Board of Trustees of Smith County Memorial Hospital – A Component Unit of Smith County, Kansas

Independent Auditor's Report and Financial Statements

March 31, 2026 and 2025

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
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March 31, 2026 and 2025

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Independent Auditor's Report

Board of Trustees of Smith County Memorial Hospital
Smith Center, Kansas

Opinions

We have audited the financial statements of the Board of Trustees of Smith County Memorial Hospital, a component unit of Smith County, Kansas, and Great Plains of Smith County, Inc. as of and for the years ended March 31, 2026 and 2025, and the related notes to the financial statements, which collectively comprise the Board of Trustees of Smith County Memorial 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 respective financial position of the Board of Trustees of Smith County Memorial Hospital and of its discretely presented component unit as of March 31, 2026 and 2025, and the respective changes in financial position, and, where applicable, cash flows thereof for the years 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 (GAAS) and The Kansas Municipal Audit and Accounting Guide (KMAAG). 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 Board of Trustees of Smith County Memorial 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 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 Board of Trustees of Smith County Memorial 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 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 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 and KMAAG, 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 Board of Trustees of Smith County Memorial 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 the Board of Trustees of Smith County Memorial 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

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 opinions on the basic financial statements are not affected by this missing information.

Forvis Mazars, LLP

Wichita, Kansas
September 23, 2026

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Balance Sheets
March 31, 2026 and 2025

	2026	2025
ASSETS		
Current Assets		
Cash and cash equivalents	$ 3,706,975	$ 2,520,577
Cash held by QALICB	-	118,611
Certificates of deposit	5,125,000	-
Sales tax receivable	174,313	186,217
Due from Hospital	2,158	2,158
Total Current Assets	9,008,446	2,827,563
Noncurrent Cash Restricted by Donors for Capital Acquisitions	42,531	42,256
Noncurrent Certificates of Deposit	3,680,679	8,438,777
Certificates of Deposit Restricted by Donors for Capital Acquisitions	-	40,000
Interest in Assets at Greater Salina Community Foundation	192,182	162,646
Beneficial Interest in Trust	513,568	460,886
Total Assets	$ 13,437,406	$ 11,972,128

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Balance Sheets
March 31, 2026 and 2025 **(Continued)**

	2026	2025
LIABILITIES, DEFERRED INFLOWS OF RESOURCES, AND NET POSITION		
Deferred Inflows of Resources		
Beneficial interest in trust	513,568	460,886
Net Position		
Restricted - expendable for capital acquisitions	42,531	82,256
Unrestricted	12,881,307	11,428,986
Total Net Position	12,923,838	11,511,242
Total Liabilities, Deferred Inflows of Resources, and Net Position	$ 13,437,406	$ 11,972,128

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Balance Sheets
March 31, 2026 and 2025

	2026	2025
ASSETS		
Current Assets		
Cash	$ 7,088,744	$ 7,137,655
Patient accounts receivable	3,470,363	3,039,709
Estimated amounts due from third-party payers	-	94,684
Supplies	273,548	239,381
Prepaid expenses and other	288,937	271,891
Other receivables	164,647	134,760
Total Current Assets	11,286,239	10,918,080
Assets Limited As To Use		
Internally designated for future capital improvements	22,307	19,929
Internally designated for debt service	1,758,360	1,697,856
Externally restricted by donors	206,169	118,102
	1,986,836	1,835,887
Property and Equipment, At Cost		
Land and land improvements	4,987,802	4,725,302
Buildings	19,798,893	19,798,893
Equipment	7,777,334	7,187,034
Construction in progress	-	195,000
	32,564,029	31,906,229
Less accumulated depreciation	17,128,919	15,076,544
	15,435,110	16,829,685
Other Assets		
Right-of-use assets - operating leases	127,126	-
Beneficial Interest in Perpetual Trusts	1,082,894	1,077,108
Total Assets	$ 29,918,205	$ 30,660,760

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Balance Sheets
March 31, 2026 and 2025 **(Continued)**

	2026	2025
LIABILITIES AND NET ASSETS		
Current Liabilities		
Current maturities of long-term debt	$ 578,445	$ 562,799
Current portion of operating lease liabilities	32,040	-
Accounts payable	912,885	1,008,741
Accrued salaries and wages	566,759	566,759
Accrued benefits payable	744,993	718,572
Accrued payroll taxes and other	716,575	649,417
Obligation under secured borrowing arrangement	397,051	385,057
Estimated amounts due to third-party payers	177,508	-
Total Current Liabilities	4,126,256	3,891,345
Other Liabilities		
Long-term debt, net	23,438,386	24,016,821
Operating lease liabilities	95,086	-
Total Liabilities	27,659,728	27,908,166
Net Assets		
Without donor restrictions	857,160	1,555,913
With donor restrictions		
Perpetual in nature	1,082,894	1,077,108
Purpose restriction	318,423	119,573
Total Net Assets	2,258,477	2,752,594
Total Liabilities and Net Assets	$ 29,918,205	$ 30,660,760

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Statements of Revenues, Expenses and Changes in Net Position
Years Ended March 31, 2026 and 2025

	2026	2025
Operating Revenues		
Noncapital appropriations - Smith County property tax levy	$ 475,094	$ 468,434
Noncapital appropriations - sales tax	945,121	1,010,359
Total Operating Revenues	1,420,215	1,478,793
Operating Expenses	9	251,157
Operating Income	1,420,206	1,227,636
Nonoperating Revenues (Expenses)		
Interest income	483,249	506,301
Interest expense	-	(166,863)
Change in interest in assets at Greater Salina Community Foundation	29,536	9,591
Forgiveness of debt related to new market tax credits	-	5,078,347
Contributions to Hospital for operations	(9,725)	-
Total Nonoperating Revenues	503,060	5,427,376
Excess of Revenues Over Expenses Before Capital Grants and Gifts and Contributions to Hospital for Capital Assets	1,923,266	6,655,012
Capital Grants and Gifts	10,575	15,183
Contributions to Hospital for Capital Assets	(521,245)	(191,635)
Increase in Net Position	1,412,596	6,478,560
Net Position, Beginning of Year	11,511,242	5,032,682
Net Position, End of Year	$ 12,923,838	$ 11,511,242

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Statement of Operations and Changes in Net Assets
Year Ended March 31, 2026

	2026		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, Gains, and Other Support			
Patient service revenue	$ 23,454,761	$ -	$ 23,454,761
Other	3,407,845	-	3,407,845
Net assets released from restrictions used for operations	26,116	(26,116)	-
Total Revenues, Gains, and Other Support	26,888,722	(26,116)	26,862,606
Expenses			
Salaries and wages	10,470,115	-	10,470,115
Supplies and other	15,252,415	-	15,252,415
Depreciation and amortization	2,074,771	-	2,074,771
Interest	697,219	-	697,219
Total Expenses	28,494,520	-	28,494,520
Operating Loss	(1,605,798)	(26,116)	(1,631,914)
Other Income			
Contributions received	42,889	224,966	267,855
Investment return	332,911	-	332,911
Excess (Deficiency) of Revenues Over Expenses	(1,229,998)	198,850	(1,031,148)
Contributions received from BOT for operations	10,000	-	10,000
Contributions from BOT for acquisition of property and equipment	521,245	-	521,245
Change in beneficial interest in perpetual trusts	-	5,786	5,786
Increase (Decrease) in Net Assets	(698,753)	204,636	(494,117)
Net Assets, Beginning of Year	1,555,913	1,196,681	2,752,594
Net Assets, End of Year	$ 857,160	$ 1,401,317	$ 2,258,477

