Hospital District No. 1 of Rice County

Independent Auditor's Report and Financial Statements

April 30, 2024 and 2023

Hospital District No. 1 of Rice County
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April 30, 2024 and 2023

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Independent Auditor's Report

Board of Directors
Hospital District No. 1 of Rice County
Lyons, Kansas

Opinions

We have audited the financial statements of Hospital District No. 1 of Rice County (Hospital District), as of and for the years ended April 30, 2024 and 2023, and the related notes to the financial statements, which collectively comprise Hospital District No. 1 of Rice County's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Hospital District No. 1 of Rice County as of April 30, 2024 and 2023, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the provisions of 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 Hospital District No. 1 of Rice County and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 Hospital District No. 1 of Rice County's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital District'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 Hospital District's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the pension and other postemployment benefit information listed in the table of contents 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.

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

Forvis Mazars, LLP

Wichita, Kansas
January 14, 2025

Hospital District No. 1 of Rice County
Balance Sheets
April 30, 2024 and 2023

	2024	2023
Assets and Deferred Outflows of Resources		
Current Assets		
Cash	$ 3,924,719	$ 4,821,758
Held by trustee for debt service - current	258,744	252,073
Patient accounts receivable, net of allowance; 2024 - $1,044,297, 2023 - $754,931	3,436,896	2,412,928
Property taxes receivable	564,413	518,377
Estimated amounts due from third-party payers	127,206	887,206
Supplies	220,025	234,525
Prepaid expenses and other	177,311	167,167
340B contract pharmacy receivable	190,825	96,802
Total current assets	8,900,139	9,390,836
Noncurrent Cash and Investments		
Held by trustee for debt service	258,744	252,073
Held by Rice Community Healthcare Foundation	2,302,563	2,094,687
Restricted by donors for capital acquisitions and specific operating activities	109,864	109,864
	2,671,171	2,456,624
Less amount required to meet current obligations	258,744	252,073
	2,412,427	2,204,551
Capital Assets, Net	4,054,368	4,599,813
Total assets	15,366,934	16,195,200
Deferred Outflows of Resources		
Pension	4,730,104	4,231,756
Other postemployment benefits	57,000	66,742
Deferred amount on refunding	7,680	20,846
Total deferred outflows of resources	4,794,784	4,319,344
Total assets and deferred outflows of resources	$ 20,161,718	$ 20,514,544

See Notes to Financial Statements

	2024	2023
Liabilities, Deferred Inflows of Resources and Net Position		
Current Liabilities		
Current maturities of long-term debt	$ 429,233	$ 758,333
Accounts payable	546,922	877,250
Accrued wages and vacation benefits	1,977,765	1,395,911
Other accrued liabilities	416,720	434,592
Unearned revenue	228,386	225,977
Total current liabilities	3,599,026	3,692,063
Long-term Debt	104,160	533,393
Net Pension Liability	10,750,084	9,091,307
Total Other Postemployment Benefits Liability	233,131	241,472
Total liabilities	14,686,401	13,558,235
Deferred Inflows of Resources		
Property taxes	1,140,378	1,076,575
Pension	2,987	41,371
Other postemployment benefits	110,046	107,098
Total deferred inflows of resources	1,253,411	1,225,044
Net Position		
Net investment in capital assets	3,528,655	3,328,933
Restricted - expendable for		
Debt service	258,744	252,073
Capital acquisitions	85,419	85,419
Specific operating activities	24,445	24,445
Unrestricted	324,643	2,040,395
Total net position	4,221,906	5,731,265
Total liabilities, deferred inflows of resources and net position	$ 20,161,718	$ 20,514,544

Hospital District No. 1 of Rice County
Statements of Revenues, Expenses and Changes in Net Position
Years Ended April 30, 2024 and 2023

	2024	2023
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2024 - $745,659, 2023 - $418,753	$ 18,751,197	$ 16,856,891
340B drug pricing program	4,244,597	3,060,093
Other	432,853	334,309
Total operating revenues	23,428,647	20,251,293
Operating Expenses		
Salaries and wages	12,275,455	10,727,821
Employee benefits	4,695,383	3,790,473
Supplies and other	9,282,391	8,447,161
Depreciation	659,223	726,540
Total operating expenses	26,912,452	23,691,995
Operating Loss	(3,483,805)	(3,440,702)
Nonoperating Revenues (Expenses)		
Property taxes	1,727,970	1,693,658
Investment income	235,825	36,014
Interest expense	(38,799)	(51,159)
Noncapital grants and gifts	49,450	291,919
Total nonoperating revenues	1,974,446	1,970,432
Change in Net Position	(1,509,359)	(1,470,270)
Net Position, Beginning of Year	5,731,265	7,201,535
Net Position, End of Year	$ 4,221,906	$ 5,731,265

Hospital District No. 1 of Rice County
Statements of Cash Flows
Years Ended April 30, 2024 and 2023

	2024	2023
Cash Flows from Operating Activities		
Receipts from and on behalf of patients	$ 18,393,206	$ 15,605,500
Payments to suppliers and contractors	(9,626,235)	(8,147,955)
Payments to employees	(15,262,590)	(14,352,682)
Other receipts, net	4,679,859	3,336,559
Net cash used in operating activities	(1,815,760)	(3,558,578)
Cash Flows from Noncapital Financing Activities		
Property taxes	1,745,737	1,717,449
Noncapital grants and gifts	49,450	291,919
Net cash provided by noncapital financing activities	1,795,187	2,009,368
Cash Flows from Capital and Related Financing Activities		
Purchases of capital assets	(113,778)	(509,821)
Principal paid on long-term debt	(758,333)	(765,075)
Interest paid on long-term debt	(25,633)	(37,993)
Net cash used in capital and related financing activities	(897,744)	(1,312,889)
Cash Flows from Investing Activities		
Purchase of investments	(214,547)	(35,243)
Investment income	235,825	36,014
Net cash provided by investing activities	21,278	771
Decrease in Cash	(897,039)	(2,861,328)
Cash, Beginning of Year	4,821,758	7,683,086
Cash, End of Year	$ 3,924,719	$ 4,821,758

