



STATE OF NORTH CAROLINA

UNIVERSITY OF NORTH CAROLINA HOSPITALS

CHAPEL HILL, NORTH CAROLINA

FINANCIAL STATEMENT AUDIT REPORT

FOR THE YEAR ENDED JUNE 30, 2006

OFFICE OF THE STATE AUDITOR

LESLIE W. MERRITT, JR., CPA, CFP

STATE AUDITOR

UNIVERSITY OF NORTH CAROLINA HOSPITALS

CHAPEL HILL, NORTH CAROLINA

FINANCIAL STATEMENT AUDIT REPORT

FOR THE YEAR ENDED JUNE 30, 2006

UNIVERSITY OF NORTH CAROLINA HEALTH CARE SYSTEM

BOARD OF DIRECTORS

WILLIAM MCCOY, CHAIRMAN

UNIVERSITY OF NORTH CAROLINA HOSPITALS

ADMINISTRATIVE OFFICERS

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STATE OF NORTH CAROLINA
Office of the State Auditor

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AUDITOR'S TRANSMITTAL

The Honorable Michael F. Easley, Governor
The General Assembly of North Carolina
Board of Directors, University of North Carolina Health Care System

We have completed a financial statement audit of the University of North Carolina Hospitals for the year ended June 30, 2006, and our audit results are included in this report. You will note from the independent auditor's report that we determined that the financial statements are presented fairly in all material respects.

Our consideration of internal control over financial reporting and compliance and other matters based on an audit of the financial statements resulted in no audit findings.

North Carolina General Statutes require the State Auditor to make audit reports available to the public. Copies of audit reports issued by the Office of the State Auditor may be obtained through one of the options listed in the back of this report.

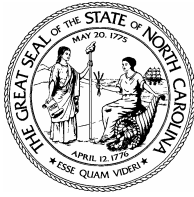
Leslie W. Merritt, Jr.

Leslie W. Merritt, Jr., CPA, CFP
State Auditor

January 29, 2007

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
University of North Carolina Health Care System
Chapel Hill, North Carolina

We have audited the accompanying basic financial statements of the University of North Carolina Hospitals, which is a part of the University of North Carolina Health Care System, which is a part of the University of North Carolina System, a component unit of the State of North Carolina, as of and for the year ended June 30, 2006, as listed in the table of contents. These financial statements are the responsibility of the Hospitals' management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in Note 1, the financial statements present only the University of North Carolina Hospitals and are not intended to present fairly the financial position of the University of North Carolina Health Care System and the results of its operations and cash flows in conformity with auditing standards generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the University of North Carolina Hospitals as of June 30, 2006, and the changes in its financial position and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2006 on our consideration of the Hospitals' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe

INDEPENDENT AUDITOR'S REPORT (CONCLUDED)

the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

The Management's Discussion and Analysis, as listed in the table of contents, is not a required part of the basic financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the required supplementary information. However, we did not audit the information and express no opinion on it.

Leslie W. Merritt, Jr.

Leslie W. Merritt, Jr., CPA, CFP
State Auditor

November 16, 2006

UNIVERSITY OF NORTH CAROLINA HOSPITALS MANAGEMENT'S DISCUSSION AND ANALYSIS

Introduction

The following discussion and analysis is provided by the University of North Carolina Hospitals' financial management as an overview to assist the reader in interpreting and understanding the accompanying basic financial statements. It includes comparative financial analysis with discussion of significant changes between fiscal years 2006 and 2005, as well as, pertinent facts, decisions, and conditions.

Using the Financial Statements

The financial statements of the Hospitals provide information regarding its financial position and results of operations as of the report date. The Statement of Net Assets; the Statement of Revenues, Expenses, and Changes in Net Assets; and the Statement of Cash Flows comprise the basic financial statements required by the Governmental Accounting Standards Board (GASB). In accordance with the GASB, the financial statements are presented and follow reporting concepts consistent with those required of a private business enterprise. The financial statement balances reported are presented in a classified format to aid the reader in understanding the nature of the financial statement balance. Notes to the Financial Statements are an integral part of the information presented and should be read in conjunction with the financial statements.

The Statement of Net Assets provides information relative to the Hospitals' assets, liabilities, and net assets as of the last day of the fiscal year. Assets and liabilities on this Statement are categorized as either current or noncurrent. Current assets are those that are available to pay for expenses in the next fiscal year and are anticipated to be used to pay for current liabilities. Current liabilities are those payable in the next fiscal year. Net assets on this Statement are categorized as invested in capital assets (net of related debt), restricted or unrestricted. Restricted net assets are categorized as expendable for the purposes noted. Overall, the Statement of Net Assets provides information relative to the financial strength of the Hospitals and its ability to meet current and long-term obligations.

The Statement of Revenues, Expenses, and Changes in Net Assets provides information relative to the results of the Hospitals' operations, nonoperating activities, and other activities affecting net assets, which occurred during the fiscal year. Nonoperating activities include funding from the State in the form of appropriations, noncapital gifts and grants, as well as interest expense on financing activities, investment income (net of investment expenses), gain or loss on affiliate activity and loss realized on the disposition of capital assets. Other activities include the capital grant awarded by the State for the construction of the NC Cancer Hospital, capital gifts and Health Care System assessments. Overall, the Statement of Revenues, Expenses, and Changes in Net Assets provides information relative to the Hospitals' management of its operations and its ability to maintain its financial strength.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

The Statement of Cash Flows provides information relative to the Hospitals' sources and uses of cash for operating activities, noncapital financing activities, capital and related financing activities, and investing activities. The Statement provides a reconciliation of beginning cash balances to ending cash balances and is representative of the activity reported on the Statement of Revenues, Expenses, and Changes in Net Assets as adjusted for changes in the beginning and ending balances of noncash accounts on the Statement of Net Assets.

The Notes to the Financial Statements provide information relative to the significant accounting principles applied in the financial statements, authority for and associated risk of deposits and investments, detailed information on long-term liabilities, detailed information on accounts receivable, accounts payable, revenues and expenses, required information on pension plans and other post employment benefits, insurance against losses, commitments and contingencies, accounting changes, and a discussion of adjustments to prior periods and events subsequent to the Hospitals' financial statement period when appropriate. Overall, these disclosures provide information to better understand details, risk, and uncertainty associated with the amounts reported and are considered an integral part of the financial statements.

Comparison of Two-Year Data for 2006 to 2005

Comparative financial data of 2006 to 2005 is summarized in Table 1. Additional comparative data can be found in the Notes to the Financial Statements. Discussion of comparative data is included in the following section.

Analysis of Overall Financial Position and Results of Operations

Statement of Net Assets

Overall assets increased by \$117.4 million or 11.7% from the prior year. The \$70.1 million increase in current cash and cash equivalents is by far the largest net increase from fiscal year 2005 to 2006 in the current and noncurrent assets sections and is due primarily to strong cash flow from operations. Patient accounts receivable increased by \$10.6 million dollars during the year due to volume.

Noncurrent assets account for \$50.7 million of the overall increase in total assets. The majority of this increase is due to a \$29.7 million increase in restricted investments which consists of escrow funds restricted for the purchase of capital equipment. The \$150.4 million increase in investments is offset by the corresponding \$138.9 million decrease in noncurrent cash and cash equivalents.

Liabilities and net assets increased \$81.1 million and \$36.3 million respectively. \$43.0 million of the increase in liabilities is related to the current and noncurrent components of the tax exempt financing arrangement entered into during the year for medical and medical related capital equipment. \$32.5 million is due to estimated third party settlements which is described in Note 4 to the financial statements in more detail.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

Statement of Revenues, Expenses, and Changes in Net Assets

The Statement of Revenues, Expenses, and Changes in Net Assets reflects an operating loss of \$4.4 million dollars and an overall increase in net assets of \$36.3 million. This translates into a \$15.0 million dollar improvement on operations and a \$10.9 million improvement in the change in net assets compared to the prior year.

Net patient service revenue continues to be strong as evidenced by the 8.7% increase over last year in spite of the collection percentage deteriorating from 50.2% as of June 30, 2005 to 48% as of June 30, 2006 which results in an increase in revenue deductions. The increase in revenue can be attributed to volume growth, revenue cycle improvements and rate increases.

The liabilities associated with prior year third party settlements increased significantly compared to fiscal year 2005 due to a change in the estimated settlement amount for a prior year and management's decision to begin carrying a three percent reserve on the Medicaid allowable cost for all outstanding cost reports.

Total operating expenses increased by 3.6% with the largest categorical dollar increase occurring in salaries and the largest percentage change in medical malpractice expense which decreased by 31.7%. Managing salary expense more effectively has been an ongoing goal that was achieved as the fiscal year 2005 to 2006 increase of 3.8% is compared to the 5.1% increase from fiscal year 2004 to 2005. Medical malpractice expense was also managed more effectively during the year as evidenced by a lower percentage of expense being allocated to the Hospitals from the Liability Insurance Trust Fund (LITF).

Nonoperating revenues increased 22.0% or \$8.7 million compared to the prior year as a result of an appropriation increase of \$5.2 million and an increase in investment income.

In the other revenues (expenses) section, capital grants increased during fiscal year 2006 and will continue to increase significantly through 2010 as construction on the North Carolina Cancer Hospital progresses. Effective July 1, 2005, the Hospitals agreed to fund the UNC Health Care System Enterprise Fund. These expenses are reported separately in this section as Health Care System Assessments and support initiatives as the Chief Executive Officer of the University of North Carolina Health Care System deems appropriate with the recommendations from the leadership team.

Analysis of Net Asset Balances

At June 30, 2006, net assets invested in capital assets, net of related debt, totaled \$159.0 million representing the gross value of plant assets \$664.6 million plus bond issuance costs of \$1.5 million less accumulated depreciation \$273.0 million and related debt of \$234.1 million.

Restricted expendable net assets totaled \$121.1 million representing amounts subject to externally imposed restrictions.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

Unrestricted net assets totaled \$408.9 million representing amounts not subject to externally imposed stipulations but internally designated for various activities and initiatives, including future construction projects.

Discussion of Capital Asset and Long-Term Debt Activity

Capital Assets

The Hospitals expended \$19.9 million during the year for the construction of buildings/infrastructure and the renovation of its facilities and \$1.7 million for the purchase of land. A balance of \$4.5 million remains from the 2001 series of bond funds that will continue to be used to renovate inpatient care space vacated with the opening of Women's and Children's Hospitals.

On August 5th, 2004, House Bill 1264 of the 2004 North Carolina Legislative Session was ratified and authorized the State to issue special indebtedness of up to \$180 million in principal for acquiring, constructing, and equipping a cancer rehabilitation and treatment center, a nearby physicians' office building, and a walkway between the two. These facilities will be located at the University of North Carolina Hospitals at Chapel Hill. \$15 million has been spent and reimbursed to the Hospitals on this project as of June 30th for planning, engineering and design. Completion and occupancy is expected in fiscal year 2010.

The Hospitals continued to modernize capital equipment throughout the facilities during the year as evidenced by an investment of \$21.6 million in new or replacement equipment.

At June 30, 2006, outstanding commitments on construction contracts were \$13.3 million while outstanding commitments related to capital purchase orders for fixed and movable equipment totaled \$2.9 million.

The annualized average age of plant and equipment is 7.1 years.

Long-Term Debt Activities

At June 30, 2006, the Hospitals had outstanding bond indebtedness in the amount of \$265.4 million of which \$6.2 million is due within the next year. Standard and Poor's and Moody's Ratings Services classify these bonds as AA- and A1 respectively.

Discussion of Conditions that may have a Significant Effect on Net Assets or Revenues, Expenses, and Changes in Net Assets

UNC Hospitals has experienced significant growth while simultaneously accomplishing major improvements in the revenue cycle and operational efficiency. As a result, cost increases in salaries and supplies have been offset to enable a nearly flat cost per case versus 2005. With costs held largely in check, the volume increases coupled with revenue cycle improvements have yielded steady improvements in net revenue, cash flow and income.

