Kearny County Hospital
A Component Unit of
Kearny County, Kansas

Independent Auditor's Report
and Financial Statements

June 30, 2025 and 2024

Kearny County Hospital
A Component Unit of Kearny County, Kansas
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June 30, 2025 and 2024

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Independent Auditor's Report

Board of Trustees
Kearny County Hospital
Lakin, Kansas

Opinion

We have audited the financial statements of Kearny County Hospital, a component unit of Kearny County, Kansas, as of and for the years ended June 30, 2025 and 2024, and the related notes to the financial statements, which collectively comprise Kearny County Hospital's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of Kearny County Hospital as of June 30, 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 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 Kearny County Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 Kearny County Hospital's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Kearny County Hospital's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Kearny County Hospital's ability to continue as a going concern for a reasonable period of time.

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

Required Supplementary Information

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.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise Kearny County Hospital's basic financial statements. The Operating Income (Loss) by Department – Direct and the Operating Income (Loss) by Department – Allocated are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Operating Income (Loss) by Department – Direct and the Operating Income (Loss) by Department – Allocated is fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Forvis Mazars, LLP

Wichita, Kansas
December 29, 2025

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Balance Sheets
June 30, 2025 and 2024

	2025	2024
ASSETS		
Current Assets		
Cash	$ 2,531,277	$ 2,339,109
Short-term investments	6,414,074	6,099,591
Patient accounts receivable, net of allowance; 2025 - $1,544,344; 2024 - $2,849,994	3,286,438	4,105,690
Other receivables	251,669	388,179
Employee receivables	28,509	18,557
Leases receivable	76,962	-
Supplies	808,750	596,972
Prepaid expenses and other	371,938	354,632
Total Current Assets	13,769,617	13,902,730
Noncurrent Cash and Investments		
Designated by board of trustees	6,721,923	1,787,442
Capital Assets, Net	5,676,134	5,990,138
Lease Assets, Net	29,095	36,297
Subscription Assets, Net	3,485,062	3,939,635
Other Assets		
Employee receivables	30,818	8,943
Total Assets	$ 29,712,649	$ 25,665,185

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Balance Sheets
June 30, 2025 and 2024 **(Continued)**

	2025	2024
LIABILITIES AND NET POSITION		
Current Liabilities		
Current maturities of long-term debt	$ 429,599	$ 63,604
Current portion of lease liabilities	3,275	4,456
Current portion of subscription liabilities	405,999	389,064
Accounts payable	737,134	752,566
Accrued payroll	609,788	625,413
Accrued vacation	291,730	251,141
Other accrued expenses	618,726	423,109
Estimated amounts due to third-party payers	832,500	52,000
Unearned revenue	6,250	6,250
Total Current Liabilities	3,935,001	2,567,603
Other Liabilities		
Long-term debt	32,863	97,462
Lease liabilities	760	4,035
Subscription liabilities	3,182,520	3,588,519
Total Other Liabilities	3,216,143	3,690,016
Total Liabilities	7,151,144	6,257,619
Deferred Inflows of Resources		
Leases	74,705	-
Total Deferred Inflows of Resources	74,705	-
Net Position		
Net investment in capital assets	5,135,275	5,818,930
Unrestricted	17,351,525	13,588,636
Total Net Position	22,486,800	19,407,566
Total Liabilities and Net Position	$ 29,712,649	$ 25,665,185

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Statements of Revenues, Expenses and Changes in Net Position
Years Ended June 30, 2025 and 2024

