Hamilton County Hospital
A Component Unit of Hamilton County, Kansas

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

December 31, 2025 and 2024

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
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December 31, 2025 and 2024

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Independent Auditor's Report

Board of Trustees
Hamilton County Hospital
Syracuse, Kansas

Opinion

We have audited the financial statements of Hamilton County Hospital (Hospital), a component unit of Hamilton County, Kansas, as of and for the years ended December 31, 2025 and 2024, and the related notes to the financial statements, which collectively comprise the 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 Hamilton County Hospital 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). 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 Hamilton 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.

Substantial Doubt About the Hospital's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern. As discussed in Note 11 to the financial statements, the Hospital has suffered recurring losses from operations, has working capital deficiencies and a net deficit, and has stated that substantial doubt exists about the Hospital's ability to continue as a going concern. Management's evaluation of the conditions and events and management's plans regarding these matters are also described in Note 11. The financial statements do not include any adjustments that might result from the outcome of this uncertainty. Our opinion is not modified with respect to this matter.

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 Hamilton 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 Hamilton 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 Hamilton 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

Accounting principles generally accepted in the United States of America require that the pension and other postemployment benefits information listed in the table of contents be presented to supplement the basic financial statements. Such 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. 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 audits of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

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

Forvis Mazars, LLP

Wichita, Kansas
July 16, 2026

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Balance Sheets
December 31, 2025 and 2024

	2025	2024
ASSETS AND DEFERRED OUTFLOWS OF RESOURCES		
Current Assets		
Cash	$ 3,064,935	$ 2,968,855
Certificates of deposit	-	764,220
Patient accounts receivable, net of allowance; 2025 - $268,157, 2024 - $171,876	638,962	809,866
Other receivable	81,086	77,963
Estimated amounts due from Medicare	1,167,885	865,835
Supplies	247,076	197,050
Prepaid expenses and other	111,951	80,629
Total Current Assets	5,311,895	5,764,418
Capital Assets, Net	1,507,579	1,268,085
Lease Assets, Net	27,693	39,177
Total Assets	6,847,167	7,071,680
Deferred Outflows of Resources		
Pension	286,298	498,915
Other postemployment benefits	6,536	7,970
Total Deferred Outflows of Resources	292,834	506,885
Total Assets and Deferred Outflows of Resources	$ 7,140,001	$ 7,578,565

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Balance Sheets
December 31, 2025 and 2024 **(Continued)**

	2025	2024
LIABILITIES, DEFERRED INFLOWS OF RESOURCES AND NET POSITION (DEFICIT)		
Current Liabilities		
Current maturities of long-term debt	$ 384,535	$ 373,184
Accounts payable	8,897,465	7,384,507
Accrued expenses	10,759	82,570
Total Current Liabilities	9,292,759	7,840,261
Long-term Debt	3,911,584	4,923,225
Net Pension Liability	705,054	1,021,393
Total Other Postemployment Benefits Liability	48,162	54,324
Total Liabilities	13,957,559	13,839,203
Deferred Inflows of Resources		
Pension	388,205	304,511
Other postemployment benefits	14,422	12,873
Total Deferred Inflows of Resources	402,627	317,384
Net Position (Deficit)		
Net investment in capital assets	1,535,272	1,307,262
Unrestricted deficit	(8,755,457)	(7,885,284)
Total Net Deficit	(7,220,185)	(6,578,022)
Total Liabilities, Deferred Inflows of Resources and Net Position (Deficit)	$ 7,140,001	$ 7,578,565

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Revenues, Expenses and Changes in Net Position (Deficit)
Years Ended December 31, 2025 and 2024

