

ALBERTINA KERR

ALBERTINA KERR CENTERS Finance, Audit & Compliance Committee

Meeting Agenda Wednesday, October 7, 2020 4 to 6 p.m. Via Teams

- 4 p.m. **Convene** (Karen Rasmussen, Chair)
- 4
Presentation **Workforce Housing Financing** (Carly Harrison, Edlen and Co.)
- 4:30
pp. 2-4 **Approve Minutes of August 11, 2020 Meeting** (All)
- 4:35
pp. 5-8 **Review Revised Committee Charter** (All)
ACTION: Approve Revised Committee Charter
- 4:45
pp. 9-11
pp. 12-16 **Financial Updates** (Janice Jacobs)
ACTION: Review & Approve July Financial Statements
ACTION: Review & Approve August Financial Statements
Audit Update
- 5:15 **Insurance Review** (Janice Jacobs)
- 5:25
pp. 17-22 **Review Compliance Dashboard** (Owen Gibson)
- 5:30
pp. 23-24 **Review Revised Code of Conduct Policy** (Owen Gibson)
ACTION: Recommend Updated Code of Conduct to the Full
Board for Approval
- 5:40
pp. 25-37 **Review Quality & Compliance Board Policies** (Owen Gibson)
ACTION: Recommend Updated Policies to the Full Board for
Approval
- 5:50 **Executive Session** (Karen Rasmussen)
- 6 **Adjourn** (Karen Rasmussen)

*Attachment: FAC Committee Goals for Reference, p. 38
Next FAC Committee Meeting is November 2, 2020, 4-6 p.m.*

ALBERTINA KERR CENTERS
Finance, Audit & Compliance Committee Minutes
August 11, 2020
5 to 7:00 p.m.
Via Teams

Members Present

David Connell, Paul Litwinczuk, Rod Malone, Melissa May, Jill Nickerson, Craig Payne, Karen Rasmussen, Laura Shipley

Staff Present

Jeff Carr, Owen Gibson, Janice Jacobs

Convene (Karen Rasmussen)

Karen convened the meeting at 5:03 p.m.

Approve Minutes of June 9, 2020 Meeting (All)

Paul Litwinczuk moved that the minutes be approved. Laura Shipley seconded. The motion passed via unanimous vote.

Review FAC Committee Charter (All)

Members reviewed a draft version of the Charter with recommended updates. The proposed changes to the FAC Committee Charter were discussed. These changes are intended to reflect the new Board and Foundation structure. The new Foundation bylaws, included in the meeting packet for reference, outline the specific duties and responsibilities to be carried out with approval of the full Albertina Kerr Centers Board of Directors. Previously, the Investment Committee has provided an annual investment report to the FAC Committee, and the FAC Committee reviewed any proposed changes to the Investment Policy to the Board for approval.

ACTION: Consensus was not achieved on the proposed changes to FAC Committee Charter. Committee members were asked to read through the changes and provide feedback to be included in the October FAC Committee meeting agenda for discussion and approval.

ACTION: The review of insurance coverage will be added to the October 6th FAC Committee meeting agenda and also to the Committee's objective worksheet.

Corporate Compliance Updates (Owen Gibson)

- Compliance Dashboard
 - One case of founded abuse was reported for the 3rd Quarter (calendar year) where an employee took medication intended for a client. That employee was terminated.
 - No HIPAA breaches have been reported for the current calendar year.
 - Blackbaud, Kerr's financial and donor database, reported they were hacked. They paid the ransom and it is believed no protected personal information was breached. Limited donor information may have been compromised. Further review will tell if notifications are necessary.
 - Fraud, Waste and Abuse violations have declined significantly with training and continuing focus.

- The volume of licensing visits has dropped with the COVID-19 pandemic. Those that have occurred have been good.
 - Vehicle accidents are on track with 2019 numbers. The most common accidents are accidents that occur when backing up vehicles.
 - Centers for Medicare and Medicaid Services (CMS) conducted an audit of subacute. The results were positive. They were particularly happy with Kerr's emergency management plan.
 - Employment exit surveys indicate pay and culture issues. There is a trend emerging that shows voluntary departures are happening early in employment, meaning people leave when they discover this is not the job for them, which is good. Compliance is looking deeper into the culture issue. Discussion was held about the categories of reasons for departure and how the information is gathered. More details are needed.
 - A suit filed by a former PALS employee was settled out of court.
 - A still unsettled case against Kerr has been delayed due to COVID-19. The last report from Kerr's attorney was that the case was looking positive for Kerr.
- Review Quality & Compliance Policies Chapter
 - Owen reviewed the Quality & Compliance Policies Chapter. The new format mirrors the look and layout of the overall agency policy revamp, using Chapters and sections or individual policies under Quality & Compliance.
 - The Code of Conduct policy, geared toward employees, also ties to the Board Code of Conduct policy.
 - Complaints and Grievances policy outlines the process and timeline in detail of filing a complaint or grievance.
 - The Fraud, Waste and Abuse policy clarifies definitions and responsibilities. Oregon regulations are integrated in the policy.
 - The internal audit policy is new and addresses the need for clear guidelines.
 - Information sources and references used in preparing the policies are listed at the end of the Chapter.
 - Owen is working on a roll-out plan for distributing and reviewing the policies with staff. Owen will report progress on the roll-out back to the FAC Committee.
 - A question was asked about the Denial of Service section and how denials are being tracked. Derrick Perry signs off on each denial, although a data collection has yet to be established. Owen will work on data collection to learn more about reasons and other information for denials.
 - Owen clarified that as the Committee Chair, Karen Rasmussen is notified of calls to the NAVEX hotline.
 - Kerr emphasizes to employees that they do not have to make the determination of abuse or neglect, so calling in for suspected violations is the only step they have to take and investigators handle the rest.

ACTION: Paul Litwinczuk moved that the new Quality & Compliance Chapter be recommended for approval by the full Governing Board at the September meeting. Jill Nickerson seconded. The motion passed via unanimous vote.

- Review Code of Conflict & Conflict of Interest Policy
 - Owen reviewed the Board Member Code of Conduct Policy.

- Follow-up discussion was held regarding some wording in the Code of Conduct policy. Re-wording is needed around setting the right tone for board member responsibilities and balancing expectations about being able to fulfill those responsibilities. For example: “Ensure that all clients’ rights are always protected,” should be reworded to take into consideration board members’ removal from Kerr’s actual work. Board members are responsible to the degree possible for ensuring management is always protecting clients’ rights.

ACTION: Owen Gibson will revise parts of the Code of Conduct to take into consideration a balance of responsibility for board members.

Financial Updates as of July FY2020-2021 (Janice Jacobs)

- Auditors have begun preliminary discussions and will begin September 1st.
- June year end financials are closed and overall the year-end looks good.
- An additional \$47k in revenue for employment services was received from the State.
- The Accounting Department is reviewing line items and working toward a reduction in adjustments. An audit item last year identified a Foundation and Accounting disconnect.
- A list of extraordinary items outlines high impact losses and revenues, mostly COVID-19 related.
- Wages were increased last year but will not be increased this year.
- Some FY2019-2020 final numbers could change; however, the year looks to end with a surplus.
- Jeff Carr received information that the special legislative session ended with no negative impacts to Kerr. The FY2020-2021 budget takes cuts into account and operations will continue on that course.

Other Discussion

The FAC Committee meeting time needs to be changed due to a conflict that cannot be changed. The Committee will reconsider the day and time for future meetings at the October meeting.

Update: A poll was conducted after the meeting. The next two meetings will be rescheduled to October 7th and November 2nd, from 4 to 6 pm.

Executive Session

The Committee entered executive session at 7 p.m.

Adjourn (Karen Rasmussen)

Karen adjourned the meeting at 7:19 p.m.

Recorded by Holly Edgar, Corporate Secretary

ALBERTINA KERR CENTERS, INC.
Board of Directors
Finance, Audit & Compliance Committee Charter

Purpose

The primary functions of the Finance, Audit & Compliance Committee are to assist the Board of Directors in fulfilling its oversight responsibilities including: regular monitoring of financial results; the integrity of financial reporting processes, organizational budgeting processes, systems of internal accounting and financial controls; investment policy and procedures; adequate levels of insurance coverage; the integrity of an annual independent consolidated audit of Kerr’s financial statements; and systems in place to effectively manage program-related business risks and a Corporate Compliance Program. As a standing committee of the Board, the Committee shall routinely report its major deliberations and recommendations to the Board of Directors in a timely manner.

Membership

The Committee shall be appointed by the Board and shall be comprised of at least three (3) directors. In aggregate, Committee members will have experience with reviewing and analyzing financial statements and knowledge of federal and state Medicaid laws, rules and regulations. The Board of Directors will designate a Chair~~man~~ for the Committee. The Committee may, with the approval of the Board of Directors, appoint expert advisors to serve on the Committee as non-voting members.

Authority and Responsibility

1. Review of interim financial statements. Management is responsible for preparing Kerr’s financial statements on a monthly basis. The Committee shall review the interim financial statements with management at least quarterly.

2. Budgets. The Committee shall review the annual operating, capital and Kerr Foundation budgets prepared by management and recommend budgets to the Board of Directors.

3. Investment ~~oversight~~ Review. The Committee will receive a report from the Foundation Board of Trustees on current investment positions and policies twice annually, typically in January and in June when the annual budget is approved. ~~consult annually with the Foundation Treasurer on the following three issues: a) review the Investment Policy and make recommendations for changes, if any, to the Foundation Board of Trustees and Board of Directors; b) review the performance of Kerr’s investment advisors regarding compliance with Investment Policy and performance against agreed~~

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~~upon benchmark comparisons; and c) ensure that a review of the qualifications and performance of the investment advisors is conducted periodically.~~

4. Policy review and formulation. Within the purview of its purpose, authority and responsibility, the Committee shall periodically review existing board policies regarding budgeting, financial conditions, risk management, and other current applicable policies and recommend amendment, if any, to the Board of Directors. The Committee, within its purpose and areas of authority and responsibility, may recommend elimination of policies or recommend additional policies that may be necessary in its judgment to provide appropriate governance of the organization.

5. Investigative authority. In discharging its oversight role, the Committee is empowered to investigate any matter brought to its attention with full access to all books, records, facilities and personnel of Kerr as approved by the Board of Directors.

6. Independent auditors. The Committee shall have a clear understanding with management and the independent auditors that they are ultimately accountable to both the Committee and the Board of Directors. The committee shall have the authority and responsibility to evaluate the auditors' performance and, where appropriate, recommend to the Board of Directors replacement of the independent auditors. The Board of Directors will act on the Committee's recommendation.

In its capacity as a Committee of the Board of Directors, the Committee shall discuss with the independent auditors the overall scope and plans for their audits including their responsibilities and the adequacy of staffing.

Periodically, but at least every five years, the Committee will review the qualifications and performance of Kerr's independent auditors and make a recommendation to the Board of Directors about retaining the current auditors or going through an auditor selection process to retain current auditors or select new auditors.

The Committee shall establish policies and procedures for the engagement of the independent auditors to provide permissible non-audit services.

The Committee shall review and discuss with management and the independent auditors management's processes to ensure Kerr's maintenance of strong internal controls.

