Independent Auditor's Report and Financial Statements

Russell Regional Hospital Board
d/b/a Russell Regional Hospital

July 31, 2025 and 2024

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Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Management's Discussion and Analysis
Years ended July 31, 2025 and 2024

Our discussion and analysis of the financial performance of the Russell Regional Hospital Board d/b/a Russell Regional Hospital (the County Hospital Board) provides a narrative overview of its financial activities for the years ended July 31, 2025 and 2024. Please read it in conjunction with the accompanying financial statements.

Financial highlights

The net position of the County Hospital Board increased by $2,056,052 or 14.59 percent during the 2025 fiscal year and decreased by $653,064 or 4.43 percent during the 2024 fiscal year.

WCKA, a component unit of the County Hospital Board, reported an increase of $168,195 in its operating loss for the 2025 fiscal year and a decrease of $336,293 in its operating loss for the 2024 fiscal year end.

Using these financial statements

The financial statements of the County Hospital Board consist of three statements - a Statement of Net Position; a Statement of Revenues, Expenses, and Changes in Net Position; and a Statement of Cash Flows. These financial statements and related notes provide information about the activities of the County Hospital Board, including resources held by or for the benefit of the County Hospital Board, and resources restricted for specific purposes by contributors, grantors, and other outside parties.

One of the most important questions asked about finances of the County Hospital Board is, "Is the County Hospital Board as a whole better or worse off as a result of the year's activities?" The Statement of Net Position and the Statement of Revenues, Expenses, and Changes in Net Position report information about the resources of the County Hospital Board and its activities in a way that helps answer this question. These statements include all restricted and unrestricted assets and all liabilities using the accrual basis of accounting. For purposes of these two statements, revenues and expenses are taken into account regardless of when cash is received or paid.

These two statements report the net position of the County Hospital Board and changes in them. Net position of the County Hospital Board - the difference between assets and liabilities - may be thought of as one way to measure its financial health, or financial position. Over time, increases or decreases in the net position of the County Hospital Board are one indicator of whether its financial health is improving or deteriorating. Consideration must also be given to other nonfinancial indicators, such as changes in the patient base of the County Hospital Board and measures of the quality of service it provides to the community, as well as local economic factors, to assess the overall health of the County Hospital Board.

The final required statement is the Statement of Cash Flows. The statement reports cash receipts, cash payments, and net changes in cash resulting from operations, investing, and financing activities. It provides answers to such questions as "Where did cash come from?", "What was cash used for?", and "What was the change in cash balance during the reporting period?"

Assets, liabilities, and net position

The County Hospital Board's statements of net position as of the end of each of the last three years are summarized as follows:

	2025	2024	2023
Assets			
Current assets	$ 2,973,768	$ 1,049,407	$ 818,624
Assets limited as to use	2,695,646	2,968,746	3,420,281
Capital assets, net	4,553,160	4,353,004	4,660,951
Other assets	5,986,314	5,724,394	5,842,725
Total assets	$ 16,208,888	$ 14,095,551	$ 14,742,581
Liabilities			
Current liabilities	$ 63,319	$ 6,034	$ -
Total liabilities	$ 63,319	$ 6,034	$ -
Net position	$ 16,145,569	$ 14,089,517	$ 14,742,581

Other assets consist primarily of the County Hospital Board's residual interest in WCKA's net position. The County Hospital Board's residual interest in WCKA's net position increased by $261,920, decreased by $118,331, and increased by $13,118 during the years ended July 31, 2025, 2024, and 2023, respectively.

On November 4, 2003, a majority of the qualified electors of the County approved, at a special bond election, the question of whether to issue general obligation bonds of the County in an amount not to exceed $5,500,000 to pay the costs of making improvements to the hospital facility. The County issued its General Obligation Hospital Bonds, Series 2004, on July 1, 2004, in the amount of $5,500,000. Costs incurred by the County Hospital Board subsequent to issuance of the bonds for renovations and additions to its facility were submitted to the County for reimbursement from the bond proceeds. Reimbursements received and costs paid directly from the bond proceeds were recorded as capital contributions.

On May 15, 2012, the County issued its General Obligation Hospital Refunding Bonds, Series 2012, in the amount of $4,530,000. The proceeds of the 2012 bonds along with other funds were used to refund the Series 2004 bonds and to pay costs related to the issuance of the 2012 bonds.

To the extent that resources are available, the County Hospital Board and WCKA have agreed to transfer funds to the County for purposes of making principal and interest payments on the bonds as they come due. The County Hospital Board transferred $434,623, $433,445, and $426,695 to the County during the 2025, 2024, and 2023 fiscal years, respectively, to pay principal and interest due on the bonds. During the year ended July 31, 2025, the bonds were paid off in full.

The net position of the County Hospital increased by $2,056,052 or 14.59 percent during the 2025 fiscal year and decreased by $653,064 or 4.43 percent during the 2024 fiscal year.

WCKA's statements of net position as of the end of each of the last three years are summarized as follows:

	2025	2024	2023
Assets			
Current assets	$ 5,900,163	$ 6,129,136	$ 6,113,689
Assets limited as to use	6,816	31,674	
Capital assets, net	1,686,920	2,182,119	2,180,079
Other assets	22,996	31,000	8,000
Total assets	$ 7,616,895	$ 8,373,929	$ 8,301,768
Liabilities			
Current liabilities	$ 1,578,802	$ 2,496,112	$ 2,237,332
Long-term obligations	44,963	121,749	221,711
Due to lessor	5,986,314	5,724,394	5,842,725
Total liabilities	$ 7,610,079	$ 8,342,255	$ 8,301,768
Net position	$ 6,816	$ 31,674	$ -

WCKA was organized on June 23, 1997, and on August 1, 1997, it assumed custody of assets and liabilities related to hospital operations from the County Hospital Board pursuant to a 10-year lease agreement. The lease agreement has been extended and is in effect through July 31, 2037. At the end of the lease term, WCKA has agreed to return all of its net position to the County Hospital Board. Accordingly, WCKA's net position is presented as a liability ("due to lessor") in its financial statements. The residual interest in WCKA's unrestricted net position is presented as an asset in the financial statements of the County Hospital Board.