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Statement of Operations and Changes in Net Assets
Year Ended March 31, 2025

	2025		
	Without Donor Restrictions	With Donor Restrictions	Total
Revenues, Gains, and Other Support			
Patient service revenue	$ 22,857,305	$ -	$ 22,857,305
Other	3,344,693	-	3,344,693
Net assets released from restrictions used for operations	94,855	(94,855)	-
Total Revenues, Gains, and Other Support	26,296,853	(94,855)	26,201,998
Expenses			
Salaries and wages	10,156,398	-	10,156,398
Supplies and other	14,811,475	-	14,811,475
Depreciation and amortization	2,005,336	-	2,005,336
Interest	717,123	-	717,123
Total Expenses	27,690,332	-	27,690,332
Operating Loss	(1,393,479)	(94,855)	(1,488,334)
Other Income			
Contributions received	93,914	105,318	199,232
Investment return	329,884	-	329,884
Excess (Deficiency) of Revenues Over Expenses	(969,681)	10,463	(959,218)
Contributions received from BOT for operations	-	-	-
Contributions from BOT for acquisition of property and equipment	191,636	-	191,636
Change in beneficial interest in perpetual trusts	-	48,495	48,495
Increase (Decrease) in Net Assets	(778,045)	58,958	(719,087)
Net Assets, Beginning of Year	2,333,958	1,137,723	3,471,681
Net Assets, End of Year	$ 1,555,913	$ 1,196,681	$ 2,752,594

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Statements of Cash Flows
Years Ended March 31, 2026 and 2025

	2026	2025
Cash Flows From Operating Activities		
Receipts from Smith County	$ 1,432,119	$ 1,468,934
Other payments, net	(9)	(257,381)
Net Cash Provided by Operating Activities	1,432,110	1,211,553
Cash Flows From Noncapital Financing Activities		
Contributions to Hospital for operations	(9,725)	-
Net Cash Used in Noncapital Financing Activities	(9,725)	-
Cash Flows From Capital and Related Financing Activities		
Capital grants and gifts	10,575	15,183
Contributions to Hospital for capital assets	(521,245)	(191,635)
Principal paid on note payable to bank	-	(144,617)
Interest paid on note payable to bank	-	(166,863)
Closing cost incurred on New Market Tax Credits	-	(1,984)
Net Cash Used in Capital and Related Financing Activities	(510,670)	(489,916)
Cash Flows From Investing Activities		
Interest received	483,249	506,301
Purchase of certificates of deposit	(326,902)	(728,195)
Net Cash Provided by (Used in) Investing Activities	156,347	(221,894)
Increase in Cash and Cash Equivalents	1,068,062	499,743
Cash and Cash Equivalents, Beginning of Year	2,681,444	2,181,701
Cash and Cash Equivalents, End of Year	$ 3,749,506	$ 2,681,444

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Statements of Cash Flows
Years Ended March 31, 2026 and 2025 **(Continued)**

	2026	2025
Reconciliation of Cash and Cash Equivalents to the Balance Sheets		
Cash and cash equivalents in current assets	$ 3,706,975	$ 2,639,188
Cash in noncurrent cash	42,531	42,256
Total Cash and Cash Equivalents	$ 3,749,506	$ 2,681,444
Reconciliation of Operating Income to Net Cash Provided by Operating Activities		
Operating income	$ 1,420,206	$ 1,227,636
Sales tax receivable	11,904	(9,859)
Due to Hospital	-	(6,224)
Net Cash Provided by Operating Activities	$ 1,432,110	$ 1,211,553

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Statements of Cash Flows
Years Ended March 31, 2026 and 2025

	2026	2025
Operating Activities		
Change in net assets	$ (494,117)	$ (719,087)
Items not requiring (providing) operating cash flow		
Contributions received from Board of Trustees for property and equipment	(521,245)	(191,636)
Change in beneficial interest in perpetual trusts	(5,786)	(48,495)
Depreciation	2,052,377	2,005,336
Noncash operating lease expense	22,394	-
Change in assets limited as to use	(2,378)	3,990
Investment return and contributions received (with donor restrictions)	(224,966)	(105,318)
Changes in		
Patient accounts receivable	(430,654)	(68,868)
Estimated amounts due from and to third-party payers	272,192	(818,365)
Due from Board of Trustees	-	6,224
Supplies and other current assets	(81,100)	24,592
Accounts payable and accrued expenses	(2,277)	98,904
Operating lease liability	(22,394)	-
Net Cash Provided by Operating Activities	562,046	187,277
Investing Activity		
Purchase of property and equipment	(657,802)	(613,219)
Net Cash Used in Investing Activities	(657,802)	(613,219)
Financing Activities		
Principal payments on long-term debt	(566,154)	(549,155)
Payment of debt issuance costs	3,365	3,449
Proceeds from issuance of recourse loan secured borrowings	11,994	19,574
Investment return and contributions received (with donor restrictions)	224,966	105,318
Contributions received from Board of Trustees for property and equipment	521,245	191,636
Net Cash Provided by (Used in) Financing Activities	195,416	(229,178)
Increase (Decrease) in Cash	99,660	(655,120)
Cash, Beginning of Year	8,953,613	9,608,733
Cash, End of Year	$ 9,053,273	$ 8,953,613

Board of Trustees of Smith County Memorial Hospital
A Component Unit of Smith County, Kansas
Great Plains of Smith County, Inc.
Statements of Cash Flows
Years Ended March 31, 2026 and 2025 **(Continued)**

	2026	2025
Reconciliation of Cash to the Balance Sheets		
Cash	$ 7,088,744	$ 7,137,655
Designated cash included in assets limited to use	1,964,529	1,815,958
	$ 9,053,273	$ 8,953,613
Supplemental Cash Flows Information		
Interest paid	$ 677,490	$ 692,365
Right-of-use assets obtained in exchange for new operating lease liabilities	$ 149,520	$ -

Note 1. Nature of Operations and Summary of Significant Accounting Policies – BOT

Nature of Operations

The Board of Trustees of Smith County Memorial Hospital (BOT) was organized by the County Commissioners of Smith County to operate a governmental hospital and to control the use of tax appropriations. The BOT is appointed by the County Commissioners of Smith County. The BOT is considered to be a component unit of Smith County, Kansas.

Smith County Memorial Hospital QALICB, Inc. (QALICB) is a 501(c)(3) nonprofit corporation. QALICB was established to facilitate the construction of a replacement hospital facility. Great Plains of Smith County, Inc. (GPSC or Hospital) management performs the day-to-day management of QALICB's operations and the debt of QALICB is expected to be repaid entirely with the resources of the BOT. QALICB is a separate legal entity but is financially integrated with the BOT and is reported as a blended component unit of the BOT and does not issue separate financial statements. The sole corporate member of QALICB is the BOT. QALICB has the same fiscal year as the BOT. This entity was dissolved in 2025.

