Ashland Hospital District No. 3

Independent Auditor's Report, Financial Statements, and Required Supplementary Information

December 31, 2025 and 2024

Ashland Hospital District No. 3
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December 31, 2025 and 2024

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Independent Auditor's Report

Board of Trustees
Ashland Hospital District No. 3
Ashland, Kansas

Opinion

We have audited the accompanying financial statements of Ashland Hospital District No. 3, as of and for the years ended December 31, 2025 and 2024, and the related notes to the financial statements, which collectively comprise Ashland Hospital District No. 3'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 Ashland Hospital District No. 3 as of December 31, 2025 and 2024, and the changes in financial position and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and 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 Ashland Hospital District No. 3 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 Ashland Hospital District No. 3'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 Ashland Hospital District No. 3'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 Ashland Hospital District No. 3's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the pension and other postemployment benefits information 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 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
May 13, 2026

Ashland Hospital District No. 3
Balance Sheets
December 31, 2025 and 2024

	2025	2024
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES		
Current Assets		
Cash and cash equivalents	$ 809,927	$ 1,210,487
Certificates of deposit	1,143,193	1,096,905
Short-term investments	1,123,670	1,082,530
Held by trustee for debt service	1,186,984	1,149,846
Patient accounts receivable, net of allowance; 2025 - $260,124; 2024 - 279,867	1,139,633	1,688,464
Property taxes receivable	1,582,664	1,582,664
Estimated amounts due from third-party payers	889,896	122,735
Supplies	226,646	239,749
Prepaid expenses and other	398,213	449,885
Total Current Assets	8,500,826	8,623,265
Noncurrent Cash and Investments		
Internally designated by Board of Trustees	16,090	16,439
Held by trustee for debt service	25,000	25,000
	41,090	41,439
Subscription Asset, Net	1,015,996	1,313,361
Capital Assets, Net	8,465,392	9,430,136
Total Assets	18,023,304	19,408,201
Deferred Outflows of Resources		
Pension	656,716	866,079
Other postemployment benefits	45,278	59,275
Total Deferred Outflows of Resources	701,994	925,354
Total Assets and Deferred Outflows of Resources	$ 18,725,298	$ 20,333,555

Ashland Hospital District No. 3
Balance Sheets
December 31, 2025 and 2024 **(Continued)**

	2025	2024
LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION		
Current Liabilities		
Current portion of long-term debt	$ 855,770	$ 844,042
Current portion of subscription liability	305,780	293,861
Accounts payable	276,783	290,857
Accrued salaries	65,109	45,560
Accrued vacation	88,706	95,729
Other accrued liabilities	194,493	218,753
Estimated amounts due to third-party payers	63,859	-
Total Current Liabilities	1,850,500	1,788,802
Long-term Debt	7,849,693	8,705,463
Subscription Liability	791,165	1,096,945
Net Pension Liability	2,995,146	3,363,314
Total Other Postemployment Benefits Liability	31,715	61,520
Total Liabilities	13,518,219	15,016,044
Deferred Inflows of Resources		
Property taxes	1,582,664	1,582,664
Pension	487,794	381,363
Other postemployment benefits	31,449	27,912
Total Deferred Inflows of Resources	2,101,907	1,991,939
Net Position		
Net investment (deficit) in capital assets	(321,020)	(196,814)
Restricted - expendable for		
Debt service	1,211,984	1,174,846
Unrestricted	2,214,208	2,347,540
Total Net Position	3,105,172	3,325,572
Total Liabilities, Deferred Inflows of Resources and Net Position	$ 18,725,298	$ 20,333,555

Ashland Hospital District No. 3
Statements of Revenues, Expenses and Changes in Net Position
Years Ended December 31, 2025 and 2024

	2025	2024
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2025 - $132,220 ; 2024 - $156,161	$ 10,518,701	$ 9,955,277
Other	736,172	539,380
Total Operating Revenues	11,254,873	10,494,657
Operating Expenses		
Salaries	4,127,801	3,928,677
Supplies and other	7,293,208	7,108,436
Depreciation	1,152,233	1,202,787
Amortization	297,365	303,972
Total Operating Expenses	12,870,607	12,543,872
Operating Loss	(1,615,734)	(2,049,215)
Nonoperating Revenues (Expenses)		
Property taxes	1,676,356	1,629,514
Interest income	164,965	181,320
Interest expense	(463,856)	(508,324)
Noncapital grants and gifts	17,869	23,258
Total Nonoperating Revenues	1,395,334	1,325,768
Decrease in Net Position	(220,400)	(723,447)
Net Position, Beginning of Year	3,325,572	4,049,019
Net Position, End of Year	$ 3,105,172	$ 3,325,572