The market in this region and in North Carolina is continuing to grow. As such, staff recruitment and retention is increasingly a priority. An additional challenge is the growing

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONTINUED)

uninsured population and the resulting increase in uncompensated care. UNC Hospitals provided more uncompensated care to more uninsured patients in 2006 than in any prior year. Overall volume growth and effective expense control have enabled UNC Hospitals to successfully meet the community's expectations to care for the underserved.

The growth in volume has strained capacity utilization. Initiatives to improve inpatient throughput have yielded strong gains particularly in the latter half of the year. Nonetheless, with growth in demand still robust, the most pressing future imperative is further capacity and infrastructure expansion.

MANAGEMENT'S DISCUSSION AND ANALYSIS (CONCLUDED)

University of North Carolina Hospitals
 Summary of Condensed Financial Statements Totals
 For the Fiscal Years Ended June 30, 2006 and 2005

Summary of Condensed Financial Statements Totals

Table 1

	FY06	FY05	Change
STATEMENTS OF NET ASSETS			
Current Assets	\$ 269,471,402	\$ 202,814,820	\$ 66,656,582
Capital Assets, Net	391,563,137	388,326,662	3,236,475
Other Noncurrent Assets	457,241,581	409,728,546	47,513,035
TOTAL ASSETS	1,118,276,120	1,000,870,028	117,406,092
Current Liabilities	121,721,684	66,693,198	55,028,486
Noncurrent Liabilities	307,606,742	281,511,308	26,095,434
TOTAL LIABILITIES	429,328,426	348,204,506	81,123,920
Invested in Capital Assets, Net of Related Debt	158,957,206	191,755,372	(32,798,166)
Restricted for Expendable Uses	121,107,866	77,290,871	43,816,995
Unrestricted	408,882,622	383,619,279	25,263,343
TOTAL NET ASSETS	\$ 688,947,694	\$ 652,665,522	\$ 36,282,172
STATEMENTS OF REVENUES, EXPENSES AND CHANGES IN NET ASSETS			
Net Patient Service Revenue	\$ 653,618,962	\$ 601,084,189	\$ 52,534,773
Other Operating Revenue	(982,339)	13,711,800	(14,694,139)
TOTAL OPERATING REVENUES	652,636,623	614,795,989	37,840,634
Salaries and Benefits	365,412,061	352,188,207	13,223,854
Medical and Surgical Supplies	123,753,572	116,084,226	7,669,346
Other Operating Expenses	167,837,858	165,841,307	1,996,551
TOTAL OPERATING EXPENSES	657,003,491	634,113,740	22,889,751
OPERATING LOSS	(4,366,868)	(19,317,751)	14,950,883
State Appropriations	44,510,208	39,333,826	5,176,382
Investment Activity	18,219,599	12,685,032	5,534,567
Other Nonoperating Revenues	237,622	216,928	20,694
Nonoperating Expenses	(14,593,625)	(12,593,413)	(2,000,212)
NET NONOPERATING REVENUES	48,373,804	39,642,373	8,731,431
Capital Grants	9,956,085	5,044,622	4,911,463
Capital Gifts, Net	101,820	29,000	72,820
Health Care System Assessment	(17,780,000)		(17,780,000)
INCREASE IN NET ASSETS	36,284,841	25,398,244	10,886,597
NET ASSETS - BEGINNING OF YEAR	652,665,522	627,267,278	25,398,244
RESTATEMENT	(2,669)		(2,669)
NET ASSETS - END OF YEAR	\$ 688,947,694	\$ 652,665,522	\$ 36,282,172

University of North Carolina Hospitals
Statement of Net Assets
June 30, 2006

Exhibit A-1

ASSETS

Current Assets:

Cash and Cash Equivalents	\$	118,316,068
Restricted Cash and Cash Equivalents		4,031,881
Patient Accounts Receivable, Net (Note 3)		107,744,733
Accrued Interest Receivable - Bonds		1,220,272
Restricted Accrued Interest Receivable -Trust Funds		23,876
Estimated Third Party Settlements (Note 4)		3,673,403
Inventories		14,576,965
Other Accounts Receivable		17,445,802
Prepaid Expenses		2,438,402
		<hr/>
Total Current Assets		269,471,402
		<hr/>

Noncurrent Assets:

Cash and Cash Equivalents		176,311,073
Restricted Cash and Cash Equivalents		92,505,287
Investments		150,376,937
Restricted Investments		29,687,848
Advance Deposits with Liability Insurance Trust Fund (Note 11)		2,968,541
Noncurrent Patient Accounts Receivable, Net (Note 3)		1,670,373
Bond Issuance Costs, Net		1,821,291
Start-Up Costs, Net		560,042
Investments in Affiliates (Note 14)		1,340,189
Capital Assets - Nondepreciable (Note 5)		46,080,164
Capital Assets - Depreciable, Net (Note 5)		345,482,973
		<hr/>
Total Noncurrent Assets		848,804,718
		<hr/>

Total Assets

1,118,276,120

LIABILITIES

Current Liabilities:

Accounts Payable - Operating		27,260,542
Accounts Payable - Capital		1,612,857
Accrued Salaries and Benefits		25,264,552
Estimated Third Party Settlements (Note 4)		32,480,429
Due to Patients or Third Parties		4,916,732
Bond Interest Payable		2,150,759
Notes Payable (Note 6)		10,544,694
Bonds Payable (Note 6)		6,220,000
Compensated Absences (Note 6)		4,449,043
Funds Held for Others		6,822,076
		<hr/>

Total Current Liabilities

121,721,684

University of North Carolina Hospitals
Statement of Net Assets
June 30, 2006

Exhibit A-1
Page 2

Noncurrent Liabilities:	
Notes Payable (Note 6)	33,486,138
Bonds Payable, Net (Note 6)	259,189,748
Arbitrage Rebate Payable (Note 6)	268,892
Compensated Absences (Note 6)	14,661,964
	<hr/>
Total Noncurrent Liabilities	307,606,742
	<hr/>
Total Liabilities	429,328,426
	<hr/>
NET ASSETS	
Invested in Capital Assets, Net of Related Debt	158,957,206
Restricted for Expendable Uses for:	
Bond Covenants	88,033,259
Capital Equipment	29,687,848
Liability Insurance Trust Fund	2,968,541
Trust Fund Donations	418,218
Unrestricted	408,882,622
	<hr/>
Total Net Assets	\$ 688,947,694
	<hr/>

The accompanying notes to the financial statements are an integral part of this statement.

University of North Carolina Hospitals
Statement of Revenues, Expenses, and
Changes in Net Assets
For the Fiscal Year Ended June 30, 2006

Exhibit A-2

REVENUES

Operating Revenues:		
Net Patient Service Revenue (Note 8)	\$	653,618,962
Other Operating Revenue		15,256,124
Prior Year Third Party Settlements		<u>(16,238,463)</u>
Total Operating Revenues		<u>652,636,623</u>

EXPENSES

Operating Expenses:		
Salaries and Benefits		365,412,061
Medical and Surgical Supplies		123,753,572
Contracted Services		66,378,941
Other Supplies and Services		40,040,381
Communications, Utilities and Travel		14,978,530
Medical Malpractice Costs		7,916,639
Depreciation and Amortization		<u>38,523,367</u>
Total Operating Expenses		<u>657,003,491</u>
Operating Loss		<u>(4,366,868)</u>

NONOPERATING REVENUES (EXPENSES)

State Appropriations		44,510,208
Noncapital Unrestricted Gifts and Grants		208,661
Noncapital Restricted Gifts and Grants		16,421
Investment Income (Net of Investment Expense)		18,425,265
Gain on Investments in Affiliates		801,545
Minority Interest - LLC		(1,007,211)
Interest and Fees on Debt		(13,304,047)
Restricted Interest Income		12,540
Loss on Disposal of Capital Assets		<u>(1,289,578)</u>
Net Nonoperating Revenues		<u>48,373,804</u>
Income Before Other Revenues and Expenses		44,006,936
Capital Grants		9,956,085
Capital Gifts		101,820
Health Care System Assessments (Note 13)		<u>(17,780,000)</u>
Increase in Net Assets		36,284,841

NET ASSETS

Net Assets - July 1, 2005, as Restated (Note 15)		<u>652,662,853</u>
Net Assets - June 30, 2006	\$	<u><u>688,947,694</u></u>

The accompanying notes to the financial statements are an integral part of this statement.

University of North Carolina Hospitals
Statement of Cash Flows
For the Fiscal Year Ended June 30, 2006

Exhibit A-3

CASH FLOWS FROM OPERATING ACTIVITIES

Received from Patients and Third Parties	\$ 676,950,575
Payments to Employees and Fringe Benefits	(350,980,871)
Payments to Vendors and Suppliers	(241,887,878)
Payments for Medical Malpractice	(10,841,928)
Other Receipts	15,560,662
	<hr/>
Net Cash Provided by Operating Activities	<hr/> 88,800,560 <hr/>

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

State Appropriations	44,510,208
Interest and Fees Paid on Revenue Bonds	(2,323,591)
Principal Paid on Revenue Bonds	(816,000)
Noncapital Gifts and Grants	237,622
	<hr/>
Net Cash Provided by Noncapital Financing Activities	<hr/> 41,608,239 <hr/>

CASH FLOWS FROM CAPITAL FINANCING AND RELATED FINANCING ACTIVITIES

Proceeds from Sale of Capital Assets	14,861
Issuance Costs Paid	(25,980)
Principal Paid on Capital Revenue Bonds	(5,299,000)
Interest and Fees Paid on Capital Debt	(9,586,671)
Arbitrage Payment	(2,826,704)
Capital Grants	9,956,085
Principal Paid on Notes Payable	(14,052,389)
Proceeds from Equipment Loan Financing Agreement	50,000,000
Acquisition and Construction of Capital Assets	(43,287,746)
	<hr/>
Net Cash Used by Capital Financing and Related Financing Activities	<hr/> (15,107,544) <hr/>

CASH FLOWS FROM INVESTING ACTIVITIES

Investment Income	18,099,623
Purchase of Investments and Related Fees	(150,959,529)
Restricted Investment - Loan Funds with Fiscal Agents	(29,687,848)
Investments In and Loans to Affiliated Enterprises:	
Cash Payments	(18,095,326)
	<hr/>
Net Cash Used by Investing Activities	<hr/> (180,643,080) <hr/>
Net Decrease in Cash and Cash Equivalents	(65,341,825)
Cash and Cash Equivalents - July 1, 2005	456,506,134
	<hr/>
Cash and Cash Equivalents - June 30, 2006	<hr/> \$ 391,164,309 <hr/>

University of North Carolina Hospitals
Statement of Cash Flows
For the Fiscal Year Ended June 30, 2006

Exhibit A-3

Page 2

**RECONCILIATION OF NET OPERATING REVENUES (EXPENSES)
TO NET CASH PROVIDED (USED) BY OPERATING ACTIVITIES**

Operating Loss	\$	(4,366,868)
Adjustments to Reconcile Operating (Loss) to Net Cash Provided (Used) by Operating Activities:		
Depreciation and Amortization Expense		38,523,367
Changes in Assets and Liabilities:		
Patient Accounts Receivable		(10,893,828)
Other Accounts Receivable		(837,296)
Estimated Third Party Settlements		48,882,878
Inventories		(240,928)
Prepaid Expenses		(772,892)
Advance Deposits with Liability Insurance Trust Fund		(2,868,541)
Accrued Salaries and Benefits		14,465,963
Accounts and Other Payables		4,220,618
Due to Patients or Third Parties		942,229
Funds Held for Others		638,797
Compensated Absences		1,107,061
Net Cash Provided by Operating Activities	<u>\$</u>	<u>88,800,560</u>

RECONCILIATION OF CASH AND CASH EQUIVALENTS

Current Assets:		
Cash and Cash Equivalents	\$	118,316,068
Restricted Cash and Cash Equivalents		4,031,881
Noncurrent Assets:		
Cash and Cash Equivalents		176,311,073
Restricted Cash and Cash Equivalents		92,505,287
Total Cash and Cash Equivalents - June 30, 2006	<u>\$</u>	<u>391,164,309</u>

NONCASH INVESTING, CAPITAL, AND FINANCING ACTIVITIES

Investments in Affiliated Enterprises:	\$	
Current Gain from Equity Method Adjustments		(1,007,211)
Assets Acquired through a Gift		101,820
Change in Fair Value of Investments		(582,592)
Loss on Disposal of Capital Assets		(1,289,578)

The accompanying notes to the financial statements are an integral part of this statement.