WCKA's net position increased by $237,062 or 4.12 percent during the 2025 fiscal year and decreased by $86,657 or 1.48 percent during the 2024 fiscal year.

Operating results and changes in net position

The operating results and changes in net position for the County Hospital Board during each of the last three years are summarized as follows:

	2025	2024	2023
Operating revenues	$ 2,360	$ 1,598	$ 2,112
Operating expenses	627,955	672,153	694,649
Operating loss	(625,595)	(670,555)	(692,537)
Property taxes	726,241	711,233	676,396
Sales taxes	748,210	685,291	700,344
Other nonoperating revenue, net	2,367,832	213,965	111,266
Capital grants and contributions	75,100	169,686	233,531
Transfers to WCKA	(1,063,033)	(1,210,908)	(1,364,785)
Transfers to Russell County	(434,623)	(433,445)	(426,695)
Change in obligation of lessee to lessor	261,920	(118,331)	13,118
Change in net position	$ 2,056,052	$ (653,064)	$ (749,362)

Operating expenses consist primarily of depreciation on capital assets: $577,751, $627,736, and $680,270 during each of the years ended July 31, 2025, 2024, and 2023, respectively.

WCKA's operating results and changes in net position for each of the last three years are summarized as follows:

	2025	2024	2023
Operating revenues	$ 21,535,570	$ 20,395,802	$ 20,498,005
Operating expenses	23,395,050	22,087,087	22,525,583
Operating loss	(1,859,480)	(1,691,285)	(2,027,578)
COVID-19 grants	885,910		489,803
Other nonoperating revenues, net and capital grants and contributions	147,599	393,720	186,108
Transfers from County Hospital Board	1,063,033	1,210,908	1,364,785
Change in net position	$ 237,062	$ (86,657)	$ 13,118

The first, and most significant, component of the overall change in WCKA's net position is its operating loss - generally, the difference between net patient service revenue and the expenses incurred to perform those services. WCKA reported operating losses during the 2025, 2024, and 2023 fiscal years.

The operating loss increased by $168,195 and decreased by $336,293 during the 2025 and 2024 fiscal years, respectively. Operating results are significantly impacted by participation in the 340(b) drug program. WCKA recognized $2,197,760, $1,575,293, and $2,201,972 in revenue and incurred $1,419,189, $905,994, and $1,860,420 in expenses related to the 340(b) drug program during the 2025, 2024, and 2023 fiscal years, respectively. Without participation in the 340(b) drug program, WCKA would have sustained operating losses of $2,638,051, $2,360,584, and $2,369,130 for the 2025, 2024, and 2023 fiscal years, respectively.

Gross and net patient service revenue for the past three years is analyzed as follows:

	2025	2024	2023
Inpatient services	$ 4,863,964	$ 5,646,965	$ 5,034,029
Outpatient services	23,975,559	22,528,351	20,971,615
Physician services	5,478,178	5,156,015	3,567,129
Gross patient service revenue	34,317,701	33,331,331	29,572,773
Contractual adjustments	(13,434,168)	(13,181,501)	(10,687,783)
Provision for bad debts	(1,673,899)	(1,561,783)	(804,323)
Charity care	(284,443)	(175,971)	(195,095)
Net patient service revenue	$ 18,925,191	$ 18,412,076	$ 17,885,572

WCKA did not raise its charge rates across the board during the 2025, 2024, or 2023 fiscal years. Most of the overall changes in gross patient service revenue during the past three years are due to changes in inpatient and outpatient volume. Gross revenues from inpatient services decreased by 13.87 percent during the 2025 fiscal year, increased by 12.18 percent during the 2024 fiscal year, and decreased 5.66 percent during the 2023 fiscal year. Total patient days (acute and swing-bed combined), decreased by 17.44 percent during the fiscal year 2025, decreased by 6.66 percent during the fiscal year 2024, and decreased by 3.34 percent during fiscal year 2023. The changes in inpatient revenues were greatly influenced by variations in the number of patient days. Gross revenues for outpatient services increased by 6.42 percent during the 2025 fiscal year, 7.42 percent during the 2024 fiscal year, and 6.53 percent during the 2023 fiscal year. These changes were primarily the result of changes in outpatient volume.

WCKA has agreements with various third-party payors that provide for payments to it at amounts different from its established charge rates. These differences are referred to as contractual adjustments. As a percentage of gross patient service revenue they were 39.2. 39.6, and 36.1 percent during the 2025, 2024, and 2023 fiscal years, respectively. These values are comparable to those for similar critical access hospitals. As a critical access hospital, contractual adjustments for the Medicare program are much lower as a percentage of gross charges than they are for most other third-party payors. The contractual adjustment rate for cost reimbursed Medicare services generally rises when patient volume increases, and falls when drops in patient volume are experienced.

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Independent Auditor's Report

Board of Trustees
Russell Regional Hospital Board
d/b/a Russell Regional Hospital

Opinions

We have audited the accompanying financial statements of the business-type activities and the discretely presented component unit of Russell Regional Hospital Board d/b/a Russell Regional Hospital (the County Hospital Board), a component unit of Russell County, Kansas, as of and for the years ended July 31, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the County Hospital Board's basic financial statements as listed in the table of contents.

In our opinion, the financial statements referred to above present fairly, in all material respects, the respective financial positions of the business-type activities and the discretely presented component unit of Russell Regional Hospital Board d/b/a Russell Regional Hospital, as of July 31, 2025 and 2024, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the Kansas Municipal Audit and Accounting Guide. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the County Hospital Board, 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 opinions.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the County Hospital Board's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the County Hospital Board'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 management's discussion and analysis on pages 1 through 5 be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by 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 audit 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.