	2025	2024
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2025 - $1,208,332; 2024 - $2,222,203	$ 25,649,271	$ 24,516,528
340B drug pricing program	1,981,782	1,634,411
Other	442,231	660,444
Total Operating Revenues	28,073,284	26,811,383
Operating Expenses		
Salaries and wages	13,854,205	13,327,697
Employee benefits	3,020,551	2,889,021
Purchased services and professional fees	3,202,069	4,486,857
Other supplies and expenses	6,221,027	6,210,083
Depreciation	887,306	833,575
Amortization	461,775	477,972
Total Operating Expenses	27,646,933	28,225,205
Operating Income (Loss)	426,351	(1,413,822)
Nonoperating Revenues (Expenses)		
Noncapital appropriations - Kearny County	323,570	501,276
Sales tax revenue	176,430	-
Interest income	965,166	494,897
Interest expense	(116,372)	(129,338)
Loss on disposal of capital assets	(210,601)	-
Noncapital grants and gifts	174,407	582,443
Insurance recoveries on capital assets	220,482	1,050,693
Employee Retention Credit (ERC)	1,069,801	-
Total Nonoperating Revenues	2,602,883	2,499,971
Income Before Capital Grants and Gifts	3,029,234	1,086,149
Capital Grants and Gifts	50,000	50,420
Increase in Net Position	3,079,234	1,136,569
Net Position, Beginning of Year	19,407,566	18,270,997
Net Position, End of Year	$ 22,486,800	$ 19,407,566

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Statements of Cash Flows
Years Ended June 30, 2025 and 2024

	2025	2024
Cash Flows from Operating Activities		
Receipts from and on behalf of patients	$ 27,249,023	$ 23,311,722
Payments to suppliers and contractors	(9,667,612)	(10,829,021)
Payments to employees	(16,621,002)	(16,135,777)
Other receipts, net	2,523,170	2,086,855
Net Cash Provided by (Used in) Operating Activities	3,483,579	(1,566,221)
Cash Flows from Noncapital Financing Activities		
Noncapital appropriations - Kearny County	323,570	501,276
Sales tax revenue	176,430	-
Noncapital grants and gifts	174,407	582,443
Employee Retention Credit (ERC)	1,069,801	-
Net Cash Provided by Noncapital Financing Activities	1,744,208	1,083,719
Cash Flows from Capital and Related Financing Activities		
Capital grants and gifts	50,000	50,420
Insurance recoveries on capital assts	220,482	1,050,693
Purchases of capital assets	(418,903)	(1,739,204)
Principal paid on long-term debt	(63,604)	(53,700)
Interest paid on long-term debt	(2,287)	(3,300)
Principal payments received on leases receivable	35,096	43,177
Interest payments received on leases receivable	2,882	798
Principal paid on leases payable	(4,456)	(35,072)
Interest paid on leases payable	(62)	(610)
Principal paid on subscription liability	(389,064)	(372,679)
Interest paid on subscription liability	(114,023)	(125,428)
Net Cash Used in Capital and Related Financing Activities	(683,939)	(1,184,905)
Cash Flows from Investing Activities		
Interest income received	962,284	494,099
Change in certificates of deposit	-	579,207
Purchase of investments	(314,483)	(101,480)
Advances to employees	(65,000)	-
Net Cash Provided by Investing Activities	582,801	971,826
Increase (Decrease) in Cash	5,126,649	(695,581)
Cash, Beginning of Year	4,126,551	4,822,132
Cash, End of Year	$ 9,253,200	$ 4,126,551

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Statements of Cash Flows
Years Ended June 30, 2025 and 2024 **(Continued)**

	2025	2024
Reconciliation of Cash to the Balance Sheets		
Cash	$ 2,531,277	$ 2,339,109
Designated by board of trustees	6,721,923	1,787,442
	$ 9,253,200	$ 4,126,551
Reconciliation of Operating Income (Loss) to Net Cash Provided by (Used in) Operating Activities		
Operating income (loss)	$ 426,351	$ (1,413,822)
Provision for uncollectible accounts	-	2,222,203
Depreciation	887,306	833,575
Amortization	461,775	477,972
Forgiveness of employee receivables	33,173	43,074
Changes in operating assets and liabilities		
Patient accounts receivable	819,252	(3,595,009)
Estimated amounts due from and to third-party payers	780,500	168,000
Other receivables	136,510	186,685
Supplies	(211,778)	147,140
Prepaid expenses and other	(17,306)	7,420
Accounts payable and accrued expenses	205,149	(248,774)
Unearned revenue	-	(354,000)
Deferred inflows of resources - leases	(37,353)	(40,685)
Net Cash Provided by (Used in) Operating Activities	$ 3,483,579	$ (1,566,221)
Noncash Investing, Capital and Financing Activities		
Long-term debt incurred for purchase of capital assets	$ 365,000	$ 85,037
Additions to leases receivable	$ 112,058	$ -