	2025	2024
Operating Revenues		
Net patient service revenue, net of provision for uncollectible accounts; 2025 - $435,466, 2024 - $465,955	$ 15,003,993	$ 15,027,326
340B drug pricing program	468,240	216,349
Other	52,193	74,197
Total Operating Revenues	15,524,426	15,317,872
Operating Expenses		
Salaries, wages and employee benefits	792,920	1,429,623
Purchased services and professional fees	15,528,265	13,924,030
Supplies and other	1,188,026	1,103,187
Depreciation	256,661	200,129
Amortization	11,484	11,484
Total Operating Expenses	17,777,356	16,668,453
Operating Loss	(2,252,930)	(1,350,581)
Nonoperating Revenues (Expenses)		
Noncapital appropriations - Hamilton County	698,850	732,870
Sales tax revenue	294,210	274,706
Interest income	37,852	56,888
Interest expense	(66,291)	(77,306)
Noncapital grants and gifts	19,040	4,140
Forgiveness of debt	627,106	628,464
Total Nonoperating Revenues	1,610,767	1,619,762
Excess (Deficiency) of Revenues Over Expenses Before Capital Appropriations	(642,163)	269,181
Capital Appropriations - Hamilton County	-	218,400
Increase (Decrease) in Net Position	(642,163)	487,581
Net Deficit, Beginning of Year	(6,578,022)	(7,065,603)
Net Deficit, End of Year	$ (7,220,185)	$ (6,578,022)

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows
Years Ended December 31, 2025 and 2024

	2025	2024
Operating Activities		
Receipts from and on behalf of patients	$ 14,872,847	$ 16,617,181
Payments to suppliers and contractors	(15,274,838)	(15,465,222)
Payments to and on behalf of employees	(887,938)	(1,345,928)
Other receipts, net	520,433	290,546
Net Cash Provided by (Used in) Operating Activities	(769,496)	96,577
Noncapital Financing Activities		
Noncapital appropriations - Hamilton County	695,727	682,960
Sales taxes supporting operations	294,210	274,706
Noncapital grants and gifts	19,040	4,140
Interest paid on promissory notes payable	(66,291)	(77,306)
Principal payments on promissory notes payable	(373,184)	(362,170)
Net Cash Provided by Noncapital Financing Activities	569,502	522,330
Capital and Related Financing Activities		
Purchase of capital assets	(505,998)	(113,721)
Net Cash Used in Capital and Related Financing Activities	(505,998)	(113,721)
Investing Activities		
Interest income received	37,852	56,888
Purchase of certificates of deposit	-	(13,242)
Proceeds from disposition of certificates of deposit	764,220	-
Net Cash Provided by Investing Activities	802,072	43,646
Increase in Cash	96,080	548,832
Cash, Beginning of Year	2,968,855	2,420,023
Cash, End of Year	$ 3,064,935	$ 2,968,855

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Statements of Cash Flows
Years Ended December 31, 2025 and 2024 **(Continued)**

	2025	2024
Reconciliation of Operating Loss to Net Cash Provided by (Used in) Operating Activities		
Operating loss	$ (2,252,930)	$ (1,350,581)
Depreciation	256,661	200,129
Amortization	11,484	11,484
Loss on disposal of capital assets	9,843	-
Provision for uncollectible accounts	435,466	465,955
Changes in operating assets and liabilities		
Patient accounts receivable, net	(264,562)	(588,677)
Estimated amounts due from Medicare	(302,050)	1,712,577
Supplies, prepaid expenses and other	(81,348)	(39,487)
Accounts payable and accrued expenses	1,441,147	(401,445)
Net pension liability	(316,339)	(177,119)
Total other postemployment benefits liability	(6,162)	(1,395)
Deferred outflows of resources - pension and OPEB	214,051	242,653
Deferred inflows of resources - pension and OPEB	85,243	22,483
Net Cash Provided by (Used in) Operating Activities	$ (769,496)	$ 96,577
Noncash Investing, Capital and Financing Activities		
Capital assets paid for by County	$ -	$ 218,400
Forgiveness of debt	$ 627,106	$ 628,464

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

Nature of Operations and Reporting Entity

Hamilton County Hospital (Hospital) is an acute care hospital located in Syracuse, Kansas. The Hospital is a component unit of Hamilton County, Kansas (County). The Hospital is operated by a Board of Trustees appointed by the Board of County Commissioners. The Hospital primarily earns revenues by providing inpatient, outpatient and emergency care services to patients in the Hamilton County area.