Wendling Noe Nelson & Johnson LLC

Topeka, Kansas
February 20, 2026

Financial Statements

Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Statements of Net Position
July 31, 2025 and 2024

Assets

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Current assets				
Cash and cash equivalents	$ 1,584,718	$ 246,301	$ 149,622	$ 1,255,411
Investments	1,080,000	1,447,938	756,831	1,723,161
Patient accounts receivable, less allowance for uncollectible accounts of $1,200,536 in 2025 and $926,252 in 2024		2,599,912		2,362,761
Other receivables	20,083	232,520	15,001	226,005
Due from lessor		63,319		6,034
Note receivable from lessee	150,000			
Estimated third-party payor settlements		718,148		23,800
Sales and property tax receivable	138,967		126,753	
Inventories		420,908		440,003
Prepaid expenses		171,117	1,200	91,961
Total current assets	2,973,768	5,900,163	1,049,407	6,129,136
Assets limited as to use				
Internally designed for capital assets	2,363,310		2,234,161	
By contributors for capital assets	35,415	6,816	437,664	31,674
Principal of permanent endowments	296,921		296,921	
Total assets limited as to use	2,695,646	6,816	2,968,746	31,674
Capital assets				
Capital assets not being depreciated	699,484		80,423	11,182
Depreciable capital assets, net of accumulated depreciation	3,853,676	1,676,959	4,272,581	2,121,132
Lease assets, net of accumulated amortization		9,961		49,805
Total capital assets	4,553,160	1,686,920	4,353,004	2,182,119
Other assets				
Advances receivable		22,996		31,000
Due from lessee	5,986,314		5,724,394	
Total other assets	5,986,314	22,996	5,724,394	31,000
Total assets	$ 16,208,888	$ 7,616,895	$ 14,095,551	$ 8,373,929

The accompanying notes are an integral part of these statements.

Liabilities and Net Position

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Current liabilities				
Current portion of long-term debt	$ -	$ 57,794	$ -	$ 55,421
Current portion of lease liabilities		18,993		44,541
Accounts payable		661,033		528,395
Estimated third-party payor settlements		100,258		475,895
Accrued salaries and benefits		234,734		189,018
Accrued compensated absences		355,990		316,764
Accrued interest				168
Due to lessee	63,319		6,034	
Note payable to lessor		150,000		
Unearned COVID-19 revenue				885,910
Total current liabilities	63,319	1,578,802	6,034	2,496,112
Noncurrent liabilities				
Long-term debt, less current portion		44,963		102,756
Lease liabilities, less current portion				18,993
Due to lessor		5,986,314		5,724,394
Total noncurrent liabilities	-	6,031,277	-	5,846,143
Total liabilities	63,319	7,610,079	6,034	8,342,255
Net position				
Net investment in capital assets	4,553,160		4,353,004	
Restricted				
Expendable for capital acquisitions	35,415	6,816	437,664	31,674
Nonexpendable permanent endowments	296,921		296,921	
Unrestricted	11,260,073		9,001,928	
Total net position	16,145,569	6,816	14,089,517	31,674
Total liabilities and net position	$ 16,208,888	$ 7,616,895	$ 14,095,551	$ 8,373,929

Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Statements of Revenues, Expenses, and Changes in Net Position
Years ended July 31, 2025 and 2024

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Operating revenues				
Net patient service revenue	$ -	$ 18,925,191	$ -	$ 18,412,076
Other revenue	2,360	2,610,379	1,598	1,983,726
Total operating revenues	2,360	21,535,570	1,598	20,395,802
Operating expenses				
Salaries and wages		11,149,466		10,747,049
Employee benefits		2,184,113		1,804,952
Purchased services, supplies, and other	50,204	9,497,984	44,417	9,016,083
Depreciation and amortization	577,751	563,487	627,736	519,003
Total operating expenses	627,955	23,395,050	672,153	22,087,087
Operating loss	(625,595)	(1,859,480)	(670,555)	(1,691,285)
Nonoperating revenues (expenses)				
Property taxes	726,241		711,233	
Sales taxes	748,210		685,291	
Investment income	141,389	96,204	138,002	122,469
Interest expense		(6,811)		(10,706)
Noncapital COVID-19 grants		885,910		
Noncapital other grants and contributions	399,547	39,868	75,963	76,338
Gain on impairment of capital assets	1,826,896			
Gain on disposal of capital assets		5,622		13,550
Total nonoperating revenues	3,842,283	1,020,793	1,610,489	201,651
Excess of revenues over (under) expenses before capital grants and contributions and transfers	3,216,688	(838,687)	939,934	(1,489,634)
Capital grants and contributions	75,100	12,716	169,686	192,069
Transfers				
Between Hospital Board and component unit	(1,063,033)	1,063,033	(1,210,908)	1,210,908
To Russell County	(434,623)		(433,445)	
Change in net position	1,794,132	237,062	(534,733)	(86,657)
Net position at beginning of year	14,089,517	31,674	14,742,581	
Change in obligation of lessee to lessor	261,920	(261,920)	(118,331)	118,331
Net position at end of year	$ 16,145,569	$ 6,816	$ 14,089,517	$ 31,674

The accompanying notes are an integral part of these statements.

Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Statements of Cash Flows
Years ended July 31, 2025 and 2024

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Cash flows from operating activities				
Receipts from and on behalf of patients	$ -	$ 17,618,055	$ -	$ 18,754,603
Payments to or on behalf of employees		(13,248,637)		(12,821,529)
Payments for supplies and services	(49,004)	(9,411,369)	(42,617)	(8,987,531)
Other receipts and payments	2,360	2,603,864	1,598	1,892,111
Net cash used by operating activities	(46,644)	(2,438,087)	(41,019)	(1,162,346)
Cash flows from noncapital financing activities				
Tax levies received	1,462,237		1,324,771	
Noncapital other grants and contributions received	399,547	39,868	75,963	76,338
Issuance of note payable to lessee	(390,000)	390,000		
Payments on note payable to lessee	240,000	(240,000)		
Transfers	(999,714)	999,714	(1,210,908)	1,210,908
Net cash provided by noncapital financing activities	712,070	1,189,582	189,826	1,287,246
Cash flows from capital and related financing activities				
Acquisition of capital assets	(862,813)	(87,701)	(313,755)	(521,043)
Capital grants and contributions received	75,100	12,716	169,686	192,069
Insurance proceeds received	1,905,768			
Proceeds from sale of capital assets		25,035		13,550
Payments on long-term debt		(55,420)		(69,062)
Payments on lease liabilities		(44,541)		(43,128)
Interest paid		(6,979)		(10,819)
Transfers to Russell County	(434,623)		(433,445)	
Net cash provided (used) by capital and related financing activities	683,432	(156,890)	(577,514)	(438,433)
Cash flows from investing activities				
Change in assets limited as to use and investments	(323,169)	274,981	(253,838)	699,724
Interest income received	136,307	96,446	142,700	118,880
Net cash provided (used) by investing activities	(186,862)	371,427	(111,138)	818,604
Net change in cash and cash equivalents	1,161,996	(1,033,968)	(539,845)	505,071
Cash and cash equivalents at beginning of year	2,821,447	1,287,085	3,361,292	782,014
Cash and cash equivalents at end of year	$ 3,983,443	$ 253,117	$ 2,821,447	$ 1,287,085

The accompanying notes are an integral part of these statements.

Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Statements of Cash Flows - Continued
Years ended July 31, 2025 and 2024

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Reconciliation of cash and cash equivalents				
Cash	$ 1,584,718	$ 246,301	$ 149,622	$ 1,255,411
Cash included in assets limited as to use				
Internally designated	2,363,310		2,234,161	
By contributors	35,415	6,816	437,664	31,674
Total cash and cash equivalents	$ 3,983,443	$ 253,117	$ 2,821,447	$ 1,287,085
Reconciliation of operating loss to net cash used by operating activities				
Operating loss	$ (625,595)	$ (1,859,480)	$ (670,555)	$ (1,691,285)
Adjustments to reconcile operating loss to net cash used by operating activities				
Depreciation and amortization	577,751	563,487	627,736	519,003
Provision for bad debts		1,673,899		1,561,783
Changes in				
Patient accounts receivable		(1,911,050)		(1,805,300)
Advances receivable		8,004		(23,000)
Estimated third-party payor settlements		(1,069,985)		586,044
Inventories and other current assets	1,200	(60,542)	1,800	(164,556)
Accounts payable and accrued expenses		217,580		(145,035)
Net cash used by operating activities	$ (46,644)	$ (2,438,087)	$ (41,019)	$ (1,162,346)

The accompanying notes are an integral part of these statements.

Russell Regional Hospital Board
d/b/a Russell Regional Hospital
Notes to Financial Statements
July 31, 2025 and 2024

Note A - Description of Reporting Entity and Summary of Accounting Policies

1. Reporting entity

The Russell Regional Hospital Board d/b/a Russell Regional Hospital (the County Hospital Board) is a county hospital located in Russell, Kansas. It is a component unit of Russell County, Kansas (the County). The County Hospital Board consists of seven members elected by residents of the County. It annually levies a tax to support its activities. The County Hospital Board can sue and be sued, and can buy, sell, or lease real property. Bond issuances must be approved by the County.

For financial reporting purposes, the County Hospital Board has considered all potential component units for which it is financially accountable and other organizations for which the nature and significance of their relationship with the County Hospital Board are such that the exclusion would cause the County Hospital Board's financial situation to be misleading or incomplete. The discretely presented component unit discussed in Note A2 is included in the County Hospital Board's reporting entity because of the significance of its relationship with the County Hospital Board.

2. Discretely presented component unit

West Central Kansas Association, Inc. d/b/a Russell Regional Hospital (WCKA), is a not-for-profit membership corporation organized to operate an acute care hospital and nursing facility located in Russell, Kansas. WCKA is a legally separate component unit of the County Hospital Board. WCKA was organized on June 23, 1997, and on August 1, 1997, it assumed custody of assets and liabilities related to hospital operations from the County Hospital Board pursuant to a 10-year lease agreement. The lease agreement has been extended and is in effect through July 31, 2037. At the end of the lease term, WCKA has agreed to return all of its net position to the County Hospital Board, including any property or equipment acquired after inception of the lease. Accordingly, WCKA has recorded an obligation for the estimated liability due to the County Hospital Board at termination of the lease agreement.

3. 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 and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

4. Basis of accounting

The County Hospital Board uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus.

5. Cash and cash equivalents

The County Hospital Board and WCKA considers all cash and highly-liquid investments with an original maturity of three months or less to be cash equivalents, excluding any cash held in brokerage accounts and classified as investments.

6. Allowance for uncollectible accounts

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of accounts receivable, WCKA analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, WCKA analyzes contractually due amounts

Note A - Description of Reporting Entity and Summary of Accounting Policies - Continued

and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), WCKA records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

7. Inventories

Inventories are stated at the lower of cost or net realizable value with cost determined on the first-in, first-out method.

8. Investments and investment income

Investments in debt and equity securities are reported at fair value. Interest, dividends, and gains and losses, both realized and unrealized, on investments in debt and equity securities are included in nonoperating revenues when earned.

9. Assets limited as to use

Assets limited as to use include assets set aside by the County Hospital Board for replacement of capital assets or for purchase of additional capital assets, over which the Board retains control and may, at its discretion, subsequently use for other purposes; assets restricted by contributors for a particular purpose; and assets required by contributors to be retained in perpetuity. Amounts that are required for obligations classified as current liabilities are reported in current assets.

10. Capital assets

Capital assets excluding lease assets are stated at cost. Depreciation of capital assets excluding lease assets are provided on the straight-line method over the estimated useful lives of the assets. The estimated lives used are generally in accordance with the guidelines established by the American Hospital Association.

Lease assets are recognized at the lease commencement date and represent the right to use an underlying asset for the lease term. Leased assets are measured at the initial value of the lease liability at the commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease, plus any initial direct costs necessary to place the lease asset into service. Leased assets are amortized over the shorter of the lease term or useful life of the underlying asset using the straight-line method or the same method amortizing the lease liability.

The costs of maintenance and repairs are charged to operating expenses as incurred. The costs of significant additions, renewals, and betterments to depreciable properties are capitalized and depreciated over the remaining or extended estimated useful lives of the item or the properties. Gains and losses on disposition of capital assets are included in nonoperating revenues and expenses.

Note A - Description of Reporting Entity and Summary of Accounting Policies - Continued

11. Lease liabilities

Lease liabilities represent obligations to make payments arising from lease agreements. Lease liabilities are recognized at the lease commencement date based on the present value of future lease payments expected to be made during the lease term. The present value of lease payments are discounted based on the rate implicit in the lease or the County Hospital Board or WCKA's incremental borrowing rate.