Great Plains of Smith County, Inc. (GPSC or Hospital) is a 501(c)(3) nonprofit corporation. GPSC is located in Smith Center, Kansas and provides acute, swing-bed, and clinic services under a lease agreement entered into, pursuant to K.S.A. 19-4601 et. seq. with the BOT (Note 2). Based on the financial relationships and transactions with GPSC, the BOT believes as a matter of professional judgment that it would be misleading to exclude the financial statements of GPSC. As a result, GPSC is considered to be a component unit of the BOT and is discretely presented in the BOT's financial statements. GPSC reports under the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC). As such, certain revenue recognition criteria and presentation features are different from GASB revenue recognition criteria and presentation features.

Basis of Accounting and Presentation

The financial statements of the BOT 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 (principally county appropriations) are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include tax appropriations and exchange transactions. Interest income, noncapital gifts and contributions to the Hospital for operations are included in nonoperating revenues (expenses). The BOT first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available. The BOT prepares its financial statements as a business-type activity in conformity with applicable pronouncements of the Governmental Accounting Standards Board (GASB).

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, liabilities, deferred inflows and outflows 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 BOT considers all liquid investments with original maturities of three months or less to be cash equivalents. At March 31, 2026 and 2025, cash equivalents consisted entirely of money market accounts.

Deferred Inflows of Resources

The BOT 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

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

- Restricted expendable net position is made up of noncapital assets that must be used for a particular purpose, as specified by creditors, grantors or donors external to the BOT.

- Unrestricted net position is the remaining net position that does not meet the definition of restricted net position.

Noncapital Appropriations – Smith County

The BOT receives noncapital appropriations from Smith County, Kansas in the form of property tax levy and sales tax revenue. Property taxes are assessed in November and are received beginning in January of the following year. Sales tax revenue is recognized based on sales tax collected by the County's retailers in the Hospital's accounting period. Noncapital appropriations revenue for both property and sales taxes are recognized in full in the year in which use is first permitted.

Income Taxes

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

Contributions

Unconditional gifts expected to be collected within one year are reported at their net realizable value. Unconditional gifts expected to be collected in future years are initially reported at fair value determined using the discounted present value of estimated future cash flows technique. The resulting discount is amortized using the level-yield method and is reported as noncapital and capital grants and gifts.

Conditional gifts depend on the occurrence of a specified future and uncertain event to bind the potential donor and are recognized as assets and revenue when the conditions are substantially met, and the gift becomes unconditional.

Note 2. Lease and Management Agreement – BOT

The BOT controls facilities, including buildings, as well as equipment and other assets, which are owned by Smith County, Kansas, and leased to GPSC by the BOT. The lease agreement provides that GPSC will assume and continue the operations of the hospital and maintain all property and equipment in good operating condition. The current lease term is through June 30, 2031. The BOT leases the hospital facilities to GPSC for $1. In connection with this lease, Great Plains Health Alliance, Inc. (GPHA), the sole member of GPSC, has a management agreement with GPSC. Either party has the option to terminate the lease at any time for a material breach of terms or provisions of the agreement with a 60-day notice. All assets and liabilities were transferred to GPSC upon commencement of the original lease agreement. At the end of the lease term, all assets, including working capital and liabilities, shall transfer back to the BOT.

Note 3. Deposits – BOT

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 BOT'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 acceptable collateral having an aggregate value at least equal to the amount of the deposits.

The BOT maintains its bank deposits (checking and savings accounts and certificates of deposit) with financial institutions which, at times, exceed federally insured limits. For purposes of evaluating credit risk, the stability of financial institutions conducting business with the BOT is periodically reviewed and the BOT believes it is not exposed to any significant credit risk on these balances.

At March 31, 2026 and 2025, respectively, $11,450,611 and $9,746,277 of the BOT's bank balances of $12,555,185 and $11,160,221 were exposed to custodial credit risk as follows:

	2026	2025
Uninsured and uncollateralized	$ -	$ 2,206,760
Uninsured and collateral held on behalf of the pledging financial institution in the Board of Trustees' name	11,450,611	7,539,517
	$ 11,450,611	$ 9,746,277

Included in the above table is cash held by QALICB at March 31, 2026 and 2025, of $0 and $118,611, respectively. At March 31, 2026 and 2025, QALICB's cash accounts exceeded federally insured limits by approximately $0.

Summary of Carrying Values

The carrying values of deposits shown above are included in the balance sheets at March 31, 2026 and 2025, as follows:

	2026	2025
Carrying Value		
Cash and cash equivalents	$ 3,706,975	$ 2,520,577
Cash held by QALICB	-	118,611
Certificates of deposit - current	5,125,000	-
Noncurrent cash restricted by donors for capital acquisitions	42,531	42,256
Noncurrent certificates of deposit	3,680,679	8,438,777
Certificates of deposit restricted by donors for capital acquisitions	-	40,000
	$ 12,555,185	$ 11,160,221

Note 4. Cash Held by QALICB – BOT

Reserve Funds

As a requirement of loan closing for the Bridge Loan and Notes A, B, C and D (discussed in Note 8), reserve funds were created to pay the annual compliance, audit and tax fees as well as fund the BOT's Bridge Loan principal and interest payments. The funds are pledged to the lender as additional security for the loans. At March 31, 2026 and 2025, the balance of the reserve funds was $0.

Note 5. Interest in Assets at Greater Salina Community Foundation – BOT

The BOT has entered into an Organization Fund Agreement (Agreement) with the Smith County Community Foundation, an affiliate of the Greater Salina Community Foundation (Foundation). In connection with the contribution and Agreement, the Foundation established the Smith County Memorial Hospital Fund (Fund). The Fund is comprised of two separately maintained funds within the Foundation. All donations contributed by the BOT are placed in the BOT's named fund. All donations made to the fund by third-party donors are placed in the BOT's endowed fund to be held in perpetuity. The total of both funds is combined to achieve the minimum balance of $10,000. As long as the minimum fund balance is maintained, the BOT can request grants that invade the principal of the BOT's named fund, but not the endowed fund. The BOT can only request grants of up to 5% of the endowed fund balance without invading the principal gift, unless specified differently in writing by the donor. All such requests are advisory only, and the Foundation retains the ultimate authority to determine grant amounts. Changes in the interest are included in nonoperating revenue. The BOT contributed $0 to the Foundation in 2026 and 2025.

Note 6. Trusts – BOT

The BOT is a beneficiary under a remainder trust and a perpetual trust administered by outside parties. The BOT received the remainder trust of $501,200 in June 2017, which approximated fair value at March 31, 2017. The fair value of the perpetual trust was $513,568 and $460,886 at March 31, 2026 and 2025, respectively. Under the terms of the perpetual trust, the BOT has the irrevocable right to receive income earned on the trust assets in perpetuity, but never receives the principal held in the trust. The estimated value of the expected future cash flows is $513,568, which represents the fair value of the trust assets at March 31, 2026. The income from the perpetual trust was $52,682 and $4,625 for 2026 and 2025, respectively.