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UNIVERSITY OF NORTH CAROLINA HOSPITALS
NOTES TO THE FINANCIAL STATEMENTS
JUNE 30, 2006

NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES

- A. Organization** – The University of North Carolina Hospitals (the Hospitals) is the only State-owned teaching hospital in North Carolina. With a licensed base of 708 beds, this facility serves as an acute care teaching hospital for The University of North Carolina at Chapel Hill. The Hospitals consists of North Carolina Memorial Hospital, North Carolina Children’s Hospital, North Carolina Neurosciences Hospital, and North Carolina Women’s Hospital. As a State agency, the Hospitals is required to conform to financial requirements established by various statutory and constitutional provisions. While the Hospitals is exempt from both federal and State income taxes, a small portion of its revenue is subject to the unrelated business income tax.
- B. Financial Reporting Entity** – The concept underlying the definition of the financial reporting entity is that elected officials are accountable to their constituents for their actions. As required by accounting principles generally accepted in the United States of America, the financial reporting entity includes both the primary government and all of its component units. An organization other than a primary government serves as a nucleus for a reporting entity when it issues separate financial statements.

The Hospitals is a part of the University of North Carolina (UNC) Health Care System which is a part of the University of North Carolina System. The University of North Carolina System is a component unit of the State of North Carolina and an integral part of the State of North Carolina’s *Comprehensive Annual Financial Report*.

The accompanying financial statements present all funds belonging to the Hospitals for which the UNC Health Care System Board of Directors is responsible. The Hospitals’ component units are blended in the Hospitals’ financial statements. The blended component units, although legally separate, are, in substance, part of the Hospitals’ operations and therefore, are reported as if they were part of the Hospitals.

Blended Component Units – Although legally separate, Health System Properties, LLC (the LLC) and Carolina Dialysis, LLC, (the CDLLC), component units of the Hospitals, are reported as if they were part of the Hospitals.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

The LLC was established to purchase, develop and/or lease real property. The LLC is reported as part of the Hospitals because the UNC Health Care System is the sole member manager and the LLC is governed by the same Board that directs the Hospitals' operations. Additionally, the only properties owned to date by the LLC are for the sole use and benefit of the Hospitals.

The Hospitals has a two-third ownership interest in the CDLLC. Renal Research Institute owns the remaining one-third interest. A Board of Managers comprised of six members manages the CDLLC, with four appointed by the Hospitals through the Chief Executive Officer and two appointed by Renal Research Institute. The CDLLC was formed for the purposes of owning and operating chronic dialysis programs, thus improving the quality of care to end-stage renal disease patients by providing dialysis services and conducting research in the field of nephrology in the State of North Carolina. The CDLLC is included as part of the Hospitals because of the nature and significance of the relationship of the CDLLC with the Hospitals. Because the CDLLC provides services almost entirely to the Hospitals' patients, its financial statements have been blended with those of the Hospitals.

Separate financial statements for the LLC and CDLLC may be obtained from the Chief Financial Officer, University of North Carolina Hospitals, 6011 East Wing, 101 Manning Drive, Chapel Hill, North Carolina 27514, or by calling (919) 966-1728. Other related foundations and similar nonprofit corporations for which the Hospitals is not financially accountable are not part of the accompanying financial statements.

- C. Basis of Presentation** – The accompanying financial statements are presented in accordance with accounting principles generally accepted in the United States of America as prescribed by the Governmental Accounting Standards Board (GASB).

Pursuant to the provisions of GASB Statement No. 34, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments*, as amended by GASB Statement No. 35, *Basic Financial Statements – and Management's Discussion and Analysis – for Public Colleges and Universities* and as amended by GASB Statement No. 37, *Basic Financial Statements – and Management's Discussion and Analysis – for State and Local Governments: Omnibus*, the full scope of the Hospitals' activities is considered to be a single business-type activity and accordingly, is reported within a single column in the basic financial statements.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

In accordance with GASB Statement No. 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, the Hospitals does not apply Financial Accounting Standards Board (FASB) pronouncements issued after November 30, 1989, unless the GASB amends its pronouncements to specifically adopt FASB pronouncements issued after that date.

- D. Basis of Accounting** – The financial statements of the Hospitals have been prepared using the economic resource measurement focus and the accrual basis of accounting. Under the accrual basis, revenues are recognized when earned, and expenses are recorded when an obligation has been incurred.

Nonexchange transactions, in which the Hospitals receives (or gives) value without directly giving (or receiving) equal value in exchange includes State appropriations, a capital grant for the cancer hospital, certain grants, and donations. Revenues are recognized, net of estimated uncollectible amounts, as soon as all eligibility requirements imposed by the provider have been met, if probable of collection.

- E. Cash and Cash Equivalents** – This classification includes undeposited receipts, petty cash, security deposits, cash on deposit in private bank accounts, and deposits held by the State Treasurer in the short-term investment fund. The short-term investment fund maintained by the State Treasurer has the general characteristics of a demand deposit account in that participants may deposit and withdraw cash at any time without prior notice or penalty.
- F. Investments** – This classification includes state and local government securities, commercial paper, domestic corporate bonds and participation in an equity investment fund through the University of North Carolina Hospitals at Chapel Hill Trust. Investments are accounted for at fair value, as determined by quoted market prices, or an amount determined by the investment manager if quoted market prices are not available. The net increase (decrease) in the fair value of investments is recognized as a component of investment income.
- G. Patient Accounts Receivable** – The Hospitals' patient accounts receivable consists of unbilled (in house patients, inpatients discharged but not final billed and outpatients not final billed) and billed amounts. Payment of these charges comes primarily from Managed Care payers, Medicare, Medicaid and, to a lesser extent, the patient. These amounts are recorded in the financial statements net of charity care, contractual allowances and allowances for bad debt to determine the net realizable value of the accounts receivable balance. See the section Net Patient

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Service Revenue later in the Significant Accounting Policies for a further discussion of these reductions.

The reserves recorded for these deductions are used to determine net patient accounts receivable and are calculated based on the historical collection percentage realized for each payer. The collection rates are updated monthly in order to reflect the most up to date information available.

The Hospitals has established flexible payment arrangements for patient balances ranging from a minimum of 3 months to a maximum of 36 months depending on the outstanding balance due. Amounts due beyond one year under these arrangements are classified as noncurrent assets.

- H. Other Receivables** – In addition to patient accounts receivable, the Hospitals recognizes other receivables related to its operations. These items include the sales tax refund due from the North Carolina Department of Revenue, education loan receivables, amounts due from affiliates and other State agencies, and billings to outside companies for ancillary testing.
- I. Inventories** – Inventories consist of medical and surgical supplies, pharmaceuticals, prosthetics, and other supplies that are used to provide patient care or by service departments within the Hospitals. Inventories are stated at FIFO (first-in, first-out) cost.
- J. Capital Assets** – Capital assets are stated at cost at date of acquisition or fair value at date of donation in the case of gifts. The value of assets constructed includes all material direct and indirect construction costs. Interest costs incurred are capitalized during the period of construction. The Hospitals capitalizes assets having a cost or fair value of at least \$5,000 at the date of acquisition and an estimated useful life of three years or more. Useful life estimates are assigned based upon the American Hospital Association publication *Estimated Useful Lives of Depreciable Hospital Assets*.

Depreciation is computed using the straight-line method over the estimated useful lives of the assets, generally 3 to 20 years for equipment, 10 to 40 years for buildings and fixed equipment, and 5 to 25 years for general infrastructure.

- K. Restricted Assets** – Unexpended proceeds of revenue bonds, related interest income, unexpended capital contributions and funds equal to 7.5% of gross patient revenue are classified as restricted assets because their use is limited by applicable bond covenants or donor/grantor

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

agreements. Similarly, the remaining proceeds of a note payable are restricted by the agreement for capital equipment purchases. The advance deposits with the Liability Insurance Trust Fund and certain other trust funds are classified as restricted because external parties or statute limits their use.

- L. Bonds Payable** – Bonds payable are reported net of unamortized premiums or discounts and deferred losses on refunds. The Hospitals amortizes bond premiums/discounts over the life of the bonds using the effective interest method. The deferred losses on refunds are amortized over the life of the old debt (new debt and old debt payoff at the same time) using the straight-line method. Bond issuance costs are amortized using the straight-line method over the life of the bonds.
- M. Compensated Absences** – The Hospitals’ policy is to record the cost of annual leave when earned. Employees earn annual leave at varying rates depending upon years of service and the leave plan in which they participate.

Traditional Plan – The policy provides for a maximum accumulation of unused annual leave of 30 days that can be carried forward beyond the pay period that includes December 31 or for which an employee can be paid upon termination of employment. Also, any accumulated annual leave in excess of 30 days, during the pay period that includes December 31, is converted to sick leave. Employees earn holiday leave at the rate of 11 or 12 days per year with an unlimited accumulation. The Hospitals’ policy requires that employees use holiday hours in excess of 40 prior to using earned annual leave. At termination, employees are paid for any accumulated holiday leave. Employees earn sick leave at the rate of one day per month with an unlimited accumulation.

Paid Time Off (PTO) Plan – The PTO program combines the various leave types that employees may earn into one earning rate that varies depending upon years of service. This program is mandatory for all new employees. The policy provides for a maximum accumulation of 280 hours of unused PTO time at the last day of the last pay period of the calendar year that includes December 31. At that time, the excess accumulation over 280 hours is converted to long term sick leave, which is treated similar to sick leave in the Traditional Plan. Upon termination of employment, employees are paid for their current balance in PTO based upon their years of service. Once an employee has more than five years of service, the entire accumulated balance is paid up to 280 hours. The PTO program also has an annual sell back feature that allows employees to sell back 50% of their accumulated hours over a minimum floor. The payout occurs in January each year.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Liability Calculation – The liability for accumulated annual leave, holiday leave, and PTO leave for each employee at June 30 equals the leave carried forward at the previous December 31 plus the leave earned, less the leave taken between January 1 and June 30. The liability is equal to the accumulated hours multiplied by the employee's current hourly rate plus benefits for social security and State retirement.

When classifying compensated absences into current and noncurrent, leave is considered taken using a last-in, first-out (LIFO) method.

There is no liability for unpaid accumulated sick leave because the Hospitals has no obligation to pay sick leave upon termination or retirement. However, additional service credit for retirement pension benefits is given for accumulated sick leave upon retirement.

N. Net Assets – The Hospitals' net assets are classified as follows:

Invested in Capital Assets, Net of Related Debt – This represents the Hospitals' total investment in capital assets, net of outstanding debt obligations related to those capital assets. To the extent debt has been incurred but not yet expended for capital assets, such amounts are not included as a component of invested in capital assets, net of related debt.

Restricted Net Assets – Expendable – Expendable restricted net assets include resources for which the Hospitals is legally or contractually obligated to spend the resources in accordance with restrictions imposed by external parties.

Unrestricted Net Assets – Unrestricted net assets include resources derived from patient care and ancillary services, unrestricted gifts and investment income.

Restricted and unrestricted resources are tracked using a fund accounting system and are spent in accordance with established fund authorities. Fund authorities provide rules for the fund activity and are separately established for restricted and unrestricted activities. When both restricted and unrestricted funds are available for expenditure, the decision for funding is transactional based and determined by Hospitals' departmental managers. For projects funded by tax-exempt debt proceeds and other sources, the debt proceeds are always used first.