Hospital District No. 1 of Rice County
Statements of Cash Flows (Continued)
Years Ended April 30, 2024 and 2023

	2024	2023
Reconciliation of Operating Loss to Net Cash Used in Operating Activities		
Operating loss	$ (3,483,805)	$ (3,440,702)
Depreciation	659,223	726,540
Provision for uncollectible accounts	745,659	418,753
Changes in operating assets and liabilities		
Patient accounts receivable	(1,769,627)	(315,684)
Estimated amounts due from third-party payers	760,000	(1,522,206)
Supplies	14,500	41,257
Prepaid expenses and other	(104,167)	154,062
Accounts payable and accrued expenses	233,654	(40,209)
Unearned revenue	2,409	(57,843)
Net pension liability	1,658,777	4,188,922
Total other postemployment benefits liability	(8,341)	(20,154)
Deferred outflows of resources - pension and OPEB	(488,606)	(1,892,175)
Deferred inflows of resources - pension and OPEB	(35,436)	(1,799,139)
Net cash used in operating activities	$ (1,815,760)	$ (3,558,578)
Noncash Investing, Capital and Financing Activities:		
Long-term obligations incurred for capital assets	$ -	$ 157,803

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

Nature of Operations and Reporting Entity

Hospital District No. 1 of Rice County (Hospital District) is a municipality of the State of Kansas and is governed by a Board of Directors who is elected by the residents of the District. The Hospital District provides general, acute, outpatient and limited long-term hospital care and services. The Hospital District is a licensed critical access hospital (CAH) located in Lyons, Kansas.

The Rice Community Healthcare Foundation (the Foundation), is a 501(c)(3) nonprofit organization, established in order to promote and support Hospital District No. 1 of Rice County in the provision of health care. The Foundation is a separate legal entity but is financially integrated with the Hospital and is reported as a blended component unit of the Hospital District and does not issue separate financial statements.

Basis of Accounting and Presentation

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

Budgetary Principles

The Hospital District is required by state statutes to adopt annual budgets on or before August 25 for the ensuing calendar year. The Hospital District's Board of Directors may amend the budget by transferring budgeted amounts from one object or purpose to another within the same fund. Expenditures may not legally exceed the total amount of the adopted budget of individual funds.

Applicable Kansas statutes require the use of an encumbrance system as a management control technique to assist in controlling expenditures. For budgetary purposes, encumbrances of the budgeted governmental fund types, representing purchase orders, contracts and other commitments, are reported as a charge to the current year budget. All unencumbered appropriations lapse at the end of the calendar year. There were no encumbrances at April 30, 2024 and 2023. Budgeted revenue and expenditure amounts represent the original budget adopted by the Hospital District's Board of Directors.

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, and 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 Hospital District considers all liquid investments with original maturities of three months or less to be cash equivalents except for noncurrent cash and investments held by Rice Community Healthcare Foundation. At April 30, 2024 and 2023, there were no cash equivalents.

Property Tax Revenues

In accordance with governing state statutes, property taxes levied during the current year are a revenue source to be used to finance the budget of the ensuing year. Taxes are assessed on a calendar year basis and become a lien on the property on November 1 of each year. The county treasurer is the tax collection agent for all taxing entities within the county. State statutes prohibit the county treasurer from distributing taxes collected in the year levied prior to January 1 of the ensuing year. Consequently, for revenue recognition purposes, the taxes levied during the current year are not due and receivable until the ensuing year. At April 30 such taxes are a lien on the property and are recorded as taxes receivable, net of amounts received and anticipated delinquencies. Taxes receivable are also deferred and amortized ratably to income throughout the fiscal year.

The Hospital District received approximately 7% and 8% in 2024 and 2023, respectively, of its financial support from property taxes. One hundred percent of these funds were used to support operations in both years.

Risk Management

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

Investments and Investment Income

Investments in U.S. Treasury, agency and instrumentality obligations with a remaining maturity of one year or less at time of acquisition and in nonnegotiable certificates of deposit are carried at amortized cost. All other investments are carried at fair value. Fair value is determined using quoted market prices.

Investment income includes interest, dividends, and gains and losses, both realized and unrealized, on investments.

Patient Accounts Receivable

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

Supplies

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

Capital Assets

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

Land improvements	12-15 years
Buildings	10-50 years
Fixed equipment	10-20 years
Moveable equipment	5-20 years

Capital Asset Impairment

The Hospital District evaluates capital assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital asset has occurred. If a capital asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation is increased by the amount of the impairment loss. No asset impairment was recognized during the years ended April 30, 2024 and 2023.

Compensated Absences

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

Deferred Outflows of Resources

The Hospital District reports the consumption of net position that is applicable to future reporting periods as deferred outflows of resources in a separate section of its balance sheets. Deferred outflows of resources for pension consist of pension items not yet charged to expense or pension liability. Deferred outflows of resources for deferred amount on refunding is related to benefit incurred on refunding previous debt and are being amortized over the term of the replacement debt using the straight-line method.

Cost-Sharing Defined Benefit Pension Plan

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

Defined Benefit Other Postemployment Benefit Plan

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

Deferred Inflows of Resources

The Hospital District 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 Hospital District is classified in three components on its balance sheets.

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

- 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 Hospital District, including amounts deposited with trustees as required by bond indentures, reduced by the outstanding balances of any related borrowings.

- Unrestricted net position is the remaining net position that does not meet the definition of net investment in capital assets or restricted net position.

