MINUTES OF MEETING OF NORTH LAKE COUNTY HOSPITAL DISTRICT OF SEPTEMBER 10, 2026

A meeting of the North Lake County Hospital District (NLCHD) was held on September 10, 2026 at 5:30 p.m. in the Lake County Commission Chambers, Administration Building, 315 W. Main Street, Tavares, Florida.

Mr. Trueman Hurley, Chairman, called the meeting to order.

Pastor Chris George, Administrative Pastor of Faith World in the Cities of Leesburg and Eustis, gave the Invocation and led the Pledge of Allegiance.

ROLL CALL

Mr. Matt White, with Crippen and Co., called the roll to ascertain the Trustees present for the meeting, with the following members in attendance: Ms. Marie Aliberti, Ms. Barbara Price, Mr. David Douglas, Mr. Ricky Harper, Mr. Thomas Hansing, and Mr. Trueman Hurley.

INTERIM LEGAL COUNSEL

Mr. White mentioned that even though this was not on the agenda, there was a matter of interim legal counsel, and that since Ms. Meredith Kirste, NLCHD Attorney, was on a medical leave of absence and there were many matters to be handled in the following few weeks while she was unavailable, they had in attendance Mr. Mac MacKay, with the Law Firm of Gooding, Batsel, Hartley & MacKay. He stated that he was seeking a motion of acceptance to engage Mr. MacKay as interim legal counsel to provide legal support during the current and following meetings.

On a motion by Ms. Price, seconded by Mr. Harper, and carried unanimously by a vote of 6-0, the NLCHD Board approved Mr. MacKay as interim legal counsel.

APPROVAL OF MINUTES

On a motion by Mr. Harper, seconded by Mr. Hansing, and carried unanimously by a vote of 6-0, the NLCHD Board approved the Minutes of July 16, 2026.

PRESENTATION OF QUARTERLY AUDITS

Mr. White commented that at the prior NLCHD meeting, there was an opportunity to explore updated procedures to the quarterly report of agreed upon procedures performed by Forvis Mazars, and that Mr. Nate Davenport, Partner with Forvis Mazars, had researched procedures that could potentially fall in line with Florida's Health Care Responsibility Act (HCRA).

Mr. Davenport related that he went through HCRA to see what baseline of items should be required, such as the bare minimum, and opined that the largest change from the procedures that were originally agreed to was the review of the proof of identification. He commented that the prior procedures required two forms of identification; however, since there was nowhere that stated that a person had to have two forms of identification, he suggested that the minimum would be one form of identification, which was what HCRA was calling for.

He remarked that they clarified the review of residency and the review of reported income, and that during the review of reported assets, they noticed that since it may be difficult to acquire statements sometimes, there was the ability to obtain a signed affidavit stating what one's assets were and their value. He relayed that the review of benefit eligibility was to ensure that there was no other payer source for the services provided, such as Medicaid, Medicare, commercial insurance, or Department of Veterans Affairs (VA) benefits, and that this was a last resort funding. He commented that regarding the review of services, he recalled discussion at the previous meeting about evaluating medical necessity, and clarified that since they were not clinicians, they were strictly evaluating that there was documentation of the medical services received, noting that they were not evaluating what was provided or whether it was necessary or not. He mentioned that they were just trying to revamp the procedures to make them more manageable to go through without overdoing it with the previous procedures.

Mr. Harper questioned if the signed affidavit was in the bylaws currently.

Mr. Davenport replied that the signed affidavit for the reported assets was an option under HCRA, and that this would allow them to accept that as a form of identification. He mentioned that even though they currently allowed it, this would very clearly specify what they allowed, and that he wanted everyone to be fully aware of what they would be looking at so that there was full transparency.

Mr. Harper inquired if there was a prepared affidavit for this proposal.

Mr. White remarked that the Trustees had a couple of options, and that the first option was that there were currently procedures in place that could remain in place. He mentioned that these were options to change the procedures, and opined that if the Trustees wanted to entertain changing the procedures at the current meeting, then the procedures as proposed by Forvis Mazars could be a good path, as they followed the HCRA standards, which would be refreshed every year. He opined that the Trustees could discuss this and make a motion to pass those procedures on the current evening if desired, and noted that this could be discussed in a future meeting, giving them more time to contemplate and make those decisions. He commented that if they chose to go forward with the new procedures on the current evening, they would need a date of when the procedures would be effective, and that currently the Marsh 31, 2026 quarter end was still open, the June 30, 2026 quarter end was still open, or it could be made available for July 1, 2026 and forward, which was the current budget year.

