Forrest County General Hospital

(A Component Unit of Forrest County, Mississippi)

Independent Auditor's Report and Financial Statements

September 30, 2022 and 2021

September 30, 2022 and 2021

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Independent Auditor's Report

Board of Trustees Forrest County General Hospital Hattiesburg, Mississippi

Report on the Audit of the Financial Statements

Opinions

We have audited the financial statements of the business-type activities and fiduciary activities of Forrest County General Hospital (the Hospital), a component unit of Forrest County, Mississippi, as of and for the years ended September 30, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

In our opinion, based on our audit and the report of other auditors, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the business-type activities and the fiduciary activities of the Hospital as of September 30, 2022 and 2021, and the respective changes in financial position and, where applicable, cash flows thereof for the years then ended in accordance with accounting principles generally accepted in the United States of America.

We did not audit the financial statements of the Forrest County General Hospital Pension Plan (the Pension Plan), a fiduciary component unit of the Hospital, which represent 96%, 96%, and 94%, respectively, and 96%, 96%, and 97%, respectively, of the assets, net position, and additions of the fiduciary activities as of June 30, 2022 and 2021, and the respective changes in financial position for the years then ended. Those statements were audited by other auditors, whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for the Pension Plan, are based solely on the reports of the other auditors.

Basis for Opinions

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

Emphasis of Matter

As discussed in *Note 2* to the financial statements, on October 1, 2021, the Hospital adopted Governmental Accounting Standards Board (GASB) Statement, No. 87, *Leases*. Our opinions are not modified with respect to this matter.



Board of Trustees Forrest County General Hospital Page 2

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Board of Trustees Forrest County General Hospital Page 3

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, pension, and other postemployment benefit information be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by GASB, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audits were conducted for the purpose of forming opinions on the financial statements that collectively comprise the Hospital's basic financial statements. The Schedule of Surety Bonds for Officials and Employees is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements.

The Schedule of Surety Bonds for Officials and Employees has not been subjected to the auditing procedures applied in the audits of the financial statements and, accordingly, we do not express an opinion or provide any assurance on it.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report November 28, 2022, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Hospital's internal control over financial reporting and compliance.

FORVIS, LLP

Jackson, Mississippi November 28, 2022

Management's Discussion and Analysis (Unaudited)
September 30, 2022 and 2021

Introduction

This management's discussion and analysis of the financial performance of Forrest County General Hospital (the Hospital) provides an overview of the Hospital's financial activities for the fiscal years that ended on September 30, 2022 and 2021. It should be read in conjunction with the accompanying financial statements of the Hospital. Unless otherwise indicated, amounts are in thousands. During 2022, the Hospital adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, retroactively restating the amounts reported in the 2021 financial statements. The summarized financial information for the year ended September 30, 2020, included in management's discussion and analysis, was not restated for this adoption.

Financial Highlights

2022

- Total operating revenues decreased (0.6%) between 2022 and 2021. Current year changes impacting operating revenues include:
 - The Hospital admissions decreased in 2022 as a result of staffing shortages, decreasing the ability to staff all beds.
- Operating expenses increased 5.5%. Current year changes impacting operating expenses include:
 - Salaries, wages and employee benefits increased by 9.9%, primarily due to increase in contract nurses and retention incentive paid to nurses.
- The Hospital entered into a contract to acquire Perry County Hospital during the year, which brought the Hospital an additional \$4.2 million and \$5.1 million in operating revenues and expenses, respectively.

2021

- Total operating revenues increased 7.0%. Current year changes impacting operating revenues include:
 - Outpatient volumes and surgery cases increased from the prior year due to elective procedures only being unavailable for one month in 2021 versus several months in 2020.
- Operating expenses increased 6.8%. Current year changes impacting operating expenses include:
 - Salaries, wages and employee benefits increased by 7.1%, primarily due to nurse wage increases and sign on bonuses.
 - Medical supplies increased approximately 11.8%, due primarily to pharmaceuticals needed to treat COVID-19 patients and high dollar implants needed for surgical cases.

Management's Discussion and Analysis (Unaudited)
September 30, 2022 and 2021

Using This Annual Report

The Hospital's financial statements consist of three statements—a balance sheet; a statement of revenues, expenses and changes in net position; and a statement of cash flows. The Hospital's financial statements and the financial statements of the fiduciary funds, which are comprised of a statement of fiduciary net position and a statement of changes in fiduciary net position, provide information about the activities of the Hospital, including resources held by the Hospital but restricted for specific purposes by creditors, contributors, grantors, or enabling legislation. The Hospital is accounted for as a business-type activity and presents its financial statements using the economic resources measurement focus and the accrual basis of accounting.

The Balance Sheet and Statement of Revenues, Expenses and Changes in Net Position

One of the most important questions asked about any Hospital's finances is "Is the Hospital as a whole better or worse off as a result of the year's activities?" The balance sheet and the statement of revenues, expenses and changes in net position report information about the Hospital's resources and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets, all liabilities, and all deferred inflows and outflows of resources using the accrual basis of accounting. Using the accrual basis of accounting means that all of the current year's revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the Hospital's net position and changes in it. The Hospital's total net position—the difference between assets, liabilities and deferred inflows and outflows of resources—is one measure of the Hospital's financial health or financial position. Over time, increases or decreases in the Hospital's net position are an indicator of whether its financial health is improving or deteriorating. Other nonfinancial factors, such as changes in the Hospital's patient base, changes in legislation and regulations, measures of the quantity and quality of services provided to its patients, and local economic factors should also be considered to assess the overall financial health of the Hospital.

The Statement of Cash Flows

The statement of cash flows reports cash receipts, cash payments and net changes in cash and cash equivalents resulting from four defined types of activities. It provides answers to such questions as where did cash come from, what was cash used for and what was the change in cash and cash equivalents during the reporting period.

The Hospital's Net Position

The Hospital's net position is the difference between its assets, liabilities and deferred inflows and outflows of resources reported in the balance sheet. The Hospital's net position decreased by approximately \$42,500,000 (8.0%) in 2022 over 2021, and increased by approximately \$42,700,000 (8.7%) in 2021 over 2020, as shown in Table A-1 and Table A-2. This decrease was primarily due to the significant increase in salaries, wages, and employee benefits paid in 2022 in order to appropriately staff the Hospital to operate at maximum capacity.

Management's Discussion and Analysis (Unaudited)
September 30, 2022 and 2021

Table A-1
Condensed Balance Sheets (in millions of dollars)

	2021 Dollar 2022 (As Restated) Change					Percentage Change
Assets and Deferred Outflows						
of Resources						
Cash and other current assets	\$ 154.4	\$	162.0	\$	(7.6)	-4.7%
Patient accounts receivable, net	67.2		65.5		1.7	2.6%
	221.6		227.5		(5.9)	-2.6%
Investments and other assets	227.2		245.4		(18.2)	-7.4%
Capital assets, net	272.9		283.4		(10.5)	-3.7%
Lease assets, net	32.9		37.8		(4.9)	-13.0%
Deferred outflows of resources	25.5		13.6		11.9	87.5%
Total assets and deferred						
outflows of resources	\$ 780.1	\$	807.7	\$	(27.6)	-3.4%
Liabilities and Deferred Inflows						
of Resources						
Current liabilities	\$ 82.5	\$	77.0	\$	5.5	7.1%
Long-term liabilities	176.2		143.2		33.0	23.0%
Long-term lease liabilites	23.9		26.9		(3.0)	-11.2%
Deferred inflows of resources	 8.6		29.2		(20.6)	-70.5%
Total liabilities and deferred						
inflows of resources	 291.2		276.3		14.9	5.4%
Net Position						
Net investment in capital assets	145.5		152.7		(7.2)	-4.7%
Restricted	6.4		3.7		2.7	73.0%
Unrestricted	 337.0		375.0		(38.0)	-10.1%
Total net position	 488.9		531.4		(42.5)	-8.0%
Total liabilities, deferred inflows of resources and net position	\$ 780.1	\$	807.7	\$	(27.6)	-3.4%
·					\	

Table A-1 above shows net cash and other current assets decreased by approximately \$7,600,000 from 2021 to 2022. Investments and other assets reflect a decrease of approximately \$18,200,000 for the same time period due to investment performance.

Management's Discussion and Analysis (Unaudited) September 30, 2022 and 2021

Long-term liabilities increased approximately \$33,000,000 due primarily to an increase in the net pension liability of \$38,606,000 due to a decrease in net investment return in 2022, as compared to 2021. The remaining difference in the long-term liabilities is primarily due to payments made on notes payable and amortization of bonds premium.

Table A-2
Condensed Balance Sheets (in millions of dollars)

		2021 Restated)	2020		Dollar 2020 Change			Percentage Change
Assets and Deferred Outflows								
of Resources								
Cash and other current assets	\$	162.0	\$	198.6	\$	(36.6)	-18.4%	
Patient accounts receivable, net		65.5		56.0		9.5	17.0%	
		227.5		254.6		(27.1)	-10.6%	
Investments and other assets		245.4		201.0		44.4	22.1%	
Capital assets, net		283.4		303.0		(19.6)	-6.5%	
Lease assets, net		37.8		-		37.8	100.0%	
Deferred outflows of resources		13.6		26.6		(13.0)	-48.9%	
Total assets and deferred								
outflows of resources	\$	807.7	\$	785.2	\$	22.5	2.9%	
Liabilities and Deferred Inflows								
of Resources								
Current liabilities	\$	77.0	\$	109.3	\$	(32.3)	-29.6%	
Long-term liabilities		143.2		183.8		(40.6)	-22.1%	
Long-term lease liabilities		26.9		-		26.9	100.0%	
Deferred inflows of resources		29.2		3.5		25.7	734.3%	
Total liabilities and deferred								
inflows of resources		276.3		296.6		(20.3)	-6.8%	
Net Position								
Net investment in capital assets		152.7		154.1		(1.4)	-0.9%	
Restricted		3.7		1.6		2.1	131.3%	
Unrestricted		375.0		332.9		42.1	12.6%	
Total net position		531.4		488.6		42.8	8.8%	
Total liabilities, deferred inflows	•	00==	•	70		95 -		
of resources and net position	\$	807.7	\$	785.2	\$	22.5	2.9%	

Management's Discussion and Analysis (Unaudited) September 30, 2022 and 2021

Table A-2 above shows net cash and other current assets decreased by approximately \$36,600,000 from 2020 to 2021. Investments and other assets reflect an increase of approximately \$44,400,000 for the same time period due to investment performance and the transfer of \$40,000,000 in cash to board designated investments during the year.

Long-term liabilities decreased by approximately \$40,600,000, due primarily to payments made on notes payable, amortization of bond premiums, and a decrease in net pension liability of approximately \$28,600,000 related to the temporary lump-sum payment window for inactive participants that was in effect for a portion of 2021.

Table A-3
Condensed Statements of Revenues, Expenses and
Changes in Net Position (in millions of dollars)

	2022		2021 (As Restated)		_	Dollar hange	Percentage Change
Operating Revenues							
Net patient service revenue	\$	579.4	\$	582.5	\$	(3.1)	-0.5%
Other		12.6		12.9		(0.3)	-2.3%
Total operating revenues		592.0		595.4		(3.4)	-0.6%
Operating Expenses							
Salaries, wages and employee benefits		315.1		286.8		28.3	9.9%
Supplies and other expenses		272.6		267.5		5.1	1.9%
Depreciation and amortization		40.4		41.1		(0.7)	-1.7%
Total operating expenses		628.1		595.4		32.7	5.5%
Operating Income (Loss)		(36.1)		-		(36.1)	0.0%
Nonoperating Revenues, Net		(6.4)		42.7		(49.1)	-115.0%
Increase (Decrease) in Net Position		(42.5)		42.7		(85.2)	-199.5%
Beginning Net Position, As Restated		531.4		488.7		42.7	8.7%
Ending Net Position	\$	488.9	\$	531.4	\$	(42.5)	-8.0%

Table A-3 above shows net patient service revenue decreased (0.5%) consistent from 2021 to 2022.

Salaries, wages and employee benefits increased \$28,300,000, due primarily to increases in the salaries and additional bonuses for nurses. Supplies, contractual services, repairs and maintenance, and other

Management's Discussion and Analysis (Unaudited) September 30, 2022 and 2021

expenses increased by approximately \$5,100,000, due primarily to increases in contractual services utilized by the Hospital in order to sustain appropriate staffing.

Table A-4
Condensed Statements of Revenues, Expenses and
Changes in Net Position (in millions of dollars)

	_	2021 Restated)	2020		Dollar Change				Percentage Change
Operating Revenues									
Net patient service revenue	\$	582.5	\$	544.0	\$	38.5	7.1%		
Other		12.9		12.3		0.6	4.9%		
Total operating revenues		595.4		556.3		39.1	7.0%		
Operating Expenses									
Salaries, wages and employee benefits		286.8		267.7		19.1	7.1%		
Supplies and other expenses		267.5		254.7		12.8	5.0%		
Depreciation and amortization		41.1		35.1		6.0	17.1%		
Total operating expenses		595.4		557.5		37.9	6.8%		
Operating Income (Loss)		-		(1.2)		1.2	100.0%		
Nonoperating Revenues, Net		42.7		19.9		22.8	114.6%		
Increase in Net Position		42.7		18.7		24.0	128.3%		
Beginning Net Position, As Restated		488.7		469.9		18.8	4.0%		
Ending Net Position	\$	531.4	\$	488.6	\$	42.8	8.8%		

Table A-4 above shows net patient service revenue increased by approximately \$38,500,000 from 2020 to 2021. The change was primarily the result of an increase in outpatient volumes and surgery cases due to decreased restrictions in 2021 versus the several months of elective procedures in 2020.

Salaries, wages and employee benefits increased \$19,100,000, due primarily to increases in the salaries and additional bonuses for nurses. Supplies, contractual services, repairs and maintenance, and other expenses increased by approximately \$12,800,000, due primarily to increases in supply purchases related to treatment of COVID patients and costly implant devices.

Management's Discussion and Analysis (Unaudited) September 30, 2022 and 2021

Capital Assets and Debt Financing

Capital Assets

The Hospital's investment in a variety of net capital assets was approximately \$272,900,000 as of September 30, 2022 and approximately \$283,400,000 as of September 30, 2021, as shown in Table A-5 below.

Table A-5
Capital Assets (in millions of dollars)

	 2022	2021 (As Restated)		2020
Land and land improvements	\$ 33.2	\$ 31.5	\$	31.5
Buildings	350.9	342.3		337.0
Furniture, fixtures and equipment	 344.5	 336.0		327.4
Total capital assets	728.6	709.8		695.9
Accumulated depreciation	(466.8)	(435.9)		(403.3)
Construction in progress	 11.1	9.5		10.4
Capital assets, net	\$ 272.9	\$ 283.4	\$	303.0

Debt Financing

The Hospital obtained a promissory note for the construction-in-progress related to Pine Grove Building and development for mental health services (*Note 5*).

For more detailed information regarding the Hospital's capital assets and debt financing, please refer to the notes to financial statements that follow this section.

Next Year's Operating Plan

The Hospital's Board of Trustees adopted the fiscal year 2023 operating plan in August 2022. The operating plan for 2023 assumes that inpatient admissions will increase from 2022 due to anticipation of fewer staffing shortages in 2023. The plan includes a decrease in net position of approximately \$26,200,000.

Management's Discussion and Analysis (Unaudited)
September 30, 2022 and 2021

Contacting the Hospital's Financial Management

This financial report is designed to provide our patients, suppliers, taxpayers, and creditors with a general overview of the Hospital's finances and to show the Hospital's accountability for the money it receives. Questions about this report and requests for additional financial information should be directed to Ben R. Hester, Chief Financial Officer, by telephone at 601.288.4225.