Ashland Hospital District No. 3
Statements of Cash Flows
December 31, 2025 and 2024

	2025	2024
Cash Flows From Operating Activities		
Receipts from and on behalf of patients	$ 10,364,230	$ 10,738,515
Payments to suppliers and contractors	(7,242,507)	(7,118,993)
Payments to employees	(4,204,180)	(3,791,401)
Other receipts (payments), net	736,172	539,380
Net Cash Provided by (Used in) Operating Activities	(346,285)	367,501
Cash Flows From Noncapital Financing Activities		
Property taxes supporting operations	1,676,356	1,629,514
Noncapital grants and gifts	17,869	23,258
Net Cash Provided by Noncapital Financing Activities	1,694,225	1,652,772
Cash Flows From Capital and Related Financing Activities		
Purchase of capital assets	(187,489)	(31,924)
Insurance proceeds from impairment to capital assets	-	171,081
Principal paid on long-term debt	(805,000)	(800,000)
Interest paid on long-term debt	(453,759)	(489,661)
Principal paid on subscription liability	(293,861)	(282,410)
Interest paid on subscription liability	(49,139)	(60,591)
Net Cash Used in Capital and Related Financing Activities	(1,789,248)	(1,493,505)
Cash Flows From Investing Activities		
Interest income received	164,965	181,320
Purchase of short-term investments	(41,140)	(588,328)
Purchase of certificates of deposit	(46,288)	(61,905)
Net Cash Provided by (Used in) Investing Activities	77,537	(468,913)
Increase (Decrease) in Cash	(363,771)	57,855
Cash and Cash Equivalents, Beginning of Year	2,401,772	2,343,917
Cash and Cash Equivalents, End of Year	$ 2,038,001	$ 2,401,772
Reconciliation of Cash and Cash Equivalents to the Balance Sheets		
Cash and cash equivalents in current assets	$ 1,996,911	$ 2,360,333
Cash and cash equivalents in noncurrent assets	41,090	41,439
Total Cash and Cash Equivalents	$ 2,038,001	$ 2,401,772

	2025	2024
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities		
Operating loss	$ (1,615,734)	$ (2,049,215)
Depreciation	1,152,233	1,202,787
Amortization	297,365	303,972
Provision for uncollectible accounts	132,220	156,161
Changes in operating assets and liabilities		
Patient accounts receivable, net	416,611	134,088
Estimated amounts due from and to third-party payers	(703,302)	492,989
Supplies	13,103	(17,399)
Prepaid expenses and other	51,672	27,849
Accounts payable	(14,074)	(21,007)
Accrued salaries	19,549	(67,131)
Accrued vacation	(7,023)	391
Other accrued liabilities	(24,260)	(1,769)
Net pension liability	(368,168)	(291,719)
Total other postemployment benefits liability	(29,805)	(26,287)
Deferred outflows of resources - pension and OPEB	223,360	389,198
Deferred inflows of resources - pension and OPEB	109,968	134,593
Net Cash Provided by (Used in) Operating Activities	$ (346,285)	$ 367,501
Noncash Investing, Capital and Financing Activities		
Amortization of bond premium	$ 39,042	$ 41,928

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

Nature of Operations and Reporting Entity

Ashland Hospital District No. 3 (Hospital) is a political subdivision of the State of Kansas. The Hospital operates the Ashland Health Center which primarily earns revenues by providing inpatient, outpatient, emergency care, rural health clinic, and home health services. The Hospital is governed by a Board of Trustees (Board) consisting of five members elected by residents of the Hospital.

Basis of Accounting and Presentation

The financial statements of the Hospital have been prepared on the accrual basis of accounting using the economic resources measurement focus. Revenues, expenses, gains, losses, assets, liabilities and deferred inflows and outflows of resources from exchange and exchange-like transactions are recognized when the exchange transaction takes place, while those from government-mandated or voluntary nonexchange transactions (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 nonexchange or voluntary 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 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 is required by state statutes to adopt an annual budget for its general funds on or before August 25 for the ensuing year. The Hospital's Board 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.

For budget purposes, the general fund utilizes the modified accrual basis of accounting. The modification in such method from the accrual basis is that revenues are recognized when they become both measurable and available to finance expenditures of the current period. Expenditures are recognized when the related fund liability is incurred.