Mr. MacKay clarified that the charter required that the Board of Trustees shall adopt and promulgate eligibility verification criteria and procedures designed to ensure that all recipients of indigent care for which payment was sought were qualified by the providers as medically indigent persons, and noted that even though the Board had a broad latitude, this was what was required under the charter.

Mr. Hansing opined that they only had to follow the HCRA guidelines to accept people into the program and get them on Medicaid or Medicare, and said that even though the

NLCHD said there had to be two forms of identification, the State said there only had to be one form.

Mr. White related that this was a decision for the Trustees, and that either of those options complied with what was obligated under the charter.

Mr. Hansing relayed his understanding that the clinics were only taking one form of identification.

Mr. Mark Dickinson, Vice President and Chief Financial Officer (CFO) for Community Health Centers, commented that they currently asked for one form of identification, and that as a Federally qualified health center (FQHC), they were prohibited from doing any asset testing whatsoever. He remarked that if the decision of the Board was to require asset testing, they could not meet that qualification, and opined that this would be a shame because they had been participating for 14 years and served many uninsured people. He opined that if the Board decided to require asset testing, then they would have to withdraw their request for funding and send their patients to the emergency room.

Mr. Phil Braun, Regional General Counsel for University of Florida (UF) Health Central Florida, pointed out that the definition of indigent care was in HCRA in Section 154.3049, and that since the Board was asking the facility to determine if a person was indigent and to submit the bills, then he did not know why the Board would not follow HCRA regarding forms of identification. He commented that regarding asset testing, he did not know if this had been discussed.

Mr. Davenport mentioned that asset eligibility was under Section 520 and income eligibility was under Section 511.

Ms. Price relayed that even though she voted against proof of identification, she was okay with the proof of residency, and expressed concern about proof of identification conflicting with a property tax bill or vehicle registration in the name of the applicant or spouse, opining that other people may be living at a house that may not be there legally. She commented that she had no issue with indigent care, and that she wanted to ensure that they were following every procedure the correct way, opining that even though clinics could be backlogged, they needed to be very thorough.

Mr. Hurley inquired if Community Health Centers were prohibited from asking people to sign an affidavit verifying that they did not own any assets.

Mr. Dickinson stated that even though they were not allowed to do any asset testing whatsoever, they did verify income, and opined that their income requirements were more onerous than the NLCHD's, noting that Community Health Centers only went up to 200 percent of poverty level instead of 300 percent. He remarked that even though they were cutting out a section of the population that would likely qualify, they were following Federal guidelines, and that other clinics, such as the free clinics and hospital clinics, did not have to follow those rules. He said that when they had reviews, they looked at the documentation for sliding fees, and that there were many things they did to verify income

so they could qualify patients for a level of discount, including no payment at all if they were 100 percent of the poverty level, noting that they had a different set of rules. He mentioned that they reviewed all of their visits and pulled out any patients that did not have a valid State of Florida license, as about half of their patients were undocumented, and that these were not submitted for reimbursement; additionally, they looked up each address to see where they actually were to qualify for NLCHD funding.

Ms. Price indicated her understanding that this was the only clinic that worked on a sliding scale, and opined that their clinic did many good things. She related that she wanted them to be eligible for funding.

Mr. Hurley asked if the Board would be not compliant if a set of procedures was adopted that did not require an affidavit for assets.

Mr. Davenport stated that the Board set the procedures they wanted to be performed and checked, and that there were not set standard procedures. He commented that since the Board decided what was important to be tested, they could make that election to not have asset eligibility tested.

Mr. Hansing questioned if the Board could require asset testing but exclude Community Health Clinics.

Mr. MacKay indicated that since this was an important legal question, he did not want to guess at the answer.

Mr. Dickinson opined that this would not be an issue for any of the other clinics, as they just did primary care, and opined that the hospitals might possibly have people going in for surgery with assets that could be repossessed to satisfy a bill.

Mr. Braun clarified that even though they did not repossess boats and cars, they had strict financial assistance policies as part of their Internal Revenue Service (IRS) requirements, which included a type of asset testing and credit checks. He related that they wanted to be able to qualify them for Medicaid, Medicare, or as part of their charity care, and that since they had many patients that came from outside the district that qualified for charity care, they kept track of those numbers as part of their requirements under the IRS.

