%)	257,864	277,338	19,474	7.0%	180,128	(77,736)	(43.2%)
35,984	37,617	1,633	4.3%	34,337	(1,648)	(4.8%)	371,559	376,174	4,616	1.2%	315,215	(56,343)	(17.9%)
12,394	14,071	1,677	11.9%	9,203	(3,191)	(34.7%)	121,436	140,710	19,274	13.7%	92,029	(29,407)	(32.0%)
5,516	6,382	866	13.6%	5,022	(494)	(9.8%)	51,623	63,819	12,195	19.1%	45,727	(5,896)	(12.9%)
3,292	8,752	5,461	62.4%	7,601	4,309	56.7%	62,808	87,525	24,717	28.2%	49,999	(12,808)	(25.6%)
-	-	-	0.0%	83	83	100.0%	-	-	-	0.0%	4,117	4,117	100.0%
24,463	23,765	(698)	(2.9%)	20,656	(3,807)	(18.4%)	233,929	237,652	3,723	1.6%	211,460	(22,468)	(10.6%)
4,394	8,618	4,223	49.0%	11,859	7,465	62.9%	69,828	86,176	16,348	19.0%	64,936	(4,892)	(7.5%)
99,808	83,038	(16,770)	(20.2%)	90,151	(9,656)	(10.7%)	733,011	830,377	97,366	11.7%	675,950	(57,061)	(8.4%)
-	1,098	1,098	100.0%	2,421	2,421	100.0%	13,180	10,983	(2,197)	(20.0%)	17,886	4,706	26.3%
-	3,793	3,793	100.0%	-	-	0.0%	45,519	37,933	(7,586)	(20.0%)	-	(45,519)	0.0%
210,463	220,758	10,295	4.7%	203,387	(7,077)	(3.5%)	2,006,712	2,207,581	200,870	9.1%	1,713,914	(292,798)	(17.1%)
1,967,805	1,918,317	(49,488)	(2.6%)	1,920,387	(47,418)	(2.5%)	19,097,169	19,206,167	108,998	0.6%	17,797,629	(1,299,540)	(7.3%)
(322,919)	(348,244)	25,326	(7.3%)	(325,664)	2,746	(0.8%)	(3,550,885)	(3,635,878)	84,992	(2.3%)	(1,642,074)	(1,908,811)	116.2%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
\$ 244,106	\$ 300,000	\$ (55,894)	(18.6%)	\$ 271,192	\$ 27,086	10.0%	\$ 2,766,212	\$ 3,000,000	\$ (233,788)	(7.8%)	\$ 1,100,724	\$ (1,665,488)	(151.3%)

Healey Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	\$ 1,243,897	\$ 1,201,112	\$ 1,236,964	\$ 1,240,975	\$ 1,170,367	\$ 1,214,849	\$ 1,166,790	\$ 1,171,785	\$ 1,144,012	\$ 1,174,093	\$ -	\$ -	\$ 11,964,845
Contractual Allowances	145,933	132,337	136,361	130,916	102,459	118,076	96,571	126,997	92,210	117,729	-	-	1,199,587
Charity Care	298,126	288,250	323,807	311,917	295,516	364,821	315,588	320,785	312,492	315,536	-	-	3,146,837
Bad Debt	45,674	35,500	15,450	242	(21,093)	(2,417)	63,301	32,943	30,987	51,807	-	-	252,395
Total Contractuals and Bad Debt	489,733	456,087	475,617	443,075	376,882	480,480	475,459	480,725	435,689	485,073	-	-	4,598,819
Net Patient Revenue	754,164	745,025	761,347	797,901	793,485	734,370	691,331	691,060	708,324	689,020	-	-	7,366,026
Collections %	60.63%	62.03%	61.55%	64.30%	67.80%	60.45%	59.25%	58.97%	61.92%	58.69%	-	-	61.56%
PBC Interlocal	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	758,333	-	-	7,583,333
Other Financial Assistance	-	-	-	-	-	-	-	247,347	123,413	197,392	-	-	568,152
Other Revenues	2,208	2,655	3,403	3,548	11,768	1,228	168	2,128	1,525	141	-	-	28,772
Total Other Revenues	760,541	760,988	761,736	761,881	770,101	759,561	758,501	1,007,808	883,272	955,866	-	-	8,180,257
Total Revenues	1,514,705	1,506,014	1,523,084	1,559,782	1,563,587	1,493,931	1,449,831	1,698,868	1,591,596	1,644,886	-	-	15,546,283
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,014,224	943,318	1,056,004	1,004,379	919,446	925,953	1,007,024	789,597	1,118,491	1,019,250	-	-	9,797,686
Benefits	360,890	358,350	367,600	355,729	258,965	339,670	334,999	375,603	424,214	364,306	-	-	3,540,326
Purchased Services	74,560	57,764	65,145	97,220	68,831	88,332	70,576	66,032	67,924	62,088	-	-	718,474
Medical Supplies	40,946	39,049	33,989	53,874	41,858	41,217	49,611	63,200	67,607	67,451	-	-	498,801
Other Supplies	66,357	63,656	67,358	69,707	76,198	53,031	68,696	73,561	62,683	48,174	-	-	649,420
Contracted Physician Expense	1,041	1,687	1,056	575	1,129	465	1,258	1,058	1,019	1,004	-	-	10,291
Medical Services	4,013	3,972	2,641	4,833	3,534	4,829	4,886	3,306	5,683	5,166	-	-	42,865
Drugs	2,400	25,033	26,520	47,034	25,322	24,783	27,855	26,957	22,612	27,964	-	-	256,480
Repairs & Maintenance	25,222	28,516	33,200	25,583	34,890	21,569	23,687	26,948	21,767	14,786	-	-	256,169
Lease & Rental	1,248	1,248	103	1,248	1,248	1,248	1,290	1,248	1,248	1,300	-	-	11,429
Utilities	37,801	33,997	39,941	50,413	37,442	32,433	35,277	26,454	38,899	38,637	-	-	371,295
Other Expense	7,306	11,365	14,358	8,099	8,418	7,979	5,791	7,318	3,145	20,922	-	-	94,701
Insurance	6,849	6,849	6,849	6,849	6,849	7,157	1,600	7,979	(612)	7,480	-	-	57,847
Total Operational Expenses	1,642,857	1,574,805	1,714,762	1,725,544	1,484,130	1,548,667	1,632,549	1,469,261	1,834,680	1,678,529	-	-	16,305,783
Net Performance before Depreciation & Overhead Allocations	(128,152)	(68,792)	(191,679)	(165,762)	79,457	(54,736)	(182,717)	229,607	(243,084)	(33,642)	-	-	(759,500)
Depreciation	54,478	59,431	56,920	140,563	78,941	78,941	78,874	78,874	78,838	78,813	-	-	784,673
<i>Overhead Allocations:</i>													
Risk Mgt	1,232	1,585	1,510	1,475	1,494	1,693	1,470	1,600	1,917	1,238	-	-	15,214
Internal Audit	4,007	5,299	4,124	3,994	3,468	4,013	3,935	1,034	868	-	-	-	30,743
Administration	21,588	28,828	28,148	26,476	28,970	25,648	23,599	22,880	28,352	23,375	-	-	257,864
Human Resources	32,732	35,422	62,280	36,574	21,078	40,359	37,164	35,576	34,388	35,984	-	-	371,559
Legal	8,581	12,129	14,825	10,566	16,426	12,898	9,531	13,306	10,781	12,394	-	-	121,436
Records	4,944	5,037	5,833	4,014	5,339	5,532	5,829	4,285	5,294	5,516	-	-	51,623
Compliance	2,961	4,665	8,653	11,899	9,743	5,565	8,442	4,016	3,573	3,292	-	-	62,808
Finance	20,542	26,023	21,546	35,397	15,319	33,764	22,829	25,755	8,292	24,463	-	-	233,929
Public Relations	6,873	12,124	8,363	8,595	5,664	5,288	6,878	7,282	4,369	4,394	-	-	69,828
Information Technology	61,331	46,922	71,869	73,750	68,765	70,161	76,375	92,467	71,563	99,808	-	-	733,011
Corporate Quality	1,490	1,722	2,183	1,852	(1,755)	2,060	1,650	1,658	2,321	-	-	-	13,180
Project MGMT Office	3,248	4,314	5,125	7,242	(962)	8,692	8,326	7,769	1,765	-	-	-	45,519
Managed Care Contract	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	169,528	184,070	234,458	221,835	173,547	215,672	206,029	217,627	173,482	210,463	-	-	2,006,712
Total Expenses	1,866,863	1,818,306	2,006,141	2,087,941	1,736,618	1,843,279	1,917,453	1,765,762	2,087,000	1,967,805	-	-	19,097,169
Net Margin	(352,158)	(312,293)	(483,057)	(528,159)	(173,031)	(349,349)	(467,621)	(66,894)	(495,405)	(322,919)	-	-	(3,550,885)
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 297,680	\$ 342,512	\$ 336,487	\$ 387,597	\$ 94,090	\$ 270,407	\$ 388,747	\$ 235,367	\$ 169,219	\$ 244,106	\$ -	\$ -	\$ 2,766,212



Census	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Prior Year Total
Admissions	11	9	18	17	15	5	6	7	11	5			104	85
Discharges	11	14	18	17	20	5	11	6	11	6			119	88
Average Daily Census	119	118	118	118	118	116	113	115	112	112			116	119
Budget Census	118	118	118	118	118	118	118	118	118	118			118	118
Occupancy % (120 licensed beds)	99%	98%	99%	98%	98%	97%	94%	96%	93%	93%			97%	99%
Days By Payor Source:														
Medicaid	86	88	91	61	11	-	30	-	-	-			367	622
Managed Care Medicaid	2,586	2,415	2,530	2,580	2,426	2,560	2,384	2,502	2,401	2,490			24,874	24,405
Medicare	76	141	97	117	141	84	72	57	82	83			950	456
Private Pay	-	-	-	-	-	8	-	-	-	-			8	739
Hospice	124	99	81	62	45	32	7	-	-	-			450	1,015
Charity	806	785	867	843	796	925	884	899	870	899			8,574	9,000
Total Resident Days	3,678	3,528	3,666	3,663	3,419	3,609	3,377	3,458	3,353	3,472	-	-	35,223	36,237



SUPPLEMENTAL INFORMATION

LAKESIDE MEDICAL CENTER

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ 5,184,733	\$ 3,678,039	\$ 1,506,694	41.0%	\$ 2,415,726	\$ 2,769,007	114.6%	Inpatient Revenue	\$ 45,006,667	\$ 38,293,108	\$ 6,713,559	17.5%	\$ 36,699,080	\$ 8,307,587	22.6%	
5,567,650	6,681,110	(1,113,460)	(16.7%)	7,393,335	(1,825,685)	(24.7%)	Outpatient Revenue	67,514,407	72,531,769	(5,017,362)	(6.9%)	73,075,360	(5,560,953)	(7.6%)	
-	-	-	0.0%	-	-	0.0%	Physician Clinic	-	-	-	0.0%	1,126	(1,126)	(100.0%)	
10,752,382	10,359,149	393,233	3.8%	9,809,061	943,321	9.6%	Gross Patient Revenue	112,521,074	110,824,877	1,696,197	1.5%	109,775,566	2,745,508	2.5%	
6,853,067	7,022,721	169,654	2.4%	7,344,701	491,634	6.7%	Contractual Allowances	74,976,541	75,130,904	154,363	0.2%	76,560,283	1,583,742	2.1%	
347,391	267,424	(79,967)	(29.9%)	133,230	(214,162)	(160.7%)	Charity Care	2,324,407	2,860,968	(536,561)	(18.8%)	2,965,649	641,242	21.6%	
1,143,261	1,057,098	(86,163)	(8.2%)	915,940	(227,321)	(24.8%)	Bad Debt	17,162,483	11,309,113	(5,853,370)	(51.8%)	11,555,345	(5,607,138)	(48.5%)	
-	-	-	0.0%	-	-	0.0%	Physician Contractuals	-	-	-	0.0%	1,988	1,988	100.0%	
\$ 8,343,719	\$ 8,347,243	\$ 3,524	0.0%	\$ 8,393,870	\$ 50,151	0.6%	Total Contractuals and Bad Debt	\$ 94,463,431	\$ 89,300,985	\$ (5,162,446)	(5.8%)	\$ 91,083,266	\$ (3,380,165)	(3.7%)	
121,724	-	121,724	0.0%	130,283	(8,560)	-7%	Other Patient Revenue	1,217,238	1,172,547	44,691	3.8%	1,302,834	(85,596)	(6.6%)	
2,530,387	2,011,906	518,481	25.8%	1,545,474	984,913	63.7%	Net Patient Revenue	19,274,881	22,696,439	(3,421,558)	(15.1%)	19,995,135	(720,254)	(3.6%)	
23.53%	19.42%			15.76%			Collection %	17.13%	20.48%			18.21%			
-	-	-	0.0%	11,401	(11,401)	(100.0%)	Grant Funds	1,501,380	-	1,501,380	0.0%	368,313	1,133,068	307.6%	
812,976	-	812,976	0.0%	-	812,976	0.0%	Other Financial Assistance	3,956,874	-	3,956,874	0.0%	-	3,956,874	0.0%	
11,462	18,704	(7,242)	(38.7%)	7,879	3,582	45.5%	Other Revenues	196,091	187,040	9,051	4.8%	86,144	109,947	127.6%	
824,438	18,704	805,734	4,307.8%	19,281	805,158	4,176.0%	Total Other Revenues	5,654,346	187,040	5,467,306	2,923.1%	454,457	5,199,889	1,144.2%	
3,354,825	2,030,610	1,324,215	65.2%	1,564,755	1,790,070	114.4%	Total Revenues	24,929,227	22,883,479	2,045,748	8.9%	20,449,592	4,479,635	21.9%	
<i>Direct Operational Expenses:</i>															
1,646,672	1,613,728	(32,944)	(2.0%)	1,584,546	(62,126)	(3.9%)	Salaries and Wages	16,630,171	16,374,403	(255,768)	(1.6%)	15,561,949	(1,068,222)	(6.9%)	
462,246	458,629	(3,617)	(0.8%)	437,338	(24,908)	(5.7%)	Benefits	4,604,490	4,616,044	11,554	0.3%	4,319,713	(284,778)	(6.6%)	
323,429	270,962	(52,467)	(19.4%)	419,861	96,432	23.0%	Purchased Services	3,215,957	2,698,609	(517,348)	(19.2%)	2,980,037	(235,921)	(7.9%)	
115,942	126,247	10,305	8.2%	112,368	(3,574)	(3.2%)	Medical Supplies	1,539,482	1,195,280	(344,202)	(28.8%)	1,143,196	(396,286)	(34.7%)	
110,092	93,700	(16,392)	(17.5%)	77,376	(32,716)	(42.3%)	Other Supplies	834,191	937,000	102,809	11.0%	736,104	(98,087)	(13.3%)	
747,940	604,861	(143,079)	(23.7%)	1,244,477	496,537	39.9%	Contracted Physician Expense	7,382,252	6,048,610	(1,333,642)	(22.0%)	8,743,766	1,361,514	15.6%	
136,442	84,247	(52,195)	(62.0%)	68,176	(68,266)	(100.1%)	Drugs	998,070	797,626	(200,444)	(25.1%)	761,335	(236,735)	(31.1%)	
123,068	154,881	31,813	20.5%	123,560	493	0.4%	Repairs & Maintenance	1,466,255	1,548,810	82,555	5.3%	1,544,903	78,648	5.1%	
56,811	59,495	2,684	4.5%	48,607	(8,204)	(16.9%)	Lease & Rental	584,170	594,950	10,780	1.8%	571,315	(12,855)	(2.3%)	
70,815	86,977	16,162	18.6%	72,285	1,470	2.0%	Utilities	657,183	759,771	102,588	13.5%	698,301	41,118	5.9%	
56,356	74,968	18,612	24.8%	19,970	(36,386)	(182.2%)	Other Expense	356,053	749,680	393,627	52.5%	598,681	242,628	40.5%	
17,227	14,646	(2,581)	(17.6%)	15,560	(1,668)	(10.7%)	Insurance	148,490	146,460	(2,030)	(1.4%)	122,583	(25,906)	(21.1%)	
3,867,039	3,643,341	(223,698)	(6.1%)	4,224,123	357,084	8.5%	Total Operational Expenses	38,416,763	36,467,243	(1,949,520)	(5.3%)	37,781,881	(634,882)	(1.7%)	
Net Performance before															
(512,214)	(1,612,731)	1,100,517	(68.2%)	(2,659,369)	2,147,155	(80.7%)	Depreciation & Overhead Allocations	(13,487,536)	(13,583,764)	96,228	(0.7%)	(17,332,290)	3,844,753	(22.2%)	

Lakeside Medical Center Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date						
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%
257,052	300,400	43,348	14.4%	274,129	17,077	6.2%	2,571,071	3,004,000	432,929	14.4%	2,780,748	209,677	7.5%
<i>Overhead Allocations:</i>													
2,763	3,819	1,056	27.7%	545	(2,218)	(407.4%)	33,959	38,192	4,233	11.1%	43,645	9,686	22.2%
-	-	-	0.0%	-	-	0.0%	-	-	-	0.0%	-	-	0.0%
-	9,327	9,327	100.0%	9,027	9,027	100.0%	68,622	93,270	24,649	26.4%	90,093	21,471	23.8%
52,177	61,906	9,729	15.7%	42,663	(9,514)	(22.3%)	575,587	619,056	43,469	7.0%	426,627	(148,960)	(34.9%)
46,666	48,784	2,118	4.3%	44,449	(2,217)	(5.0%)	481,854	487,839	5,986	1.2%	408,049	(73,804)	(18.1%)
27,665	31,408	3,744	11.9%	21,797	(5,868)	(26.9%)	271,063	314,085	43,022	13.7%	217,968	(53,095)	(24.4%)
12,312	14,245	1,933	13.6%	11,895	(417)	(3.5%)	115,230	142,452	27,222	19.1%	108,303	(6,927)	(6.4%)
7,347	19,537	12,189	62.4%	18,002	10,655	59.2%	140,196	195,368	55,172	28.2%	118,422	(21,774)	(18.4%)
-	-	-	0.0%	197	197	100.0%	-	-	-	0.0%	9,752	9,752	100.0%
54,604	53,047	(1,557)	(2.9%)	48,923	(5,681)	(11.6%)	522,161	530,471	8,310	1.6%	500,837	(21,324)	(4.3%)
9,809	19,236	9,427	49.0%	28,087	18,279	65.1%	155,866	192,358	36,491	19.0%	153,799	(2,067)	(1.3%)
222,784	185,352	(37,433)	(20.2%)	213,520	(9,264)	(4.3%)	1,636,181	1,853,516	217,334	11.7%	1,600,968	(35,213)	(2.2%)
-	2,452	2,452	100.0%	5,734	5,734	100.0%	29,419	24,516	(4,903)	(20.0%)	42,362	12,944	30.6%
-	8,467	8,467	100.0%	-	-	0.0%	101,605	84,671	(16,934)	(20.0%)	-	(101,605)	0.0%
6,781	12,398	5,617	45.3%	12,104	5,323	44.0%	84,056	123,979	39,923	32.2%	117,139	33,083	28.2%
442,909	469,977	27,069	5.8%	456,943	14,035	3.1%	4,215,797	4,699,771	483,973	10.3%	3,837,965	(377,833)	(9.8%)
4,567,000	4,413,718	(153,282)	(3.5%)	4,955,195	388,196	7.8%	45,203,632	44,171,014	(1,032,618)	(2.3%)	44,400,594	(803,038)	(1.8%)
\$ (1,212,175)	\$ (2,383,108)	\$ 1,170,933	(49.1%)	\$ (3,390,441)	\$ 2,178,266	(64.2%)	\$ (20,274,405)	\$ (21,287,535)	\$ 1,013,130	(4.8%)	\$ (23,951,002)	\$ 3,676,598	(15.4%)
47,657	-	47,657	0.0%	-	47,657	0.0%	338,995	-	338,995	0.0%	-	338,995	0.0%
\$ -	\$ 2,084,146	\$ (2,084,146)	(100.0%)	\$ 1,583,237	\$ 1,583,237	100.0%	\$ 17,681,103	\$ 18,294,460	\$ (613,357)	(3.4%)	\$ 19,500,000	\$ 1,818,897	9.3%