Balance Sheets September 30, 2022 and 2021

Assets and Deferred Outflows of Resources

	2022	2021 (As Restated)
Current Assets		
Cash and cash equivalents	\$ 79,564,401	\$ 139,869,595
Funds held by trustee for self-insurance funding – current	333,867	189,131
Short-term investments	49,999,751	-
Patient accounts receivable, net of allowance for doubtful		
accounts of \$68,867,000 in 2022 and \$75,696,000 in 2021	67,208,822	65,537,885
Other receivables	4,775,637	4,039,039
Supplies	10,063,005	10,317,889
Prepaid expenses and other	9,689,845	7,634,914
Total current assets	221,635,328	227,588,453
Noncurrent Cash and Investments		
Funds held by trustee for self-insurance funding	2,303,148	2,462,396
Funds designated by the Board for discretionary purposes	203,050,375	224,479,241
Total noncurrent assets	205,353,523	226,941,637
Capital Assets, Net	272,865,069	283,392,423
Lease Assets, Net	32,885,589	37,766,231
Other Assets	17,972,890	16,742,880
Net Other Postemployment Benefit Asset	3,849,815	1,710,242
Deferred Outflows of Resources	25,491,292	13,562,495
Total assets and deferred outflows of resources	\$ 780,053,506	\$ 807,704,361

Liabilities, Deferred Inflows of Resources and Net Position

ibilities, Deletted lilliows of Resources and Net Position	2022	2021 (As Restated)
Current Liabilities		
Current installments of long-term debt	\$ 5,824,267	\$ 5,571,692
Current installments of lease liabilities	5,620,310	6,680,056
Accounts payable	25,960,771	24,175,259
Salaries and wages payable	18,103,855	16,347,742
Payroll taxes and withholdings	4,258,323	3,898,014
Due to third-party payers	8,311,905	10,577,996
Other accrued expenses	14,391,301	9,745,713
Total current liabilities	82,470,732	76,996,472
Long-term debt	123,755,071	129,434,555
Long-term lease liabilities	23,894,215	26,850,336
Estimated insurance reserves and other	4,252,545	4,231,943
Net pension liability	48,179,483	9,573,750
Total liabilities	282,552,046	247,087,056
Deferred Inflows of Resources	8,550,433	29,158,209
Net Position		
Net investment in capital assets and leases Restricted	145,461,656	152,769,003
Other post employment benefits	3,849,815	1,710,242
Capital expenditures and other	2,430,128	1,993,698
Unrestricted	337,209,428	374,986,153
Total net position	488,951,027	531,459,096
Total liabilities, deferred inflows of resources		
and net position	\$ 780,053,506	\$ 807,704,361

Statements of Revenues, Expenses and Changes in Net Position Years Ended September 30, 2022 and 2021

	2022	2021 (As Restated)
Operating Revenues		
Net patient service revenue, net of provision for uncollectible		
accounts of \$42,239,000 in 2022 and \$61,989,000 in 2021	\$ 579,432,964	\$ 582,469,542
Other	12,594,664	12,891,791
Total operating revenues	592,027,628	595,361,333
Operating Expenses		
Salaries, wages and employee benefits	315,128,967	286,830,634
Supplies	141,848,026	139,023,076
Contractual services	86,214,631	84,747,087
Repairs, maintenance and other	39,003,133	38,156,912
Insurance	3,558,145	2,511,044
Lease and rentals	1,956,902	2,940,927
Depreciation and amortization	40,422,945	41,110,135
Total operating expenses	628,132,749	595,319,815
Operating Income (Loss)	(36,105,121)	41,518
Nonoperating Revenues (Expenses)		
Net investment income (loss)	(20,253,375)	1,451,441
Interest expense	(4,983,202)	(5,350,438)
Noncapital grants and gifts received and other	21,027,900	50,900,801
Noncapital grants and gifts paid to others	(1,606,219)	(4,024,929)
Net gain on disposal of capital assets	34,649	25,179
Other	(622,701)	(302,964)
Total nonoperating revenues (expenses)	(6,402,948)	42,699,090
Increase (Decrease) in Net Position	(42,508,069)	42,740,608
Net Position, Beginning of Year, As Previously Reported	531,459,096	488,628,293
Adjustment applicable to prior years (Note 2)		90,195
Net Position, Beginning of Year, As Restated	531,459,096	488,718,488
Net Position, End of Year	\$ 488,951,027	\$ 531,459,096

Statements of Cash Flows Years Ended September 30, 2022 and 2021

	2022	2021 (As Restated)		
Cash Flows from Operating Activities				
Receipts from and on behalf of patients	\$ 580,331,889	\$ 575,437,928		
Other cash received	11,258,930	11,767,518		
Cash paid to suppliers and others	(271,723,939)	(266,361,905)		
Cash paid to or on behalf of employees	(310,918,112)	(291,022,196)		
Net cash provided by operating activities	8,948,768	29,821,345		
Cash Flows from Noncapital Financing Activities				
Noncapital grants and gifts received and other	21,152,933	6,317,362		
Noncapital grants and gifts paid to others	(1,606,219)	(4,024,929)		
Net cash provided by noncapital financing activities	19,546,714	2,292,433		
Cash Flows from Capital and Related Financing Activities				
Proceeds from issuance of long-term debt	1,311,006	-		
Principal paid on long-term debt	(5,516,695)	(5,289,544)		
Interest paid on long-term debt	(5,200,541)	(5,569,922)		
Interest payments of lease liability	1,097,954	1,060,115		
Principal payments received on leases receivable	60,820	129,554		
Principal paid on lease liabilities	(6,924,961)	(6,346,000)		
Interest paid on lease liabilities	(925,242)	(875,128)		
Purchase of capital assets and lease assets	(20,355,037)	(17,175,882)		
Purchase of Perry County Hospital	(2,900,000)			
Net cash used in capital and related financing activities	(39,352,696)	(34,066,807)		
Cash Flows from Investing Activities				
Interest and dividends on investments	4,690,886	5,764,574		
Proceeds from sale of investments	71,370,928	54,746,897		
Purchase of investments	(128,459,515)	(92,078,442)		
Net cash used in investing activities	(52,397,701)	(31,566,971)		
Decrease in Cash and Cash Equivalents	(63,254,915)	(33,520,000)		
Cash and Cash Equivalents, Beginning of Year	149,671,965	183,191,965		
Cash and Cash Equivalents, End of Year	\$ 86,417,050	\$ 149,671,965		

Statements of Cash Flows (Continued)
Years Ended September 30, 2022 and 2021

	2022	2021 (As Restated)		
Reconciliation of Operating Income (Loss) to Net Cash				
Provided by Operating Activities				
Operating income (loss)	\$ (36,105,121)	\$	41,518	
Items not requiring cash				
Depreciation and amortization	40,422,945		41,110,135	
Provision for uncollectible accounts	42,238,537		61,988,892	
Changes in				
Patient accounts receivable, net	(43,909,474)		(71,513,431)	
Accounts payable and accrued liabilities	8,560,498		2,772,647	
Amounts due to and from third-party payers	(2,266,091)		3,329,446	
Net pension liability	38,605,733		(28,234,288)	
Net other postemployment benefit asset	(2,139,573)		(1,594,460)	
Deferred inflows of resources - pension and other				
postemployment benefits	(20,720,816)		22,019,250	
Deferred outflows of resources - pension and other				
postemployment benefits	(11,410,941)		4,200,084	
Other assets and liabilities	 (4,326,929)		(4,298,448)	
Net cash provided by operating activities	\$ 8,948,768	\$	29,821,345	
Reconciliation of Cash and Cash Equivalents to the Balance Sheets				
Cash and cash equivalents in current assets	\$ 79,564,401	\$	139,869,595	
Cash and cash equivalents in funds internally designated				
and held by trustee for capital acquisition	4,215,634		7,150,843	
Cash and cash equivalents in funds held by trustee for				
self-insurance funding	 2,637,015		2,651,527	
Total cash and cash equivalents	\$ 86,417,050	\$	149,671,965	
Noncash Investing, Capital and Financing Activities				
Capital asset purchases included in accounts payable	\$ 1,135,997	\$	1,476,138	
Lease obligation for leased assets	\$ 2,909,094	\$	5,807,286	

Statements of Fiduciary Net Position Years Ended September 30, 2022 and 2021

		2022	2021		
	Em	sion and Other ployee Benefit rust Funds	Pension and Oth Employee Benef Trust Funds		
Assets					
Cash and cash equivalents	\$	462,616	\$	387,606	
Investment income					
Accrued income		179,327		104,142	
Investments at fair value					
Money market mutual funds		5,578,280		15,928,597	
Mutual funds					
Equities		90,641,537		133,691,644	
Fixed income		92,713,228		70,783,182	
Investments at contract value		3,660,368		3,575,472	
Total investments		192,593,413		223,978,895	
Total assets	\$	193,235,356	\$	224,470,643	
Net Position					
Restricted for					
Pensions	\$	186,388,395	\$	216,049,099	
Postemployment benefits other than pension		6,846,961		8,421,544	
Total net position	\$	193,235,356	\$	224,470,643	

Statements of Changes in Fiduciary Net Position Years Ended September 30, 2022 and 2021

	2022	2021
	Pension and Other Employee Benefit Trust Funds	Pension and Other Employee Benefit Trust Funds
Additions		
Contributions		
Members	\$ 5,718,915	\$ 6,389,201
Total contributions	5,718,915	6,389,201
Investment earnings		
Net increase (decrease) in fair value of investments	(25,216,803)	48,157,330
Total investment earnings	(25,216,803)	48,157,330
Total additions	(19,497,888)	54,546,531
Deductions		
Benefits paid to participants or beneficiaries	11,333,609	47,673,922
Administrative expense	403,790	740,146
Total deductions	11,737,399	48,414,068
Net Increase (Decrease) in Fiduciary Net Position	(31,235,287)	6,132,463
Fiduciary Net Position, Beginning of Year	224,470,643	218,338,180
Fiduciary Net Position, End of Year	\$ 193,235,356	\$ 224,470,643

Notes to Financial Statements September 30, 2022 and 2021

Note 1: Nature of Operations and Summary of Significant Accounting Policies

Nature of Operations and Reporting Entity

Forrest County General Hospital (the Hospital) is an acute care hospital established by Forrest County, Mississippi (the County) as a special purpose government entity under Mississippi Code Section 41-13-15. The Hospital is owned by the County and per Mississippi statute is governed by a Board of Trustees appointed by the County Board of Supervisors. The Hospital is a component unit of Forrest County, Mississippi.

In addition to the Hattiesburg, Mississippi campus, the Hospital also operates the following locations:

- Highland Community Hospital (HCH), an acute care hospital located in Picayune, Mississippi, over which the Hospital obtained control on May 1, 2006;
- Walthall General Hospital (WGH), a critical access hospital located in Tylertown, Mississippi, over which the Hospital obtained control on October 1, 2010;
- Jefferson Davis General Hospital (JDGH), a critical access hospital and 60-bed nursing home located in Prentiss, Mississippi, over which the Hospital obtained control on July 1, 2011;
- Marion General Hospital (MGH), a hospital located in Columbia, Mississippi, over which the Hospital obtained control on January 1, 2012;
- Pearl River County Hospital and Nursing Home (PRH), a critical access hospital and 120-bed nursing home located in Poplarville, Mississippi, over which the Hospital obtained control on February 1, 2020; and
- Perry County General Hospital (PCH), a critical access hospital located in Richton, Mississippi, over which the Hospital obtained control on December 31, 2021.

The accompanying financial statements also include entities that are blended component units of the Hospital. Those entities are:

- AAA Ambulance Service, Inc. (AAA), a provider of medical and emergency transportation services;
- Forrest General Healthcare Foundation, Inc. (the Foundation), which raises funds for the benefit of the Hospital;
- South Mississippi Health Services, Inc., a property management organization;
- Forrest General Health Services, Inc., a management and consulting organization;
- Clean Earth, Inc., a waste removal organization;
- Forrest General Managed Care Services, Inc., which owns a physical hospital organization and managed care contracting entity; and
- Forrest General Occupational Medicine Services, Inc., which owns an occupational medicine provider.

All entities have the same fiscal year as the Hospital. All entities have been, with the exception of the Foundation, presented as a blended component unit, because the Hospital is the sole corporate member of the entity or the entities are operated by the same, or substantially the same,

Notes to Financial Statements September 30, 2022 and 2021

governing board as the Hospital, and management of the Hospital has operational responsibility of the entities. The Foundation has been presented as a blended component unit because it is operated for the primary benefit of the Hospital. AAA issues separate audited financial statements, which can be obtained by writing to AAA Ambulance Service, Inc., 100 Rawls Springs Loop Road, Hattiesburg, Mississippi 39402, or calling 601.264.2211. The Foundation also issues separate financial statements, which can be obtained from the Hospital's management.

Fiduciary Funds

The Forrest County General Hospital Pension Plan (the Pension Plan) and the Forrest County General Hospital Employee Health Benefit Plan (the OPEB Plan) are single-employer defined benefit plans included in the financial statements as a pension and OPEB trust fiduciary fund. The Board of Trustees of the Hospital performs the governing duties of the Pension Plan and the OPEB Plan, as the Pension Plan and the OPEB Plan do not have a separate board and are fiscally dependent on the Hospital. The fiduciary fund statements are presented as of June 30, 2022 and 2021 for the pension plan and September 30, 2022 and 2021 for the OPEB Plan, each plan's fiscal year-end.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, liabilities, and deferred inflows and outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated or voluntary nonexchange transactions (principally federal and state grants) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange transactions and program-specific (such as county appropriations), government-mandated, or voluntary nonexchange transactions. Government-mandated or voluntary nonexchange transactions that are not program specific, investment income, and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

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

Notes to Financial Statements September 30, 2022 and 2021

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, funds held in interest and noninterest-bearing checking accounts, and all highly liquid investments with maturities at the time of purchase of three months or less.

Patient Accounts Receivable

The Hospital reports patient accounts receivable for services rendered at net realizable amounts from third-party payers, patients, and others. The Hospital provides an allowance for uncollectible accounts based upon a review of outstanding receivables, historical collection information, and existing economic conditions.

Supplies

Supply inventories are stated at the lower of cost, or market. Costs are determined using the first-in, first-out (FIFO) method.

Designated Funds and Funds Held by Trustees

Designated funds and funds held by trustees include: (1) assets set aside by the Board of Trustees (currently for future plant replacement, expansion, and infrastructure maintenance) over which the Board of Trustees retains control and may, at its discretion, subsequently use for other purposes and (2) assets held by trustee under the self-insurance trust agreement.

Investments and Investment Income

Investments in U.S. Treasury, agency and instrumentality obligations with a remaining maturity of one-year or less at time of acquisition, and in nonnegotiable certificates of deposit are carried at amortized cost. All other investments are carried at fair value. Fair value is determined using quoted market prices.

Investment income includes dividend and interest income, realized gains and losses on investments carried at other than fair value and the net change for the year in the fair value of investments carried at fair value.

Capital Assets

Capital assets are recorded at cost, if purchased or, if donated, at acquisition value at the date of receipt. Depreciation is provided over the estimated useful life of each class of depreciable asset using the straight-line method. Major renewals and betterments are capitalized. Costs for repairs and maintenance are expensed when incurred. When assets are retired or otherwise disposed of, the cost and accumulated depreciation are removed from the accounts, and the gain or loss, if any, is included in nonoperating revenues (expenses) in the accompanying statements of revenues, expenses and changes in net position.

Notes to Financial Statements September 30, 2022 and 2021

All capital assets other than land are depreciated using these asset lives:

Land improvements	10 – 20 years
Leasehold improvements	3 – 20 years
Building	10 – 40 years
Fixed equipment	5 – 20 years
Movable equipment	3 – 7 years
Automobile equipment	3 – 5 years

Lease Assets

Lease assets are initially recorded at the initial measurement period of the lease liability, plus lease payments made at or before the commencement of the lease term, less any lease incentive received form the lessor at or before commencement of the lease, plus initial direct costs that are ancillary to place the asset into service. Lease assets are amortized on a straight-line basis over the shorter of the lease term or the useful life of the underlying asset.

Capital and Lease Asset Impairment

The Hospital recognizes the impairment of capital and lease assets when events or changes in circumstances suggest that the service utility of the capital and lease asset may have significantly and unexpectedly declined. If such assets are no longer used, they are reported at the lower of carrying value or fair value. If such assets will continue to be used, the impairment loss is measured using the method that best reflects the diminished utility of the capital and lease assets. No asset impairment was recognized during the years ended September 30, 2022 or 2021.

Compensated Absences

The Hospital's employees accumulate vacation, holiday, and sick leave at varying rates, depending upon their years of continuous service and their payroll classification, subject to maximum limitations. Upon termination of employment, employees are paid all unused accrued vacation and holiday time at their regular rate of pay up to a designated maximum number of days. Since the employees' vacation and holiday time both accumulate and vest, an accrual for this liability, plus an additional amount for compensation-related payments such as social security and Medicare taxes, are included in salaries and wages payable in the accompanying balance sheets.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters other than medical malpractice at the Hospital's main and HCH campuses, workers' compensation at the Hospital's main campus, and employee health claims. Settled claims have not exceeded this commercial coverage in any of the three preceding years.

Notes to Financial Statements September 30, 2022 and 2021

The Hospital is self-insured for a portion of its exposure to risk of loss from medical malpractice, workers' compensation, and employee health claims. Annual estimated provisions are accrued for the self-insured portion of these risks, which include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

Deferred Outflows/Inflows of Resources

Transactions not meeting the definition of an asset or liability that result in the consumption or acquisition of net position in one period that are applicable to future reporting periods are reported as deferred outflows of resources and deferred inflows of resources. At September 30, 2022 and 2021, deferred outflows of resources and deferred inflows of resources were comprised of the following:

	Deferred Outflov	vs of Resources
		2021
	2022	(As Restated)
Deferred loss on refunding (<i>Note 5</i>)	\$ 1,559,149	\$ 1,682,299
Deferred outflow - acquisitions	1,209,860	568,854
Pension plan (Note 11)	21,991,270	10,046,132
OPEB Plan (Note 12)	731,013	1,265,210
	\$ 25,491,292 Deferred Inflow	\$ 13,562,495
	2022	2021 (As Restated)
Gain on debt refunding of 2019 bonds (Note 5) Pension plan (Note 11) OPEB Plan (Note 12) Leases	\$ 48,394 199,066 4,532,406 3,770,567	\$ 59,173 21,451,601 4,000,687 3,646,748
	\$ 8,550,433	\$ 29,158,209

Defined Benefit Pension Plan

The Hospital has a single-employer defined benefit pension plan, Forrest County General Hospital Pension Plan, (the Pension Plan). For purposes of measuring the net pension liability, deferred outflows of resources, and deferred inflows of resources related to pension and pension expense, information about the fiduciary net position of the Pension Plan and additions to/deductions from

Notes to Financial Statements September 30, 2022 and 2021

the Pension Plan's fiduciary net position have been determined on the same basis as they are reported by the Pension Plan. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Defined Benefit Other Postemployment Benefit Plan

The Hospital has a single-employer defined benefit other postemployment benefit (OPEB) plan, Forrest County General Hospital Employee Health Benefit Plan (the OPEB Plan). For purposes of measuring the net OPEB asset/liability, deferred outflows of resources, and deferred inflows of resources related to OPEB and OPEB expense, information about the fiduciary net position of the OPEB Plan and additions to/deductions from the OPEB Plan's fiduciary net position have been determined on the same basis as they are reported by the OPEB Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Lease Receivable

The Hospital is a lessor for noncancellable leases of certain buildings and recognizes a related lease receivable and a deferred inflow of resources. At the commencement of a lease, the Hospital initially measures the lease receivable at the present value of payments expected to be received during the lease term. Subsequently, the lease receivable is reduced by the principal portion of lease payments received. The deferred inflow of resources is initially measured as the initial amount of the lease receivable, adjusted for lease payments received at or before the lease commencement date. Subsequently, the deferred inflow of resources is recognized as revenue over the life of the lease term.

