Hamilton County Hospital A Component Unit of Hamilton County, Kansas

Independent Auditor's Report and Financial Statements

December 31, 2022 and 2021

Hamilton County Hospital

December 31, 2022 and 2021

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Independent Auditor's Report

Board of Trustees
Hamilton County Hospital
Syracuse, Kansas

Opinion

We have audited the financial statements of Hamilton County Hospital (Hospital), a component unit of Hamilton County, Kansas, as of and for the years ended December 31, 2022 and 2021, and the related notes to the financial statements, which collectively comprise the Hospital's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Hamilton County Hospital as of December 31, 2022 and 2021, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As discussed in *Note 12* to the financial statements, during the year ended December 31, 2022, Hamilton County Hospital adopted Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*. Our opinion is not modified with respect to this matter.

Substantial Doubt About the Hospital's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern. As discussed in *Note 13* to the financial statements, the Hospital has suffered recurring losses from operations and has a net deficit, which raises substantial doubt exists about the Hospital's ability to continue as a going concern. Management's evaluation of the conditions and events and management's plans regarding these matters are also described in *Note 13*. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

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Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Required Supplementary Information

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

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic or historical context. Our opinion on the basic financial statements is not affected by this missing information.

FORVIS, LLP

Wichita, Kansas
April 16, 2024

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Balance Sheets
December 31, 2022 and 2021

Assets and Deferred Outflows of Resources

	2022	2021 (As Restated)
Current Assets		
Cash	$ 2,631,143	$ 5,178,920
Patient accounts receivable, net of allowance; 2022 – $458,595, 2021 – $508,956	772,966	632,799
Other receivable	9,585	15,974
Estimated amounts due from Medicare	473,000	2,380,000
Supplies	136,349	77,050
Prepaid expenses and other	123,037	112,151
Total current assets	4,146,080	8,396,894
Capital Assets, Net	1,234,873	1,165,509
Lease Assets, Net	62,145	73,629
Total assets	5,443,098	9,636,032
Deferred Outflows of Resources		
Pension	486,868	640,787
Other postemployment benefits	6,232	7,217
Total deferred outflows of resources	493,100	648,004
Total assets and deferred outflows of resources	$ 5,936,198	$ 10,284,036

See Notes to Financial Statements

Liabilities, Deferred Inflows of Resources and Net Position (Deficit)

	2022	2021 (As Restated)
Current Liabilities		
Current maturities of long-term debt	$ 359,466	$ 348,126
Current portion of lease liabilities	23,022	22,113
Accounts payable	5,398,670	4,493,450
Accrued expenses	109,091	86,858
Unearned revenue	-	199,493
Advance from Medicare	-	2,663,767
Total current liabilities	5,890,249	7,813,807
Long-term Debt	6,601,230	7,544,242
Long-term Lease Liabilities	17,886	40,908
Net Pension Liability	655,021	800,407
Total Other Postemployment Benefits Liability	55,090	63,695
Total liabilities	13,219,476	16,263,059
Deferred Inflows of Resources		
Pension	395,128	540,422
Other postemployment benefits	18,087	13,837
Total deferred inflows of resources	413,215	554,259
Net Position (Deficit)		
Net investment in capital and lease assets	1,256,110	1,176,117
Unrestricted deficit	(8,952,603)	(7,709,399)
Total net deficit	(7,696,493)	(6,533,282)
Total liabilities, deferred inflows of resources and net position (deficit)	$ 5,936,198	$ 10,284,036

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Revenues, Expenses and Changes in Net Position (Deficit)
Years Ended December 31, 2022 and 2021

	2022	2021 (As Restated)
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2022 – $539,781, 2021 – $326,438	$ 12,282,746	$ 13,519,116
Other	7,850	51,594
Total operating revenues	12,290,596	13,570,710
Operating Expenses		
Salaries, wages and employee benefits	1,151,949	1,134,962
Purchased services and professional fees	12,664,676	13,267,527
Supplies and other	1,069,530	1,306,717
Depreciation	140,162	85,553
Amortization	11,484	11,484
Total operating expenses	15,037,801	15,806,243
Operating Loss	(2,747,205)	(2,235,533)
Nonoperating Revenues (Expenses)		
Noncapital appropriations - Hamilton County	687,700	725,274
Sales tax revenue	260,177	226,274
Interest income	14,121	23,760
Interest expense	(117,118)	(78,880)
Paycheck Protection Program (PPP) loan forgiveness	-	244,962
Provider Relief Funds (*CARES Act*)	100,000	2,632,881
Noncapital grants and gifts	141,890	22,218
Forgiveness of debt	497,224	369,682
Total nonoperating revenues	1,583,994	4,166,171
Increase (Decrease) in Net Position	(1,163,211)	1,930,638
Net Deficit, Beginning of Year	(6,533,282)	(8,463,920)
Net Deficit, End of Year	$ (7,696,493)	$ (6,533,282)

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows
Years Ended December 31, 2022 and 2021

	2022	2021 (As Restated)
Operating Activities		
Receipts from and on behalf of patients	$ 11,385,812	$ 10,391,138
Payments to suppliers and contractors	(12,899,171)	(11,429,073)
Payments to and on behalf of employees	(1,269,847)	(1,474,364)
Other receipts (payments), net	(191,643)	(2,297,216)
Net cash used in operating activities	(2,974,849)	(4,809,515)
Noncapital Financing Activities		
Noncapital appropriations - Hamilton County	694,089	731,664
Sales taxes supporting operations	260,177	226,274
Provider Relief Funds *(CARES Act)*	100,000	2,632,881
Noncapital grants and gifts	141,890	22,218
Interest paid on promissory notes payable	(114,896)	(71,384)
Principal payments on promissory notes payable	(434,448)	(258,632)
Net cash provided by noncapital financing activities	646,812	3,283,021
Capital and Related Financing Activities		
Purchase of capital assets	(209,526)	(831,666)
Interest paid on leases payable	(2,222)	(7,496)
Principal payments on leases payable	(22,113)	(22,092)
Net cash used in capital and related financing activities	(233,861)	(861,254)
Investing Activities		
Interest income received	14,121	23,760
Net cash provided by investing activities	14,121	23,760
Decrease in Cash	(2,547,777)	(2,363,988)
Cash, Beginning of Year	5,178,920	7,542,908
Cash, End of Year	$ 2,631,143	$ 5,178,920