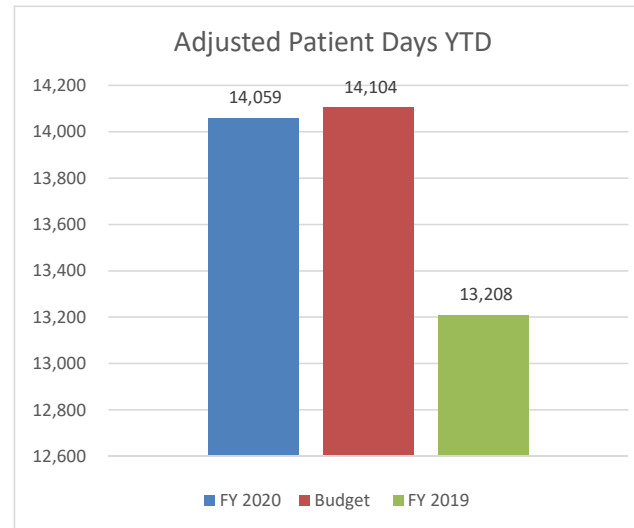
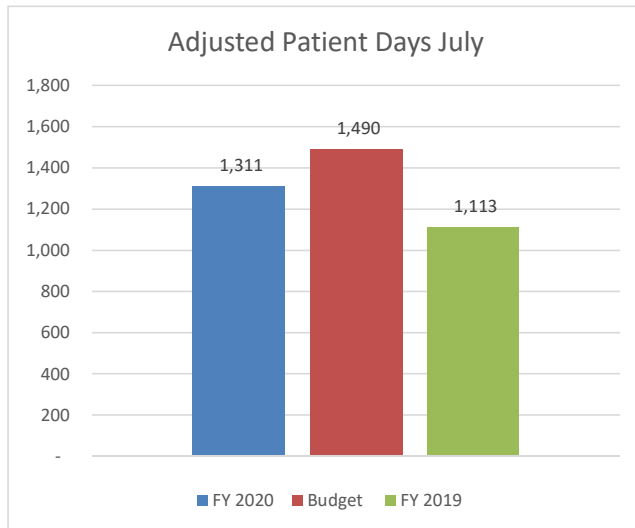
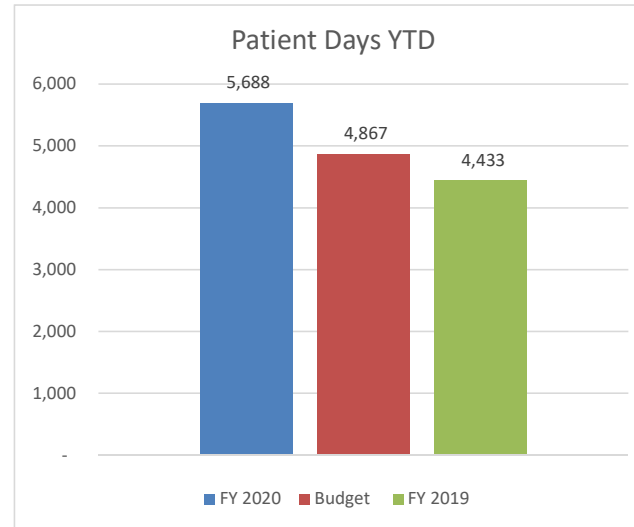
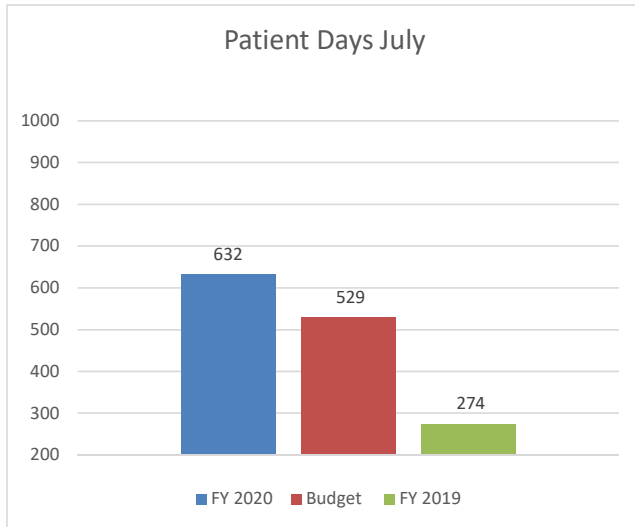
Lakeside Medical Center Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Inpatient Revenue	\$ 3,666,223	\$ 4,521,024	\$ 4,023,430	\$ 4,272,858	\$ 3,234,170	\$ 3,063,894	\$ 4,698,634	\$ 7,002,242	\$ 5,339,459	\$ 5,184,733	\$ -	\$ -	\$ 45,006,667
Outpatient Revenue	7,425,414	7,496,401	8,576,882	9,046,707	8,451,597	6,846,538	4,294,332	4,611,849	5,197,037	5,567,650	-	-	67,514,407
Gross Patient Revenue	11,091,637	12,017,425	12,600,312	13,319,565	11,685,767	9,910,432	8,992,967	11,614,092	10,536,495	10,752,382	-	-	112,521,074
Contractual Allowances	7,111,852	7,775,027	8,406,286	9,062,573	8,237,986	6,906,866	5,770,742	7,631,599	7,220,542	6,853,067	-	-	74,976,541
Charity Care	563,275	244,939	(11,594)	83,695	670,938	235,634	190,130	-	-	347,391	-	-	2,324,407
Bad Debt	1,824,655	1,771,075	2,342,478	3,600,259	(829,866)	2,868,884	1,425,516	1,907,076	1,109,145	1,143,261	-	-	17,162,483
Total Contractuals and Bad Debt	\$ 9,499,782	\$ 9,791,042	\$ 10,737,170	\$ 12,746,527	\$ 8,079,058	\$ 10,011,384	\$ 7,386,388	\$ 9,538,675	\$ 8,329,687	\$ 8,343,719	\$ -	\$ -	\$ 94,463,431
Other Patient Revenue	-	243,448	121,724	210,082	121,724	121,724	33,366	121,724	121,723.83	121,723.83	-	-	1,217,238
Net Patient Revenue	1,591,855	2,469,831	1,984,866	783,119	3,728,433	20,772	1,639,945	2,197,141	2,328,533	2,530,387	-	-	19,274,881
Collection %	14.35%	20.55%	15.75%	5.88%	31.91%	0.21%	18.24%	18.92%	22.10%	23.53%	-	-	17.13%
Grant Funds	-	-	592	271	223	83	212	1,350,000	150,000	-	-	-	1,501,380
Other Financial Assistance	-	-	-	-	-	-	-	2,022,800	1,121,098	812,976	-	-	3,956,874
Other Revenue	1,130	7,104	580,930	16,642	19,845	(535,958)	5,308	12,914	76,715	11,462	-	-	196,091
Total Other Revenues	1,130	7,104	581,522	16,913	20,067	(535,875)	5,520	3,385,714	1,347,813	824,438	-	-	5,654,346
Total Revenues	1,592,984	2,476,935	2,566,389	800,033	3,748,501	(515,103)	1,645,465	5,582,854	3,676,346	3,354,825	-	-	24,929,227
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,710,020	1,535,662	1,741,059	1,844,146	1,548,709	1,598,870	1,752,499	1,391,505	1,861,029	1,646,672	-	-	16,630,171
Benefits	475,505	470,784	463,349	474,864	335,973	445,060	437,287	501,885	537,537	462,246	-	-	4,604,490
Purchased Services	254,367	162,140	218,823	417,563	271,366	375,000	266,790	276,757	649,722	323,429	-	-	3,215,957
Medical Supplies	89,401	205,069	188,390	222,410	176,013	159,089	109,112	113,542	160,515	115,942	-	-	1,539,482
Other Supplies	59,099	54,767	77,334	83,267	104,069	102,019	84,511	81,294	77,740	110,092	-	-	834,191
Contracted Physician Expense	723,005	644,565	692,536	992,310	843,591	727,931	644,016	683,464	682,894	747,940	-	-	7,382,252
Drugs	80,746	156,378	60,365	116,859	105,731	61,129	99,637	94,329	86,453	136,442	-	-	998,070
Repairs & Maintenance	148,468	146,859	81,561	181,020	254,073	129,138	122,522	132,008	147,538	123,068	-	-	1,466,255
Lease & Rental	55,177	42,284	51,293	55,976	85,364	62,014	55,920	61,139	58,190	56,811	-	-	584,170
Utilities	81,317	62,945	77,188	51,153	59,231	49,744	81,467	50,470	72,852	70,815	-	-	657,183
Other Expense	63,299	66,448	83,998	64,638	59,871	55,739	51,258	38,520	(184,075)	56,356	-	-	356,053
Insurance	14,839	11,625	14,839	14,839	14,839	14,839	13,783	16,573	15,085	17,227	-	-	148,490
Total Operational Expenses	3,755,243	3,559,526	3,750,736	4,519,046	3,858,830	3,780,573	3,718,803	3,441,486	4,165,481	3,867,039	-	-	38,416,763
Net Performance before Depreciation & Overhead Allocations	(2,162,259)	(1,082,591)	(1,184,348)	(3,719,013)	(110,330)	(4,295,676)	(2,073,338)	2,141,368	(489,135)	(512,214)	-	-	(13,487,536)
Depreciation	274,424	244,031	258,727	255,658	255,448	255,800	256,149	256,652	257,129	257,052	-	-	2,571,071
<i>Overhead Allocations:</i>													
Risk Mgt	2,749	3,539	3,370	3,293	3,334	3,780	3,281	3,571	4,279	2,763	-	-	33,959
Internal Audit	8,945	11,828	9,206	8,915	7,741	8,957	8,784	2,308	1,937	-	-	-	68,622
Administration	48,187	64,349	62,830	59,098	64,665	57,249	52,676	51,071	63,286	52,177	-	-	575,587
Human Resources	42,449	45,937	80,767	47,431	27,335	52,340	48,196	46,137	44,596	46,666	-	-	481,854
Legal	19,153	27,074	33,090	23,585	36,665	28,790	21,276	29,700	24,064	27,665	-	-	271,063
Records	11,036	11,243	13,020	8,960	11,917	12,348	13,011	9,566	11,817	12,312	-	-	115,230
Compliance	6,609	10,412	19,315	26,561	21,747	12,421	18,843	8,965	7,975	7,347	-	-	140,196
Finance	45,852	58,087	48,093	79,011	34,193	75,365	50,958	57,489	18,509	54,604	-	-	522,161
Public Relations	15,341	27,061	18,668	19,185	12,642	11,803	15,353	16,254	9,751	9,809	-	-	155,866
Information Technology	136,899	104,736	160,422	164,620	153,494	156,608	170,481	206,398	159,739	222,784	-	-	1,636,181
Corporate Quality	3,326	3,843	4,872	4,134	(3,918)	4,597	3,683	3,700	5,180	-	-	-	29,419
Project MGMT Office	7,249	9,629	11,440	16,166	(2,148)	19,402	18,585	17,341	3,941	-	-	-	101,605
Managed Care Contract	10,401	12,166	9,317	6,727	7,632	7,852	6,519	11,641	5,020	6,781	-	-	84,056
Total Overhead Allocations	358,196	389,905	474,411	467,685	375,299	451,513	431,646	464,141	360,093	442,909	-	-	4,215,797
Total Expenses	4,387,864	4,193,462	4,483,874	5,242,389	4,489,577	4,487,886	4,406,598	4,162,279	4,782,703	4,567,000	-	-	45,203,632
Net Margin	\$ (2,794,880)	\$ (1,716,527)	\$ (1,917,485)	\$ (4,442,356)	\$ (741,077)	\$ (5,002,990)	\$ (2,761,133)	\$ 1,420,575	\$ (1,106,357)	\$ (1,212,175)	\$ -	\$ -	\$ (20,274,405)
Capital Contributions	-	-	20,336	22,736	16,950	31,250	34,292	110,116	55,658	47,657	-	-	338,995
General Fund Support/ Transfer In	\$ 2,520,455	\$ 1,581,783	\$ 1,736,411	\$ 3,956,689	\$ 468,679	\$ 4,715,939	\$ 2,470,692	\$ 230,456	\$ -	\$ -	\$ -	\$ -	\$ 17,681,103

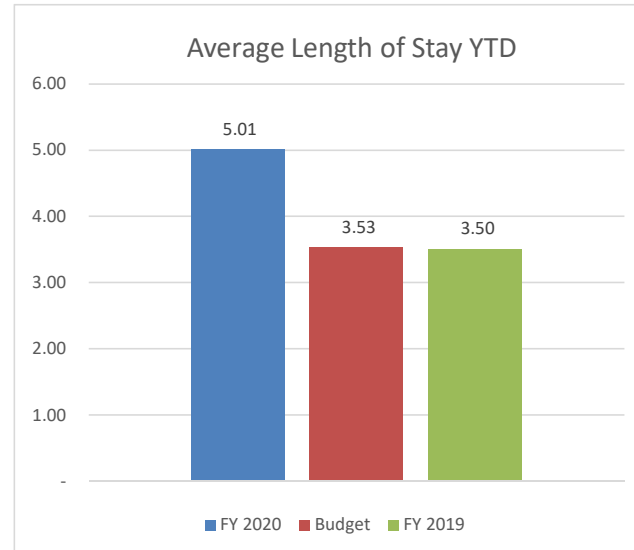
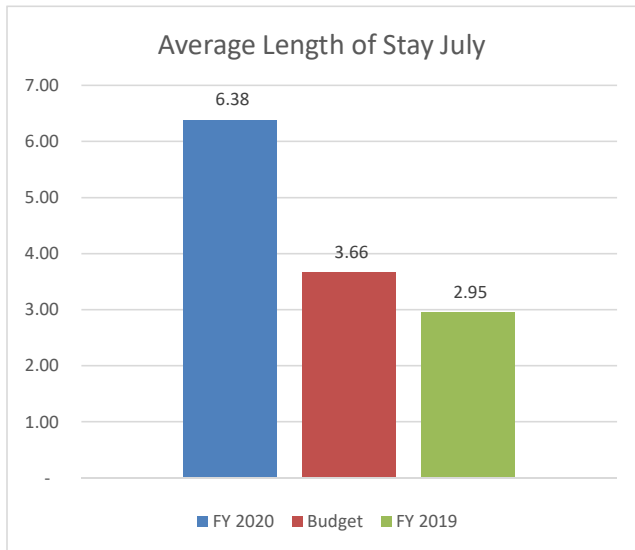
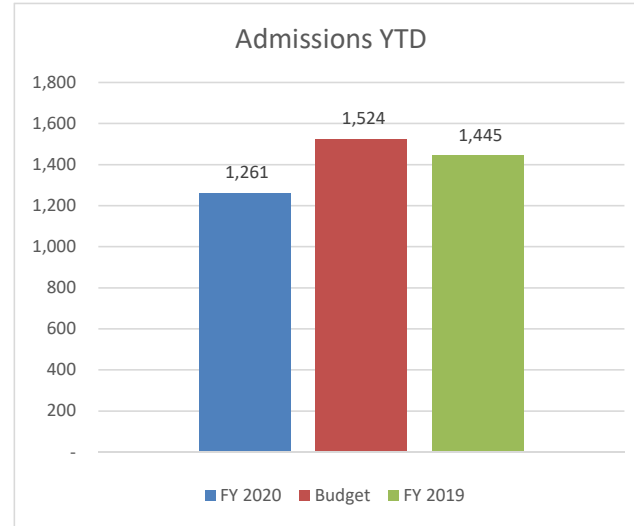
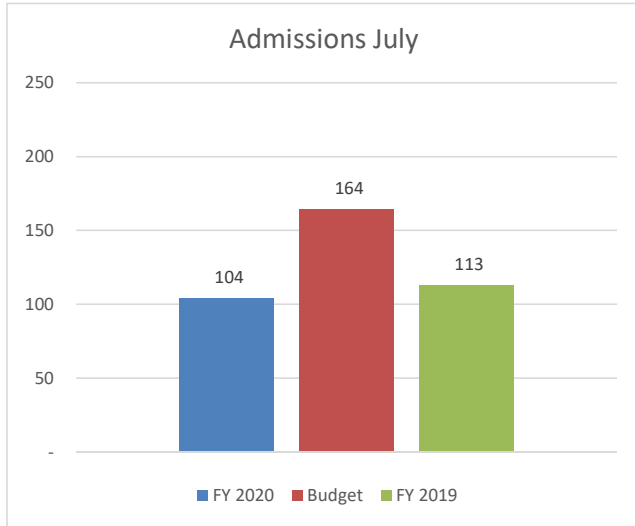
**Lakeside Medical Center
Statistical Information**