Note 7. Leverage Loan Receivable – BOT

The BOT entered into an agreement on February 15, 2018, to lend $11,800,052 to USBCDC Investment Fund 203, LLC (Leveraged Lender). Interest of 1% accrues on the loan receivable balance from the date of the issuance through maturity, with interest only payments beginning March 14, 2018, and paid quarterly through March 10, 2025. Beginning on April 1, 2025, and continuing until the maturity date of December 31, 2052, USBCDC Investment Fund 203, LLC will make quarterly payments sufficient to amortize the notes by the maturity date. The note is secured by equity interests of 99.99% of both CHHS Subsidiary CDE 37, LLC and CBKC CDC Sub-CDE 46, LLC. In February 2025 this loan was forgiven, see Note 10.

Note 8. Long-term Debt – BOT

The following is a summary of long-term debt transactions for the BOT for the years ended March 31:

	2025				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
QALICB					
Note payable A	$ 8,321,466	$ -	$ (8,321,466)	$ -	$ -
Note payable B	3,803,534	-	(3,803,534)	-	-
Note payable C	3,478,586	-	(3,478,586)	-	-
Note payable D	1,421,414	-	(1,421,414)	-	-
	$ 17,025,000	$ -	$ (17,025,000)	$ -	$ -

QALICB Notes Payable A, B, C and D

QALICB (a qualified active low-income community business) executed loan agreements on February 15, 2018, that provide for borrowing of $8,321,466 (Note A) and $3,803,534 (Note B) from CHHS Subsidiary CDE 37, LLC as well as provide for a borrowing of $3,478,586 (Note C) and $1,421,414 (Note D) from CBKC CDC Sub-CDE 46, LLC. The loans financed the construction of a new replacement hospital facility. The notes are secured by a leasehold mortgage on the property.

Under the terms of the loan agreements, the loans have an interest rate of 1.43%, payable quarterly. QALICB is not permitted to prepay any portion of the principal of the loans until the seventh anniversary date. For Notes A, B, C and D, interest only is payable quarterly in arrears beginning March 31, 2018 through March 31, 2025. For the period April 1, 2025 through December 1, 2052, principal and interest of $44,184 is due for Notes A and B and $17,856 for Notes C and D, respectively.

Under the terms of the loan agreements, QALICB has certain compliance requirements, including compliance reporting and maintaining its status as a qualified active low-income community business as defined by the Internal Revenue Code.

At the end of the seven-year term, a put/call agreement may be exercised, whereby U.S. Bancorp Community Development Corporation's interest in the USBCDC Investment Fund 203, LLC (member of both CHHS Subsidiary CDE 37, LLC and CBKC CDC Sub-CDE 46, LLC) is sold to QALICB and the related debt will be forgiven. The put option was exercised in February 2025, see Note 10 for the resulting impact to BOT. As of March 31, 2025, all related loans have been forgiven.

Note 9. Fair Value Measurement of Assets – BOT

The BOT categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs.

The beneficial interest in trust is considered a Level 2 measurement as its fair value is based on the fair values of the underlying assets, which include cash, money markets, municipal bonds, corporate bonds and equities.

Note 10. New Market Tax Credits – BOT

On February 15, 2018, the BOT and its newly formed subsidiary company, QALICB, Inc., entered into transactions which generated "New Markets Tax Credits" (NMTCs) under Section 45D of the *Internal Revenue Service Code of 1986*, as amended (Section 45D). The transaction was initiated by the commercial loan to the BOT from a financial institution for $8,888,000. These funds were combined with internal funds of the BOT for a total of $11,800,052 which was loaned to the Leverage Lender. The Leverage Lender used this loan to contribute to a third party (Sub-CDE) as the Qualified Equity Investment (QEI) under Section 45D. The Sub-CDE then funded loans totaling $17,025,000 to QALICB, the Qualified Low-Income Business under Section 45D. The transaction was structured as a 30-year debt financing with a 7-year NMTC compliance period, after which the BOT had the option to acquire all membership rights of the investment fund and forgive the related debt. QALICB used the proceeds to facilitate the construction of a replacement hospital facility. The debt was guaranteed by the BOT. The replacement hospital facility qualifies as low-income property under Section 45D.

During February 2025, the ownership of the Sub-CDE's equity interest in the QEI was transferred to QALICB, Inc. through a put option with an immaterial cost. The $17,025,000 loan owed by QALICB was forgiven along with the $11,800,052 loan owed by the Sub-CDE to BOT. The ending result to BOT was a net gain of approximately $5,078,000.

Note 11. Condensed Combining Information – BOT

The following tables include condensed combining balance sheet information for the BOT and its blended component unit, QALICB, as of March 31, 2026 and 2025:

	March 31, 2026		
	BOT	QALICB	Total
ASSETS			
Current assets	$ 9,008,446	$ -	$ 9,008,446
Noncurrent cash restricted by donors for capital acquisitions	42,531	-	42,531
Noncurrent certificates of deposit	3,680,679	-	3,680,679
Certificates of deposit restricted by donors for capital acquisitions	-	-	-
Interest in assets at Greater Salina Community Foundation	192,182	-	192,182
Beneficial interest in trust	513,568	-	513,568
Total Assets	$ 13,437,406	$ -	$ 13,437,406
Deferred Inflows of Resources	513,568	-	513,568
Net Position (Deficit)	12,923,838	-	12,923,838
Total Liabilities, Deferred Inflows of Resources, and Net Position	$ 13,437,406	$ -	$ 13,437,406

	March 31, 2025		
	BOT	QALICB	Total
ASSETS			
Current assets	$ 2,708,952	$ 118,611	$ 2,827,563
Noncurrent cash restricted by donors for capital acquisitions	42,256	-	42,256
Noncurrent certificates of deposit	8,438,777	-	8,438,777
Certificates of deposit restricted by donors for capital acquisitions	40,000	-	40,000
Interest in assets at Greater Salina Community Foundation	162,646	-	162,646
Beneficial interest in trust	460,886	-	460,886
Total Assets	$ 11,853,517	$ 118,611	$ 11,972,128
Deferred Inflows of Resources	460,886	-	460,886
Net Position (Deficit)	11,392,631	118,611	11,511,242
Total Liabilities, Deferred Inflows of Resources, and Net Position	$ 11,853,517	$ 118,611	$ 11,972,128

The following tables include condensed combining statements of revenues, expenses and changes in net position information for the BOT and its blended component unit, SCMH QALICB, for the years ended March 31, 2026 and 2025:

	March 31, 2026		
	BOT	QALICB	Total
Operating Revenues	$ 1,420,215	$ -	$ 1,420,215
Operating Expenses	(9)	-	(9)
Nonoperating Revenues (Expenses)	621,671	(118,611)	503,060
Capital Grants and Gifts	10,575	-	10,575
Contributions to Hospital for Capital Assets	(521,245)	-	(521,245)
Intercompany Grants and Rents	-	-	-
Increase (Decrease) in Net Position	1,531,207	(118,611)	1,412,596
Net Position (Deficit), Beginning of Year	11,392,631	118,611	11,511,242
Net Position (Deficit), End of Year	$ 12,923,838	$ -	$ 12,923,838