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows (Continued)
Years Ended December 31, 2022 and 2021

	2022	2021 (As Restated)
Reconciliation of Operating Loss to Net Cash Used in Operating Activities		
Operating loss	$ (2,747,205)	$ (2,235,533)
Depreciation	140,162	85,553
Amortization	11,484	11,484
Provision for uncollectible accounts	539,781	326,438
Changes in operating assets and liabilities		
Patient accounts receivable, net	(679,948)	(556,606)
Estimated amounts due from Medicare	1,907,000	(778,804)
Supplies, prepaid expenses and other	(70,185)	(69,294)
Accounts payable and accrued expenses	927,453	3,188,500
Unearned revenue	(199,493)	(2,348,810)
Advance from Medicare	(2,663,767)	(2,119,006)
Net pension liability	(145,386)	(96,638)
Total other postemployment benefits liability	(8,605)	(2,871)
Deferred outflows of resources - pension and OPEB	154,904	(51,598)
Deferred inflows of resources - pension and OPEB	(141,044)	(162,330)
Net cash used in operating activities	$ (2,974,849)	$ (4,809,515)
Noncash Investing, Capital and Financing Activities		
PPP loan forgiveness	$ -	$ 244,962
Forgiveness of debt	$ 497,224	$ 369,682

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Notes to Financial Statements
December 31, 2022 and 2021

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

Nature of Operations and Reporting Entity

Hamilton County Hospital (Hospital) is an acute care hospital located in Syracuse, Kansas. The Hospital is a component unit of Hamilton County, Kansas (County). The Hospital is operated by a Board of Trustees appointed by the Board of County Commissioners. The Hospital primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Hamilton County area.

Basis of Accounting and Presentation

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

Use of Estimates

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

Cash Equivalents

The Hospital considers all liquid investments with original maturities of three months or less to be cash equivalents. There were no cash equivalents for the years ended December 31, 2022 and 2021.

Patient Accounts Receivable

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

Supplies

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

Capital Assets

Capital assets are recorded at cost at the date of acquisition, or acquisition value at the date of donation if acquired by gift. Depreciation is computed using the straight-line method over the estimated useful life of each asset. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	15 – 20 years
Buildings	5 – 40 years
Fixed equipment	5 – 20 years
Major moveable equipment	4 – 18 years

Lease Assets

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

Capital and Lease Asset Impairment

The Hospital evaluates capital and lease assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital or lease asset has occurred. If a capital or lease asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation or accumulated amortization is increased by the amount of the impairment loss. No asset impairment was recognized during the years ended December 31, 2022 and 2021.

Deferred Outflows of Resources

The Hospital reports the consumption of net position that is applicable to a future reporting period as deferred outflows of resources in a separate section of its balance sheets.

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances for earned vacation only, as a cash payment. Expense and the related liability are recognized as vacation benefits are earned whether the employee is expected to realize the benefit as time off or in cash. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters, except workers' compensation and property and casualty coverage. Settled claims have not exceeded commercial coverage in any of the three preceding years.

Workers' compensation coverage is provided through a fund managed by the Kansas Workers' Risk Cooperative for Counties. The workers' compensation premiums are subject to retrospective adjustment based upon the overall performance of the fund. Property and casualty coverage is provided through a fund managed by the Kansas Counties Association Multi-Line Pool. The property and casualty premiums are subject to retrospective adjustment based upon the overall performance of the fund. Management believes adequate reserves are in place to cover claims incurred but not reported for both workers' compensation and property and casualty risks.

Paycheck Protection Program (PPP) Loan

The Hospital received a PPP loan established by the *Coronavirus Aid, Relief and Economic Security Act (CARES Act)* and has accounted for the funding as debt in accordance with GASB 70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*. Interest is accrued in accordance with the loan agreement. Any forgiveness of the loan is recognized as nonoperating revenue in the financial statements in the period the debt is legally forgiven. PPP loans are subject to audit and acceptance by the U.S. Department of Treasury, Small Business Administration (SBA), or lender; as a result of such audit, adjustment could be required to any revenue recognized.

The Hospital received legal notice on April 13, 2021, that the PPP loan was forgiven in its entirety and recognized the gain from extinguishment as other nonoperating revenue in the accompanying statements of revenues, expenses and changes in net position (deficit).

Cost-Sharing Defined Benefit Pension Plan

The Hospital participates in a cost-sharing multiple-employer defined benefit pension plan, the Kansas Public Employees Retirement Savings Plan (KPERS). For purposes of measuring the net pension liability, deferred outflows of resources and deferred inflows of resources related to pensions, and pension expense, information about the fiduciary net position of KPERS and additions to/deductions from KPERS's fiduciary net position have been determined on the same basis as they are reported by KPERS. For this purpose, benefit payments (including refunds of employee contributions) are recognized when due and payable in accordance with the benefit terms. Investments are reported at fair value.

Defined Benefit Other Postemployment Benefit Plan

The Hospital has a single-employer defined benefit other postemployment benefit (OPEB) plan, Long-Term Disability Plan (the OPEB Plan). For purposes of measuring the total OPEB liability, deferred outflows of resources and deferred inflows of resources related to OPEB, and OPEB expense, have been determined on the same basis as they are reported by the OPEB Plan. For this purpose, benefit payments are recognized when due and payable in accordance with the benefit terms.

Deferred Inflows of Resources

The Hospital reports an acquisition of net position that is applicable to a future reporting period as deferred inflows of resources in a separate section of its balance sheets.

Net Position (Deficit)

Net position of the Hospital is classified in two components on its balance sheets.

- Net investment in capital and lease assets consists of capital assets net of accumulated depreciation and amortization and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets.

- Unrestricted net position (deficit) is the remaining net position (deficit) that does not meet the definition of net investment in capital and lease assets.

Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered and includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

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

Noncapital Appropriations – Hamilton County and Sales Tax Revenue

The Hospital received approximately 7% in 2022 and 5% in 2021 of its financial support from the proceeds of noncapital appropriations from Hamilton County and sales taxes. One hundred percent of these funds were used to support operations of the Hospital in both years.