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	YTD Budget Total	% Var to Budget	Prior YTD Total
Admissions																
Newborn	20	11	19	23	9	9	15	15	6	5	-	-	132	148	(10.7%)	184
Pediatrics (12 beds)	1	4	7	10	9	8	5	1	1	2	-	-	48	109	(55.9%)	108
Adult	114	107	108	122	79	90	118	132	114	97	-	-	1,081	1,267	(14.7%)	1,153
Total	135	122	134	155	97	107	138	148	121	104	-	-	1,261	1,524	(17.3%)	1,445
Adjusted Admissions	408	324	420	483	350	346	264	245	239	216	-	-	3,296	4,419	(25.4%)	4,328
Patient Days																
Med Surg 2nd and 3rd Floor (14 beds)	42	59	62	98	61	51	95	169	141	65	-	-	843	849	(0.7%)	684
Pediatrics (12 beds)	16	23	17	52	53	36	37	17	26	8	-	-	285	469	(39.2%)	411
Telemetry (22 beds)	200	242	205	240	196	199	294	508	344	371	-	-	2,799	2,364	18.4%	2,174
ICU (6 beds)	100	150	115	90	69	74	170	232	167	180	-	-	1,347	689	95.5%	646
Obstetrics (16 beds)	67	39	64	64	32	25	45	50	20	8	-	-	414	496	(16.5%)	518
Total (70 beds)	425	513	463	544	411	385	641	976	698	632	-	-	5,688	4,867	16.9%	4,433
Adjusted Acute Patient Days	1,286	1,364	1,450	1,696	1,485	1,245	1,227	1,619	1,377	1,311	-	-	14,059	14,104	(0.3%)	13,208
Other Key Inpatient Statistics																
Occupancy Percentage	20%	0.2443	0.2134	0.2507	0.2025	0.1774	0.3052	0.4498	0.3324	0.2912	-	-	22%	23%	(2.9%)	21%
Average Daily Census (excl. newborns)	13.7	17.1	14.9	17.5	14.2	12.4	21.4	31.5	23.3	20.4	-	-	18.6	16.0	16.4%	14.6
Average Daily Census (incl. newborns)	15.5	18.1	16.5	19.4	15.1	13.1	22.5	32.6	23.6	20.4	-	-	19.7	17.3	13.6%	16.1
Average Length of Stay (excl newborns)	3.70	4.62	4.03	4.12	4.67	3.93	5.21	7.34	6.07	6.38	-	-	5.01	3.53	41.7%	3.50
Average Length of Stay (incl newborns)	3.56	4.46	3.81	3.87	4.52	3.80	4.90	6.83	5.85	6.08	-	-	4.77	3.45	38.1%	3.36
Case Mix Index- Medicare	1.3746	2.0418	1.4863	1.1419	1.8832	1.5796	1.3506	1.7817	1.7524	1.3705	-	-	1.5985	-	-	1.3650
Case Mix Index- Medicaid	0.8974	0.4269	1.2378	0.3670	2.8082	1.4517	2.0485	1.7788	1.8912	1.1743	-	-	1.1529	-	-	0.7641
Case Mix Index- All Payers	1.1066	1.2910	1.1148	1.0497	1.3057	1.2331	1.3730	1.4119	1.6335	1.5731	-	-	1.1747	-	-	1.0544
Emergency Room and Outpatients																
ER Admissions	80	85	71	155	64	67	74	75	70	67	-	-	808	1,115	(27.5%)	1,040
ER Visits	1,896	1,973	2,147	2,277	2,096	1,843	1,081	1,081	1,122	1,132	-	-	16,648	20,258	(17.8%)	19,931
Outpatient Visits	555	489	510	350	357	242	145	152	176	170	-	-	3,146	4,248	(25.9%)	4,248
ER and Outpatient Visits	2,451	2,462	2,657	2,627	2,453	2,085	1,226	1,233	1,298	1,302	-	-	19,794	24,506	(19.2%)	24,179
Observation Patient Stays	231	241	286	315	276	252	178	178	194	183	-	-	2,334	1,981	17.8%	2,156
Surgery and Other Procedures																
Inpatient Surgeries	41	42	37	49	37	33	26	28	24	24	-	-	341	288	18.4%	284
Outpatient Surgeries	7	8	-	4	6	2	1	1	3	5	-	-	37	23	60.9%	20
Endoscopies	9	10	17	16	29	10	1	10	10	5	-	-	117	56	108.9%	52
Radiology Procedures	2,440	2,644	2,286	2,798	2,686	2,261	1,512	1,781	1,851	1,827	-	-	22,086	24,220	(8.8%)	23,028
Lab Charges	15,333	16,452	17,457	18,737	15,795	14,148	12,937	17,300	15,491	15,715	-	-	159,365	150,940	5.6%	149,415
Staffing																
Paid FTE	285.80	306.28	300.42	298.04	305.57	305.72	292.36	288.27	290.44	286.32	-	-	295.92	293.80	0.7%	294.19
Paid FTE per Adjusted Occupied Bed	6.89	6.74	6.42	5.45	5.97	7.61	7.15	5.52	6.33	6.77	-	-	6.42	6.33	1.4%	6.77
Operational Performance																
Gross Revenue Per Adj Pat Day	8,626	8,813	8,690	7,855	7,869	7,958	7,330	7,174	7,650	8,204	-	-	8,017	7,919	1.2%	8,363
Net Revenue Per Adj Pat Day	4,952	4,768	4,584	4,807	2,297	5,003	3,971	3,713	3,301	1,931	-	-	3,933	14,384	(72.7%)	1,519
Salaries & Benefits as % of Net Pat Revenue	34%	31%	33%	28%	55%	33%	45%	31%	53%	83%	-	-	38%	10%	267.3%	99%
Labor Cost per Adj Pat Day	1,700	1,471	1,520	1,368	1,269	1,641	1,785	1,170	1,741	1,609	-	-	1,527	1,498	2.0%	1,522
Total Expense Per Adj Pat Day	2,921	2,610	2,587	2,665	2,598	3,036	3,031	2,126	3,024	2,950	-	-	2,755	2,602	5.9%	2,901

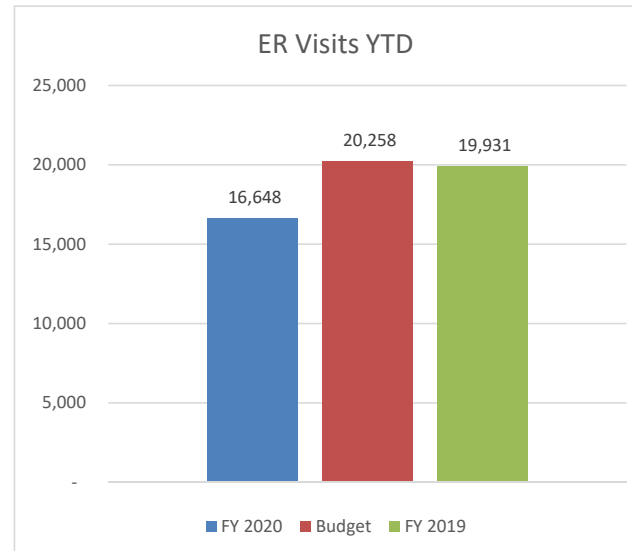
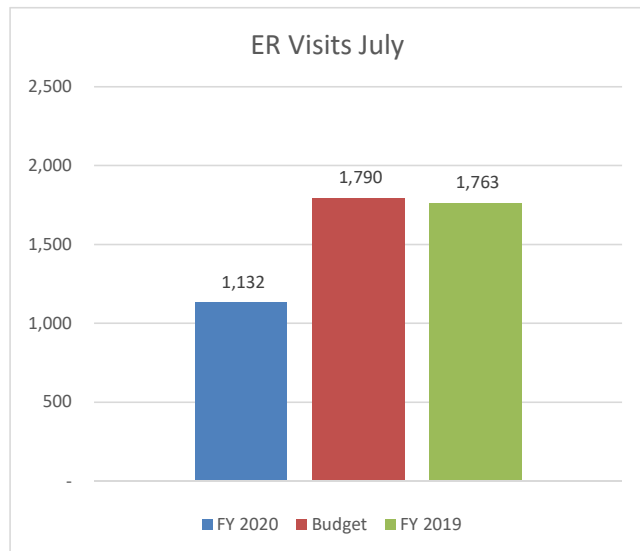
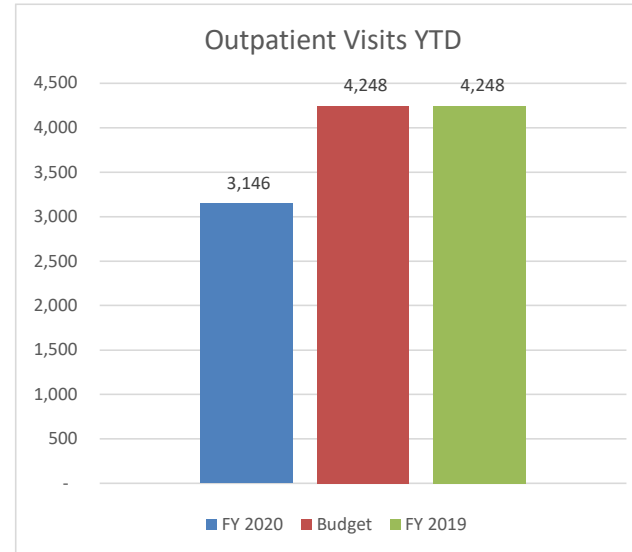
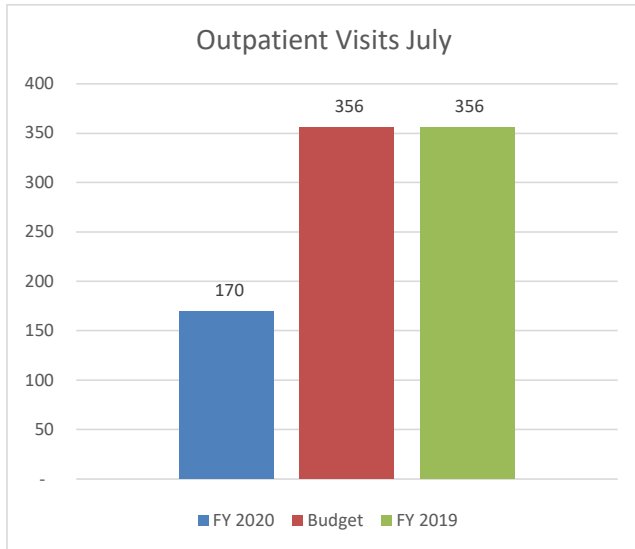
LAKESIDE MEDICAL CENTER Inpatient



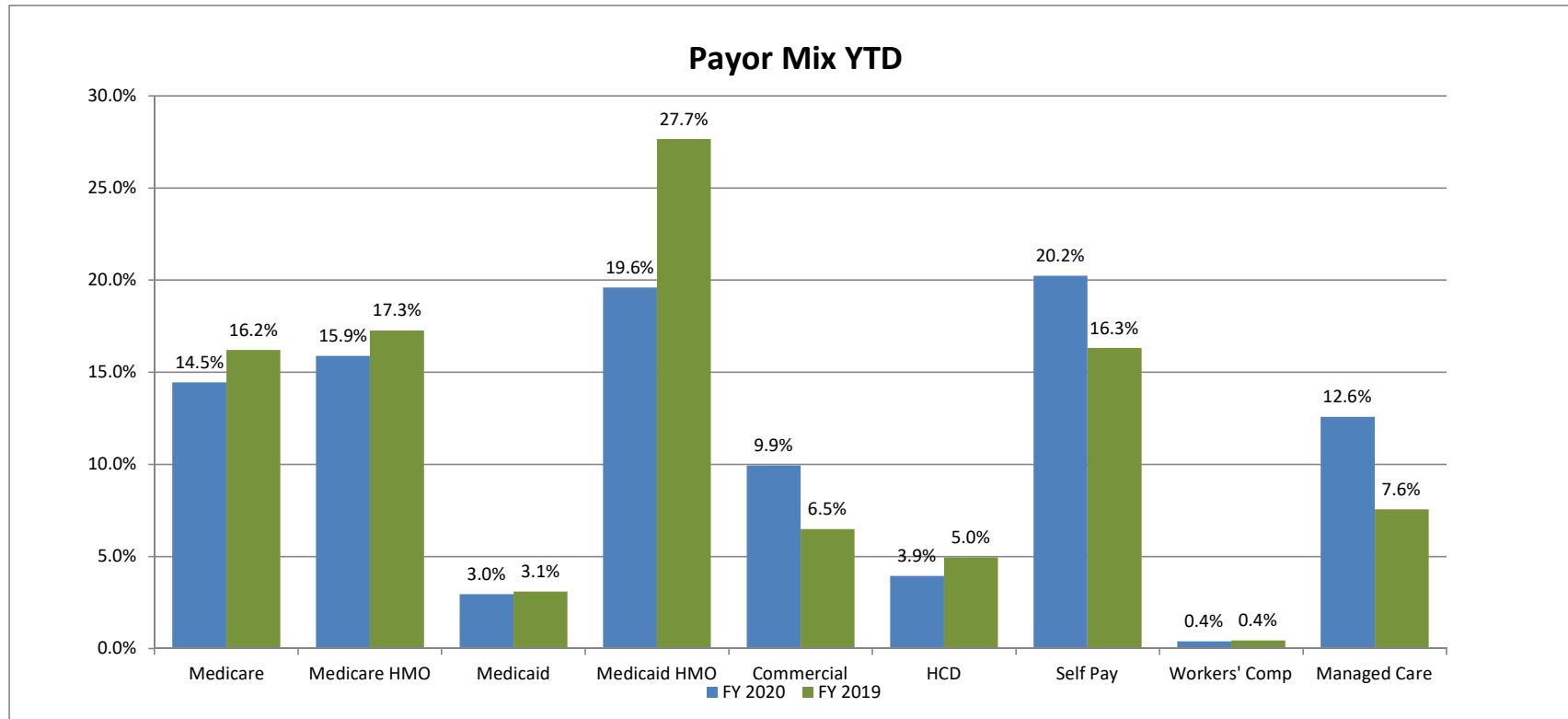
LAKESIDE MEDICAL CENTER Inpatient



LAKESIDE MEDICAL CENTER Outpatient



LAKESIDE MEDICAL CENTER Revenue





SUPPLEMENTAL INFORMATION

PRIMARY CARE CLINICS

Primary Care Clinics Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
20,412	13,280	(7,132)	(53.7%)	13,379	(7,033)	(52.6%)	Depreciation	185,903	132,800	(53,103)	(40.0%)	132,131	(53,772)	(40.7%)
<i>Overhead Allocations:</i>														
1,631	2,255	624	27.7%	318	(1,313)	(412.8%)	Risk Mgt	20,049	22,548	2,499	11.1%	25,497	5,448	21.4%
-	96,913	96,913	100.0%	88,382	88,382	100.0%	Rev Cycle	1,162,953	969,127	(193,825)	(20.0%)	907,985	(254,968)	(28.1%)
-	5,506	5,506	100.0%	5,274	5,274	100.0%	Internal Audit	40,512	55,064	14,552	26.4%	52,630	12,118	23.0%
21,199	21,420	221	1.0%	21,543	345	1.6%	Home Office Facilities	191,321	214,202	22,881	10.7%	192,056	735	0.4%
30,804	36,548	5,743	15.7%	24,929	(5,875)	(23.6%)	Administration	339,813	365,476	25,663	7.0%	249,215	(90,598)	(36.4%)
38,708	40,465	1,757	4.3%	37,191	(1,517)	(4.1%)	Human Resources	399,686	404,651	4,965	1.2%	341,407	(58,279)	(17.1%)
16,333	18,543	2,210	11.9%	12,733	(3,600)	(28.3%)	Legal	160,029	185,429	25,399	13.7%	127,330	(32,699)	(25.7%)
7,269	8,410	1,141	13.6%	6,949	(320)	(4.6%)	Records	68,029	84,100	16,071	19.1%	63,269	(4,761)	(7.5%)
4,338	11,534	7,196	62.4%	10,516	6,179	58.8%	Compliance	82,768	115,341	32,572	28.2%	69,180	(13,589)	(19.6%)
-	-	-	0.0%	115	115	100.0%	Planning/Research	-	-	-	0.0%	5,697	5,697	100.0%
32,237	31,318	(919)	(2.9%)	28,580	(3,657)	(12.8%)	Finance	308,272	313,178	4,906	1.6%	292,578	(15,694)	(5.4%)
5,791	11,356	5,566	49.0%	16,408	10,617	64.7%	Public Relations	92,020	113,564	21,544	19.0%	89,846	(2,174)	(2.4%)
131,527	109,427	(22,099)	(20.2%)	124,734	(6,793)	(5.4%)	Information Technology	965,963	1,094,273	128,309	11.7%	935,251	(30,713)	(3.3%)
-	1,447	1,447	100.0%	3,350	3,350	100.0%	Corporate Quality	17,368	14,474	(2,895)	(20.0%)	24,757	7,388	29.8%
-	4,999	4,999	100.0%	-	-	0.0%	Project MGMT Office	59,985	49,988	(9,997)	(20.0%)	-	(59,985)	0.0%
2,054	3,755	1,701	45.3%	3,670	1,616	44.0%	Managed Care Contract	25,461	37,554	12,093	32.2%	35,518	10,057	28.3%
291,890	403,897	112,007	27.7%	384,692	92,802	24.1%	Total Overhead Allocations	3,934,229	4,038,967	104,738	2.6%	3,412,214	(522,015)	(15.3%)
2,699,213	2,650,561	(48,652)	(1.8%)	2,621,057	(78,155)	(3.0%)	Total Expenses	26,474,564	25,762,732	(711,832)	(2.8%)	24,290,617	(2,183,946)	(9.0%)
\$ (356,268)	\$ (1,724,057)	\$ 1,367,789	(79.3%)	\$ (1,866,692)	\$ 1,510,424	(80.9%)	Net Margin	\$ (10,531,369)	\$ (9,587,219)	\$ (944,150)	9.8%	\$ (4,282,711)	\$ (6,248,658)	145.9%
(6,816)	3,988	10,804	270.9%	108,153	114,969	106.3%	Capital	6,460	39,880	33,420	83.8%	-	(6,460)	0.0%
\$ -	\$ 1,716,935	\$ 1,716,935	100.0%	\$ 1,522,720	\$ 1,522,720	100.0%	General Fund Support/ Transfer In	\$ 10,587,867	\$ 9,525,990	\$ (1,061,877)	(11.1%)	\$ 4,150,580	\$ (6,437,287)	(155.1%)