The Committee shall review with management and the independent auditors the annual audited financial statements of Albertina Kerr Centers, Inc. and the Albertina Kerr Centers Foundation, Inc., including (a) their judgment about the quality and acceptability of the accounting treatment of significant financial reporting issues and judgments made in connection with the

preparation of the financial statements; (b) the clarity of the disclosures in the financial statements; and (c) appropriateness of critical accounting policies. Two representatives of the Finance, Audit & Compliance Committee shall be included in this review process.

7. Review of annual 990 tax filings. Prior to their submission to the Internal Revenue Service, the Committee shall review the annual 990 tax statement filing of Albertina Kerr Centers, Inc. and Albertina Kerr Centers Foundation, Inc. which are prepared by the independent auditor.

8. Oversight of the ~~Chief Corporate~~ Compliance Program. The Committee shall recommend approval to the Board of Directors Standards of Conduct, a Corporate Compliance Plan and applicable policies and procedures which ensure compliance with regulations related to Federal, State and local statutes, and administrative rules relating to the receipt and use of Federal Medicaid funds. The Committee shall receive direct reports from the ~~Chief Corporate~~ Compliance Officer on at least a quarterly basis, and take action as appropriate, regarding risk identification, establishment or revision of policies and procedures, results of compliance audits and investigations, status of compliance with training and communication requirements, enforcement and disciplinary actions taken, and planned corrective actions and prevention activities.

9. Complaint process. The Committee shall establish and oversee a process whereby corporate officers, employees and contractors may anonymously report any potential violations of applicable Federal, State or local law and regulations. The Committee shall ensure that all reported potential violations are addressed in a timely manner and that no recrimination will result as a result of good faith reporting of potential violations

10. Insurance coverage. The Committee shall review periodically, but at least annually, the organization's insurance coverage, including general and professional liability, property, automobile, and directors and officers.

11. General Risk Assessment and Management. The Committee shall annually review and approve a general risk assessment and management plan and monitor risk areas outlined in the plan on a quarterly basis.

12. Meetings. The Committee shall meet as often as may be deemed necessary or appropriate in its judgment, at least quarterly each year, and at such times and places as the Committee shall determine. The majority of the members shall constitute a quorum. The Committee shall meet separately, at least annually, with the independent auditors to discuss any matters that they wish to bring to the Committee's attention.

13. Charter. The Committee shall review and assess the adequacy of the Charter periodically as conditions dictate, but at least annually, and recommend to the Board of Directors for its approval any modifications to this Charter.

14. Annual performance evaluation. The Committee shall annually review its own performance and report the results of such reviews to the Board of Directors.

Revised to Reflect Consolidation of the Operations Committee and Audit & Compliance Committee. Approved by the Finance, Audit & Compliance Committee on September 19, 2017

Reviewed by the Finance, Audit & Compliance Committee on October 8, 2019

Revised to reflect the restructuring of the Governing Board and the Foundation Board of Trustees, where the Foundation's focus is narrowed to oversee investment policies and related investment oversight functions. Approved by the Finance, Audit & Compliance Committee on October 7, 2020.

Albertina Kerr

Consolidated Statement of Activities

	This Month			
	Actual 07/31/2020	Budget 07/31/2020	Variance F/(U)	% Change F/(U)
Revenue				
Contract and Program Revenue	\$4,098,789.34	\$3,618,298.71	\$480,490.63	13.28 %
Contribution and Event Revenue	\$622,908.85	\$69,515.95	\$553,392.90	796.07 %
Kerr Bikes	\$14,507.64	\$27,303.18	(\$12,795.54)	(46.86)%
Investment Spend Rate	\$27,909.91	\$27,909.91	\$0.00	0.00 %
In-Kind Contributions	\$6,325.14	\$4,166.63	\$2,158.51	51.80 %
Total Revenue	\$4,770,440.88	\$3,747,194.38	\$1,023,246.50	27.31 %
Expenses				
Salaries & Wages	\$2,687,109.60	\$2,630,966.93	(\$56,142.67)	(2.13)%
Employee Benefits	\$348,564.85	\$324,228.00	(\$24,336.85)	(7.51)%
Payroll Taxes	\$261,741.67	\$267,156.07	\$5,414.40	2.03 %
Contracted Direct Labor	\$3,338.24	\$7,586.41	\$4,248.17	56.00 %
Other Employee Related Costs	\$15,792.36	\$27,392.16	\$11,599.80	42.35 %
Professional Fees & Insurance	\$38,817.82	\$53,493.94	\$14,676.12	27.44 %
Telecommunications	\$7,296.83	\$8,760.33	\$1,463.50	16.71 %
Facilities & Occupancy	\$176,430.05	\$212,496.72	\$36,066.67	16.97 %
Utilities	\$44,913.33	\$57,015.98	\$12,102.65	21.23 %
Equipment	\$15,995.32	\$27,247.25	\$11,251.93	41.30 %
Program & Office Supplies	\$114,622.36	\$111,513.68	(\$3,108.68)	(2.79)%
MIS	\$68,252.71	\$115,521.02	\$47,268.31	40.92 %
Vehicles	\$25,373.34	\$39,537.36	\$14,164.02	35.82 %
PR & Fundraising	\$2,292.67	\$14,389.03	\$12,096.36	84.07 %
Cost of In-Kind Goods/Services	\$6,325.14	\$4,166.66	(\$2,158.48)	(51.80)%
Training & Other	\$2,506.80	\$60,921.17	\$58,414.37	95.89 %
Interest Expense	\$16,542.60	\$17,956.04	\$1,413.44	7.87 %
Total Manageable Expenses	\$3,835,915.69	\$3,980,348.75	\$144,433.06	3.63 %
OPERATIONAL NET SURPLUS/(DEFICIT)	\$934,525.19	(\$233,154.37)	\$1,167,679.56	N/A
Investment Income	\$263,981.86	\$0.00	\$263,981.86	N/A
CONSOLIDATED NET SURPLUS/(DEFICIT)	\$1,198,507.05	(\$233,154.37)	\$1,431,661.42	N/A

Albertina Kerr Centers Program Operating Recap

For July 2020

	MTD Grant & Contribution Revenue	MTD Other Revenue	MTD Total Revenue	MTD Direct Expenses	MTD Margin Generated	MTD Indirect Allocations	MTD Total Expenses	MTD Operating Results	MTD Budget	Actual vs. Budget Variance	
Programs											
Adult Group Homes											
Clackamas County Adult DD	415,277.05	0.00	3,744.96	419,022.01	448,758.58	(29,736.57)	52,950.42	501,709.00	(82,686.99)	(25,284.50)	(57,402.49)
Multnomah County Adult DD	337,393.07	0.00	3,221.36	340,614.43	310,723.27	29,891.16	42,854.45	353,577.72	(12,963.29)	(23,105.85)	10,142.56
Washington County Adult DD	192,969.73	0.00	4,377.93	197,347.66	116,654.87	80,692.79	21,170.52	137,825.39	59,522.27	(13,215.24)	72,737.51
Marion County Adult DD	346,125.70	0.00	11,761.67	357,887.37	360,183.62	(2,296.25)	46,578.56	406,762.18	(48,874.81)	(22,609.80)	(26,265.01)
	1,291,765.55	0.00	23,105.92	1,314,871.47	1,236,320.34	78,551.13	163,553.95	1,399,874.29	(85,002.82)	(84,215.39)	(787.43)
Employment Services	104,602.87	0.00	42,118.15	146,721.02	119,534.09	27,186.93	10,677.24	130,211.33	16,509.69	(9,568.10)	26,077.79
Studios	4,084.17	0.00	50,932.65	55,016.82	42,405.86	12,610.96	3,531.29	45,937.15	9,079.67	(45,044.40)	54,124.07
Kids DD Group Homes	1,582,090.09	0.00	5,756.79	1,587,846.88	1,121,492.80	466,354.08	128,327.23	1,249,820.03	338,026.85	129,941.02	208,085.83
Transition-Aged Group Homes	241,898.66	0.00	0.00	241,898.66	252,685.53	(10,786.87)	39,366.99	292,052.52	(50,153.86)	(18,644.70)	(31,509.16)
Kerr Bikes	15,926.02	0.00	0.00	15,926.02	22,173.64	(6,247.62)	1,997.92	24,171.56	(8,245.54)	(1,814.74)	(6,430.80)
Outpatient Mental Health	103,353.22	0.00	11,378.95	114,732.17	99,092.27	15,639.90	6,231.08	105,323.35	9,408.82	(54,207.86)	63,616.68
Subacute	520,544.03	0.00	106,232.96	626,776.99	453,630.74	173,146.25	46,571.69	500,202.43	126,574.56	(63,181.25)	189,755.81
Program Oversight and Other	0.00	2,940.84	0.00	2,940.84	34,135.06	(31,194.22)	4,553.62	38,688.68	(35,747.84)	(49,985.07)	14,237.23
Behavioral Specialists	8,677.06	0.00	49.09	8,726.15	52,845.89	(44,119.74)	5,594.55	58,440.44	(49,714.29)	(43,697.31)	(6,016.98)
Total Programs	3,872,941.67	2,940.84	239,574.51	4,115,457.02	3,434,316.22	681,140.80	410,405.56	3,844,721.78	270,735.24	(240,417.80)	511,153.04
Admin & Other											
Campus Buildings	0.00	0.00	0.00	0.00	(5,576.71)	5,576.71	0.00	(5,576.71)	5,576.71	(6,059.18)	11,635.89
Indirect Admin	0.00	629,233.99	780.80	630,014.79	406,591.92	223,422.87	(406,591.92)	(5,827.15)	635,841.94	(11,184.62)	647,026.56
Investment Spend Rate	0.00	24,969.07	0.00	24,969.07	0.00	24,969.07	0.00	0.00	24,969.07	24,969.07	0.00
Other Pooled Direct Costs	0.00	0.00	0.00	0.00	2,597.77	(2,597.77)	0.00	2,597.77	(2,597.77)	(461.84)	(2,135.93)
Total Admin & Other	0.00	654,203.06	780.80	654,983.86	403,612.98	251,370.88	(406,591.92)	(8,806.09)	663,789.95	7,263.43	656,526.52
Total Operating (Before Contingency)	3,872,941.67	657,143.90	240,355.31	4,770,440.88	3,837,929.20	932,511.68	3,813.64	3,835,915.69	934,525.19	(233,154.37)	1,167,679.56
Contingency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(41,666.66)	41,666.66
Investment Income	0.00	0.00	263,981.86	263,981.86	0.00	0.00	0.00	0.00	263,981.86	0.00	263,981.86