12. Grants and contributions

From time to time, the County Hospital Board and WCKA receive grants and contributions from individuals and private organizations. Revenues from grants and contributions, including contributions of capital assets, are recognized when all eligibility requirements, including time requirements, are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as nonoperating revenues. Amounts restricted to capital acquisitions are reported after nonoperating revenues and expenses.

13. Restricted resources

When the County Hospital Board and WCKA has both restricted and unrestricted resources available to finance a particular program, it is the County Hospital Board's and WCKA's policy to use restricted resources before unrestricted resources.

14. Net position

The net position of the County Hospital Board and WCKA are classified into four components. *Net investment in capital assets* consists of capital assets net of accumulated depreciation and amortization reduced by the balances of any outstanding borrowings used to finance the purchase or construction of those assets. *Restricted expendable net position* is the net position that must be used for a particular purpose, as specified by creditors, grantors, or contributors external to the County Hospital Board and WCKA. *Restricted nonexpendable net position* equals the principal portion of permanent endowments. *Unrestricted net position* is the remaining net position that does not meet the definitions of the other three components of net position.

15. Operating revenues and expenses

The statement of revenues, expenses, and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the principal activity of the County Hospital Board and WCKA. Nonexchange revenues, including tax levies and noncapital grants and contributions, are reported as nonoperating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing costs.

16. Net patient service revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors and the provision for bad debts. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Note A - Description of Reporting Entity and Summary of Accounting Policies - Continued

17. Charity care

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

18. Income taxes

The County Hospital Board is exempt from federal taxes pursuant to Sections 115 and 501(a) of the Internal Revenue Code.

WCKA is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on its related income pursuant to Section 501(a) of the Code. WCKA's management is not aware of any uncertainties in income tax positions. The years ended July 31, 2025, 2024, 2023, and 2022, remain subject to examination by both federal and state taxing authorities.

19. Adoption of accounting pronouncement

Effective August 1, 2023, the County Hospital Board adopted the Governmental Accounting Standards Board (GASB) Statement No. 101, *Compensated Absences*. GASB 101 requires that liabilities for compensated absences be recognized for (1) leave that has not been used, and (2) leave that has been used but not yet paid in cash or settled through noncash means. A liability should be recognized for leave that has not been used if (a) the leave is attributable to services the employee already rendered, (b) the leave accumulates, and (c) the leave is more likely than not to be used for time off or otherwise paid in cash or settled through noncash means. Leave is attributable to services already rendered when an employee has performed the services required to earn the leave. Leave that accumulates is carried forward from the reporting period in which it is earned to a future reporting period during which it may be used for time off or otherwise paid or settled. In estimating the leave that is more likely than not to be used or otherwise paid or settled, an entity should consider relevant factors such as employment policies related to compensated absences and historical information about the use or payment of compensated absences.

GASB 101 requires a retrospective transition method using the facts and circumstances that existed at the beginning of the earliest period presented (i.e., August 1, 2023). The County Hospital Board's adoption of GASB 101 did not result in changes to amounts reported on the statements of net position or statements of revenues, expenses, and changes in net position.

20. Subsequent events

The County Hospital Board and WCKA have evaluated subsequent events through the date of the independent auditor's report, which is the date the financial statements were available to be issued.

Note B - Net Patient Service Revenue

WCKA has agreements with third-party payors that provide for payments to it at amounts different from its established charge rates. The amounts reported on the statement of net position as estimated third-party payor settlements consist of the estimated differences between the contractual amounts for providing covered services and the interim payments received for those services. A summary of the payment arrangements with major third-party payors follows:

Medicare - WCKA is a critical access hospital for purposes of the Medicare program. Hospital and rural health clinic (RHC) services rendered to Medicare beneficiaries are paid under cost reimbursement methodologies. Physician services, other than RHC services, rendered to Medicare beneficiaries are paid based on a prospectively determined fee schedule. WCKA is paid for cost reimbursable items at tentative rates with final settlements determined after submission of annual cost reports by WCKA and audits or reviews thereof by the Medicare administrative contractor. WCKA's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review by a peer review organization. WCKA's Medicare cost reports have been audited or reviewed by the Medicare administrative contractor through July 31, 2023.

Medicaid - Hospital services rendered to Medicaid program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. RHC services rendered to Medicaid beneficiaries are paid at a prospectively determined rate per occasion of service. Physician services, other than RHC services, rendered to Medicaid beneficiaries are paid on a prospectively determined fee schedule. Nursing facility services are paid at prospectively determined per diem rates set annually on the basis of cost information supplied by nursing facilities for preceding calendar years.

Blue Cross and Blue Shield - All services rendered to patients who are insured by Blue Cross and Blue Shield are paid on the basis of prospectively determined rates per discharge or discounts from established charges.

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

A summary of gross and net patient service revenue follows:

	2025	2024
Gross patient service revenue	$ 34,317,701	$ 33,331,331
Contractual adjustments	(13,434,168)	(13,181,501)
Charity care	(284,443)	(175,971)
Patient service revenue	20,599,090	19,973,859
Provision for bad debts	(1,673,899)	(1,561,783)
Net patient service revenue	$ 18,925,191	$ 18,412,076

Note B - Net Patient Service Revenue - Continued

Patient service revenue, net of contractual adjustments and charity care (but before the provision for bad debts) by major payor sources is as follows:

	2025	2024
Medicare	$ 9,191,436	$ 9,577,187
Medicaid	2,404,086	2,042,020
Blue Cross	3,853,885	3,347,185
Other third-party payors	2,786,855	2,779,004
Patients	2,362,828	2,228,463
Patient service revenue	$ 20,599,090	$ 19,973,859

Revenue from the Medicare and Medicaid programs accounted for approximately 45 percent and 12 percent, respectively, of WCKA's patient service revenue net of contractual adjustments and charity care during the year ended July 31, 2025, and 48 percent and 10 percent, respectively, of WCKA's patient service revenue net of contractual adjustments and charity care during the year ended July 31, 2024. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

WCKA is dedicated to providing both services and leadership in caring for the needy and accepts all patients regardless of the ability to pay. WCKA provides such care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Since WCKA does not attempt to collect amounts initially determined to qualify as charity care, such charges are not included in net patient service revenue. The costs incurred in providing these services of approximately $172,000 and $106,000 during the years ended July 31, 2025 and 2024, are included in WCKA's operating expenses and are estimated using WCKA's overall cost-to-charge ratio. In addition, WCKA provides care for medically indigent patients covered under the Medicaid welfare program at rates substantially below standard charges.