Primary Care Clinics Statement of Revenues and Expenses by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Gross Patient Revenue	2,170,266	1,734,463	1,899,323	2,006,755	2,006,769	1,801,952	160,855	403,778	1,413,235	1,451,817	-	-	15,049,213
Contractual Allowances	453,586	336,609	271,867	363,658	456,343	271,731	(59,194)	114,972	256,581	329,147	-	-	2,795,300
Charity Care	811,861	727,479	715,762	727,882	755,536	763,916	60,440	96,417	462,775	516,395	-	-	5,638,461
Bad Debt	341,494	193,678	306,448	343,282	34,054	266,273	189,943	133,496	515,415	293,790	-	-	2,617,872
Other Patient Revenue	385,820	385,820	341,366	190,933	514,094	363,607	333,912	778,072	394,539	159,491	-	-	3,847,653
Net Patient Revenue	949,144	862,516	946,612	762,866	1,274,930	863,640	303,579	836,965	573,003	471,977	-	-	7,845,232
Collections %	43.73%	49.73%	49.84%	38.01%	63.53%	47.93%	188.73%	207.28%	40.55%	32.51%	-	-	52.13%
Grant Funds	53,241	48,416	28,234	383,141	1,156,633	797,135	1,364,639	862,240	102,955	1,607,165	-	-	6,403,798
Other Financial Assistance	-	-	-	-	-	-	-	809,249	554,571	259,050	-	-	1,622,871
Other Revenue	21,291	2,647	6,897	1,641	12,750	5,134	4,770	5,564	5,849	4,752	-	-	71,294
Total Other Revenues	74,531	51,063	35,130	384,782	1,169,383	802,270	1,369,409	1,677,053	663,374	1,870,968	-	-	8,097,963
Total Revenues	1,023,676	913,579	981,742	1,147,648	2,444,313	1,665,909	1,672,988	2,514,018	1,236,377	2,342,945	-	-	15,943,195
<i>Direct Operational Expenses:</i>													
Salaries and Wages	1,489,724	1,328,404	1,427,860	1,204,612	1,217,711	1,440,687	1,543,379	1,234,387	1,587,443	1,437,972	-	-	13,912,179
Benefits	380,176	378,148	365,616	354,929	265,010	369,330	366,442	424,266	466,608	397,791	-	-	3,768,317
Purchased Services	101,033	80,005	43,837	125,015	59,974	106,492	57,310	56,861	63,545	50,292	-	-	744,365
Medical Supplies	15,280	65,422	33,103	32,205	48,440	53,844	12,994	10,092	23,562	85,145	-	-	380,087
Other Supplies	8,043	19,713	1,026	15,087	18,774	11,678	16,520	1,213	24,577	33,418	-	-	150,051
Medical Services	67,974	43,699	53,733	61,772	93,803	74,266	94,104	71,459	131,722	142,201	-	-	834,733
Drugs	65,352	106,112	85,786	79,805	83,941	76,212	84,585	96,741	68,456	72,180	-	-	819,170
Repairs & Maintenance	36,932	11,167	19,935	19,129	24,857	102,610	22,582	16,666	15,665	15,685	-	-	285,229
Lease & Rental	117,472	120,395	121,087	102,313	100,186	110,890	115,797	116,344	112,369	119,189	-	-	1,136,042
Utilities	6,959	6,781	4,724	4,942	3,268	4,694	4,407	4,607	3,895	5,209	-	-	49,486
Other Expense	19,578	37,182	33,567	43,749	17,228	17,735	26,386	13,042	16,952	24,110	-	-	249,531
Insurance	2,377	2,377	2,377	2,377	2,377	2,377	1,320	3,716	2,228	3,716	-	-	25,241
Total Operational Expenses	2,310,900	2,199,405	2,192,652	2,045,937	1,935,571	2,370,815	2,345,826	2,049,393	2,517,022	2,386,910	-	-	22,354,431
Net Performance before Depreciation & Overhead Allocations	(1,287,225)	(1,285,826)	(1,210,910)	(898,289)	508,743	(704,906)	(672,838)	464,625	(1,280,645)	(43,965)	-	-	(6,411,237)
Depreciation	13,167	10,357	26,292	19,329	19,356	19,355	19,259	19,268	19,109	20,412	-	-	185,903
<i>Overhead Allocations:</i>													
Risk Mgt	1,623	2,089	1,990	1,944	1,968	2,232	1,937	2,108	2,526	1,631	-	-	20,049
Rev Cycle	62,997	84,377	69,757	272,531	(5,098)	191,748	158,636	201,835	126,169	-	-	-	1,162,953
Internal Audit	5,281	6,983	5,435	5,263	4,570	5,288	5,186	1,363	1,144	-	-	-	40,512
Home Office Facilities	18,086	19,184	20,918	17,204	18,345	18,562	18,588	18,504	20,731	21,199	-	-	191,321
Administration	28,448	37,990	37,093	34,890	38,177	33,799	31,099	30,151	37,362	30,804	-	-	339,813
Human Resources	35,210	38,104	66,995	39,343	22,674	43,414	39,978	38,269	36,991	38,708	-	-	399,686
Legal	11,308	15,936	19,536	13,924	21,646	16,997	12,561	17,534	14,207	16,333	-	-	160,029
Records	6,516	6,638	7,687	5,290	7,035	7,290	7,681	5,647	6,976	7,269	-	-	68,029
Compliance	3,902	6,147	11,403	15,681	12,839	7,333	11,124	5,293	4,708	4,338	-	-	82,768
Finance	27,070	34,293	28,393	46,646	20,187	44,494	30,084	33,940	10,927	32,237	-	-	308,272
Public Relations	9,057	15,976	11,021	11,326	7,463	6,968	9,064	9,596	5,757	5,791	-	-	92,020
Information Technology	80,822	61,834	94,710	97,188	90,619	92,458	100,648	121,853	94,306	131,527	-	-	965,963
Corporate Quality	1,964	2,269	2,876	2,441	(2,313)	2,714	2,175	2,185	3,058	-	-	-	17,368
Project MGMT Office	4,280	5,685	6,754	9,544	(1,268)	11,455	10,972	10,238	2,327	-	-	-	59,985
Managed Care Contract	3,150	3,685	2,822	2,038	2,312	2,379	1,975	3,526	1,520	2,054	-	-	25,461
Total Overhead Allocations	299,713	341,238	387,389	575,252	239,156	487,131	441,707	502,041	368,711	291,890	-	-	3,934,229
Total Expenses	2,623,781	2,551,001	2,606,333	2,640,518	2,194,083	2,877,301	2,806,792	2,570,702	2,904,842	2,699,213	-	-	26,474,564
Net Margin	\$ (1,600,105)	\$ (1,637,421)	\$ (1,624,591)	\$ (1,492,870)	\$ 250,231	\$ (1,211,391)	\$ (1,133,804)	\$ (56,684)	\$ (1,668,465)	\$ (356,268)	\$ -	\$ -	\$ (10,531,369)
Capital	-	81,965	(81,965)	21,988	(12,580)	-	(6,663)	-	10,532	(6,816)	-	-	6,460
Capital Contributions	-	-	-	-	-	-	-	-	-	-	-	-	-
General Fund Support/ Transfer In	1,726,629	1,664,089	1,421,583	1,495,529	-	909,870	1,107,882	2,229,064	33,221	-	-	-	\$ 10,587,867

Primary Care Clinics- Medical Statement of Revenue and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
15,379	9,840	(5,539)	(56.3%)	9,863	(5,516)	(55.9%)	Depreciation	137,390	98,400	(38,990)	(39.6%)	97,906	(39,484)	(40.3%)
<i>Overhead Allocations:</i>														
1,341	1,854	513	27.7%	256	(1,086)	(424.6%)	Risk Mgt	16,488	18,543	2,055	11.1%	20,498	4,010	19.6%
-	78,723	78,723	100.0%	70,067	70,067	100.0%	Rev Cycle	944,673	787,228	(157,446)	(20.0%)	719,822	(224,852)	(31.2%)
-	4,528	4,528	100.0%	4,240	4,240	100.0%	Internal Audit	33,317	45,284	11,967	26.4%	42,311	8,994	21.3%
18,946	19,144	198	1.0%	19,166	220	1.1%	Home Office Facilities	170,987	191,437	20,449	10.7%	170,860	(128)	(0.1%)
25,333	30,056	4,723	15.7%	20,036	(5,297)	(26.4%)	Administration	279,456	300,561	21,105	7.0%	200,360	(79,096)	(39.5%)
31,688	33,126	1,438	4.3%	29,805	(1,883)	(6.3%)	Human Resources	327,195	331,259	4,065	1.2%	273,605	(53,589)	(19.6%)
13,432	15,249	1,818	11.9%	10,236	(3,196)	(31.2%)	Legal	131,605	152,493	20,888	13.7%	102,360	(29,245)	(28.6%)
5,978	6,916	938	13.6%	5,586	(391)	(7.0%)	Records	55,946	69,162	13,216	19.1%	50,864	(5,082)	(10.0%)
3,567	9,485	5,918	62.4%	8,454	4,887	57.8%	Compliance	68,067	94,854	26,787	28.2%	55,616	(12,451)	(22.4%)
-	-	-	0.0%	93	93	100.0%	Planning/Research	-	-	-	0.0%	4,580	4,580	100.0%
26,511	25,755	(756)	(2.9%)	22,976	(3,535)	(15.4%)	Finance	253,517	257,552	4,035	1.6%	235,213	(18,304)	(7.8%)
4,762	9,339	4,577	49.0%	13,191	8,429	63.9%	Public Relations	75,675	93,393	17,717	19.0%	72,230	(3,445)	(4.8%)
108,165	89,991	(18,174)	(20.2%)	100,277	(7,888)	(7.9%)	Information Technology	794,390	899,909	105,519	11.7%	751,877	(42,513)	(5.7%)
-	1,190	1,190	100.0%	2,693	2,693	100.0%	Corporate Quality	14,283	11,903	(2,381)	(20.0%)	19,897	5,614	28.2%
-	4,111	4,111	100.0%	-	-	0.0%	Project MGMT Office	49,331	41,109	(8,222)	(20.0%)	-	(49,331)	0.0%
1,668	3,051	1,382	45.3%	2,910	1,241	42.7%	Managed Care Contract	20,682	30,505	9,823	32.2%	28,157	7,475	26.5%
241,391	332,519	91,128	27.4%	309,985	68,594	22.1%	Total Overhead Allocations	3,235,612	3,325,191	89,579	2.7%	2,748,249	(487,363)	(17.7%)
2,246,924	2,178,110	(68,814)	(3.2%)	2,169,780	(77,144)	(3.6%)	Total Expenses	22,150,871	21,175,174	(975,697)	(4.6%)	19,836,453	(2,314,418)	(11.7%)
\$ (164,028)	\$ (1,484,601)	\$ 1,320,573	(89.0%)	\$ (1,632,925)	\$ 1,468,897	(90.0%)	Net Margin	\$ (8,934,959)	\$ (8,610,412)	\$ (324,547)	3.8%	\$ (4,004,167)	\$ (4,930,791)	123.1%
(6,816)	-	6,816	0.0%	-	6,816	0.0%	Capital	6,460	-	(6,460)	0.0%	-	(6,460)	0.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	-	-	-	-
\$ -	\$ 1,474,931	\$ 1,474,931	100.0%	\$ 1,522,720	\$ 1,522,720	100.0%	General Fund Support/ Transfer In	\$ 9,172,408	\$ 8,513,711	\$ (658,697)	(7.7%)	\$ 4,150,580	\$ (5,021,828)	(121.0%)

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
65,158	353,405	(288,247)	(81.6%)	394,109	(328,950)	(83.5%)	Gross Patient Revenue	2,499,686	3,584,259	(1,084,573)	(30.3%)	3,345,492	(845,806)	(25.3%)
11,161	43,064	31,903	74.1%	38,460	27,299	71.0%	Contractual Allowances	425,012	438,019	13,007	3.0%	736,349	311,337	42.3%
46,961	197,353	150,392	76.2%	204,040	157,079	77.0%	Charity Care	1,449,983	1,997,739	547,756	27.4%	1,556,547	106,564	6.8%
5,964	20,212	14,248	70.5%	24,920	18,956	76.1%	Bad Debt	177,317	202,203	24,886	12.3%	137,945	(39,372)	(28.5%)
64,086	260,629	196,543	75.4%	267,420	203,334	76.0%	Total Contractuals and Bad Debts	2,052,312	2,637,961	585,649	22.2%	2,430,841	378,530	15.6%
(23,809)	135,679	(159,488)	(117.5%)	88,373	(112,183)	(126.9%)	Other Patient Revenue	1,061,857	1,356,790	(294,933)	(21.7%)	1,391,834	(329,977)	(23.7%)
(22,737)	228,455	(251,192)	(110.0%)	215,062	(237,799)	(110.6%)	Net Patient Revenue	1,509,231	2,303,088	(793,857)	(34.5%)	2,306,484	(797,254)	(34.6%)
-34.90%	64.64%			54.57%			Collection %	60.38%	64.26%		68.94%			
240,805	4,540	236,265	5,204.1%	2,448	238,357	9,737.0%	Grant Funds	1,015,752	1,307,663	(291,911)	(22.3%)	1,868,904	(853,152)	(45.6%)
41,981	-	41,981	0.0%	-	41,981	0.0%	Other Financial Assistance	202,300	-	202,300	0.0%	-	202,300	0.0%
-	-	-	0.0%	-	-	0.0%	Other Revenue	-	-	-	0.0%	233	(233)	(100.0%)
282,786	4,540	278,246	6,128.8%	2,448	280,338	11,451.9%	Total Other Revenues	1,218,052	1,307,663	(89,611)	(6.9%)	1,869,137	(651,085)	(34.8%)
260,049	232,995	27,054	11.6%	217,510	42,539	19.6%	Total Revenues	2,727,282	3,610,751	(883,469)	(24.5%)	4,175,621	(1,448,338)	(34.7%)
<i>Direct Operational Expenses:</i>														
232,330	257,024	24,694	9.6%	229,633	(2,697)	(1.2%)	Salaries and Wages	2,334,097	2,447,514	113,417	4.6%	2,323,307	(10,790)	(0.5%)
64,518	71,938	7,420	10.3%	66,640	2,122	3.2%	Benefits	640,381	705,158	64,777	9.2%	665,122	24,740	3.7%
7,677	7,625	(52)	(0.7%)	7,477	(201)	(2.7%)	Purchased Services	88,710	76,250	(12,460)	(16.3%)	82,181	(6,528)	(7.9%)
55,276	22,084	(33,192)	(150.3%)	27,280	(27,996)	(102.6%)	Medical Supplies	179,082	220,840	41,758	18.9%	217,810	38,728	17.8%
4,288	1,527	(2,761)	(180.8%)	3,193	(1,095)	(34.3%)	Other Supplies	11,328	15,270	3,942	25.8%	118,955	107,627	90.5%
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%
69	225	156	69.4%	-	(69)	0.0%	Drugs	219	2,250	2,031	90.3%	1,302	1,084	83.2%
4,571	5,652	1,081	19.1%	10,407	5,836	56.1%	Repairs & Maintenance	36,128	56,520	20,392	36.1%	48,440	12,312	25.4%
25,392	25,778	386	1.5%	26,194	803	3.1%	Lease & Rental	251,731	257,780	6,049	2.3%	262,868	11,137	4.2%
1,164	2,050	886	43.2%	1,557	393	25.2%	Utilities	10,308	20,500	10,192	49.7%	9,485	(822)	(8.7%)
1,430	3,699	2,269	61.3%	643	(788)	(122.5%)	Other Expense	24,240	36,990	12,750	34.5%	26,071	1,831	7.0%
41	31	(10)	(31.0%)	31	(10)	(31.2%)	Insurance	339	310	(29)	(9.2%)	431	93	21.5%
396,756	397,633	877	0.2%	373,054	(23,702)	(6.4%)	Total Operational Expenses	3,576,562	3,839,382	262,820	6.8%	3,755,973	179,411	4.8%
Net Performance before														
(136,707)	(164,638)	27,931	(17.0%)	(155,545)	18,837	(12.1%)	Depreciation & Overhead Allocations	(849,280)	(228,631)	(620,649)	271.5%	419,647	(1,268,927)	(302.4%)

Primary Care Clinics- Dental Statement of Revenues and Expenses

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month							Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%	Actual	Budget	Variance	%	Prior Year	Variance	%	
5,033	3,440	(1,593)	(46.3%)	3,516	(1,517)	(43.2%)	Depreciation	48,513	34,400	(14,113)	(41.0%)	34,225	(14,288)	(41.7%)
<i>Overhead Allocations:</i>														
290	401	111	27.7%	62	(227)	(364.6%)	Risk Mgt	3,561	4,005	444	11.1%	4,999	1,438	28.8%
-	18,190	18,190	100.0%	18,315	18,315	100.0%	Rev Cycle	218,279	181,899	(36,380)	(20.0%)	188,163	(30,116)	(16.0%)
-	978	978	100.0%	1,034	1,034	100.0%	Internal Audit	7,196	9,781	2,585	26.4%	10,319	3,123	30.3%
2,253	2,277	24	1.0%	2,378	125	5.2%	Home Office Facilities	20,333	22,765	2,432	10.7%	21,196	862	4.1%
5,471	6,492	1,020	15.7%	4,893	(578)	(11.8%)	Administration	60,357	64,916	4,558	7.0%	48,855	(11,502)	(23.5%)
7,021	7,339	319	4.3%	7,386	365	4.9%	Human Resources	72,491	73,392	901	1.2%	67,802	(4,689)	(6.9%)
2,901	3,294	393	11.9%	2,497	(404)	(16.2%)	Legal	28,424	32,936	4,511	13.7%	24,970	(3,454)	(13.8%)
1,291	1,494	203	13.6%	1,362	71	5.2%	Records	12,083	14,938	2,854	19.1%	12,405	322	2.6%
770	2,049	1,278	62.4%	2,062	1,291	62.6%	Compliance	14,701	20,487	5,785	28.2%	13,564	(1,137)	(8.4%)
-	-	-	0.0%	23	23	100.0%	Planning/Research	-	-	-	0.0%	1,117	1,117	100.0%
5,726	5,563	(163)	(2.9%)	5,604	(122)	(2.2%)	Finance	54,755	55,626	871	1.6%	57,366	2,611	4.6%
1,029	2,017	989	49.0%	3,217	2,189	68.0%	Public Relations	16,344	20,171	3,827	19.0%	17,616	1,272	7.2%
23,362	19,436	(3,925)	(20.2%)	24,456	1,095	4.5%	Information Technology	171,573	194,364	22,790	11.7%	183,374	11,800	6.4%
-	257	257	100.0%	657	657	100.0%	Corporate Quality	3,085	2,571	(514)	(20.0%)	4,859	1,774	36.5%
-	888	888	100.0%	-	-	0.0%	Project MGMT Office	10,654	8,879	(1,776)	(20.0%)	-	(10,654)	0.0%
386	705	319	45.3%	761	375	49.3%	Managed Care Contract	4,779	7,049	2,270	32.2%	7,360	2,581	35.1%
50,499	71,378	20,879	29.3%	74,707	24,208	32.4%	Total Overhead Allocations	698,617	713,777	15,159	2.1%	663,965	(34,652)	(5.2%)
452,288	472,451	20,163	4.3%	451,277	(1,011)	(0.2%)	Total Expenses	4,323,693	4,587,559	263,866	5.8%	4,454,164	130,471	2.9%
\$ (192,239)	\$ (239,456)	\$ 47,216	(19.7%)	\$ (233,767)	\$ 41,528	(17.8%)	Net Margin	\$ (1,596,410)	\$ (976,808)	\$ (619,603)	63.4%	\$ (278,543)	\$ (1,317,867)	473.1%
-	3,988	3,988	100.0%	108,153	108,153	100.0%	Capital	-	39,880	39,880	100.0%	-	-	0.0%
-	-	-	0.0%	-	-	0.0%	Capital Contributions	-	-	-	0.0%	-	-	0.0%
\$ -	\$ 242,004	\$ 242,004	100.0%	\$ -	\$ -	0.0%	General Fund Support/ Transfer In	\$ 1,415,459	\$ 1,012,279	\$ (403,180)	(39.8%)	\$ -	\$ (1,415,459)	0.0%