Albertina Kerr Consolidated Balance Sheet

	07/31/2020	06/30/2020
Cash and Cash Equivalents	\$1,567,690.74	\$1,525,559.49
Cash held for others	\$151,906.22	\$152,233.00
Contract/Program Receivables	\$2,554,283.06	\$2,835,333.90
Less: Allowance for Doubtful Accounts	(\$47,277.75)	(\$41,977.40)
Investments	\$9,437,199.62	\$9,174,564.55
Charitable remainder trust receivables	\$344,574.49	\$344,574.49
Contributions Receivable	\$8,950.38	\$102,629.00
Less: Allowance for Pledge Receivable	(\$20,837.82)	(\$20,837.82)
Other Receivables	\$44,178.59	\$42,745.07
Prepaid Expenses, Deposits & Other Current Assets	\$271,309.86	\$429,223.68
Other Long-Term Assets	(\$92,810.59)	(\$84,864.84)
Fixed Assets, Net	\$22,178,781.44	\$22,291,639.61
Due From / (To) Other Funds	\$903.05	(\$59.45)
Total Assets	\$36,398,851.29	\$36,750,763.28
Accounts Payable and Accrued Expenses	\$337,106.67	\$853,386.08
Accrued Payroll Liabilities	\$297,044.01	\$1,356,902.96
PAL Liability	\$813,170.80	\$789,661.46
Contract Overpayments/Advances	\$217,050.32	\$208,021.88
Unemployment Reserve	\$252,441.68	\$222,742.32
Long-term debt	\$4,293,354.59	\$4,329,760.09
Total Liabilities	\$6,210,168.07	\$7,760,474.79
Available for Operation	\$7,767,594.20	\$6,577,856.02
Investment in Fixed Assets	\$17,792,616.26	\$17,877,014.68
Temporarily restricted	\$2,368,503.10	\$2,275,702.94
Permanently restricted	\$2,259,969.66	\$2,259,714.85
Total Net Assets	\$30,188,683.22	\$28,990,288.49
Total Liabilities and Net Assets	\$36,398,851.29	\$36,750,763.28

Albertina Kerr

Consolidated Statement of Activities

	This Month			
	Actual	Budget	Variance	% Change
	08/31/202	08/31/202		
Revenue				
Contract and Program Revenue	\$4,119,598.73	\$3,629,114.12	\$490,484.61	13.52 %
Contribution and Event Revenue	\$109,828.47	\$54,766.05	\$55,062.42	100.54 %
Kerr Bikes	\$14,204.96	\$25,456.50	(\$11,251.54)	(44.20)%
Investment Spend	\$27,909.91	\$27,909.91	\$0.00	0.00 %
In-Kind Contributions	\$1,550.17	\$4,166.67	(\$2,616.50)	(62.80)%
Total Revenue	\$4,273,092.24	\$3,741,413.25	\$531,678.99	22.30 %
Expenses				
Salaries & Wages	\$2,610,618.41	\$2,672,666.88	(\$62,048.47)	(2.32)%
Employee Benefits	\$347,821.74	\$324,228.04	\$23,593.70	7.28 %
Payroll Taxes	\$253,081.22	\$273,448.22	(\$20,367.00)	(7.45)%
Contracted Direct Labor	\$13,182.20	\$7,586.41	\$5,595.79	73.76 %
Other Employee Related Costs	\$18,171.00	\$27,392.16	(\$9,221.16)	(33.66)%
Professional Fees & Insurance	\$38,812.86	\$53,488.26	(\$14,675.40)	(27.44)%
Telecommunications	\$2,266.83	\$8,760.33	(\$6,493.50)	(74.12)%
Facilities & Occupancy	\$170,377.85	\$212,496.74	(\$42,118.89)	(19.82)%
Utilities	\$46,153.16	\$57,015.98	(\$10,862.82)	(19.05)%
Equipment	\$28,119.65	\$25,047.25	\$3,072.40	12.27 %
Program & Office Supplies	\$101,832.92	\$110,013.73	(\$8,180.81)	(7.44)%
MIS	\$97,841.80	\$115,521.03	(\$17,679.23)	(15.30)%
Vehicles	\$30,457.91	\$39,537.39	(\$9,079.48)	(22.96)%
PR & Fundraising	\$5,019.98	\$14,389.03	(\$9,369.05)	(65.11)%
Cost of In-Kind Goods/Services	\$1,550.17	\$4,166.66	(\$2,616.49)	(62.80)%
Training & Other	\$27,808.33	\$60,921.22	(\$33,112.89)	(54.35)%
Interest Expense	\$8,853.86	\$18,185.73	(\$9,331.87)	(51.31)%
Total Manageable Expenses	\$3,801,969.89	\$4,024,865.06	(\$222,895.17)	(5.54)%
OPERATIONAL NET SURPLUS/(DEFICIT)	\$471,122.35	(\$283,451.81)	\$754,574.16	N/A
Investment Income	\$302,727.12	\$0.00	\$302,727.12	0.00 %
NET SURPLUS/(DEFICIT)	\$773,849.47	(\$283,451.81)	\$1,057,301.28	N/A

Albertina Kerr

Consolidated Statement of Activities

	Year to Date			
	Actual	Budget	Variance	% Change
	08/31/202	08/31/202		
Revenue				
Contract and Program Revenue	\$8,218,388.07	\$7,247,412.83	\$970,975.24	13.40 %
Contribution and Event Revenue	\$732,737.32	\$124,282.00	\$608,455.32	489.58 %
Kerr Bikes	\$28,712.60	\$52,759.68	(\$24,047.08)	(45.58)%
Investment Spend	\$55,819.82	\$55,819.82	\$0.00	0.00 %
In-Kind Contributions	\$7,875.31	\$8,333.30	(\$457.99)	(5.50)%
Total Revenue	\$9,043,533.12	\$7,488,607.63	\$1,554,925.49	28.42 %
Expenses				
Salaries & Wages	\$5,297,728.01	\$5,303,633.81	(\$5,905.80)	(0.11)%
Employee Benefits	\$704,199.04	\$648,456.04	\$55,743.00	8.60 %
Payroll Taxes	\$514,822.89	\$540,604.29	(\$25,781.40)	(4.77)%
Contracted Direct Labor	\$17,235.44	\$15,172.82	\$2,062.62	13.59 %
Other Employee Related Costs	\$33,963.36	\$54,784.32	(\$20,820.96)	(38.01)%
Professional Fees & Insurance	\$77,630.68	\$106,982.20	(\$29,351.52)	(27.44)%
Telecommunications	\$9,563.66	\$17,520.66	(\$7,957.00)	(45.41)%
Facilities & Occupancy	\$349,322.90	\$424,993.46	(\$75,670.56)	(17.81)%
Utilities	\$91,066.49	\$114,031.96	(\$22,965.47)	(20.14)%
Equipment	\$44,114.97	\$52,294.50	(\$8,179.53)	(15.64)%
Program & Office Supplies	\$216,455.28	\$221,527.41	(\$5,072.13)	(2.29)%
MIS	\$166,094.51	\$231,042.05	(\$64,947.54)	(28.11)%
Vehicles	\$56,554.11	\$79,074.75	(\$22,520.64)	(28.48)%
PR & Fundraising	\$7,312.65	\$28,778.06	(\$21,465.41)	(74.59)%
Cost of In-Kind Goods/Services	\$7,875.31	\$8,333.32	(\$458.01)	(5.50)%
Training & Other	\$36,752.59	\$121,842.39	(\$85,089.80)	(69.84)%
Interest Expense	\$32,358.68	\$36,141.77	(\$3,783.09)	(10.47)%
Total Manageable Expenses	\$7,663,050.57	\$8,005,213.81	(\$342,163.24)	(4.27)%
OPERATIONAL NET SURPLUS/(DEFICIT)	\$1,380,482.55	(\$516,606.18)	\$1,897,088.73	N/A
Investment Income	\$573,671.20	\$0.00	\$573,671.20	0.00 %
NET SURPLUS/(DEFICIT)	\$1,954,153.75	(\$516,606.18)	\$2,470,759.93	N/A

Albertina Kerr Centers Program Operating Recap

For August 2020

	MTD Grant & Contribution & Prg_Rev	MTD Other Revenue	MTD Total Revenue	MTD Direct Expenses	MTD Margin Generated	MTD Indirect Allocations	MTD Total Expenses	MTD Operating Results	MTD Budget	Actual vs. Budget Variance	
Programs											
Adult Group Homes											
Clackamas County Adult DD	425,484.48	0.00	6,937.34	432,421.82	431,417.76	1,004.06	27,448.52	458,866.28	(26,444.46)	(25,284.50)	(1,159.96)
Multnomah County Adult DD	337,377.57	0.00	6,030.77	343,408.34	317,552.71	25,855.63	19,783.75	337,336.46	6,071.88	(23,105.85)	29,177.73
Washington County Adult DD	193,558.15	0.00	9,306.90	202,865.05	149,157.25	53,707.80	8,846.43	158,003.68	44,861.37	(13,215.24)	58,076.61
Marion County Adult DD	378,136.11	0.00	5,466.42	383,602.53	372,108.80	11,493.73	24,733.41	396,842.21	(13,239.68)	(22,609.80)	9,370.12
	1,334,556.31	0.00	27,741.43	1,362,297.74	1,270,236.52	92,061.22	80,812.11	1,351,048.63	11,249.11	(84,215.39)	95,464.50
Employment Services	57,868.68	21.20	73,674.69	131,564.57	114,157.43	17,407.14	7,725.52	121,882.95	9,681.62	(9,568.10)	19,249.72
Studios	11,374.93	100.00	61,060.08	72,535.01	54,617.45	17,917.56	123.49	54,740.94	17,794.07	(45,044.40)	62,838.47
Kids DD Group Homes	1,625,656.83	2,550.00	0.00	1,628,206.83	1,121,727.21	506,479.62	73,379.10	1,195,106.31	433,100.52	129,941.02	303,159.50
Transition-Aged Group Homes	255,047.64	0.00	0.00	255,047.64	263,818.10	(8,770.46)	17,186.48	281,004.58	(25,956.94)	(18,644.70)	(7,312.24)
Kerr Bikes	14,193.96	0.00	0.00	14,193.96	19,596.41	(5,402.45)	866.36	20,462.77	(6,268.81)	(1,814.74)	(4,454.07)
Outpatient Mental Health	98,195.53	27,263.93	0.00	125,459.46	121,257.94	4,201.52	4,508.50	125,766.44	(306.98)	(54,207.86)	53,900.88
Subacute	564,713.87	10,030.17	0.00	574,744.04	486,153.63	88,590.41	0.00	486,153.63	88,590.41	(63,181.25)	151,771.66
Program Oversight and Other	0.00	2,940.84	0.00	2,940.84	11,796.29	(8,855.45)	0.00	11,796.29	(8,855.45)	(49,985.07)	41,129.62
Behavioral Specialists	9,719.74	0.00	0.00	9,719.74	54,182.32	(44,462.58)	3,294.76	57,477.08	(47,757.34)	(43,697.31)	(4,060.03)
Total Programs	3,971,327.49	42,906.14	162,476.20	4,176,709.83	3,517,543.30	659,166.53	187,896.32	3,705,439.62	471,270.21	(240,417.80)	711,688.01
Admin & Other											
Campus Buildings	0.00	0.00	0.00	0.00	58,255.57	(58,255.57)	26,722.07	84,977.64	(84,977.64)	(56,356.62)	(28,621.02)
Indirect Admin	0.00	71,413.33	0.00	71,413.33	224,533.33	(153,120.00)	(214,618.40)	9,914.93	61,498.40	(11,184.62)	72,683.02
Investment Spend Rate	0.00	24,969.07	0.00	24,969.07	0.00	24,969.07	0.00	0.00	24,969.07	24,969.07	0.00
Other Pooled Direct Costs	0.00	0.00	0.00	0.00	1,637.69	(1,637.69)	0.00	1,637.69	(1,637.69)	(461.84)	(1,175.85)
Total Admin & Other	0.00	68,631.70	0.00	96,382.40	284,426.59	(188,044.19)	(187,896.33)	96,530.26	(147.86)	(43,034.01)	42,886.15
Total Operating (Before Contingency)	3,971,327.49	111,537.84	162,476.20	4,273,092.24	3,801,969.89	471,122.34	(0.01)	3,801,969.88	471,122.35	(283,451.81)	754,574.16
Contingency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(41,666.66)	41,666.66
Investment Income	0.00	0.00	302,727.12	302,727.12	0.00	0.00	0.00	0.00	302,727.12	0.00	302,727.12