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 material encumbrances at December 31, 2025 and 2024. Budgeted revenue and expenditure amounts represent the original budget adopted by the Board.

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 considers all liquid investments with original maturities of three months or less to be cash equivalents. At December 31, 2025 and 2024, cash equivalents consisted primarily of money market accounts.

Certificates of Deposit

Certificates of deposits have remaining maturities of one year or less and are carried at amortized cost.

Noncurrent Cash and Investments

Noncurrent cash and investments consist of funds internally designated by the Board, over which the Board retains control and may, at its discretion, subsequently use for other purposes. Designated by Board funds include money market accounts. Noncurrent cash and investments also include cash restricted by donors for specific operating activities and funds held by trustee for debt service, which consist of money market accounts and investments in U.S. Government and agency obligations with a remaining maturity of one year or less at time of acquisition carried at amortized cost.

Patient Accounts Receivable

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

Supplies

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

Capital Assets

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

Land improvements	5-15 years
Buildings	10-33 years
Equipment	3-25 years

Subscription Assets

Subscription assets are initially recorded at the initial measurement of the subscription liability, plus subscription payments made at or before the commencement of the subscription-based information technology arrangement (SBITA) term, less any SBITA vendor incentives received from the SBITA vendor at or before the commencement of the SBITA term, plus capitalizable initial implementation costs. Subscription assets are amortized on a straight-line basis over the shorter of the SBITA term or the useful life of the underlying IT asset.

Capital and Subscription Asset Impairment

The Hospital evaluates capital and subscription assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital or subscription asset has occurred. If a capital or subscription asset is tested for impairment and the magnitude of the decline in service utility is significant and unexpected, accumulated depreciation or accumulated amortization is increased by the amount of the impairment loss. Approximately $0 and $170,000 of capital asset impairment was recognized during the years ended December 31, 2025 and 2024, respectively. Impairment is related to storm damage for which insurance proceeds were received. No subscription asset impairment was recognized during the years ended December 31, 2025 and 2024.

Deferred Outflows of Resources

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

Compensated Absences

Hospital policies permit most employees to accumulate vacation and sick leave benefits that may be realized as paid time off or, in limited circumstances, 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 in effect at the balance sheet date.

Risk Management

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

Cost-Sharing Defined Benefit Pension Plan

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

Defined Benefit Other Postemployment Benefit Plan

The Hospital participates in a 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 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.

Bond Premium

Bond premiums are being amortized over the life of the related debt using the effective interest method. The unamortized bond premiums are included as an addition to long-term debt and are reflected as both current and long-term in the accompanying balance sheets. The amortization of the bond premium is recorded as a component of interest expense. The amortization of the bond premium was recorded as a component of capitalized interest costs during the construction period.

Net Position

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

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

Charity Care

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

Property Taxes

The Hospital received approximately 13% of its financial support from property taxes in December 31, 2025 and 2024. One hundred percent of these funds were used to support operations in both years.

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 tax 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. Property owners have the option of paying one-half or the full amount of the taxes levied on or before December 20 during the year levied with the balance to be paid on or before May 10 of the ensuing year. 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 December 31, such taxes are a lien on the property and are recorded as property taxes receivable, net of anticipated delinquencies, with a corresponding amount recorded as deferred inflows of resources - property taxes on the balance sheets.

Income Taxes

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

Note 2. Deposits

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

State law requires collateralization of all deposits with federal depository insurance and other acceptable collateral having an aggregate value at least equal to the amount of the deposits.

At December 31, 2025 and 2024, respectively, $1,672,967 and $2,109,856 of the Hospital's bank balances of $2,049,502 and $2,561,155 were exposed to custodial credit risk as follows:

	2025	2024
Uninsured and collateral held by pledging financial institution's trust department or agent in other than the Hospital's name	$ 1,672,967	$ 2,109,856

Summary of Carrying Values

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

	2025	2024
Carrying value		
Deposits	$ 1,969,210	$ 2,323,831
Included in the following balance sheet captions		
Cash and cash equivalents	$ 809,927	$ 1,210,487
Certificates of deposit	1,143,193	1,096,905
Internally designated by Board of Trustees	16,090	16,439
	$ 1,969,210	$ 2,323,831

Note 3. Patient Accounts Receivable

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

	2025	2024
Medicare	$ 717,848	$ 1,140,806
Medicaid	31,927	49,842
Blue Cross	89,848	176,116
Other third-party payers	217,519	238,689
Self-pay	342,615	362,878
	1,399,757	1,968,331
Less allowance for uncollectible accounts	260,124	279,867
	$ 1,139,633	$ 1,688,464