Primary Care Clinics- Dental Statement of Revenues and Expenses by Location

FOR THE TENTH MONTH ENDED JULY 31, 2020

	Dental Clinic Administration	West Palm Beach Dental Clinic	Lantana Dental Clinic	Delray Dental Clinic	Belle Glade Dental Clinic	Total
Gross Patient Revenue	-	1,003,766	565,789	571,512	358,619	2,499,686
Contractual Allowances	-	191,994	90,840	61,874	80,304	425,012
Charity Care	-	556,282	326,981	392,223	174,497	1,449,983
Bad Debt	-	56,823	54,300	31,194	35,001	177,317
Total Contractual Allowances and Bad Debt	-	805,099	472,121	485,290	289,802	2,052,312
Other Patient Revenue	-	376,364	243,310	160,681	281,502	1,061,857
Net Patient Revenue	-	575,031	336,979	246,902	350,319	1,509,231
Collection %	-	57.29%	59.56%	43.20%	97.69%	60.38%
Grant Funds	92,058	386,342	218,745	200,587	118,021	1,015,752
Other Financial Assistance	16,664	69,757	31,026	54,996	29,857	202,300
Other Revenue	-	-	-	-	-	-
Total Other Revenues	108,722	456,099	249,771	255,583	147,877	1,218,052
Total Revenues	108,722	1,031,129	586,750	502,485	498,196	2,727,282
<i>Direct Operational Expenses:</i>						
Salaries and Wages	301,099	765,154	474,779	501,918	291,146	2,334,097
Benefits	76,084	201,980	136,893	140,776	84,648	640,381
Purchased Services	-	19,687	21,014	15,623	32,387	88,710
Medical Supplies	69	90,560	32,275	37,510	18,669	179,082
Other Supplies	-	6,365	1,462	634	2,867	11,328
Drugs	-	117	47	55	0	219
Repairs & Maintenance	-	11,197	8,040	9,334	7,557	36,128
Lease & Rental	-	95,881	54,926	51,525	49,399	251,731
Utilities	-	3,110	3,509	1,418	2,270	10,308
Other Expense	1,885	5,676	8,134	4,937	3,608	24,240
Insurance	-	-	-	-	339	339
Total Operational Expenses	379,136	1,199,726	741,079	763,731	492,889	3,576,562
Net Performance before Depreciation & Overhead Allocations	(270,414)	(168,597)	(154,329)	(261,246)	5,307	(849,280)
Depreciation	-	6,115	6,552	6,038	29,808	48,513
<i>Overhead Allocations:</i>						
Risk Mgt	264	1,223	870	764	440	3,561
Rev Cycle	-	80,929	57,624	50,577	29,149	218,279
Internal Audit	533	2,470	1,759	1,544	890	7,196
Home Office Facilities	20,333	-	-	-	-	20,333
Administration	4,469	20,721	14,754	12,950	7,463	60,357
Human Resources	3,280	22,961	20,009	18,041	8,200	72,491
Legal	2,105	9,758	6,948	6,098	3,515	28,424
Records	895	4,148	2,954	2,592	1,494	12,083
Compliance	1,089	5,047	3,594	3,154	1,818	14,701
Finance	4,054	18,798	13,384	11,748	6,771	54,755
Public Relations	1,210	5,611	3,995	3,507	2,021	16,344
Information Technology	12,705	58,902	41,940	36,811	21,216	171,573
Corporate Quality	228	1,059	754	662	381	3,085
Project MGMT Office	789	3,658	2,604	2,286	1,317	10,654
Managed Care Contract	-	1,772	1,262	1,107	638	4,779
Total Overhead Allocations	51,954	237,057	172,451	151,842	85,314	698,617
Total Expenses	431,090	1,442,898	920,082	921,611	608,012	4,323,693
Net Margin	\$ (322,368)	\$ (411,769)	\$ (333,332)	\$ (419,126)	\$ (109,815)	\$ (1,596,410)
Capital	-	-	-	-	-	-
Capital Contributions	-	-	-	-	-	-
General Fund Support/ Transfer In	\$ 1,415,459	-	-	-	-	1,415,459



Clinic Visits - Adults and Pediatrics	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Current Year Total	Current YTD Budget	%Var to Budget	Prior Year Total
	West Palm Beach	1,929	1,472	1,653	1,797	1,532	1,095	-	224	1,030	1,111			11,843	15,883	(25.4%)
Delray	1,429	957	1,019	1,151	994	542	-	99	895	1,058			8,144	8,626	(5.6%)	12,611
Lantana	1,752	1,489	1,664	2,034	1,809	1,415	563	464	1,215	1,477			13,882	13,800	0.6%	14,067
Belle Glade	950	746	912	847	762	484	10	71	462	504			5,748	8,722	(34.1%)	8,374
Lewis Center	296	213	241	246	246	198	-	-	236	437			2,113	2,393	(11.7%)	2,497
Lake Worth & Women's Health Care	1,553	1,161	1,303	1,255	1,301	731	296	632	1,039	1,048			10,319	15,318	(32.6%)	13,416
Jupiter Clinic	609	471	417	520	412	233	-	97	319	410			3,488	4,931	(29.3%)	4,889
West Boca & Women's Health Care	997	680	745	782	817	395	20	110	678	720			5,944	7,575	(21.5%)	8,921
Mobile Van	156	136	132	108	107	442	-	-	6	-			1,087	1,918	(43.3%)	1,761
Mangonia Park	-	67	58	80	168	166	-	193	450	396			1,578	-	-	-
Mangonia Park-Substance	499	497	455	423	464	-	-	-	-	-			2,338	5,800	(59.7%)	4,454
Total Clinic Visits	10,170	7,889	8,599	9,243	8,612	5,701	889	1,890	6,330	7,161	-	-	66,484	84,966	(21.8%)	87,060
Dental Visits																
West Palm Beach	975	776	778	915	864	460	-	56	218	216			5,258	7,992	(34.2%)	8,117
Lantana	733	570	541	470	470	225	-	-	-	-			3,009	8,661	(65.3%)	6,366
Delray	628	547	596	598	557	245	-	-	-	-			3,171	5,556	(42.9%)	5,889
Belle Glade	360	251	343	376	296	154	109	135	57	-			2,081	3,427	(39.3%)	3,163
Total Dental Visits	2,696	2,144	2,258	2,359	2,187	1,084	109	191	275	216	-	-	13,519	25,636	(47.3%)	23,535
Total Medical and Dental Visits	12,866	10,033	10,857	11,602	10,799	6,785	998	2,081	6,605	7,377	-	-	80,003	110,602	(27.7%)	110,595
Key Ratios																
Collection Ratio													22%			
Bad debt write off as a percentage of total billing													26%			
Collections per visit													36			
Charges Per Visit													163			
Percentage of A/R less than 120 days													52%			
Days in AR													60			
Mental Health Counselors (non-billable)																
West Palm Beach	178	101	164	171	153	192	10	70	183	108			1,330	1,160	14.7%	1,334
Delray	139	119	41	35	111	95	-	29	171	95			835	1,220	(31.6%)	1,396
Lantana	611	440	496	701	551	417	9	92	388	384			4,089	2,466	65.8%	4,616
Belle Glade	53	95	149	137	103	38	-	7	114	114			810	224	261.6%	194
Mangonia Park	53	150	296	391	278	189	3	85	143	235			1,823	4,757	(61.7%)	-
Lewis Center	240	173	215	178	177	-	-	-	58	178			1,219	2,609	(53.3%)	2,303
Lake Worth	204	146	163	192	140	89	1	34	169	58			1,196	1,878	(36.3%)	1,404
Jupiter	-	-	-	-	-	1	-	-	-	-			1	-	0.0%	-
West Boca	3	1	-	1	-	4	1	-	1	-			11	-	0.0%	-
Mobile Van	96	71	76	45	44	30	-	-	-	-			362	1,073	(66.3%)	472
Total Mental Health Screenings	1,577	1,296	1,600	1,851	1,557	1,055	24	317	1,227	1,172	-	-	11,676	15,387	-24.1%	11,719



SUPPLEMENTAL INFORMATION

MEDICAID MATCH FUND

Medicaid Match Statement of Revenues and Expenditures

FOR THE TENTH MONTH ENDED JULY 31, 2020

Current Month								Fiscal Year To Date							
Actual	Budget	Variance	%	Prior Year	Variance	%		Actual	Budget	Variance	%	Prior Year	Variance	%	
\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	Patient Revenue	\$ -	\$ -	\$ -	0.0%	\$ -	\$ -	0.0%	
491,667	491,667	-	0.0%	491,667	-	0.0%	PBC Interlocal	4,916,667	4,916,667	-	0.0%	4,916,667	-	0.0%	
11	316	(305)	(96.5%)	274	(263)	(96.0%)	Other revenue	1,003	3,157	(2,154)	(68.2%)	3,115	(2,112)	(67.8%)	
491,678	491,982	(305)	(0.1%)	491,941	(263)	(0.1%)	Total Revenue	4,917,669	4,919,823	(2,154)	(0.0%)	4,919,782	(2,112)	(0.0%)	
<i>Direct Operational Expenses:</i>															
-	-	-	0.0%	-	-	0.0%	Salaries and Wages	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Benefits	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Purchased Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Other Supplies	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Contracted Physician Expense	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Medical Services	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Drugs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Repairs & Maintenance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Lease & Rental	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Utilities	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Other Expense	14,204,652	14,243,172	38,520	0.3%	14,391,545	186,893	1.3%	
-	-	-	0.0%	-	-	0.0%	Insurance	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Total Operational Expenses	14,204,652	14,243,172	38,520	0.3%	14,391,545	186,893	1.3%	
Net Performance before Overhead															
(957,896)	(925,249)	(32,647)	3.5%	(925,290)	(32,606)	3.5%	Allocations	(9,286,983)	(9,323,349)	36,366	(0.4%)	(9,471,764)	184,781	(2.0%)	
<i>Overhead Allocations:</i>															
-	-	-	0.0%	-	-	0.0%	Risk Mgt	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Rev Cycle	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Internal Audit	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legislative Affairs	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Administration	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Human Resources	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Legal	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Records	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Compliance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Finance	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Communications	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Information Technology	-	-	-	0.0%	-	-	0.0%	
-	-	-	0.0%	-	-	0.0%	Total Overhead Allocations	-	-	-	0.0%	-	-	0.0%	
1,449,573	1,417,231	(32,342)	(2.3%)	1,417,231	(32,343)	(2.3%)	Total Expenses	14,204,652	14,243,172	38,520	0.3%	14,391,545	186,893	1.3%	
(957,896)	(925,249)	(32,647)	3.5%	(925,290)	(32,606)	3.5%	Net Margin	(9,286,983)	(9,323,349)	36,366	(0.4%)	(9,471,764)	184,781	2.0%	
957,896	942,964	14,932	1.6%	925,290	32,606	3.5%	General Fund Support	9,286,982	9,429,640	(142,658)	(1.5%)	9,471,764	(184,781)	(2.0%)	
\$ 957,896	\$ 942,964	\$ 14,932	1.6%	\$ 925,290	32,606	3.5%	Total Transfers In	\$ 9,286,982	\$ 9,429,640	\$ (142,658)	(1.5%)	\$ 9,471,764	\$ (184,781)	(2.0%)	

Medicaid Match Statement of Revenues and Expenditures by Month

	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Year to Date
Patient Revenue	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PBC Interlocal	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	491,667	-	-	4,916,667
Other revenue	100	114	436	162	66	25	32	31	25	11	-	-	1,003
Total Revenue	491,767	491,780	492,103	491,829	491,732	491,692	491,699	491,698	491,692	491,678	-	-	4,917,669
<i>Direct Operational Expenses:</i>													
Salaries and Wages	-	-	-	-	-	-	-	-	-	-	-	-	-
Benefits	-	-	-	-	-	-	-	-	-	-	-	-	-
Purchased Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Supplies	-	-	-	-	-	-	-	-	-	-	-	-	-
Contracted Physician Expense	-	-	-	-	-	-	-	-	-	-	-	-	-
Medical Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Drugs	-	-	-	-	-	-	-	-	-	-	-	-	-
Repairs & Maintenance	-	-	-	-	-	-	-	-	-	-	-	-	-
Lease & Rental	-	-	-	-	-	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Expense	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	-	-	14,204,652
Insurance	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Operational Expenses	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	-	-	14,204,652
Net Performance before Overhead Allocations	(925,464)	(925,450)	(925,128)	(925,402)	(925,499)	(925,539)	(925,532)	(925,533)	(925,539)	(957,896)	-	-	(9,286,982)
<i>Overhead Allocations:</i>													
Risk Mgt	-	-	-	-	-	-	-	-	-	-	-	-	-
Rev Cycle	-	-	-	-	-	-	-	-	-	-	-	-	-
Internal Audit**	-	-	-	-	-	-	-	-	-	-	-	-	-
Legislative Affairs	-	-	-	-	-	-	-	-	-	-	-	-	-
Administration**	-	-	-	-	-	-	-	-	-	-	-	-	-
Human Resources	-	-	-	-	-	-	-	-	-	-	-	-	-
Legal	-	-	-	-	-	-	-	-	-	-	-	-	-
Records	-	-	-	-	-	-	-	-	-	-	-	-	-
Compliance**	-	-	-	-	-	-	-	-	-	-	-	-	-
Finance	-	-	-	-	-	-	-	-	-	-	-	-	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Information Technology	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Overhead Allocations	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Expenses	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,417,231	1,449,573	-	-	14,204,652
Net Margin	(925,464)	(925,450)	(925,128)	(925,402)	(925,499)	(925,539)	(925,532)	(925,533)	(925,539)	(957,896)	-	-	(9,286,982)
General Fund Support	925,464	925,450	925,128	925,402	925,499	925,539	925,532	925,533	925,539	957,896	-	-	9,286,982
Total Transfers In	\$ 925,464	\$ 925,450	\$ 925,128	\$ 925,402	\$ 925,499	\$ 925,539	\$ 925,532	\$ 925,533	\$ 925,539	\$ 957,896	\$ -	\$ -	\$ 9,286,982

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Credentialing and Privileging of Healey Center practitioner(s)

2. Summary:

The below practitioner(s) are recommended for approval by the Chief Medical Officer:

Last Name	First Name	Credentials	Specialty
Di Luigi	Argentino	MD	Psychiatry
Etheredge	Kali	DPM	Podiatry
Hartstein	Alan	DPM	Podiatry
Lam	Minh Dai	APRN	Nurse Practitioner
Langley	Tamara	APRN	Nurse Practitioner
Mitchell	Laverne	APRN	Nurse Practitioner
Inwood	Kevin	MD	Internal Medicine
Davis	Barry	MD	General Surgery

3. Substantive Analysis:

The practitioner(s) have satisfactorily completed the credentialing and privileging process. The credentialing and privileging process ensures that all facility practitioners meet specific criteria and standards of professional qualifications. This criterion includes, but is not limited to:

- Current licensure
- Relevant education, training and experience
- Current clinical competence
- Health fitness, or ability to perform the requested privileges
- Malpractice history (NPDB query)

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with state and federal requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

The Healey Center utilized internal Credentialing staff and the Chief Medical Officer to support the credentialing and privileging process.

HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

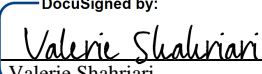
N/A
Committee Name

N/A
Date Approved


6. Recommendation:

Staff recommends the Board approve credentialing and privileging of Healey Center Practitioner/s.

Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel



Belma Andric, MD, MPH
Chief Medical Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Department of Security Services Policy of Operations

2. Summary:

This agenda item presents the Department of Security Services (DSS) Policy of Operations to ensure the referred complies with corresponding regulatory, compliance, and best industry practices.

3. Substantive Analysis:

The Department of Security Services (DSS) Policy of Operations will serve as the guidance and foundation of subsequent Policies, Procedures, Protocols, Plans, and SOPs supporting the safety, protection, and security of all business units, employees, patients, visitors, vendors, contractors, suppliers, intellectual & physical property, and reputation.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

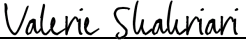
N/A
Date Approved

6. Recommendation:

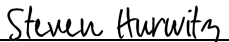
Staff recommends the Board approve the Department of Security Services Policy of Operations.

HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020


Approved for Legal sufficiency:

DocuSigned by:


Valerie Shahnian
VP & General Counsel

DocuSigned by:


Steven Hurwitz
Chief Administrative Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer



Department of Security Services Policy

Department of Security Services Policy

Policy #:	HCDSS_0001-A	Effective Date:	10/1/2020
Business Unit:	HCD Organization Shared Policy	Last Review Date:	09/15/2020
Approval Group:	HCD Security Policy Board Approval	Document Owner(s):	Department of Security Services
Board Approval Date:	09/10/2020		

PURPOSE

To provide a high-level statement supporting the ultimate goals for the Department of Security Services (DSS) in support of the safety, protection and security of its employees, patients, visitors, contractors, vendors, suppliers, assets, and reputation.

SCOPE

The scope of this Policy is to provide corresponding rules, regulations, and expectations that will provide safety, protection, and security to the Health Care Districts premises, parking areas, points of entry, places of work, parameters of control, policies, procedures, protocols and plans, policing and compliance with, and above all people.

The details of this Policy were holistically developed to ensure priorities are initially placed on life-safety and the well-being of its employees, patients, visitors, contractors, vendors, suppliers, assets and physical property protection, reputation, and the continued operational existence of the Health Care District.

POLICY

The Health Care District - Department of Security Services Policy follows all Security mandates and expectations defined by the Occupational Safety and Health Administrations (**OSHA**) Act of 1970, section V, Articles A (1 & 2) and B; aka. **General Duty Clause**. In addition, the enforcement for the protection of information will be as mandated by the Health Insurance Portability and Accountability Act (**HIPAA**) of 1996.