Albertina Kerr Centers Program Operating Recap

For August YTD 2020

	YTD YTD_Contr & Prg_Rev	YTD Grant & Contribution Revenue	YTD Other Revenue	YTD Total Revenue	YTD Direct Expenses	YTD Margin Generated	YTD Indirect Allocations	YTD Total Expenses	YTD Operating Results	YTD Budget	Actual vs. Budget Variance
Programs											
Adult Group Homes											
Clackamas County Adult DD	840,761.53	0.00	10,682.30	851,443.83	880,176.34	(28,732.51)	80,398.94	960,575.28	(109,131.45)	(50,569.00)	(58,562.45)
Multnomah County Adult DD	674,770.64	0.00	9,252.13	684,022.77	628,275.98	55,746.79	62,638.20	690,914.18	(6,891.41)	(46,211.71)	39,320.30
Washington County Adult DD	386,527.88	0.00	13,684.83	400,212.71	265,812.12	134,400.59	30,016.95	295,829.07	104,383.64	(26,430.48)	130,814.12
Marion County Adult DD	724,261.81	0.00	17,228.09	741,489.90	732,292.42	9,197.48	71,311.97	803,604.39	(62,114.49)	(45,219.60)	(16,894.89)
	2,626,321.86	0.00	50,847.35	2,677,169.21	2,506,556.86	170,612.35	244,366.06	2,750,922.92	(73,753.71)	(168,430.79)	94,677.08
Employment Services	162,471.55	21.20	115,792.84	278,285.59	233,691.52	44,594.07	18,402.76	252,094.28	26,191.31	(19,136.20)	45,327.51
Studios	15,459.10	100.00	111,992.73	127,551.83	97,023.31	30,528.52	3,654.78	100,678.09	26,873.74	(90,088.80)	116,962.54
Kids DD Group Homes	3,207,746.92	2,550.00	5,756.79	3,216,053.71	2,243,220.01	972,833.70	201,706.33	2,444,926.34	771,127.37	259,882.04	511,245.33
Transition-Aged Group Homes	496,946.30	0.00	0.00	496,946.30	516,503.63	(19,557.33)	56,553.47	573,057.10	(76,110.80)	(37,289.40)	(38,821.40)
Kerr Bikes	30,119.98	0.00	0.00	30,119.98	41,770.05	(11,650.07)	2,864.28	44,634.33	(14,514.35)	(3,629.48)	(10,884.87)
Outpatient Mental Health	201,548.75	27,263.93	11,378.95	240,191.63	220,350.21	19,841.42	10,739.58	231,089.79	9,101.84	(108,415.72)	117,517.56
Subacute	1,085,257.90	10,030.17	106,232.96	1,201,521.03	939,784.37	261,736.66	46,571.69	986,356.06	215,164.97	(126,362.50)	341,527.47
Program Oversight and Other	0.00	5,881.68	0.00	5,881.68	45,931.35	(40,049.67)	4,553.62	50,484.97	(44,603.29)	(99,970.14)	55,366.85
Behavioral Specialists	8,677.06	8,678.06	8,679.06	26,034.18	107,028.21	(80,994.03)	8,889.31	115,917.52	(89,883.34)	(87,394.62)	(2,488.72)
Total Programs	7,834,549.42	54,525.04	410,680.68	8,299,755.14	6,951,859.52	1,347,895.62	598,301.88	7,550,161.40	749,593.74	(480,835.61)	1,230,429.35
Admin & Other											
Campus Buildings	0.00	0.00	0.00	0.00	52,678.86	(52,678.86)	26,722.07	79,400.93	(79,400.93)	(62,415.80)	(16,985.13)
Indirect Admin	0.00	693,059.04	780.80	693,839.84	631,125.25	62,714.59	(621,210.32)	29,252.78	664,587.06	(22,369.23)	686,956.29
Investment Spend Rate	0.00	49,938.14	0.00	49,938.14	0.00	49,938.14	0.00	0.00	49,938.14	49,938.14	0.00
Other Pooled Direct Costs	0.00	0.00	0.00	0.00	4,235.46	(4,235.46)	0.00	4,235.46	(4,235.46)	(923.68)	(3,311.78)
Total Admin & Other	0.00	742,997.18	780.80	743,777.98	688,039.57	55,738.41	(594,488.25)	112,889.17	630,888.81	(35,770.57)	666,659.38
Total Operating (Before Contingency)	7,834,549.42	797,522.22	411,461.48	9,043,533.12	7,639,899.09	1,403,634.03	3,813.63	7,663,050.57	1,380,482.55	(516,606.18)	1,897,088.73
Contingency	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(83,333.32)	83,333.32
Investment Income	0.00	0.00	573,671.20	573,671.20	0.00	0.00	0.00	0.00	573,671.20	0.00	573,671.20

Albertina Kerr Consolidated Balance Sheet

	08/30/2020	07/31/2020
Cash and Cash Equivalents	\$1,728,375.44	\$1,567,690.74
Cash held for others	\$152,274.44	\$151,906.22
Contract/Program Receivables	\$2,843,676.76	\$2,554,283.06
Less: Allowance for Doubtful Accounts	(\$53,150.10)	(\$47,277.75)
Investments	\$9,767,836.65	\$9,437,199.62
Charitable remainder trust receivables	\$344,574.49	\$344,574.49
Contributions Receivable	\$8,668.33	(\$11,887.44)
Other Receivables	\$52,075.96	\$44,178.59
Prepaid Expenses, Deposits & Other Current Assets	\$344,777.19	\$271,309.86
Other Long-Term Assets	(\$84,098.12)	(\$92,810.59)
Fixed Assets, Net	\$22,278,313.92	\$22,178,781.44
Due From / (To) Other Funds	\$903.06	\$903.05
Total Assets	\$37,384,228.02	\$36,398,851.29
Accounts Payable and Accrued Expenses	\$420,296.14	\$337,106.67
Accrued Payroll Liabilities	\$523,381.74	\$297,044.01
PAL Liability	\$785,071.72	\$813,170.80
Contract Overpayments/Advances	\$257,267.01	\$217,050.32
Unemployment Reserve	\$193,549.73	\$252,441.68
Long-term debt	\$4,260,060.23	\$4,293,354.59
Total Liabilities	\$6,439,626.57	\$6,210,168.07
Available for Operation	\$8,317,813.36	\$7,767,594.20
Investment in Fixed Assets	\$17,934,155.57	\$17,792,616.26
Temporarily restricted	\$2,432,014.71	\$2,368,503.10
Permanently restricted	\$2,260,617.81	\$2,259,969.66
Total Net Assets	\$30,944,601.45	\$30,188,683.22
Total Liabilities and Net Assets	\$37,384,228.02	\$36,398,851.29

Albertina Kerr Compliance Dashboard

Updated September 30, 2020

Chief Compliance Officer's Report

For the Finance, Audit, and Compliance Meeting scheduled for October 7, I am presenting the revised Code of Conduct for Albertina Kerr Board members. After additional review and feedback, it does not appear that this document is required for a separate Board Member signature. Therefore, the Code of Conduct will be integrated into the Kerr Board manual once approved by the Board. I am resubmitting a simplified and revised Code of Conduct for review by the FAC to be submitted to the full Board for adoption.

With this change, I will no longer integrate a Code of Conduct signature with the annual Conflict of Interest Attestation Process, allowing me to start the attestation process now. I am preparing to launch the COI Attestation process with a new electronic signature platform that will replace the SurveyMonkey process, which was problematic for those Board Members with KP, Providence, and other health system emails. The signature-gathering process should be well underway by the time of our meeting in October.

I am also presenting the Albertina Kerr Board of Director's Quality and Compliance Policy Chapter. This is the entire compliance chapter that addresses compliance at the Board level. Several sections are abbreviated versions from the operational manual that addresses both Quality Improvement and Compliance as well as Privacy and Medical Records standards. This policy is for review by this committee to be submitted to the full Board for adoption. I have also included the Albertina Kerr Document Retention Schedule for review and submission to the full Board.

For Reference:

2020/21 Risk Management Assessment		
Composite Score (I*P)	Category of Risks	Details of risk
30	Licensing- Instances of Abuse	These are instances of substantiated abuse towards clients in services.
30	HIPAA- Loss of client information	This is improper access to client information by an outside party.
18	Fraud, Waste, and Abuse- Lacking Documentation	These are claims that are submitted for payment with lacking or missing documentation to support billing.
16	Licensing- Violating Rules	These are licensing findings for not following state and federal guidelines.
10	Fraud, Waste, and Abuse- Billing Process Errors	These are errors where incorrect charges are submitted to a carrier after they are submitted by staff.
10	Employment- Staff Injuries	These are injuries to staff that increase workman's compensation costs.
9	Employment- Significant Fleet Accidents	These are accidents with client or staff injury or significant damage.
6	Accounting- Client Accounts Discrepancies	This is the improper use of client funds that are meant for client use or benefit.
6	Employment- BOLI Complaints	There are complaints submitted by employees due to not following Oregon employment laws.
6	Disaster Recovery	This is the inability to provide services during or after a disaster.
4	Employment- Supervisory Issues	These are issues where supervisors do not follow agency policy in the supervision of staff.
3	Stark/Anti-Kickback Issues	These are improper payments or incentives to staff from outside entities.
2	Fraud, Waste, and Abuse- Denial Code Management	These are improper handling of denials from carriers, usually by changing codes where the service or documentation does not match.
1	Accounting- Incorrect Charges to Accounts/Insurance Carrier	These are charges that are not correctly charged to carriers or credited to client accounts.
Please see Albertina Kerr's Risk Management Assessment for details regarding Composite Scores and ranking of risks.		