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

Nature of Operations and Reporting Entity

Kearny County Hospital (Hospital) is an acute care hospital located in Lakin, Kansas. The Hospital is a component unit of Kearny County (County) and governed by a Board of Trustees. The Board of County Commissioners appoints the members of the Board of Trustees. The Hospital primarily earns revenues by providing inpatient, outpatient, emergency care, long-term care and rural health clinic services to patients in the Kearny County area. The Hospital is licensed as a critical access hospital (CAH).

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 or voluntary nonexchange transactions that are not program specific such as county appropriations, interest income and interest on capital assets-related debt are included in nonoperating revenues and expenses. The Hospital first applies restricted net position when an expense or outlay is incurred for purposes for which both restricted and unrestricted net position are available.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, 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. There are no cash equivalents at June 30, 2025 and 2024.

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 net realizable value. Costs are determined using the first-in, first-out (FIFO) method.

Noncurrent Investments

Noncurrent investments include assets consisting of certificates of deposit, which are carried at amortized cost. The Board of Trustees has designated these certificates of deposit for future capital acquisitions, which may at its discretion later use these designated certificates of deposit for other purposes.

Investments and Investment Income

Investments in U.S. Treasury obligations with a remaining maturity of one year or less at time of acquisition are carried at amortized cost.

Investment income includes interest income and realized gains and losses on investments carried at other than fair value.

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 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:

Land improvements	10 – 20 years
Buildings	5 – 40 years
Equipment	5 – 20 years

Lease Assets

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

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, Lease, and Subscription Asset Impairment

The Hospital evaluates capital, lease, and subscription assets for impairment whenever events or circumstances indicate a significant, unexpected decline in the service utility of a capital or lease asset has occurred. If a capital, lease, 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. No asset impairment was recognized during the years ended June 30, 2025 and 2024.

Compensated Absences

Hospital policies permit most employees to accumulate paid time off that may be realized as paid time off or, in limited circumstances (*i.e.*, resignation), as a cash payment, up to the allowable maximum. Expense and the related liability are recognized as paid time off benefits when earned whether the employee is expected to realize the benefit as time off or in cash. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

Risk Management

The Hospital is exposed to various risks of loss from torts; theft of, damage to and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; 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.

The Hospital is self-insured for a portion of its exposure to risk of loss from employee health claims. Annual estimated provisions are accrued for the self-insured portion of employee health claims and include an estimate of the ultimate costs for both reported claims and claims incurred but not yet reported.

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 sheet.

Net Position

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

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

- 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 includes estimated retroactive revenue adjustments and a provision for uncollectible accounts. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such estimated amounts are revised in future periods as adjustments become known.

Charity Care

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

Noncapital Appropriations – Kearny County and Sales Tax Revenue

The Hospital received approximately 2% of its financial support from proceeds of noncapital appropriations from Kearny County and sales taxes in 2025 and 2024. 100% of these funds were used to support operations in both years.

Property taxes are levied by Kearny County in November of one year and are received beginning in January of the following year. Revenue from noncapital appropriations – Kearny County is recognized in full in the year in which use is first permitted.

Sales tax revenue is recognized based on sales tax collected by the County's retailers in the Hospital's accounting period. The Hospital sales tax is 1% and went into effect in January 2025 with a goal of supporting High Plains Retirement Village (long-term care unit). The 1% sales tax will remain in effect until it is repealed by ballot measure or upon the dissolution of High Plains Retirement Village.

Income Taxes

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

Reclassifications

Certain reclassifications have been made to the 2024 financial statements to conform to the 2025 presentation. The reclassifications had no effect on the change in financial position.

Implementation of New Accounting Standard

In June 2022, the Governmental Accounting Standards Board (GASB) issued GASB Statement No. 101, *Compensated Absences*. The new accounting guidance updates the recognition and measurement guidance for compensated absences under a unified model.