The Policy takes in consideration for implementation all technical suggestions and best practices identified by the American Society for Industrial Security (**ASIS International**), The International Association for Healthcare Security and Safety (**IAHSS**), The Joint Commission (**TJC**), the International Organization for Standardization (**ISO**), and expectations identified by multiple regulatory and governing bodies such as the Center for Disease Control and Prevention (**CDC**), the National Institute for Occupational Safety and Health (**NIOSH**), Center for Medicare and Medicaid Services (**CMS**) / Agency for Health Care Administration (**AHCA**) and the National Center for Assisted Living (**NCAL**), and other focus areas related to the safety, protection, and security of people, property, and reputation.



The development, implementation, and enforcement of Procedures, Protocols, Plans, and SOPs must consider previously defined entities in order to remain in compliance with regulatory and governing bodies, best industry practices, and the Palm Beach County - Health Care Districts modus operandi.

EXCEPTIONS

Exceptions must be identified, approved, and communicated to the Policy owner, direct supervisory Chain of Command, including Legal, Compliance, and Risk areas.

RELATED DOCUMENTS	
Related Policy Document(s)	
Related Forms	
Reference(s)	
Last Revision	
Revision Information/Changes	
Next Review Date	

APPROVALS	
Reviewer approval	
Reviewer approval date	
Final approver	
Final approval date	

This policy is only intended to serve as a general guideline to assist staff in the delivery of patient care; it does not create standard(s) of care or standard(s) of practice. The final decision(s) as to patient management shall be based on the professional judgement of the health care providers(s) involved with the patient, considering the circumstances at that time. Any references are to sources, some parts of which were reviewed in connection with formulation of the policy/procedure. The references are not adopted in whole or in part by the hospital(s) or clinic(s) / provider(s).

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**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Records Management/HIM Policy Updates and Retired Policies

2. Summary:

A review of the Records Management/HIM Department policies and procedures was undertaken, which identified revisions and consolidations (due to duplication) necessary to streamline the policies, converting consolidated policies into procedures where applicable.

3. Substantive Analysis:

Revisions are proposed to the following four policies, which are attached in redline:

- HIM-PO-01 Reproduction of Medical Records
- HIM-PO-02 Retention of Medical Records
- RECMGMT-PO-01 Records Management Policy-Public Records
- RECMGMT-PO-02 Public Records Access

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A

 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

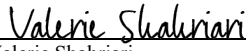
 Date Approved

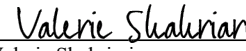
**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

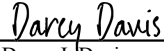
6. Recommendation:

Staff recommends the Board approve the revised Records Management/HIM policies.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Darcy Davis
Chief Executive Officer



Health Information Management Policy - Reproduction of Medical Records

Policy #: HIM-PO-01 Effective Date: [Effective Date]
 Business Unit: Records ManagementHealth Information Management Last Review Date: 08/13/2020
 Approval Group: HIM Policy – Board Approval Document Owner(s): Records ManagementHealth Information Management
 Board Approval Date:

PURPOSE

This policy is to ensure access to patient records as required by law.

SCOPE

All District Employees.

POLICY

In response to a valid HIPAA written consent and authorization, subpoena or as otherwise required by law, the Health Care District, and its subsidiaries, (District) shall furnish, in a timely manner, a true and correct copy of all patient records, which are in its possession.

The District shall produce such records in compliance with all federal and state laws regulating same. The District does not charge patients for copies of their records. Fees charged to third parties are per state and federal regulations. is authorized to charge and collect processing and copying fees as set for the by state law.

APPROVED BY	DATE
<u>Ronald J. Wiewora, MD, MPH, Chief Executive Officer</u>	
<u>Committee N/A</u>	
<u>Health Care District Board Approval:</u>	<u>July 9, 2014</u>

POLICY REVISION HISTORY

<u>Original Policy Date</u>	<u>Revisions</u>
-----------------------------	------------------



July 9, 2014

"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	F.S. 456.057, F.S. 458.309
Last Revision	08/13/2020
Revision Information/Changes	07/09/2014
Next Review Date	08/01/2023

APPROVALS

Reviewer approval	RoseAnn Webb; Valerie Shahriari; Compliance; Martha Hyacinthe
Reviewer approval date	[Date Review Completed]
Final approver	RoseAnn Webb; Darcy Davis
Final approval date	[Date Approved]

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Health Information Management Policy - Retention of Medical Records

Policy #: HIM-100HIM-PO-02 Effective Date: [Effective Date]
 Business Unit: Health Information Management Last Review Date: ~~05/22/2018~~ 08/20/2020
 Approval Group: HIM Policy – Board Approval Document Owner(s): Health Information Management

Board Approval Date:

PURPOSE

To ensure the retention of medical records is in accordance with all applicable local, state and federal regulations.

SCOPE

All District employees.

POLICY

The District shall ensure all medical records, for the District, in any media (paper, electronic or digital) are:

- Easily accessible
- Stored securely either onsite or offsite
- Retained as required by law
- Destroyed in accordance with State & Federal Regulations and not less than 10 years.

The District may enact a fee for duplication of medical records for an amount not to exceed the fees established by Florida Statutes ~~s 395.3025~~ 456.057 and 458.309.

The Director of HIM or designee will be the custodian of medical records.

<u>APPROVED BY</u>	<u>DATE</u>
<u>Darcy J. Davis, Chief Executive Officer</u>	<u>May 22, 2018</u>
<u>Health Care District Board Approval</u>	<u>May 22, 2018</u>



POLICY REVISION HISTORY

Original Policy Date

May 22, 2018

Revisions

"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

RELATED DOCUMENTS

Related Policy Document(s)	
Related Forms	
Reference(s)	F.S. 456.057, F.S. 458.309
Last Revision	08/20/2020
Revision Information/Changes	05/22/2018
Next Review Date	08/20/2023

APPROVALS

Reviewer approval	RoseAnn Webb; Valerie Shahriari; Compliance; Martha Hyacinthe
Reviewer approval date	[Date Review Completed]
Final approver	RoseAnn Webb; Darcy Davis
Final approval date	[Date Approved]

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RECORDS MANAGEMENT POLICY – PUBLIC RECORDS

Policy #:	RMD-300.4 <u>RECMGMT-PO-01</u>	Effective Date:	[Effective Date]
Business Unit:	Records Management	Last Review Date:	3/2/2020
Approval Group:	<u>Records Policy-Board Approval</u>	Document Owner(s):	<u>Records Management</u>
Board Approval Date:			

PURPOSE

In support of the public's right to access public records as set forth in Florida Statutes, Chapter 119, Public Records Law, the Health Care District is committed to ensuring that its public records are safeguarded and readily accessible to the public.

SCOPE

This policy applies to all Health Care District employees. Florida Statutes, Chapter 119.011, defines public records as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency. Public records are intended to perpetuate, communicate, or formalize knowledge of some type.

POLICY

POLICY

The Health Care District shall ensure all public records in any mediuma (i.e., paper, electronic, or otherdigital) are:

- Easily accessible and available to the public upon request.
- —
- Stored securely either onsite or offsite.
- —
- Retained/destroyed in accordance with State & Federal Regulations as required by law.:
 - o State of Florida General Records Schedule GS1-SL for State and Local Government Agencies;
 - o State of Florida General Records Schedule GS4 for Public Hospitals, Health Care Facilities and Medical Providers;
 - o State of Florida General Records Schedule GS7 for Public Schools Pre-K-12 and Adult and Career Education;
 - o Health Care District State of Florida Approved Individual Agency Retention Schedules;



- o Florida Administrative Code, Chapter 1B-24, Public Records Scheduling and Disposition;
- o Florida Administrative Code, Chapter 1B-26, Records Management Standards and Requirements;
- o Article I, Section 24, Florida Constitution;
- o Florida Statutes 119.021 and 257.36.

~~• Destroyed in accordance with State & Federal Regulations – 10 years.~~

The Records Custodian will be the Manager of Public Records.

The Health Care District may enact a fee for duplication of public records for an amount not to exceed the fees established by Florida Statute 119.07.

~~The Records Custodian will be the Manager of Public Records.~~

EXCEPTIONS

Agency held records, except those specifically precluded from disclosure by statutory exemptions, shall be available, in any form or format used by the agency, to the public for inspection or copying under the supervision of the records custodian or designee during normal business hours.

DEFINITIONS

~~Florida Statutes Chapter 119.011 defines public records as all documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of physical form, characteristics, or means of transmission made or received pursuant to law or ordinance or in connection with the transaction of official business by any agency.~~

~~Public records are intended to perpetuate, communicate, or formalize knowledge of some type.~~

APPROVED BY	DATE
<u>Darcy J. Davis, Chief Executive Officer</u>	<u>05/22/18</u>
<u>Health Care District Board Approval</u>	<u>05/22/18</u>



POLICY REVISION HISTORY

Original Policy Date

05/13/98

Revisions

05/22/18	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

RELATED DOCUMENTS

Related Policy Document(s)	RECMGMT-PO-02 RECMGMT-PR-01 ; RECMGMT-PR-02 ; RECMGMT-PR-03 ; RECMGMT-PR-04 ; RECMGMT-PR-05 ; RECMGMT-PR-06 .
Related Forms	N/A
Reference(s)	Florida Statutes, Chapter 119 State of Florida General Records Schedules GS1-SL, GS4, GS7, & Health Care District Individual Agency Retention Schedules Florida Administrative Code, Chapters 1B-24 & 1B-26 Article I, Section 24, Florida Constitution
Last Revision	3/2/2020
Revision Information/Changes	5/13/1998 ; 5/22/2018
Next Review Date	3/1/2023

APPROVALS

Reviewer approval	RoseAnn Webb ; Valerie Shahriari ; Deborah Hall ; Martha Hyacinthe
Reviewer approval date	7/7/2020
Final approver	Lisa Sulger ; Darcy Davis
Final approval date	[Date Approved]



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PUBLIC RECORDS ACCESS

Policy #:	<u>RMD-100.4 RECMGMT-PO-02</u>	Effective Date:	[Effective Date]
Business Unit:	Records Management	Last Review Date:	3/2/2020
Approval Group:	<u>Records Policy-Board Approval</u>	Document Owner(s):	<u>Records Management</u>
Board Approval Date:			

POLICY PURPOSE

The Health Care District is committed to the concept of open government pursuant to Article I, Section 24, Florida Constitution, and as defined in Florida Statutes Chapter 119, which governs the public's right to access records held by an agency. ~~District records, except those specifically precluded from disclosure by statutory exemption shall be available, in any Media (paper, electronic, digital) used by the District, to any person for inspection or copying during reasonable times and under reasonable conditions.~~

~~The District may enact a fee for duplication of public records for an amount not to exceed the fees established by Florida Statute 119.07.~~

SCOPE

This policy applies to all Health Care District employees.

POLICY

District records, except those specifically precluded from disclosure by statutory exemption, shall be available in any medium (i.e., paper, electronic, or other) used by the District, to any person for inspection or copying during reasonable times and under reasonable conditions.

DEFINITIONS

Reasonable times ~~- is~~ defined as the District's normal business hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding holidays.

Reasonable conditions ~~- is~~ defined as public review of District records under the supervision of the records custodian or his/her designee to ensure that the District's public records are safeguarded.

<u>APPROVED BY</u>	<u>DATE</u>
	<u>05/22/18</u>



~~Darcy J. Davis, Chief Executive Officer~~

~~Health Care District Board Approval~~

~~05/22/18~~

POLICY REVISION HISTORY

Original Policy Date

Revisions

05/13/98	05/22/18	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"
	"[Next Revised Policy Date]"	"[Next Revised Policy Date]"

RELATED DOCUMENTS

Related Policy Document(s)	<u>RECMGMT-PO-01</u> <u>RECMGMT-PR-01; RECMGMT-PR-02; RECMGMT-PR-06</u>
Related Forms	<u>N/A</u>
Reference(s)	<u>Article I, Section 24, Florida Constitution</u> <u>Florida Statutes, Chapter 119</u>
Last Revision	<u>3/2/2020</u>
Revision Information/Changes	<u>5/13/1998; 5/22/2018</u>
Next Review Date	<u>3/1/2023</u>



APPROVALS

Reviewer approval	<u>RoseAnn Webb; Valerie Shahriari; Deborah Hall; Martha Hyacinthe</u>
Reviewer approval date	<u>7/7/2020</u>
Final approver	<u>Lisa Sulger; Darcy Davis</u>
Final approval date	[Date Approved]

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**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Lakeside Medical Center Confidential Public Records Request Quarterly Report

2. Summary:

Under the provisions of Florida Statute 395.3035(9)(a), staff shall report in writing to the governing board on the number of records for which a public records request has been made and the records have been declared to be confidential under the statute. The report is attached for Board information.

3. Substantive Analysis:

For each such record, the governing Board is provided with a general description of the record, the date on which the record became confidential, whether the public will have access to the record at a future time, and, if so, on what date the public will be granted access to such record. The report also includes each record that had been confidential to which the public has been granted access since the last report.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A
Committee Name

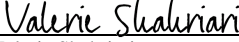
N/A
Date Approved

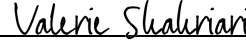
**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**


6. Recommendation:

Staff recommends the Board receive and file the attached Lakeside Medical Center Confidential Public Records Request Quarterly Report.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Darcy Davis
Chief Executive Officer

LAKESIDE MEDICAL CENTER
CONFIDENTIAL PUBLIC RECORDS REQUESTS

<u>Record Description under Section 395.3035</u>	<u>Date Record Declared Confidential</u>	<u>Date Record Accessible to Public</u>	<u>Date Record Released to Public</u>
OCTOBER-DECEMBER 2019 - NO REQUESTS DECLARED CONFIDENTIAL	N/A	N/A	N/A
JANUARY-MARCH 2020 - NO REQUESTS DECLARED CONFIDENTIAL	N/A	N/A	N/A
APRIL-JUNE 2020 - NO REQUESTS DECLARED CONFIDENTIAL	N/A	N/A	N/A

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Good Health Foundation Tax Form 990

2. Summary:

This agenda item presents the tax form 990 filing for the Good Health Foundation.

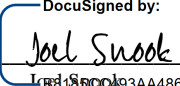
3. Substantive Analysis:

The District’s external auditors, RSM US LLP, completed the tax filing for fiscal year ended September 30, 2019.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

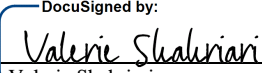
 N/A
 Date Approved

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

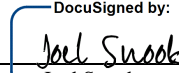
6. Recommendation:

Staff recommends the Board receive and file the tax form 990 for the Good Health Foundation, Inc.

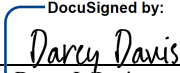
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
8741708EAD447F...
VP & General Counsel

DocuSigned by:


Joel Snook
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VP & Chief Financial Officer

DocuSigned by:


Darcy Davis
8A661D19234E4D9...
Chief Executive Officer

EXTENDED TO AUGUST 17, 2020

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

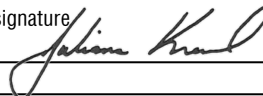
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD HEALTH FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1515 N FLAGLER DR. 101 City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH, FL 33401 F Name and address of principal officer: EDWARD SABIN SAME AS C ABOVE	D Employer identification number 65-0541467 E Telephone number (561) 659-1270 G Gross receipts \$ 191,443. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ N/A		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2006
M State of legal domicile: FL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: GOOD HEALTH FOUNDATION WAS ORGANIZED TO PROVIDE PHILANTHROPIC RESOURCES FOR THE HEALTH CARE		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	8
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7 b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	150,500.	190,837.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,741.	606.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,241.	191,443.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	244,255.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,940.	2,815.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,940.	247,070.
19	Revenue less expenses. Subtract line 18 from line 12	155,301.	-55,627.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,281,830.	1,228,723.
22	Net assets or fund balances. Subtract line 21 from line 20	0.	2,520.
		1,281,830.	1,226,203.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer EDWARD SABIN, CHAIR Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JULIANA KREUL	Preparer's signature 
	Firm's name ▶ RSM US LLP Firm's address ▶ 7351 OFFICE PARK PL. MELBOURNE, FL 32940-8229	Date 08/14/2020 Check if self-employed <input type="checkbox"/> PTIN P01204534 Firm's EIN ▶ 42-0714325 Phone no. 321-751-6200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
THE FOUNDATION'S MISSION IS TO ADVANCE THE HEALTH OF RESIDENTS AND VISITORS IN PALM BEACH COUNTY THROUGH ACCESS TO LOCAL QUALITY HEALTH CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 244,255. including grants of \$ 244,255.) (Revenue \$)
TO SUPPORT THE PRIMARY CARE PROGRAM OF LAKESIDE MEDICAL CENTER AND PROVIDE MOBILE CARE WHERE IT'S MOST URGENTLY NEEDED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 244,255.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (561) 659-1270
1515 N FLAGLER DR., NO. 101, WEST PALM BEACH, FL 33401