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 are recognized when all applicable eligibility requirements are met. Operating revenues and expenses include exchange 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, deferred outflows of resources, liabilities and deferred inflows 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 were no cash equivalents for the years ended December 31, 2025 and 2024.

Certificates of Deposit

Certificates of deposit are carried at amortized cost. Certificates of deposit with original maturities of less than one year are reported as current assets. Those with original maturities greater than one year are reported as long-term assets.

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. Assets under capital lease obligations are depreciated over the shorter of the lease term or their respective useful lives. The following estimated useful lives are being used by the Hospital:

Land improvements	15 to 20 years
Buildings	5 to 40 years
Fixed equipment	5 to 20 years
Major moveable equipment	4 to 18 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.

Capital and Lease Asset Impairment

The Hospital evaluates capital and lease 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 or lease 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 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 for earned vacation only, 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. Sick leave benefits expected to be realized as paid time off are recognized as expense when the time off occurs and no liability is accrued for such benefits employees have earned but not yet realized. Compensated absence liabilities are computed using the regular pay and termination pay rates in effect at the balance sheet date plus an additional amount for compensation-related payments such as social security and Medicare taxes computed using rates in effect at that date.

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; and employee health, dental and accident benefits. Commercial insurance coverage is purchased for claims arising from such matters, except workers' compensation and property and casualty coverage. Settled claims have not exceeded commercial coverage in any of the three preceding years.

Workers' compensation coverage is provided through a fund managed by the Kansas Workers' Risk Cooperative for Counties. The workers' compensation premiums are subject to retrospective adjustment based upon the overall performance of the fund. Property and casualty coverage is provided through a fund managed by the Kansas Counties Association Multi-Line Pool. The property and casualty premiums are subject to retrospective adjustment based upon the overall performance of the fund. Management believes adequate reserves are in place to cover claims incurred but not reported for both workers' compensation and property and casualty risks.

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 has a single-employer defined benefit other postemployment benefit (OPEB) plan, Long-Term Disability 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.

Net Position (Deficit)

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

- Net investment in capital assets consists of capital and lease assets net of accumulated depreciation and amortization and reduced by the outstanding balances of borrowings used to finance the purchase or construction of those assets.
- Unrestricted net position (deficit) is the remaining net position (deficit) that does not meet the definition of net investment in capital and lease assets.

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 – Hamilton County and Sales Tax Revenue

The Hospital received approximately 6% in 2025 and 7% in 2024 of its financial support from the proceeds of noncapital appropriations from Hamilton County and sales taxes. One hundred percent of these funds were used to support operations of the Hospital in both years.

Property taxes are levied by the County and shared with the Hospital for hospital operational purposes. Property taxes are assessed by the County in November of one year and are received beginning in January of the following year. Noncapital appropriations revenue 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.

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.

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; 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 December 31, 2025 and 2024, respectively, $2,596,241 and $3,211,542 of the Hospital's bank balances of $3,135,384 and $3,714,095 were exposed to custodial credit risk as follows:

	2025	2024
Uninsured and collateral held by the pledging financial institution in the Hospital's name and irrevocable letters of credit	$ 2,596,241	$ 3,211,542

Summary of Carrying Values

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

	2025	2024
Carrying value		
Deposits	$ 3,064,635	$ 3,732,775
Petty cash	300	300
	$ 3,064,935	$ 3,733,075

Included in the following balance sheet captions:

	2025	2024
Cash	$ 3,064,935	$ 2,968,855
Certificates of deposit	-	764,220
	$ 3,064,935	$ 3,733,075