Specifically, the new standard clarifies that a liability should be recorded for compensated absences that are more likely than not to be paid or otherwise settled. Additionally, it amends certain existing disclosure requirements.

The Hospital adopted this standard on July 1, 2024, and applied it retrospectively to the earliest period presented. There was no effect on beginning net position as of July 1, 2023.

Note 2. Deposits

Deposits

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

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

At June 30, 2025 and 2024, $9,071,178 and $4,015,505 of the Hospital's bank balances of $9,365,492 and $4,327,787, respectively, were exposed to custodial credit risk as follows:

	2025	2024
Uninsured and collateral held by pledging financial institution	$ 9,071,178	$ 4,015,505

Investments

The Hospital may legally invest in direct obligations of and other obligations guaranteed as to principal by the U.S. Treasury and U.S. agencies and instrumentalities and in bank repurchase agreements. It may also invest to a limited extent in corporate bonds and equity securities.

At June 30, 2025 and 2024, the Hospital had $6,414,074 and $6,099,591, respectively, of investments in U.S. Treasury obligations with a maturity date of less than one year.

Summary of Carrying Values

The carrying values of deposits, certificates of deposit and investments shown above are included in the balance sheets as follows:

	2025	2024
Carrying value		
Deposits	$ 9,253,200	$ 4,126,551
Investments in U.S. Treasury obligations	6,414,074	6,099,591
	$ 15,667,274	$ 10,226,142
Included in the following balance sheet captions		
Cash and cash equivalents	$ 2,531,277	$ 2,339,109
Short-term investments	6,414,074	6,099,591
Designated by board of trustees	6,721,923	1,787,442
	$ 15,667,274	$ 10,226,142

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 June 30 consisted of:

	2025	2024
Medicare	$ 625,025	$ 1,034,828
Medicaid	538,595	803,701
Other third-party payers	1,541,485	1,949,662
Patients	2,125,677	3,167,493
	4,830,782	6,955,684
Less allowance for uncollectible accounts	1,544,344	2,849,994
	$ 3,286,438	$ 4,105,690

Note 4. Leases Receivable

The Hospital leases a portion of its space to various third parties, the terms of which expired on June 30, 2027. Payments increase annually at a rate of 3%. The leases were measured based upon the rate at lease commencement.

Revenue recognized under lease contracts during the years ended June 30, 2025 and 2024, were $37,978 and $43,975, respectively, which includes both lease revenue and interest.

Note 5. Capital, Lease, and Subscription Assets

Capital assets activity for the years ended June 30 was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 97,298	$ -	$ -	$ -	$ 97,298
Land improvements	668,371	-	(1,986)	-	666,385
Buildings	20,099,503	-	(196,211)	15,768	19,919,060
Equipment	7,771,948	258,736	(2,137,343)	286,113	6,179,454
Construction in progress	56,113	525,167	-	(301,881)	279,399
	28,693,233	783,903	(2,335,540)	-	27,141,596
Less accumulated depreciation					
Land improvements	633,300	3,164	(1,986)	-	634,478
Buildings	15,845,187	438,874	(181,211)	-	16,102,850
Equipment	6,224,608	445,268	(1,941,742)	-	4,728,134
	22,703,095	887,306	(2,124,939)	-	21,465,462
Capital assets, net	$ 5,990,138	$ (103,403)	$ (210,601)	$ -	$ 5,676,134

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 97,298	$ -	$ -	$ -	$ 97,298
Land improvements	634,019	-	-	34,352	668,371
Buildings	18,598,713	-	-	1,500,790	20,099,503
Equipment	7,259,418	368,804	-	143,726	7,771,948
Construction in progress	380,030	1,354,951	-	(1,678,868)	56,113
	26,969,478	1,723,755	-	-	28,693,233
Less accumulated depreciation					
Land improvements	631,426	1,874	-	-	633,300
Buildings	15,446,375	398,812	-	-	15,845,187
Equipment	5,791,719	432,889	-	-	6,224,608
	21,869,520	833,575	-	-	22,703,095
Capital assets, net	$ 5,099,958	$ 890,180	$ -	$ -	$ 5,990,138