O. Revenue and Expense Recognition – The Hospitals classifies its revenues and expenses as operating or nonoperating in the accompanying Statement of Revenues, Expenses, and Changes in Net Assets.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with the Hospitals' principal ongoing operations. Operating revenues include activities that have characteristics of exchange transactions, such as charges for inpatient and outpatient services as well as external customers who purchase medical services. Operating expenses are all expense transactions incurred other than those related to capital and noncapital financing or investing activities as defined by GASB Statement No. 9, *Reporting Cash Flows of Proprietary and Nonexpendable Trust Funds and Governmental Entities That Use Proprietary Fund Accounting*.

Nonoperating revenues include activities that have the characteristics of nonexchange transactions. Revenues from nonexchange transactions, State appropriations that represent subsidies or gifts to the Hospitals, as well as investment income and gain (loss) on disposal of fixed assets are considered nonoperating since these are either investing, capital or non-capital financing activities. The minority interest of the Dialysis LLC is considered nonoperating because it is related to investments in affiliates.

Capital grants, capital gifts and Health Care System assessments are presented separately after nonoperating revenues and expenses.

- P. Net Patient Service Revenue** – Patient service revenue is recorded at the Hospitals' established rates and includes all charges for inpatient accounts discharged after June 30, 2005, (less amounts previously recorded at June 30, 2005, for in house patients) and all charges on in house accounts and all charges for outpatient accounts registered after June 30, 2005. The difference between established rates and the estimated amount collectible is recognized as revenue deductions on an accrual basis and deducted from gross patient service revenue to report service revenue at net realizable value. Revenue deductions consist of charges for charity care, contractual allowances and bad debt.

Charity care provided represents health care services that were provided free of charge to individuals who meet the criteria of the Hospitals' charity care policy. Charity care provided is not considered to be revenue to the Hospitals and is deducted in determining gross patient service revenue.

Differences between the amounts paid for services under third party reimbursement programs and established rates are accounted for as contractual adjustments. Retroactively calculated adjustments are recorded as prior year third party settlements in the year in which the adjustment can be reasonably estimated.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

- Q. Medical Malpractice Costs** – Medical malpractice costs represent the actuarially determined contribution to the Liability Insurance Trust Fund. See Note 11 for further discussion of the Liability Insurance Trust Fund.
- R. Donated Services** – No amounts have been included for donated services since no objective basis is available to measure the value of such services. However, a substantial number of volunteers donated significant amounts of their time to the Hospitals’ operations.

NOTE 2 - DEPOSITS AND INVESTMENTS

- A. Deposits** – Unless specifically exempt, the Hospitals is required by *North Carolina General Statute 147-77* to deposit moneys received with the State Treasurer or with a depository institution in the name of the State Treasurer. In addition, the University of North Carolina Board of Governors, pursuant to General Statute 116-36.1, requires the Hospitals to deposit its institutional trust funds, except for funds received for services rendered by health care professionals, with the State Treasurer. Although specifically exempted, the Hospitals may voluntarily deposit endowment funds, special funds, revenue bond proceeds, debt service funds, and funds received for services rendered by health care professionals with the State Treasurer. Special funds consist of moneys for agency funds held directly by the Hospitals. Bond proceeds and debt service funds are invested in accordance with the bond resolutions. These funds are currently on deposit with the State Treasurer and therefore, available on demand to comply with applicable bond covenants.

At June 30, 2006, the amount shown on the Statement of Net Assets as cash and cash equivalents includes \$385,734,085 which represents the Hospitals’ equity position in the State Treasurer’s Short-Term Investment Fund. The Short-Term Investment Fund (a portfolio within the State Treasurer’s Investment Pool, an external investment pool that is not registered with the Securities and Exchange Commission and does not have a credit rating) had a weighted average maturity of 1.18 years as of June 30, 2006. Assets and shares of the Short-Term Investment Fund are valued at amortized cost, which approximates fair value. Deposit and investment risks associated with the State Treasurer’s Investment Pool (which includes the State Treasurer’s Short-Term Investment Fund) are included in the State of North Carolina’s *Comprehensive Annual Financial Report*. An electronic version of this report is available by accessing the North Carolina Office of the State Controller’s Internet home page <http://www.ncosc.net/> and clicking on “Financial Reports”, or by calling the State Controller’s Financial Reporting Section at (919) 981-5454.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Cash on hand at June 30, 2006, was \$23,965. The carrying amount of the Hospitals' deposits not with the State Treasurer was \$5,406,259 and the bank balance was \$537,101. Custodial credit risk is the risk that in the event of a bank failure, the Hospitals' deposits may not be returned to it. The Hospitals does not have a deposit policy for custodial credit risk. As of June 30, 2006, \$229,512 of the Hospitals' bank balance was uninsured and uncollateralized.

B. Investments

The Hospitals is authorized by The University of North Carolina Board of Governors pursuant to G.S. 116-36.2 and Section 600.2.4 of the Policy Manual of the University of North Carolina, to invest its special funds and funds received for services rendered by health care professionals in the same manner as the State Treasurer is required to invest, as discussed below.

G.S. 147-69.1(c), applicable to the State's General Fund, and G.S. 147-69.2, applicable to institutional trust funds, authorize the State Treasurer to invest in the following: obligations of or fully guaranteed by the United States; obligations of certain federal agencies; repurchase agreements; obligations of the State of North Carolina; time deposits of specified institutions; prime quality commercial paper, and asset-backed securities with specified ratings. Also, G.S. 147-69.1(c) authorizes the following: specified bills of exchange or time drafts and corporate bonds and notes with specified ratings. G.S. 147-69.2 authorizes the following: general obligations of other states; general obligations of North Carolina local governments; and obligations of certain entities with specified ratings.

Investments are subject to the following risks.

Interest Rate Risk: Interest rate risk is the risk the Hospitals may face should interest rate variances affect the fair value of investments. The Hospitals does not have a formal policy that addresses interest rate risk.

Credit Risk: Credit risk is the risk that an issuer or other counterparty to an investment will not fulfill its obligations. The Hospitals has a contractual agreement with an investment advisor that specifies the types and ratings of investments permitted.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty, the Hospitals will not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. The Hospitals does not have a formal policy for custodial credit risk.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

University of North Carolina Hospitals at Chapel Hill Trust – At June 30, 2006, the amount shown on the Statement of Net Assets which represents funds deposited with and invested by the State Treasurer is \$150,376,937. The State Treasurer contracted with an external party (Trustee) to create the University of North Carolina Hospitals at Chapel Hill Trust (Trust). The UNC Hospitals are the only depositor in the Trust, however, the Trust is a participant of a commingled equity investment fund. The Trustee manages the assets, primarily in equity and equity-based securities in accordance with General Statutes. The Trustee maintains custody of the underlying securities in the name of the Trust, services the securities and maintains all related accounting records. The investments are valued at fair market value. Deposit and investment risks associated with the Trust are included in the State of North Carolina’s *Comprehensive Annual Financial Report*. An electronic version of this report is available by accessing the North Carolina Office of the State Controller’s Internet home page <http://www.ncosc.net/> and clicking on “Financial Reports”, or by calling the State Controller’s Financial Reporting Section at (919) 981-5454.

Other Investments – The following table presents the fair value of investments by type and investments subject to interest rate risk at June 30, 2006, for the Hospitals’ other investments.

Other Investments

Investment Type	Fair Value	Investment Maturities (in Years) Less Than 1
	Fair Value	Investment Maturities (in Years) Less Than 1
Debt Securities		
State and Local Government	\$ 24,019,897	\$ 24,019,897
Commercial Paper	990,009	990,009
Domestic Corporate Bonds	4,677,942	4,677,942
Total Other Investments	\$ 29,687,848	\$ 29,687,848

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

At June 30, 2006, the Hospitals' other investments had the following credit quality distribution for securities with credit exposure:

	Fair Value	AAA Aaa	AA Aa	A
State and Local Government	\$ 24,019,897	\$ 24,019,897	\$ 0	\$ 0
Commercial Paper	990,009			990,009
Domestic Corporate Bonds	4,677,942		1,240,296	3,437,646

Rating Agencies: S & P - Moodys

At June 30, 2006, the Hospitals' other investments were exposed to custodial credit risk as follows:

Investment Type	Held by Counterparty
State and Local Government	\$ 24,019,897
Commercial Paper	990,009
Domestic Corporate Bonds	4,677,942
Total	\$ 29,687,848

NOTE 3 - PATIENT ACCOUNTS RECEIVABLE - NET

- A. Current** – Net patient accounts receivable consist of amounts due from patients and third parties at estimated realizable value. Included in gross receivables are amounts receivable at established billing rates less payments received through June 30th. Allowances for uncollectible accounts and contractual adjustments are estimated using historical collection statistics. The components of current net Patient Accounts Receivable reflected in the accompanying Statement of Net Assets are as follows at June 30, 2006:

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

	2006
In House Patients	\$ 29,204,052
Discharged (not final billed) Patients	29,949,417
Total Unbilled	59,153,469
Discharged (billed) Patients	172,192,239
Payment Arrangements	1,227,560
Charity Care Provided	(10,228,961)
Current Gross	222,344,307
Allowance for Bad Debts	(13,498,621)
Contractual Allowances	(101,100,953)
Total Allowances	(114,599,574)
Current - Net	\$ 107,744,733

B. Noncurrent – Net Patient Accounts Receivable consisted of \$1,670,373 as of June 30, 2006. Noncurrent amounts represent patient payment arrangements that extend beyond one year and are based on signed contractual agreements for a specific monthly payment amount.

NOTE 4 - ESTIMATED THIRD PARTY SETTLEMENTS

UNC Hospitals renders care to patients covered by the Medicare, Medicaid and Tricare/Champus programs. Inpatient acute care services rendered to Medicare patients are paid at prospectively determined rates per discharge. Medicare outpatient services are reimbursed at prospectively determined rates. Additionally, UNC Hospitals receives interim pass-through payments from Medicare for items that are ultimately settled on cost or an adjusted cost through the annual Medicare Cost Report. On an interim, Medicaid inpatient services are reimbursed on a prospectively determined rate per discharge and Medicaid outpatient services are reimbursed on an interim basis at an agreed upon rate. Ultimately, both Medicaid inpatient and outpatient services are settled at cost through the filing of an annual cost report. Tricare/Champus pay for services on an interim basis and reimburses the Hospitals for a portion of capital and direct medical education costs based on the Medicare cost report.

UNC Hospitals has calculated the estimated third party settlements for the outstanding Medicare and Medicaid cost reports during the fiscal year ended 2006. It is estimated that the Hospitals owe Medicare and Medicaid \$14,928 and \$11,307,532 respectively and that Tricare/Champus owe the Hospitals \$3,673,403. Additionally, during fiscal year 2006 management made the decision to reserve \$21,841,970 or the equivalent of 3% of allowable Medicaid

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

cost for all outstanding cost reports based on the number of cost reports still outstanding, industry practice and the recommendation of our retained expert adviser. Medicare has not supplied the Hospitals with the required Provider Statistical and Reimbursement Summary Reports (or adequate substitute data) to complete the cost reports for 2001 – 2005. In order to estimate the Medicare settlement amounts (receivable or payable for each year), the Hospitals estimated program charges and reimbursement based on actual detailed payment data and estimated other items that are settled through the cost report based on historical data. The Hospitals prepared and filed the 2001-2004 Medicaid cost reports using actual cost, statistical, charge and settlement data. Our adviser continued to review the completed and 2005 draft reports and the underlying assumptions that were the basis for the estimates.

Once the cost reports are filed, they are subject to an initial tentative settlement and subsequent on-site audits. The reports are audited by the programs for compliance with the applicable regulations established for the Medicaid, Medicare and Tricare/Champus programs. Cost reports can also be re-opened or appealed for issues that the Hospitals or the Medicare or Medicaid programs feel are warranted. There are several such requests under consideration, as well as, audits that are incomplete at this time. Any of the above can result in a change to the reimbursement requiring a refund from the program or payment to the program.