Mr. Dickinson opined that there were large financial differences between hospitals and clinics, and that the hospitals were trying to qualify people for care, noting that his bills were $250 at the most.

Ms. Price made a motion to table this item pending legal research, noting that she did not want to take funding away from the clinics if they did not have to.

Mr. MacKay stated that he would come back to the following meeting with a clear answer so that the Trustees could make a decision on how to move forward.

Ms. Aliberti commented that according to HCRA, assets eligibility support to be provided may consist of those things mentioned, and relayed her understanding that it did not require any type of form, noting that because it said "may," this could be determined by the Board.

Mr. MacKay confirmed this, and mentioned that if it said "shall," then it would be mandated.

Mr. Hurley asked if the Board was being compliant with HCRA if they decided not to require asset reports, and wondered if they had to be compliant with HCRA or if they could set their own procedures.

Mr. MacKay replied that even though he felt certain that he knew the answer, because of the public forum, he did not want to guess at anything, and that he would research this and follow up at the September 24, 2026 meeting with a clear answer.

Mr. Truman asked Mr. MacKay to email each member of the Board before the meeting, and Mr. MacKay indicated that he could.

Mr. Harper questioned if proof of identification included a picture identification, and inquired if the NLCHD required two forms of identification at any time.

Mr. Dickinson answered that they required a picture identification, and mentioned that they only ever used one form of identification, noting that this satisfied previous audit procedures.

Ms. Price mentioned that this was discussed previously, and said that she was surprised when it said two forms or identification.

Mr. Harper opined that they were in line pressing forward, and asked if a social security card would work.

Mr. Dickinson commented that they needed to have some sort of real identification and not a social security card.

Mr. Harper opined that the photo identification was a primary identification that should be relevant, and inquired if a social security card would qualify them for reimbursement.

Mr. Davenport replied that this depended on what the Board wanted to list as acceptable, and noted that HCRA and Medicaid eligibility did not clearly define this. He related that when he looked for what was considered a sanctioned government identification, a photo identification was the preference; however, the Board could determine what a State identification included, such as a fishing license. He mentioned that it was a matter of going through this and determining what the Board would deem acceptable, including a State of Florida government identification.

Mr. Harper stated that he would like to mandate a photo identification, and that a secondary form of identification would be okay.

Mr. MacKay commented that this could be included in the email he would send, and noted that the criteria stated that the Board shall adopt and promulgate eligibility verification criteria and procedures designed to ensure that all recipients of indigent care, for which payment was sought under this act, were residents of the district, opining that there was latitude.

Mr. Harper opined that even though all the clinics were probably doing this, the NLCHD needed this guideline identified.

Ms. Price asked if a green card had a picture on it.

Mr. Harper opined that this would be a photo identification.

Mr. Dickinson mentioned that they did not encounter this very often, and opined that there were people with green cards legally living in the district.

Mr. Harper related that he had worked with homeless people that did not have money to obtain a photo identification, and that they had helped people do this to help them get to the next step of their journey.

Mr. Hurley wondered if there was a need for an onsite audit, and indicated his understanding that they were all done digitally, noting that no one was showing up at the hospitals and clinics to do an audit. He questioned if this was something the Board wanted to ask for periodically or every time.

Mr. Davenport commented that historically it was done online, and opined that it was easier for the transmission of data, noting that whatever the Board wanted, they would do. He explained that they did the following: received the initial request; went through the samples; put the questions forward; did phone calls and went over data together; and may or may not be done on the same day. He opined that if the Board wanted them to go on a random site visit on a quarterly basis, they could do that, and that this was up to the Board's discretion.

Mr. Dickinson mentioned that for some time, there were onsite visits, and opined that this may have stopped because of the coronavirus disease 2019 (COVID-19) shutdown, noting that everything was currently done electronically.

On a motion by Ms. Price, seconded by Mr. Hansing and carried unanimously by a vote of 6-0, the NLCHD Board tabled this item to the following NLCHD meeting.

ADDITIONAL REQUESTS FOR FUNDING

Mr. Truman opined that at the previous meeting, there was some confusion about what clinics and hospitals could ask for, and asked if there were any additional requests for funding that they did not currently have.

Mr. Hansing questioned the amounts that were submitted for the clinics.