The Hospital monitors changes in circumstances that would require a remeasurement of its leases, and will remeasure the lease receivable and deferred inflows of resources if certain changes occur that are expected to significantly affect the amount of the lease receivable.

Lease Liability

The Hospital is a lessee for noncancellable leases. The Hospital recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the financial statements. At the commencement of a lease, the Hospital initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made. The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life.

The Hospital monitors changes in circumstances that would require a remeasurement of its leases and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Notes to Financial Statements September 30, 2022 and 2021

Net Position

The Hospital's net position is classified into the components on its balance sheets as shown below:

- Net investment in capital assets consists of capital assets net of accumulated depreciation and lease assets net of amortization and reduced by outstanding balances of any borrowings or lease liabilities incurred to finance the purchase or construction of those assets and any unpaid capital asset related invoices.
- Restricted expendable net position is made up of noncapital assets that must be used for a
 particular purpose, as specified by creditors, grantors, or donors external to the Hospital.
- Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets and leases or restricted net position.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payers, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews, and investigations.

Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

Charity Care

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

Income Taxes

The Hospital, including HCH, WGH, JDGH, MGH, PRH, and PCH, are classified as a governmental entity under the laws of Mississippi and is exempt from income taxes, but also carries an exemption from income taxes under Internal Revenue Code Section 501(c)(3). South Mississippi Health Services, Inc., Forrest General Health Services, Inc., Forrest General Healthcare Foundation, Inc., and AAA Ambulance Service, Inc. are tax-exempt organizations under Section 501(a) of the Internal Revenue Code as organizations described in Section 501(c)(3), whereby only unrelated business income is taxable. Forrest General Managed Care Services, Inc. and Forrest General Occupational Medicine Services, Inc. are nonprofit organizations subject to

Notes to Financial Statements September 30, 2022 and 2021

tax. Clean Earth, Inc. is subject to federal and state income taxes. Income taxes related to unrelated business income and the taxable entities are not significant to the Hospital.

Note 2: Change in Accounting Principle

On October 1, 2021, the Hospital adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*, using a retrospective method of adoption to all leases in place and not yet completed at the beginning of the earliest period presented. The statement requires lessees to recognize a lease liability, measured at the present value of payments expected to be made during the lease term, and an intangible right-to-use lease asset. It requires lessors to recognize a lease receivable, measured at net present value of payments expected to be recovered during the lease term, and deferred inflow of resources. The 2021 financial statements and disclosures were restated to reflect the impact of this adoption.

Notes to Financial Statements September 30, 2022 and 2021

The effect of the changes made to the accompanying balance sheet, statement of revenues, expenses, and changes in net position, and statement of cash flows as of and for the year ended September 31, 2021 are as follows:

Balance Sheet

	2021		
	(Previously	Effect of	2021
	Reported)	Adoption	(As Restated)
Assets and Deferred Outflows of Resources			
Current assets	ф 0.007.704	Φ 4.444.005	A 4 000 000
Other receivables	\$ 2,897,734	\$ 1,141,305	\$ 4,039,039
Prepaid expenses and other Total current assets	7,623,674	11,240	7,634,914
l otal current assets	226,435,908	1,152,545	227,588,453
Capital assets, met	285,660,018	(2,267,595)	283,392,423
Lease assets, net	-	37,766,231	37,766,231
Other assets	14,178,787	2,564,093	16,742,880
Deferred outflows of resources	21,462,147	(7,899,652)	13,562,495
-	, ,	, , ,	, ,
Total assets and deferred outflows of resources	776,388,739	31,315,622	807,704,361
Liabilities, Deferred Inflows of Resources and Net Position Current Liabilities			
Current installments of contract payable	427,712	(427,712)	-
Current installments of lease liabilities	, <u>-</u>	6,680,056	6,680,056
Other accrued expenses	9,643,666	102,047	9,745,713
Total current liabilities	70,642,081	6,354,391	76,996,472
Contract payable	5,212,318	(5,212,318)	-
Long-term lease liabilities	-	26,850,336	26,850,336
Total liabilities	219,094,647	27,992,409	247,087,056
Deferred inflows of resources	25,511,461	3,646,748	29,158,209
		, ,	
Net investment in capital assets	144,122,690	8,646,313	152,769,003
Unrestricted	385,666,243	(10,680,090)	374,986,153
Total net position	531,782,631	(323,535)	531,459,096
Total liabilities, deferred inflows of resources			
and net position	776,388,739	31,315,622	807,704,361
p	,,.	,,	,

Notes to Financial Statements September 30, 2022 and 2021

Statement of Revenues, Expenses and Change in Net Position

	2021 (Previously Reported)	Effect of Adoption	2021 (As Restated)
Operating Revenues Other Total operating revenues	\$ 12,974,338 595,443,880	\$ (82,547) (82,547)	\$ 12,891,791 595,361,333
Operating Expenses Repairs, maintenance and other Lease and rentals Depreciation and amortization Total operating expenses	38,168,338 9,751,567 34,781,624 595,813,370	(11,426) (6,810,640) 6,328,511 (493,555)	, ,
Operating Income (Loss)	(369,490)	411,008	41,518
Nonoperating Revenues (Expenses) Net investment income Interest expense Total nonoperating revenues (expenses)	1,299,004 (4,373,263) 43,523,828	152,437 (977,175) (824,738)	1,451,441 (5,350,438) 42,699,090
Increase in Net Position	43,154,338	(413,730)	42,740,608
Net Position, Beginning of Year	488,628,293	90,195	488,718,488
Net Position, End of Year	531,782,631	(323,535)	531,459,096

Notes to Financial Statements September 30, 2022 and 2021

Statement of Cash Flows

Statement of Cash Flows	2021 (Previously Reported)	Effect of Adoption	2021 (As Restated)
Cash Flows from Operating Activities Other cash received Cash paid to suppliers and others	\$ 12,957,590 (273,161,305)	\$ (1,190,072) 6,799,400	\$ 11,767,518 (266,361,905)
Net cash provided by operating activities	24,212,017	5,609,328	29,821,345
Cash Flows from Capital and Related Financing Activities Principal paid on capital lease obligations Principal payments received on leases receivable Interest payments received on leases receivable Principal paid on lease liabilities Interest paid on lease liabilities Purchase of capital assets and lease assets	(406,894) - - - - (17,179,476)	406,894 1,060,115 129,554 (6,346,000) (875,128) 3,594	1,060,115 129,554 (6,346,000) (875,128) (17,175,882)
Net cash used in capital and related financing activities	(28,445,836)	(5,620,971)	(34,066,807)
Cash Flows from Investing Activities Interest and dividends on investments	5,752,931	11,643	5,764,574
Net cash provided by (used in) investing activities	(31,578,614)	11,643	(31,566,971)
Decrease in Cash and Cash Equivalents Reconciliation of Operating Income (Loss) to Net Cash Provided by Operating Activities	(33,520,000)	-	(33,520,000)
Operating income (loss) Items not requiring cash	(369,490)	411,008	41,518
Depreciation and amortization	34,781,624	6,328,511	41,110,135
Changes in Other assets and liabilities	(3,168,257)	(1,130,191)	(4,298,448)
Net cash provided by operating activities	24,212,017	5,609,328	29,821,345

Notes to Financial Statements September 30, 2022 and 2021

Note 3: Deposits, Investments and Investment Income

The Hospital's deposits and investments are summarized below as of September 30, 2022 and 2021:

	2022	2021
Cash and cash equivalents	\$ 79,564,401	\$ 139,869,595
Short-term investments		
U.S. Treasury securities	49,999,751	
Designated funds and funds held by trustees		
Cash and cash equivalents	6,852,649	9,802,370
U.S. agency securities	15,940,985	15,895,112
U.S. Treasury securities	31,673,944	33,153,412
State municipal securities	24,717,518	29,738,391
Corporate debt securities	40,912,203	44,087,115
Pooled investment securities	85,590,091	94,454,368
	205,687,390	227,130,768
	\$ 335,251,542	\$ 367,000,363

The Hospital is required to provide additional disclosures of investment risks related to credit risk, concentration of credit risk, custodial credit risk, and interest rate risk associated with cash deposits and investments. These disclosures are reflected below.

Credit Risk

Credit risk is the risk that an issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization (NRSRO). The Hospital's investment policy, which conforms to Mississippi state law, does not specifically limit investment in securities based on an NRSRO credit rating, but the policy does designate authorized investments by type. These authorized investments, within established guidelines, are limited to securities of the U.S. government or its agencies, U.S. government obligations, U.S. and Mississippi municipal bonds, interest-bearing accounts and certificates of deposits of financial institutions, open-end or closed-end management type investment company or investment trust, and an investment trust consisting of pooled or commingled funds of other hospitals.

Unless there is information to the contrary, obligations of the U.S. government are not considered to have credit risk and do not require disclosure of credit quality.

Notes to Financial Statements September 30, 2022 and 2021

A summary of cash and investments is as follows:

September 30, 2022	Fair Value	Percentage	Credit Rating
			_
Cash and cash equivalents, operating funds	\$ 79,564,401	23.73%	Exempt from disclosure
Cash and cash equivalents, designated and held by trustee	6,852,649	2.05%	Exempt from disclosure
U.S. agency securities	15,940,985	4.76%	Exempt from disclosure
U.S. Treasury securities	81,673,695	24.36%	Exempt from disclosure
State municipal securities	24,717,518	7.37%	Exempt from disclosure
Corporate debt securities	40,912,203	12.20%	Aa1 - Ba2
Pooled investment securities	85,590,091	25.53%	**
Total cash and investments	\$ 335,251,542	100.00%	
·			
September 30, 2021	Fair Value	Percentage	Credit Rating
· · · · ·			
September 30, 2021 Cash and cash equivalents, operating funds	Fair Value \$ 139,869,595	Percentage 38.11%	Credit Rating Exempt from disclosure
· · · · ·	\$ 139,869,595		Exempt from disclosure
Cash and cash equivalents, operating funds	\$ 139,869,595	38.11%	
Cash and cash equivalents, operating funds Cash and cash equivalents, designated and held by trustee	\$ 139,869,595 9,802,370	38.11% 2.67%	Exempt from disclosure
Cash and cash equivalents, operating funds Cash and cash equivalents, designated and held by trustee U.S. agency securities	\$ 139,869,595 9,802,370 15,895,112	38.11% 2.67% 4.33%	Exempt from disclosure Exempt from disclosure Exempt from disclosure
Cash and cash equivalents, operating funds Cash and cash equivalents, designated and held by trustee U.S. agency securities U.S. Treasury securities	\$ 139,869,595 9,802,370 15,895,112 33,153,412	38.11% 2.67% 4.33% 9.04%	Exempt from disclosure Exempt from disclosure Exempt from disclosure Exempt from disclosure
Cash and cash equivalents, operating funds Cash and cash equivalents, designated and held by trustee U.S. agency securities U.S. Treasury securities State municipal securities	\$ 139,869,595 9,802,370 15,895,112 33,153,412 29,738,391	38.11% 2.67% 4.33% 9.04% 8.10%	Exempt from disclosure
Cash and cash equivalents, operating funds Cash and cash equivalents, designated and held by trustee U.S. agency securities U.S. Treasury securities State municipal securities Corporate debt securities	\$ 139,869,595 9,802,370 15,895,112 33,153,412 29,738,391 44,087,115	38.11% 2.67% 4.33% 9.04% 8.10% 12.01%	Exempt from disclosure Exempt from disclosure Exempt from disclosure Exempt from disclosure Exempt from disclosure Aaa - A3

^{**} The pooled investment securities represent the Hospital's investment in the Mississippi Hospital Association investment pool. Although open to all hospitals, the pool is structured to comply with the provisions of Section 27-105-365 of the Mississippi Code Annotated (1972), which establishes guidelines for depository and investment activity for all county and municipal hospital funds. Accordingly, the pooled investment securities are limited to U.S. government and U.S. agencies, certain investment and trust funds, and commercial paper and corporate notes and bonds that have an "A" rating or better.

Concentration of Credit Risk

The Hospital's investment policy, in accordance with state statute, restricts investments in U.S. agencies to 50% of total investments. Investments in open-end and closed-end management type investment companies and investment trusts are limited to 20% of total investments.

Concentration of credit risk is defined as the risk of loss attributed to the magnitude of a government's investment in a single issuer (an investment that represents more than 5% of the market value of the total investment portfolio). At September 30, 2022, approximately 12% and 5% of the Hospital's investment portfolio concentrations were invested in bonds of the State of Mississippi and Federal National Mortgage Association, respectively. At September 30, 2021,

Notes to Financial Statements September 30, 2022 and 2021

approximately 13% and 4% of the Hospital's investment portfolio concentrations were invested in bonds of the State of Mississippi and Federal National Mortgage Association, respectively.

Custodial Credit Risk

Custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, the Hospital will not be able to recover its deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, the Hospital will not be able to recover the value of its investment or collateral securities that are in the possession of another party.

The Hospital's formal investment policy is governed by and in conformity with Section 27-105-365 of the Mississippi Code Annotated (1972), which establishes the following guidelines for depository and investment activity:

- In accordance with statutes of the State of Mississippi, the Hospital maintains its deposits at financial institutions authorized by the Board of Trustees.
- The collateral for public entity deposits in financial institutions is held in the name of the State
 Treasurer of Mississippi under a program established by the Mississippi State Legislature and
 is governed by Section 27-105-5 of the Mississippi Code Annotated (1972). Under this
 program, the Hospital's funds are protected through a collateral pool administered by the State
 Treasurer.
- Financial institutions holding deposits of public funds must pledge securities as collateral against these deposits.
- In the event of a financial institution's failure, securities pledged by that institution would be liquidated by the State Treasurer to replace the public deposits not covered by the Federal Deposit Insurance Corporation (FDIC).

Investments in external investment pools are not exposed to custodial credit risk because their existence is not evidenced by securities that exist in physical or book entry form. At September 30, 2022 and 2021, deposits and investments requiring custodial credit risk disclosure totaled approximately \$170,097,000 and \$132,676,000, respectively, all of which were insured or collateralized in accordance with state statute.

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair value to changes in market interest rates.

Interest rate risk inherent in the portfolio is measured by monitoring the segmented time distribution of the investments in the portfolio.

Notes to Financial Statements September 30, 2022 and 2021

The following is a summary of the Hospital's segmented time distribution investment maturities in years by investment type as of September 30, 2022 and 2021.

			Years							
September 30, 2022		Fair Value		< 1		1 – 5		6 – 10	More	than 10
U.S. agency securities	\$	15,940,985	\$	1,950,398	\$	13,744,650	\$	245,937	\$	_
U.S. Treasury securities		81,673,695		51,368,475		30,305,220		-		-
State municipal securities		24,717,518		2,259,402		14,398,007		8,060,109		-
Corporate debt securities		40,912,203		373,180		21,875,859		18,663,164		
	•	100 044 404	•	FF 0F4 4FF	•	00 000 700	•	00 000 040	•	
	\$	163,244,401	\$	55,951,455	\$	80,323,736	\$	26,969,210	\$	

		Years							
September 30, 2021	Fair Value	_	<1		1 – 5		6 – 10	More	than 10
U.S. agency securities	\$ 15,895,112	\$	2,907,143	\$	11,715,590	\$	1,272,379	\$	_
U.S. Treasury securities	33,153,412		-		31,093,095		2,060,317		-
State municipal securities	29,738,391		3,448,452		15,896,942		10,392,997		-
Corporate debt securities	 44,087,115		3,002,395	_	18,879,338	_	22,205,382		-
	\$ 122,874,030	\$	9,357,990	\$	77,584,965	\$	35,931,075	\$	-

The Hospital has \$85,590,091 and \$94,454,368 in 2022 and 2021, respectively, in pooled investment securities whose underlying investments are primarily U.S. government and U.S. agency debt securities with varying maturities as determined by the pool; however, the average maturity is less than five years.