Medicare Pass-through Payments – Medicare makes interim payments to the Hospitals for certain portions of inpatient acute care costs such as organ costs, graduate medical education, etc. that continue to be reimbursed at cost or adjusted cost under the Prospective Payment System. The Hospitals earned \$13,870,167 in pass-through payments for 2006, including \$684,001 earned but not received as of June 30, 2006.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 - CAPITAL ASSETS

A summary of changes in the capital assets for the year ended June 30, 2006, is presented as follows:

	Balance July 1, 2005	Increases	Decreases	Balance June 30, 2006
Capital Assets, Nondepreciable:				
Land	\$ 24,720,789	\$ 1,700,123	\$ 0	\$ 26,420,912
Construction in Progress	25,821,168	19,886,733	(26,048,649)	19,659,252
Total Capital Assets, Nondepreciable	50,541,957	21,586,856	(26,048,649)	46,080,164
Capital Assets, Depreciable:				
Buildings	292,321,772	26,533,805		318,855,577
Machinery and Equipment	285,881,310	20,982,527	(12,541,496)	294,322,341
General Infrastructure	5,809,080		(485,156)	5,323,924
Total Capital Assets, Depreciable	584,012,162	47,516,332	(13,026,652)	618,501,842
Less Accumulated Depreciation for:				
Buildings	75,246,412	11,194,330		86,440,742
Machinery and Equipment	167,699,188	27,073,550	(11,614,084)	183,158,654
General Infrastructure	3,281,857	255,488	(117,872)	3,419,473
Total Accumulated Depreciation	246,227,457	38,523,368	(11,731,956)	273,018,869
Total Capital Assets, Depreciable, Net	337,784,705	8,992,964	(1,294,696)	345,482,973
Capital Assets, Net	\$ 388,326,662	\$ 30,579,820	\$ (27,343,345)	\$ 391,563,137

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

NOTE 6 - LONG-TERM LIABILITIES

A. Changes in Long-Term Liabilities – A summary of the changes in the long-term liabilities for the year ended June 30, 2006, is presented as follows:

	Balance July 1, 2005	Additions	Reductions	Balance June 30, 2006	Current Portion
Bonds Payable					
Revenue Bonds	\$ 286,980,000	\$ 0	\$ (6,115,000)	\$ 280,865,000	\$ 6,220,000
Plus: Premium	1,965,883		(221,211)	1,744,672	
Less: Discount	(594,719)		14,910	(579,809)	
Less: Deferred Charge on Refunding	(17,477,054)		856,939	(16,620,115)	
Total Bonds Payable	<u>\$ 270,874,110</u>	<u>\$ 0</u>	<u>\$ (5,464,362)</u>	<u>\$ 265,409,748</u>	<u>\$ 6,220,000</u>
Notes Payable	<u>\$ 1,630,577</u>	<u>\$ 50,362,882</u>	<u>\$ (7,962,627)</u>	<u>\$ 44,030,832</u>	<u>\$ 10,544,694</u>
Arbitrage Rebate Payable	<u>\$ 3,769,794</u>	<u>\$ 96,130</u>	<u>\$ (3,597,032)</u>	<u>\$ 268,892</u>	<u>\$ 0</u>
Compensated Absences	<u>\$ 18,003,946</u>	<u>\$ 28,499,240</u>	<u>\$ (27,392,179)</u>	<u>\$ 19,111,007</u>	<u>\$ 4,449,043</u>

B. Bonds Payable – The Hospitals was indebted for bonds payable for the purposes shown in the following table:

Purpose	Series	Interest Rate/ Ranges	Final Maturity Date	Original Amount of Issue	Principal Paid Through 06/30/2006	Principal Outstanding 06/30/2006
Construction of Women's and Children's Hospitals (Net of Refundings)	1996	4.20% to 4.75%	02/15/2006	\$ 14,455,000	\$ 14,455,000	\$ 0
Refund 1992 Revenue Bonds	1999	4.00% to 5.25%	02/15/2024	58,925,000	9,905,000	49,020,000
Rex Acquisition and Hospital Renovations	2001A 2001B	3.98% * 4.05% *	02/15/2031	110,000,000	5,200,000	104,800,000
Refund Portion of 1996 Revenue Bonds	2003A 2003B	3.99% ** 3.94% **	02/01/2029	98,015,000	1,425,000	96,590,000
Refund Portion of 1996 Revenue Bonds	2005A	3.00% to 5.00%	02/01/2015	<u>30,540,000</u>	<u>85,000</u>	<u>30,455,000</u>
Total Bonds Payable (Principal Only)				<u>\$ 311,935,000</u>	<u>\$ 31,070,000</u>	280,865,000
Less: Unamortized Loss on Refunding						(16,620,115)
Less: Unamortized Discount						(579,809)
Plus: Unamortized Premium						<u>1,744,672</u>
Total Bonds Payable						<u>\$ 265,409,748</u>

* For variable rate debt, interest rates in effect at June 30, 2006 are shown.

** For variable rate debt with interest rate swaps, the synthetic fixed rates in effect at June 30, 2006 are shown.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

- C. **Demand Bonds** – Included in bonds payable are several variable rate demand bond issues. Demand bonds are securities that contain a “put” feature that allows bondholders to demand payment before the maturity of the debt upon proper notice to the Hospitals’ Remarketing Agents.

With regards to the following demand bonds, the Hospitals has entered into legal agreements, which would convert the demand bonds not successfully remarketed into another form of long-term debt.

University of North Carolina Hospitals at Chapel Hill Revenue Bonds - Series 2001A and Series 2001B: On January 31, 2001, the Hospitals issued two series of tax-exempt variable rate demand bonds in the amount of \$55,000,000 (2001A) and \$55,000,000 (2001B) that have a final maturity date of February 15, 2031. The bonds are subject to mandatory sinking fund redemption that began on February 15, 2002. A portion of the proceeds was used to reimburse the Hospitals for \$75,000,000 spent allowing the UNC Health Care System to acquire controlling interest in Rex Healthcare Inc. The remaining proceeds are being used for the renovation of space vacated after the opening of the North Carolina Women’s Hospital, North Carolina Children’s Hospital, and associated support services. While initially bearing interest in a daily mode, the mode on these bonds may change to a weekly rate, a unit pricing rate, a term rate or a fixed rate.

While in daily mode, the bonds are subject to purchase on any business day upon demand by telephonic notice of tender to the Remarketing Agent on the purchase date and delivery to the bond Tender Agent, Wachovia Bank, National Association. The Hospitals’ Remarketing Agents, Merrill Lynch, Pierce, Fenner & Smith Incorporated (Series 2001A) and Banc of America Securities LLC (Series 2001B) have agreed to exercise their best efforts to remarket bonds for which a notice of purchase has been received. The quarterly remarketing fee is payable in arrears and is equal to either 0.05% or 0.08% of the outstanding principal amount of the bonds assigned to each agent, depending upon their performance in comparison to an established benchmark.

Under separate Standby Bond Purchase Agreements for the Series 2001A and Series 2001B (Agreements) between the Hospitals and *Landesbank Hessen-Thuringen Girozentrale*, a Liquidity Facility has been established for the Tender Agent to draw amounts sufficient to pay the purchase price and accrued interest on bonds delivered for purchase when remarketing proceeds or other funds are not available. These Agreements require an adjustable facility fee based on the long-term rating of the bonds, which is

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

calculated as a percentage of the available commitment. Payments are made quarterly in arrears, on the first business day of each July, October, January and April thereafter until the expiration date or the termination date of the Agreements. For the past fiscal year the percentage was 0.25% with the new long-term agreement that became effective on July 11, 2005. The percentage will remain 0.25% unless the bond ratings change.

Under the Agreements, any bonds purchased through the Liquidity Facility become Bank Bonds and shall, from the date of such purchase and while they are Bank Bonds, bear interest at the Formula Rate (Base Rate equal to the higher of the Prime Rate for such day or the sum of .50% plus the Federal Funds Rate) subject to a maximum rate as permitted by law. Upon remarketing of Bank Bonds and the receipt of the sales price by the Liquidity Provider, such bonds are no longer considered Bank Bonds. Payment of the interest on the Bank Bonds is due quarterly (the first business day of January, April, July and October) for each period in which Bank Bonds are outstanding. At June 30, 2006, there were no Bank Bonds held by the Liquidity Facility.

Included in the Agreements is a take out provision, in case the Remarketing Agent is unable to resell any bonds that are "put" within 90 days of the "put" date. In this situation, the Hospitals is required to redeem the Bank Bonds held by the Liquidity Facility. The agreements allow the Hospitals to redeem bank bonds in equal quarterly installments, on the first business day of January, April, July and October. The payments will commence with the first business day of any such month that is at least 90 days following the applicable Purchase Date of the Bank Bond and end no later than the fifth anniversary of such Purchase Date. If the take out agreement were to be exercised because the entire outstanding \$104,800,000 of demand bonds was "put" and not resold, the Hospitals would be required to pay \$25,791,784 a year for five years under the installment loan agreement assuming an 8.25 percent prime interest rate.

The current expiration date of the Agreements is December 31, 2015. The Liquidity Provider has the option to terminate its commitment on October 11, 2008, October 11, 2011, or October 11, 2014, by providing adequate notice of its intention. The Hospitals may request additional extensions of at least one year from the previous termination date. Extensions are at the discretion of Liquidity Provider.

University of North Carolina Hospitals at Chapel Hill Revenue Refunding Bonds - Series 2003A and Series 2003B: On February 13, 2003, the Hospitals issued two series of tax-exempt variable

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

rate demand bonds in the amount of \$63,770,000 (2003A) and \$34,245,000 (2003B) that have a final maturity date of February 1, 2029. The bonds are subject to mandatory sinking fund redemption that began on February 1, 2004. The proceeds were used to advance refund \$88,325,000 of the Series 1996 Bonds. While initially bearing interest in a weekly mode, the mode on these bonds may change to a daily rate, a unit pricing rate, a term rate or a fixed rate.

While in the weekly mode, the bonds are subject to purchase on demand with seven days' notice to the Remarketing Agent and delivery to the bond Tender Agent, Wachovia Bank, National Association. The Hospitals' Remarketing Agents, Banc of America Securities LLC (Series 2003A) and Wachovia Bank, National Association (Series 2003B) have agreed to exercise their best efforts to remarket bonds for which a notice of purchase has been received. The quarterly remarketing fee is payable in arrears and is equal to 0.08% of the outstanding principal amount of the bonds assigned to the Remarketing Agent for Series 2003A and is equal to 0.07% of the outstanding principal amount of the bonds assigned to the Remarketing Agent for Series 2003B.

Under separate Standby Bond Purchase Agreements for the Series 2003A and Series 2003B (Agreements) between the Hospitals and Bank of America, N.A. (Series 2003A) or Wachovia Bank, National Association (Series 2003B) a Liquidity Facility has been established for the Tender Agent to draw amounts sufficient to pay the purchase price on bonds delivered for purchase when remarketing proceeds or other funds are not available. These Agreements require a facility fee equal to 0.22% of the available commitment for Series 2003A and Series 2003B, payable quarterly in advance, beginning on February 13, 2003, and on each February 1, May 1, August 1, and November 1 thereafter until the expiration date or the termination date of the Agreements.

Under the Agreements, any bonds purchased through the Liquidity Facility become Bank Bonds and shall, from the date of such purchase and while they are Bank Bonds, bear interest at the Bank Bond Interest Rate (for Series 2003A, the rate equals London Inter-Bank Offered Rate (LIBOR) plus 2.50% for the first 90 days and then equals LIBOR plus 4.00%; for Series 2003B, the rate equals Prime Rate for the first 90 days and then equals Prime plus 1.00%) subject to a maximum rate as permitted by law. Upon remarketing of Bank Bonds and the receipt of the sales price by the Liquidity Provider, such bonds are no longer considered Bank Bonds. Payment of the interest on the Bank Bonds is on the first business day of each month for each period in which Bank Bonds are outstanding. At June 30, 2006, there were no Bank Bonds held by the Liquidity Facility.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Included in the Agreements is a take out provision, in case the Remarketing Agent is unable to resell any bonds that are "put" within 90 days of the "put" date. In this situation, the Hospitals is required to redeem the Bank Bonds held by the Liquidity Facility. The Series 2003A agreement allows the Hospitals to redeem bank bonds in twelve equal quarterly installments beginning on the first February 1, May 1, August 1 or November 1 that occurs at least 90 days following the applicable Purchase Date of the Bank Bond. If the take out agreement were to be exercised because the entire outstanding \$62,835,000 of demand bonds was "put" and not resold, the Hospitals would be required to pay \$24,260,156 a year for three years under the installment loan agreement assuming a 9.35 percent interest rate (LIBOR plus 4%). The Series 2003B agreement allows the Hospitals to redeem bank bonds in 36 equal monthly installments, on the first business day of each calendar month after the loan date. Payments commence with the first business day of any such month that is at least 120 days following the applicable Purchase Date of the Bank Bond. If the take out agreement were to be exercised because the entire outstanding \$33,755,000 of demand bonds was "put" and not resold, the Hospitals would be required to pay \$12,927,984 a year for three years under the installment loan agreement assuming a 9.25 percent interest rate (Prime plus 1%).