Lease assets activity for the years ended June 30 was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Equipment	$ 349,921	$ -	$ -	$ -	$ 349,921
Less accumulated amortization					
Equipment	313,624	7,202	-	-	320,826
Lease assets, net	$ 36,297	$ (7,202)	$ -	$ -	$ 29,095

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Equipment	$ 458,321	$ -	$ (108,400)	$ -	$ 349,921
Less accumulated amortization					
Equipment	398,625	23,399	(108,400)	-	313,624
Lease assets, net	$ 59,696	$ (23,399)	$ -	$ -	$ 36,297

Subscription assets activity for the years ended June 30 was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Subscription IT assets	$ 4,545,732	$ -	$ -	$ -	$ 4,545,732
Less accumulated amortization Subscription IT assets	606,097	454,573	-	-	1,060,670
Subscription assets, net	$ 3,939,635	$ (454,573)	$ -	$ -	$ 3,485,062

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Subscription IT assets	$ 4,545,732	$ -	$ -	$ -	$ 4,545,732
Less accumulated amortization Subscription IT assets	151,524	454,573	-	-	606,097
Subscription assets, net	$ 4,394,208	$ (454,573)	$ -	$ -	$ 3,939,635

Note 6. Employee Receivables

The Hospital has entered into loan agreements with certain employees in amounts ranging from $15,000 to $50,000. The loans are to be forgiven ratably over certain time periods following the employees' commencement of employment at the Hospital, by forgiving each installment as it becomes due. Notwithstanding the foregoing, the balances due and owing under the notes shall become immediately due and payable if the employees terminate employment at the Hospital. As of June 30, 2025 and 2024, the balances of the loan receivables were $59,327 and $27,500, respectively. The Hospital forgave $33,173 and $43,074 of the loan receivables for the years ended June 30, 2025 and 2024, respectively.

Note 7. Long-Term Obligations

The following is a summary of long-term obligation transactions for the Hospital for the years ended June 30:

	2025				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Financed capital purchases	$ 161,066	$ 365,000	$ 63,604	$ 462,462	$ 429,599
Lease liabilities	8,491	-	4,456	4,035	3,275
Subscription liabilities	3,977,583	-	389,064	3,588,519	405,999
	$ 4,147,140	$ 365,000	$ 457,124	$ 4,055,016	$ 838,873

	2024				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Financed capital purchases	$ 129,729	$ 85,037	$ 53,700	$ 161,066	$ 63,604
Lease liabilities	43,563	-	35,072	8,491	4,456
Subscription liabilities	4,350,262	-	372,679	3,977,583	389,064
	$ 4,523,554	$ 85,037	$ 461,451	$ 4,147,140	$ 457,124

Financed Capital Purchases

Financed capital purchases are in the form of notes payable to bank and/or vendor. They have varying maturities through 2028. Principal and interest is payable monthly. Interest rates range from 0% to 3.48%. The notes are secured by certain capital assets.

The debt service requirements on financed capital purchases as of June 30, 2025, are as follows:

Year Ending June 30	Total to Be Paid	Principal	Interest
2026	$ 430,971	$ 429,599	$ 1,372
2027	29,584	29,135	449
2028	3,750	3,728	22
	$ 464,305	$ 462,462	$ 1,843

Lease Liabilities

The Hospital leases equipment, the terms of which expire in various years through 2027. Payments are based on the lease agreements in each specific lease.

The following is a schedule by year of payments under the leases as of June 30, 2025:

Year Ending June 30	Total to Be Paid	Principal	Interest
2026	$ 3,337	$ 3,275	$ 62
2027	767	760	7
	$ 4,104	$ 4,035	$ 69

Subscription Liabilities

The Hospital has one subscription-based information technology arrangement (SBITAs), the term of which expires in 2033. The subscription requires monthly payments of approximately $41,000.