Recent Auditing of Risks

Licensing- Instances of Abuse

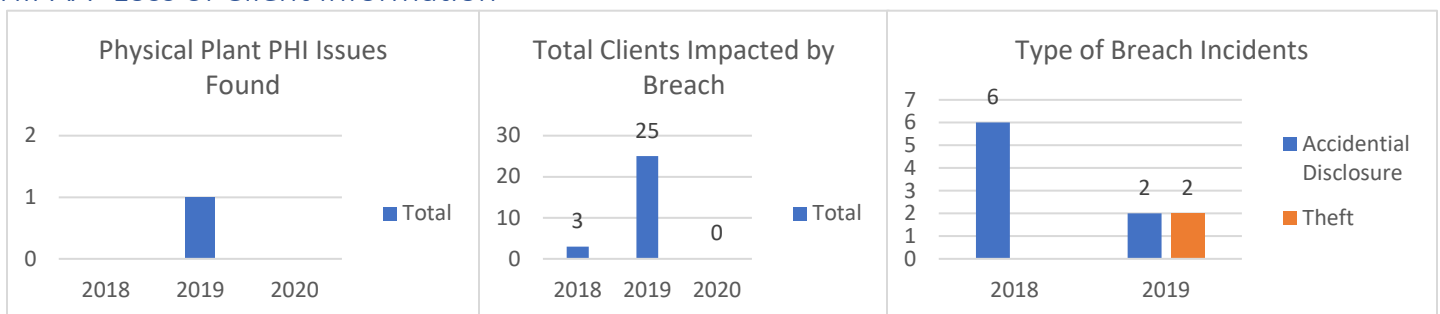
Abuse allegations are incidents where a person being served reported abuse by another person in the program or by a staff member. Note that investigations often span more than one quarter. Total Opened includes any abuse allegations that were opened for a formal investigation by a county or state entity during this quarter. The Total Founded consists of any investigations that were concluded in this quarter that may consist of investigations opened in this or previous quarters.

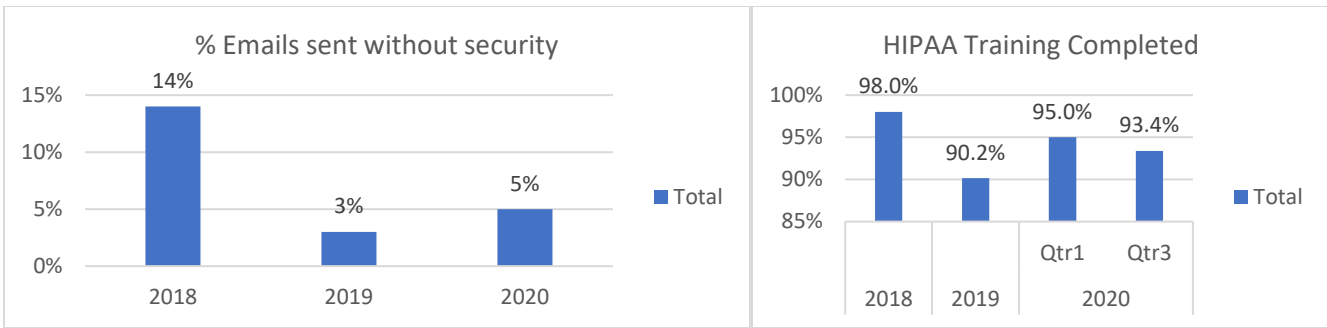
Abuse Allegations Group Homes	Q4 18/19	Q1 19/20	Q2 19/20	Q3 19/20	Q4 19/20
Total Allegations Against Staff	37	26	32	24	9
Total Opened for Investigation this quarter	13	5	15	11	5
Total Founded during this quarter	1	6	5	1	0

Founded allegations for April through June 2020 included:

None were founded during Q4 2020. However, there was a founded allegation against Kerr as an agency for neglect at the 76th Ave. Youth group home in Q1 20/21 that is notable. On 4/22/2020, two youth at Kerr's 76th program left the home at 9:42pm without the overnight staff member noticing until the youth returned to the home at 1:54am. One youth had gained access to the staff office and was able to acquire the keys to the van and then left the home with another younger youth. Upon returning to the home, there were concerns that there was sexual contact between the 2 youth that was also not stopped by the staff member. Oregon DHS Office of Training, Investigations, and Safety (OTIS) concluded the overnight staff member was at fault for not adequately supervising the youth and also not stopping the possible sexual contact between the two youth in the home. That staff member was terminated. ODDS also found issues in the admission and screening process. Before the conclusion of the investigation, the program had already updated the admission process to a new multi-disciplinary team process so that additional screening can occur prior to admission. After a review of the investigation, Kerr also made 2 key changes in staffing leadership to address these concerns. Due to the allegation findings, Kerr received a Notice of Conditions Order on Kerr's Residential Medicaid endorsement that limits admissions until further notice. This now requires prior approval by ODDS for any internal transfer or new entry to Kerr youth group homes. At the time of this report, no admissions have been denied by ODDS. We have appealed the restriction to our certification and are awaiting a response.

HIPAA- Loss of Client Information

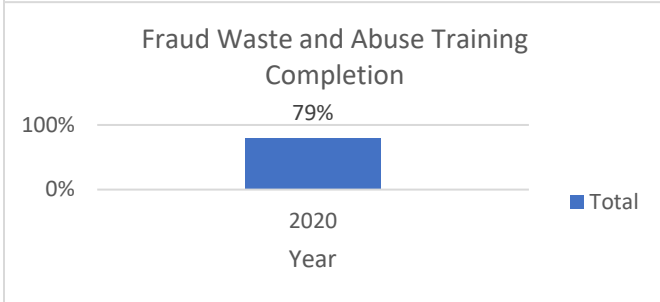
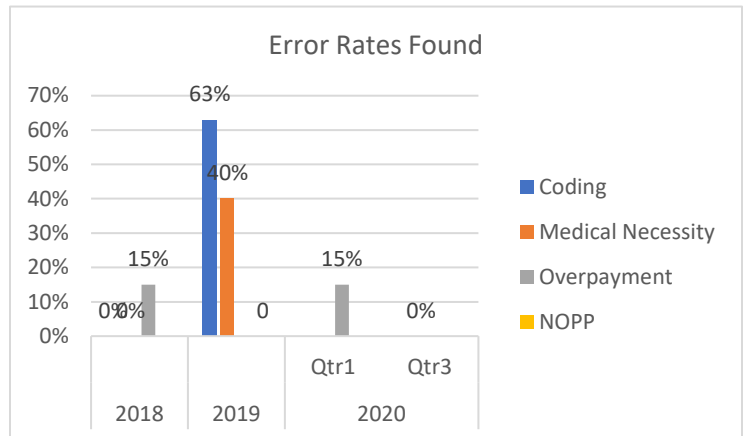
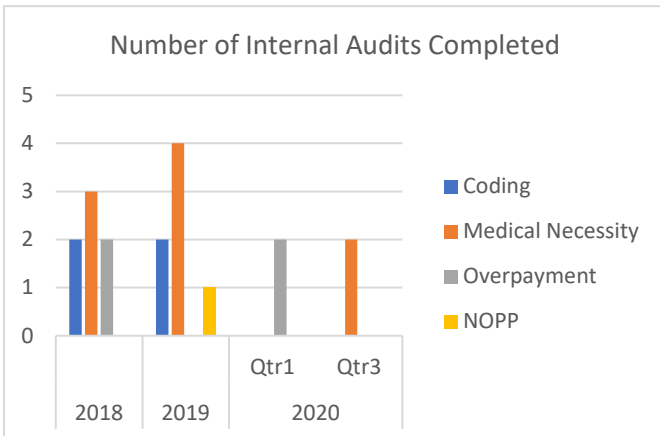




At the time of this report, there have been no breaches of protected health information for CY 2020. As noted in the last report, Kerr was notified that Blackbaud, our financial and donor database, was compromised at their level. An encrypted backup of several organization's data was taken by hackers and subsequently retrieved by Blackbaud. It does not appear that protected information was compromised. However, out of an abundance of caution, we sent out a notification of this incident via email to all donors impacted by the breach (19,567) on 9/21/20.

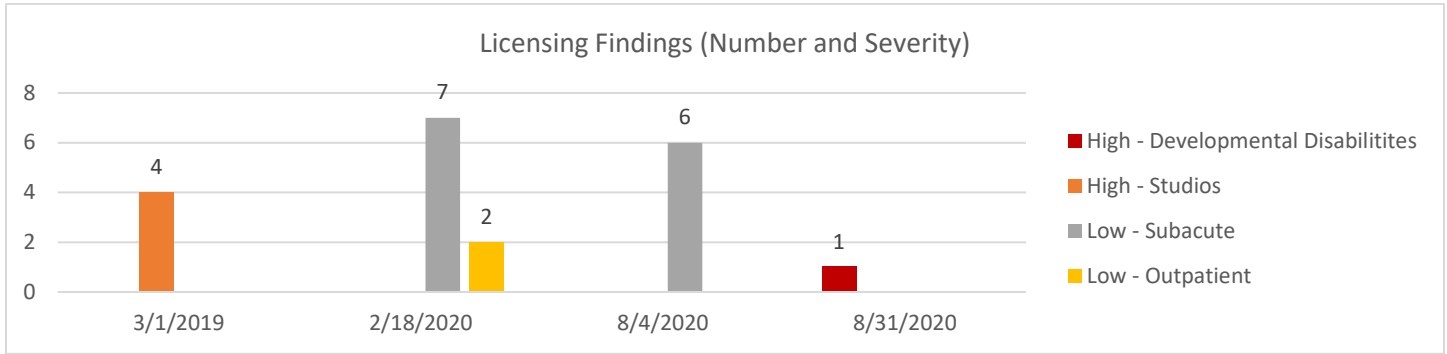
Fraud, Waste, and Abuse- Lacking Documentation

The below graphs indicates the internal audits completed and the associated error rates found.



Licensing- Violating Rules

This graph indicates licensing or accreditation findings.



All group home licensing visits have resulted in a passing score this quarter.

CMS completed its audit of Kerr's Subacute program in early August. There were no major findings from this audit. The primary issues were:

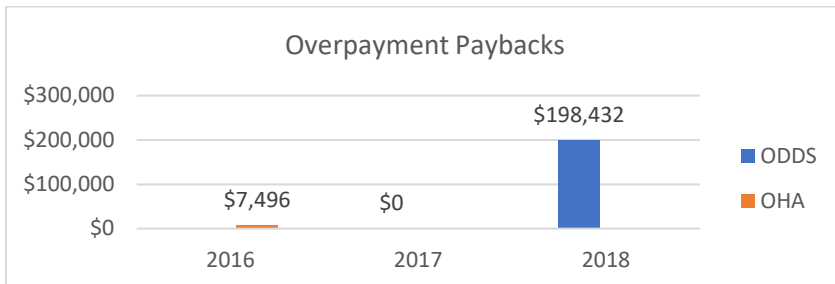
1. The agency Emergency Management Plan was not finalized.
2. The agency had not implemented a new Certificate of Need process.
3. While consumers had received copies of policies, the signature-gathering was not completed at intake.

All issues from the CMS audit have been addressed, and the plan of correction was completed and accepted by the Oregon Health Authority.

As stated in the Abuse Allegation section, Albertina Kerr received a condition to it's Medicaid Agency Certificate that restricts admissions to Kerr youth group homes without additional review by ODDS. We have appealed this restriction due to the changes made in program leadership and the change in process for admissions into the youth group homes.

Fraud, Waste, and Abuse- Billing Process Errors

The below graph indicates overpayment paybacks to state agencies.