Note 4. Capital and Subscription Assets

Capital assets activity for the years ended December 31 was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 72,050	$ -	$ -	$ -	$ 72,050
Land improvements	976,230	9,942	-	-	986,172
Buildings	13,550,476	104,179	-	-	13,654,655
Equipment	3,407,369	73,368	(35,200)	-	3,445,537
	18,006,125	187,489	(35,200)	-	18,158,414
Less accumulated depreciation					
Land improvements	546,865	72,332	-	-	619,197
Buildings	5,580,550	751,296	-	-	6,331,846
Equipment	2,448,574	328,605	(35,200)	-	2,741,979
	8,575,989	1,152,233	(35,200)	-	9,693,022
Capital assets, net	$ 9,430,136	$ (964,744)	$ -	$ -	$ 8,465,392

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 72,050	$ -	$ -	$ -	$ 72,050
Land improvements	956,880	19,350	-	-	976,230
Buildings	13,721,557	-	(171,081)	-	13,550,476
Equipment	4,166,996	12,574	(772,201)	-	3,407,369
	18,917,483	31,924	(943,282)	-	18,006,125
Less accumulated depreciation					
Land improvements	470,393	76,472	-	-	546,865
Buildings	4,801,360	779,190	-	-	5,580,550
Equipment	2,873,650	347,125	(772,201)	-	2,448,574
	8,145,403	1,202,787	(772,201)	-	8,575,989
Capital assets, net	$ 10,772,080	$ (1,170,863)	$ (171,081)	$ -	$ 9,430,136

Subscription asset activity for the years ended December 31 was

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Subscription asset	$ 2,205,455	$ -	$ -	$ -	$ 2,205,455
Less accumulated amortization Subscription asset	892,094	297,365	-	-	1,189,459
Subscription asset, net	$ 1,313,361	$ (297,365)	$ -	$ -	$ 1,015,996

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Subscription asset	$ 2,205,455	$ -	$ -	$ -	$ 2,205,455
Less accumulated amortization Subscription asset	588,122	303,972	-	-	892,094
Subscription asset, net	$ 1,617,333	$ (303,972)	$ -	$ -	$ 1,313,361

Note 5. Long-term Obligations

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

	2025				
	Beginning Balance	Additions	Deletions	Ending Balance	Amounts Due Within One Year
Bonds payable	$ 9,300,000	$ -	$ (805,000)	$ 8,495,000	$ 820,000
Unamortized bond premium	249,505	-	(39,042)	210,463	35,770
Subscription liabilities	1,390,806	-	(293,861)	1,096,945	305,780
	$ 10,940,311	$ -	$ (1,137,903)	$ 9,802,408	$ 1,161,550

	2024				
	Beginning Balance	Additions	Deletions	Ending Balance	Amounts Due Within One Year
Bonds payable	$ 10,100,000	$ -	$ (800,000)	$ 9,300,000	$ 805,000
Unamortized bond premium	291,433	-	(41,928)	249,505	39,042
Subscription liabilities	1,673,216	-	(282,410)	1,390,806	293,861
	$ 12,064,649	$ -	$ (1,124,338)	$ 10,940,311	$ 1,137,903

Bonds Payable

In October 2015, the City of Ashland, Kansas (City) and the City of Ashland Public Building Commission (PBC) entered into agreements to issue $9,000,000 of Ashland, Kansas, Public Building Commission Revenue Bonds, Series 2015 (2015 Bonds) to pay a portion of the costs to construct, furnish and equip a new hospital facility and improvements in an amount not to exceed $15,100,000.

In June 2016, the City and the PBC entered into agreements to issue $5,510,000 of Ashland, Kansas, Public Building Commission Revenue Bonds, Series 2016 (2016 Bonds) to pay the remaining portion of the costs to construct, furnish and equip a new hospital facility and improvements in an amount not to exceed $15,100,000.

The new facility was constructed on a new site owned by the Hospital. In connection with these agreements, the Hospital transferred title to its facility to the PBC. Under the terms of the agreement, the City leased the facility from the PBC and then subleased it to the Hospital. The sublease agreement with the City requires the Hospital to pay basic rent to the bond trustee equal to the principal and interest on the Bonds as they come due. The Hospital's obligation to make basic rent payments under the sublease is further secured by a pledge of its revenues. Upon retirement of the Bonds, the Hospital will assume title and ownership of the facility. The sublease agreement has been accounted for as a financing agreement by the Hospital and classified as bonds payable. Accordingly, the leased property and bond indebtedness has been included in the financial statements as assets and liabilities of the Hospital.