Property taxes are levied by the County and shared with the Hospital for hospital operational purposes. Property taxes are assessed by the County in November of one year and are received beginning in January of the following year. Noncapital appropriations revenue is recognized in full in the year in which use is first permitted.

Sales tax revenue is recognized based on sales tax collected by the County's retailers in the Hospital's accounting period.

Provider Relief Funds (CARES Act)

On March 27, 2020, the *CARES Act* was signed into law as part of the government's response to the spread of the SARS-CoV-2 virus and the incidence of COVID-19. The *CARES Act* contained provisions for certain healthcare providers to receive Provider Relief Funds (PRF) from the U.S. Department of Health and Human Services (HHS). The distributions from the Provider Relief Funds are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS. The Hospital is accounting for such payments as voluntary nonexchange transactions. Payments are recognized as revenue once the applicable terms and conditions required to retain the funds have been met and are classified as nonoperating revenue in the accompanying statements of revenues, expenses and changes in net position (deficit). The unrecognized amount of Provider Relief Fund distributions is recorded as unearned revenue in the accompanying balance sheets.

Income Taxes

As an essential government function of the County, the Hospital is generally exempt from federal and state income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law.

Note 2: Deposits

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

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

At December 31, 2022 and 2021, respectively, $1,922,490 and $4,692,144 of the Hospital's bank balances of $2,666,258 and $5,193,933 were exposed to custodial credit risk as follows:

	2022	2021
Uninsured and collateral held by the pledging financial institution in the Hospital's name and irrevocable letters of credit	$ 1,922,490	$ 4,692,144

Summary of Carrying Values

The carrying values of deposits shown above are included in the balance sheets as follows:

	2022	2021
Carrying value		
Deposits	$ 2,630,806	$ 5,178,606
Petty cash	337	314
	$ 2,631,143	$ 5,178,920

Included in the following balance sheet captions:

	2022	2021
Cash	$ 2,631,143	$ 5,178,920

Note 3: Patient Accounts Receivable

The Hospital grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at December 31 consisted of:

	2022	2021
Medicare	$ 684,583	$ 661,125
Medicaid	75,056	164,291
Blue Cross	95,174	52,195
Other third-party payers	133,941	73,639
Patients	242,807	190,505
	1,231,561	1,141,755
Less allowance for uncollectible accounts	458,595	508,956
	$ 772,966	$ 632,799

Note 4: Capital and Lease Assets

Capital assets activity for the years ended December 31, was:

	2022				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 303	$ -	$ -	$ -	$ 303
Land improvements	122,133	-	-	-	122,133
Buildings	2,802,420	15,118	-	-	2,817,538
Fixed equipment	990,851	12,850	-	-	1,003,701
Major moveable equipment	4,549,153	36,558	-	-	4,585,711
Construction in progress	-	145,000	-	-	145,000
	8,464,860	209,526	-	-	8,674,386
Less accumulated depreciation					
Land improvements	179,095	3,546	-	-	182,641
Buildings	2,258,127	15,984	-	-	2,274,111
Fixed equipment	2,205,929	7,336	-	-	2,213,265
Major moveable equipment	2,656,200	113,296	-	-	2,769,496
	7,299,351	140,162	-	-	7,439,513
Capital assets, net	$ 1,165,509	$ 69,364	$ -	$ -	$ 1,234,873

	2021 - *Restated*				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 303	$ -	$ -	$ -	$ 303
Land improvements	122,133	-	-	-	122,133
Buildings	2,788,779	13,641	-	-	2,802,420
Fixed equipment	987,100	7,500	(3,749)	-	990,851
Major moveable equipment	3,748,128	810,525	(9,500)	-	4,549,153
	7,646,443	831,666	(13,249)	-	8,464,860
Less accumulated depreciation					
Land improvements	175,549	3,546	-	-	179,095
Buildings	2,239,400	18,727	-	-	2,258,127
Fixed equipment	2,193,660	16,018	(3,749)	-	2,205,929
Major moveable equipment	2,618,438	47,262	(9,500)	-	2,656,200
	7,227,047	85,553	(13,249)	-	7,299,351
Capital assets, net	$ 419,396	$ 746,113	$ -	$ -	$ 1,165,509

Lease assets activity for the years December 31 was:

	2022				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Major moveable equipment	$ 85,113	$ -	$ -	$ -	$ 85,113
Less accumulated depreciation					
Major moveable equipment	11,484	11,484	-	-	22,968
Lease assets, net	$ 73,629	$ (11,484)	$ -	$ -	$ 62,145

	2021 - *Restated*				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Major moveable equipment	$ 85,113	$ -	$ -	$ -	$ 85,113
Less accumulated amortization					
Major moveable equipment	-	11,484	-	-	11,484
Lease assets, net	$ 85,113	$ (11,484)	$ -	$ -	$ 73,629

Note 5: Long-term Obligations

The following is a summary of long-term obligation transactions for the Hospital for the years ended December 31:

	2022					
	Beginning Balance	Additions	Deductions	Ending Balance	Amounts Due Within One Year	Long-term Portion
Long-term debt						
Non-balloon promissory note	$ 3,265,284	$ -	$ 434,448	$ 2,830,836	$ 359,466	$ 2,471,370
Balloon promissory note	4,627,084	-	497,224	4,129,860	-	4,129,860
Total long-term debt	7,892,368	-	931,672	6,960,696	359,466	6,601,230
Long-term liabilities						
Lease liabilities	63,021	-	22,113	40,908	23,022	17,886
Total long-term liabilities	63,021	-	22,113	40,908	23,022	17,886
Total long-term obligations	$ 7,955,389	$ -	$ 953,785	$ 7,001,604	$ 382,488	$ 6,619,116

	2021 - *Restated*					
	Beginning Balance	Additions	Deductions	Ending Balance	Amounts Due Within One Year	Long-term Portion
Long-term debt						
Non-balloon promissory note	$ 3,523,916	$ -	$ 258,632	$ 3,265,284	$ 348,126	$ 2,917,158
Balloon Promissory Note	4,996,766	-	369,682	4,627,084	-	4,627,084
PPP loan payable to bank	244,962	-	244,962	-	-	-
Total long-term debt	8,765,644	-	873,276	7,892,368	348,126	7,544,242
Long-term liabilities						
Lease liabilities	85,113	-	22,092	63,021	22,113	40,908
Total long-term liabilities	85,113	-	22,092	63,021	22,113	40,908
Total long-term obligations	$ 8,850,757	$ -	$ 895,368	$ 7,955,389	$ 370,239	$ 7,585,150

Non-Balloon Promissory Note

The promissory note consists of an agreement with Carter Professional Care Hamilton, LLC, to repay the principal amount of $3,792,733 dated October 1, 2020. The promissory note is payable in monthly installments through November 1, 2030. The Hospital is required to make monthly payments of $36,623, including interest of 3%.