Investment Income (Loss)

Investment income (loss) for the years ended September 30, 2022 and 2021 consisted of:

	2022	2021 (As Restated)
Interest and dividend income Realized losses on investments, net Unrealized losses on investments, net	\$ 5,546,134 (839,717) (24,959,792)	\$ 6,237,433 (246,468) (4,539,524)
	\$ (20,253,375)	\$ 1,451,441

Notes to Financial Statements September 30, 2022 and 2021

Note 4: Capital and Lease Assets

Capital assets and related activity for the year ended September 30, 2022 consist of the items shown below.

	Balance October 1, 2021	Transfers in and Additions	Transfers Out and Retirements	Balance September 30, 2022
Capital assets not being depreciated				
Land	\$ 15,305,142	\$ 1,234,080	\$ -	\$ 16,539,222
Construction in progress	9,516,596	21,429,995	(19,897,987)	11,048,604
Total book value of capital asset	•			
Total book value of capital assets not being depreciated		22,664,075	(10.907.097)	27 507 926
not being depreciated	24,821,738	22,004,075	(19,897,987)	27,587,826
Capital assets being depreciated				
Land improvements	16,221,830	470,214	-	16,692,044
Leasehold improvements	5,177,019	329,494	-	5,506,513
Buildings	342,282,518	8,654,670	-	350,937,188
Fixed equipment	54,314,037	924,898	(2,668)	55,236,267
Movable equipment	270,973,580	8,399,360	(1,440,368)	277,932,572
Automotive equipment	5,552,363	314,148	(114,419)	5,752,092
Total book value of capital asset				
being depreciated	694,521,347	19,092,784	(1,557,455)	712,056,676
Less accumulated depreciation for				
Land improvements	11,261,753	730,735	-	11,992,488
Leasehold improvements	4,209,700	194,789	-	4,404,489
Buildings	180,774,406	12,352,748	-	193,127,154
Fixed equipment	33,882,541	3,148,304	(2,668)	37,028,177
Movable equipment	201,897,280	15,324,211	(1,440,368)	215,781,123
Automotive equipment	3,924,982	635,439	(114,419)	4,446,002
Total accumulated depreciation	435,950,662	32,386,226	(1,557,455)	466,779,433
Capital assets being depreciated, net	258,570,685	(13,293,442)		245,277,243
Capital assets, net	\$ 283,392,423	\$ 9,370,633	\$ (19,897,987)	\$ 272,865,069

Construction in progress at September 30, 2022, consists of expenditures associated with the Pine Grove Medical Office Building construction, elevator tower upgrades, and renovation of the trauma clinic. Budgeted costs to complete these projects are \$14,000,000 in fiscal year 2023 and will be funded through operations and the promissory note for construction discussed in *Note 5*.

Notes to Financial Statements September 30, 2022 and 2021

Capital assets and related activity for the year ended September 30, 2021, consist of the items shown below.

	Balance			Balance
	October 1,	Transfers in	Transfers Out	September 30,
	2020	and	and	2021
	(As Restated)	Additions	Retirements	(As Restated)
Capital assets not being depreciated				
Land	\$ 15,305,142	\$ -	\$ -	\$ 15,305,142
Construction in progress	10,383,226	14,354,360	(15,220,990)	9,516,596
Total book value of capital asset	s			
not being depreciated	25,688,368	14,354,360	(15,220,990)	24,821,738
3 1		, ,	(-, -,,	, , , , , , , , , , , , , , , , , , , ,
Capital assets being depreciated				
Land improvements	16,199,457	22,373	-	16,221,830
Leasehold improvements	5,169,909	7,110	-	5,177,019
Buildings	334,376,365	7,906,153	-	342,282,518
Fixed equipment	54,129,575	184,462	-	54,314,037
Movable equipment	263,166,059	8,608,377	(800,856)	270,973,580
Automotive equipment	4,947,880	809,756	(205,273)	5,552,363
Total book value of capital assets	s			
being depreciated	677,989,245	17,538,231	(1,006,129)	694,521,347
Less accumulated depreciation for	10 500 070	070 477		11 001 750
Land improvements	10,583,276	678,477	-	11,261,753
Leasehold improvements	3,928,491	281,209	-	4,209,700
Buildings	168,321,877	12,452,529	-	180,774,406
Fixed equipment	30,685,599	3,196,942	(700.070)	33,882,541
Movable equipment	186,100,270	16,585,283	(788,273)	201,897,280
Automotive equipment	3,582,053	548,201	(205,272)	3,924,982
Total accumulated depreciation	403,201,566	33,742,641	(993,545)	435,950,662
·		· · ·		
Capital assets being depreciated, net	274,787,679	(16,204,410)	(12,584)	258,570,685
Capital assets, net	\$ 300,476,047	\$ (1,850,050)	\$ (15,233,574)	\$ 283,392,423

Notes to Financial Statements September 30, 2022 and 2021

Lease assets activity for the year ended September 30, 2022, consist of the items shown below:

	Balance October 1, 2021 (As Restated)	Additions Terminations	Balance September 30, 2022
Lease assets being amortized			
Building	\$ 33,170,733	\$ 749,459 \$ 1,617,548	\$ 32,302,644
Equipment	9,928,893	1,714,068 2,593,328	9,049,633
Vehicles	1,317,322	445,567 106,611	1,656,278
	44,416,948	2,909,094 4,317,487	43,008,555
Less accumulated amortization			
Building	3,969,363	4,128,437 1,617,548	6,480,252
Equipment	2,364,281	3,142,557 2,593,328	2,913,510
Vehicles	317,073	518,742106,611	729,204
	6,650,717	7,789,736 4,317,487	10,122,966
Lease assets, net	\$ 37,766,231	\$ (4,880,642)	\$ 32,885,589

Lease assets activity for the year ended September 30, 2021, consist of the items shown below:

		Balance tober 1, 2020 as Restated)	ļ	Additions	Ter	minations	Balance eptember 30, 2021 As Restated)
Lease assets being amortized							
Building	\$	32,558,470	\$	700,084	\$	87,821	\$ 33,170,733
Equipment		6,096,263		4,398,697		566,067	9,928,893
Vehicles		608,817		708,505		-	1,317,322
		39,263,550		5,807,286		653,888	44,416,948
Less accumulated amortization							
Building		-		4,057,184		87,821	3,969,363
Equipment		-		2,930,348		566,067	2,364,281
Vehicles				317,073			 317,073
	_	-	_	7,304,605		653,888	 6,650,717
Lease assets, net	\$	39,263,550	\$	(1,497,319)	\$	-	\$ 37,766,231

Notes to Financial Statements September 30, 2022 and 2021

Note 5: Long-term Debt

A summary of long-term obligation transactions for the Hospital for the years ended September 30, 2022 and 2021 follows.

Description	Balance October 1, Description 2021 Additio		October 1,		Balance September 30, 2022		Due Within One Year					
Series 2019A (A)	\$	63,530,000	\$	-	\$	_	\$	_	\$	63,530,000	\$	_
Series 2019B (B)		25,075,000		-		1,570,000		-		23,505,000		1,715,000
BancorpSouth (C)		17,557,861		-		1,303,290		-		16,254,571		1,365,868
BancorpSouth (D)		9,117,490		-		1,256,333		-		7,861,157		1,318,071
BancorpSouth (E)		7,210,811		-		1,137,365		-		6,073,446		1,167,907
Trustmark (G)		1,044,640		-		249,707		-		794,933		257,421
Trustmark (H)		-		1,311,006		-		-		1,311,006		-
Unamortized Bond Premium		11,470,445						(1,221,220)		10,249,225		
	Φ.	135 006 247	¢	1 311 006	¢	5 516 605	Φ	(1 221 220)	Φ	120 570 338	Ф	5 824 267

Balance October 1, Description 2020 Additions		October 1,					Balance September 30, Due Within 2021 One Year				
Series 2019A (A)	\$	63,530,000	\$	_	\$	-	\$ -	\$	63,530,000	\$	-
Series 2019B (B)		26,365,000		-		1,290,000	-		25,075,000		1,570,000
BancorpSouth (C)		18,834,225		-		1,276,364	-		17,557,861		1,327,434
BancorpSouth (D)		10,343,362		-		1,225,872	-		9,117,490		1,284,158
BancorpSouth (E)		8,279,811		-		1,069,000	-		7,210,811		1,140,394
Zoll Equipment Note (F)		186,140		-		186,140	-		-		-
Trustmark (G)		1,286,864		-		242,224	-		1,044,640		249,706
Unamortized Bond Premium		12,728,604		_			 (1,258,159)		11,470,445		-
	\$	141.554.006	\$	_	\$	5.289.600	\$ (1.258.159)	\$	135.006.247	\$	5.571.692

(A) On July 25, 2019, the Hospital issued \$63,530,000 in Series 2019A Revenue Refunding Bonds bearing interest at 3.00% to 5.00% to advance refund \$70,000,000 of Series 2010 Build America Revenue Bonds and to pay certain expenses incurred in connection with the issuance of the bonds. The total bond proceeds were \$72,786,065, resulting in an issuance premium of \$9,256,065. The net proceeds of \$71,950,737 (after payment of \$835,328 in underwriting fees, insurance and other issuance costs) were used to purchase U.S. government securities. Those securities were deposited in an irrevocable trust with an escrow agent to provide for all future debt service payments on the Series 2010 Build America Revenue Bonds. As a result, the 2010 Series Bonds are considered to be defeased, and the liability for those bonds has been removed from the Hospital's balance sheets.

The advance refunding resulted in a difference between the reacquisition price and the net carrying amount of the old debt of \$1,950,737. This difference, reported in the

Notes to Financial Statements September 30, 2022 and 2021

accompanying financial statements as a deferred outflow of resources, is being charged to interest expense through the year 2039 using the effective interest method. The Hospital completed the advance refunding to reduce its total debt service payments over the next 20 years by \$18,442,057 and to obtain an economic gain between the present values of the old and new debt service payments of \$12,081,158. The unamortized loss on refinancing of the debt was \$1,559,149 and \$1,682,299 at September 30, 2022 and 2021, respectively, and is included in the balance sheets as a deferred outflow of resources.

(B) On October 3, 2019, the Hospital issued \$26,365,000 in Series 2019B Revenue Refunding Bonds bearing interest at 5.00% to advance refund \$30,155,000 of Series 2009 Revenue Refunding Bonds (Series 2009 Bonds) and to pay certain expenses incurred in connection with the issuance of the bonds. The total bond proceeds were \$31,080,518, resulting in an issuance premium of \$4,853,935. The net proceeds of \$30,826,061 (after payment of \$392,875 in underwriting fees, insurance and other issuance costs) were used to purchase U.S. government securities. Those securities were deposited in an irrevocable trust with an escrow agent to provide for all future debt service payments on the Series 2009 Bonds. As a result, the Series 2009 Bonds are considered to be defeased, and the liability for those bonds has been removed from the Hospital's balance sheets. The unamortized gain on refunding of the debt was \$48,394 and \$59,173 at

September 30, 2022 and 2021, respectively, and is included in the balance sheets as a deferred inflow of resources.

The advance refunding resulted in a difference between the reacquisition price and the net carrying amount of the old debt of \$82,519. This difference, reported in the accompanying financial statements as a deferred inflow of resources, is being charged to interest expense through the year 2029 using the effective interest method. The Hospital completed the advance refunding to reduce its total debt service payments over the next 10 years by \$4,090,717 and to obtain an economic gain between the present values of the old and new debt service payments of \$4,455,890.

- (C) Promissory note dated January 25, 2018, bearing interest at 3.55%; collateralized by Hospital revenues; due from February 20, 2018 to January, 20, 2033. On May 3, 2021, this note was refinanced, changing the interest rate to 2.87%. The current principal balance at the time of refinancing and maturity date remain the same as stated in the original note.
- (D) Promissory note dated April 9, 2018, bearing interest at 4.17%; collateralized by real property; due from May 9, 2018 to April 9, 2028. On May 3, 2021, this note was refinanced, changing the interest rate to 2.63%. The current principal balance at the time of refinancing and maturity date remain the same as stated in the original note.
- (E) Promissory note dated August 31, 2018, bearing interest at 4.57%; collateralized by real property; due from September 30, 2018 to August 31, 2027. On May 3, 2021, this note was refinanced, changing the interest rate to 2.63%. The current principal balance at the time of refinancing and maturity date remain the same as stated in the original note.

Notes to Financial Statements September 30, 2022 and 2021

- (F) Note payable to vendor for equipment, due in equal annual installments of \$206,736, which includes an interest rate of 11.00% through November 1, 2020. This note was paid off October 16, 2020.
- (G) Promissory note dated September 17, 2020, bearing interest at 3.05%; collateralized by real property; due from September 17, 2020 to September 17, 2025.
- (H) Promissory note for construction of Pine Grove building which can be drawn up to \$12,000,000 dated June 13, 2022, bearing interest at 3.64%; collateralized by real property; due from June 15, 2024 to June 13, 2029.

The loan agreements for the Series 2019 Bonds contain certain terms and restrictive covenants typical of such agreements, including maintenance of certain debt service coverage and liquidity levels and limitations on additional indebtedness. The agreements also contain provisions that, in the event of default, allow the trustee to accelerate payments of the entire principal amount to be immediately due and payable.

Debt service requirements associated with the Hospital's long-term debt, excluding unamortized premiums, are shown below.

Years Ending September 30	Principal	Interest	Total
2023	\$ 5,824,267	\$ 4,714,214	\$ 10,538,481
2024	6,249,785	4,600,156	10,849,941
2025	6,645,268	4,324,008	10,969,276
2026	6,603,891	4,089,337	10,693,228
2027	6,848,196	3,845,758	10,693,954
2028 - 2032	37,045,959	14,318,229	51,364,188
2033 - 2037	30,420,525	6,666,562	37,087,087
2038 - 2041	19,692,222	998,400	20,690,622
	\$ 119,330,113	\$ 43,556,664	\$162,886,777

Note 6: Leases Receivable

The Hospital leases a portion of its office space to various third parties, the terms of which expire 2022 through 2037. Revenue recognized under lease contracts during the years ended September 30, 2022 and 2021 were \$1,247,768 and \$1,156,662, respectively, which includes both lease revenue and interest. The Hospital's current and noncurrent lease receivable are included on the accompanying balance sheets in other receivables and other assets, respectively, for the years ended 2022 and 2021.

Notes to Financial Statements September 30, 2022 and 2021

The following is a schedule by year of receipts under the leases as of September 30, 2022.

	Principal		 nterest
2023	\$	844,903	\$ 124,165
2024		534,873	100,998
2025		521,858	81,858
2026		526,784	62,671
2027		544,027	43,256
2028 - 2032		733,184	67,392
2033 - 2037		158,850	 14,977
	\$	3,864,479	\$ 495,317

Note 7: Lease Liabilities

The Hospital leases equipment and office and clinic space, the terms of which expire in various years through 2037. Variable payments based upon the use of the underlying asset are not included in the lease liability because they are not fixed in substance

During the years ended September 31, 2022 and 2021, the Hospital recognized approximately \$1,956,902 and \$2,940,927, respectively, of rental expense for variable payments not previously included in the measurement of the lease liability.

Notes to Financial Statements September 30, 2022 and 2021

The following is a schedule by year of payments under the leases as of September 30, 2022.

	-	Total to be		
Year Ending September 30,		Paid	Principal	Interest
2023	\$	6,597,443	\$ 5,620,310	\$ 977,133
2024		4,331,562	3,493,830	837,732
2025		3,339,812	2,602,395	737,417
2026		2,985,081	2,334,578	650,503
2027		2,293,312	1,722,401	570,911
2028 - 2032		9,743,688	7,866,428	1,877,260
2033 - 2037		6,382,710	5,874,583	 508,127
	\$	35,673,608	\$ 29,514,525	\$ 6,159,083

Lease liability activity for the years ended September 30 was:

Asset Type	Balance October 1, 2021 (As Restated)	Additions	Payments	Balance September 30, 2022
Building Equipment Vehicles	\$ 25,018,990 7,502,258 1,009,144	\$ 749,459 1,714,068 445,567	\$ 2,907,433 3,506,431 511,097	\$ 22,861,016 5,709,895 943,614
Total lease liability	\$ 33,530,392	\$ 2,909,094	\$ 6,924,961	\$ 29,514,525
Asset Type	Balance October 1, 2020 (As Restated)	Additions	Payments	Balance September 30, 2021 (As Restated)
Building Equipment Vehicles	\$ 27,364,026 6,096,263 608,817	\$ 700,084 4,398,697 708,505	\$ 3,045,120 2,992,702 308,178	\$ 25,018,990 7,502,258 1,009,144
Total lease liability	\$ 34,069,106	\$ 5,807,286	\$ 6,346,000	\$ 33,530,392

Notes to Financial Statements September 30, 2022 and 2021

Note 8: Other Accrued Expenses

Other accrued expenses consist of the following:

	2022	(A:	2021 s Restated)
Patient credit balances	\$ 8,735,940	\$	4,423,013
Reserve for incurred but not reported employee health claims	1,204,000		1,145,000
Malpractice - current	333,867		189,131
Workers' compensation - current	1,180,000		1,230,000
Advanced revenue (including CARES Act, Provider Relief Funds)	565,410		513,089
Revenue received in advance	162,533		37,500
Accrued interest - leases	102,068		116,035
Accrued interest expense	1,004,286		1,024,051
Other	 1,103,197		1,067,894
	\$ 14,391,301	\$	9,745,713

Note 9: Net Patient Service Revenue

The Hospital has agreements with governmental and other third-party payers that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at established rates for services and amounts reimbursed by third-party payers. A summary of the basis for reimbursement with major third-party payers follows.