The following is a schedule by year of payments under the SBITAs as of June 30, 2025:

Year Ending June 30	Total to Be Paid	Principal	Interest
2026	$ 508,119	$ 405,999	$ 102,120
2027	513,200	423,499	89,701
2028	518,332	441,583	76,749
2029	523,515	460,269	63,246
2030	528,750	479,576	49,174
2031 - 2033	1,435,393	1,377,593	57,800
	$ 4,027,309	$ 3,588,519	$ 438,790

Note 8. Professional Liability Coverage and Claims

The Hospital purchases medical malpractice insurance under a claims-made (or occurrence-basis) 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 claims experience, no such accrual has been made. It is reasonably possible that this estimate could change materially in the near term.

Note 9. Employee Health Claims

Substantially all of the Hospital's employees and their dependents are eligible to participate in the Hospital's employee health insurance plan. The Hospital is self-insured for health claims of participating employees and dependents up to specified annual aggregate amount. Commercial stop-loss insurance coverage is purchased for claims in excess of the specified aggregate annual amount. A provision is accrued for self-insured employee health claims including both claims reported, and claims incurred but not yet reported. The accrual is estimated based on consideration of prior claims experience, recently settled claims, frequency of claims and other economic and social factors. It is reasonably possible that the Hospital's estimate will change by a material amount in the near term.

Activity in the Hospital's accrued employee health claims liability during 2025 and 2024 is summarized as follows:

	2025	2024
Balance, beginning of year	$ 82,481	$ 86,427
Current year claims incurred and changes in estimates for claims incurred in prior years	1,573,348	422,484
Claims and expenses paid	(1,383,812)	(426,430)
	$ 272,017	$ 82,481

Note 10. 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, and is paid for inpatient acute care, skilled, swing-bed and outpatient services rendered to Medicare program beneficiaries at 101% of actual cost subject to certain limitations. Medicare Rural Health Clinic services are reimbursed under a cost-based methodology. The Hospital is reimbursed for certain 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. Services rendered for long-term care facility residents are reimbursed at a prospective rate, with annual cost reports submitted to the Medicaid program. Rates are computed using an average of the three most recent filed calendar cost reports and changes in the Medicaid resident case mix. The Medicaid cost reports are subject to audit by the State and adjustments to rates can be made retroactively. Due to certain financial and clinical criteria, the Hospital also receives Medicaid Disproportionate Share (DSH) funding. DSH payments received were $566,185 and $440,874 in 2025 and 2024, respectively.

Approximately 49% and 48% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for years ended June 30, 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, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges and prospectively determined daily rates.

Note 11. Charity Care

The costs of charity care provided under the Hospital's charity care policy were approximately $64,000 and $113,000 for 2025 and 2024, respectively. The cost of charity care is estimated by applying the ratio of cost to gross charges to the gross uncompensated charges.

Note 12. 340B Drug Pricing Program

The Hospital participates in the 340B Drug Pricing Program (340B Program) enabling the Hospital to receive discounted prices from drug manufactures on outpatient pharmaceutical purchases. The Hospital recorded revenues of $1,981,782 and $1,634,411 for the years ended June 30, 2025 and 2024, respectively. The Hospital recorded expenses of $1,301,769 and $1,203,861 for the years ended June 30, 2025 and 2024, respectively, which is included in supplies and other expenses in the accompanying statements of revenues, 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 this program 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 13. Pension Plans

Defined Contribution

The Hospital maintains a contributory defined contribution pension plan covering substantially all employees in lieu of social security. Employees are required to contribute the same percentage required under the Social Security laws (OASDI). The Hospital is required to make a matching contribution in the same amount. An additional 3% contribution is made by the Hospital on behalf of all employees continuously employed for three years or more. Voluntary employee contributions may be made up to a specified percent of eligible compensation as specified in the plan document. Employee and employer contributions vest immediately. Benefits are funded by an annuity contract with an insurance company. Contributions made by plan members was $820,933 and $784,603 for the years ended June 30, 2025 and 2024, respectively. Contributions made by the Hospital was $1,158,536 and $851,719 for the years ended June 30, 2025 and 2024, respectively.