Net Patient Service Revenue

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

Charity Care

The Hospital District 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 District does not pursue collection of amounts determined to qualify as charity care, these amounts are not reported as net patient service revenue.

The amount of charges foregone for services and supplies furnished under the Hospital District's charity care policy was $0 and $6,783 in 2024 and 2023, respectively. The Hospital District's direct and indirect costs for services and supplies furnished under the Hospital District's charity care policy totaled approximately $0 and $7,000 in 2024 and 2023, respectively. Costs were calculated using the overall cost-to-charge ratio from the April 30, 2024 and 2023, filed Medicare cost reports.

Contributions

Contributions are provided to the Hospital District either with or without restrictions placed on the gift by the donor/grantor. Revenues and net assets are separately reported to reflect the nature of those gifts – with or without donor/grantor 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 District overcoming a donor/grantor-imposed barrier to be entitled to the funds	Not recognized until the gift becomes unconditional, *i.e.* the donor/grantor-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
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/grantor stipulated time restriction ends or purpose restriction is accomplished, net assets with donor/grantor restrictions are reclassified to net assets without donor/grantor restrictions and reported in the statements of operations as net assets released from restrictions. Absent explicit donor/grantor 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/grantor and for which the restriction is met in the same time period the gift is received are recorded as revenue with donor/grantor restrictions and then released from restriction.

Conditional contributions having donor/grantor stipulations which are satisfied in the period the gift is received are recorded as revenue and net assets without donor restrictions.

Income Taxes

As an essential government entity, the Hospital District is generally exempt from income taxes under Section 115 of the Internal Revenue Code and a similar provision of state law. The Foundation is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law. However, the Foundation is subject to federal income tax on any unrelated business taxable income.

Foundation

The Rice Community Healthcare Foundation (Foundation) is a legally separate, not-for-profit 501(c)(3) corporation organized under the Kansas General Corporation Code for exclusively charitable purposes. Membership in the Foundation is limited to the Hospital District. As the Hospital District may impose its will on the Foundation, and as it exists to provide services entirely to the Hospital District, the Foundation is, accordingly, included as a component unit in the Hospital District's financial statements using the blended method. All significant intercompany accounts and transactions have been eliminated in the accompanying financial statements.

Note 2. Net Patient Service Revenue

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

Medicare. The Hospital District is recognized as a CAH, and is paid for inpatient acute care, skilled swing-bed and outpatient services rendered to Medicare program beneficiaries at one hundred one percent (101%) of actual cost subject to certain limitations. Rural Health Clinic services are reimbursed on a cost reimbursement methodology. The Hospital District is reimbursed for certain services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital District and audits thereof by the Medicare Administrative Contractor.

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

Approximately 54% and 55% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended April 30, 2024 and 2023, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Net patient service revenue consists of the following for the year ended April 30:

	2024	2023
Gross patient service revenue	$ 23,269,061	$ 21,261,471
Plus (less)		
Contractual adjustments		
Medicare	(27,590)	(210,270)
Medicaid	(672,106)	(967,414)
Other	(3,072,509)	(2,808,143)
Provision for uncollectible accounts	(745,659)	(418,753)
Net patient service revenue	$ 18,751,197	$ 16,856,891

Note 3. Deposits and Investments

Deposits

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

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

At April 30, 2024 and 2023, respectively, none of the Hospital District's bank balances of $4,487,892 and $5,339,259 were exposed to custodial credit risk.

Summary of Carrying Values

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

	2024	2023
Carrying value		
Deposits	$ 4,183,463	$ 5,073,831
Included in the following balance sheet captions		
Cash	$ 3,924,719	$ 4,821,758
Held by trustee for debt service	258,744	252,073
	$ 4,183,463	$ 5,073,831

Noncurrent Cash and Investments

Noncurrent cash and investments held by the Hospital District and the Foundation are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain securities, it is reasonably possible that changes in the values of securities will occur in the near term and that such changes could materially affect the amount reported in the statements of revenues, expenses and changes in net position.

Noncurrent cash and investments consist of the following at April 30, 2024 and 2023:

	April 30, 2024			
		Maturities in Years		
Type	Fair Value	Less than 1	1-5	6-10
Money market mutual funds	$ 289,898	$ 289,898	$ -	$ -
Cash	107,025			
Surrender value of life insurance	16,150			
Corporate stocks and mutual funds	2,258,098			
	$ 2,671,171			

	April 30, 2023			
		Maturities in Years		
Type	Fair Value	Less than 1	1-5	6-10
Money market mutual funds	$ 368,661	$ 368,661	$ -	$ -
Cash	56,240			
Surrender value of life insurance	16,150			
Corporate stocks and mutual funds	2,015,573			
	$ 2,456,624			

Interest Rate Risk – As a means of limiting its exposure to fair value losses arising from rising interest rates, the Hospital District's investment policy does not limit the percentage of investment in various term investments. The money market mutual funds are presented as an investment with a maturity of less than one year because they are redeemable in full immediately.

Credit Risk – Credit risk is the risk that the issuer or other counterparty to an investment will not fulfill its obligations. It is the Hospital District's policy to limit its investments in corporate bonds to investment grade ratings issued by nationally recognized statistical rating organizations (NRSROs). At April 30, 2024 and 2023, the Hospital District's investments in corporate bonds were rated from AA to A- by Standard & Poor's and from AA2 to A3 by Moody's Investors Service. At those dates, the Hospital District's investments in U.S. agencies obligations not directly guaranteed by the U.S. government were rated AA+ by Standard & Poor's and its investments in money market mutual funds were not rated by Standard & Poor's or Moody's Investors Service.

Custodial Credit Risk – For an investment, custodial credit risk is the risk that, in the event of the failure of the counterparty, the Hospital District will not be able to recover the value of its investment or collateral securities that are in the possession of an outside party. All of the underlying securities for the Hospital District's investments in repurchase agreements at April 30, 2024 and 2023, are held by the counterparties in other than the Hospital District's name. The Hospital District's investment policy does not address how securities underlying repurchase agreements are to be held.