Balloon Promissory Note

The promissory note consists of an agreement with Carter Professional Care Hamilton, LLC, to repay the principal amount of $4,996,766 dated October 1, 2020. In consideration of the continuing effectiveness of the Management Services Agreement dated October 1, 2020, with Carter Professional Care Hamilton, LLC, a portion of the outstanding principal balance and accrued, but unpaid, interest shall be forgiven commencing on the first anniversary of the Management Services Agreement and on each subsequent anniversary thereafter. Any remaining principal and interest amounts shall be payable in one installment on November 1, 2030. The promissory note has an interest rate of 3%.

Paycheck Protection Program (PPP) Loan

The *CARES Act* and other subsequent legislation provides an SBA loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. The Hospital received a PPP loan of $224,962 in 2020. The Hospital received legal notice on April 13, 2021, that the PPP loan was forgiven in its entirety and recognized the gain from extinguishment as other nonoperating in the accompanying statements of revenues, expenses and changes in net position (deficit).

Debt Service Requirements – Long-term Debt

Debt service requirements on long-term debt as of December 31, 2022, are as follows:

Year Ending December 31,	Total to be Paid	Non-Balloon Promissory Note		Balloon Promissory Note	
		Principal	Interest	Principal	Interest
2023	$ 439,475	$ 359,466	$ 80,009	$ -	$ -
2024	439,475	370,399	69,076	-	-
2025	439,475	381,665	57,810	-	-
2026	439,475	393,274	46,201	-	-
2027	439,475	405,236	34,239	-	-
2028-2030	5,566,325	920,796	31,400	4,129,860	484,269
	$ 7,763,700	$ 2,830,836	$ 318,735	$ 4,129,860	$ 484,269

Lease Liabilities

The Hospital leases equipment, the terms of which expire in 2024. Payments are based on the lease agreement for the specific lease.

The following is a schedule by year of lease payments under the leases as of December 31, 2022:

Year Ending December 31,	Total to be Paid	Principal	Interest
2023	$ 24,332	$ 23,022	$ 1,310
2024	18,249	17,886	363
	$ 42,581	$ 40,908	$ 1,673

Note 6: Medical Malpractice Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made policy with a fixed premium which provides $500,000 and $200,000 of coverage for each medical incident and $1,500,000 and $600,000 of aggregate coverage for the policy years ending December 31, 2022 and 2021, respectively. The policy only covers claims made and reported to the insurer during the policy term, regardless of when the incident giving rise to the claim occurred. The Kansas Health Care Stabilization Fund provides an additional $500,000 and $800,000 of coverage for each medical incident and $1,500,000 and $2,400,000 of aggregate coverage for the policy years ending December 31, 2022 and 2021, respectively.

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the future.

Note 7: Net Patient Service Revenue

The Hospital has agreements with third-party payers that provide for payments to the Hospital at amounts different from its established rates. These payment arrangements include:

Medicare. The Hospital is recognized as a critical access hospital (CAH) and is paid at one hundred one percent (101%) of allowable costs for certain inpatient and outpatient services. The Hospital is reimbursed for certain services and cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

Medicaid. Inpatient and outpatient services rendered to Medicaid program beneficiaries are reimbursed on a prospective payment methodology, which includes a hospital specific add-on percentage based on prior filed cost reports. The add-on percentage may be rebased at some time in the future.

Approximately 89% and 91% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended December 31, 2022 and 2021, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Note 8: Management and Professional Services Agreements

The Hospital has contracted with Carter Professional Care Hamilton, LLC, for various management services. The Hospital has contracted with Carter Clinical Services, LLC, for various clinical services. The initial contract term of the management services agreement is for a period of ten years through October 1, 2030. The initial contract term of the professional services agreement is for a term of ten years through October 1, 2030. Fees incurred for the various management services provided by Carter Professional Care Hamilton, LLC and Carter Clinical Services, LLC, to the Hospital for the years ended December 31, 2022 and 2021, were $2,292,000 and $2,292,000, respectively. Fees incurred for clinical and various other services provided by Carter Professional Care Hamilton, LLC and Carter Clinical Services, LLC, to the Hospital for the years ended December 31, 2022 and 2021, were $9,143,283 and $9,364,035, respectively. Amounts due to Carter Professional Care Hamilton, LLC, at December 31, 2022 and 2021, were $1,021,942 and $1,143,031, respectively. Amounts due to Carter Clinical Services, LLC, at December 31, 2022 and 2021, were $4,289,553 and $3,177,866, respectively.

See *Note 5* for discussion of the promissory note agreements between the Hospital and Carter Professional Care Hamilton, LLC.

Note 9: Cost-Sharing Multiple-Employer Defined Benefit Pension Plan

Plan Description

The Kansas Public Employees Retirement System Plan is an umbrella organization administering the following three statewide retirement systems under one plan as provided by K.S.A. 74, Article 49: *Kansas Public Employees Retirement System (KPERS), Kansas Police and Fire Retirement System and Kansas Retirement System for Judges.*

The KPERS plan is a cost-sharing multiple-employer defined benefit pension plan. KPERS is intended to be a qualified retirement plan under Section 401(a) of the Code. Information relating to KPERS, including stand-alone financial statements, is available by writing to KPERS, 611 South Kansas Avenue, Suite 100, Topeka, Kansas 66603-3869 or accessing the internet at www.KPERS.org.