• Medicare – Substantially all acute care services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to patient classification systems that are based on clinical, diagnostic, and other factors. Certain other Medicare reimbursement items are paid based on other retroactive-determination methodologies. WGH, JDGH, PRH, and PCH are classified as critical access hospitals and are reimbursed based on the reasonable costs of providing care to Medicare program beneficiaries. MGH and HCH are not classified as critical access hospitals, but are receiving payments based on reasonable costs through the Rural Community Hospital Demonstration Project. The demonstration project ends on September 30, 2027 for HCH and September 30, 2026 for MGH. The Hospital is reimbursed for retroactively determined items at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits by the Medicare fiscal intermediary. Revenue from the Medicare program (including Medicare managed care) accounted for approximately 54% and 53% of the Hospital's net patient service revenue for the years ended September 30, 2022 and 2021, respectively.

Notes to Financial Statements September 30, 2022 and 2021

• Medicaid – Inpatient and certain outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the State of Mississippi. Inpatient services are reimbursed using a prospective-payment system based on All Patient Refined Diagnosis Related Groups (APR-DRG). Outpatient services are reimbursed using an Ambulatory Payment Classification (APC) methodology, similar to the Medicare payment model. The Hospital is reimbursed for retroactively determined items at tentative rates, with final settlement determined after submission of annual cost reports by the Hospital and audits by the State of Mississippi Medicaid Program. Revenue from the Medicaid program (including Medicaid managed care) accounted for approximately 22% and 21% of the Hospital's net patient service revenue for the years ended September 30, 2022 and 2021, respectively. This includes revenue from the programs described below.

Beginning July 1, 2015, Upper Payment Limit (UPL) payments were phased out, and the Division of Medicaid (DOM) implemented the Mississippi Hospital Access Payment (MHAP) program. The program is administered by DOM through the Mississippi CAN coordinated care organizations (CCOs). The CCOs subcontract with hospitals throughout the state for distribution of MHAP for the purpose of protecting patient access to hospital care. The net benefit for the Hospital associated with the MHAP program was \$26,618,000 and \$27,803,000 for the years ended September 30, 2022 and 2021, respectively. The Hospital also participates in a voluntary disproportionate share program (DSH) available to certain qualifying hospitals in the state Medicaid program. The net program benefit for the Hospital was approximately \$6,550,000 and \$2,658,000 for 2022 and 2021, respectively. Both MHAP and DSH are recognized as net patient service revenue in the accompanying statements of revenues, expenses and changes in net position.

The Medicaid programs described above are subject to review and scrutiny by both the Mississippi legislation and The Centers for Medicare and Medicaid Services (CMS), and the programs could be modified or terminated based on new legislation or regulation in future periods.

The Hospital has also entered into other reimbursement arrangements with third-party payers that provide for payments under various methodologies, including prospectively determined rates per discharge, per diem amounts, and discounts from established charges.

The composition of net patient service revenue follows:

	2022	2021
Gross patient service revenue Less provisions for	\$ 1,897,549,797	\$ 1,909,741,156
Contractual, charity and other adjustments Bad debts	(1,275,878,296) (42,238,537)	(1,265,282,722) (61,988,892)
Net patient service revenue	\$ 579,432,964	\$ 582,469,542

Notes to Financial Statements September 30, 2022 and 2021

Note 10: Charity Care

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy, the estimated cost of those services and supplies, and equivalent service statistics. The level of charity care provided for 2022 and 2021 is shown in the table below.

The estimated cost to provide charity care is based on a ratio of overall operating expenses to gross patient service revenue applied to charges foregone under established rates.

	2022	2021
Charges foregone, based on established rates	\$ 31,876,122	\$ 25,845,212
Estimated costs and expenses incurred to provide charity care	10,551,732	8,063,356
Equivalent percentage of charity care patients to all		
patients served	1.68%	1.35%

Note 11: Pension Plans

Defined Contribution Pension Plan

The Hospital has a defined contribution pension plan that allows for employee and employer contributions. The plan was established on July 1, 2011, and only full-time employees hired after that date are eligible to receive Hospital contributions to the plan. Hospital contributions were approximately \$1,985,000 and \$1,894,000 during 2022 and 2021, respectively. The Hospital's contributions are vested after five years of service. Forfeitures are used to offset future employer contributions. At September 30, 2022 and 2021, forfeitures were approximately \$356,000 and \$302,000, respectively. Employee contributions were \$4,819,000 and \$4,545,000 during 2022 and 2021, respectively.

Defined Benefit Pension Plan

The Hospital contributes to the Forrest County General Hospital Pension Plan (the Pension Plan), a single-employer defined benefit pension plan, which was frozen effective July 1, 2011, thereby excluding new entrants into the Pension Plan. The Pension Plan's fiscal year ends June 30. Actuarial valuations are performed annually on July 1. The Pension Plan is administered by the Hospital's Human Resources Support Department, whose work on the Pension Plan is overseen by the Pension Committee of the Hospital's Board of Trustees. The Hospital retains Capital Research and Planning in an advisory capacity for the Pension Plan's matters. The Pension Plan issues a financial report available for all participants that includes financial statements and required supplementary information. The report may be obtained at www.mshospitaltransparency.com

Notes to Financial Statements September 30, 2022 and 2021

when issued or by writing the administration of the Hospital at P.O. Box 16389, Hattiesburg, Mississippi 39404 or calling 601.288.7000.

The Pension Plan was amended in January 2021 that allowed an eligible participant to withdraw their benefit payment in a single lump-sum payment during a defined payment window. There were \$36,690,900 in lump-sum payments made during the year in which 999 participants elected to receive.

Benefits Provided

The Pension Plan provides retirement and disability benefits and death benefits to plan members and beneficiaries. Benefit provisions are established by the Hospital's Board of Trustees. Retirement benefits for employees are calculated at 1.5% times average monthly compensation times years of service. Death benefits are equal to the single sum present value of the vested accrued benefit otherwise payable at the normal retirement date. Disability benefits are equal to the vested accrued benefit payable at normal retirement age or an actuarially reduced benefit paid immediately.

The terms of the Pension Plan provide for annual cost-of-living adjustments to each employee's retirement allowance subsequent to the employee's retirement date. The annual adjustments for cost-of-living are 2.5% per year.

The employees covered by the Pension Plan at June 30, 2022 and 2021 follow:

	2022	2021
Active participants	801	921
Vested former employees	433	403
Retirees and beneficiaries	621	562
	1,855	1,886

Contributions

The Hospital's Board of Trustees has the authority to establish and amend the contribution requirements of the Hospital. The Board of Trustees establishes rates based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. Pension Plan members are not required or permitted to contribute any portion of their salary to fund the Pension Plan. The Hospital is required to contribute to the Pension Plan at actuarially determined rates at a percentage of annual covered payroll. For the fiscal year ended September 30, 2022, the Hospital contributed \$5,718,915 (or 10% of covered payroll) to the Pension Plan. For the fiscal year ended September 30, 2021, the Hospital contributed \$6,094,296 (or 10% of covered payroll) to the Pension Plan.

Notes to Financial Statements September 30, 2022 and 2021

Net Pension Liability

The Hospital's net pension liability was measured as of June 30, 2022 and 2021, as reported as of September 30, 2022 and 2021, respectively, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of July 1, 2022 and 2021, respectively.

The total pension liability in the June 30, 2022 and 2021 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

Inflation 2.5%
Salary increases 1.5% - 4.0%, based on age, including inflation
Ad hoc cost-of-living adjustments 2.5% per year
Investment rate of return 7.25%, net of pension plan investment expense,

including inflation

In 2022, mortality rates were based on 125% of the PubG-2010 Total Dataset Mortality Table, adjusted with the MP-2021 Improvement Scale. In 2021, mortality rates were based on 125% of the PubG-2010 Total Dataset Mortality Table, adjusted with the MP-2020 Improvement Scale.

The Hospital has not performed a recent experience study. Due to the frozen nature of the Pension Plan, the benefits of an experience study are estimated by the actuary to be minimal.

The long-term expected rate of return on pension plan investments was based primarily on historical returns on pension plan assets, adjusted for changes in target portfolio allocations, and recent changes in long-term interest rates based on publicly available information.

The target allocation and best estimates of rates of return for each major asset class are summarized in the following table.

		Target A	llocations	
Asset Class	Tier One Near-Term Sub Portfolio	Tier Two Mid-Term Sub Portfolio	Tier Three Long-term Sub Portfolio	Tactical Asset Allocation Portfolio
Cash/fixed income	60.00%	40.00%	20.00%	40.00%
Equities	40.00%	60.00%	80.00%	60.00%
Total	100.00%	100.00%	100.00%	100.00%
Asset Class		•	pected Rate of nmetic Mean)	
	June 3	0, 2022	June 30), 2021
Cash/fixed income	3.50%	- 4.00%	2.00)%
Equities	7.00%	- 8.00%	7.00% -	8.00%

Notes to Financial Statements September 30, 2022 and 2021

Discount Rate

The discount rate used to measure the total pension liability was 7.25% for both years ended June 30, 2022 and 2021. The projection of cash flows used to determine the discount rate assumed that Hospital contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the Pension Plan's fiduciary net position was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on Pension Plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Changes in the total pension liability, plan fiduciary net position, and the net pension liability follow.

		2022			
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a) - (b)		
Balance, beginning of year	\$ 225,622,849	\$ 216,049,099	\$ 9,573,750		
Changes for the year					
Service cost	1,825,614	-	1,825,614		
Interest	16,094,628	-	16,094,628		
Experience gains	1,586,118	-	1,586,118		
Change in assumptions	345,849	-	345,849		
Contributions	-	5,718,915	(5,718,915)		
Net investment loss	-	(24,074,437)	24,074,437		
Benefit payments	(10,907,180)	(10,907,180)	-		
Administrative expense	<u> </u>	(398,002)	398,002		
Net changes	8,945,029	(29,660,704)	38,605,733		
Balance, end of year	\$ 234,567,878	\$ 186,388,395	\$ 48,179,483		

Notes to Financial Statements September 30, 2022 and 2021

	2021					
	Total Pension Liability (a)	Plan Fiduciary Net Position (b)	Net Pension Liability (a) - (b)			
Balance, beginning of year	\$ 249,009,674	\$ 211,201,636	\$ 37,808,038			
Changes for the year						
Service cost	2,051,672	-	2,051,672			
Interest	16,488,559	-	16,488,559			
Benefit changes	625,172	-	625,172			
Experience gains	5,178,142	-	5,178,142			
Change in assumptions	(464,488)	-	(464,488)			
Contributions	-	6,094,296	(6,094,296)			
Net investment income	-	46,732,309	(46,732,309)			
Benefit payments	(47,265,882)	(47,265,882)	-			
Administrative expense		(713,260)	713,260			
Net changes	(23,386,825)	4,847,463	(28,234,288)			
Balance, end of year	\$ 225,622,849	\$ 216,049,099	\$ 9,573,750			

The net pension liability of the Hospital has been calculated using a discount rate of 7.25%. The following presents the net pension liability using a discount rate 1% higher and 1% lower than the current rate.

	Current Discount Rate					
	1	% Decrease	7.25%		1% Increase	
Hospital's net pension liability	\$	75,812,009	\$	48,179,483	\$	24,842,280

Notes to Financial Statements September 30, 2022 and 2021

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

For the years ended September 30, 2022 and 2021, the Hospital recognized pension expense of \$11,001,849 and \$4,169,655, respectively. At September 30, 2022 and 2021, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2022			
	Deferred Outflows of Resources	Deferred Inflows of Resources		
Differences between expected and actual experience Changes in assumptions Net difference between projected and actual	\$ 3,719,891 1,483,670	\$ - 199,066		
earnings on pension plan investments Hospital's contributions made subsequent to the	15,389,262	-		
measurement date of the net pension liability	1,398,447			
	\$ 21,991,270	\$ 199,066		
	202	21		
	Deferred Outflows of Resources	Deferred Inflows of Resources		
Differences between expected and actual experience Changes in assumptions Net difference between projected and actual	\$ 4,878,531 3,644,027	\$ - 331,777		
earnings on pension plan investments Hospital's contributions made subsequent to the	-	21,119,824		
measurement date of the net pension liability	1,523,574			

At September 30, 2022 and 2021, the Hospital reported \$1,398,447 and \$1,523,574, respectively, as deferred outflows of resources related to pensions resulting from Hospital contributions subsequent to the measurement date and prior to year-end that will be recognized as a reduction of the net pension liability in future periods. Other amounts reported as deferred outflows of

Notes to Financial Statements September 30, 2022 and 2021

resources and deferred inflows of resources at September 30, 2022 related to pensions will be recognized in pension expense as follows:

2023	\$ 6,645,011
2024	3,872,346
2025	1,751,935
2026	8,124,465
	\$ 20,393,757

Note 12: Other Postemployment Benefit Plan

Plan Description

The Hospital contributes to the Forrest County General Hospital Employee Health Benefit Plan (the OPEB Plan), a single-employer defined benefit other postemployment benefit (OPEB) plan sponsored and administered by the Hospital. The OPEB Plan provides medical and drug benefits to eligible retirees and their dependents. Benefit provisions are contained in the Plan Document and were established and can be amended by action of the Hospital's governing body. The Hospital does not issue a publicly available financial report that includes financial statements and required supplementary information for the OPEB Plan.

Benefits Provided

The OPEB Plan provides medical and drug benefits to eligible retirees and their dependents. Benefits are provided through a third-party insurer. Monthly contributions are required by retirees who are eligible for coverage. The Hospital pays for costs in excess of required retiree contributions.

Monthly contributions required by retirees depend on the service period at time of retirement and the type of coverage (single or family). Employees are eligible to retire and receive medical benefits under the OPEB plan if their age plus years of service are greater than or equal to 70 (Rule of 70). Qualifying retirees may only participate in the medical plans offered to active employees until the earlier of age 65, or the date the retiree becomes Medicare eligible. Employees covered by the benefit terms as of the measurement date of September 30, 2021 and 2020 were as follows:

	2022	2021	
Actives (covered)	805	898	
Retirees (covered)	50	37	

Notes to Financial Statements September 30, 2022 and 2021

The following table summarizes the monthly contribution rates for employees retiring on or after January 1, 2022.

Coverage Options	PI	an A	PI	an B	PI	an C
Single	\$	189	\$	256	\$	299
Retiree + 1 child		284		388		463
Retiree + 2 children		348		487		594
Retiree + spouse		351		469		582
Family		403		537		675

Plans A, B and C represent three health plan options available to all Hospital employees and vary based on the amount of deductibles and copays required for covered services.

Only employees retiring before calendar year 2010 are eligible to receive the reduced retiree rates if they qualify under the Rule of 70. Effective January 1, 2010, only those employees age 59 or older with 30 years of service with the Hospital (the 59 and 30 eligibility requirement) will be offered health coverage at the reduced retiree rates. Retirees that do not meet the 59 and 30 eligibility requirement may participate in the OPEB Plan, but must pay the COBRA rate.

Contributions

The Hospital's governing body has the authority to establish and amend the contribution requirements of the Hospital and active employees. The governing body establishes rates based on an actuarially determined rate recommended by an independent actuary. The actuarially determined rate is the estimated amount necessary to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability. For the years ended September 30, 2022 and 2021, the Hospital contributed \$0 and \$294,905 respectively, to the OPEB Plan.

Net OPEB Assets

The Hospital's net OPEB assets of \$3,849,815 and \$1,710,242 were measured as of September 30, 2021 and 2020, respectively, for the years ended September 30, 2022 and 2021, respectively, and the total OPEB asset used to calculate the net OPEB asset was determined by actuarial valuations as of October 1, 2021 and 2020. Due to the significance of favorable claims activity and changes in actuarial assumptions, management had an actuarial valuation completed as of October 1, 2021. There were no other changes between the measurement date of the net OPEB asset and the Hospital's reporting date that are expected to have a significant effect on the net OPEB asset.

Given that the actuarial valuation and the measurement date are different, the total OPEB asset was rolled forward using generally accepted actuarial roll forward methods, including entry age liability adjusted for excise tax, plus entry age normal cost and reduced by expected benefit payments. All amounts were adjusted for interest.

Notes to Financial Statements September 30, 2022 and 2021

The total OPEB asset in the October 1, 2020 and 2021 actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Inflation 2.5% Salary increases 3.0%

Health care cost trend rates 6.25% for 2020, decreasing uniformly to 5.75% over

3 years, to an ultimate rate of 4.04%

6.00% for 2021, decreasing uniformly to 5.50% over

2 years, to an ultimate rate of 4.04%

Investment rate of return 6.0%, net of OPEB plan investment expense,

including inflation

Retirees' share of benefit-related costs 81% of projected health insurance premiums for

retirees choosing Plan A; 90% of projected health insurance premiums for retirees choosing Plan B; 100% of projected health insurance premiums for

retirees choosing Plan C

Mortality rates were based on 125% of the PubG-2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2020.

The Hospital has not performed a recent experience study. Due to the small number of retirees within the OPEB Plan, the benefits of an experience study are estimated by the actuary to be minimal.