The bonds have interest rates ranging from 2.125% to 5.000%. Aggregate annual maturities of the existing bonds payable as of December 31, 2025, are as follows:

Year Ending December 31,	
2026	$ 820,000
2027	785,000
2028	795,000
2029	805,000
2030	820,000
2031-2035	3,785,000
Thereafter	685,000
	$ 8,495,000

Subscription Liabilities

The Hospital has one subscription-based information technology arrangement (SBITAs), the term of which expires in 2029. The subscription requires monthly payments of approximately $28,500.

The following is a schedule by year of payments under the SBITAs as of December 31, 2025:

Year Ended December 31	Total to be Paid	Principal	Interest
2026	$ 343,000	$ 305,779	$ 37,221
2027	343,000	318,183	24,817
2028	343,000	331,092	11,908
2029	142,918	141,891	1,027
	$ 1,171,918	$ 1,096,945	$ 74,973

Note 6. Professional Liability Coverage and Claims

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

Note 7. Net Patient Service Revenue

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

Medicare. The Hospital is recognized as a CAH. Under CAH rules, inpatient acute care, 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 a combination of fee schedules and cost reimbursement methodologies. The Hospital is reimbursed for most services at tentative rates with final settlement determined after submission of annual cost reports by the Hospital and audits 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.

Approximately 85% and 84% of net patient service revenues are from participation in the Medicare and state-sponsored Medicaid programs for December 31, 2025 and 2024, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation and change. As a result, it is reasonably possible that recorded estimates will change materially in the near term.

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

Note 8. 340B Drug Pricing Program

The Hospital participates in the 340B Drug Pricing Program (340B Program) enabling the Hospital to receive discounted prices from drug manufacturers on outpatient pharmaceutical purchases. The Hospital recorded revenues of $657,471 and $439,991 for the years ending December 31, 2025 and 2024, respectively, which is included in other operating revenue in the accompanying statement of revenues and expenses and changes in net position. The Hospital recorded expenses of $455,379 and $292,420 for the years ending December 31, 2025 and 2024, 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 9. Pension Plan

Plan Description

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

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

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

The Hospital's employees participate in the Local group.

Benefits Provided

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

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

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

Contributions

The law governing KPERS requires an actuary to make an annual valuation of the liabilities and reserves, and a determination of the contributions required to discharge the KPERS liabilities. The actuary then recommends to the KPERS Board of Trustees the statewide employer-contribution rates required to maintain the three systems on the actuarial reserve basis. Prior to January 1, 2014, Tier 1 participants were required to contribute 4% of their annual pay. Effective January 1, 2014, the rate was raised to 5% with an increase in the benefit multiplier to 1.85% beginning January 1, 2014, for future years of service only. Effective January 1, 2015, the contribution rate was raised to 6%. Tier 2 participants are required to contribute 6% of compensation. The Hospital’s contractually required contribution rate for the years ended December 31, 2025 and 2024, was 9.71% and 9.26% of annual payroll, respectively. The employer contribution is actuarially determined as an amount that, when combined with employee contributions, is expected to finance the costs of benefits earned by employees during the year, with an additional amount to finance any unfunded accrued liability.

The Hospital’s contributions to KPERS for pensions for the years ended December 31, 2025 and 2024, were $365,711 and $335,368, respectively.

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

At December 31, 2025 and 2024, the Hospital reported a liability of $2,995,146 And $3,363,314, respectively, for its proportionate share of the net pension liability. The net pension liability was measured as of June 30, 2025 and 2024, respectively, and the total pension liability used to calculate the net pension liability was determined by actuarial valuations as of and December 31, 2024 and 2023, respectively, rolled forward to June 30, 2025 and 2024, respectively. The Hospital’s proportion of the net pension liability was based on the ratio of the Hospital’s actual contributions to total employer and nonemployer actual contributions of the group for the respective measurement periods. At June 30, 2025, the Hospital’s proportion was 0.149440%, which was a decrease of 0.008991% from its proportion measured as of June 30, 2024, which was 0.158331%. The June 30, 2023, Hospital proportion was 0.174223%.