KPERS makes separate calculations for pension-related amounts for the following four groups participating in the plan:

- State/School
- Local
- Police and Firemen
- Judges

The Hospital's employees participate in the Local group.

Benefits Provided

Retirement benefits for employees are calculated based on the credited service, final average salary and a statutory multiplier. KPERS has two levels of benefits depending on retirement age and years of credited service. Tier 1 benefits are for members who are age 65 or age 62 with ten years of credited service or of any age when combined age and years of credited service equal 85 "points." Tier 2 benefits are for members who are age 65 with five years of credited service or age 60 with 30 years of credited service. Tier 1 members receive a participating service credit of 1.75% of the final average salary for years of service prior to January 1, 2014. Participating service credit is 1.85% of final average salary for years of service after December 31, 2013. Tier 2 members retiring on or after January 1, 2012, participating service credit is 1.85% for all years of service.

Early retirement is permitted at the age of 55 and ten years of credited service. Benefits are reduced by 0.2% per month for each month between the ages of 60-62, plus 0.6% for each month between the ages of 55 and 60 for Tier 1 members. For Tier 2 members, benefits are reduced actuarially for each early commencement. The reduction factor is 35% at the age of 60 and 57.5% at age 55. If the member has 30 years of credited service, the early retirement reduction is less (50% of regular reduction). The plan also provides disability and death benefits to plan members and their beneficiaries.

The terms of the plan provide for annual 2% cost-of-living adjustment for Tier 2 members who retired prior to July 1, 2012, beginning the later of age of 65 or the second July 1 after retirement date. Other participants do not receive a cost-of-living adjustment.

Contributions

The law governing KPERS requires an actuary to make an annual valuation of the liabilities and reserves and a determination of the contributions required to discharge the KPERS liabilities. The actuary then recommends to the KPERS Board of Trustees the statewide employer-contribution rates required to maintain the three systems on the actuarial reserve basis. Prior to January 1, 2014, Tier 1 participants were required to contribute 4% of their annual pay. Effective January 1, 2014, the rate was raised to 5% with an increase in the benefit multiplier to 1.85% beginning January 1, 2014, for future years of service only. Effective January 1, 2015, the contribution rate was raised to 6%. Tier 2 participants are required to contribute 6% of compensation. The Hospital's contractually required contribution rate for the years ended December 31, 2022 and 2021, was 8.90% and 8.87% of annual payroll, respectively. The employer contribution is actuarially determined as an amount that, when combined with employee contributions, is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The Hospital's contributions to KPERS for pensions for the years ended December 31, 2022 and 2021, were $75,446 and $88,103, respectively.

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

At December 31, 2022 and 2021, the Hospital reported a liability of $655,021 and $800,407, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2022 and 2021, respectively, and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of December 31, 2021 and 2020, respectively, rolled forward to June 30, 2022 and 2021, respectively. The Hospital's proportion of the net pension liability was based on the ratio of the Hospital's actual contributions to total employer and nonemployer actual contributions of the group for the respective measurement periods. At June 30, 2022, the Hospital's proportion was 0.032948%, which was a decrease of 0.033755% from its proportion measured as of June 30, 2021, of 0.066703%. At June 30, 2020, the proportion was 0.051743%.

For the years ended December 31, 2022 and 2021, the Hospital recognized pension expense (credit) of $(76,291) and $(223,031), respectively. At December 31, 2022 and 2021, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 24,776	$ 1,174
Net difference between projected and actual earnings on pension plan investments	55,448	-
Changes of assumptions	104,701	-
Changes in proportion	268,112	393,954
Hospital's contributions subsequent to the measurement date	33,831	-
Total	$ 486,868	$ 395,128

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 31,594	$ 7,247
Net difference between projected and actual earnings on pension plan investments	-	284,222
Changes of assumptions	157,561	-
Changes in proportion	419,384	248,953
Hospital's contributions subsequent to the measurement date	32,248	-
Total	$ 640,787	$ 540,422

At December 31, 2022, the Hospital reported $33,831 as deferred outflows of resources related to pension contributions made subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending December 31, 2023. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2022, related to pensions will be recognized in pension expense as follows:

2023	$ 87,507
2024	25,543
2025	(22,063)
2026	(22,029)
2027	(11,049)
	$ 57,909

Actuarial Assumptions

The total pension liability in the December 31, 2021 and 2020, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Price inflation	2.75%	2.75%
Salary increases, including inflation	3.5% to 12%	3.5% to 12%
Investment rate of return, net of pension plan investment expense including inflation	7.00%	7.25%

Mortality rates were based on the RP-2014 Healthy Annuitant Table for males or females, as appropriate with adjustments for mortality improvements based on Scale MP-16 for the - December 31, 2021 and 2020, actuarial valuations.

The actuarial assumptions used in both the December 31, 2021 and 2020, valuations were based on the results of an actuarial experience study for the three-year period ended December 31, 2018, respectively.

The long-term expected rate of return on pension plan investments was determined using a building-block method in which best-estimate ranges of expected future real rates of return (expected returns, net of pension plan investment expense and inflation) are developed for each major asset class. These ranges are combined to produce the long-term expected rate of return by weighting the expected future real rates of return by the target asset allocation percentage and by adding expected inflation. The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

	2022		2021	
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return
U.S. Equities	23.5%	5.20%	23.5%	5.20%
Non-U.S. Equities	23.5%	6.40%	23.5%	6.40%
Private Equity	8.0%	9.50%	8.0%	9.50%
Private Real Estate	11.0%	4.45%	11.0%	4.45%
Yield Driven	8.0%	4.70%	8.0%	4.70%
Real Return	11.0%	3.25%	11.0%	3.25%
Fixed Income	11.0%	1.55%	11.0%	1.55%
Short Term Investments	4.0%	0.25%	4.0%	0.25%
	100%		100%	

Discount Rate

The discount rate used to measure the total pension liability was 7.00% and 7.25% for the years ended June 30, 2022 and 2021, respectively. The projection of cash flows used to determine the discount rate assumed that member contributions will be made at the contractually required rate. Participating employer contributions do not necessarily contribute the full actuarial determined rate. Based on legislation passed in 1993, the employer contribution rates certified by KPERS' Board of Trustees for these groups may not increase by more than the statutory cap. The expected KPERS employer statutory contribution was modeled for future years, assuming all actuarial assumptions are met in future years. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

Sensitivity of the Hospital's Proportionate Share of the Net Pension Liability to Changes in the Discount Rate

The Hospital's proportionate share of the net pension liability has been calculated using a discount rate of 7.00%. The following presents the Hospital's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate as of December 31, 2022:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Hospital's proportionate share of the net pension liability	$ 940,959	$ 655,021	$ 416,793

Pension Plan Fiduciary Net Position

Detailed information about the pension plan's fiduciary net position is available in the separately issued KPERS' financial report.