The current expiration date of the Series 2003A Agreement is July 1, 2008, and July 31, 2008, for the Series 2003B Agreement. The Hospitals may request additional extensions, which are approved at the discretion of the Liquidity Provider.

Interest Rate Swap Agreement

Objective: In order to protect against the risk of interest rate changes, the Hospitals entered into an interest rate swap contract agreement with Bank of America, N.A. (BOA) on February 13, 2003. The agreement covers the Variable Rate Revenue Refunding Bonds, Series 2003 A (\$63,770,000) and Series 2003 B (\$34,245,000). The 2003 series of bonds partially refunded Fixed Rate Revenue Bonds, Series 1996.

Terms, fair values, and credit risk: Under this agreement, BOA pays the Hospitals interest on the notional amount based on 67% of the arithmetic mean of the USD-LIBOR-BBA (with a designated maturity of one month) on a monthly basis. Also on a monthly basis, the Hospitals pays BOA interest at the fixed rate of 3.48%. No cash was paid or received by the Hospitals upon initiation of the agreement. The notional amount of the swap reduces annually; the reductions began in February 2004 and end in February 2029.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

The swap agreement terminates February 1, 2029. As of June 30, 2006, rates were as follows:

	Terms	2003A Rates	2003B Rates
Fixed Payment to BOA	Fixed	3.48	3.48
Variable Payment from BOA	LIBOR ⁽¹⁾ -BBA ⁽²⁾	3.49	3.49
Net Interest Rate Swap Payments		(0.01)	(0.01)
Variable Rate Bond Coupon Payments		4.00	3.95
Synthetic Interest Rate on Bonds		3.99	3.94

⁽¹⁾ London Inter-Bank Offered Rate

⁽²⁾ British Bankers Association

The swap agreement has a mark-to-market value of \$3,013,937 as of June 30, 2006. BOA develops the mark-to-market value. Their method calculates the present value of the future net settlement payments required by the swap assuming that the current forward rates implied by the yield curve correctly anticipate future spot interest rates. These payments are then discounted using the spot rates implied by the current yield curve for LIBOR due on the date of each future net settlement on the swap.

As of June 30, 2006, the Hospitals is exposed to credit risk equal to the market value of the swap. BOA's current long-term ratings are AA- by Fitch Ratings, Aa1 by Moody's Investor's Service, and AA by Standard and Poor's Corporation. At such time that their ratings fall below A3 for Moody's or below A- for S&P, BOA will be required to collateralize a portion of their exposure (up to 100%). The following instruments can serve as eligible collateral: Cash, U.S. Treasury Obligations, U.S. Government Agency Fixed Rate Fixed Maturity Securities, U.S. Government Agency Single Class Mortgage-Backed Securities, U.S. Treasury STRIPS and other U.S. Government Agency Mortgage-Backed Securities. Posted collateral received will be entered in one or more accounts with a domestic office of a commercial bank, trust company or financial institution organized under the laws of the United States (or any state or a political subdivision thereof).

Basis risk: The Hospitals receives 67% of 1-month LIBOR-BBA Index from BOA and pays a floating rate to its bondholders set by the Remarketing Agent. The Hospitals incurs basis risk when its bonds trade at a yield above 67% of 1-month LIBOR-BBA Index. If the relationship of the Hospitals' bonds trade to a percentage of LIBOR greater than 67%,

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

the Hospitals will experience an increase in debt service above the fixed rate on the swap.

Termination risk: The derivative contract uses the International Swap Dealers Association Master Agreement, which includes standard termination events, such as failure to pay and bankruptcy. The Hospitals or the counterparty may terminate the swap if the other party fails to perform under the terms of the contract. If the swap is terminated, the associated variable-rate bonds would no longer carry synthetic interest rates. Also, if at the time of termination the swap has a negative fair value, the Hospitals would be liable to the counterparty for that amount. Termination could result in the Hospitals being required to make an unanticipated termination payment.

D. Annual Requirements – The annual requirements to pay principal and interest on the long-term obligations at June 30, 2006, are as follows:

<u>Fiscal Year</u>	Bonds Payable		
	Principal	Interest	Interest Rate Swaps, Net
2007	\$ 6,220,000	\$ 11,890,056	\$ (9,640)
2008	6,420,000	11,633,060	(9,607)
2009	6,860,000	11,299,743	(9,527)
2010	7,135,000	10,982,752	(9,491)
2011	7,410,000	10,645,450	(9,438)
2012-2016	42,900,000	47,533,295	(46,150)
2017-2021	54,185,000	36,771,370	(36,626)
2022-2026	66,915,000	23,991,655	(21,048)
2027-2031	82,820,000	9,016,397	(3,851)
Total Requirements	\$ 280,865,000	\$ 173,763,778	\$ (155,378)

Interest on the variable rate 2001A and 2001B revenue bonds is calculated based upon the daily rates at which the bonds were remarketed on June 30, 2006, of 3.98% and 4.05%, respectively. Interest on the variable rate 2003A and 2003B revenue bonds is calculated based upon the synthetic rates at June 30, 2006, of 3.99% and 3.94%, respectively. See Note 6C for more information on the demand bonds and the interest rate swap agreement.

<u>Fiscal Year</u>	Notes Payable	
	Principal	Interest
2007	\$ 10,544,694	\$ 1,374,948
2008	9,925,904	1,022,555
2009	10,247,782	678,032
2010	10,604,248	321,567
2011	2,708,204	23,250
Total Requirements	\$ 44,030,832	\$ 3,420,352

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

E. Notes Payable – The Hospitals was indebted for notes payable for the purposes shown in the following table:

Purpose	Financial Institution	Interest Rate/ Ranges	Final Maturity Date	Original Amount of Issue	Principal Paid Through 06/30/2006	Principal Outstanding 06/30/2006
IBM Equipment	IBM Credit	.91% to 5.92%	07/01/2007	\$ 2,128,063	\$ 1,131,157	\$ 996,906
Medical Equipment	SunTrust	3.4%	09/29/2010	<u>50,000,000</u>	<u>6,966,074</u>	<u>43,033,926</u>
Total Notes Payable				<u>\$ 52,128,063</u>	<u>\$ 8,097,231</u>	<u>\$ 44,030,832</u>

NOTE 7 - OPERATING LEASE OBLIGATIONS

The Hospitals entered into operating leases for space rental. Future minimum lease payments under noncancelable operating leases consist of the following at June 30, 2006:

<u>Fiscal Year</u>	<u>Amount</u>
2007	\$ 425,714
2008	397,845
2009	257,840
2010	112,663
2011	113,913
2012-2016	<u>86,137</u>
Total Minimum Lease Payments	<u>\$ 1,394,112</u>

Rental expense for all operating leases during the year was \$1,466,424.

NOTE 8 - NET PATIENT SERVICE REVENUE

Medicare: The Hospitals is reimbursed for inpatient acute care services under the provisions of the Prospective Payment System (PPS). Under PPS, payment is made at predetermined rates for treating various diagnoses and performing procedures that have been grouped into defined diagnostic-related groups (DRGs) applicable to each patient discharge, rather than on the basis of the Hospitals' allowable charges. The difference in the standard hospital charge and the prospective payment for such services is reflected as an adjustment from patient service revenue. The DRG payments include adjustments for indirect medical education and disproportionate share. Capital-related costs are reimbursed based upon a predetermined amount per discharge.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Medicare makes payments for Direct Graduate Medical Education (DGME) in support of the direct costs of residency training. These pass-through payments are discussed further in Note 4, Estimated Third Party Settlements.

Medicare reimburses the Hospitals for inpatient hospital services furnished in the inpatient rehabilitation unit, referred to as an inpatient rehabilitation facility (IRF), under the provisions of the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS). IRF PPS utilizes information from a patient assessment instrument (IRF PAI) to classify patients into distinct groups based on clinical characteristics and expected resource needs. Payments are calculated for each group, including case and facility adjustments. Payments made under this system cover the inpatient operating and capital costs of covered rehabilitation services and are made on a per discharge basis.

Medicare is transitioning reimbursement of inpatient services provided in the Hospitals' inpatient psychiatric unit under the provisions of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 to Inpatient Psychiatric Facility Prospective Payment System (IPF PPS) over a three year period beginning July 1, 2005, for UNC Hospitals. During the three year transition period, the Hospitals receives a blended payment consisting of a federal per diem payment amount and a facility specific payment amount which would have been received under TEFRA. The Hospitals is also eligible for outlier payments for longer lengths of stay and high costs on a per case basis.

The Balanced Budget Act of 1997 required the implementation of a prospective payment system for outpatient services. The system became effective August 1, 2000, and is based on ambulatory payment classifications. It applies to most hospital outpatient services other than ambulance, rehabilitation services, clinical diagnostic laboratory services, dialysis for end-stage renal disease, non-implantable durable medical equipment, prosthetic devices and orthotics which are paid based on fee schedules.

Medicaid: Medicaid reimburses inpatient services on an interim basis under a prospective payment system using diagnostic related groups as its basis. A settlement is made at year end to adjust from the interim reimbursement to a cost-based reimbursement basis.

Medicaid reimburses outpatient services on an interim basis based on an agreed-upon rate based on documented costs. Final settlement is determined after submission of annual cost reports by the Hospitals. Several services such as ambulance, hearing aids, durable medical equipment (DME), outpatient pharmaceuticals, home health, dialysis and diagnostic laboratory services are paid on fee schedules.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Contracting Hospital Agreement (CHA): The Hospitals enters into a CHA each year with Blue Cross and Blue Shield of North Carolina (BCBS) whereby both parties accept a schedule of charges for all inpatient and outpatient services delivered. BCBS reimburses the Hospitals on behalf of its subscribers based upon 100% of the charges approved in the contract, less any deductibles or co-payments applicable to specific terms of insurance policies. All patient charges (regardless of payor) conform to the approved rates in the CHA and are subject to change at the Hospitals' discretion.

Other Agreements: The Hospitals has also entered into reimbursement agreements with certain commercial insurance carriers and managed care organizations to accept patients on a discounted fee for service basis. The basis for reimbursement under these agreements includes case rates per discharge, discounts from established charges, fee schedules and per diem rates.

In general, all payments for inpatient and outpatient services are subject to deductibles and co-payments that are the patient's responsibility. Additionally, insurance plans may reimburse their subscribers or make direct payment to the Hospitals on an assignment of benefits basis.

A summary of net patient service revenue for the year ended June 30, 2006, follows:

	<u>2006</u>
Inpatient Routine	\$ 267,179,663
Inpatient Ancillary	531,092,592
Outpatient	520,284,748
Charity Care Provided	<u>(52,961,060)</u>
Gross Patient Service Revenue	<u>1,265,595,943</u>
Medicare Contractual	(178,200,272)
Medicaid Contractual	(152,406,704)
Managed Care Contractual	(231,807,982)
Other Contractuals	(6,372,681)
Bad Debt	<u>(43,189,342)</u>
Contractual Adjustments	<u>(611,976,981)</u>
Net Patient Service Revenue	<u>\$ 653,618,962</u>

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

NOTE 9 - PENSION PLANS

- A. Retirement Plans** – Each permanent full-time employee, as a condition of employment, is a member of the Teachers’ and State Employees’ Retirement System.