For the years ended December 31, 2025 and 2024, the Hospital recognized pension expense of $317,788 and $547,904, respectively. At December 31, 2025 and 2024, the Hospital reported deferred outflows of resources and deferred inflows of resources related to pensions from the following sources:

	2025	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 385,953	$ -
Net difference between projected and actual earnings on pension plan investments	-	102,863
Changes of assumptions	74,038	-
Changes in proportion	9,296	384,931
Hospital contributions subsequent to the measurement date	187,429	-
Total	$ 656,716	$ 487,794

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 409,125	$ -
Net difference between projected and actual earnings on pension plan investments	20,604	-
Changes of assumptions	203,295	-
Changes in proportion	68,104	381,363
Hospital contributions subsequent to the measurement date	164,951	-
Total	$ 866,079	$ 381,363

At December 31, 2025, the Hospital reported $187,429 as deferred outflows of resources related to pension contributions made subsequent to the measurement date that will be recognized as a reduction of the net pension liability in the year ending December 31, 2026. Other amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2025, related to pensions will be recognized in pension expense as follows:

2025	$ 176,116
2026	(69,515)
2027	(77,382)
2028	(47,726)
	$ (18,507)

Actuarial Assumptions

The total pension liability in the December 31, 2025 and 2024, actuarial valuations were determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2025	2024
Inflation	2.75%	2.75%
Salary increases, including inflation	3.5% to 15.5%	3.5% to 15.5%
Investment rate of return, net of pension plan investment expense, including inflation	7.00%	7.00%

Mortality rates used in the December 31, 2024 and 2023, actuarial valuations were based on the PUB 2010 Mortality tables, with age setbacks, and age set forwards based on different membership groups.

The actuarial assumption used in the December 31, 2024 and 2023, valuation were based on the results of an actuarial experience study prepared during 2023.

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:

	2025		2024	
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return
Global Equities	43.00%	8.20%	43.00%	8.20%
Core-Fixed Income	13.00%	2.20%	13.00%	2.20%
Yield Driven	12.00%	5.30%	12.00%	5.30%
Infrastructure	3.00%	6.80%	3.00%	6.80%
Real Estate	15.00%	5.70%	15.00%	5.70%
Alternatives	11.00%	12.00%	11.00%	12.00%
Short-term Investments	3.00%	0.30%	3.00%	0.30%
	100.00%		100.00%	

Discount Rate

The discount rate used to measure the total pension liability was 7.00% for the years ended December 31, 2025 and 2024. The projection of cash flows used to determine the discount rate assumed that member contributions will be made at the contractually required rate. Participating employer contributions do not necessarily contribute the full actuarial determined rate. Based on legislation passed in 1993, the employer contribution rates certified by KPERS' Board of Trustees for these groups may not increase by more than the statutory cap. The expected KPERS employer statutory contribution was modeled for future years, assuming all actuarial assumptions are met in future years. Based on those assumptions, the pension plan's fiduciary net position was projected to be available to make all projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the total pension liability.

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

The Hospital's proportionate share of the net pension liability has been calculated using a discount rate of 7.00%. The following presents the Hospital's proportionate share of the net pension liability calculated using a discount rate 1% higher and 1% lower than the current rate as of December 31, 2025:

	1% Decrease (6.00%)	Current Discount Rate (7.00%)	1% Increase (8.00%)
Hospital's proportionate share of the net pension liability	$ 4,419,894	$ 2,995,146	$ 1,798,548

Pension Plan Fiduciary Net Position

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

Note 10. Other Postemployment Benefit Plan

Plan Description

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

Benefits Provided

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

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

	2025	2024
Active employees	57	59
Disabled employees	1	1
	58	60

Total OPEB Liability

The Hospital's total OPEB liability of $31,715 and $61,520 was measured as of June 30, December 31, 2025 and 2024, for the years ended December 31, 2025 and 2024, respectively, and was determined by actuarial valuations as of December 31, 2024 and 2023, respectively, and rolled forward to June 30, 2025 and 2024, respectively.

The total OPEB liability in the December 31, 2025 and 2024, actuarial valuations was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2025	2024
Inflation	2.75%	2.75%
Discount rate	5.20%	3.93%
Salary increases, including inflation	3.50%-10.30%	3.50%-10.30%

The discount rate was based on the Bond Buyer General Obligation 20-Year Municipal Bond Index. The discount rate changed from 3.65% in 2023 to 3.93% in 2024 to 5.20% in 2025.

Mortality rates were based on the RP-2014 Mortality Table, 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, 2024 and 2023, actuarial valuations, respectively.