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ED SABIN CHAIR	1.00	X		X			0.	0.	0.	
(2) LESLIE B DANIELS DIRECTOR	1.00	X					0.	0.	0.	
(3) NANCY BANNER, ESQUIRE DIRECTOR	1.00	X					0.	0.	0.	
(4) JOSEPH BERGERON TREASURER	1.00	X					0.	0.	0.	
(5) MICHAEL J. BURKE SECRETARY	1.00	X					0.	0.	0.	
(6) RICHARD SARTORY DIRECTOR	1.00	X					0.	0.	0.	
(7) MARK MARCIANO DIRECTOR	1.00	X					0.	0.	0.	
(8) JOSEPH GIBBONS DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	190,837.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		190,837.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		606.			606.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			191,443.	0.	0.	606.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	225,705.	225,705.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	18,550.	18,550.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,520.		2,520.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	295.		295.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	247,070.	244,255.	2,815.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,281,830.	2	1,228,723.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,281,830.	16	1,228,723.	
Liabilities	17 Accounts payable and accrued expenses		17	2,520.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	2,520.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	56,400.	27	54,191.
	28 Temporarily restricted net assets	1,225,430.	28	1,172,012.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,281,830.	33	1,226,203.	
34 Total liabilities and net assets/fund balances	1,281,830.	34	1,228,723.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	191,443.
2	Total expenses (must equal Part IX, column (A), line 25)	2	247,070.
3	Revenue less expenses. Subtract line 2 from line 1	3	-55,627.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,281,830.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,226,203.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,000.	2,520.	650.	150,500.	190,837.	346,507.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,000.	2,520.	650.	150,500.	190,837.	346,507.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						346,507.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,000.	2,520.	650.	150,500.	190,837.	346,507.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,503.	3,263.	5,086.	8,741.	606.	20,199.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						366,706.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.49 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	93.52 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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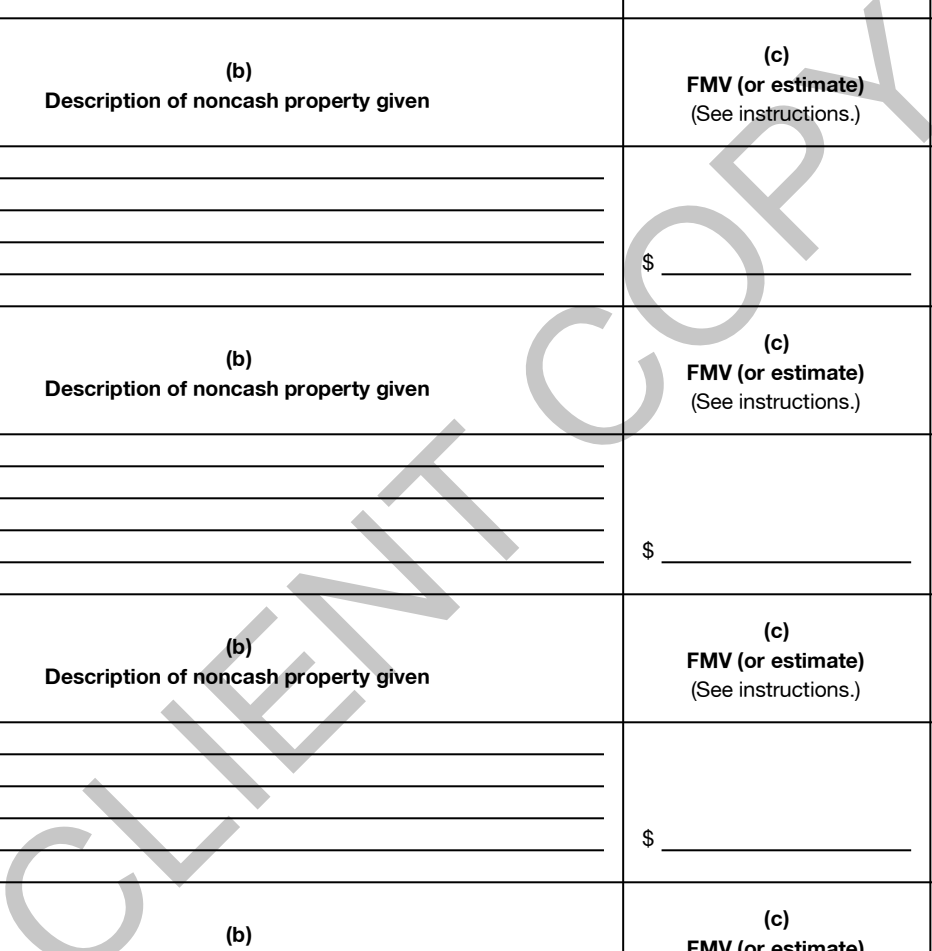
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE CELIA LIPTON FARRIS AND VICTOR W FARRIS FOUNDATION 250 SOUTH AUSTRALIAN AVE, STE 1403 WEST PALM BEACH, FL 33401	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HEALTH CARE DISTRICT 1515 N FLAGLER DR, SUITE 101 WEST PALM BEACH, FL 33401	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____
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	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; width: 95%;"></div>	\$ _____	_____



Name of organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization GOOD HEALTH FOUNDATION, INC. **Employer identification number** 65-0541467

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
 - (ii)** related organizations
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	191,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	191,443.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	191,443.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	247,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	247,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	247,070.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH

ASC TOPIC 740, INCOME TAXES, WHICH STATES THAT MANAGEMENT'S DETERMINATION

OF THE TAXABLE STATUS OF AN ENTITY, INCLUDING ITS STATUS AS A NONPROFIT

ENTITY, IS A TAX POSITION SUBJECT TO THE STANDARDS REQUIRED FOR ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT DOES NOT BELIEVE THAT THE

FOUNDATION HAS ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD BE

MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT

TO EXAMINATIONS BY U.S. TAX AUTHORITIES FOR TAX YEARS PRIOR TO 2016.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization GOOD HEALTH FOUNDATION, INC. Employer identification number 65-0541467

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CL BRUMBACK PRIMARY CARE CLINICS 1515 N FLAGLER DR, SUITE 101 WEST PALM BEACH, FL 33401		GOVT	225,005.	0.			GENERAL SUPPORT TO PROVIDE HEALTHCARE TO THE RESIDENTS AND VISITORS OF PALM BEACH COUNTY, FL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

GOOD HEALTH FOUNDATION, INC.

Employer identification number

65-0541467

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISTRICT OF PALM BEACH COUNTY, FLORIDA.

FORM 990, PART I, LINE 1:

TO PROMOTE AND SUPPORT THE HEALTHCARE OF THE CITIZENS OF PALM BEACH
COUNTY, AND ITS SURROUNDING AREAS THROUGH GRANTS, GIFTS, AND CHARITABLE
CONTRIBUTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE TAX RETURN IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY
FOR REVIEW PRIOR TO FILING OF THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST FORMS ARE COLLECTED FROM ALL BOARD MEMBERS UPON
INSTALLATAION, AT ANNUAL INTERVALS AND WITHIN 10 DAYS OF ENGAGING IN NEW
ACTIVITIES THAT MAY PRESENT A CONFLICT. FORMS ARE FORWARDED TO THE
COMPLIANCE DEPARTMENT OF THE HEALTH CARE DISTRICT OF PALM BEACH COUNTY,
WHERE POTENTIAL CONFLICTS ARE IDENTIFIED AND NECESSARY INVESTIGATIONS ARE
CONDUCTED. A HOTLINE NUMBER IS MAINTAINED BY THE DISTRICT THAT IS DEDICATED
TO REPORTING ACTUAL OR SUSPECTED POLICY VIOLATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE HEALTH CARE DISTRICT'S COMPREHENSIVE FINANCIAL REPORT
(CAFR) INCLUDES THE FINANCIAL STATEMENT OF THE FOUNDATION. THE CAFR AND THE
FOUNDATION'S AUDIT REPORT ARE AVAILABLE TO VIEW AND TO PRINT ON THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

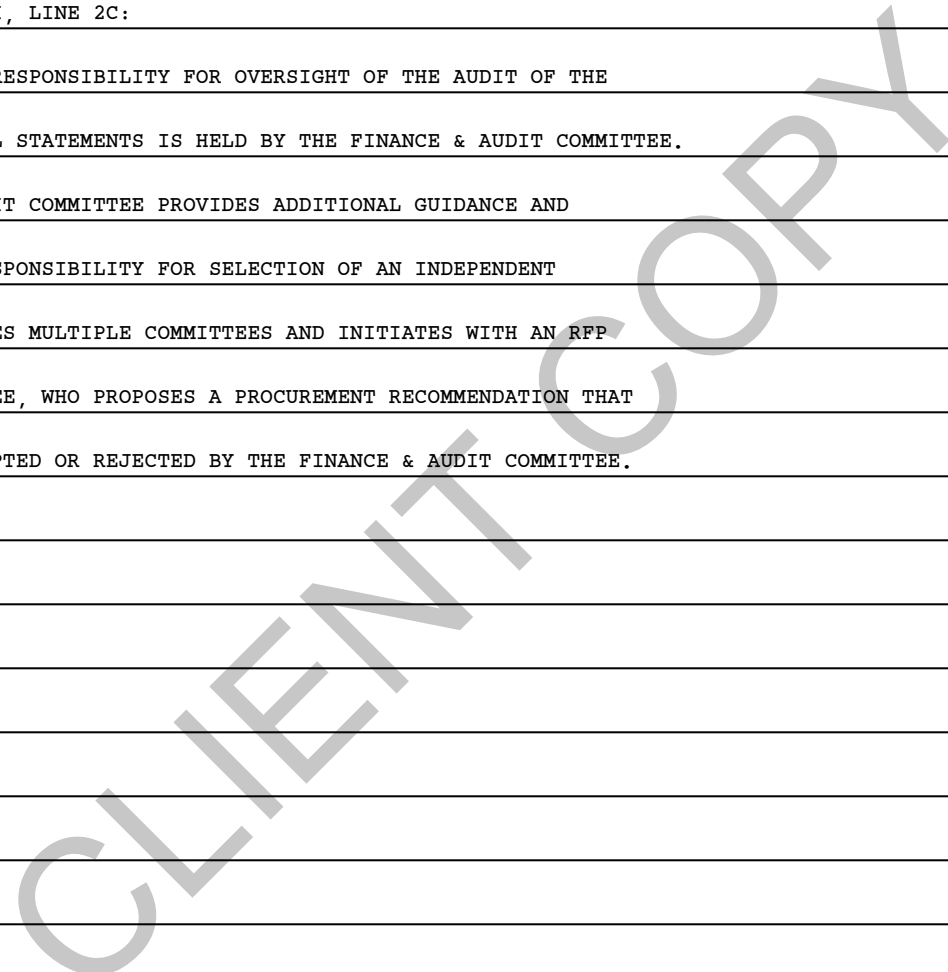
Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization GOOD HEALTH FOUNDATION, INC.	Employer identification number 65-0541467
--	--

DISTRICT'S WEBSITE. A COPY CAN ALSO BE OBTAINED BY CALLING OR WRITING TO THE FOUNDATION - ALL CONTACT INFORMATION IS FOUND IN THE CAFR. THE FOUNDATION IS SUBJECT TO FLORIDA OPEN RECORDS AND SUNSHINE LAW. ALL DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE DISTRICT.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF THE ENTITY'S FINANCIAL STATEMENTS IS HELD BY THE FINANCE & AUDIT COMMITTEE. THE FINANCE & AUDIT COMMITTEE PROVIDES ADDITIONAL GUIDANCE AND OVERSIGHT. THE RESPONSIBILITY FOR SELECTION OF AN INDEPENDENT ACCOUNTANT INVOLVES MULTIPLE COMMITTEES AND INITIATES WITH AN RFP SELECTION COMMITTEE, WHO PROPOSES A PROCUREMENT RECOMMENDATION THAT MUST THEN BE ACCEPTED OR REJECTED BY THE FINANCE & AUDIT COMMITTEE.



**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **GOOD HEALTH FOUNDATION, INC.** Employer identification number **65-0541467**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HEALTH CARE DISTRICT OF PALM BEACH COUNTY - 65-0145123, 1515 N FLAGLER DR, SUITE 101, WEST PALM BEACH, FL 33401	PROMOTE HEALTHCARE IN PALM BEACH COUNTY	FLORIDA	GOVERNMENTAL ORGANIZATION		N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Medical Staff Appointment(s) for Lakeside Medical Center

2. Summary:

The agenda item represents the practitioner(s) recommended for Medical Staff appointment by the Medical Executive Committee of Lakeside Medical Center.

3. Substantive Analysis:

The practitioner(s) listed below satisfactorily completed the credentialing and privileging process and met the standards set forth within the approved Medical Staff Bylaws. The credentialing and privileging process ensures that all Medical Staff meet specific criteria and standards of professional qualifications; this criterion includes, but is not limited to:

- Current licensure
- Relevant education, training and experience
- Current clinical and professional competence
- Health fitness and ability to perform requested privileges
- Malpractice history and liability insurance coverage
- Immunization status; and
- Applicable life support training

Last Name	First Name	Degree	Specialty	Appointment	Privileges
Abouekde	Danny	DO	Family Medicine	Initial Appointment	Provisional
Assar	Mahdieh	MD	Diagnostic Radiology	Initial Appointment	Provisional
Curzi	Derrick	CRNA	Certified Registered Nurse Anesthetist	Initial Appointment	Provisional
Fein	Steven	MD	Hematology Oncology	Initial Appointment	Provisional
Jean-Louis	Gilbert	APRN	Nurse Practitioner	Initial Appointment	Provisional
Jun	Aaron	MD	Diagnostic Radiology	Initial Appointment	Provisional
Lepoff	David	DO	Family Medicine	Initial Appointment	Provisional
Panchal	Rishi	MD	Cardiology	Initial Appointment	Provisional
Sanches	Lisa	MD	Obstetrics & Gynecology	Initial Appointment	Provisional
Snook	Crysta	CRNA	Certified Registered Nurse Anesthetist	Initial Appointment	Provisional
Alkhairy	Tahir	MD	Diagnostic Radiology	Reappointment	Active
Caverly	Jeffrey	MD	Diagnostic Radiology	Reappointment	Active
Chatham	James	MD	Diagnostic Radiology	Reappointment	Active

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

Davis	Barry	MD	General Surgery	Reappointment	Active
Gupta	Supriya	MD	Diagnostic Radiology	Reappointment	Active
James	Patience	DO	Anesthesiology	Reappointment	Active
Kurapati	Surender	MD	Diagnostic Radiology	Reappointment	Active
Lanthiez	Pierre	MD	Diagnostic Radiology	Reappointment	Active
Lucas	Daniel	MD	Diagnostic Radiology	Reappointment	Active
Massrou	Kamiar	MD	Diagnostic Radiology	Reappointment	Active
Novick	Mark	MD	Diagnostic Radiology	Reappointment	Active
Patel	Atul	MD	Diagnostic Radiology	Reappointment	Active
Qureshi	Huma	MD	Diagnostic Radiology	Reappointment	Active
Reed	Peilin	MD	Diagnostic Radiology	Reappointment	Active
Reuter	Robert	MD	Diagnostic Radiology	Reappointment	Active
Shafaie	Farid	MD	Diagnostic Radiology	Reappointment	Active
Shirley	Lauren	PA	Physician Assistant Certified (PA-C)	Reappointment	Allied Health Professional
Vincent	Alix	MD	Diagnostic Radiology	Reappointment	Active
Wells	David	MD	Diagnostic Radiology	Reappointment	Active

Primary source and secondary source verifications were performed for credentialing and privileging elements in accordance with regulatory requirements. A nationally accredited Credentials Verification Organization (CVO) was utilized to verify the elements requiring primary source verification.

Lakeside Medical Center utilized internal Credentialing staff and the Medical Executive Committee to support the credentialing and privileging process. The Medical Executive Committee is comprised of a multi-specialty panel of practitioners with current privileges at Lakeside Medical Center.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

N/A
Joel Snook
VP & Chief Financial Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

5. Reviewed/Approved by Committee:

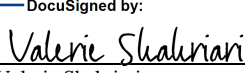
N/A
Committee Name

N/A
Date Approved


6. Recommendation:

Staff recommends the Board approve the Medical Appointments for Lakeside Medical Center.

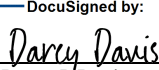
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel



Belma Andric, MD, MPH
Chief Medical Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Fiscal Year 2020 Budget Amendment

2. Summary:

This agenda item provides the Board with the Fiscal Year 2020 budget amendment.

3. Substantive Analysis:

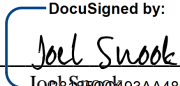
A budget amendment is necessary to increase a fund’s budget, whose expenditures exceeded the adopted budget, or to add funds for new programs or services. Per Florida Statute 189.016, budget amendments must be adopted by Board resolution, and the budget can be amended within 60 days following the end of the fiscal year.

Expenditures are expected to exceed the adopted budgets for the E.J. Healey Center, Lakeside Medical Center, the C.L. Brumback Primary Care Clinics, and the Capital Replacement Fund. All of the clinical facilities experienced an increase in expenses in response to the COVID 19 pandemic. Lakeside Medical Center also used locum tenens earlier in the year, during their search for the correct physician groups. Although \$20 million in reserves were set aside for the Epic project, no expenditures were budgeted in Fiscal Year 2020. Payments for implementation fees resulted in the Capital Replacement Fund’s expenses exceeding budget. Savings in the General Fund will offset most of the overages.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$1,000,000 (net)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 058700493AA486...
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

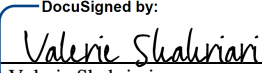
 N/A
 Date Approved

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

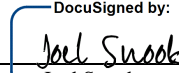
6. Recommendation:

Staff recommends the Board approve the Fiscal Year 2020 budget amendment through the adoption of Resolution #2020R-001.

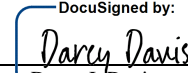
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shalviani
VP & General Counsel

DocuSigned by:


Joel Snook
VP & Chief Financial Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

BUDGET RESOLUTION #2020R-001

A RESOLUTION OF THE BOARD OF THE HEALTH CARE DISTRICT OF PALM BEACH COUNTY AMENDING THE ADOPTED BUDGET FOR THE FISCAL YEAR BEGINNING OCTOBER 1, 2019 AND ENDING SEPTEMBER 30, 2020 WHICH WILL ADJUST BUDGETED APPROPRIATIONS.

WHEREAS, the Board of the Health Care District of Palm Beach County, Florida has adopted the Fiscal Year 2019-2020 Budget on the 24th day of September 2019 pursuant to Resolution #2019R-005;

WHEREAS, staff is bringing forward this budget amendment to cover the cost of unanticipated operating and capital expenses;

NOW, THEREFORE, BE IT RESOLVED by the Board of the Health Care District of Palm Beach County, Florida, that:

1. The FY 2019-2020 expenditure budget be amended. A copy of the amendment is attached hereto as Exhibit "A."
2. There is hereby appropriated revised amounts (see Exhibit "A") to the General Fund, E.J. Healey Center, Lakeside Medical Center, C.L. Brumback Primary Care Clinics, and the Capital Replacement Fund.
3. This resolution shall take effect immediately upon its adoption.

DULY ADOPTED the 10th day of September 2020.

**PALM BEACH COUNTY, FLORIDA
HEALTH CARE DISTRICT OF PALM BEACH COUNTY**

Leslie B. Daniels
Chair

ATTEST: _____
Sean O'Bannon
Secretary

Exhibit A

Health Care District of Palm Beach County
 Budget Amendment
 Fiscal Year 2019-2020

Expenditures:**Healey Center**

Operating Expenses	300,000
--------------------	---------

Lakeside Medical Center

Operating Expenses	2,000,000
--------------------	-----------

Primary Care Clinics

Operating Expenses	1,200,000
--------------------	-----------

Capital Replacement Fund

Capital Expenditures	2,500,000
----------------------	-----------

General Fund

Operating Expenses	(5,000,000)
--------------------	-------------

Total Change in Expenditures	1,000,000
-------------------------------------	------------------

Total Change in District's Use of Reserves	(1,000,000)
---	--------------------

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Fiscal Year 2020 Budget Transfers

2. Summary:

The Fiscal Year 2020 budget transfers are presented for Board approval.

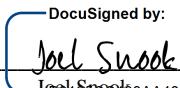
3. Substantive Analysis:

The District’s Budget Policy requires that the Board approve all budget transfers greater than or equal to \$250,000 within a fund or between General Fund programs. Budget transfers do not increase or decrease the approved budget. The listing of Fiscal Year 2020 budget transfers requiring approval is attached.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 09182020093AA486
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

N/A

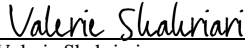
 Date Approved

6. Recommendation:

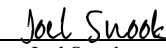
Staff recommends the Board approve the Fiscal Year 2020 budget transfers.