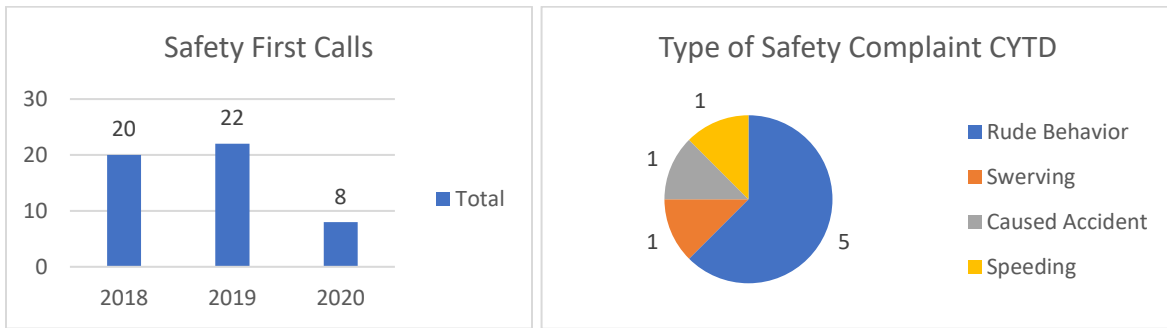
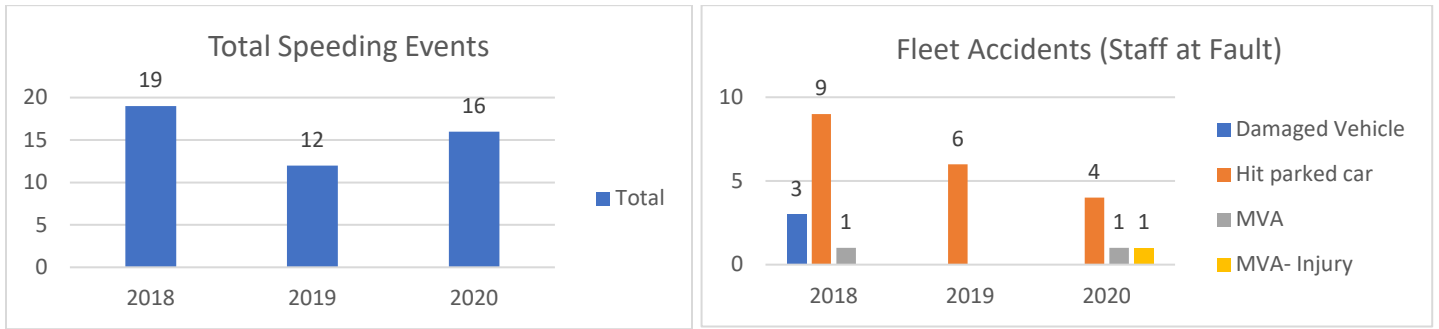


No paybacks have occurred since 2018. The Revenue Cycle department has continued to scrub daily billing claims for group homes, and the updated attendance tracking has been fully implemented and is being closely monitored.

Employment- Staff Injuries

This data is currently being reported to the Program and Accreditation Committee by the Chief Human Resources Officer.

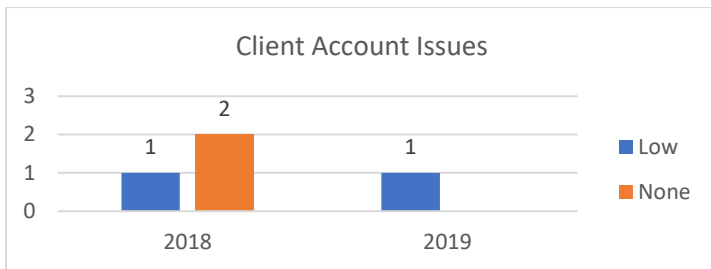
Employment- Significant Fleet Accidents, Speeding, and Report of Unsafe Driving



Overall, speeding incidents are on track to be about the same as 2019. Accidents are on track to be lower than 2019 levels. Safety First calls appear to be much lower than last year same time. Most accidents that are the fault of staff are hitting parked cars when leaving the group home or site. The MVA noted was an incident where a staff member driving a Kerr van rear-ended another vehicle. There were no injuries.

Accounting- Client Accounts Discrepancies

This graph indicates when client personal monies were missing or not accounted for correctly during an audit process.



We are developing a strategy of auditing client accounts during Q3 2020/21.

Employment- BOLI Complaints

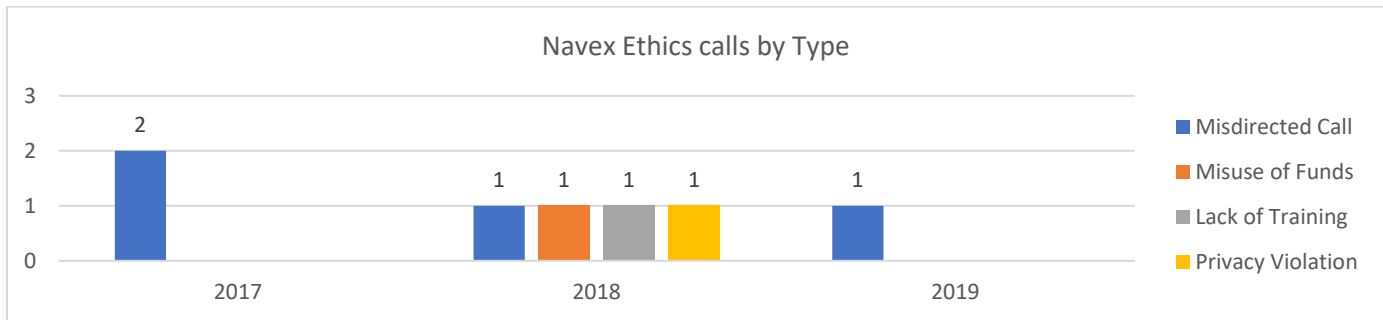
None noted in this period.

Disaster Recovery

We have completed the Emergency Management Plan for Kerr as well as a supplemental plan for Subacute to address the CMS audit findings. Subacute will conduct an emergency drill in October 2020 to test some of Kerr's agency-wide emergency processes. Once completed, we will then roll out the emergency management plan to all staff and programs.

Employment- Supervisory Issues

This graph below is a summary of exit surveys for staff who voluntarily left Albertina Kerr. The second graph indicates calls made to Albertina Kerr's Employee confidential reporting line managed by Navex Global.



I have removed the reporting regarding the employee exit survey as employee issues are being reported to the Board Program and Accreditation Committee by Kerr's Chief Human Resources Officer. As the CHRO attends that meeting, he can provide better context to engagement, turnover, and other employee issues.

There have been no Navex ethics complaints in 2020.

Kerr still is engaged in a tort claim against the agency for negligence (failure to warn) by a contracted staff member at Multnomah Education School District. That case has slowed due to COVID-19 and has not yet been dismissed.

Stark/Anti-Kickback Issues

No issues reported this fiscal year.

Fraud, Waste, and Abuse- Denial Code Management

No issues reported this fiscal year.

Accounting- Incorrect Charges to Accounts/Insurance Carrier

No issues reported this fiscal year.

SECTION: CODE OF CONDUCT

What does it mean to be an Albertina Kerr Board Member?

As a Kerr Board Member, you are responsible for carrying out your responsibilities in a professional, conscientious, and ethical manner, ~~and by following all applicable laws, regulations, rules, and policies.~~ Albertina Kerr is committed to the highest level of services, standards of ethics, honesty, and integrity in pursuit of our mission. Kerr is committed to providing high-quality care regardless of age, race, gender, sexual orientation, disability, religion, or source of payment for services, and we respect each person’s fundamental right to considerate care, treatment, and services.

This Code of Conduct offers a set of standards to guide decision making and conduct when ethical decisions arise. This Code is a minimum standard of behavior. To the extent this Code requires a higher standard than required by practice or applicable laws, rules, or regulations, Kerr adheres to these higher standards. You have an ethical responsibility to do the right thing for the right reason in serving our clients, employees, and organization. No code can substitute for personal integrity, good judgment, and common sense in performing your duties.

~~You are expected to adhere to this Code while performing your duties for Kerr. This Code establishes guidelines for standards of conduct and ethics and defines measures to prevent and detect violations of Federal, State, and local laws and regulations. Failure to comply with this Code or other compliance requirements is a serious issue that can negatively impact Kerr’s reputation and those in care.~~

You are responsible for knowing all board policies ~~and legal requirements~~ applicable to your duties. As a board member, you will never be adversely affected because you refused to carry out a directive which constitutes fraud or is a violation of local, state, federal, or other applicable laws and regulations. It is expected that every board member will support this Code of Conduct by learning about and holding others accountable to these standards.

Kerr assets, including staff time, money, supplies, equipment, vehicles, phones, computers, materials, buildings, information, electronic communications, social media accounts, and other property are to be used for company purposes only. The use of Kerr’s funds, assets, branding, or your position at Kerr for an unlawful or improper purpose is strictly prohibited.

You are also responsible for reporting to the Chair of the Board, any actions or behaviors you believe, in good faith, violate ethical practices, law, or regulation. You may report such activities without fear of reprisal or retaliation. ~~When reported, violations of this Code are addressed through appropriate Board policies related to inappropriate behavior and conduct. You must cooperate in the review of any unethical action or illegal activity.~~ You are responsible for seeking advice if you have doubts or are unclear about what the right action is to stay compliant. You may request a consultation from the Board Chair, other board members, or a member of Kerr’s Senior Leadership Team.

Board members may never retaliate against another board member or Kerr staff when they are reporting compliance or ethical issues in good faith. Albertina Kerr promotes professional excellence and encourages open and honest communication among all that support Albertina Kerr's mission. As such, you shall:

- ~~Ensure that management a~~Adhere to laws, regulations, accreditation and licensing standards, policies, and procedures.
- ~~Report when you see a violation.~~
- Be truthful and avoid misrepresentation.
- Ensure fairness and objectivity in all activities and actions.
- Respect and protect the right of privacy of all clients, staff and other Board members at Kerr people.
- Never engage in abusive or intentionally harmful actions against clients or staff at Kerr.
- Promote the public confidence in Kerr.
- Refer inquires by the media to Albertina Kerr's CEO or Board Chair.
- Strive to meet the needs of our clients.
- Maintain professional and healthy boundaries with Kerr employees and clients served.
- Refuse to engage in or tolerate any fraud, misuse, abuse, or waste of Kerr resources.
- Avoid and/or report any situations where outside interests or your personal interests negatively impact your positionwork at Kerr.
- Encourage growth and self-improvement in yourself and your fellow board members
- Show respect for other board members, Kerr staff, clients, and others.
- Ensure that all client's rights are always protected.

The Code of Conduct cannot include every type of compliance or ethical issue. You should refer to all applicable Board policies ~~and procedures~~ and speak with the Chair of the Board or Kerr leadership if you have questions.

Chapter 4: Quality and Compliance

SECTION: OUTCOMES AND RISK MANAGEMENT

Commented [G01]: To FAC Committee. I have placed comments for each section to help facilitate the review process. This section is the original edited board policy that also integrated quality and outcomes into the chapter.