Deferred Compensation

The Hospital provides a deferred compensation plan (457 Plan) to substantially all employees of the Hospital. The employees may contribute up to 100% of their salary to the 457 Plan. The employees' salary deferral is limited by the Internal Revenue Service (IRS) annually. Employees are 100% vested in the contributions they choose to defer. Contributions from employees to the 457 Plan were $131,140 and $115,252 for the years ended June 30, 2025 and 2024, respectively. The Hospital does not contribute to the 457 Plan.

Note 14. Employee Retention Credit

The *Coronavirus Aid, Relief and Economic Security Act* (CARES Act) and subsequent legislation provides a refundable employee retention tax credit (ERC) to eligible employers who meet either a gross receipts test or a governmental mandate test. The tax credit is equal to a specified percentage of qualified wages paid to employees subject to certain limits. In 2024, the Hospital applied for $1,069,801 in refunds, including interest, for ERCs related to payroll for the first, second and third quarters of the year ended December 31, 2021. Payments from the IRS were received in 2025. As a result, the Hospital recognized nonoperating revenue in its financial statements for the year ended June 30, 2025.

The statute of limitations for the first and second quarter filings expired on April 15, 2025, and the Hospital has not received any notification from the IRS challenging its filings, or other information that makes the Hospital believe the filing was improper. The statute of limitations for the third quarter filing will expire on April 15, 2027.

Note 15. Contingencies

Professional Liability Claims

Estimates related to the accrual for professional liability claims are described in Notes 1 and 8.

General Litigation

In the normal course of business, the Hospital is, from time to time, subject to allegations that may or do result in litigation. Some of these allegations are in areas not covered by the Hospital's self-insurance program (discussed elsewhere in these notes) or by commercial insurance; for example, allegations regarding employment practices or performance of contracts. The Hospital evaluates such allegations by conducting investigations to determine the validity of each potential claim. Based upon the advice of legal counsel, management records an estimate of the amount of ultimate expected loss, if any, for each. Events could occur that would cause the estimate of ultimate loss to differ materially in the near term.

Supplementary Information

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Operating Income (Loss) by Department – Direct
Years Ended June 30, 2025 and 2024

	June 30, 2025			June 30, 2024		
	Operating Revenues	Operating Expenses	Operating Income (Loss)	Operating Revenues	Operating Expenses	Operating Income (Loss)
Routine	$ 1,480,086	$ 2,540,670	$ (1,060,584)	$ 1,195,383	$ 2,750,083	$ (1,554,700)
Nursery	380,464	80,253	300,211	334,645	109,215	225,430
Labor and Delivery	735,447	506,640	228,807	617,670	330,890	286,780
Respiratory Therapy	289,084	159,277	129,807	196,465	145,568	50,897
Operating & Recovery	2,741,051	713,787	2,027,264	2,781,772	615,615	2,166,157
Anesthesiology	888,344	964,071	(75,727)	801,073	996,689	(195,616)
Emergency & Observation	1,499,017	845,825	653,192	1,409,157	780,553	628,604
Medical Supplies	401,091	437,791	(36,700)	347,032	780,553	(433,521)
Aesthetics	-	4,232	(4,232)	-	-	-
Laboratory	3,627,378	1,724,517	1,902,861	3,655,992	1,838,317	1,817,675
EKG, Heart Monitor & Cardiac Rehab	288,236	118,544	169,692	280,476	118,587	161,889
Echocardiography	-	21,490	(21,490)	-	-	-
Radiology & Mammography	298,473	598,228	(299,755)	331,024	585,026	(254,002)
Ultrasound	221,575	107,732	113,843	237,787	138,052	99,735
Drugs & IV Solutions	1,021,789	1,051,946	(30,157)	1,040,925	1,105,643	(64,718)
MRI	109,066	55,560	53,506	102,381	48,575	53,806
CT Scans	1,051,098	74,326	976,772	1,029,906	22,769	1,007,137
Nuclear Medicine	23,259	16,639	6,620	33,165	29,375	3,790
Physical Therapy	404,146	440,269	(36,123)	372,276	432,573	(60,297)
Physician & Pain Management	6,433,976	5,545,144	888,832	5,790,961	5,360,804	430,157
Home Health	-	2,257	(2,257)	-	470	(470)
Nursing Home & Assisted Living	3,755,691	2,116,647	1,639,044	3,958,438	2,248,274	1,710,164
340B Drug Program	1,981,782	625,597	1,356,185	1,634,411	473,007	1,161,404
Other Operating Revenue	442,231	-	442,231	660,444	-	660,444
Nursing Administration	-	510,200	(510,200)	-	493,618	(493,618)
Health Information	-	452,386	(452,386)	-	479,470	(479,470)
Admissions	-	401,387	(401,387)	-	317,607	(317,607)
Dietary	-	1,093,078	(1,093,078)	-	1,062,099	(1,062,099)
Maintenance	-	1,308,835	(1,308,835)	-	1,327,374	(1,327,374)
Housekeeping	-	588,231	(588,231)	-	591,717	(591,717)
Information Systems	-	626,464	(626,464)	-	601,205	(601,205)
Laundry	-	368,989	(368,989)	-	391,530	(391,530)
Accounting & Billing	-	1,498,825	(1,498,825)	-	1,328,511	(1,328,511)
Administration	-	2,047,096	(2,047,096)	-	2,721,436	(2,721,436)
	$ 28,073,284	$ 27,646,933	$ 426,351	$ 26,811,383	$ 28,225,205	$ (1,413,822)