	March 31, 2025		
	BOT	QALICB	Total
Operating Revenues	$ 1,478,793	$ -	$ 1,478,793
Operating Expenses	-	(251,157)	(251,157)
Nonoperating Revenues (Expenses)	(11,286,144)	16,713,520	5,427,376
Capital Grants and Gifts, Net	15,183	-	15,183
Contributions to Hospital for Capital Assets	(191,635)	-	(191,635)
Intercompany Grants and Rents	(394,652)	394,652	-
Increase (Decrease) in Net Position	(10,378,455)	16,857,015	6,478,560
Net Position (Deficit), Beginning of Year	21,771,086	(16,738,404)	5,032,682
Net Position (Deficit), End of Year	$ 11,392,631	$ 118,611	$ 11,511,242

The following tables include condensed combining statements of cash flows information for the BOT and its blended component unit, QALICB, as of March 31, 2026 and 2025:

	March 31, 2026		
	BOT	QALICB	Total
Net Cash Provided by (Used in)			
Operating Activities	$ 1,432,110	$ -	$ 1,432,110
Noncapital Financing Activities	108,886	(118,611)	(9,725)
Capital and Related Financing Activities	(510,670)	-	(510,670)
Investing Activities	156,347	-	156,347
Increase in Cash and Cash Equivalents	1,186,673	(118,611)	1,068,062
Cash and Cash Equivalents, Beginning of Year	2,562,833	118,611	2,681,444
Cash and Cash Equivalents, End of Year	$ 3,749,506	$ -	$ 3,749,506

	March 31, 2025		
	BOT	QALICB	Total
Net Cash Provided by (Used in)			
Operating Activities	$ 1,462,710	$ (251,157)	$ 1,211,553
Noncapital Financing Activities	(394,652)	394,652	-
Capital and Related Financing Activities	(178,436)	(311,480)	(489,916)
Investing Activities	(221,894)	-	(221,894)
Increase in Cash and Cash Equivalents	667,728	(167,985)	499,743
Cash and Cash Equivalents, Beginning of Year	1,895,105	286,596	2,181,701
Cash and Cash Equivalents, End of Year	$ 2,562,833	$ 118,611	$ 2,681,444

Note 12. Nature of Operations and Summary of Significant Accounting Policies – GPSC

Nature of Operations

Great Plains of Smith County, Inc. (GPSC or Hospital) is a 501(c)(3) nonprofit corporation. GPSC is located in Smith Center, Kansas and provides acute, swing-bed, and clinic services under a lease agreement entered into, pursuant to K.S.A. 19-4601 et. seq. with the BOT (Note 2).

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 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. Assets limited as to use are not considered cash equivalents. There were no cash equivalents at March 31, 2026 and 2025.

At March 31, 2026, the Hospital's cash accounts exceeded federally insured limits by approximately $8,478,000 but were entirely covered by pledged securities.

Assets Limited as to Use

Assets limited as to use include (1) assets restricted by donors, (2) assets set aside by the governing board for future capital improvements over which the governing board retains control and may at its discretion subsequently use for other purposes, and (3) assets set aside by the governing board for debt service.

Patient Accounts Receivable

Patient accounts receivable reflects the outstanding amount of consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including health insurers and government programs) and others. As a service to the patient, the Hospital bills third-party payers directly and bills the patient when the patient's responsibility for co-pays, coinsurance and deductibles is determined. Patient accounts receivable is due in full when billed.

Credit loss expense of $653,662 and $652,087 was recognized for the years ended March 31, 2026 and 2025, respectively.

Supplies

Supply inventories are stated at the lower of cost or net realizable value. Costs are determined using the first-in, first-out method.

Property and Equipment

Property and equipment acquisitions are recorded at cost and are depreciated using the straight-line method over the estimated useful life of each asset. Assets under finance lease liabilities are depreciated over the shorter of the lease term or their respective estimated useful lives.

The estimated useful lives for each major depreciable classification of property and equipment are as follows:

Land improvements	20 years
Buildings	40 years
Fixed equipment	20 years
Moveable equipment	4 to 20 years

Long-lived Asset Impairment

The Hospital evaluates the recoverability of the carrying value of long-lived assets whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. No asset impairment was recognized during the years ended March 31, 2026 and 2025.

Leases

GPSC determines if an arrangement is a lease or contains a lease at inception. Leases result in the recognition of right-of-use (ROU) assets and lease liabilities on the balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. GPSC determines lease classification as operating or finance at the lease commencement date. Finance leases are included in property and equipment in the balance sheets.

GPSC allocates the consideration to the lease and nonlease components using their relative standalone values.

At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepared or deferred rent, and lease incentives. GPSC uses the implicit rate when readily determinable. As most of the leases do not provide an implicit rate, GPSC uses its incremental borrowing rate based on the information available at the commencement date to determine the present value of lease payments.

The lease term may include options to extend or to terminate the lease that GPSC is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term.

Refund Liabilities

The consideration the Hospital has received from patients for which it does not expect to be entitled to is recorded as a refund liability and included as a component of accounts payable in the accompanying balance sheets.

Professional Liability Claims

The Hospital purchases medical malpractice insurance under a claims-made policy. Under such a policy, only claims made and reported to the insurer during the policy term, regardless of when the incidents giving rise to the claims occurred, are covered. The Hospital also purchases excess umbrella liability coverage, which provides additional coverage above the basic policy limits up to the amount specified in the umbrella policy.

Based upon the Hospital's claims experience, no receivable or liability has been recorded in the accompanying financial statements related to its malpractice insurance policy. It is reasonably possible that this estimate could change materially in the near term.

Net Assets

Net assets, revenues, gains and losses are classified based on the existence or absence of donor restrictions.

Net assets without donor restrictions are available for use in general operations and not subject to donor restrictions. The BOT has designated, from net assets without donor restrictions, net assets for future capital improvements.

Net assets with donor restrictions are subject to donor restrictions. Some restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Patient Service Revenue

Patient service revenue is recognized as the Hospital satisfies performance obligations under its contracts with patients. Patient service revenue is reported at the estimated transaction price or amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Hospital's policies and implicit price concessions provided to uninsured patients.

The Hospital determines its estimates of explicit price concessions which represent adjustments and discounts based on contractual agreements, its discount policies and historical experience by payer groups. The Hospital determines its estimate of implicit price concessions based on its historical collection experience by classes of patients. The estimated amounts also include variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations by third-party payers.

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.

Charges excluded from revenue under the Hospital's charity care policy were $94,810 and $95,354 for March 31, 2026 and 2025, respectively. The Hospital's direct and indirect costs for services and supplies furnished under the Hospital's charity care policy totaled approximately $95,000 and $79,000 in 2026 and 2025, respectively. Costs were calculated using the overall cost-to-charge ratio from the March 31, 2026 and 2025, as-filed Medicare cost reports.