The actuarial assumption used in the December 31, 2024 and 2023, valuation were based on the results of an actuarial experience study prepared during 2023.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2025	2024
Balance, beginning of year	$ 61,520	$ 87,807
Changes for the year:		
Service cost	7,606	8,284
Interest	2,124	2,956
Differences between expected and actual experience	(7,304)	(7,339)
Changes of assumptions	(1,763)	280
Benefit payments	(30,468)	(30,468)
Net changes	(29,805)	(26,287)
Balance, end of year	$ 31,715	$ 61,520

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

The total OPEB liability of the Hospital, at December 31, 2025, has been calculated using a discount rate of 5.20%. The following presents the total OPEB liability using a discount rate 1% higher and 1% lower than the December 31, 2025 discount rate:

	1% Decrease (4.20%)	Current Discount Rate (5.20%)	1% Increase (6.20%)
Hospital's total OPEB liability	$ 33,108	$ 31,715	$ 30,315

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

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

For the years ended December 31, 2025 and 2024, the Hospital recognized OPEB expense of $18,197 and $20,607, respectively. At December 31, 2025 and 2024, the Hospital reported deferred outflows or resources and deferred inflows of resources related to OPEB from the following sources:

	2025	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 43,260	$ (21,610)
Changes of assumptions	2,018	(9,839)
Total	$ 45,278	$ (31,449)

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 56,733	$ (18,181)
Changes of assumptions	2,542	(9,731)
Total	$ 59,275	$ (27,912)

Amounts reported as deferred outflows of resources and deferred inflows of resources at December 31, 2025, related to OPEB will be recognized in OPEB expense as follows:

2026	$ 8,502
2027	9,053
2028	7,313
2029	(454)
2030	(1,857)
Thereafter	(8,728)
	$ 13,829

Note 11. Management/Services Agreement

The Board has contracted with Great Plains Health Alliance, Inc. (GPHA) for various services, including management, data processing, and accounting services. The terms of the agreements vary from one to seven years and can be canceled with 60 days' notice. The agreements can be renewed after the initial term has expired on a year-to-year basis. Fees incurred for the various services provided by GPHA to the Hospital for the years ended December 31, 2025 and 2024, were $762,409 and $675,573, respectively. Amounts due to GPHA at December 31, 2025 and 2024, totaled $48,249 and $54,414, respectively.

Note 12. Compliance with Budgetary Statutes

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's enterprise fund, which are on an annualized calendar year basis as follows:

	2025		
	Actual	Budget	Variance Under (Over)
General Fund			
Revenues			
Taxes	$ 1,676,356	$ 1,582,664	$ (93,692)
Patient related revenues	10,650,921	10,825,000	174,079
Interest income	164,965	200,000	35,035
Other	754,041	1,119,040	364,999
Total revenues	13,246,283	13,726,704	480,421
Expenses			
Patient related expenses	11,421,009	13,000,000	1,578,991
Interest expense	463,856	426,400	(37,456)
Capital outlay	187,489	855,000	667,511
Total expenses	12,072,354	14,281,400	2,209,046
Excess (deficiency) of revenues over expenses	$ 1,173,929	$ (554,696)	$ (1,728,625)

	2024		
	Actual	Budget	Variance Under (Over)
General Fund			
Revenues			
Taxes	$ 1,629,514	$ 1,582,664	$ (46,850)
Patient related revenues	10,111,438	9,500,000	(611,438)
Interest income	181,320	458,400	277,080
Other	562,638	919,040	356,402
Total revenues	12,484,910	12,460,104	(24,806)
Expenses			
Patient related expenses	11,037,113	9,619,390	1,417,723
Interest expense	508,324	484,850	23,474
Capital outlay	31,924	922,380	(890,456)
Total expenses	11,577,361	11,026,620	550,741
Excess of revenues over expenses	$ 907,549	$ 1,433,484	$ 525,935

The following reconciliation is presented to provide a correlation between the different basis of accounting for reporting in accordance with accounting principles generally accepted in the United States of America and for reporting on the budgetary basis:

	2025	2024
Decrease in net position - financial basis	$ (220,400)	$ (723,447)
Depreciation	1,152,233	1,202,787
Amortization	297,365	303,972
Provision for uncollectible accounts	132,220	156,161
Capital outlay	(187,489)	(31,924)
Excess of revenues over expenses	$ 1,173,929	$ 907,549

Required Supplementary Information

Ashland Hospital District No. 3
Schedule of the Hospital's Proportionate Share of the Net Pension Liability
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2025*	2024*	2023 *	2022 *
Hospital's proportion of the net pension liability	0.149440%	0.158331%	0.174223%	0.188716%
Hospital's proportionate share of the net pension liability	$ 2,995,146	$ 3,363,314	$ 3,655,033	$ 3,751,758
Hospital's covered-employee payroll	$ 3,820,494	$ 3,762,326	$ 3,638,910	$ 3,690,127
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	78.40%	89.39%	100.44%	101.67%
Plan fiduciary net position as a percentage of the total pension liability	75.26%	72.75%	70.70%	69.75%