Note 10: Other Postemployment Benefit Plan

Plan Description

The Hospital contributes to the KPERS Long-Term Disability plan (the OPEB Plan), a single-employer defined benefit other postemployment benefit (OPEB) plan covering substantially all employees. The OPEB Plan is administered by a board of trustees appointed by KPERS. The OPEB Plan's assets are not accumulated in a qualified trust because contributions from the employer to the OPEB plan and earnings on those contributions are not irrevocable. Benefit provisions are contained in the plan document and were established and can be amended by action of the KPERS's governing body. No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement No. 75.

Benefits Provided

The OPEB Plan provides LTD and life insurance benefits to eligible disabled members. Benefits provided are self-funded, and the full cost of the benefits is covered by the OPEB Plan. The monthly benefit is 60% of the member's monthly rate of compensation, with a minimum of $100 and a maximum of $5,000. The monthly benefit is subject to reduction by deductible sources of income, which include Social Security primary disability or retirement benefits, worker's compensation benefits, other disability benefits from any other source by reason of employment, and earnings from any form of employment. If the disability begins before age 60, benefits are payable while disability continues until the member's 65th birthday or retirement date, whichever first occurs. If the disability occurs at or after age 60, benefits are payable while disability continues, for a period of five years or until the date of the member's retirement, whichever first occurs. Upon the death of a member who is receiving monthly disability benefits, the plan will pay a lump sum benefit to eligible beneficiaries. The benefit amount will be 150% of the greater of (a) the member's annual rate of compensation at the time of disability, or (b) the member's previous 12 months of compensation at the time of the last date on payroll. If the member had been disabled for five or more years, the annual compensation or salary rate at the time of death will be indexed before the life insurance benefit is computed. The indexing is based on the consumer price index, less one percentage point. If a member is diagnosed as terminally ill with a life expectancy of 12 months or less, he or she may be eligible to receive up to 100% of the death benefit rather than having the benefit paid to the beneficiary.

The employees covered by the benefit terms at June 30 (the measurement date), are:

	2022	2021
Active employees	5	11
Disabled employees	1	1
	6	12

Total OPEB Liability

The Hospital's total OPEB liability of $55,090 and $63,695 was measured as of June 30, 2022 and 2021, for the years ended December 31, 2022 and 2021, respectively, and was determined by actuarial valuations as of December 31, 2021 and 2020, respectively, and rolled forward to June 30, 2022 and 2021, respectively.

The total OPEB liability in the December 31, 2021 and 2020, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Inflation	2.75%	2.75%
Discount rate	3.54%	2.16%
Salary increases, including inflation	3.50% to 10%	3.50% to 10%

The discount rate was based on the Bond Buyer General Obligation 20-Year Municipal Bond Index. The discount rate changed from 2.21% in 2020 to 2.16% in 2021 to 3.54% in 2022.

Mortality rates were based on the RP-2014 Mortality Tables, with age setbacks and age set forwards as well as other adjustments based on different membership groups, as appropriate with adjustments for mortality improvements based on MP-2021 Mortality Tables for the December 31, 2021, actuarial valuation.

Mortality rates were based on the RP-2014 Mortality Tables, with age setbacks and age set forwards as well as other adjustments based on different membership groups, as appropriate with adjustments for mortality improvements based on MP-2021 Mortality Tables for the December 31, 2020, actuarial valuation.

The actuarial assumptions used in the December 31, 2021 and 2020, valuations were based on the results of an actuarial experience study for the period January 1, 2016 – December 31, 2018, respectively.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2022	2021
Balance, beginning of year	$ 63,695	$ 66,566
Changes for the year:		
Service cost	3,194	3,635
Interest	1,382	1,486
Differences between expected and actual experience	(2,699)	(2,281)
Changes of assumptions	(4,592)	179
Benefit payments	(5,890)	(5,890)
Net changes	(8,605)	(2,871)
Balance, end of year	$ 55,090	$ 63,695

Sensitivity of the Total OPEB Liability to Changes in the Discount Rate

The total OPEB liability of the Hospital, at December 31, 2022, has been calculated using a discount rate of 3.54%. The following presents the total OPEB liability using a discount rate 1% higher and 1% lower than the current discount rate.

	1% Decrease (2.54%)	Current Discount Rate (3.54%)	1% Increase (4.54%)
Hospital's total OPEB liability	$ 58,049	$ 55,090	$ 52,360

The total OPEB liability of the Hospital is not impacted by health care cost trend rates given the nature of the benefits provided by the OPEB plan, as such no sensitivity tables were prepared for the health care trend rates.

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

For the years ended December 31, 2022 and 2021, the Hospital recognized OPEB expense of $2,520 and $3,789, respectively. At December 31, 2022 and 2021, the Hospital reported deferred outflows or resources and deferred inflows of resources related to OPEB from the following sources:

	2022	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 2,039	$ 11,945
Changes of assumptions	4,193	6,142
Total	$ 6,232	$ 18,087

	2021	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 2,395	$ 11,318
Changes of assumptions	4,822	2,519
Total	$ 7,217	$ 13,837

Amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2022, related to OPEB will be recognized in OPEB expense as follows:

2023	$ (2,056)
2024	(2,056)
2025	(2,056)
2026	(1,931)
2027	(1,170)
Thereafter	(2,586)
	$ (11,855)

Note 11: COVID-19 Pandemic & *CARES Act* Funding

On March 22, 2020, the World Health Organization designated the SARS-CoV-2 virus and the incidence of COVID-19 (COVID-19) as a global pandemic. Patient volumes and the related revenues were significantly affected by COVID-19 as various policies were implemented by federal, state, and local governments in response to the pandemic that led many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

The Hospital's pandemic response plan has multiple facets and continues to evolve as the lasting impact of the pandemic unfolds. The Hospital has taken precautionary steps to enhance its operational and financial flexibility and react to the risks the COVID-19 pandemic presents to its business.