Concentration of Credit Risk – The Hospital District places no limit on the amount that may be invested in any one issuer. At April 30, 2024 and 2023, the Hospital District's had no investments not directly guaranteed by the U.S. government that constituted more than 5% of its total investments.

Reconciliation of noncurrent assets to balance sheets:

	2024	2023
Held by trustee for debt service	$ 258,744	$ 252,073
Restricted by donors for capital acquisitions and specific operating activities	109,864	109,864
Held by Rice Community Healthcare Foundation	2,302,563	2,094,687
Total noncurrent cash and investments	$ 2,671,171	$ 2,456,624

Investment Income (Loss)

Investment income (loss) for the years ended April 30 consisted of:

	2024	2023
Interest and dividend income	$ 131,873	$ 69,761
Decrease in fair value of investments	103,952	(33,747)
	$ 235,825	$ 36,014

Note 4. Patient Accounts Receivable

The Hospital District grants credit without collateral to its patients, many of whom are area residents and are insured under third-party payer agreements. Patient accounts receivable at April 30 consisted of:

	2024	2023
Medicare	$ 1,600,295	$ 818,407
Medicaid	113,334	87,377
Blue Cross	391,077	309,278
Other third-party payers	864,821	707,000
Patients	1,511,666	1,245,797
	4,481,193	3,167,859
Less allowance for uncollectible accounts	1,044,297	754,931
	$ 3,436,896	$ 2,412,928

Note 5. Capital Assets

Capital assets activity for the years ended April 30 was:

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 143,104	$ -	$ -	$ -	$ 143,104
Land improvements	621,908	-	-	-	621,908
Building	11,079,989	-	-	-	11,079,989
Fixed equipment	965,502	46,882	-	-	1,012,384
Major moveable equipment	5,600,457	66,896	-	-	5,667,353
Construction in process	169,195	-	-	-	169,195
	18,580,155	113,778	-	-	18,693,933
Less accumulated depreciation					
Land improvements	619,190	1,684	-	-	620,874
Buildings	8,545,976	272,389	-	-	8,818,365
Fixed equipment	662,351	17,845	-	-	680,196
Major moveable equipment	4,152,825	367,305	-	-	4,520,130
	13,980,342	659,223	-	-	14,639,565
Capital assets, net	$ 4,599,813	$ (545,445)	$ -	$ -	$ 4,054,368

	2023				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 143,104	$ -	$ -	$ -	$ 143,104
Land improvements	621,908	-	-	-	621,908
Building	11,044,103	35,886	-	-	11,079,989
Fixed equipment	821,639	143,863	-	-	965,502
Major moveable equipment	4,995,133	479,889	(39,450)	164,885	5,600,457
Construction in process	326,094	7,986	-	(164,885)	169,195
	17,951,981	667,624	(39,450)	-	18,580,155
Less accumulated depreciation					
Land improvements	603,146	16,044	-	-	619,190
Buildings	8,209,213	336,763	-	-	8,545,976
Fixed equipment	635,794	23,374	-	3,183	662,351
Major moveable equipment	3,845,099	350,359	(39,450)	(3,183)	4,152,825
	13,293,252	726,540	(39,450)	-	13,980,342
Capital assets, net	$ 4,658,729	$ (58,916)	$ -	$ -	$ 4,599,813

Note 6. Long-term Debt

The following is a summary of long-term obligation transactions for the Hospital District for the years ended April 30, 2024 and 2023:

	2024				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
2016 revenue bonds payable	$ 930,000	$ -	$ 560,000	$ 370,000	$ 370,000
Financed capital obligations	361,726	-	198,333	163,393	59,233
	$ 1,291,726	$ -	$ 758,333	$ 533,393	$ 429,233

	2023				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
2016 revenue bonds payable	$ 1,480,000	$ -	$ 550,000	$ 930,000	$ 560,000
Financed capital obligations	418,998	157,803	215,075	361,726	198,333
	$ 1,898,998	$ 157,803	$ 765,075	$ 1,291,726	$ 758,333

2016 Revenue Bonds Payable

Due December 1, 2024, principal payable semiannually beginning December 1, 2016, plus semiannual interest payments at interest rates from 0.90% to 2.75%; secured by trustee-held assets.

Under the terms of the Hospital District's Revenue Bond Indentures, the Hospital District is required to maintain certain funds with a trustee. Accordingly, these funds are included as restricted cash and investments – current and noncurrent cash and investments held by trustee for debt service in the accompanying balance sheets.

The debt service requirements as of April 30, 2024, are as follows:

Year Ending April 30,	Total to be Paid	Principal	Interest
2025	$ 376,256	$ 370,000	$ 6,256

Financed Capital Obligations

The Hospital District is obligated under agreements for equipment that are accounted for as long-term obligations. Assets under the obligations are accounted for as capital assets. The following is a schedule by year of payments under these obligations as of April 30, 2024:

Year Ending April 30,	Total to be Paid	Principal	Interest
2025	$ 64,364	$ 59,233	$ 5,131
2026	44,807	41,234	3,573
2027	38,710	36,652	2,058
2028	26,908	26,274	634
	$ 174,789	$ 163,393	$ 11,396

Note 7. Pension Plan

Plan Description

The Hospital District contributes to the Kansas Public Employees Retirement System (KPERS) plan a cost-sharing multiple-employer defined benefit pension plan covering substantially all employees. The KPERS is an umbrella organization administering the following three statewide retirement systems under one plan as provided by K.S.A. 74, Article 49: *Kansas Public Employees Retirement System, Kansas Police and Fire Retirement System and Kansas Retirement System for Judges*.

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

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

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

The Hospital District's employees participate in the Local group.