The long-term expected rate of return on the OPEB Plan investments was based primarily on historical returns on OPEB Plan assets, adjusted for changes in target portfolio allocations and recent changes in long-term interest rates based on publicly available information. The target allocation for each major asset class is 60% equities and 40% fixed income. The beginning estimate of rates of return for each major asset class is 7.00% to 8.00% annually for equities and 2.80% for fixed income.

Discount Rate

The discount rate used to measure the total OPEB liability was 6.0% at October 1, 2020 and 2021. The projection of cash flows used to determine the discount rate assumed that Hospital contributions will be made at rates equal to the actuarially determined contribution rates. Based on those assumptions, the OPEB Plan's fiduciary net position was projected to be available to make all projected OPEB payments for current active and inactive employees. Therefore, the long-term expected rate of return on OPEB Plan investments was applied to all periods of projected benefit payments to determine the total OPEB liability.

Notes to Financial Statements September 30, 2022 and 2021

Changes in the Net OPEB Asset/Liability

Changes in the total OPEB liability, OPEB Plan fiduciary net position and the net OPEB asset/liability are:

				2022		
		otal OPEB Liability (a)	ility Net Position		Net OPEB Asset/Liability (a) - (b)	
Balance, beginning of year	\$	5,426,301	\$	7,136,543	\$	(1,710,242)
Changes for the year						
Service cost		30,788		-		30,788
Interest		314,975		-		314,975
Difference between expected and						
actual experience		(741,519)		-		(741,519)
Change in actuarial assumptions		(43,800)		-		(43,800)
Contributions - employer		-		294,905		(294,905)
Net investment income		-		1,431,997		(1,431,997)
Benefit payments		(415,016)		(415,016)		-
Plan administrative expenses				(26,885)		26,885
Net changes		(854,572)		1,285,001		(2,139,573)
Balance, end of year	\$	4,571,729	\$	8,421,544	\$	(3,849,815)

Notes to Financial Statements September 30, 2022 and 2021

				2021		
	Total OPEB Liability (a)		OPEB Plan Fiduciary Net Position (b)		Net OPEB Liability (a) - (b)	
Balance, beginning of year	\$	6,583,296	\$	6,699,078	\$	(115,782)
Changes for the year						
Service cost		32,635		-		32,635
Interest		387,273		-		387,273
Difference between expected and						
actual experience		(1,503,937)		-		(1,503,937)
Change in actuarial assumptions		293,544		-		293,544
Contributions - employer		-		366,510		(366,510)
Net investment income		-		437,465		(437,465)
Benefit payments		(366,510)		(366,510)		-
Net changes		(1,156,995)		437,465		(1,594,460)
Balance, end of year	\$	5,426,301	\$	7,136,543	\$	(1,710,242)

Sensitivity of the Net OPEB Asset to Changes in the Discount Rate and Healthcare Cost Trend Rates

The net OPEB asset of the Hospital has been calculated using a discount rate of 6.0%. The following presents the net OPEB asset using a discount rate 1% higher and 1% lower than the current discount rate.

		% Decrease	Current Trend		1% Increase	
		5.00%	6.00%		7.00%	
Hospital's net OPEB asset	\$	(3,371,294)	\$	(3,849,815)	\$	(4,268,110)

Notes to Financial Statements September 30, 2022 and 2021

The net OPEB asset of the Hospital has been calculated using healthcare cost trend rates of 6.00% to grade uniformly to 5.50% over a three-year period. The following presents the net OPEB asset using healthcare cost trend rates 1% higher and 1% lower than the current healthcare cost trend rates.

	Ove Fo Ge	5.00%, to 4.50% Over 2 Years and Following the Getzen Model Thereafter		0%, to 5.50% r 2 years and ollowing the etzen Model Thereafter	7.00%, to 6.50% Over 2 Years and Following the Getzen Model Thereafter		
Hospital's net OPEB asset	\$	(4,285,781)	\$	(3,849,815)	\$	(3,346,728)	

OPEB Credit and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the years ended September 30, 2022 and 2021, the Hospital recognized OPEB credit of \$1,073,561 and \$693,409, respectively. At September 30, 2022 and 2021, the Hospital reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Deferred					
	Ou	eferred tflows of sources	Deferred Inflows of Resources			
Net difference between projected and actual earnings	•	70.400	•	000 550		
on OPEB Plan investments	\$	72,186	\$	832,556		
Difference between expected and actual experience		-		3,663,350		
Change in assumptions Hospital's contributions made subsequent to the		658,827		36,500		
measurement date of the net OPEB liability				4 500 400		
	\$	731,013	\$	4,532,406		

Notes to Financial Statements September 30, 2022 and 2021

	2021					
	Ou	eferred tflows of sources	Ir	Deferred offlows of esources		
Net difference between projected and actual earnings on OPEB Plan investments	\$	108,278	\$	50,827		
Difference between expected and actual experience		-		3,949,860		
Change in actuarial assumptions Hospital's contributions made subsequent to the		862,027		-		
measurement date of the net OPEB liability		294,905				
	\$	1,265,210	\$	4,000,687		

At September 30, 2022 and 2021, the Hospital reported \$0 and \$294,905, respectively, as deferred outflows of resources related to OPEB resulting from Hospital contributions subsequent to the measurement date and prior to year-end that will be recognized as a reduction of the net OPEB asset/liability at October 1, 2021 and 2020, respectively. Other amounts reported as deferred outflows of resources and deferred inflows of resources at September 30, 2022, related to OPEB will be recognized in OPEB expense as follows:

2023	\$ (1,009,359)
2024	(1,004,684)
2025	(1,040,772)
2026	(615,689)
2027	(130,889)
	\$ (3,801,393)

Notes to Financial Statements September 30, 2022 and 2021

OPEB Plan's Fiduciary Net Position

At the September 30, 2021 and 2020 measurement dates, trust assets were comprised of the following:

	2021	2020
Cash and cash equivalents	\$ 416,252	\$ 53,491
Tweedy Browne Global Value	1,171,545	1,003,554
Institutional Share Class	1,167,272	1,201,813
Institutional Share Class	1,966,034	2,374,870
Vanguard Value Index Fund	464,013	-
PIMCO Foreign Bond Funds	802,508	636,016
Vanguard Total Bond Market Index Fund	2,433,920	1,866,642
Vanguard Short-term Bonds Index		157
	\$ 8,421,544	\$ 7,136,543

Notes to Financial Statements September 30, 2022 and 2021

Note 13: Pension and Other Postemployment Benefit Plan Financial Statements

The following tables include financial information for the Pension and OPEB Plans as of June 30, 2022 and 2021, and September 30, 2022 and 2021, respectively.

Fiduciary Activities - Statements of Fiduciary Net Position

		2022	
	Pension	OPEB	Pension and Other Employee Benefit Trust Funds
Assets			
Cash and cash equivalents	\$ -	\$ 462,616	\$ 462,616
Investment income			
Accrued income	172,650	6,677	179,327
Investments at fair value			
Money market mutual funds	5,564,413	13,867	5,578,280
Mutual funds	, ,	,	, ,
Equities	87,372,721	3,268,816	90,641,537
Fixed income	89,618,243	3,094,985	92,713,228
Investments at contract value	3,660,368		3,660,368
Total investments	186,215,745	6,377,668	192,593,413
Total assets	\$ 186,388,395	\$ 6,846,961	\$ 193,235,356
Net Position			
Restricted for			
Pensions	\$ 186,388,395	\$ -	\$ 186,388,395
Postemployment benefits other than pension		6,846,961	6,846,961
Total net position	\$ 186,388,395	\$ 6,846,961	\$ 193,235,356

Notes to Financial Statements September 30, 2022 and 2021

		2021		
	Pension	Pension and Other Employee Benefit Trust Funds		
Assets				
Cash and cash equivalents	\$ -	\$ 387,606	\$ 387,606	
Investment income				
Accrued income	99,578	4,564	104,142	
Investments at fair value				
Money market mutual funds	15,904,515	24,082	15,928,597	
Mutual funds				
Equities	128,922,781	4,768,863	133,691,644	
Fixed income	67,546,753	3,236,429	70,783,182	
Investments at contract value	3,575,472		3,575,472	
Total investments	215,949,521	8,029,374	223,978,895	
Total assets	\$ 216,049,099	\$ 8,421,544	\$ 224,470,643	
Net Position				
Restricted for				
Pensions	\$ 216,049,099	\$ -	\$ 216,049,099	
Postemployment benefits other than pension		8,421,544	8,421,544	
Total net position	\$ 216,049,099	\$ 8,421,544	\$ 224,470,643	

Notes to Financial Statements September 30, 2022 and 2021

Fiduciary Activities – Statements of Changes in Fiduciary Net Position

	2022						
	Pension OPEB			Ot	Pension and her Employee Benefit Trust Funds		
Additions							
Contributions							
Members	\$	5,718,915	\$ -	\$	5,718,915		
Total contributions		5,718,915			5,718,915		
Investment earnings							
Net decrease in fair value of investments		(24,074,437)	(1,142,366)		(25,216,803)		
					-		
Total investment earnings		(24,074,437)	(1,142,366)		(25,216,803)		
Total additions		(18,355,522)	(1,142,366)		(19,497,888)		
Deductions							
Benefits paid to participants or beneficiaries		10,907,180	426,429		11,333,609		
Administrative expense		398,002	5,788		403,790		
Total deductions		11,305,182	432,217		11,737,399		
Net Decrease in Fiduciary Net Position		(29,660,704)	(1,574,583)		(31,235,287)		
Fiduciary Net Position, Beginning of Year		216,049,099	8,421,544		224,470,643		
Fiduciary Net Position, End of Year	\$	186,388,395	\$6,846,961	\$	193,235,356		

Notes to Financial Statements September 30, 2022 and 2021

		2021		
	Pension OPEB			Pension and her Employee enefit Trust Funds
Additions				
Contributions				
Members	\$ 6,094,296	\$ 294,905	\$	6,389,201
Total contributions	 6,094,296	294,905		6,389,201
Investment cornings				
Investment earnings Net increase in fair value of investments	46,732,309	1,425,021		48,157,330
Total investment earnings	46,732,309	1,425,021		48,157,330
Total additions	52,826,605	1,719,926		54,546,531
Dadwatiana	 _			
Deductions Panelita poid to participants or baneliciaries	47 OGE 000	409.040		47 672 022
Benefits paid to participants or beneficiaries Administrative expense	47,265,882 713,261	408,040 26,885		47,673,922 740,146
Administrative expense	 7 13,201	20,003		740,140
Total deductions	 47,979,143	434,925		48,414,068
Net Increase in Fiduciary Net Position	4,847,462	1,285,001		6,132,463
Fiduciary Net Position, Beginning of Year	 211,201,637	7,136,543		218,338,180
Fiduciary Net Position, End of Year	\$ 216,049,099	\$8,421,544	\$	224,470,643

Note 14: Fiduciary Activities

Pension Plan

The Pension Plan issues a financial report available for all participants that includes financial statements and required supplementary information. The report may be obtained at www.mshospitaltransparency.com when issued or by writing the administration of the Hospital at P. O. Box 16389, Hattiesburg, Mississippi 39404 or calling 601.288.7000.

Notes to Financial Statements September 30, 2022 and 2021

Other Postemployment Benefit Plan

Deposits

Custodial credit risk is the risk that in the event of a bank failure, a government's deposits may not be returned to it. The OPEB Plan's deposit policy for custodial credit risk requires compliance with the provisions of state law.

State law requires collateralization of all deposits with federal depository insurance; bonds and other obligations of the U.S. Treasury, U.S. agencies or instrumentalities, or the State of Mississippi; bonds of any city, county, school district, or special road district of the State of Mississippi; bonds of any state; or a surety bond having an aggregate value at least equal to the amount of the deposits.

At September 30, 2022 and 2021, none of the OPEB Plan's deposits were exposed to custodial credit risk.

Investments

Investment policy decisions are established and maintained by the Retirement Committee charged with overseeing the OPEB Plan, as authorized by the Hospital's Board of Trustees. The OPEB Plan relies on the Pension Plan investment policy, as it does not have a separate investment policy. The Retirement Committee is responsible for the administration and supervision of the OPEB Plan and its investments.

Interest Rate Risk

Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment the greater the sensitivity of its fair value to changes in market interest rates.

Interest rate risk inherent in the portfolio is measured by monitoring the segment time distribution of the investments in the portfolio. The weighted average maturity for fixed income mutual funds is approximately eight years for 2022 and 2021.

Credit Risk

Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. It is the OPEB Plan's policy to limit its investments in corporate bonds to investment grade fixed income securities rated at least BBB-/Baa3 by Standard & Poor's and Moody's Investors Service.

Custodial Credit Risk

For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the OPEB Plan will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. The investment policy does not address how investments are to be held.

Notes to Financial Statements September 30, 2022 and 2021

Concentration of Credit Risk

The OPEB Plan does not have a policy to limit its holdings in any one issuer. At September 30, 2021 and 2020, all the OPEB Plan's investments were held through its trustee and custodian.

Disclosures About Fair Value of Assets

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets
- Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets
- **Level 3** Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying fiduciary financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements are within years ended September 30, 2022 and 2021.

	Total Fair Value		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	
September 30, 2022								
Money market mutual funds	\$	13,867	\$	13,867	\$	-	\$	-
Mutual funds								
Fixed income		3,094,985		3,094,985		-		-
Equities		3,268,816		3,268,816				<u> </u>
					<u> </u>			
	\$	6,377,668	\$	6,377,668	\$		\$	-

Notes to Financial Statements September 30, 2022 and 2021

		Total Fair Value		Quoted Prices in Active Markets for Identical Assets (Level 1)		ant Other ble Inputs /el 2)	Significant Unobservable Inputs (Level 3)	
September 30, 2021								
Money market mutual funds Mutual funds	\$	24,082	\$	24,082	\$	-	\$	-
Fixed income		3,236,429		3,236,429		-		-
Equities		4,768,863		4,768,863				
	\$	8,029,374	\$	8,029,374	\$		\$	

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Hospital holds no Level 3 investments.

Note 15: Concentrations of Credit Risk

The Hospital grants credit to patients, substantially all of whom are Hospital service area residents. The Hospital generally does not require collateral or other security in extending credit to patients; however, it routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (*e.g.*, Medicare, Medicaid, Blue Cross and commercial insurance policies).

The mix of receivables from patients and third-party payers as of each fiscal year-end follows.

	 2022		2021				
Medicare	\$ 44,156,178	32.4	%	\$	40,077,004	28.4	%
Medicaid	16,869,666	12.4			14,824,093	10.5	
Other third-party payers	38,088,630	28.0			42,691,151	30.2	
Patients	36,961,551	27.2			43,641,646	30.9	_
	136,076,025	100.0			141,233,894	100.0	=
Less allowance for uncollectible accounts	68,867,203	50.6	-		75,696,009	53.6	_
	\$ 67,208,822	49.4	%	\$	65,537,885	46.4	%

Notes to Financial Statements September 30, 2022 and 2021

Note 16: Risk Management

Medical Malpractice and General Liability Risks

Annual estimated provisions are accrued based on actuarially determined amounts for the self-insured portion of medical malpractice and general liability claims, including an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported, and is included in other accrued expenses and estimated insurance reserves and other on the accompanying balance sheets.

Effective March 1, 2003, the Hospital became self-insured at its Hattiesburg campus for all medical malpractice claims incurred on or after that date. In accordance with the provisions of Title 11, Chapter 46 of the Mississippi Code, a trust fund was established based on an actuarially determined funding level. Effective July 1, 2001, Code 11-46-15 of the Mississippi Code established that the liability for public entities falling under the State Tort Act would not exceed \$500,000 for all single occurrence claims. Effective May 1, 2014, HCH became self-insured under the Hospital's self-insured program.

The following is a summary of changes in the Hospital's self-insurance liability for professional and general liability costs for fiscal 2022 and 2021.

	 2022	2021
Balance, October 1	\$ 2,659,669	\$ 2,970,342
Provisions for claims reported and		
claims incurred but not reported	397,856	(98,712)
Claims and related expenses paid	 (324,631)	(211,961)
Balance, September 30	\$ 2,732,894	\$ 2,659,669

The Hospital purchases medical malpractice insurance under a claims-made policy on a fixed premium basis for PRH, WGH, JDGH, MGH, PCH and AAA. Accounting principles generally accepted in the United States of America require a healthcare provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims experience at these locations, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Employee Health Insurance

The Hospital has an agreement with a third-party administrator to administer the Hospital's group health plan and to manage employee medical benefits and claims. The Hospital plan is funded by the Hospital and by contributions of employees.

Notes to Financial Statements September 30, 2022 and 2021

A summary of changes in the Hospital's self-insurance liability for employee health coverage (included in other accrued expenses in the accompanying balance sheets) for fiscal 2022 and 2021 follows.

	2022	2021	
Balance, October 1	\$ 1,145,000	\$ 1,163,000	
Provisions for claims reported and			
claims incurred but not reported	13,115,985	12,166,658	
Claims paid	(13,056,985)	(12,184,658)	
Balance, September 30	\$ 1,204,000	\$ 1,145,000	

Workers' Compensation

The Hospital is self-insured for a workers' compensation plan with a stop loss binder limit of \$700,000.