Contributions

Contributions are provided to the Hospital either with or without restrictions placed on the gift by the donor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor restrictions. The value recorded for each contribution is recognized as follows:

Nature of the Gift	Value Recognized
Conditional gifts, with or without restriction	
Gifts that depend on the Hospital overcoming a donor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, *i.e.* the donor-imposed barrier is met
Unconditional gifts, with or without restriction	
Received at date of gift – cash and other assets	Fair value
Received at date of gift – property, equipment and long-lived assets	Estimated fair value
Expected to be collected within one year	Net realizable value

Nature of the Gift	Value Recognized
Collected in future years	Initially reported at fair value determined using the discounted present value of estimated future cash flows technique

In addition to the amount initially recognized, revenue for unconditional gifts to be collected in future years is also recognized each year as the present-value discount is amortized using the level-yield method.

When a donor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions. Absent explicit donor stipulations for the period of time that long-lived assets must be held, expirations of restrictions for gifts of land, buildings, equipment and other long-lived assets are reported when those assets are placed in service.

Gifts and investment income that are originally restricted by the donor and for which the restriction is met in the same time period the gift is received are recorded as revenue with donor restrictions and then released from restriction.

Conditional contributions and investment income having donor stipulations which are satisfied in the gift is received and the investment income is earned are recorded as revenue with donor restrictions and then released from restriction.

Accrued Benefits Payable

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off. Expense and the related liability are recognized as vacation benefits are earned. 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. Accrued benefits payable is computed using the regular pay rates in effect at the balance sheet date.

Debt Issuance Costs

Debt issuance costs represent costs incurred in connection with the issuance of long-term debt. Such costs are being amortized over the term of the respective debt using the straight-line method.

Investment Return

Investment return includes interest on cash accounts and distribution from funds held in trusts. Investment return that is initially restricted by donor stipulation and for which the restriction will be satisfied in the same year is included in net assets without donor restrictions. Other investment return is reflected in the statement of operations and changes in net assets without donor restrictions and net assets with donor restrictions based on the existence and nature of any donor or legally imposed restrictions.

Income Taxes

The Hospital has been recognized as exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Hospital is subject to federal income tax on any unrelated business taxable income. The Hospital files tax returns in the U.S. federal jurisdiction.

Excess (Deficiency) of Revenues Over Expenses

The statements of operations and changes in net assets include excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include contributions received from the BOT and others for property and equipment and change in beneficial interest in perpetual trusts.

Note 13. Concentration of Credit Risk – GPSC

The Hospital grants credit without collateral to its patients, most of whom are area residents and are insured under third-party payer agreements. The mix of net accounts receivables from patients and third-party payers at March 31, 2026 and 2025, is:

	2026	2025
Medicare	47%	42%
Medicaid	6%	7%
Blue Cross	15%	14%
Other third-party payers	28%	31%
Self pay	4%	6%
	100%	100%

Note 14. Assets Limited As To Use – GPSC

Assets limited as to use at March 31, 2026 and 2025, include:

	2026	2025
Cash internally designated for future capital improvements	$ 22,307	$ 19,929
Cash internally designated for debt service	1,758,360	1,697,856
Cash externally restricted by donors	206,169	118,102
	$ 1,986,836	$ 1,835,887

Note 15. Beneficial Interest in Perpetual Trusts – GPSC

The Hospital is an income beneficiary of several perpetual trusts controlled by an unrelated third-party trustee. The beneficial interests in the assets of these trusts are included in the Hospital's financial statements as net assets with donor restrictions perpetual in nature. Income is distributed in accordance with the individual trust documents and is included in investment return. The estimated value of the expected future cash flows is $1,082,894 and $1,077,108, which represents the fair value of the trust assets at March 31, 2026 and 2025, respectively. Trust income distributed to the Hospital for the years ended March 31, 2026 and 2025, was $30,146 and $29,914, respectively, which is included in investment return in the accompanying statements of operations and changes in net assets.

Note 16. Obligation Under Secured Borrowing Arrangement

In fiscal year 2022, the Hospital entered into a Patient Bank Loan Agreement with Guaranty State Bank and Trust Company (the Bank). According to the terms of the agreement, the Bank will offer a financing product (the Program) to financially responsible parties with the ability to obtain financing from the Bank as a third-party lender. The Program includes issuance of a line of credit to be used solely for certain indebtedness of the patients owing to the Hospital. The Hospital will receive cash for the fair value of these services. The Bank's maximum aggregate available balance is $1,000,000. The purpose of the program is to provide liquidity to the Hospital. The Hospital accounts for this agreement as secured borrowings, due to 100% recourse options to the Bank, under the provisions of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 860, *Transfers and Servicing*. The Hospital unconditionally guarantees that each obligation will be paid according to the terms of the applicable obligation. The Bank shall have full recourse against the Hospital to require the Hospital to pay the Bank a specified amount. The specified amounts are payments that are: 1) delinquent for a period of greater than 60 days, 2) related to bankruptcy, or 3) did not qualify for funding. Obligations under secured borrowing arrangement was $397,051 and $385,057 at March 31, 2026 and 2025, respectively.

Note 17. Long-term Obligations – GPSC

At March 31, 2026 and 2025, long-term debt consisted of the following:

	2026	2025
Taxable Refunding Revenue Bonds Series 2019	$ 24,069,861	$ 24,636,015
Less unamortized debt issuance costs	53,030	56,395
Less current maturities	578,445	562,799
	$ 23,438,386	$ 24,016,821

The Taxable Refunding Revenue Bonds Series 2019 (2019 Bonds) were issued in an aggregate amount not to exceed $27,725,000. The 2019 Bonds are due February 14, 2054, and bear interest on the principal amount as advanced from time to time at 2.875% per annum. The 2019 Bonds are payable in annual installments through February 14, 2054.

The Smith County, Kansas Public Building Commission issued the 2019 Bonds on behalf of the Hospital, which were purchased by the USDA. The 2019 Bonds are secured by the net revenues of the Hospital.

The indenture agreement requires the Hospital to comply with certain restrictive covenants including maintaining a historical debt service coverage ratio of at least 1.00. The Hospital met the debt service coverage ratio for the years ended March 31, 2026 and 2025, respectively.

Aggregate annual maturities of long-term debt at March 31, 2026, are:

2027	$	581,723
2028		597,721
2029		612,433
2030		631,000
2031		648,352
Thereafter		20,998,632
	$	24,069,861

Note 18. Leases – GPSC

Accounting Policies

GPSC determines if an arrangement is a lease or contains a lease at inception. A contract is or contains a lease if the contract conveys the right to control the use of an identified asset. In order to determine if a contract conveys the right to control the use of an identified asset for a period of time, GPSC assesses whether, throughout the period of use, they have both of the following: a) the right to obtain substantially all of the economic benefits from the use of the identified asset, and b) the right to direct the use of the identified asset. A capacity portion of an asset is an identified asset if it is physically distinct. Leases result in the recognition of ROU assets and lease liabilities on the balance sheets. ROU assets represent the right to use an underlying asset for the lease term, and lease liabilities represent the obligation to make lease payments arising from the lease, measured on a discounted basis. GPSC determines lease classification as operating or finance at the lease commencement date.

At lease commencement, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred rent, and lease incentives.