Benefits Provided

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

Early retirement is permitted at the age of 55 and 10 years of credited service. Benefits are reduced by 0.2% per month for each month between the ages of 60-62, plus 0.6% for each month between the ages of 55 and 60 for Tier 1 members. For Tier 2 members, benefits are reduced actuarially for each early commencement. The reduction factor is 35% at the age of 60 and 57.5% at age 55. If the member has 30 years of credited service, the early retirement reduction is less (50% of regular reduction). The plan also provides disability and death benefits to plan members and their beneficiaries.

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

Contributions

The law governing KPERS requires an actuary to make an annual valuation of the liabilities and reserves, and a determination of the contributions required to discharge the KPERS liabilities. The actuary then recommends to the KPERS Board of Trustees the state-wide employer-contribution rates required to maintain the three systems on the actuarial reserve basis. Prior to January 1, 2014, Tier 1 participants were required to contribute 4% of their annual pay. Effective January 1, 2014, the rate was raised to 5% with an increase in the benefit multiplier to 1.85% beginning January 1, 2014, for future years of service only. Effective January 1, 2015, the contribution rate was raised to 6%. Tier 2 participants are required to contribute 6% of compensation. The Hospital District's contractually required contribution rate for the years ended April 30, 2024 and 2023, was 9.26% and 8.43% of annual payroll, respectively. The employer contribution is actuarially determined as an amount that, when combined with employee contributions, is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The Hospital District's contributions to KPERS for pensions for the years ended April 30, 2024 and 2023, were $981,986 and $889,906, respectively.

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

At April 30, 2024 and 2023, the Hospital District reported a liability of $10,750,084 and $9,091,307, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2023 and 2022, respectively, and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of December 31, 2022 and 2021, respectively, rolled forward to June 30, 2023 and 2022, respectively. The Hospital District's proportion of the net pension liability was based on the ratio of the Hospital District's actual contributions to total employer and nonemployer actual contributions of the group for the respective measurement periods. At June 30, 2023, the Hospital District's proportion was 0.512420%, which was an increase of 0.055121% from its proportion measured as of June 30, 2022, of 0.457299%. At June 30, 2021, the proportion was 0.408547%.

For the years ended April 30, 2024 and 2023, the Hospital District recognized pension expense of $2,105,907 and $1,365,053, respectively. At April 30, 2024 and 2023, the Hospital District reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 893,641	$ 1,514
Net difference between projected and actual earnings on pension plan investments	627,864	-
Changes of assumptions	1,139,359	-
Changes in proportion	1,288,324	1,473
Hospital District's contributions subsequent to the measurement date	780,916	-
Total	$ 4,730,104	$ 2,987

	2023	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 343,871	$ 16,296
Net difference between projected and actual earnings on pension plan investments	769,579	-
Changes of assumptions	1,453,193	-
Changes in proportion	903,360	25,075
Hospital District's contributions subsequent to the measurement date	761,753	-
Total	$ 4,231,756	$ 41,371

At April 30, 2024, the Hospital District reported $780,916 as deferred outflows of resources related to pension contributions made subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending April 30, 2025. Other amounts reported as deferred outflows of resources and deferred inflows of resources at April 30, 2024, related to pensions will be recognized in pension expense as follows:

2025	$ 1,291,047
2026	914,010
2027	1,374,082
2028	357,705
2029	9,357
	$ 3,946,201

Actuarial Assumptions

The total pension liability in the December 31, 2022 and 2021, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Price inflation	2.75%	2.75%
Salary increases, including inflation	3.50% to 12.00%	3.50% to 12.00%
Investment rate of return, net of pension plan investment expense, including inflation	7.00%	7.00%

Mortality rates were based on the RP-2014 Healthy Annuitant Table for males or females, as appropriate with adjustments for mortality improvements based on Scale MP-16 for the December 31, 2022 and 2021, actuarial valuations.

The actuarial assumptions used in the December 31, 2022 and 2021, valuations were based on the results of an actuarial experience study for the three-year period ended December 31, 2018.

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

	2024	
Asset Class	**Target Allocation**	**Long-term Expected Real Rate of Return**
U.S. Equities	23.50%	5.20%
Non-U.S. Equities	23.50%	6.40%
Private Equity	8.00%	9.50%
Private Real Estate	11.00%	4.45%
Yield Driven	8.00%	4.70%
Real Return	11.00%	3.25%
Fixed Income	11.00%	1.55%
Short-term investments	4.00%	0.25%
	100%	

	2023	
Asset Class	**Target Allocation**	**Long-term Expected Real Rate of Return**
U.S. Equities	23.50%	5.20%
Non-U.S. Equities	23.50%	6.40%
Private Equity	8.00%	9.50%
Private Real Estate	11.00%	4.45%
Yield Driven	8.00%	4.70%
Real Return	11.00%	3.25%
Fixed Income	11.00%	1.55%
Short-term investments	4.00%	0.25%
	100%	

Discount Rate

The discount rate used to measure the total pension liability was 7.00% for both the years ended June 30, 2023 and 2022. The projection of cash flows used to determine the discount rate assumed that member contributions will be made at the contractually required rate. Participating employer contributions do not necessarily contribute the full actuarial determined rate. Based on legislation passed in 1993, the employer contribution rates certified by KPERS' Board of Trustees for these groups may not increase by more than the statutory cap. The expected KPERS employer statutory contribution was modeled for future years, assuming all actuarial assumptions are met in future years. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

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

The Hospital District's proportionate share of the net pension liability has been calculated using a discount rate of 7.00%. The following presents the Hospital District's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate as of April 30, 2024:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Hospital District's proportionate share of the net pension liability	$ 15,414,473	$ 10,750,084	$ 6,864,162