The Teachers’ and State Employees’ Retirement System is a cost sharing multiple-employer defined benefit pension plan established by the State to provide pension benefits for employees of the State, its component units and local boards of education. The plan is administered by the North Carolina State Treasurer.

Benefit and contribution provisions for the Teachers’ and State Employees’ Retirement System are established by *North Carolina General Statutes* 135-5 and 135-8 and may be amended only by the North Carolina General Assembly. Employer and member contribution rates are set each year by the North Carolina General Assembly based on annual actuarial valuations. For the year ended June 30, 2006, these rates were set at 2.34% of covered payroll for employers and 6% of covered payroll for members.

For the year ended June 30, 2006, the Hospitals had a total payroll of \$274,591,808 of which \$227,282,881 was covered under the Teachers’ and State Employees’ Retirement System. Total employee and employer contributions for pension benefits for the year were \$13,636,973 and \$5,318,419, respectively. The Hospitals made 100% of its annual required contributions for the years ended June 30, 2006, 2005, and 2004, which were \$5,318,419, \$4,812,216, and \$485,598, respectively.

The Teachers’ and State Employees’ Retirement System’s financial information is included in the State of North Carolina’s *Comprehensive Annual Financial Report*. An electronic version of this report is available by accessing the North Carolina Office of the State Controller’s Internet home page <http://www.osc.state.nc.us/> and clicking on “Financial Reports”, or by calling the State Controller’s Financial Reporting Section at (919) 981-5454.

- B. Deferred Compensation and Supplemental Retirement Income Plans** - IRC Section 457 Plan – The State of North Carolina offers its permanent employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457 through the North Carolina Public Employee Deferred Compensation Plan (the Plan). The Plan permits each participating employee to defer a portion of his or her salary until future years. The deferred compensation is available to employees upon separation from service, death, disability, retirement or financial

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

hardships if approved by the Board of Trustees of the Plan. The Board, a part of the North Carolina Department of Administration, maintains a separate fund for the exclusive benefit of the participating employees and their beneficiaries, the *North Carolina Public Employee Deferred Compensation Trust Fund*. The Board also contracts with an external third party to perform certain administrative requirements and to manage the trust fund's assets. All costs of administering and funding the Plan are the responsibility of the Plan participants. No costs are incurred by the Hospitals. The voluntary contributions by employees amounted to \$364,030 for the year ended June 30, 2006.

IRC Section 401(k) Plan – All members of the Teachers' and State Employees' Retirement System are eligible to enroll in the Supplemental Retirement Income Plan, a defined contribution plan, created under Internal Revenue Code Section 401(k). All costs of administering the Plan are the responsibility of the Plan participants. No costs are incurred by the Hospitals except for a 5% employer contribution for the Hospitals' law enforcement officers, which is mandated under General Statute 143-166.30(e). Total employer contributions on behalf of Hospitals' law enforcement officers for the year ended June 30, 2006, were \$48,476. The voluntary contributions by employees amounted to \$1,420,919 for the year ended June 30, 2006.

IRC Section 403(b) and 403(b)(7) Plans – Eligible employees can participate in tax sheltered annuity plans created under Internal Revenue Code Sections 403(b) and 403(b)(7). The employee's eligible contributions, made through salary reduction agreements, are exempt from federal and State income taxes until the annuity is received or the contributions are withdrawn. These plans are exclusively for employees of universities and certain charitable and other nonprofit institutions. All costs of administering and funding these plans are the responsibility of the Plan participants. No costs are incurred by the Hospitals. The voluntary contributions by employees amounted to \$4,868,300 for the year ended June 30, 2006.

NOTE 10 - OTHER POSTEMPLOYMENT BENEFITS

- A. Health Care for Long-Term Disability Beneficiaries and Retirees –** The Hospitals participates in State-administered programs that provide postemployment health insurance to eligible former employees. Eligible former employees include long-term disability beneficiaries of the Disability Income Plan of North Carolina and retirees of the Teachers' and State Employees' Retirement System. These benefits were established by Chapter 135, Article 3, Part 3 of the General Statutes and

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

may be amended only by the North Carolina General Assembly. Funding for the health care benefit for long-term disability beneficiaries and retirees is financed on a pay-as-you-go basis. The Hospitals contributed 3.80% of the covered payroll under the Teachers' and State Employees' Retirement System for these health care benefits. For the fiscal year ended June 30, 2006, the Hospitals' total contribution to the plan was \$8,636,749. The Hospitals assumes no liability for retiree health care benefits provided by the programs other than its required contributions. Additional detailed information about these programs can be located in the State of North Carolina's *Comprehensive Annual Financial Report*.

- B. Long-Term Disability** – The Hospitals participates in the Disability Income Plan of North Carolina (DIPNC). Established by Chapter 135, Article 6, of the General Statutes, DIPNC provides short-term and long-term disability benefits to eligible members of the Teachers' and State Employees' Retirement System. Long-term disability income benefits are advance funded on an actuarially determined basis using the one-year term cost method. The Hospitals contributes .52% of covered payroll under the Teachers' and State Employees' Retirement System to the DIPNC. For the year ended June 30, 2006, the Hospitals' total contribution to the DIPNC was \$1,181,871. The Hospitals assumes no liability for long-term disability benefits under the Plan other than its contribution. Additional detailed information about the DIPNC is disclosed in the State of North Carolina's *Comprehensive Annual Financial Report*.

NOTE 11 - RISK MANAGEMENT

The Hospitals is exposed to various risks of loss related to torts; theft of, damage to, and the destruction of assets; errors and omissions; injuries to employees; and natural disasters. These exposures to loss are handled by a combination of methods, including participation in State-administered insurance programs, purchase of commercial insurance and self-retention of certain risks. There have been no significant reductions in insurance coverage from the previous year and settled claims have not exceeded coverage in any of the past three fiscal years.

Tort claims of up to \$500,000 are self-insured under the authority of the State Tort Claims Act.

The Hospitals is required to maintain fire and lightning coverage on all State-owned buildings and contents through the State Property Fire Insurance Fund (Fund), an internal service fund of the State. Such coverage is provided at no cost to operations supported by the State's General Fund. Other

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

operations not supported by the State's General Fund are charged for the coverage. Losses covered by the Fund are subject to a \$500 per occurrence deductible. The Hospitals also purchased through the Fund "all risks" replacement cost basis insurance for buildings and contents subject to a \$25,000 per occurrence deductible. No significant losses occurred during the year.

All State-owned vehicles are covered by liability insurance through a private insurance company and handled by the North Carolina Department of Insurance. The liability limits for losses occurring in-State are \$500,000 per claim and \$5,000,000 per occurrence and out-of-State are \$1,000,000 per claim and \$5,000,000 per occurrence. The Hospitals pays premiums to the North Carolina Department of Insurance for the coverage.

The Hospitals is protected for losses from employee dishonesty and computer fraud. This coverage is with a private insurance company and is handled by the North Carolina Department of Insurance. The Hospitals is charged a premium by the private insurance company. Coverage limit is \$5,000,000 per occurrence with a \$50,000 deductible and a 10% participation in each loss above the deductible.

The Hospitals purchased other authorized coverages from private insurance companies through the North Carolina Department of Insurance. These coverages include:

- Boiler and Machinery insurance up to \$25,000,000 with a deductible of \$5,000 per occurrence
- Directors and Officers Liability insurance up to \$15,000,000 with a deductible of \$200,000 per occurrence
- Master Crime insurance up to \$500,000 with a deductible of \$1,000
- Comprehensive General Liability insurance up to \$2,000,000 with a deductible of \$10,000 per occurrence
- Automobile Physical Damage (for vehicles costing greater than \$75,000) insurance up to \$5,000,000 per accident with a deductible of \$500 per occurrence
- General Liability for Helipad on Premises insurance up to \$20,000,000 with a deductible of \$7,500 per occurrence
- General Liability for Non-owned Aircraft insurance up to \$20,000,000 with no deductible
- Business Travel insurance for aircraft flight team up to \$600,000 per accident with no deductible

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

- Computerized Business Equipment replacement cost insurance up to \$1,441,204 with a deductible of \$10,000 per occurrence
- Fine Arts Floater insurance up to \$50,000 (\$5,000 per item) with a deductible of \$1,000 per occurrence
- Health System Properties, LLC real property coverage up to \$700,000 with a deductible of \$25,000 per occurrence

Employees and retirees are provided comprehensive major medical care benefits. Coverage is funded by contributions to the State Health Plan (Plan), a pension and other employee benefit trust fund of the State of North Carolina. The Plan has contracted with third parties to process claims.

The North Carolina Workers' Compensation Program provides benefits to workers injured on the job. All employees of the State and its component units are included in the program. When an employee is injured, the Hospitals' primary responsibility is to arrange for and provide the necessary treatment for work related injury. The Hospitals is responsible for paying medical benefits and compensation in accordance with the North Carolina Workers' Compensation Act. The Hospitals is self-insured for workers' compensation.

Term life insurance (death benefits) of \$25,000 to \$50,000 is provided to eligible workers. This Death Benefit Plan is administered by the State Treasurer and funded via employer contributions. The employer contribution rate was .16% for the current fiscal year.

Additional details on the State-administered risk management programs are disclosed in the State's Comprehensive Annual Financial Report, issued by the Office of the State Controller.

Liability Insurance Trust Fund – The Hospitals participates in the Liability Insurance Trust Fund (Trust Fund), a claims-servicing public entity risk pool for health care professional liability protection. The Trust Fund services professional liability claims, managing separate accounts for each participant from which the losses of that participant are paid. Although participant assessments are determined on an actuarial basis, ultimate liability for claims remains with the participants and, accordingly, the insurance risks are not transferred to the Trust Fund.

The Trust Fund is an unincorporated entity created by Chapter 116, Article 26, of the North Carolina General Statutes and The University of North Carolina Board of Governors Resolution of June 9, 1978. The Trust Fund is a self-insurance program established to provide professional medical malpractice liability covering the University of North Carolina Hospitals at Chapel Hill ("UNC Hospitals") and the University of North Carolina at Chapel Hill

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

Physicians and Associates (“UNC P&A”), the program participants. The Trust Fund provides coverage for program participants and individual health care practitioners working as employees, agents, or officers of program participants. The Trust Fund is exempt from federal and State income taxes, and is not subject to regulation by the North Carolina Department of Insurance.

Participation in the Trust Fund is open to the University of North Carolina, any constituent institution of the University of North Carolina, the UNC Hospitals, and any health care institution, agency or entity that has an affiliation agreement with the University of North Carolina, with a constituent institution of the University of North Carolina, or with the UNC Hospitals. Only the UNC P&A and the UNC Hospitals have participated in the Trust Fund to date. Participants provide management and administrative services to the Trust Fund at no cost.

The Trust Fund is governed by the Liability Insurance Trust Fund Council (the Council). The Council consists of thirteen members as follows: one member each appointed by the State Attorney General, the State Auditor, the State Insurance Commissioner, the Director of the Office of State Budget and Management, the State Treasurer, (each serving at the pleasure of the appointer); and eight members appointed to three year terms (with no limit on the number of terms) by the UNC System’s Board of Governors.

The Trust Fund establishes claim liabilities based on estimates of the ultimate cost of claims (including future expenses and claim adjustment expenses) that have been reported but not settled and of claims incurred but not reported. Claim liabilities are recomputed annually based on an independent actuary’s study to produce current estimates that reflect recent settlements, claims frequency, inflation and other factors. Participant assessments are determined at a level to fund claim liabilities, discounted for future investment earnings. Each participant is required by statute to maintain a fund balance of \$100,000 at all times. Participants are subject to additional premium assessments in the event of deficiencies.