Nature of Leases

GPSC has entered into the following lease arrangements:

Operating Leases

GPSC leases equipment through 2030. This lease contains renewal options for various periods and require GPSC to pay all executory costs. Lease payments do not have an escalating fee schedule. Termination of the lease is generally prohibited unless there is a violation under the lease agreement.

All Leases

GPSC has no material related-party leases as of March 31, 2026 and 2025.

GPSC's lease agreements do not contain any material residual value guarantees or material restrictive covenants.

Quantitative Disclosures

The lease cost and other required information for the years ended March 31, 2026 and 2025, are:

	2026	2025
Lease cost		
Operating lease cost	$ 130,200	$ -
Total lease cost	$ 130,200	$ -
Other information		
Cash paid for amounts included in the measurement of lease liabilities		
Operating cash flows from operating leases	$ 22,394	$ -
Right-of-use assets obtained in exchange for operating lease liabilities	$ 149,520	$ -
Weighted-average remaining lease term		
Operating lease	3.67	-
Weighted-average discount rate		
Operating lease	3.91%	0.00%

	Operating Lease
2027	$ 32,040
2028	32,040
2029	32,040
2030	39,619
Total future undiscounted lease payments	135,739
Less interest	8,613
Lease liabilities	$ 127,126

Note 19. Net Assets – GPSC

Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	2026	2025
Subject to expenditure for specified purpose		
Various operational purposes	$ 318,423	$ 119,573
Beneficial interest in perpetual trusts		
Investments to be held in perpetuity, the income is expendable	1,082,894	1,077,108
	$ 1,401,317	$ 1,196,681

Net Assets Released from Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by donors.

	2026	2025
Purpose restrictions accomplished		
Various operational purposes	$ 26,116	$ 94,855
	$ 26,116	$ 94,855

Net Assets Without Donor Restrictions

The Hospital's governing board has designated, from net assets without donor restrictions, for the following purposes as of March 31:

	2026	2025
Future capital improvements	$ 22,307	$ 19,929
Debt service	1,758,360	1,697,856
	$ 1,780,667	$ 1,717,785

Note 20. Liquidity and Availability – GPSC

The Hospital's financial assets available within one year of the balance sheet date for general expenditure are:

	2026	2025
Financial assets at year end		
Cash	$ 7,088,744	$ 7,137,655
Patient accounts receivable	3,470,363	3,039,709
Estimated amounts due from third-party payers	-	94,684
Other receivables	164,647	134,760
Assets limited as to use	1,986,836	1,835,887
Beneficial interest in perpetual trusts	1,082,894	1,077,108
Total financial assets	13,793,484	13,319,803
Less amounts not available to be used within one year		
Board-designated assets with liquidity horizons greater than one year	1,780,667	1,717,785
Beneficial interest in perpetual trusts	1,082,894	1,077,108
Financial assets not available to be used within one year	2,863,561	2,794,893
Financial assets available to meet general expenditures within one year	$ 10,929,923	$ 10,524,910

The Hospital has donor-restricted assets limited as to use which are available for expenditure within one year in the normal course of operations in accordance with donors' purpose restriction. Accordingly, these assets have been included in the qualitative information above for financial assets to meet general expenditures within one year. The Hospital also has board-designated assets designated for future capital expenditures and debt service. These assets limited as to use, which are more fully described in Notes 14 and 15, are not available for general expenditure within the next year. However, these board-designated amounts could be made available, if necessary.

Note 21. Patient Service Revenue – GPSC

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payers (including health insurers and government programs) and others and includes variable consideration for retroactive revenue adjustments due to settlement of audits, reviews and investigations. Generally, the Hospital bills the patients and third-party payers several days after the services are performed or the patient is discharged from the facility. Revenue is recognized as performance obligations are satisfied.

Performance Obligations

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue for performance obligations satisfied over time is recognized based on actual charges incurred in relation to total expected or actual charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation. Generally, performance obligations satisfied over time relate to patients in the Hospital receiving inpatient acute care services or patients receiving services in its outpatient centers. The Hospital measures the performance obligation from inpatient admission, or the commencement of an outpatient service, to the point when it is no longer required to provide services to that patient, which is generally at the time of discharge or completion of the outpatient services. Revenue for performance obligations satisfied at a point in time is generally recognized when goods are provided to its patients and customers in a retail setting (for example, pharmaceuticals and medical equipment) and the Hospital does not believe it is required to provide additional goods related to the patient.

Because all of its performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period.

Transaction Price

The Hospital determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Hospital's policy and implicit price concessions provided to uninsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies and historical experience. The Hospital determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

Third-party Payers

Agreements with third-party payers typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payers follows:

Medicare. The Hospital is recognized as a CAH. Under CAH rules, inpatient acute care and skilled swing-bed and certain outpatient services rendered to Medicare program beneficiaries are paid at one hundred one percent (101%) of allowable cost subject to certain limitations. Other outpatient services related to Medicare beneficiaries are paid based on fee schedules and cost reimbursement methodologies, subject to certain limitations. The Hospital is reimbursed for most services at tentative rates with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by the Medicare administrative contractor.

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.

Other. Payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations provide for payment using prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Hospital's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon the Hospital. In addition, the contracts the Hospital has with commercial payers also provide for retroactive audit and review of claims.

Settlements with third-party payers for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payer, correspondence from the payer and the Hospital's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known based on newly available information or as years are settled or are no longer subject to such audits, reviews and investigations.

Patient and Uninsured Payers

Consistent with the Hospital's mission, care is provided to patients regardless of their ability to pay. Therefore, the Hospital has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Hospital expects to collect based on its collection history with those patients.

Patients who meet the Hospital's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue.

Generally, patients who are covered by third-party payers are responsible for related deductibles and coinsurance, which vary in amount. The Hospital also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Hospital estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts and implicit price concessions based on historical collection experience. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended March 31, 2026 and 2025, additional revenue of approximately $0 was recognized due to changes in its estimates of implicit price concessions, discounts and contractual adjustments for performance obligations satisfied in prior years. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense.

Refund Liabilities

From time to time the Hospital will receive overpayments of patient balances from third-party payers or patients resulting in amounts owed back to either the patients or third-party payers. These amounts are excluded from revenues and are recorded as liabilities until they are refunded. As of March 31, 2026 and 2025, the Hospital has a liability for refunds to third-party payers and patients recorded of approximately $145,000 and $94,000, respectively. The liability is included as a component of accounts payable in the accompanying balance sheets.

Revenue Composition

The Hospital has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the following factors:

- Payers (for example, Medicare, Medicaid, managed care or other insurance, patient) have different reimbursement and payment methodologies
- Length of the patient's service or episode of care
- Hospital's line of business that provided the service (for example, hospital inpatient, hospital outpatient, clinic, etc.)

For the years ended March 31, 2026 and 2025, the Hospital recognized revenue of $23,454,761 and $22,857,305, respectively, from goods and services that transfer to the customer over time and $3,939,090 and $3,344,693, respectively, from goods and services that transfer to the customer at a point in time.

Contract Assets and Liabilities

Contract assets consist primarily of health care services provided to patients who are still receiving inpatient care in the Hospital at the end of the year. Contract assets are transferred to receivables when the rights become unconditional. Contract liabilities represent the Hospital's obligation to provide services to patients when consideration has already been received from the patient or a third-party payer. There are no contract assets and liabilities recognized for the years ended March 31, 2026 and 2025.