Pension Plan Fiduciary Net Position

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

Note 8. Other Postemployment Benefit Plan

Plan Description

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

Benefits Provided

The OPEB Plan provides LTD and life insurance benefits to eligible disabled members. Benefits provided are self-funded, and the full cost of the benefits is covered by the OPEB Plan. The monthly benefit is 60% of the member's monthly rate of compensation, with a minimum of $100 and a maximum of $5,000. The monthly benefit is subject to reduction by deductible sources of income, which include Social Security primary disability or retirement benefits, worker's compensation benefits, other disability benefits from any other source by reason of employment, and earnings from any form of employment. If the disability begins before age 60, benefits are

payable while disability continues until the member's 65th birthday or retirement date, whichever first occurs. If the disability occurs at or after age 60, benefits are payable while disability continues, for a period of five years or until the date of the member's retirement, whichever first occurs. Upon the death of a member who is receiving monthly disability benefits, the plan will pay a lump sum benefit to eligible beneficiaries. The benefit amount will be 150% of the greater of (a) the member's annual rate of compensation at the time of disability, or (b) the member's previous 12 months of compensation at the time of the last date on payroll. If the member had been disabled for five or more years, the annual compensation or salary rate at the time of death will be indexed before the life insurance benefit is computed. The indexing is based on the consumer price index, less one percentage point. If a member is diagnosed as terminally ill with a life expectancy of 12 months or less, he or she may be eligible to receive up to 100% of the death benefit rather than having the benefit paid to the beneficiary.

The employees covered by the benefit terms at June 30, 2023 and 2022, (the measurement date), are:

	2023	2022
Active employees	143	133
Disabled employees	3	4
	146	137

Total OPEB Liability

The Hospital District's total OPEB liability of $233,131 and $241,472 was measured as of June 30, 2023 and 2022, for the years ended April 30, 2024 and 2023, respectively, and was determined by actuarial valuations as of December 31, 2022 and 2021, respectively, and rolled forward to June 30, 2023 and 2022, respectively.

The total OPEB liability in the December 31, 2022 and 2021, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2022	2021
Inflation	2.75%	2.75%
Discount rate	3.65%	3.54%
Salary increases, including inflation	3.50% to 10%	3.50% to 10%

The discount rate was based on the Bond Buyer General Obligation 20-Year Municipal Bond Index. The discount rate changed from 2.16% in 2021 to 3.54% in 2022 to 3.65% in 2023.

Mortality rates were based on the RP-2014 Mortality Tables, with age setbacks and age set forwards as well as other adjustments based on different membership groups, as appropriate with adjustments for mortality improvements based on MP-2021 Mortality Tables for the December 31, 2022, actuarial valuation.

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

The actuarial assumptions used in the December 31, 2022 and 2021, valuations were based on the results of an actuarial experience study for the period January 1, 2016 – December 31, 2018.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2024	2023
Balance, beginning of year	$ 241,472	$ 261,626
Changes for the year:		
Service cost	22,158	30,653
Interest	8,980	6,107
Differences between expected and actual experience	(18,431)	(344)
Changes of assumptions	(1,008)	(37,380)
Benefit payments	(20,040)	(19,190)
Net changes	(8,341)	(20,154)
Balance, end of year	$ 233,131	$ 241,472

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

The total OPEB liability of the Hospital District, at April 30, 2024, has been calculated using a discount rate of 3.65%. The following presents the total OPEB liability using a discount rate 1% higher and 1% lower than the current discount rate.

	1% Decrease (2.65%)	Current Discount Rate (3.65%)	1% Increase (4.65%)
Hospital District's total OPEB liability	$ 242,215	$ 233,131	$ 223,986

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

	1% Decrease (2.54%)	Current Discount Rate (3.54%)	1% Increase (4.54%)
Hospital's total OPEB liability	$ 251,172	$ 241,472	$ 231,844

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

For the years ended April 30, 2024 and 2023, the Hospital District recognized OPEB expense of $24,389 and $31,926, respectively. At April 30, 2024 and 2023, the Hospital District reported deferred outflows or resources and deferred inflows of resources related to OPEB from the following sources:

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 44,064	$ (75,981)
Changes of assumptions	12,936	(34,065)
Total	$ 57,000	$ (110,046)

	2023	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 51,545	$ (69,142)
Changes of assumptions	15,197	(37,956)
Total	$ 66,742	$ (107,098)

Amounts reported as deferred outflows of resources and deferred inflows of resources at April 30, 2024, related to OPEB will be recognized in OPEB expense as follows:

2025	$ (6,749)
2026	(6,479)
2027	(6,501)
2028	(5,249)
2029	(3,414)
Thereafter	(24,654)
	$ (53,046)

Note 9. 340B Drug Pricing Program

The Hospital District participates in the 340B Drug Pricing Program (340B Program) enabling the Hospital District to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases. The Hospital District recorded revenues of $4,244,597 and $3,060,093 for the years ending April 30, 2024 and 2023, respectively, which is included in other operating revenue in the accompanying statements of revenues and expenses and changes in net position. The Hospital District recorded expenses of $2,366,613 and $1,639,363 for the years ending April 30, 2024 and 2023, respectively, which is included in supplies and other in the accompanying statements of revenues and expenses and changes in net position. 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 10. Compliance with Kansas Law

Kansas statutes require that fixed budgets be legally adopted for all enterprise and debt service funds. Budgets are prepared utilizing the modified accrual basis of accounting. Kansas statutes prohibit creating expenditures in excess of the total amount of the adopted budget of expenditures, which is prepared on a calendar year basis. Calendar year budgeted expenditures are compared to the Hospital District's enterprise fund, which are on an annualized calendar year basis as follows:

Operating expenses	$	26,518,576
Capital outlays		760,580
Depreciation		(681,662)
Provision for uncollectible accounts		(636,690)
Annualized calendar expenses		25,960,804
Budgeted expenditures		30,636,775
Favorable variance	$	4,675,971

Note 11. Medical Malpractice Coverage and Claims

The Hospital District purchases medical malpractice insurance under a claims-made policy with a fixed premium, which provides $500,000 of coverage for each medical incident and $1,500,000 of aggregate coverage for each policy year. The policy only covers claims made and reported to the insurer during the policy term, regardless of when the incident giving rise to the claim occurred. The Kansas Health Care Stabilization Fund provides an additional $500,000 of coverage for each medical incident and $1,500,000 of aggregate coverage for each policy year.