Note to Schedule:

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

Ashland Hospital District No. 3
Schedule of the Hospital's Proportionate Share of the Net Pension Liability
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years **(Continued)**

2021 *	2020 *	2019 *	2018 *	2017 *	2016 *
0.198728%	0.179890%	0.157381%	0.156575%	0.150131%	0.171870%
$ 2,384,649	$ 3,118,670	$ 2,199,199	$ 2,182,327	$ 2,174,581	$ 2,658,880
$ 3,803,356	$ 3,315,712	$ 2,656,810	$ 2,627,178	$ 2,798,992	$ 2,842,766
62.70%	94.06%	82.78%	83.07%	77.69%	93.53%
76.40%	66.30%	69.88%	68.88%	67.12%	65.10%

Ashland Hospital District No. 3
Schedule of the Hospital's Pension Contributions
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2025 *	2024 *	2023 *	2022 *
Contractually required contribution	$ 365,711	$ 335,368	$ 309,128	$ 321,408
Contribution in relation to the contractually required contribution	365,711	335,368	309,128	321,408
Contribution deficiency (excess)	$ -	$ -	$ -	$ -
Hospital's covered-employee payroll	$ 3,820,494	$ 3,762,326	$ 3,638,910	$ 3,690,127
Contributions as a percentage of covered-employee payroll	9.57%	8.91%	8.50%	8.71%

Note to Schedule:

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

Ashland Hospital District No. 3
Schedule of the Hospital's Pension Contributions
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years **(Continued)**

2021 *	2020 *	2019 *	2018 *	2017 *	2016 *
$ 353,650	$ 334,738	$ 278,271	$ 268,104	$ 239,061	$ 262,168
353,650	334,738	278,271	268,104	239,061	262,168
$ -	$ -	$ -	$ -	$ -	$ -
$ 3,803,356	$ 3,315,712	$ 2,656,810	$ 2,627,178	$ 2,798,992	$ 2,842,766
9.30%	10.10%	10.47%	10.21%	8.54%	9.22%

Ashland Hospital District No. 3
Schedule of Changes in the Hospital's Total OPEB Liability and Related Ratios
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2025 *	2024 *	2023 *	2022 *
Total OPEB Liability				
Service cost	$ 7,606	$ 8,284	$ 9,524	$ 14,792
Interest	2,124	2,956	3,853	2,935
Differences between expected and actual experience	(7,304)	(7,339)	(9,369)	4,269
Changes in assumptions	(1,763)	280	(163)	(13,289)
Benefit payments	(30,468)	(30,468)	(30,468)	(30,468)
Net Change in Total OPEB Liability	(29,805)	(26,287)	(26,623)	(21,761)
Hospital's Total OPEB Liability - Beginning	61,520	87,807	114,430	136,191
Hospital's Total OPEB Liability - Ending	$ 31,715	$ 61,520	$ 87,807	$ 114,430
Hospital's Covered-Employee Payroll	$ 3,571,885	$ 3,315,370	$ 3,474,425	$ 3,614,244
Hospital's Total OPEB Liability as a Percentage of Covered-Employee Payroll	0.89%	1.86%	2.53%	3.17%
Discount Rate	5.20%	3.93%	3.65%	3.54%

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

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

Ashland Hospital District No. 3
Schedule of Changes in the Hospital's Total OPEB Liability and Related Ratios
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years **(Continued)**

2021 *	2020 *	2019 *	2018 *	2017 *
$ 10,979	$ 10,010	$ 10,110	$ 9,977	$ 10,780
2,934	4,620	1,490	1,879	1,598
15,727	12,073	99,883	(14,564)	-
116	3,559	1,207	(365)	(1,015)
(30,468)	(30,468)	(7,871)	(14,163)	(14,163)
(712)	(206)	104,819	(17,236)	(2,800)
136,903	137,109	32,290	49,526	52,326
$ 136,191	$ 136,903	$ 137,109	$ 32,290	$ 49,526
$ 3,724,029	$ 2,725,267	$ 2,583,780	$ 2,647,782	$ 2,659,706
3.66%	5.02%	5.31%	1.22%	1.86%
2.16%	2.21%	3.50%	3.87%	3.58%