The following table provides information about the Hospital's receivables from contracts with customers:

	2026	2025
Patient accounts receivable, beginning of year	$ 3,039,709	$ 2,970,841
Patient accounts receivable, end of year	3,470,363	3,039,709

Note 22. 340B Drug Pricing Program – GPSC

The Hospital began participating in the 340B Drug Pricing Program (340B Program) during 2015, enabling the Hospital to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases. The Hospital recorded revenues of $3,058,269 and $3,069,692 for the years ending March 31, 2026 and 2025, respectively, which are included in other operating revenue in the accompanying statements of operations and changes in net assets. The Hospital recorded expenses of $2,449,622 and $2,088,387 for the years ending March 31, 2026 and 2025, respectively, which are included in supplies and other in the accompanying statements of operations and changes in net assets. The Hospital recorded receivables from contract pharmacies of $164,647 and $134,760 for years ending March 31, 2026 and 2025, respectively, which are included as a component of other receivables in the accompanying balance sheets. This program is overseen by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs (OPA). HRSA is currently conducting routine audits of these programs at health care organizations and increasing its compliance monitoring processes. Laws and regulations governing the 340B Program are complex and subject to interpretation and change. As a result, it is reasonably possible that material changes to financial statement amounts related to the 340B Program could occur in the near term.

Note 23. Functional Expenses – GPSC

The Hospital provides health care services primarily to residents within its geographic area. Certain costs attributable to more than one function have been allocated among the health care services and general and administrative functional expense classifications based on the actual department in which the expense was incurred and is consistently applied. The following schedule presents the natural classification of expenses by function for the year ended March 31, 2026 and 2025, as follows:

	2026		
	Healthcare Services	General and Administrative	Total
Salaries and wages	$ 7,599,887	$ 2,870,228	$ 10,470,115
Supplies and other	11,150,209	4,102,206	15,252,415
Depreciation	1,512,377	562,394	2,074,771
Interest	508,229	188,990	697,219
	$ 20,770,702	$ 7,723,818	$ 28,494,520

	2025		
	Healthcare Services	General and Administrative	Total
Salaries and wages	$ 7,489,346	$ 2,667,052	$ 10,156,398
Supplies and other	11,135,138	3,676,337	14,811,475
Depreciation	1,495,856	509,480	2,005,336
Interest	534,929	182,194	717,123
	$ 20,655,269	$ 7,035,063	$ 27,690,332

Note 24. Pension Plan – GPSC

The Hospital maintains a contributory pension plan for all eligible employees. Eligibility is established by all employees 18 years of age or older upon active employment. Employer contributions begin after 12 months of continuous employment at a rate of 5% of annual compensation plus 5% of the excess over $16,000. Employee contributions are computed at the rate of 2.5% of annual compensation plus 2.5% of the excess over $16,000. Benefits are funded by a money-purchase annuity with an insurance company. The plan is funded for past service on an installment basis over the estimated remaining duration of employment from the effective date of the plan (April 1, 1970), to the employee's normal retirement date. The Hospital's cost of the plan for the years ended March 31, 2026 and 2025, was $857,407 and $815,211, respectively. Benefits vest at 20% per year of service with 100% vesting after five years of service.

Note 25. Lease and Management Agreement – GPSC

The BOT controls facilities, including buildings, as well as equipment and other assets, which are owned by Smith County, Kansas, and leased to GPSC by the BOT. The lease agreement provides that GPSC will assume and continue the operations of the hospital and maintain all property and equipment in good operating condition. The current lease term is through November 30, 2025. The BOT leases the hospital facilities to GPSC for $1. In connection with this lease, Great Plains Health Alliance, Inc. (GPHA), the sole member of GPSC, has a management agreement with GPSC. Either party has the option to terminate the lease at any time for a material breach of terms or provisions of the agreement with a 60-day notice. All assets and liabilities were transferred to GPSC upon commencement of the original lease agreement. At the end of the lease term, all assets, including working capital and liabilities, shall transfer back to the BOT.

In addition, GPSC has entered into agreements with GPHA for other services, including data processing and billing services, which are yearly contracts that automatically renew unless cancelled by either party at least 60 days before the end of the term. Fees incurred for these services totaled $1,435,877 and $1,438,923 in 2026 and 2025, respectively, and are included in the supplies and other expense grouping on the statements of operations and change in net assets. Amounts included in accounts payable, related to these services, totaled $0 and $73,335 as of March 31, 2026 and 2025, respectively.

Note 26. Disclosures About Fair Value of Assets – GPSC

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets

Level 3 Unobservable inputs supported by little or no market activity and are significant to the fair value of the assets

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying balance sheets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at March 31, 2026 and 2025:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2026				
Beneficial interest in perpetual trusts	$ 1,082,894	$ -	$ 1,082,894	$ -
2025				
Beneficial interest in perpetual trusts	$ 1,077,108	$ -	$ 1,077,108	$ -

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying balance sheets, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended March 31, 2026.

Beneficial Interest in Perpetual Trusts

Fair value is estimated at the present value of the future distributions expected to be received over the term of the agreement. Due to the nature of the valuation inputs, the interest is classified within Level 2 of the hierarchy as of March 31, 2026 and 2025.

Note 27. Great Plains Employee Benefits Trust – GPSC

In response to amendments to Kansas Insurance Code related to multi-employer welfare arrangements, GPHA restated its existing voluntary employees' beneficiary association (VEBA) trust as described in Section 501(c)(9) of the Internal Revenue Code, which is named the Great Plains Employee Benefits Trust (the Trust). The Trust is governed by its BOT. One of the purposes of the Trust is to provide the self-funded GPHA Employee Benefits Plan (the Plan) for its member organizations and their participating employees. The Hospital is a member organization in the Trust and substantially all of the Hospital's employees and their dependents are eligible to participate in the Plan. The Plan provides medical benefits, prescription drug benefits and dental benefits for a benefit period that runs each year from July 1 through June 30. The participant's monthly premiums are determined by the Trust. The Trust may change the premiums from time to time. The Plan agreement specifies that the Trust will be self-sustaining through member premiums and will reinsure through commercial carriers for claims in excess of stop-loss amounts. The Trust accrues a provision for self-insured employee benefit claims including both claims reported and claims incurred but not yet reported. If a net deficit position is anticipated by the Trust after consideration of the accrued provision, the Trust will administer insurance assessments to its member organizations based on a systematic allocation method. No insurance assessments were necessary in 2026 and 2025.

Note 28. Significant Estimates and Concentrations – GPSC

Accounting principles generally accepted in the United States of America require disclosure of certain significant estimates and current vulnerabilities due to certain concentrations. Those matters include the following:

Variable Consideration

Estimates of variable consideration in determining the transaction price for patient service revenue are described in Notes 12 and 20.

Professional Liability Claims

Estimates related to the accrual for professional liability claims are described in *Note 12*.

Note 29. Subsequent Events – GPSC

Subsequent events have been evaluated through September 23, 2026, which is the date the financial statements were available to be issued.