For the period July 1, 2005 through June 30, 2006, the Trust Fund provided coverage on an occurrence basis of \$3,000,000 per individual and \$7,000,000 in the aggregate per claim. Effective July 1, 2004, through June 30, 2006, the Trust Fund entered into an excess of loss agreement with an unaffiliated reinsurer. Reinsurance coverage under this policy carries a \$10,000,000 aggregate limit in excess of a self-insured aggregate of \$33,000,000 subject to a \$7,000,000 per occurrence limit (sub-limit of \$3,000,000 per individual) with a \$200,000 continuing underlying amount per claim. For fiscal year ending June 30, 2006, the Trust Fund purchased a direct insurance policy to cover the first \$1,000,000 per occurrence and \$3,000,000 in the aggregate for dental residents. North Carolina General Statutes Chapter 116 was amended

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

during 1987 to authorize the Trust Fund to borrow necessary amounts up to \$30,000,000, in the event that the Trust Fund may have insufficient funds to pay existing and future claims. Any such borrowing would be repaid from the assets and revenues of program participants. No line of credit or borrowing has been established pursuant to this authorization. The Council believes adequate funds are on deposit in the Trust Fund to meet estimated losses based upon the results of the independent actuary's report.

The Trust Fund has purchased annuity contracts to settle claims for which the claimant has signed an agreement releasing the Fund from further obligation. The related claim liabilities have been removed from estimated malpractice costs. The likelihood that the Trust Fund will be required to make future payments on these claims is considered remote.

The Council may choose to terminate the Trust Fund, or the respective participants may choose to terminate their participation. In the event of such termination by either the Council or a participant, an updated actuarial study will be performed to determine amounts due to or from the participants based on loss experience up to the date of termination.

At June 30, 2006, the Hospitals' assets in the Trust Fund totaled \$28,425,324 while Hospitals' liabilities totaled \$25,456,783 resulting in net assets of \$2,968,541.

Additional disclosures relative to the funding status and obligations of the Fund are set forth in the audited financial statements of the Liability Insurance Trust Fund. Copies of this report may be obtained from The University of North Carolina Liability Insurance Trust Fund, 4030 Bondurant Hall, CB #7000, Chapel Hill, North Carolina 27599-7000, or by calling (919) 966-1712.

NOTE 12 - COMMITMENTS AND CONTINGENCIES

- A. Commitments** – The Hospitals has established an encumbrance system to track its outstanding commitments on construction projects and other purchases. Outstanding commitments on construction contracts were \$13,288,616 and \$15,263,724 on inventory, capital and all other purchases at June 30, 2006.
- B. Pending Litigation and Other Contingencies** – The Hospitals is party to other litigation and claims in the ordinary course of its operations. Since it is not possible to predict the ultimate outcome of those matters, no provision for any liability has been made in the accompanying financial statements. Hospitals' management is of the opinion that the liability, if

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

any, for any of these matters will not have a material adverse effect on the financial position of the Hospitals.

- C. North Carolina State Capital Facilities Act of 2004** – The North Carolina State Capital Facilities Act of 2004 (the Act) was ratified as part of House bill 1264 of the 2004 Session of the General Assembly of North Carolina. The Act authorizes the issuance or incurrence of special indebtedness of an aggregate maximum amount of \$180 million to finance the construction and equipping of a new cancer rehabilitation and treatment center, a nearby physician’s office building, and a walkway between the two, all to be located at the University of North Carolina Hospitals at Chapel Hill.

The State, with the prior approval of the State Treasurer and the Council of State, as provided in Article 9 of Chapter 142 of the North Carolina General Statutes, is authorized to issue or incur special indebtedness in order to provide funds to the State to be used, together with other available funds, to pay the cost of this project. The Act requires both the Health and Wellness Trust Fund and the Tobacco Trust Fund to provide the debt service for the special indebtedness described above.

The information for the Cancer Hospital project component of the Act is provided quarterly by the Hospitals’ Planning Department via a report that outlines the estimated cash requirements needed to fund the remainder of the project as of that point in time. Within these amounts, based on an official request of cash needs from the Hospitals, the Office of State Budget and Management (OSBM) authorizes allotments. The Hospitals records the allotments as capital grant revenue on the accompanying financial statements. The Hospitals’ remaining authorization of \$165 million is contingent on fund availability and OSBM allotment approval. Because of uncertainty and time restrictions the remaining authorization is not recorded as an asset or revenue on the accompanying financial statements.

NOTE 13 - RELATED PARTY TRANSACTIONS

The Medical Foundation of North Carolina, Inc. – The Hospitals is a participant in The Medical Foundation of North Carolina, Inc., a nonprofit Foundation for the University of North Carolina at Chapel Hill and the Hospitals, which solicits gifts and grants for both entities. The Board of Directors of the Medical Foundation administers the funds of the Foundation. Transactions are recorded only by the Foundation. If the Foundation were to purchase any equipment for the Hospitals, then the amount would be recorded at the time of receipt in the accompanying financial statements.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

UNC Health Care System – On April 13, 2000, the UNC Health Care System (System) entered into a contractual agreement with Rex Healthcare, Inc. (Rex) and the John Rex Endowment (a private, nonprofit corporation separate from the System) to gain a controlling interest in the governance of Rex Healthcare, Inc. and related entities. As a result, the System now appoints eight of the 13 seats on Rex's Board of Trustees and also reviews and approves Rex's annual operating and capital budgets.

At the signing of the agreement, the Hospitals transferred \$100 million on behalf of the System to the John Rex Endowment. This agreement also calls for future funding of Rex's capital needs for the next 10 years up to \$58 million. To date, there have been no calls under the agreement because Rex's capital needs have been funded by their operating surplus.

Rex Healthcare, Inc. – Rex Healthcare, Inc. is a North Carolina not-for-profit corporation organized to provide a wide range of healthcare services to residents of the Triangle. The principal corporate entities under the common control of Rex Healthcare, Inc. are:

Rex Hospital, Inc. – Rex Hospital, Inc. is a 394 bed acute care hospital that provides inpatient, outpatient and emergency services primarily to the residents of Wake County, North Carolina. The Hospital also operates Rex Cancer Center, Rex Family Birth Center and Rex Rehab and Nursing Care Center of Raleigh, a 120 bed nursing facility. Rex Hospital has additional campuses in Cary, Wakefield (in Raleigh) and Apex. Outpatient surgery, urgent care and diagnostic services are provided at the Cary campus while, urgent care, family medicine and diagnostic services are provided at the Wakefield campus. Rex Hospital also owns Rex Nursing Care Center of Apex, a 107 bed nursing facility, and Rex Home Services, Inc., a not-for-profit corporation serving residents primarily in Wake County.

Rex Enterprises – Rex Enterprises, Inc. is a North Carolina not-for-profit corporation organized to promote the health and welfare of residents of Wake County.

Rex Healthcare Foundation, Inc. – Rex Healthcare Foundation, Inc. is a North Carolina not-for-profit corporation organized to promote the health and welfare of Triangle residents by promoting philanthropic contributions and public support of Rex Healthcare.

UNC Hospitals provides certain management, legal and contracting services to Rex. Likewise, Rex also provides certain employee contracting services to the Hospitals. These transactions resulted in the Hospitals receiving \$2,422,751 from Rex and the Hospitals paying \$1,401,974 to Rex during the year ended June 30, 2006.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

John Rex Endowment – The John Rex Endowment (Endowment) operates as a 501(c)(3) corporation and is independent of the Board of Directors of the UNC Health Care System. Its purpose is to advance the health and well-being of the residents of the greater Triangle area, with specific funds set aside for charity care and to make grants to support health services, education, prevention and research. In discharging its purposes, priority consideration will be given to any funding requests from Rex, UNC Health Care System and their affiliates. The funding source for the Endowment is the \$100 million transfer that came from UNC Hospitals. The Endowment has committed \$25 million for capital projects at Rex Healthcare, Inc.

University of North Carolina Health Care System Enterprise Fund – The Board of Directors of UNC Health Care System (UNC HCS) authorized and approved the creation of an Enterprise Fund to be financed by its key components and to support the UNC HCS's mission and vision to be the nation's leading public academic health care system. The key components of UNC HCS are the University of North Carolina Hospitals, the clinical patient care programs established or maintained by the University of North Carolina at Chapel Hill School of Medicine and UNC Physicians & Associates, and Rex Healthcare, Inc. Pursuant to a memorandum of understanding effective July 1, 2005, the key components agreed to finance the Enterprise Fund. For the year ending June 30, 2006, UNC Hospitals transferred \$8,280,000 to fund initiatives supported by the Enterprise Fund. Additionally, pursuant to the receipt of the one-time Medicaid DSH (Disproportionate Share) monies, the Chief Executive Officer of the UNC HCS, with approval of the Board of Directors, requested that the Hospitals transfer \$9,500,000 to the Enterprise Fund for designated purpose of supporting future Health Care System and School of Medicine clinical initiatives.

NOTES TO THE FINANCIAL STATEMENTS (CONCLUDED)

NOTE 14 - INVESTMENTS IN AFFILIATES

The Hospitals has investments in affiliates and joint ventures accounted for on the equity method. Investments in affiliates were \$1,340,189 at June 30, 2006. The Hospitals' share of these affiliates and joint ventures is not significant individually. The summarized unaudited financial information below represents an aggregation of the ongoing affiliates and joint ventures:

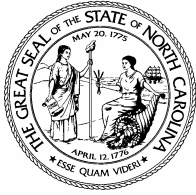
	<u>(unaudited)</u> <u>2006</u>
TOTAL AFFILIATE ACTIVITY	
Current Assets	\$ 3,754,351
Noncurrent Assets	478,973
Current Liabilities	590,152
Shareholders Equity	3,643,172
Revenue	6,709,896
Net Gain	867,369
<hr/>	
HOSPITALS' SHARE OF ACTIVITY	
Affiliate Gain - Ongoing Operations	379,660
Affiliate Gain - Discontinued Operations	421,885
Total Gain Realized from Affiliate Activities	<u>\$ 801,545</u>

NOTE 15 - NET ASSET RESTATEMENT

As of July 1, 2005, net assets as previously reported was restated as follows:

	<u>Amount</u>
July 1, 2005 Net Assets as Previously Reported	\$ 652,665,522
Restatement: Correction of Error in Liability Account	<u>(2,669)</u>
July 1, 2005 Net Assets as Restated	<u>\$ 652,662,853</u>

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STATE OF NORTH CAROLINA
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**INDEPENDENT AUDITOR'S REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS**

Board of Directors
University of North Carolina Health Care System
Chapel Hill, North Carolina

We have audited the financial statements of the University of North Carolina Hospitals, which is a part of the University of North Carolina Health Care System, which is a part of the University of North Carolina System, a component unit of the State of North Carolina, as of and for the year ended June 30, 2006, and have issued our report thereon dated November 16, 2006.

As discussed in Note 1, the financial statements present only the University of North Carolina Hospitals and are not intended to present fairly the financial position of the University of North Carolina Health Care System and the results of its operations and cash flows in conformity with auditing standards generally accepted in the United States of America.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States.

Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Hospitals' internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide an opinion on the internal control over financial reporting. Our consideration of the internal control over financial reporting would not necessarily disclose all matters in the internal control that might be material weaknesses. A material weakness is a reportable condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that misstatements caused by error or fraud in amounts that would be material in relation to the financial statements being audited may occur and not be detected within a timely period by employees in the normal course of performing their assigned functions. We noted no matters involving the internal control over financial reporting and its operation that we consider to be material weaknesses.

**INDEPENDENT AUDITOR'S REPORT
ON INTERNAL CONTROL OVER FINANCIAL REPORTING
AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN
AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH
GOVERNMENT AUDITING STANDARDS (CONCLUDED)**

Compliance and Other Matters

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

This report is intended solely for the information and use of the Audit Committee, the Board of Directors of the University of North Carolina Health Care System, management of the Hospitals, the Governor, the State Controller, and the General Assembly, and is not intended to be and should not be used by anyone other than these specified parties.

Leslie W. Merritt, Jr.

Leslie W. Merritt, Jr., CPA, CFP
State Auditor

November 16, 2006

ORDERING INFORMATION

Audit reports issued by the Office of the State Auditor can be obtained from the web site at www.ncauditor.net. Also, parties may register on the web site to receive automatic email notification whenever reports of interest are issued. Otherwise, copies of audit reports may be obtained by contacting the:

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