Kearny County Hospital
A Component Unit of Kearny County, Kansas
Operating Income (Loss) by Department – Allocated
Years Ended June 30, 2025 and 2024

	June 30, 2025			June 30, 2024		
	Operating Revenues	Operating Expenses	Operating Income (Loss)	Operating Revenues	Operating Expenses	Operating Income (Loss)
Routine	$ 1,480,086	$ 3,995,085	$ (2,514,999)	$ 1,195,383	$ 4,052,810	$ (2,857,427)
Nursery	380,464	207,463	173,001	334,645	246,201	88,444
Labor and Delivery	735,447	852,952	(117,505)	617,670	693,843	(76,173)
Respiratory Therapy	289,084	273,218	15,866	196,465	270,580	(74,115)
Operating & Recovery	2,741,051	1,358,766	1,382,285	2,781,772	1,200,219	1,581,553
Anesthesiology	888,344	1,132,929	(244,585)	801,073	1,122,106	(321,033)
Emergency & Observation	1,499,017	1,356,431	142,586	1,409,157	1,352,798	56,359
Medical Supplies	401,091	347,488	53,603	347,032	504,832	(157,800)
Laboratory	3,627,378	2,346,317	1,281,061	3,655,992	2,501,181	1,154,811
EKG, Heart Monitor & Cardiac Rehab	288,236	193,482	94,754	280,476	180,103	100,373
Radiology & Mammography	298,473	775,422	(476,949)	331,024	772,231	(441,207)
Ultrasound	221,575	139,642	81,933	237,787	182,228	55,559
Drugs & IV Solutions	1,021,789	1,268,950	(247,161)	1,040,925	1,317,429	(276,504)
MRI	109,066	65,690	43,376	102,381	59,233	43,148
CT Scans	1,051,098	96,341	954,757	1,029,906	30,055	999,851
Nuclear Medicine	23,259	21,567	1,692	33,165	38,775	(5,610)
Physical Therapy	404,146	651,843	(247,697)	372,276	654,817	(282,541)
Physician & Pain Management	6,433,976	7,166,601	(732,625)	5,790,961	7,353,087	(1,562,126)
Nursing Home & Assisted Living	3,755,691	4,649,049	(893,358)	3,958,438	5,104,176	(1,145,738)
340B Drug Program	1,981,782	625,597	1,356,185	1,634,411	473,007	1,161,404
Other Operating Revenue	442,231	122,100	320,131	660,444	115,494	544,950
	$ 28,073,284	$ 27,646,933	$ 426,351	$ 26,811,383	$ 28,225,205	$ (1,413,822)