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

Because of these and other uncertainties, the Hospital cannot estimate the length or severity of the effect of the pandemic on the Hospital's business. Decreases in cash flows and result of operations may have an effect on the inputs and assumptions used in significant accounting estimates, including estimated bad debts and contractual adjustments related to uninsured and other patient accounts.

Provider Relief Fund

During the years ended December 31, 2022 and 2021, the Hospital received $0 and $184,578, respectively, of distributions from the *CARES Act* Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for qualifying expenses or lost revenue attributable to COVID-19, as defined by HHS.

The Hospital accounts for such payments as voluntary nonexchange transactions. Payments are recognized as revenue once the applicable terms and conditions to retain the funds have been met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the effect of the pandemic on the Hospital's operating revenues and expenses through December 31, 2022 and 2021, the Hospital recognized $100,000 and $2,632,881, respectively, related to the Provider Relief Fund, and these payments are recorded as Provider Relief Funds (*CARES Act*), classified as nonoperating revenues in the accompanying statements of revenues, expenses and changes in net position (deficit). The unrecognized amount of Provider Relief Fund distributions of $0 and $100,000 is recorded as a component of unearned revenue in the accompanying balance sheets for the years ended December 31, 2022 and 2021, respectively.

The Hospital will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and the lasting effect of the pandemic on the Hospital's revenues and expenses. The terms and conditions governing the Provider Relief Fund are complex and subject to interpretation and change. If the Hospital is unable to attest to or comply with current and future terms and conditions, the Hospital's ability to retain some or all of the distributions received may be affected. The Provider Relief Fund payments are subject to government oversight, including potential audits.

Medicare Accelerated and Advanced Payment Program

During the year ended December 31, 2020, the Hospital requested accelerated Medicare payments as provided for in the *CARES Act*, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. These amounts are expected to be recaptured by CMS according to the payback provisions.

Effective September 30, 2020, the payback provisions were revised and extended the payback period to begin one year after the issuance of the advance payment through a phased payback period approach. The first 11 months of the payback period will be at 25% of the remittance advice payment followed by a six-month payback period at 50% of the remittance advice payment. After 29 months, CMS expects any amount not paid back through the withheld amounts to be paid back in a lump sum or interest will begin to accrue subsequent to the 29 months at a rate of 4%.

During the year ended December 31, 2020, the Hospital received $4,793,905 from these accelerated Medicare payment requests. During the years ended December 31, 2022, 2021 and 2020, Medicare has applied approximately $2,664,000, $2,119,000 and $11,000, respectively, from these accelerated Medicare payment requests against filed claims. The unapplied amount of accelerated Medicare payment requests is recorded under the caption advance from Medicare in the accompanying balance sheets. As of December 31, 2022, all Medicare accelerated payments have been recouped.

Paycheck Protection Program (PPP) Loan

During the year ended December 31, 2020, the Hospital received a PPP loan of $224,962 established by the *CARES Act* and has accounted for the funding as debt in accordance with GASB 70, *Accounting and Financial Reporting for Nonexchange Financial Guarantees*. Interest is accrued in accordance with the loan agreement. Any forgiveness of the loan is recognized as nonoperating revenue in the financial statements in the period the debt is legally forgiven. PPP loans are subject to audit and acceptance by the SBA, or lender; as a result of such audit, adjustment could be required to any revenue recognized. The Hospital received legal notice on April 13, 2021, that the PPP loan was forgiven in its entirety and recognized the gain from extinguishment as other nonoperating revenue in the accompanying statements of revenues, expenses and changes in net position (deficit).

Other COVID-19 Funding

In November 2021, the Hospital received $99,493 of a distribution from the Frontline Hospital Employee Retention Plan Program. Funding under this program will be utilized by the Hospital to retain existing clinical staff and re-hire retirees who have retired since March 1, 2020. The Hospital recognized $99,493 related to this grant at December 31, 20222. The payment is recorded as a component of noncapital grants and gifts in the accompanying statements of revenue, expenses and changes in net position (deficit).

Note 12: Adoption of Governmental Accounting Standards Board (GASB) Statement No. 87, *Leases*

Effective January 1, 2021, the Hospital adopted GASB Statement No. 87, *Leases*. The objective of this Statement is to better meet the information needs of financial statement users by improving accounting and financial reporting for leases by governments. This Statement increases the usefulness of governments' financial statements by requiring recognition of certain lease assets and liabilities for leases that previously were classified as operating leases and recognized as inflows of resources or outflows of resources based on the payment provisions of the contract. It establishes a single model for lease accounting based on the fundamental principle that leases are financings of the right to use an underlying asset. Under this Statement, a lessee is required to recognize a lease liability and an intangible right-to-use lease asset, and a lessor is required to recognize a lease receivable and a deferred inflow of resources, thereby enhancing the relevance and consistency of information about government's leasing activities. This Statement required a retrospective transition method using the facts and circumstances that existed at the beginning of the earliest year presented. As a result, the Hospital was required to retroactively restate December 31, 2021, amounts as follows:

	As Restated	Previously Reported	Effect of Adoption
Balance Sheet			
Capital assets, net	$ 1,165,509	$ 1,309,058	$ (143,549)
Lease assets, net	73,629	-	73,629
Current maturities of long-term debt	348,126	370,383	(22,257)
Current portion of lease liabilities	22,113	-	22,113
Total current liabilities	7,813,807	7,813,951	(144)
Long-term debt	7,544,242	7,572,200	(27,958)
Long-term lease liabilities	40,908	-	40,908
Total liabilities	16,263,059	16,250,253	12,806
Net position - net investment in capital and lease assets	1,176,117	1,258,843	(82,726)
Total net deficit	(6,533,282)	(6,450,556)	(82,726)
Statements of Revenues, Expenses and Changes in Net Position			
Depreciation	85,553	97,037	(11,484)
Amortization	11,484	-	11,484
Interest expense	(78,880)	(74,341)	(4,539)
Total nonoperating revenues	4,166,171	4,170,710	(4,539)
Increase in net position	1,930,638	1,935,177	(4,539)
Net deficit, end of year	(6,533,282)	(6,450,556)	(82,726)
Statements of Cash Flows			
Principal payments on long-term debt	-	(26,631)	26,631
Interest paid on long-term debt	-	(2,957)	2,957
Principal payments on leases payable	(22,092)	-	(22,092)
Interest paid on leases payable	(7,496)	-	(7,496)
Depreciation	85,553	97,037	(11,484)
Amortization	11,484	-	11,484

Note 13: Management's Consideration of Going Concern Matters

The Hospital has incurred losses from operations for the past several years. The financial statements have been prepared assuming the Hospital will continue as a going concern, realizing assets and liquidating liabilities in the ordinary course of business. Management is considering several alternatives for mitigating these conditions during the next year. These include evaluation of staffing patterns in the Hospital, pursuit of additional tax support, adjustments of charge rates for services to meet market conditions and other forms of financing. Although not currently planned, realization of assets in other than the ordinary course of business in order to meet liquidity needs could incur losses not reflected in these financial statements. There can be no assurance that management's plans will be implemented effectively or that the plans will mitigate negative financial conditions.

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern; however, the above conditions raise substantial doubt about the Hospital's ability to do so. The financial statements do not include any adjustments to reflect the possible future effects on the recoverability and classification of assets or the amounts and classifications of liabilities that may result should the Hospital be unable to continue as a going concern.

Note 14: Future Change in Accounting Principle

Subscription-Based Information Technology Arrangements

Governmental Accounting Standards Board (GASB) Statement No. 96, *Subscription-Based Information Technology Arrangements* (SBITA) provides guidance on the accounting and financial reporting for subscription-based information technology arrangements (SBITAs) for government end users (governments). This Statement (1) defines a SBITA; (2) establishes that a SBITA results in a right-to-use subscription asset – an intangible asset – and a corresponding subscription liability; (3) provides the capitalization criteria for outlays other than subscription payments, including implementation costs of a SBITA; and (4) requires note disclosures regarding a SBITA. The requirements of this Statement are effective for fiscal years beginning after June 15, 2022, and all reporting periods thereafter.

Required Supplementary Information

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Schedule of the Hospital's Proportionate Share of the Net Pension Liability
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *	2015 *	2014 *
Hospital's proportion of the net pension liability	0.032948%	0.066703%	0.051743%	0.045678%	0.009886%	0.052502%	0.154778%	0.201791%	0.199463%
Hospital's proportionate share of the net pension liability	$ 655,021	$ 800,407	$ 897,045	$ 638,292	$ 137,790	$ 760,468	$ 2,394,461	$ 2,649,605	$ 2,455,017
Hospital's covered-employee payroll	$ 831,147	$ 1,286,285	$ 963,395	$ 933,400	$ 173,609	$ 880,545	$ 1,831,408	$ 3,366,015	$ 3,455,088
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	78.81%	62.23%	93.11%	68.38%	79.37%	86.36%	130.74%	78.72%	71.06%
Plan fiduciary net position as a percentage of the total total pension liability	69.75%	76.40%	66.30%	69.88%	68.88%	67.12%	65.10%	64.95%	66.60%

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

*The amounts presented for each fiscal year are as of the measurement date (June 30 of the fiscal year).

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Schedule of the Hospital's Pension Contributions
December 31, 2022 and 2021

	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *	2015 *	2014 *
Contractually required contribution	$ 75,446	$ 88,103	$ 97,105	$ 89,022	$ 46,237	$ 22,762	$ 174,737	$ 279,419	$ 298,821
Contribution in relation to the contractually required contribution	75,446	88,103	97,105	89,022	46,237	22,762	217,970	236,186	298,821
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ (43,233)	$ 43,233	$ -
Hospital's covered-employee payroll	$ 847,696	$ 993,280	$ 1,127,818	$ 1,001,370	$ 551,094	$ 264,488	$ 880,167	$ 3,077,228	$ 3,370,077
Contributions as a percentage of covered-employee payroll	8.90%	8.87%	8.61%	8.89%	8.39%	8.61%	24.76%	7.68%	8.87%

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

*The amounts presented for each fiscal year are as of the most recent fiscal year-end (December 31).

Hamilton County Hospital

A Component Unit of Hamilton County, Kansas

Schedule of Changes to the Hospital's Total OPEB Liability and Related Ratios

Last Ten Fiscal Years

	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *
Total OPEB Liability						
Service cost	$ 3,194	$ 3,635	$ 2,749	$ 421	$ 415	$ 5,128
Interest	1,382	1,486	2,239	2,320	2,783	2,412
Differences between expected and actual experience	(2,699)	(2,281)	(1,318)	3,463	(13,988)	-
Changes in assumptions	(4,592)	179	4,651	1,373	(1,132)	(3,835)
Benefit payments	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)
Net Change in Total OPEB Liability	(8,605)	(2,871)	2,431	1,687	(17,812)	(2,185)
Hospital's Total OPEB Liability - Beginning	63,695	66,566	64,135	62,448	80,260	82,445
Hospital's Total OPEB Liability - Ending	$ 55,090	$ 63,695	$ 66,566	$ 64,135	$ 62,448	$ 80,260
Hospital's Covered-Employee Payroll	$ 539,783	$ 1,112,585	$ 935,034	$ 854,961	$ 96,252	$ 1,359,973
Hospital's Total OPEB Liability as a percentage of covered-employee payroll	10.21%	5.72%	7.12%	7.50%	64.88%	5.90%
Changes of Assumptions						
Discount rate	3.54%	2.16%	2.21%	3.50%	3.87%	3.58%

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

No assets are accumulated in a trust that meets the criteria in paragraph 4 of GASB Statement No. 75.

*The amounts presented for each fiscal year are as of the measurement date (June 30 of the fiscal year).