Definitions

Evidence-based practice is a conscientious, problem-solving approach to clinical practice that incorporates the best evidence from well-designed studies, patient values and preferences, and a clinician's expertise in making decisions about a patient's care.

Risk is defined as any uncertainty about a future event that threatens the organization's ability to carry out its mission.

Risk management is the oversight process determining the areas of risk that the organization is exposed to and developing and implementing planned activities to address each risk area.

Quality and Outcomes

Albertina Kerr is committed to providing evidence-based services and practices and to use data to drive programs and improve outcomes for those we serve. This is done through multiple avenues, including gathering feedback from consumers and stakeholders, increasing employee knowledge, focusing on person-centered care, and utilizing evidence-based outcome tools and processes to inform program development and change.

Progress reporting shall be made by the CEO, Chief Program Officer, and Chief Human Resources Officer to the Board of Directors Program and Accreditation Committee quarterly in the following areas:

- Quality metrics and outcomes
- Human Resource operations

Compliance

Kerr is committed to complying with applicable laws, regulations, accreditation, licensing standards, policies, procedures, and ethical guidelines to ensure the quality of care for those served by Kerr and to further the mission of the organization.

The Board of Directors and the CEO shall manage organizational risk ~~so as~~ to provide maximum protection from harm to Albertina Kerr, its people, clients, property, income, and ~~goodwill~~ reputation.

The Board of Directors and the CEO shall work together to ensure that the following policy objectives are accomplished:

- Risk areas are identified
- Methods to reduce or eliminate risk are selected, implemented, evaluated for effectiveness
- All claims are managed aggressively, and losses are minimized
- Regular monitoring of risk management activities is conducted

To address the objectives, Kerr maintains a Corporate Compliance Plan, which is reviewed and approved annually by the Board of Directors Finance, Audit, and Compliance Committee of the Board of Directors, an annual plan of risk management activities shall be developed and recommended by the CEO, approved no later than September 30th by the Board, and implemented.

Progress reporting shall be made by the CEO, Chief Finance Officer, and the Chief Compliance Officer to the Finance, Audit & Compliance Committee quarterly and an annual summary report basis to the Board of Directors in the following areas:

- Licensing risks
- Health Information Protection and Loss
- Fraud, Waste, and Abuse
- Accounting errors
- Disaster Recovery
- Fleet incidents
- Stark/Anti-Kickback
- Financial Performance

Informing the Full Board

- ~~Auto fleet programs~~
- ~~Property risk or damage~~
- ~~Professional liability~~
- ~~Financial performance~~
- ~~Human resource operations~~
- ~~Regulatory compliance~~
- ~~Patient Safety/Quality Service Delivery Electronic data security and integrity~~

Kerr Board committee chairs will present a verbal summary of the committee activities to the full Board on at least a quarterly basis.

SECTION: FINANCIAL MISCONDUCT REPORTING

Commented [G02]: This is existing board policy that has been updated.

Definitions

The American Competitiveness and Corporate Accountability Act of 2002, known as the **Sarbanes-Oxley Act**, was signed into law on July 30, 2002. The Sarbanes-Oxley Act provides ~~new~~ protections for whistle-blowers and criminal penalties for actions taken in retaliation against whistle-blowers.

Policy

Albertina Kerr ~~Centers~~ and the Board of Directors are committed to complying with all applicable laws and regulations, accounting standards, and internal accounting controls. The ~~Agency~~ agency encourages employees to report any conduct which violates the law, corporate governance standards, or ethical business practices.

The ~~Agency~~ agency provides a toll-free hotline through EthicsPoint that can be used to report misconduct anonymously or by providing personal contact information. The toll-free hotline telephone number is 1-888-274-8314. A report is produced by EthicsPoint and forwarded directly to the Albertina Kerr Board of Directors Finance, Audit & Compliance Committee Chairperson, the Chief Compliance Officer and the Chief Human Resources Officer. All reports will be reviewed and investigated under the direction of the CEO, Chief Compliance Officer, Chief Human Resources Officer, and the Finance, Audit & Compliance Committee Chairperson. Investigations will be conducted on a confidential basis to the extent possible. If an investigation reveals there has been unethical or illegal conduct, appropriate action will be taken.

Retaliation against a person who makes a good faith report of questionable financial practices or who otherwise assists in an investigation of questionable financial or other practices is strictly prohibited.

SECTION: FRAUD, WASTE AND ABUSE, AND WHISTLEBLOWER PROTECTION

Commented [G03]: This is existing board policy that has been updated to also include some elements of the agency wide policy.

Definitions

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Waste and Abuse: Incidents or practices that are inconsistent with legal, ethical, accepted, and sound business, fiscal or medical practices that result in unnecessary cost to health programs, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

Relator/Whistleblower: An individual who brings an action for violation of the False Claims Act in the name of the Government.

Policy

A private person can bring an action under the False Claims Act in the name of the United States. The relator/whistleblower must be the original source of the notice to the ~~government~~Government of the fraud, waste, or abuse with direct and independent knowledge of the information on which the allegations are based, and must have voluntarily provided the information to the ~~government~~Government before filing the action. The action cannot be based on information which is the subject of a civil suit or an administrative action to which the ~~government~~Government is already a part, and cannot be based on information which has been publicly disclosed.

The False Claims Act contains language protecting whistleblower employees or contractors from retaliation by their employer. Any employee or contractor who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment by his or her employer because of lawful acts performed by the employee or contractor in furtherance of filing a False Claims Act action shall be entitled to all relief necessary to make the employee or contractor whole.

Albertina Kerr ~~Centers~~ expects employees, contractors, and others representing Kerr to report through appropriate channels, concerns regarding actual or potential non-compliance with applicable Federal and State laws and/or Kerr's internal policies and procedures.

Kerr will not discriminate, retaliate or take any disciplinary or other adverse action against any employee, contractor, or other representing Kerr, who in good faith discloses or intends to disclose actual or potential violations of Federal or Oregon State law to the attention of the proper authority.

SECTION: ANTI-DISCRIMINATION

~~Be it resolved that~~ Albertina Kerr ~~Centers~~ does not discriminate against any employee, volunteer, board member, recipient of service, or recipients of service family member or caregiver on the basis of race, color, cultural heritage, national origin, religion, age, sex, sexual orientation, marital status, physical or mental health challenges, political affiliation, source of income, veteran status, workers compensation claims, family relationship or any other status protected under local, state, or federal law. This policy extends to all personnel decisions, terms and conditions of employment, vendor contracts, and provision of services. Albertina Kerr ~~Centers~~ does not tolerate harassment for any reason. Respect for the dignity of others shall be the guiding principle for our relations with each other.

Commented [G04]: This is existing policy with minor updates.

SECTION: ACCOUNTING PRACTICES, RECORD RETENTION, AND DESTRUCTION

Commented [G05]: This is heavily edited existing policy.

Albertina Kerr is committed to completely, accurately, legibly, and truthfully maintain records. Accurate and reliable records are needed to provide quality care, to make sound business decisions, and to submit billing for reimbursement. Employees must be timely, complete, accurate, and honest when recording, reporting, and retaining company information. All financial records and accounts must correctly reflect transactions, services, and events and meet generally accepted accounting principles and to Kerr's policies and procedures.INSERT

Administration:

Albertina Kerr retains corporate records for at least the minimum period as required by Federal and State laws. Please see the **Kerr Document Retention Schedule** for additional information. Unless noted otherwise within the schedule, documents should be retained for at least 7 years. The schedule will be reviewed annually as a part of the Board Manual update process.

~~Attached as Appendix A is a Record Retention Schedule that is approved as the initial maintenance, retention and disposal schedule for physical records of the Organizations and the retention and disposal of electronic documents. The Administrator is the officer in charge of the administration of this Policy and the implementation of processes and procedures to ensure that the Record Retention Schedule is followed. The Administrator is also authorized to: make modifications to the Record Retention Schedule from time to time to ensure that it is in compliance with local, state and federal laws and includes the appropriate document and record categories for the Organizations; monitor local, state and federal laws affecting record retention; annually review the record retention and disposal program; and monitor compliance with this policy.~~

Suspension of Record Disposal in the Event of Litigation or Claims

In the event ~~Kerr either of the Organizations~~ is served with any subpoena or request for documents or any employee becomes aware of a governmental investigation or audit concerning ~~Kerr either of the Organizations~~ or the commencement of any litigation against or concerning ~~Kerr the Organizations~~, such employee shall inform the Administrator-CEO or Chief Compliance Officer and any further disposal of records and documents, including electronic documents, shall be suspended until such time as ~~the Administrator, the CEO or Chief Compliance Officer~~, with the advice of counsel, determines otherwise. The ~~Administrator-Chief Compliance Officer~~ shall take such steps as is necessary to promptly inform all

staff of any suspension in the further disposal of records and documents, including electronic documents.

Electronic Documents and Records

~~Electronic documents will be retained as if they were paper documents. Therefore, any electronic files that fall into one of the document types on the attached schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an "archive" computer file folder or on disk as a separate file. Backup and recovery methods will be tested on a regular basis.~~

Emergency Planning Document Storage

Records for ~~both Organizations Kerr~~ will be stored in a safe, secure, and accessible manner. Documents and financial files that are essential to keeping ~~the Organizations Kerr~~ operating in an emergency will be duplicated or backed up at least ~~every week~~ weekly and maintained ~~off off-site~~.

Document Destruction

Destruction of financial, personnel-related, donor records, and clinical-related documents will be accomplished by secure shredding disposal.

Also see Albertina Kerr Operations Policy, Chapter 10 Privacy and Medical Records Standards, Section: Retention and Destruction of Protected Health Information.

SECTION: INSURANCE, DIRECTORS & OFFICERS

Albertina Kerr ~~Centers~~ shall keep in force executive liability and indemnification insurance, i.e., directors' and officers' liability coverage, with the following coverage minimums:

- \$1,000,000 Each Loss
- ~~\$2,000,000~~ Aggregate Each Policy Year
- \$10,000 Retention

In addition, an umbrella policy shall be maintained that provides ~~\$73~~ million in coverage (per occurrence and aggregate) in addition to the underlying directors' and officers' policy.

SECTION: CONFIDENTIALITY

Pursuant to their fiduciary duties of loyalty and care, members of the Board of Directors have an obligation to keep confidential all non-public information obtained ~~by a director~~ that relates to Albertina

Albertina Kerr Board Manual Chapter ~~4XX~~: Quality and Compliance

Page | 6

Commented [G06]: Existing policy updated with appropriate coverage amounts.

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Kerr's business and that he or she receives in connection with serving on the Board. Board Directors may not use such information for personal benefit or the benefit of persons or entities outside Kerr, nor may they disclose this information for any purpose without the written authorization of the Board or as may be otherwise required by law or regulation. Confidential information includes, but is not limited to, information regarding the strategy, business, finances, operations, and fundraising efforts or plans of Kerr (or any of the organization's suppliers, customers, donors, volunteers, or other constituents), minutes, reports and materials of the Board and its committees, and other documents identified as confidential by Kerr. The proceedings and deliberations of the Board and its committees are also confidential non-public information and are subject to strict protection.