Note C - Allowance for Uncollectible Accounts

WCKA's allowance for uncollectible accounts on amounts due from patients was 72 percent and 61 percent of self-pay accounts receivable as of July 31, 2025 and 2024, respectively. WCKA's net bad debt write-offs were $1,399,615 and $1,357,606 for the years ended July 31, 2025 and 2024, respectively. WCKA did not change its charity care or uninsured discount policies during the years ended July 31, 2025 and 2024. WCKA does not maintain a material allowance for uncollectible accounts from third-party payors, nor has it incurred any significant bad debt write-offs from third-party payors.

Note D - Deposits with Financial Institutions

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 County Hospital Board's deposit policy of custodial credit risk requires compliance with the provisions of state law. In addition, WCKA maintains its cash in banks which are insured by the Federal Deposit Insurance Corporation (FDIC).

Note D - Deposits with Financial Institutions - Continued

Kansas statutes authorize the County Hospital Board, with certain restrictions, to deposit or invest in open accounts, time deposits, certificates of deposit, repurchase agreements, U.S. Treasury Bills and Notes, and the State Treasurer's investment pool. Kansas statutes also require that collateral be pledged for bank deposits with a fair market value equal to 100 percent of the uninsured amounts and must be assigned for the benefit of the County Hospital Board.

At July 31, 2025, the carrying amounts of bank deposits, including certificates of deposit and brokered certificates of deposit, were $5,360,364 for the County Hospital Board and $1,699,481 for WCKA. The bank balances for the two entities were $4,834,376 and $2,036,765, respectively. Of the County Hospital Board's bank balances, $750,000 was covered by federal depository insurance, $4,084,376 was covered by collateral held by a third-party bank but not registered in the name of the County Hospital Board. Of WCKA's bank balances, $822,169 was covered by federal depository insurance and $779,917 was covered by collateral held by a third-party bank but not registered in the name of WCKA, and $434,679 was unsecured and uncollateralized.

Bank deposits are included in the financial statements under the following categories:

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Unrestricted funds				
Cash and cash equivalents	$ 1,584,718	$ 244,727	$ 149,622	$ 1,254,011
Investments	1,080,000	1,447,938	756,831	1,723,161
Assets limited as to use				
Internally designated for capital assets	2,363,310		2,234,161	
By contributors for capital assets	35,415	6,816	437,664	31,674
Principal of permanent endowments	296,921		296,921	
Total bank deposits	$ 5,360,364	$ 1,699,481	$ 3,875,199	$ 3,008,846

Note E - Assets Limited as to Use

The composition of assets limited as to use is as follows:

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Internally designated for capital assets				
Cash	$ 2,363,310	$ -	$ 2,234,161	$ -
By contributors for capital assets				
Cash	$ 35,415	$ 6,816	$ 437,664	$ 31,674
Principal of permanent endowments				
Certificates of deposit	$ 296,921	$ -	$ 296,921	$ -

Note F - Investments

The composition of investments is as follows:

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Cash	$ -	$ 177,938	$ -	$ 208,061
Certificates of deposit	1,080,000	1,270,000	756,831	
Brokered certificates of deposit				1,515,100
	$ 1,080,000	$ 1,447,938	$ 756,831	$ 1,723,161

Note G - Fair Value of Investments

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is determined according to a hierarchy that gives highest priority to use of observable inputs and lowest priority to use of unobservable inputs. These inputs are described as follows:

Level 1 inputs are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3 inputs are unobservable, supported by little or no market activity, and are significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis:

Brokered certificates of deposits are valued at unadjusted quoted prices for identical securities in active markets.

The following table sets forth, by level, WCKA's assets measured at fair value on a recurring basis:

	2024			
	Level 1	Level 2	Level 3	Total
Brokered certificates of deposit	$ 1,515,100	$ -	$ -	$ 1,515,100

Note G - Fair Value of Investments - Continued

Investment income for cash and cash equivalents, assets limited as to use, and investments is comprised of the following:

	2025		2024	
	Hospital Board	Component unit	Hospital Board	Component unit
Interest	$ 141,389	$ 96,446	$ 138,002	$ 118,880
Unrealized gain (loss)		(242)		3,589
	$ 141,389	$ 96,204	$ 138,002	$ 122,469

Note H - Capital Assets

Capital asset activity for the County Hospital Board is as follows:

	2025			
	Beginning balance	Transfers and additions	Reclasses and retirements	Ending balance
Capital assets not being depreciated				
Land	$ 338	$ 34,312	$ -	$ 34,650
Construction in progress	80,085	640,749	(56,000)	664,834
Total capital assets not being depreciated	80,423	675,061	(56,000)	699,484
Capital assets being depreciated				
Land improvements	191,496			191,496
Buildings and fixed equipment	15,532,694	181,718	(311,492)	15,402,920
Major movable equipment	3,602,573			3,602,573
Total capital assets being depreciated	19,326,763	181,718	(311,492)	19,196,989
Less accumulated depreciation				
Land improvements	67,517	10,474		77,991
Buildings and fixed equipment	11,746,858	488,612	(288,620)	11,946,850
Major movable equipment	3,239,807	78,665		3,318,472
Total accumulated depreciation	15,054,182	577,751	(288,620)	15,343,313
Total capital assets being depreciated, net	4,272,581	(396,033)	(22,872)	3,853,676
Capital assets, net	$ 4,353,004	$ 279,028	$ (78,872)	$ 4,553,160