The following is a summary of changes in the Hospital's actuarially determined self-insurance liability for workers' compensation coverage for fiscal 2022 and 2021.

	 2022	2021
Balance, October 1	\$ 2,991,406	\$ 2,087,228
Provisions for claims reported and		
claims incurred but not reported	1,059,040	1,961,695
Claims paid	 (1,182,655)	 (1,057,517)
Balance, September 30	\$ 2,867,791	\$ 2,991,406

Note 17: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1 Quoted prices in active markets for identical assets or liabilities
- **Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are

Notes to Financial Statements September 30, 2022 and 2021

observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets or liabilities

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying financial statements measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2022 and 2021.

		Fair Value Measurements Using		
September 30, 2022	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observer able Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments		•		
U.S. agency securities	\$ 15,940,985	\$ -	\$ 15,940,985	\$ -
U.S. Treasury securities	81,673,695	-	81,673,695	-
State municipal securities	24,717,518	-	24,717,518	-
Corporate debt securities	40,912,203	-	40,912,203	-
Pooled investment securities	85,590,091	-	85,590,091	-
Total investments by fair value level	\$ 248,834,492	\$ -	\$ 248,834,492	\$ -
Derivative Instrument				
Interest rate swap	\$ (165,726)	\$ -	\$ (165,726)	\$ -
		Fair Value Measurements Using		
September 30, 2021	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observer able Inputs (Level 2)	Significant Unobservable Inputs (Level 3)

September 30, 2021	Total Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observer able Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
U.S. agency securities	\$ 15,895,112	\$ -	\$ 15,895,112	\$ -
U.S. Treasury securities	33,153,412	-	33,153,412	-
State municipal securities	29,738,391	-	29,738,391	-
Corporate debt securities	44,087,115	-	44,087,115	-
Pooled investment securities	94,454,368		94,454,368	
	\$ 217,328,398	\$ -	\$ 217,328,398	\$ -
Derivative Instrument Interest rate swap	\$ 156,365	<u> </u>	\$ 156,365	\$ -

Notes to Financial Statements September 30, 2022 and 2021

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Hospital holds no Level 3 investments.

Interest Rate Swap Agreement

The fair value is estimated using forward-looking interest rate curves and discounted cash flows that are observable or can be corroborated by observable market data and, therefore, are classified within Level 2 of the valuation hierarchy.

Note 18: Contingencies

Medical Malpractice Claims

Estimates related to the accrual for medical malpractice claims are described in Note 16.

Admitting Physicians

For the years ended September 30, 2022 and 2021, admissions by physicians employed by a large, multi-specialty physician practice located adjacent to the Hospital accounted for approximately 79% and 78%, respectively, of the Hospital's gross revenues.

General Litigation

The Hospital is subject to claims and lawsuits that arose primarily in the ordinary course of its activities. Some of these allegations are in areas not covered by the Hospital's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. It is the opinion of management the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect on the balance sheets, change in net position and cash flows of the Hospital. Events could occur that would change this estimate materially in the near term.

Notes to Financial Statements September 30, 2022 and 2021

Pension and Other Postretirement Benefit Obligations

The Hospital has a noncontributory defined benefit pension and postretirement health care plan, whereby it agrees to provide certain postretirement benefits to eligible employees. The benefit obligation is the actuarial present value of all benefits attributed to service rendered prior to the valuation date based on the projected unit credit cost method. It is reasonably possible that events could occur that would change the estimated amount of this liability materially in the near term.

Investments

The Hospital invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the accompanying balance sheets.

Note 19: COVID-19 Pandemic and CARES Act Funding

On March 11, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic.

The extent of the COVID-19 pandemic's adverse impact on the Hospital's operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond the Hospital's control and ability to forecast.

Because of these and other uncertainties, the Hospital cannot estimate the length or severity of the impact of the pandemic on the Hospital's business. Decreases in cash flows and results of operations may have an impact on debt covenant compliance and on the inputs and assumptions used in significant accounting estimates, including estimated bad debts and contractual adjustments related to uninsured patient accounts, and self-insured health liability reserves.

Provider Relief Funds

During the years ended September 30, 2022 and 2021, the Hospital received approximately \$18,695,000 and \$403,100 from the general other targeted distributions from the Coronavirus Aid, Relief, and Economic Security (CARES) Act Provider Relief Funds. These distributions from the Provider Relief Funds are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare related expenses or lost revenue attributable to COVID-19, as defined by the Department of Health and Human Services (HHS).

The Hospital is accounting for such payments as voluntary nonexchange transactions. These payments are recognized as nonoperating revenue once the applicable terms and conditions required to retain the funds have been met and completion of the measurement period. Based on

Notes to Financial Statements September 30, 2022 and 2021

an analysis of the compliance and reporting requirements of the Provider Relief Funds and the impact of the pandemic on the Hospital's operating results through September 30, 2022, the Hospital recognized approximately \$19,842,000 and \$45,036,000 in 2022 and 2021, respectively, related to these general distribution and targeted funds, as Provider Relief Funds are applied for after all other assistance is received, including state grants. These payments are recorded as nonoperating revenues – noncapital grants and gifts received and other in our statements of revenues, expenses and changes in net position. The unrecognized amount of general distributions and targeted distributions are recorded as part of other accrued expenses in the accompanying balance sheets.

The Hospital has recognized revenue from the Provider Relief Funds based on guidance issued by the HHS as of September 30, 2022. The Hospital will continue to monitor compliance with the terms and conditions of the Provider Relief Funds and the effect of the pandemic on the Hospital's revenues and expenses. The terms and conditions governing the Provider Relief Funds are complex and subject to interpretation and change. If the Hospital is unable to attest to or comply with current or future terms and conditions, its ability to retain some or all of the distributions may be affected. Additionally, the amounts recorded in the financial statements compared to the Hospital's Provider Relief Funds reporting could differ. Provider Relief Funds payments are subject to government oversight, including potential audits.

State Grants Agreement

During the year ended September 30, 2020, the Hospital received approximately \$5,729,000 from the State of Mississippi Reserve Fund as part of the response to the COVID-19 pandemic. These distributions from the State are not subject to repayment, provided the Hospital is able to use the funds for healthcare related expenses attributable to COVID-19. The Hospital met these requirements and has recorded approximately \$751,000 in revenue for fiscal year 2021.

Note 20: Condensed Combining Information

The following tables include condensed balance sheet information for the Hospital and its blended component units as of September 30, 2022 and 2021.

Notes to Financial Statements September 30, 2022 and 2021

								Septe	ember 30, 202	22					
	Forrest County General Hospital		South Mississippi Health ervices, Inc.		Forrest General Health rvices, Inc.	С	lean Earth, Inc.	Ma	Forrest General naged Care rvices, Inc.		AAA Ambulance Service, Inc.		Forrest General Healthcare Indation, Inc.	Eliminations	Total
Assets and Deferred Outflows of Resources															
Current assets	\$ 207,523,688	\$	930,404	\$	10,132	\$	1,646,250	\$	_	\$	8,026,300	\$	3,498,554	\$ -	\$ 221,635,328
Noncurrent cash and investments	203,280,089	•	_	•	_	·	-	,	_	·	2,073,434	·	_	· _	205,353,523
Capital assets, net	265,166,984		1,543,362		_		693,060		-		5,461,663		_	_	272,865,069
Lease Assets, net	32,712,226		-		_		-		_		173,363		_	_	32,885,589
Other assets	21,709,624		(32,021)		_		_		133,067		12,035		_	_	21,822,705
Intercompany receivables	177,150,171		-		204,916		-		1,217,962		-		_	(178,573,049)	-
Deferred outflows of resources	25,491,292	_						_							25,491,292
Total assets and deferred outflows of resources	\$ 933,034,074	\$	2,441,745	\$	215,048	\$	2,339,310	\$	1,351,029	\$	15,746,795	\$	3,498,554	\$ (178,573,049)	\$ 780,053,506
Liabilities and Deferred Inflows of Resources															
Current liabilities	\$ 80,881,887	\$	3,666	\$	-	\$	66,050	\$	-	\$	1,519,129	\$	-	\$ -	\$ 82,470,732
Intercompany payables	170,325,698		3,403,733		-		4,843,618		-		-		-	(178,573,049)	-
Long-term liabilities	199,429,581		-		-		-		-		651,733		-	-	200,081,314
Deferred inflows of resources	8,550,433	_	-		-	_	-		-	_	-	_	-		8,550,433
Total liabilities and deferred inflows of resources	459,187,599	_	3,407,399				4,909,668			_	2,170,862			(178,573,049)	291,102,479
Net Position															
Net investment in capital assets	138,634,456		1,543,362		_		693,060		-		4,590,778		-	-	145,461,656
Restricted	3,849,815		_		_		-		-		-		2,430,128	-	6,279,943
Unrestricted	331,362,204		(2,509,016)		215,048	_	(3,263,418)		1,351,029	_	8,985,155	_	1,068,426		337,209,428
Total net position	473,846,475		(965,654)		215,048		(2,570,358)		1,351,029		13,575,933		3,498,554		488,951,027
Total liabilities, deferred inflows of															
resources and net position	\$ 933,034,074	\$	2,441,745	\$	215,048	\$	2,339,310	\$	1,351,029	\$	15,746,795	\$	3,498,554	\$ (178,573,049)	\$ 780,053,506

Notes to Financial Statements September 30, 2022 and 2021

September 30, 2021 (As Restated)

	Forrest County	South Mississippi	Forrest General	Olean Fauth	Forrest General	AAA	Forrest General		
	General Hospital	Health Services, Inc.	Health Services, Inc.	Clean Earth, Inc.	Managed Care Services, Inc.	Ambulance Service, Inc.	Healthcare Foundation, Inc.	Eliminations	Total
Assets and Deferred Outflows of Resources									
Current assets	\$ 213,630,142	\$ 1,559,806	\$ 10,117	\$ 1,881,985	\$ -	\$ 7,616,300	\$ 2,890,103	\$ -	\$ 227,588,453
Noncurrent cash and investments	224,664,623	-	-	-	-	2,277,014	-	-	226,941,637
Capital assets, net	274,991,243	1,653,081	-	621,525	-	6,126,047	527	-	283,392,423
Lease assets, net	37,482,091	-	-	-	-	284,140	-	-	37,766,231
Other assets	18,170,536	243,764	-	-	26,787	12,035	-	-	18,453,122
Intercompany receivables	164,637,040	-	206,022	-	1,121,111	-	-	(165,964,173)	-
Deferred outflows of resources	13,562,495								13,562,495
Total assets and deferred outflows of resources	\$ 947,138,170	\$ 3,456,651	\$ 216,139	\$ 2,503,510	\$ 1,147,898	\$ 16,315,536	\$ 2,890,630	\$ (165,964,173)	\$ 807,704,361
Liabilities and Deferred Inflows of Resources									
Current liabilities	\$ 74,826,036	\$ 296,889	\$ -	\$ 76,863	\$ -	\$ 1,796,684	\$ -	\$ -	\$ 76,996,472
Intercompany payables	157,833,822	3,331,265	_	4,799,086	-	-	-	(165,964,173)	-
Long-term liabilities	169,156,021	-	-	-	-	934,563	-	-	170,090,584
Deferred inflows of resources	29,158,209								29,158,209
Total liabilities and deferred inflows of resources	430,974,088	3,628,154		4,875,949		2,731,247		(165,964,173)	276,245,265
Net Position									
Net investment in capital assets	145,437,458	1,653,081	-	621,525	-	5,056,412	527	-	152,769,003
Restricted	1,710,242	-	-	-	-	-	1,993,698	-	3,703,940
Unrestricted	369,016,382	(1,824,584)	216,139	(2,993,964)	1,147,898	8,527,877	896,405		374,986,153
Total net position	516,164,082	(171,503)	216,139	(2,372,439)	1,147,898	13,584,289	2,890,630		531,459,096
Total liabilities, deferred inflows of resources and net position	\$ 947,138,170	\$ 3.456.651	\$ 216.139	\$ 2.503.510	\$ 1.147.898	\$ 16,315,536	\$ 2.890.630	\$ (165,964,173)	\$ 807.704.361
απα ποι μοσιτίοπ	ψ 341,130,170	ψ 3,430,031	ψ 210,139	Ψ 2,303,310	ψ 1,141,090	ψ 10,313,330	ψ 2,090,030	ψ (100,804,173)	ψ 001,104,301

Notes to Financial Statements September 30, 2022 and 2021

The following tables include condensed combining statements of revenues, expenses and changes in net position information for the Hospital and its blended component units for the years ended September 30, 2022 and 2021.

					September 30, 202	22			
	Forrest County General Hospital	South Mississippi Health Services, Inc.	Forrest General Health Services, Inc.	Clean Earth, Inc.	Forrest General Managed Care Services, Inc.	AAA Ambulance Service, Inc.	Forrest General Healthcare Foundation, Inc.	Eliminations	Total
Operating Revenues Net patient service revenue Other	\$ 564,343,309 8,782,221	\$ - 186,180	\$ - -	\$ - 1,119,552	\$ - -	\$ 16,484,820 2,073,286	\$ - 1,136,509	\$ (1,395,165) (703,084)	\$ 579,432,964 12,594,664
Total operating revenues	573,125,530	186,180		1,119,552		18,558,106	1,136,509	(2,098,249)	592,027,628
Operating Expenses Other operating expenses Depreciation and amortization	570,406,077 39,074,302	11,050 109,718	1,131	1,194,618 128,866	38,149	17,626,875 1,110,059	530,153 	(2,098,249)	587,709,804 40,422,945
Total operating expenses	609,480,379	120,768	1,131	1,323,484	38,149	18,736,934	530,153	(2,098,249)	628,132,749
Operating Income (Loss)	(36,354,849)	65,412	(1,131)	(203,932)	(38,149)	(178,828)	606,356		(36,105,121)
Nonoperating Revenues (Expenses) Net investment income (loss) Interest expense Other	(20,074,509) (4,944,302) 19,056,053	4,418 - (863,981)	40 -	6,013 - -	- - 241,280	(190,905) (38,900) 400,277	1,568 - 	- - -	(20,253,375) (4,983,202) 18,833,629
Total nonoperating revenues (expenses)	(5,962,758)	(859,563)	40	6,013	241,280	170,472	1,568		(6,402,948)
Increase (Decrease) in Net Position	(42,317,607)	(794,151)	(1,091)	(197,919)	203,131	(8,356)	607,924	-	(42,508,069)
Net Position, Beginning of Year	516,164,082	(171,503)	216,139	(2,372,439)	1,147,898	13,584,289	2,890,630		531,459,096
Net Position, End of Year	\$ 473,846,475	\$ (965,654)	\$ 215,048	\$ (2,570,358)	\$ 1,351,029	\$ 13,575,933	\$ 3,498,554	\$ -	\$ 488,951,027

Notes to Financial Statements September 30, 2022 and 2021

September 30,	2021 (/	As Restated)
For	rest	

	Forrest County	South Mississippi	Forrest General		Forrest General	AAA	Forrest General		
	General Hospital	Health Services, Inc.	Health Services, Inc.	Clean Earth, Inc.	Managed Care Services, Inc.	Ambulance Service, Inc.	Healthcare Foundation, Inc.	Eliminations	Total
Operating Revenues Net patient service revenue Other	\$ 568,366,238 9,054,985	\$ - 188,146	\$ - -	\$ - 1,269,867	\$ - 	\$ 15,342,077 2,020,154	\$ - 1,145,185	\$ (1,238,773) (786,546)	\$ 582,469,542 12,891,791
Total operating revenues	577,421,223	188,146		1,269,867		17,362,231	1,145,185	(2,025,319)	595,361,333
Operating Expenses Other operating expenses Depreciation and amortization	537,767,571 39,724,094	11,246 111,655	4,871 	1,335,382 125,642	34,137	16,805,037 1,148,744	560,605	(2,309,169)	554,209,680 41,110,135
Total operating expenses	577,491,665	122,901	4,871	1,461,024	34,137	17,953,781	560,605	(2,309,169)	595,319,815
Operating Income (Loss)	(70,442)	65,245	(4,871)	(191,157)	(34,137)	(591,550)	584,580	283,850	41,518
Nonoperating Revenues (Expenses) Net investment income Interest expense Other	1,398,963 (5,297,859) 45,505,839	15,661 - (437,602)	112	16,756 - _	- - 134,645	18,694 (52,579) 1,679,055	1,255 - 	- - (283,850)	1,451,441 (5,350,438) 46,598,087
Total nonoperating revenues (expenses)	41,606,943	(421,941)	112	16,756	134,645	1,645,170	1,255	(283,850)	42,699,090
Increase (Decrease) in Net Position	41,536,501	(356,696)	(4,759)	(174,401)	100,508	1,053,620	585,835	-	42,740,608
Net Position, Beginning of Year, As Previously Reported	474,537,386	185,193	220,898	(2,198,038)	1,047,390	12,530,669	2,304,795	-	488,628,293
Adjustment applicable to prior years (Note 2)	90,195								90,195
Net Position Beginning of Year, As Restated	474,627,581	185,193	220,898	(2,198,038)	1,047,390	12,530,669	2,304,795		488,718,488
Net Position, End of Year	\$ 516,164,082	\$ (171,503)	\$ 216,139	\$ (2,372,439)	\$ 1,147,898	\$ 13,584,289	\$ 2,890,630	\$ -	\$ 531,459,096

Notes to Financial Statements September 30, 2022 and 2021

The following tables include condensed combining statements of cash flows information for the Hospital and its blended component units for the years ended September 30, 2022 and 2021.