Mr. White expressed appreciation to Forvis Mazars for recalibrating those numbers going forward, noting that even though there was no requirement to update the rates, there was an option to update the rates to what would be a more current value.

Mr. Douglas asked how this would affect the budget if the rate was to change.

Mr. White commented that at the September 24, 2026 NLCHD meeting, they sought to have a final millage and a final budget, and that if the Board changed the reimbursement rate, the hospitals and clinics could come back with a new proposal, opining that if a hospital saw 100 people at $155 per person and the rate changed to $182 per person, then the request was going to be larger. He remarked that another option was to adopt a new rate for the upcoming year, and opined that this would lessen the burden of reporting. He mentioned that making it effective for the following budget cycle would give the hospitals and clinics time to calibrate their requests for proposals going into the following year.

Mr. Harper indicated his understanding that the current rate was $155 per person, and that the new analyzed budget that Forvis Mazars reviewed would be $182 per person.

Mr. Davenport explained that to calculate this, they pulled the most recent set of full cost reports for FQHCs, and that because the 2025 cost reports were not all fully in, they used the previous year's cost reports to come up with an average rate, which went up to an average of $182 per person. He commented that looking forward one year, there would be more recent data, and opined that this could be reanalyzed; however, in order to include everyone, they went back two reporting cycles.

Mr. Dickinson stated that the 2026 national Medicare base rate for FQHCs was $207.72, noting that Mr. Davenport's average was a couple of years behind.

Mr. Harper opined that the NLCHD should use the number advised by the auditor, and that if it was to be reanalyzed in the following year, this could be done.

Mr. Hansing questioned how $155 per person was arrived at.

Mr. Harper indicated his understanding that this had been the rate for 10 to 15 years.

On a motion by Mr. Harper, seconded by Mr. Douglas and carried unanimously by a vote of 6-0, the NLCHD Board approved to accept the new rate of $182 per person effective July 1, 2027 through June 30, 2028.

<u>RECITATION FOR THE RECORD</u>

Mr. White announced for the record that the name of the taxing authority was the North Lake County Hospital District, that the rollback rate was 0.3679 mills, and that the percentage was an increase over the property tax levy of 35.9 percent over the rollback rate.

WAIVER OF THE READING OF THE ENTIRE PROPOSED RESOLUTIONS

By consensus, the NLCHD Board approved to read the proposed Resolutions 2026-01 and 2026-02 by title only.

PUBLIC COMMENT – RESOLUTION 2026-01 FOR SETTING THE MILLAGE

Mr. White read the title of Resolution 2026-01, providing for the adoption of the millage rate for the 2026-2027 Fiscal Year (FY).

The Chairman opened the floor for public comment.

There being no one who wished to address the Board regarding this matter, the Chairman closed the floor for public comment.

BOARD ACTION ON RESOLUTION 2026-01

Mr. Hurley commented that at the previous meeting, 0.50 mills was proposed with the understanding that the rate could be lowered but not raised, and that Resolution 2026-01 had the proposed rate, noting that what was settled on the current night would be the tentative rate.

Mr. White remarked that there was a budget worksheet given to the Board to help them understand that the current proposed millage of 0.50 mills would provide a surplus of about $1.5 million, and that they certified this rate on behalf of the Trustees by the August 4, 2026 deadline. He related that during that process, they found that there were procedures that needed to be followed in the current year for the setting of a final millage, and that even though this was not being done at the current meeting, he wanted the Trustees to understand what they would be bound by at the following meeting. He explained that the rollback rate was 0.3679 mills, and that the intent of this was to levy tax revenue to match prior years. He commented that if the Trustees wanted to approve a millage that was at the rollback rate or less, a simple majority was required, and that if the Trustees wanted to pass a millage at the final hearing that was greater than the rollback rate but less than 110 percent of the rollback rate, then a supermajority would be required, which was four out of six; furthermore, if the Trustees wanted a millage that was 110 percent of the rollback rate or higher, then it would require unanimous consent of all six Trustees, not just the Trustees in attendance. He mentioned that included in the budget worksheet, there was a column that showed the current 0.50 mills, and that to the right of this was 0.4047 mills, which reflected what 110 percent of the rollback rate would be. He elaborated that anything less than 0.4047 mills would require a supermajority, and that anything more would require a unanimous vote. He stated that according to the current total administrative expenses as well as the expenditures for medical care, this would create a deficit of $788,000 without surplus to fund, based on the current requests, and that if there were only five Trustees available, then they would not be able to pass 0.4047 millsor greater to be compliant with the Truth in Millage (TRIM) regulations.