Note H - Capital Assets - Continued

	2024			
	Beginning balance	Transfers and additions	Reclasses and retirements	Ending balance
Capital assets not being depreciated				
Land	$ 338	$ -	$ -	$ 338
Construction in progress	30,000	50,085		80,085
Total capital assets not being depreciated	30,338	50,085	-	80,423
Capital assets being depreciated				
Land improvements	191,496			191,496
Buildings and fixed equipment	15,315,235	217,459		15,532,694
Major movable equipment	3,550,328	52,245		3,602,573
Total capital assets being depreciated	19,057,059	269,704	-	19,326,763
Less accumulated depreciation				
Land improvements	57,044	10,473		67,517
Buildings and fixed equipment	11,255,221	491,637		11,746,858
Major movable equipment	3,114,181	125,626		3,239,807
Total accumulated depreciation	14,426,446	627,736	-	15,054,182
Total capital assets being depreciated, net	4,630,613	(358,032)	-	4,272,581
Capital assets, net	$ 4,660,951	$ (307,947)	$ -	$ 4,353,004

Construction in progress for the County Hospital Board at July 31, 2025, consists of costs incurred for facility renovations and equipment purchased but not yet placed in service. At July 31, 2025, the County Hospital Board's outstanding commitments for these projects were approximately $1,566,000.

The County Hospital Board recognized an impairment loss from storm damage and the abandonment of a construction project of $78,872. Insurance recoveries of $1,905,768 were received for the storm damage resulting in a gain on impairment of capital assets of $1,826,896 for the year ended July 31, 2025.

Note H - Capital Assets - Continued

Capital asset activity for WCKA is as follows:

	2025			
	Beginning balance	Transfers and additions	Reclasses and retirements	Ending balance
Capital assets not being depreciated				
Construction in progress	$ 11,182	$ (11,182)	$ -	$ -
Total capital assets not being depreciated	11,182	(11,182)	-	-
Capital assets being depreciated				
Land improvements	237,874			237,874
Fixed equipment	1,018,858	64,807		1,083,665
Major movable equipment	6,117,700	34,076	(35,395)	6,116,381
Total capital assets being depreciated	7,374,432	98,883	(35,395)	7,437,920
Less accumulated depreciation				
Land improvements	224,637	4,527		229,164
Fixed equipment	978,092	9,707		987,799
Major movable equipment	4,050,571	509,409	(15,982)	4,543,998
Total accumulated depreciation	5,253,300	523,643	(15,982)	5,760,961
Total capital assets being depreciated, net	2,121,132	(424,760)	(19,413)	1,676,959
Lease assets being amortized				
Major movable equipment	358,601			358,601
Total lease assets being amortized	358,601	-	-	358,601
Less accumulated amortization				
Major movable equipment	308,796	39,844		348,640
Total accumulated amortization	308,796	39,844	-	348,640
Total lease assets being amortized	49,805	(39,844)	-	9,961
Capital assets, net	$ 2,182,119	$ (475,786)	$ (19,413)	$ 1,686,920

Note H - Capital Assets - Continued

	2024			
	Beginning balance	Transfers and additions	Reclasses and retirements	Ending balance
Capital assets not being depreciated				
Construction in progress	$ 405,501	$ (394,319)	$ -	$ 11,182
Total capital assets not being depreciated	405,501	(394,319)	-	11,182
Capital assets being depreciated				
Land improvements	237,874			237,874
Fixed equipment	1,018,858			1,018,858
Major movable equipment	5,217,213	915,362	(14,875)	6,117,700
Total capital assets being depreciated	6,473,945	915,362	(14,875)	7,374,432
Less accumulated depreciation				
Land improvements	220,123	4,514		224,637
Fixed equipment	970,450	7,642		978,092
Major movable equipment	3,598,444	467,002	(14,875)	4,050,571
Total accumulated depreciation	4,789,017	479,158	(14,875)	5,253,300
Total capital assets being depreciated, net	1,684,928	436,204	-	2,121,132
Lease assets being amortized				
Major movable equipment	358,601			358,601
Total lease assets being amortized	358,601	-	-	358,601
Less accumulated amortization				
Major movable equipment	268,951	39,845		308,796
Total accumulated amortization	268,951	39,845	-	308,796
Total lease assets being amortized	89,650	(39,845)	-	49,805
Capital assets, net	$ 2,180,079	$ 2,040	$ -	$ 2,182,119

Note H - Capital Assets - Continued

On November 4, 2003, a majority of the qualified electors of the County approved, at a special bond election, the question of whether to issue general obligation bonds of the County in an amount not to exceed $5,500,000 to pay the costs of making improvements to the hospital facility. The County issued its General Obligation Hospital Bonds, Series 2004, on July 1, 2004, in the amount of $5,500,000. Costs incurred by the County Hospital Board subsequent to issuance of the bonds for renovations and additions to its facility were submitted to the County for reimbursement from the bond proceeds. Reimbursements received and costs paid directly from the bond proceeds were recorded as capital contributions.

On May 15, 2012, the County issued its General Obligation Hospital Refunding Bonds, Series 2012, in the amount of $4,530,000. The proceeds of the 2012 bonds along with other funds, were used to refund the Series 2004 bonds and to pay costs related to the issuance of the 2012 bonds.

To the extent that resources are available, the County Hospital Board and WCKA have agreed to transfer funds to the County for purposes of making principal and interest payments on the bonds as they come due. The County Hospital Board transferred $434,623 and $433,445 to the County during 2025 and 2024, respectively, to pay principal and interest due on the bonds. During the year ended July 31, 2025, the bonds were paid off in full.

Note I - Unearned COVID-19 Revenue

Unearned COVID-19 revenue consists of federal financial assistance WCKA received through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and subsequent legislation. These funds are considered voluntary nonexchange transactions subject to the eligibility requirements and are recognized as unearned revenues until the eligibility requirements have been satisfied. Once eligibility requirements are satisfied, the amounts are included in nonoperating revenues, COVID-19 grants, and COVID-19 grants for capital purchases. The terms and conditions of the programs are complex and are subject to interpretation and evolving guidance. As a result, there is a reasonable possibility that recorded amounts could change by a material amount in the near term.

At July 31**,** 2024, WCKA's unearned COVID-19 revenue was $885,910, which is included in current liabilities on the statement of net position. For the year ended July 31, 2025, WCKA recognized $885,910 as revenue, which is included as nonoperating revenues.