		September 30, 2022							
	Forrest	South	Forrest		Forrest		Forrest		
	County General	Mississippi Health	General Health	Clean Earth,	General Managed Care	AAA Ambulance	General Healthcare		
	Hospital	Services, Inc.	Services, Inc.	Inc.	Services, Inc.	Service, Inc.	Foundation, Inc.	Eliminations	Total
				-			,		
Net Cash Provided by (Used in) Operating Activities	\$ 9,278,468	\$ (45,621)	\$ (25)	\$ (115,460)	\$ (241,280)	\$ (534,196)	\$ 606,882	\$ -	\$ 8,948,768
Net Cash Provided by Noncapital Financing Activities	19,021,404	-	-	-	-	525,310	-	-	19,546,714
Net Cash Used in Capital and Related Financing Activities	(38,469,446)	(6)	-	(200,400)	-	(682,844)	-	-	(39,352,696)
Net Cash Provided by (Used in) Investing Activities	(52,101,841)	(583,775)	40	6,013	241,280	39,014	1,568		(52,397,701)
Increase (Decrease) in Cash and Cash Equivalents	(62,271,415)	(629,402)	15	(309,847)	-	(652,716)	608,450	-	(63,254,915)
Cash and Cash Equivalents, Beginning of Year	138,249,977	1,559,806	10,117	1,649,258		5,312,703	2,890,104		149,671,965
Cash and Cash Equivalents, End of Year	\$ 75,978,562	\$ 930,404	\$ 10,132	\$ 1,339,411	\$ -	\$ 4,659,987	\$ 3,498,554	\$ -	\$ 86,417,050

Notes to Financial Statements September 30, 2022 and 2021

September 30, 2021 (As Restated) Forrest South Forrest Forrest Forrest Mississippi AAA General County General General Ambulance Healthcare General Health Health Clean Earth, **Managed Care** Hospital Services, Inc. Services, Inc. Inc. Services, Inc. Service, Inc. Foundation, Inc. Eliminations Total Net Cash Provided by (Used in) Operating Activities 27.329.238 679.399 69,381 1,284,472 595.371 29,821,345 (1,871)\$ \$ (134,645) Net Cash Provided by Noncapital Financing Activities 1,769,727 522,706 2,292,433 Net Cash Used in Capital and Related Financing Activities (32,626,012)(31,173)(1,409,622)(34,066,807)Net Cash Provided by (Used in) Investing Activities (31,147,809)(665,708)112 16,756 134,645 93,777 1,256 (31,566,971)Increase (Decrease) in Cash and Cash Equivalents (34,674,856)13,691 (1,759)54,964 491,333 596,627 (33,520,000)Cash and Cash Equivalents, **Beginning of Year** 2,293,477 172,924,833 1,546,115 11,876 1,594,294 4,821,370 183,191,965 Cash and Cash Equivalents, End of Year \$ 138,249,977 1,559,806 2,890,104 \$ 149,671,965 10,117 \$ 1,649,258 5,312,703



Schedules of Changes in the Hospital's Net Pension Liability and Related Ratios Years Ended September 30

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Total Pension Liability									
Service cost	\$ 1,825,614	\$ 2,051,672	\$ 2,617,170	\$ 2,802,670	\$ 3,091,562	\$ 3,302,712	\$ 3,530,410	\$ 3,740,713	\$ 3,832,463
Interest	16,094,628	16,488,559	16,327,946	15,507,856	14,823,878	14,098,001	13,267,635	12,440,681	11,696,789
Differences between expected and actual experience	1,586,118	5,803,314	3,502,267	1,514,956	(587,916)	(165,919)	1,186,135	1,333,643	(187,704)
Change in assumptions	345,849	(464,488)	8,502,729	(7.504.402)	(7.604.704)	(6.200.262)	(6.207.022)	(F F00 044)	- (4 200 427)
Benefit payments	(10,907,180)	(47,265,882)	(9,072,621)	(7,584,183)	(7,624,734)	(6,398,362)	(6,207,933)	(5,589,011)	(4,389,427)
Net change in total pension liability	8,945,029	(23,386,825)	21,877,491	12,241,299	9,702,790	10,836,432	11,776,247	11,926,026	10,952,121
Total pension liability - beginning	225,622,849	249,009,674	227,132,183	214,890,884	205,188,094	194,351,662	182,575,415	170,649,389	159,697,268
Total pension liability - ending (a)	\$ 234,567,878	\$ 225,622,849	\$ 249,009,674	\$ 227,132,183	\$ 214,890,884	\$ 205,188,094	\$ 194,351,662	\$ 182,575,415	\$ 170,649,389
Plan Fiduciary Net Position									
Contributions	\$ 5,718,915	\$ 6,094,296	\$ 4,997,214	\$ 10,063,476	\$ 10,063,476	\$ 30,063,476	\$ 10,063,476	\$ 9,782,490	\$ 10,496,076
Net investment income (loss)	(24,074,437)	46,732,309	7,731,083	11,120,790	14,722,571	18,424,809	(2,210,133)	5,766,222	14,838,259
Benefit payments	(10,907,180)	(47,265,882)	(9,072,622)	(7,584,183)	(7,624,734)	(6,398,362)	(6,207,933)	(5,589,011)	(4,389,427)
Administrative expense	(398,002)	(713,260)	(374,856)	(364,184)	(352,565)	(317,168)	(295,012)	(338,826)	(397,436)
Net change in plan fiduciary net position	(29,660,704)	4,847,463	3,280,819	13,235,899	16,808,748	41,772,755	1,350,398	9,620,875	20,547,472
Plan fiduciary net position - beginning	216,049,099	211,201,636	207,920,817	194,684,918	177,876,170	136,103,415	134,753,017	125,132,142	104,584,670
Plan fiduciary net position - ending (b)	\$ 186,388,395	\$ 216,049,099	\$ 211,201,636	\$ 207,920,817	\$ 194,684,918	\$ 177,876,170	\$ 136,103,415	\$ 134,753,017	\$ 125,132,142
Net pension liability - ending (a) - (b)	\$ 48,179,483	\$ 9,573,750	\$ 37,808,038	\$ 19,211,366	\$ 20,205,966	\$ 27,311,924	\$ 58,248,247	\$ 47,822,398	\$ 45,517,247
Plan Fiduciary Net Position as a Percentage of the Total Pension Liability	79%	96%	85%	92%	91%	87%	70%	74%	73%
,									
Covered Payroll	\$ 58,524,431	\$ 62,473,412	\$ 63,499,147	\$ 66,860,831	\$ 72,436,009	\$ 76,926,859	\$ 80,727,008	\$ 84,626,337	\$ 86,263,018
Net Pension Liability as a Percentage of Covered Payroll	82%	15%	60%	29%	28%	36%	72%	57%	53%

Note to Schedule

This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

Schedules of the Hospital's Pension Contributions Years Ended September 30

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Actuarially determined contribution Contributions in relation to the actuarially determined contribution	\$ 5,718,915 5,814,747	\$ 6,094,298 6,790,755	\$ 4,997,214 3,308,460	\$ 5,568,494 10,063,476	\$ 6,237,738 10,063,476	\$ 7,986,740 30,063,476	\$ 8,551,127 10,083,476	\$ 8,845,316 9,782,490	\$ 10,106,942 10,496,076
Contribution excess	\$ (95,832)	\$ (696,457)	\$ 1,688,754	\$ (4,494,982)	\$ (3,825,738)	\$ (22,076,736)	\$ (1,532,349)	\$ (937,174)	\$ (389,134)
Covered payroll	\$ 58,524,431	\$ 62,473,412	\$ 63,499,147	\$ 66,860,831	\$ 72,436,009	\$ 76,926,859	\$ 80,727,008	\$ 84,626,337	\$86,263,018
Contributions as a percentage of covered payroll	10%	11%	5%	15%	14%	39%	12%	12%	12%

Note to Schedule

This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

Schedules of the Hospital's Pension Contributions (Continued) Years Ended September 30

Methods and assumptions used to determine contribution rates:

Valuation date: July 1, 2022

Remaining amortization period: 12 years

	2022	2021	2020	2019	2018	2017	2016	2015	2014
Actuarial cost method	Entry age	Entry age	Entry age	Entry age	Entry age	Entry age	Entry age	Entry age	Entry age
	method	method	method	method	method	method	method	method	method
Amortization method	Level dollar	Level dollar	Level dollar	Level dollar	Level dollar	Level dollar	Level dollar	Level dollar	Level dollar
	amount; closed	amount; closed	amount; closed	amount; closed	amount; closed	amount; closed	amount; closed	amount; closed	amount; closed
	method	method	method	method	method	method	method	method	method
Asset valuation method	Fair market	Fair market	Fair market	Fair market	Fair market	Fair market	Fair market	Fair market	Fair market
	value	value	value	value	value	value	value	value	value
Inflation	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%	2.50%
Salary increases	1.5% - 4.0%,	1.5% - 4.0%,	1.5% - 4.0%,	2.0% - 4.5%,	2.0% - 4.5%,	2.0% - 4.5%,	2.0% - 4.5%,	2.0% - 4.5%,	2.0% - 4.5%,
	based on age,	based on age,	based on age,	based on age,	based on age,	based on age,	based on age,	based on age,	based on age,
	including	including	including	including	including	including	including	including	including
	inflation	inflation	inflation	inflation	inflation	inflation	inflation	inflation	inflation
Investment rate of return	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of	7.25%, net of
	pension plan	pension plan	pension plan	pension plan	pension plan	pension plan	pension plan	pension plan	pension plan
	investment	investment	investment	investment	investment	investment	investment	investment	investment
	expense,	expense,	expense,	expense,	expense,	expense,	expense,	expense,	expense,
	including	including	including	including	including	including	including	including	including
	inflation	inflation	inflation	inflation	inflation	inflation	inflation	inflation	inflation
Retirement Age	65	65	65	65	65	65	65	65	65
Mortality	125% of the PubG-2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2021	125% of the PubG-2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2020	125% of the PubG-2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2019	RP-2000 Combined Healthy Mortality Table projected using Scale AA	IRS 2014 Static Mortality Table projected using Scale AA				

Other information: Plan was frozen to new participants effective July 1, 2011

Schedules of Changes in the Hospital's Net OPEB Asset/Liability and Related Ratios Years Ended September 30

	2022	2021	2020	2019	2018	2017
Total OPEB Asset/Liability Service cost Interest Differences between expected and actual Change in actuarial assumptions Benefit payments	\$ 30,788 314,975 (741,519) (43,800) (415,016)	\$ 32,635 387,273 (1,503,937) 293,544 (366,510)	\$ 302,061 372,639 (569,984) - (347,803)	\$ 347,946 386,399 (4,006,538) 1,080,635 (218,518)	\$ 410,388 519,745 - - (574,046)	\$ 390,846 497,299 - (592,057)
Net change in total OPEB asset/liability	(854,572)	(1,156,995)	(243,087)	(2,410,076)	356,087	296,088
Total OPEB asset/liability - beginning	5,426,301	6,583,296	6,826,383	9,236,459	8,880,372	8,584,284
Total OPEB asset/liability - ending (a)	\$ 4,571,729	\$ 5,426,301	\$ 6,583,296	\$ 6,826,383	\$ 9,236,459	\$ 8,880,372
Plan Fiduciary Net Position Contributions Net investment income Benefit payments Other	\$ 294,905 1,431,997 (415,016) (26,885)	\$ 366,510 437,465 (366,510)	\$ 2,603,916 221,483 (347,803)	\$ 711,140 318,959 (218,518)	\$ 1,493,458 269,922 (574,046)	\$ 1,595,051 240,612 (592,057)
Net change in plan fiduciary net position	1,285,001	437,465	2,477,596	811,581	1,189,334	1,243,606
Plan fiduciary net position - beginning	7,136,543	6,699,078	4,221,482	3,409,901	2,220,567	976,961
Plan fiduciary net position - ending (b)	\$ 8,421,544	\$ 7,136,543	\$ 6,699,078	\$ 4,221,482	\$ 3,409,901	\$ 2,220,567
Net OPEB asset/liability - ending (a) - (b)	\$ (3,849,815)	\$ (1,710,242)	\$ (115,782)	\$ 2,604,901	\$ 5,826,558	\$ 6,659,805
OPEB Liability	184%	132%	102%	62%	37%	25%
Covered Payroll	\$ 48,530,578	\$ 52,963,804	\$ 60,290,013	\$ 61,707,726	\$ 65,964,267	\$ 75,249,772
Net OPEB Asset/Liability as a Percentage of Covered Payroll	-8%	-3%	0%	4%	9%	9%

This schedule is presented as of the measurement date for the fiscal year (e.g. September 30, 2021 measurement date information for September 30, 2022 fiscal year.)

Schedule of the Hospital's OPEB Contributions Years Ended September 30

	2021	2020	2019	2018	2017	2016
Actuarially determined contribution	\$ -	\$ 23,795	\$ 519,112	\$ 937,045	\$ 1,007,606	\$ 1,066,717
Contributions in relation to the actuarially determined contribution	294,905	366,510	2,603,916	711,140	1,493,457	1,595,051
Contribution (excess) deficiency	\$ (294,905)	\$ (342,715)	\$ (2,084,804)	\$ 225,905	\$ (485,851)	\$ (528,334)
Covered payroll	\$ 48,530,578	\$ 52,963,804	\$ 131,576,632	\$ 129,156,605	\$ 146,557,573	\$ 142,288,906
Contributions as a percentage of covered payroll	1%	1%	2%	1%	1%	1%

This schedule is presented on a fiscal year-end basis.

Schedule of the Hospital's OPEB Contributions (Continued) Years Ended September 30

Methods and assumptions used to determine contribution rates:

Valuation date: October 1, 2021

Remaining amortizaiton period: 20 years (open)

	2022	2021	2020	2019	2018	2017	2016
Actuarial cost method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method	Entry age method
Amortization method	Level percentage of pay, closed method	Level percentage of pay, closed method	Level percentage of pay, closed method	Level percentage of pay, closed method	Level percentage of pay, closed method	Level percentage of pay, closed method	Level percentage of pay, closed method
Asset valuation method	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value	Fair market value
Inflation	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%
Healthcare cost trend rates	6.0% to grade uniformly to 5.5% over a 2-year period, to ultimate rate of 4.04% in 2075	8.0% to grade uniformly to 3.5% over a 3-year period, to ultimate rate of 3.94% in 2075	8.0% to grade uniformly to 3.5% over a 3-year period, to ultimate rate of 3.94% in 2075	8.0% to grade uniformly to 3.5% over a 3-year period, to ultimate rate of 3.94% in 2075	8.0% to grade uniformly to 5.0% over a 12 year period	8.0% to grade uniformly to 5.0% over a 12 year period	8.0% to grade uniformly to 5.0% over a 12 year period
Salary increases	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%	3.0%
Investment rate of return	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation	6.0%, net of investment expense, including inflation
Retirement Age	65	65	65	65	65	65	65
Mortality	125% of the PubG- 2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2020	125% of the PubG- 2010 Total Dataset Mortality Table, with Mortality Improvement Scale MP-2019	RP-2000 Mortality Table, projected from the base year to the valuation year between 7 and 15 years beyond the valuation year under scale AA	IRS Static Mortality Table for the Year of Valuation (Separate Male/Female Tables)	IRS Static Mortality Table for the Year of Valuation (Separate Male/Female Tables)	IRS Static Mortality Table for the Year of Valuation (Separate Male/Female Tables)	IRS Static Mortality Table for the Year of Valuation (Separate Male/Female Tables)



Schedule of Surety Bonds for Officials and Employees September 30, 2022

Name	Position	Company	Amount of Bond
Richard W. Preusch	Board Chairman	Travelers Casualty & Surety	\$ 100,000
John M. Keene	Board Vice Chairman	Travelers Casualty & Surety	100,000
Eric Steele	Board Secretary	Travelers Casualty & Surety	100,000
James L. Cartlidge	Board Member	Travelers Casualty & Surety	100,000
Dr. Marcus L. Hogan	Board Member	Travelers Casualty & Surety	100,000
Employee Blanket Bond	All Others	Travelers Casualty & Surety	100,000



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Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Independent Auditor's Report

Board of Trustees Forrest County General Hospital Hattiesburg, Mississippi

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of the business-type activities and the fiduciary activities of Forrest County General Hospital (the Hospital) as of and for the year ended September 30, 2022, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements, and have issued our report thereon dated November 28, 2022, which contained an *Emphasis of Matter* paragraph regarding a change in accounting principles. Our report includes a reference to other auditors who audited the financial statements of the Forrest County General Hospital Pension Plan, a fiduciary component unit of the Hospital, as described in our report on the Hospital's financial statements. This report does not include the results of the other auditors' testing of internal control over financial reporting or compliance and other matters that are reported on separately by those auditors.

Report on Internal Control Over Financial Reporting

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

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

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



Board of Trustees Forrest County General Hospital Page 84

Report on Compliance and Other Matters

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

Purpose of This Report

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

FORVIS, LLP

Jackson, Mississippi November 28, 2022