Mr. Harper questioned if this was a new direction.

Mr. White answered that this was new, and that the forms were updated by TRIM to preclude any other options.

Mr. Hurley relayed his understanding that because there would only be five Trustees in attendance on September 24, 2026, there was no way 0.4455 mills or 0.4047 mills could be approved, and that they were locked into the rollback rate.

Mr. White clarified that with five Trustees, a four person vote could approve an amount that was above the rollback but below 0.4047 mills.

Mr. Harper indicated his understanding that the 0.3679 mills put them below $1.6 million.

Mr. Hurley opined that the amount needed to be 0.4455 mills.

Mr. White commented that for everything to be fully funded, it would require a millage of 0.4455; however, a unanimous consent would not be possible.

Mr. MacKay agreed that this would not be possible.

Mr. Harper inquired if the proposed 0.50 mills was not acceptable at all.

Mr. White relayed his understanding that the Board was capped at the millage rate of 0.4046, which would be below the 110 percent mark, and that this would require some changes to the budget to be solvent for the following year.

Mr. Harper indicated his understanding that the five people on the Board could pass 0.4046 mills, and that this would result in a $790,000 deficit for funding.

Mr. Hansing pointed out that this would be result if the Board gave everybody everything they were asking for.

Mr. Harper asked if there were funds being carried over from the prior budget.

Mr. White replied that they were projecting a carryforward of about $103,000, and noted that this was their total liquidity. He stated that they would be in a deficit of about $790,000 if everything on the budget remained intact and the millage was set at 0.4046 mills.

Mr. Hansing commented that according to financial filings from AdventHealth Waterman, they had about $107 million in surplus, and that their request of $3.6 million may be more of a want than a need. He asked if this was an option to review as a Board, opining that the NLCHD would be losing money at 0.4046 mills.

Mr. White answered that this budget was fungible to the Board's desires, and that the funding to the hospitals, clinics, and administrative expenses were determined by this group, noting that at 0.4046 mills they would not be able to fund the current budget.

Mr. Harper opined that the Board could make cuts somewhere; however, AdventHealth Waterman had also supplied indigent care.

Mr. Braun opined that the Board did not have to decide on the budget on the current evening, and that how to maneuver the budget could be considered. He mentioned that he had always supported the clinics being taken care of, and opined that since the clinics were not one of the targets for reduction based on the limitations of the TRIM notice, the Board should pass up to 110 percent of the rollback rate and then make the decision about the budget. He opined that because they did not know where the indigent patients would go, this budget would be difficult to determine. He said that he considered funding the clinics as separate than funding the hospitals, as their bills were less, noting that the clinics were dealing with illness or minor injuries as opposed to heart attacks, strokes, and orthopedic surgery, which cost more. He suggested that since the NLCHD funding had always been about providing funding to cover the cost of care for indigent patients and relieve indigent patients of their bills, the clinics should be fully funded and the remaining funds evenly distributed to all the hospitals because they did not know where the indigent would seek healthcare. He opined that UF Health Central Florida and the other hospitals were partners in providing care to the community, and that they provided a safety net for these people. He opined that the Board could do the millage and put it in the budget for discussion when everybody was there to discuss it.

Mr. Hansing commented that he did not mean to target AdventHealth Waterman, and said that they could not be in attendance on the current evening.

Mr. Hurley remarked that the clinics were not asking for funds to go spend, and that they were asking for and receiving reimbursement for funding they had already spent for indigent care.

Mr. Harper opined that AdventHealth Waterman could have received funding in other ways, and asked how short the NLCHD would be in funding.

Mr. White reiterated that it would be about $790,000.

Ms. Price opined that funding should be taken from both hospitals to make up the difference.

Mr. White recommended that there should be some surplus budgeted for unexpected expenses, and that instead of breaking even at zero, there should be about $100,000 in surplus for unaccounted for expenditures.

Mr. White asked whose funding should be reduced to get to that amount, noting that he could do the calculations.

Mr. Harper opined that the hospital funding could be reduced.