Note J - Long-term Debt

WCKA's long-term debt obligations are summarized as follows:

	2025	2024
4.20% financed capital purchase agreement entered into March 23, 2022, in the original amount of $274,401, payable in monthly installments of $5,084 including interest, through April 1, 2027, collateralized by pharmacy equipment with an amortized cost of $68,600	$ 102,757	$ 158,177
Less current portion of long-term debt	57,794	55,421
Long-term debt, less current portion	$ 44,963	$ 102,756

The following is a summary of changes in WCKA's long-term debt:

	2025	2024
Outstanding at beginning of year	$ 158,177	$ 227,239
Principal payments	(55,420)	(69,062)
Outstanding at end of year	$ 102,757	$ 158,177

Scheduled payments on WCKA's long-term debt are as follows:

	Principal	Interest	Total
2026	$ 57,794	$ 3,216	$ 61,010
2027	44,963	795	45,758
	$ 102,757	$ 4,011	$ 106,768

Note K - Lease Liabilities

WCKA leases certain equipment, the terms of which expire in various years through 2026. Payments are based on each specific lease agreement. WCKA's leases do not contain variable lease payments or residual value guarantees. The following is a summary of lease liabilities as of July 31:

	2025	2024
Current portion of lease liabilities	$ 18,993	$ 44,541
Noncurrent portion of lease liabilities		18,993
Total lease liabilities	$ 18,993	$ 63,534

Note K - Lease Liabilities - Continued

The following is a summary of changes in lease liabilities:

	2025	2024
Outstanding at beginning of year	$ 63,534	$ 106,662
Principal payments	(44,541)	(43,128)
Outstanding at end of year	$ 18,993	$ 63,534

Scheduled lease liability payments for the years ending July 31 are as follows:

	Principal	Interest	Total
2026	$ 18,993	$ 144	$ 19,137

Note L - Other Support

WCKA is dependent on the County Hospital Board for continuing operations. The support consists of either loans (in the form of noninterest-bearing notes) or direct equity transfers. The County Hospital Board recognized transfers to WCKA of $1,063,033 and $1,210,908 for the years ended July 31, 2025 and 2024, respectively. At July 31, 2025, the County Hospital Board recognized a current liability and WCKA recognized a current asset of $63,319 for transfers approved by the County Hospital Board but not yet remitted. In addition, WCKA received a noninterest-bearing loan from the County Hospital Board during the year ended July 31, 2025. The outstanding balance at July 31, 2025, is $150,000.

Note M - Pension Plan

WCKA sponsors the Russell Regional Hospital 401(k) Plan (the Plan) a defined contribution plan. The Plan covers substantially all full-time employees who have completed one year of service and are at least 21 years of age. WCKA's contributions to the Plan are 50 percent of each participant's elective deferral, not to exceed 4 percent of the participant's compensation. Participants may defer their annual gross wages up to the maximum amount allowed by law. Participant contributions are 100 percent vested at all times and employer contributions are 100 percent vested after three years of service. Employer contributions provisions, including contribution requirements, may be amended by WCKA. Contributions to the Plan for the year ended July 31, 2025, were approximately $494,585, which consisted of $128,196 from WCKA and $366,389 from employees. Contributions to the Plan for the year ended July 31, 2024, were approximately $476,231, which consisted of $110,591 from WCKA and $365,640 from employees.

Note N - Concentration of Credit Risk

WCKA grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of patient accounts receivable from patients and third-party payors is summarized as follows:

	2025	2024
Medicare	29.7 %	36.4 %
Medicaid	9.4	7.4
Blue Cross	12.9	10.8
Other insurance	20.3	13.8
Patients	27.7	31.6
	100.0 %	100.0 %

Note O - Risk Management

For the years ended July 31, 2025 and 2024, WCKA was insured for professional liability under a comprehensive hospital liability policy provided by an independent insurance carrier with limits of $500,000 per occurrence up to an annual aggregate of $1,500,000 for all claims made during the policy year. WCKA is further covered by the Kansas Health Care Stabilization Fund for claims in excess of its comprehensive hospital liability policy up to $500,000 pursuant to any one judgment or settlement against it for any one party, subject to an aggregate limitation for all judgments or settlements arising from all claims made in the policy year in the amount of $1,500,000. The policy provided by the independent insurance carrier provides for umbrella liability coverage in excess of the underlying limits set forth above in the amount of $1,000,000 per occurrence with an aggregate amount in any policy year of $1,000,000. All coverage is on a claims-made basis. The above policies are currently in effect through August 1, 2026. WCKA intends to renew this coverage on that date and is aware of no reason why such coverage would be denied at that time.

No accrual for possible losses attributable to incidents that may have occurred but that have not been identified under WCKA's incident reporting system has been made because the amount is not reasonably estimable. Based on historical experience and present conditions, it is the opinion of management that any claims or expenses for unasserted claims related to periods prior to July 31, 2025, will have no material effect on the financial statements of WCKA or the County Hospital Board.

In addition to the risks disclosed elsewhere in these financial statements and notes thereto, the County Hospital Board and WCKA are exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; injuries to employees; and natural disasters. The County Hospital Board and WCKA purchase commercial insurance for these risks. Settled claims have not exceeded this commercial coverage in any of the past three years.

Note P - Related-Party Transactions

A board of trustee member of the County Hospital Board is the vice-president at a local bank. At July 31, 2025, the County Hospital Board had approximately $700,000 of deposits with this bank.

A member of WCKA's Board of Directors is the president at a local bank. At July 31, 2025, WCKA had approximately $685,000 of deposits with this bank.

Note P - Related-Party Transactions - Continued

See Note L for transactions between the County Hospital Board and WCKA. In addition, as of July 31, 2024, the County Hospital Board has recognized as a current liability, and WCKA as a current asset $6,034 for the reimbursement of expenses.

A member of WCKA's management and a member of WCKA's Board of Directors have a relationship in which significant influence could occur related to the management of WCKA and its operating policies.

Note Q - Subsequent Event

Subsequent to year-end, WCKA received notice that the IRS approved WCKA's employee retention tax credit, which is a refundable tax credit against certain employment taxes for eligible employers. A payment totaling $932,232 was received in November 2025. The payment included $141,216 of interest.