SECTION: CONFLICT OF INTERESTS, STARK LAW, AND ANTI-KICKBACK

STATUTE

Definitions

A "family member" means husband or wife, registered or unregistered domestic partner, natural, foster or adoptive parent, child or sibling, stepparent, stepchild, stepsibling, mother-in-law or father-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, grandparent or grandchild or any other person that lives in the same household as you. A "financial relationship" means: (i) serving as an employee, consultant, contractor, or board member, (ii) being entitled to receive income, royalties, or payments, or (iii) having a significant investment or ownership interest.

Stark Law

The Stark Law was enacted to prevent referral sources such as physicians and physician extenders from inappropriately profiting from referrals. The Stark Law prohibits a physician from referring a patient for certain services to be reimbursed by federal health care programs to an entity with which the physician has an ownership interest or compensation arrangement if payments for the services furnished under the referral are to be made by the Medicare program.

Since it is a civil strict liability statute, no intent is required to violate the Stark Law. As such, if the Stark Law applies to an arrangement between a hospital and a physician and if the arrangement does not meet an exception of the Stark Law, then both parties have violated the Stark Law regardless of the extent of their attempts to comply with it.

Anti-Kickback Statute (AKS)

The Anti-Kickback Statute is a criminal statute. It prohibits any knowing or willful solicitation or acceptance of any type of remuneration intended to induce referrals for services that are reimbursable

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by the Federal Government. It is essential to recognize that compensation can be in the form of below-market rent, free services, personal gifts of significant value, free vacations, etc.

Conflict of Interest

A Conflict of Interest occurs when an Kerr Board Member is in a position to make or influence a decision or take action on behalf of Kerr that results in personal gain for the employee (or family member) as a result of the employee's business dealings, other financial interests (including gifts) or personal interests. Such circumstances can consist of a financial or personal interest that compromises his or her fiduciary duty or job responsibilities at Kerr, his or her professional judgment in the delivery of client care, or the services and operations of Kerr.

All decisions and actions of Board Members you make must be based on the best interests of Kerr and those we serve, and not on personal interests or gain. Board Members you must avoid any situation that causes or appears to cause a conflict between their your personal or personal business interests and Kerr's interests.

Board Members you should promptly disclose any situations constituting or appearing to constitute a potential conflict of interest to the Board Chair.

The Kerr Board Chair shall promptly investigate and attempt to resolve situations constituting or appearing to constitute a conflict of interest.

All Kerr Board Members are required to complete a Conflict of Interest Attestation within 60 days of joining Kerr and annually, during the first quarter of the fiscal year, after that.

Here are some types of conflicts that could exist:

Business Relationships

As a Members of the Board of Directors you must place the interests of Kerr ahead of your personal interests and to advance Kerr's legitimate interests whenever the opportunity arises. If a Board Member is you are presented with a business opportunity because of their your position at Kerr, the Board Member you should first inform the Board Chair before pursuing the opportunity in an your individual capacity. No Kerr member of the Board of Directors may use Kerr's property or information resulting from his/her position for personal gain or to compete with Kerr. Any business relationships between a Board Member yourself or family member and Kerr must be reported to the Board Chair of the Board for review.

Fair Dealing

Kerr is committed to conducting its business fairly and in accordance with the highest ethical standards. All Members of the Board of Directors are obligated to deal fairly with Kerr employees, those we

serve, vendors, competitors, and other third parties. Any person associated with Kerr should not take unfair advantage of anyone through manipulation, concealment, or abuse of privileged information, misrepresentation, or any unfair dealing practice.

Additionally, no member of the Board of Directors, or others representing Kerr, shall offer or accept a bribe, kickback, or improper favor to secure a business advantage.

Gifts

If a Board Member receives cash, checks, gifts, or items, etc. for donation, they must forward the item to the Development Department for proper handling.

Board Members and their family members should refuse accepting personal gifts from a person or organization performing services under a contract, seeking to perform services under a contract with Kerr, or are in a position to profit from the action or decision of a Kerr Board Member. However, if the gift is given with no obligation, is consistent with normal business courtesies, and is either hand-made or is of nominal value (less than \$100), they may be accepted.

Board Members should consult the Board Chair before accepting gifts greater than \$100. Gifts of more than \$100 or total gifts of greater than \$250 total from any single vendor or individual for 12 months must be reported to the Chief Compliance Officer.

Board members should never accept gifts or other gratuities (unless they are hand-made or of nominal value, less than 10 dollars per year) from clients and their family members. If a client or family member would like to donate to Kerr, Board Members should work with the Development Department to help that client or family with their gift.

When giving gifts, make sure they are Gifts should be in keeping with the business relationship and should not appear to attempt to obligate or influence the recipient to do business with Kerr. Do not offer any Gifts should not be offered if the gift if it is against the policy of the recipient's organization as many companies have policies that do not allow any gifts. Licensed Medical Providers providing Medicaid services may not give gifts of any value to clients or potential clients we serve.

Personal Relationships

Kerr protects those we serve and does not engage in conduct with those we serve that may be interpreted as exploiting the person we serve for our own gain.

Political Activity

Kerr may take public positions on matters of public policy and may engage in advocacy and lobbying activities on issues directly related to the fulfillment of the Board-approved mission, vision, and values.

The agency is expressly prohibited by federal law from supporting or opposing candidates for public office.

Grassroots and direct political lobbying activities for tax-exempt organizations are permitted within specified dollar amounts as regulated by federal law. Agency expenses incurred in grassroots and direct lobbying activities shall be accurately recorded on its books and reported on annual tax returns or other required statements.

The use of agency funds for a political activity must be approved and authorized by the CEO or the Board of Directors.

VOLUNTEER PROTECTION ACT

The Volunteer Protection Act of 1997 is a federal statute that provides liability protection for volunteers of not-for-profit organizations for acts or omission on behalf of the organization if:

- The volunteer was acting within the scope of the volunteer's responsibilities at the time of the act or omission;
- If appropriate or required, the volunteer was properly licensed, certified, or authorized by the appropriate authorities for the activities or practice in the state in which the harm occurred;
- The harm was not caused by willful or criminal misconduct, gross negligence, reckless misconduct, or conscious, flagrant indifference to the rights or safety of the individual harmed; and
- The harm was not caused by the operating of a vehicle for which the state requires the operator or owner to possess a license or maintain insurance.

ENSURING ALBERTINA KERR'S NON-FOR-PROFIT STANDING

The Albertina Kerr Board of Directors and employees are required to follow all federal and state non-for-profit rules to ensure Kerr's ongoing 501(c)(3) status. Albertina Kerr is required to timely file all IRS returns annually, reviewed and approved by the Board of Directors, and will abide by all stipulations noted within the IRS code to ensure Kerr's ongoing tax-exempt non-for-profit standing. Some of these stipulations include:

- The assets of Albertina Kerr will be applied in furtherance of its tax-exempt objectives.
- Kerr Board of Directors will ensure that any joint venture arrangement will be reviewed to ensure that Albertina Kerr maintains control of the project so that it's resources will be exclusively used in furtherance of Kerr's tax-exempt purposes and the arrangement does not jeopardize Kerr's 501(c)(3) status.
- Kerr will complete an annual audit of its financial state and make available a financial statement for each fiscal year.

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- Kerr will not engage in political campaign or lobbying activities that violate IRS and state laws governing non-for-profits.
- The Board will maintain a written record of all Board actions.
- Kerr will maintain a Conflict of Interest Policy and complete and maintain a process to report possible conflicts of interest for review and resolution.
- Kerr will maintain a Document Retention and Whistleblower Policy.
- Kerr will disclose governing documents and financial statements as required by federal and state law.

Please see Albertina Kerr's Operational Policy, Quality and Compliance Chapter 12 and Privacy and Medical Record Standards Chapter 10 for additional information related to topics within this chapter.

Sources:

Rule/Source	Summary	Last rule revision date
Form 990, Return of Organization Exempt from Income Tax	Requirements to maintain 501c3 status	2018
Nonprofit Association of Oregon	COI on a Non-Profit Board of Directors- Foundation Group	2015
National Council of Nonprofits	Document Retention	2018
National Council of Nonprofits	Whistleblower Protections for Nonprofits	2020
HCCA Healthcare Compliance Professional's Manual	Standards and Procedures: Code of Conduct	2016
OAR 309-109-0100 to 0320	Oregon Administrative Rules- Mental Health Services	2019
OAR 411-325-0010 to 0490	Oregon Administrative Rules- IDD Services	2019
OAR 411-323-0060	Oregon Administrative Rules- IDD Services- Agency Certification	2019
OAR 411-318-0015	Oregon Administrative Rules- IDD Services- Complaints and Grievances	2019
31 USC 3729-3733	False Claims US Code	1986
ORS 280.755	Oregon False Claims Act	1983
OAR 413-215-0071	Licensing Rules: Records and Documentation	2019
Weil Guide of Nonprofit Governance	Not-For-Profit guide to policy requirements	2019

Revision and Approval History:

Policy	Revised by	Revision Date	Approved by/ Date	Approval by/ Date
All Sections	Owen Gibson	09/29/2020	FAC Committee/ TBA	TBA Board of Directors/ TBA

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ALBERTINA KERR CENTERS
2020-2021 Finance, Audit & Compliance Committee Objectives

	Objective	Completed	In Process	To Be Completed	Charter Ref.
1	Review monthly & year to date financial statements	Ongoing		Agenda item for each meeting	1
2	Review Compliance Dashboard Report	Ongoing		Agenda item for each meeting	5, 8, 9
3	Executive Session for Committee members and Chief Compliance Officer	Ongoing		Agenda item for each meeting	8
4	Review Board policies related to the Committee	Ongoing		As needed	4
5	Review Conflict of Interest Results	Deferred to November		August 11, 2020	8
6	Review and recommend modification(s) of the Committee Charter	Review Revisions at October Meeting		August 11, 2020	13
7	Review insurance coverage			October 7, 2020	10
8	Meet with financial auditor and recommend Board acceptance of 2020-2021 financial audit results			November 3, 2020	6
9	Evaluate financial auditor performance and decide to continue with vendor or send RFPs			November 3, 2020	6
10	Review of 5 year capital and reserve plan			January 12, 2021	1
11	Monitor financial reserves			January 12, 2021	1
12	Review current investment policy and portfolio benchmark performance Propose change to: Receive Report from the Foundation on Investments and Investment Policies			January 12, 2021 June 8, 2021	3
13	Review Risk Management Assessment			March 9, 2021	11
14	Review federal 990 tax filings for AKC, Inc. and AKCF, Inc. prior to submission			March 9, 2021	7
15	Review Corporate Compliance Plan			June 8, 2021	8
16	Recommend Board approval of 2020-2021 Operating, Capital, Cashflow and Foundation Budgets			June 8, 2021	2
17	Evaluate Committee performance against 2021-2022 goals and establish goals for 2020-2021			June 8, 2021	12, 14
18	Review Audit Plan with Auditor			June 8, 2021	3

Meeting Schedule for 2020-2021

August 11, 2020
 October 7, 2020
 November 2, 2020
 January 12, 2021
 March 9, 2021
 May 11, 2021
 June 8, 2021

Rev 09/20/2020