Mr. Braun opined that the budget could be based on what could be raised, and that since more than 110 percent of the rollback rate would be needed to fund all the hospitals and clinics as requested, the Board could workshop with 110 percent, knowing that the hospitals would be impacted by it. He opined that if the Board was trying to back into a

number, then a lower millage might be set, and that this would short fund the hospitals more than was needed.

Mr. MacKay stated that this would be leaving the option open.

Mr. White commented that figuring 0.4046 mills, which was the top end of what the Board would be able to pass in the following meeting, would reduce funding to the hospitals by a combined $950,000, and that this would give them a $150,000 surplus for the year. He agreed with Mr. Braun and Mr. MacKay, and opined that the Board should leave the option open in case Ms. Price was able to attend and there was unanimous consent, as opposed to setting a tentative amount below what the true maximum was.

Mr. Hurley opined that the Board would not do anything less than 0.4046 mills, and that there would still have to be some trimming.

Mr. Douglas relayed his understanding that their original option of setting the preliminary rate was at 1.00 mills.

Mr. White explained that 1.00 mills was the maximum this Board was able to levy in taxation.

Mr. Douglas indicated his understanding that this new rule was dropped on them at the last minute, and that even though the Board approved 0.50 mills at the previous meeting, they currently could not even get that without a unanimous vote.

Mr. White clarified that the Florida Statute generally would allow the Trustees all the power up to the full millage of 1.00 mills with all six members present; however, due to the circumstance of having only five trustees, they had to work within the constraints of the TRIM regulations. He commented that on the current evening, the Board could seek motions and acceptance at the current proposed millage; however, the Board should be aware of what would need to happen both on the millage setting as well as on the budget at the final budget hearing and millage adoption meeting on September 24, 2026.

Mr. Harper relayed his understanding that the Board could accept Resolution 2026-01 at 0.50 mills or make an adjustment, and opined that there was no reason to make an adjustment at the current time.

On a motion by Mr. Harper, seconded by Mr. Douglas and carried by a roll-call vote of 5-1, the NLCHD Board approved Resolution 2026-01 setting the tentative millage rate for the FY 2026-2027 budget year at 0.50 mills.

Ms. Price voted no.

<u>BOARD ACTION ON RESOLUTION 2026-02</u>

Mr. White summarized that Resolution 2026-01 was specific for the millage rate, and that Resolution 2026-02 was specific to the budget of expenditures. He remarked that there was a list of expected expenditures by administrative type as well as medical care type, and

that those were for the current tentative millage, noting that the Board had to pass a tentative budget.

Mr. MacKay related that the Board was adopting a tentative millage rate and a tentative budget, and that since Resolutions 2026-01 and 2026-02 were dated for September 24, 2026, he wanted the Board to be aware that they were adopting a tentative budget and not these resolutions precisely as written.

Mr. Harper commented that he did not see anything about it being tentative.

Mr. MacKay mentioned that this was why he was concerned and why the Board should be very careful when passing the motion, opining that the motion should be to pass a tentative budget and a tentative millage rate. He suggested amending the prior motion for an amended resolution for a tentative millage with the final millage rate to be decided at the September 24, 2026 meeting.

On a motion by Mr. Harper, seconded by Mr. Hansing and carried by a roll-call vote of 5-1, the NLCHD Board approved to amend Resolution 2026-01 to say a tentative millage rate of 0.50 mills for the FY 2026-2027 budget year.

Ms. Price voted no.

On a motion by Mr. Harper, seconded by Mr. Hansing and carried by a roll-call vote of 5-1, the NLCHD Board approved to amend Resolution 2026-02 to say a tentative budget of $12,223,327 under the current proposed rate of 0.50 mills for the FY 2026-2027 budget year.

Ms. Price voted no.

ANY OTHER MATTERS NECESSARY TO ACHIEVE THE AFOREMENTIONED GOALS

Mr. White related that the next meeting would be on September 24, 2026 at 5:30 p.m.

Mr. Harper asked Mr. White to include the $100,000 surplus needed in any future scenario.

Mr. White commented that he could distribute those scenarios soon so that the Board would have a chance to review the budgets, noting that they would have more data. He mentioned that because Sunshine Law prohibited group conversations, he could be contacted by phone if there was anything else the Trustees wanted to see, and that he could give them some idea leading into the meeting where their preference might put them.

Mr. Hurley expressed appreciation for all in attendance, and hoped they had safe travel home.

ADJOURNMENT

The meeting adjourned at 6:33 p.m.

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Trueman Hurley, Chairman