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

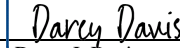
Approved for Legal sufficiency:

DocuSigned by:


Valerie Shahrinari
VP & General Counsel

DocuSigned by:


Joel Snook
VP & Chief Financial Officer

DocuSigned by:


Darcy Davis
Chief Executive Officer

Health Care District of Palm Beach County
Fiscal Year 2020 Budget Transfers - \$250,000 and Above

Transfer #	Date	Department	Account #	Account Title	Amount	Description
T2005005	03/06/20	Community Engagement & Planning	512000	Regular Salaries	\$300,459	Created new department

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Low Income Pool Participation for Palm Beach County Hospitals and Federally Qualified Health Centers

2. Summary:

This agenda item presents the Board with a request to approve providing a Local Intergovernmental Transfer for Palm Beach County Hospitals and Federally Qualified Health Centers' for their participation in the 2020-21 Low Income Pool Program.

3. Substantive Analysis:

Through an agreement with the Centers for Medicare and Medicaid Services (CMS), the State of Florida administers the Low Income Pool (LIP) to reimburse health services for uninsured populations. These health care expenditures may be incurred by the State, by hospitals, federally qualified health centers, community behavioral health providers, or by other provider types for uncompensated care that includes charity care for the uninsured.

The funding for the LIP program is a shared funding between the State, local tax dollars and the federal government. Local governments, such as counties, hospital taxing districts and other agencies are able to provide funding for the non-federal share of the statewide LIP distributions.

The District has been presented with an opportunity to provide the Local IGT to the State for the 2020-21 LIP program year that will enable to State to draw down additional federal funding for Palm Beach County hospitals and Federally Qualified Health Centers (FQHC). Under the LIP proposal, the hospitals and FQHCs in Palm Beach County stand to receive significant funding if the full local IGT match is provided.

Table 1 below identifies the required District Contribution (IGT), the State/Federal Match, and the Hospital/FQHC Benefit for the hospital and FQHCs in Palm Beach County. In 2020, the entire State Fiscal Year (SFY) 20-21 distribution is paid using the enhanced Federal Medical Assistance (FMAP) per the Families First Coronavirus Response Act or if a portion of the SFY20-21 distribution is paid after the expiration of the end of the enhanced FMAP.

HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020

Table 1

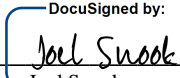
LIP Model as of August 24, 2020 Provider Name	Federal Medical Assistance Percentage (FMAP) per Families First Coronavirus Response Act			After 12/31/2020 expiration of FMAP **FQHC doesn't apply
	District Contribution	State/Federal Match Contribution	Hospital/FQHC Benefits	District Contribution (Maximum Funding)
Bethesda Hospital East	59,325	29,851	89,176	65,101
Boca Raton Regional Hospital			-	-
Delray Medical Center			-	-
Good Samaritan Medical Center	30,632	15,414	46,046	33,615
JFK Medical Center	64,007	32,208	96,215	70,239
Jupiter Medical Center			-	-
Palm Beach Gardens Medical Center	26,051	13,108	39,159	28,587
Palms West Hospital	16,536	8,320	24,856	18,145
Wellington Regional Medical Center	24,803	12,480	37,283	27,218
West Boca Medical Center	6,336	3,188	9,524	6,953
St. Mary's Medical Center			-	-
Lakeside Medical Hospital			-	-
C.L. Brumback Primary Clinics (FQHC) **	1,154,047	2,470,473	3,624,520	1,154,047
Florida Community Health Center (FQHC)**	504,279	1,079,513	1,583,792	504,279
FoundCare (FQHC) **	461,436	987,797	1,449,233	461,436
Genesis Community Health (FQHC) **	84,887	181,718	266,605	84,887
Total	2,432,339	4,834,070	7,266,409	2,454,507

*Florida Community Health Center amount aligns proportionately with the charity care provided in Palm Beach County only

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	Up to \$2,454,507	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

 N/A
 Committee Name

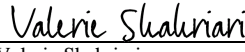
 N/A
 Date Approved

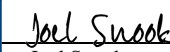
HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020

6. Recommendation:

Staff recommends the Board approve funding the 2020-21 Low Income Program IGT funding for the hospitals and FQHCs listed in Table 1 and authorize the CEO to execute the require agreements.

Approved for Legal sufficiency:

DocuSigned by:

Valerie Shalviani
VP & General Counsel

DocuSigned by:

Joel Snook
VP & Chief Financial Officer

DocuSigned by:

Darcy Davis
Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Lakeside Medical Center Operating Rooms 2 & 3 Overhead Light and Equipment Boom Replacement

2. Summary:

This agenda item presents the replacement of operating rooms 2 and 3 overhead lights and boom system at Lakeside Medical Center.

3. Committee Members:

Karen Harris, VP of Field Operations
Lee Newman, Project Manager
Brandy Seider, ANM Surgical Services
Dennis Dzurovski, Director of Facilities

4. Substantive Analysis:

An RFQ was issued June 8, 2020 for the design/build and related services for the OR Suites 2 and 3 overhead light and equipment boom replacement at Lakeside Medical Center. On August 6, 2020, the evaluation committee met to discuss the 4 proposals received. Jezerinac Group proposal was eliminated from the scoring and ranking process as the committee decided that they did not meet the qualification criteria. Charles Perry Partners ended up as the top ranked firm based on their knowledge of design criteria, past performance, understanding of the project, quality of the proposal and adequate personnel to perform the project.

The proposals were evaluated based on the following 2 sets of criteria:

Qualification Evaluation Criteria:

- Evidence of capability, experience and skill
- Evidence of successful past performance for similar projects
- Evidence of adequate personnel to perform
- Completeness and responsiveness of Qualifications
- Terminations and/or litigation
- Evidence of required license(s) and certification(s)
- Evidence of small or minority business enterprise

Competitive Negotiations Evaluation Criteria:

- Ability of professional personnel
- Evidence of successful past performance for similar projects
- Project Approach
- Recent, current workload
- Location/convenience to District staff
- Evidence of small or minority business enterprise

HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020

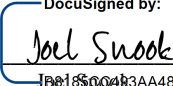
5. Vendors:

Rank	Company Name	Combined Weighted Score
1	Charles Perry Partners	85
2	Lego Construction	68
3	Slattery & Associates	54
4	Jezerinac Group	0

6. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	\$399,500	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Joel Snook
 VP & Chief Financial Officer

7. Reviewed/Approved by Committee or Subsidiary Board:

N/A

 Committee Name

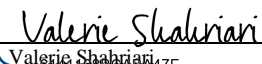
N/A

 Date Approved

8. Recommendation:

Staff recommends the Finance and Audit Committee recommend and the Board approves the award to Charles Perry Partners to design/build OR Suites 2 and 3 overhead light and equipment boom replacement.

Approved for Legal sufficiency:

DocuSigned by:


 Valerie Shalunian
 VP & General Counsel

DocuSigned by:


 Karen Harris
 VP of Field Operations

DocuSigned by:


 Darcy Davis
 Chief Executive Officer

**HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020**

1. Description: Transition Plan for an In-House Internal Audit Model

2. Summary:

This agenda item presents the Board and the Finance and Audit Committee with the recommendation to transition to an in-house internal audit model and to reduce the use of third-party firms.

3. Substantive Analysis:

The District's contract with Crowe LLP was officially terminated on May 8, 2020, after 90 days of notice was given. The termination was undertaken because the structure of the arrangement was a fixed monthly compensation arrangement, and during COVID-19 the nature of the auditor's work was not conducive to a fully remote working environment. Additionally, staff was in "emergency response" mode and the inherently disruptive nature of an audit engagement proved to be an unnecessary distraction and drain on staff.

As the staff have begun working under a new norm, which includes a staggered on-site schedule and a decline in the necessitated emergency response tasks, the District is now prepared to re-establish the audit function. Management has considered various scenarios and reviewed the cost-benefit of a fully outsourced model and has concluded that it is in the District's best interest to transition to an in-house internal audit model over the course of several years. The model would include the immediate recruitment of one (1) FTE as a Senior Internal Auditor. During the transition, the Senior Internal Auditor would be responsible for the day-to-day responsibilities of the internal audit and would collaborate with a third-party firm as deemed necessary.

During the multi-year transition, the District will continue to engage the services of a third-party firm to conduct internal audits in order to ensure continuity and to provide an extra measure of protection for larger-scale and high-risks internal audits. In addition, the third-party firm and the Senior Internal Auditor will assist the Director of Compliance and Internal Audit in developing an annual internal work plan.

The Director received competitive bids from various regional and national audit firms. These were also compared against the previous arrangement with Crowe. Bids were received from the following:

- Cherry Bekaert, LLP
- Verdeja, De Aramas, Trujillo
- Moore Colson

HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE
JOINT MEETING
September 10, 2020

After carefully reviewing the proposals the Director believes that the needs of the District could best be served by a change in third-party firm. While, Crowe LLP has provided a substantial amount of work on behalf of the District; Crowe's scope of work and resources are no longer necessary as the District transitions to an in-house internal audit model. In previous years, Crowe provided to the District an onsite FTE at \$247,200 per FTE. In addition, the Director believes the District would benefit from a fresh perspective and a firm able to provide internal audit services in a more efficient manner.

Therefore, the Director believes that Cherry Bekaert, LLP will best meet the District's operational needs. The firm is a large national firm and has substantial government and healthcare experience. In addition, the firm appears to understand the Health Care District's needs. The firm's current clients include:

- HCA
- Centra Health
- Consulate Health Care

All proposals were similar in scope and pricing. Cherry Bekaert's fee structure would bill the District an average of 460 hours annually, at a blended rate of \$175.00 per hour. The estimated annual cost would be \$80,500. During the transition to an in-house internal audit model, the District will steadily decrease the use of third-party firms year over year.

The proposal to transition to an in-house internal audit model for 2021 will reduce the cost to the District in total by an estimated \$139,765 for fiscal year 2021. However, cost savings is not the only reason an in-house internal audit model is being proposed. An in-house internal audit model will benefit the District by providing:

- *Improved Business Operations:*
 - reduction in errors
- *Organizational Continuity:*
 - stability in historical knowledge of the organization
 - set employee/provider expectations
 - an audit process that is perceived as less threatening and punitive and more focused on process improvement and quality
- *Reduced Risks and Exposure:*
 - enhanced internal controls
- *Proactive Increase in Regulatory Compliance:*
 - identification of compliance gaps
 - process enhancement to ensure compliance coverage
- *Improved Efficiency:*
 - elimination of redundancies

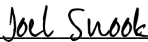
HEALTH CARE DISTRICT BOARD & FINANCE AND AUDIT COMMITTEE JOINT MEETING September 10, 2020

- reduction of manual process
- decrease in that time required to accomplish audits tasks/objectives
- *Fiscal Responsibility:*
 - decreased cost
 - increased profit
 - increased cost recovery (e.g. identification of overpayment, analysis of potential cost savings, etc.)

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Expenditures	\$175,760.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:

DocuSigned by:


 Joel Snook
 VP & Chief Financial Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

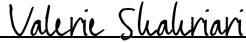
N/A

 Date Approved

6. Recommendation:

Staff recommends the Board approve the recommendations to hire a Senior Internal Auditor and begin the transition to a more fully in-house internal audit model. Staff also recommends that Cherry Bekaert be selected as the external internal audit resource.

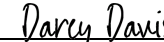
Approved for Legal sufficiency:

DocuSigned by:


 Valerie Shaluniani
 VP & General Counsel

DocuSigned by:


 Josh Bunnill
 Director of Compliance and Internal Audit

DocuSigned by:


 Darcy Davis
 Chief Executive Officer



Internal Audit at the Health Care District of Palm Beach County

September 10, 2020

Presented by Josh Burrill, JD



Current Status

- The Health Care District has maintained a third-party internal audit model since 2018, prior to that the function was in-house since creation.
- Crowe LLP provided internal audit services for the Health Care District fiscal years 2018-2020.
- The contract with Crowe was a fixed monthly compensation arrangement.
- On May 8, 2020, after a 90-day notice was provided, contract with Crowe was terminated.
- The unprecedented nature of Covid-19 impacted the immediate practicality of the internal audit function at the Health Care District.


Transition to In-House Internal Audit Model

It is recommended that the Health Care District transition to an in-house internal audit model. The transition would:

- Occur over the next few years.
- Require the immediate hire of 1 FTE as a senior internal auditor to provide the day to day internal audit responsibilities
- Involve the engagement of a third-party firm to provide assistance on large-scale and high-risk internal audits and to collaborate with the senior internal auditor to assist in the development of the an annual internal audit workplan.

Benefits of an In-House Internal Audit Model

- Improved Business Operations
- Continuity and Stability
- Reduced Risks and Exposure
- Proactive Approach
- Efficiency
- Fiscal Responsibility



2018-2020 Internal Audit Expense Crowe LLP

Actual 2018	Actual 2019	Projected 2020	Budgeted 2020	Budget 2021
\$298,626	\$494,763	\$310,565	\$515,525	\$315,525

Internal Audit Allocation by Risk

In-House Internal Audit	Third-Party Firm
Clinical	Revenue Cycle
Operations	Information Technology
Quality	Compliance and Regulatory
Governance	Grants
Code of Conduct	Supply Chain
Policies and Procedures	Accounting/Financial Reporting



Processes/Areas in Scope by In-House Internal Audit

- Compliance with Policies and Procedures
- Patient Experience
- Human Resources
- Quality
- Data Analytics
- Risk Management
- Assessments
- Monitoring
- Operations
- Internal Audit Workplan
- Governance
- Conflict of Interest
- Training
- Clinic
- Quality
- Marketing
- Expense Reports
- Population Health
- Internal Investigations

In-House Internal Audit Rotation Schedule

Q1	Q2	Q3	Q4
Operations	Monitoring	Marketing	Governance
Patient Experience	Risk Management	Clinic	Internal Audit Workplan
Policies and Procedures	Standards of Conduct	Quality	Conflict of Interest
Human Resources	Expense Reports	Population Health	Data Analytics
Clinic	Training	Investigations	Risk Assessments

Processes / Areas in Scope by Third-Party Firm

- Entity Level Controls
- IT General Controls
- InfoSec/Cyber Effectiveness
- HIPAA Compliance
- Data Information Governance
- Fraud, Waste and Abuse
- Clinical System controls
- Compliance Monitoring
- EHR
- OIG and Regulatory Releases
- Treasury (including cash)
- Reimbursement
 - Denials Management
 - Ancillary Services
 - Charge Capture
- PPE
- Supply Chain
- Procure to Pay (P2P)
- Taxes
- Leases
- Financial Reporting
- 3rd PSP & SOC reporting

Proposals by Third Party Firm

	Cherry Bekaert, LLP	Verdeja, De Aramas, Trujillo	Moore Colson	Crow LLP
Size of Organization	Large	Small	Medium	Large
Hourly Rate/Fee	\$175.00	\$160.00	\$175.00	\$247,200 per onsite FTE
Experience	<ul style="list-style-type: none"> Assurance and Internal Audit Experience on the national level. Substantial healthcare and government experience. Substantial compliance and regulatory experience. Advisory team with substantial big firm experience. Senior Partner and main contact over 25 years of experience. Current/Former Clients: <ul style="list-style-type: none"> ✓ <i>HCA</i> ✓ <i>Centra Health</i> ✓ <i>Consulate Health Care</i> 	<ul style="list-style-type: none"> Assurance and Internal Audit Experience in South Florida. Some healthcare experience. Experience with local government entities. Partner and main contact over 14 years of experience. Current/Former Clients: <ul style="list-style-type: none"> ✓ <i>City of Coral Gables</i> ✓ <i>Archdiocese of Miami.</i> ✓ <i>Citrus Health Network, Inc.</i> 	<ul style="list-style-type: none"> Assurance and Internal Audit Experience in the Southeast. Substantial IT Audit experience. Substantial Operational Audit Experience. Partner and main contact over 17 years of experience. Current/Former Clients: <ul style="list-style-type: none"> ✓ <i>Regional Clients in the Southeast in various industries.</i> 	<ul style="list-style-type: none"> The Health Care District's former Third-Party Internal Auditor Assurance and Internal Audit Experience on the national level. Substantial healthcare and government experience. Substantial compliance and regulatory experience. Advisory team with substantial big firm experience.
Main Location/Region	East	Southeast	Florida	National

Recommendation to engage Cherry Bekaert, LLP as Third-Party Internal Audit Services

- Substantial Health Care experience.
- Competitive pricing.
- Access to big firm resources.
- Demonstrates knowledge of the Health Care Districts needs and willingness to collaborate.
- Willingness to collaborate to help facilitate the development of an in-house internal audit model.
- Advisory team is strong in both experience and knowledge.
- Previous positive work experience of Health Care District CFO.

Advisory Team



Chase Wright, CPA

- Risk Assurance & Advisory Services Partner
- 25+ years of experience
- Cherry Bekaert Healthcare Executive Team
- **Areas of Expertise:**
 - Risk Assessment
 - Internal Audit
 - Compliance



Kalee Zeanah, CPA

- Risk Advisory Manager
- 11 years of experience
- **Areas of Expertise:**
 - Risk Assessment Services
 - Process Improvements
 - Internal control leadership



Kirstie Martin, CPA

- Risk Advisory Manager
- 7 years of experience
- **Areas of Expertise:**
 - Healthcare Industry
 - Business process
 - Financial audit
 - Technical Advisory including Leases

Third-Party Firm Rotation Schedule

Controls Tested Each Year	2nd Year Rotation Plan	3rd Year Rotation Plan
IT General Controls (Access)	IT General Controls (Change Management)	Entity Level Controls
Clinical System controls	Compliance Monitoring	IT General Controls (Operations)
InfoSec / Cyber	EHR	Data Information Governance
HIPAA Compliance	Supply Chain	Treasury
Fraud, Waste & Abuse	3PSP and SOC Reporting	PPE
OIG & Regulatory Releases		P2P
Reimbursement		Taxes
Financial Reporting		Leases

Transition of Scope and Schedule from Third-Party to In-House Internal Audit

Year 2	Year 3	Year 4
IT General Controls	EHR	Reimbursement
HIPAA Compliance	Supply Chain	Fraud, Waste and Abuse
Clinical System controls	Entity Level Controls	Treasury
OIG and Regulatory Releases	Compliance Monitoring	Financial Reporting
Estimated Savings: 112 hrs. x \$175.00 = \$19,600	Estimated Savings: 60 hrs. x \$175.00 = \$10,500	Estimated Savings: 170 hrs. x \$175.00 = \$29,750



Questions?

Please feel free to reach out with questions, comments, or recommendations.

Josh Burrill, JD

Director of Compliance/Privacy/Internal Audit

561-804-5680

jburrill@hcdpbc.org