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

Note 12. Condensed Combining Information

The following tables include condensed combining balance sheet information for the Hospital District and its blended component unit as of April 30, 2024 and 2023:

	April 30, 2024		
	Hospital District	Foundation	Total
Assets			
Current assets	$ 8,900,139	$ -	$ 8,900,139
Capital assets, net	4,034,048	20,320	4,054,368
Other assets	-	2,412,427	2,412,427
Total assets	12,934,187	2,432,747	15,366,934
Deferred Outflows of Resources	4,794,784	-	4,794,784
Total assets and deferred outflows of resources	$ 17,728,971	$ 2,432,747	$ 20,161,718
Liabilities			
Current liabilities	$ 3,599,026	$ -	$ 3,599,026
Noncurrent liabilities	11,087,375	-	11,087,375
Total liabilities	14,686,401	-	14,686,401
Deferred Inflows of Resources	1,253,411	-	1,253,411
Net Position (Deficit)			
Net investments in capital assets	3,528,655	-	3,528,655
Restricted expendable	258,744	109,864	368,608
Unrestricted	(1,998,240)	2,322,883	324,643
Total net position	1,789,159	2,432,747	4,221,906
Total liabilities, deferred inflows of resources and net position	$ 17,728,971	$ 2,432,747	$ 20,161,718

	April 30, 2023		
	Hospital District	Foundation	Total
Assets			
Current assets	$ 9,390,836	$ -	$ 9,390,836
Capital assets, net	4,579,493	20,320	4,599,813
Other assets	-	2,204,551	2,204,551
Total assets	13,970,329	2,224,871	16,195,200
Deferred Outflows of Resources	4,319,344	-	4,319,344
Total assets and deferred outflows of resources	$ 18,289,673	$ 2,224,871	$ 20,514,544
Liabilities			
Current liabilities	$ 3,692,063	$ -	$ 3,692,063
Noncurrent liabilities	9,866,172	-	9,866,172
Total liabilities	13,558,235	-	13,558,235
Deferred Inflows of Resources	1,225,044	-	1,225,044
Net Position (Deficit)			
Net investments in capital assets	3,328,933	-	3,328,933
Restricted expendable	252,073	109,864	361,937
Unrestricted	(74,612)	2,115,007	2,040,395
Total net position	3,506,394	2,224,871	5,731,265
Total liabilities, deferred inflows of resources and net position	$ 18,289,673	$ 2,224,871	$ 20,514,544

The following tables include condensed combining statement of revenues, expenses and changes in net position information for the Hospital District and its blended component unit for the years ended April 30, 2024 and 2023:

	April 30, 2024		
	Hospital District	Foundation	Total
Operating Revenues			
Net patient service revenue	$ 18,751,197	$ -	$ 18,751,197
340B drug pricing program	4,244,597	-	4,244,597
Other	411,868	20,985	432,853
Total operating revenues	23,407,662	20,985	23,428,647
Operating Expenses			
Salaries and wages	12,275,455	-	12,275,455
Employee benefits	4,695,383	-	4,695,383
Supplies and other	9,273,111	9,280	9,282,391
Depreciation	659,223	-	659,223
Total operating expenses	26,903,172	9,280	26,912,452
Operating Income (Loss)	(3,495,510)	11,705	(3,483,805)
Nonoperating Revenues (Expenses)			
Property taxes	1,727,970	-	1,727,970
Investment income	73,058	162,767	235,825
Interest expense	(38,799)	-	(38,799)
Noncapital grants and gifts	16,046	33,404	49,450
Total nonoperating revenues	1,778,275	196,171	1,974,446
Change in Net Position	(1,717,235)	207,876	(1,509,359)
Net Position, Beginning of Year	3,506,394	2,224,871	5,731,265
Net Position, End of Year	$ 1,789,159	$ 2,432,747	$ 4,221,906

	April 30, 2023		
	Hospital District	Foundation	Total
Operating Revenues			
Net patient service revenue	$ 16,856,891	$ -	$ 16,856,891
340B drug pricing program	3,060,093	-	3,060,093
Other	309,554	24,755	334,309
Total operating revenues	20,226,538	24,755	20,251,293
Operating Expenses			
Salaries and wages	10,727,821	-	10,727,821
Employee benefits	3,790,473	-	3,790,473
Supplies and other	8,425,617	21,544	8,447,161
Depreciation	726,540	-	726,540
Total operating expenses	23,670,451	21,544	23,691,995
Operating Income (Loss)	(3,443,913)	3,211	(3,440,702)
Nonoperating Revenues (Expenses)			
Property taxes	1,693,658	-	1,693,658
Investment income	27,027	8,987	36,014
Interest expense	(51,159)	-	(51,159)
Noncapital grants and gifts	268,400	23,519	291,919
Total nonoperating revenues	1,937,926	32,506	1,970,432
Change in Net Position	(1,505,987)	35,717	(1,470,270)
Net Position, Beginning of Year	5,012,381	2,189,154	7,201,535
Net Position, End of Year	$ 3,506,394	$ 2,224,871	$ 5,731,265

The following tables include condensed combining statement of cash flows information for the Hospital District and its blended component unit for the years ended April 30, 2024 and 2023:

	April 30, 2024			
	Hospital District	Foundation	Eliminations	Total
Net Cash Used in Operating Activities	$ (1,815,760)	$ -	$ -	$ (1,815,760)
Net Cash Provided by Noncapital Financing Activities	1,793,016	2,171	-	1,795,187
Net Cash Used in Capital and Related Financing Activities	(897,744)	-	-	(897,744)
Net Cash Provided by (Used in) Investing Activities	23,449	(2,171)	-	21,278
Decrease in Cash	(897,039)	-	-	(897,039)
Cash, Beginning of Year	4,821,758	-	-	4,821,758
Cash, End of Year	$ 3,924,719	$ -	$ -	$ 3,924,719

	April 30, 2023			
	Hospital District	Foundation	Eliminations	Total
Net Cash Used in Operating Activities	$ (3,558,578)	$ -	$ -	$ (3,558,578)
Net Cash Provided by (Used in) Noncapital Financing Activities	2,011,245	(1,877)	-	2,009,368
Net Cash Used in Capital and Related Financing Activities	(1,312,889)	-	-	(1,312,889)
Net Cash Provided by (Used in) Investing Activities	(1,106)	1,877	-	771
Decrease in Cash	(2,861,328)	-	-	(2,861,328)
Cash, Beginning of Year	7,683,086	-	-	7,683,086
Cash, End of Year	$ 4,821,758	$ -	$ -	$ 4,821,758

Note 13. Subsequent Event

The Hospital District entered into a new financed capital project with a local bank in June 2024 for the replacement of the chillers in HVAC system. The total project is estimated to be around $1.7 million. Monthly payments of $23,779 began in July 2024 and will continue through July 2031.

Required Supplementary Information

Hospital District No. 1 of Rice County
Schedule of the Hospital District's Proportionate Share of the Net Pension Liability
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2024 *	2023 *	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *	2015 *
Hospital District's proportion of the net pension liability	0.512420%	0.457299%	0.408547%	0.367170%	0.365227%	0.370817%	0.385483%	0.383380%	0.369451%	0.362498%
Hospital District's proportionate share of the net pension liability	$ 10,750,084	$ 9,091,307	$ 4,902,385	$ 6,365,457	$ 5,103,581	$ 5,168,410	$ 5,583,550	$ 5,931,002	$ 4,851,055	$ 4,461,673
Hospital District's covered-employee payroll	$ 10,406,177	$ 9,687,177	$ 7,734,303	$ 6,839,673	$ 6,562,520	$ 6,664,660	$ 7,186,627	$ 6,680,349	$ 5,959,684	$ 5,646,414
Hospital District's proportionate share of the net pension liability as a percentage of its covered-employee payroll	103.30%	93.85%	63.38%	93.07%	77.77%	77.55%	77.69%	88.78%	81.40%	79.02%
Plan fiduciary net position as a percentage of the total pension liability	70.70%	69.75%	76.40%	66.30%	69.88%	68.88%	67.12%	65.10%	64.95%	66.60%

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

Hospital District No. 1 of Rice County
Schedule of the Hospital District's Pension Contributions
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2024 *	2023 *	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *	2015 *
Contractually required contribution	$ 981,986	$ 889,906	$ 809,472	$ 651,953	$ 622,535	$ 603,340	$ 583,041	$ 635,285	$ 607,610	$ 550,276
Contribution in relation to the contractually required contribution	981,986	889,906	809,472	651,953	622,535	603,340	583,041	635,285	607,610	550,276
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Hospital District's covered-employee payroll	$ 11,460,642	$ 10,459,228	$ 9,100,304	$ 7,386,174	$ 7,068,906	$ 7,151,403	$ 6,701,621	$ 7,106,096	$ 6,477,719	$ 6,078,159
Contributions as a percentage of covered-employee payroll	8.57%	8.51%	8.90%	8.83%	8.81%	8.44%	8.70%	8.94%	9.38%	9.05%

*The amounts presented for each fiscal year are as of the most recent fiscal year-end (April 30)

Hospital District No. 1 of Rice County
Schedule of Changes in the Hospital District's Total OPEB Liability and Related Ratios
Last Ten Fiscal Years

	2024 *	2023 *	2022 *	2021 *	2020 *	2019 *	2018 *
Total OPEB Liability							
Service cost	$ 22,158	$ 30,653	$ 27,371	$ 26,659	$ 24,316	$ 24,015	$ 26,998
Interest	8,980	6,107	7,328	8,134	8,830	8,326	6,965
Differences between expected and actual experience	(18,431)	(344)	(65,207)	73,988	(12,159)	(19,480)	-
Changes in assumptions	(1,008)	(37,380)	514	18,068	3,730	(2,859)	(7,642)
Benefit payments	(20,040)	(19,190)	(25,078)	(31,511)	(14,290)	(15,097)	(55,020)
Net Change in Total OPEB Liability	(8,341)	(20,154)	(55,072)	95,338	10,427	(5,095)	(28,699)
Hospital District's Total OPEB Liability - Beginning	241,472	261,626	316,698	221,360	210,933	216,028	244,727
Hospital District's Total OPEB Liability - Ending	$ 233,131	$ 241,472	$ 261,626	$ 316,698	$ 221,360	$ 210,933	$ 216,028
Hospital District's Covered-Employee Payroll	$ 9,963,429	$ 8,565,869	$ 7,209,880	$ 6,448,933	$ 6,825,225	$ 6,431,491	$ 6,506,287
Hospital District's Total OPEB Liability as a percentage of covered-employee payroll	2.34%	2.82%	3.63%	4.91%	3.24%	3.28%	3.32%
Discount Rate	3.65%	3.54%	2.16%	2.21%	3.50%	3.87%	3.58%

Note to Schedule: This schedule is intended to show a 10-year trend. Additional years will be reported as they become available. No assets are accumulated in a trust that meets the criteria of paragraph 4 of GASB Statement No. 75.

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