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	$ 576,030	$ 702,422
Medicaid	169,996	80,013
Blue Cross	36,961	29,596
Other third-party payers	40,110	84,878
Patients	84,022	84,833
	907,119	981,742
Less allowance for uncollectible accounts	268,157	171,876
	$ 638,962	$ 809,866

Note 4. Capital and Lease Assets

Capital assets activity for the years ended December 31, was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 303	$ -	$ -	$ -	$ 303
Land improvements	122,133	-	(52,226)	-	69,907
Buildings	2,815,888	474,148	(434,781)	-	2,855,255
Fixed equipment	1,017,396	1,000	(255,759)	259,000	1,021,637
Major moveable equipment	4,370,152	30,850	(953,213)	58,324	3,506,113
Construction in progress	317,324	-	-	(317,324)	-
	8,643,196	505,998	(1,695,979)	-	7,453,215
Less accumulated depreciation					
Land improvements	94,858	3,546	(52,226)	-	46,178
Buildings	2,769,102	50,034	(430,611)	-	2,388,525
Fixed equipment	916,956	16,569	(250,085)	-	683,440
Major moveable equipment	3,594,195	186,512	(953,214)	-	2,827,493
	7,375,111	256,661	(1,686,136)	-	5,945,636
Capital assets, net	$ 1,268,085	$ 249,337	$ (9,843)	$ -	$ 1,507,579

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Land	$ 303	$ -	$ -	$ -	$ 303
Land improvements	122,133	-	-	-	122,133
Buildings	2,815,888	-	-	-	2,815,888
Fixed equipment	1,002,599	14,797	-	-	1,017,396
Major moveable equipment	4,395,152	-	(25,000)	-	4,370,152
Construction in progress	-	317,324	-	-	317,324
	8,336,075	332,121	(25,000)	-	8,643,196
Less accumulated depreciation					
Land improvements	91,312	3,546	-	-	94,858
Buildings	2,757,615	11,487	-	-	2,769,102
Fixed equipment	912,072	4,884	-	-	916,956
Major moveable equipment	3,438,983	180,212	(25,000)	-	3,594,195
	7,199,982	200,129	(25,000)	-	7,375,111
Capital assets, net	$ 1,136,093	$ 131,992	$ -	$ -	$ 1,268,085

Lease assets activity for the years December 31 was:

	2025				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Major moveable equipment	$ 85,113	$ -	$ -	$ -	$ 85,113
Less accumulated amortization					
Major moveable equipment	45,936	11,484	-	-	57,420
Lease assets, net	$ 39,177	$ (11,484)	$ -	$ -	$ 27,693

	2024				
	Beginning Balance	Additions	Disposals	Transfers	Ending Balance
Major moveable equipment	$ 85,113	$ -	$ -	$ -	$ 85,113
Less accumulated amortization					
Major moveable equipment	34,452	11,484	-	-	45,936
Lease assets, net	$ 50,661	$ (11,484)	$ -	$ -	$ 39,177

Note 5. Long-term Obligations

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

	2025				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt					
Non-balloon promissory note	$ 2,379,807	$ -	$ 373,184	$ 2,006,623	$ 384,535
Balloon promissory note	2,916,602	-	627,106	2,289,496	-
Total long-term debt	5,296,409	-	1,000,290	4,296,119	384,535
Total long-term obligations	$ 5,296,409	$ -	$ 1,000,290	$ 4,296,119	$ 384,535

	2024				
	Beginning Balance	Additions	Deductions	Ending Balance	Current Portion
Long-term debt					
Non-balloon promissory note	$ 2,741,977	$ -	$ 362,170	$ 2,379,807	$ 373,184
Balloon Promissory Note	3,545,066	-	628,464	2,916,602	-
Total long-term debt	6,287,043	-	990,634	5,296,409	373,184
Total long-term obligations	$ 6,287,043	$ -	$ 990,634	$ 5,296,409	$ 373,184

Non-Balloon Promissory Note

The promissory note consists of an agreement with Carter Professional Care Hamilton, LLC, to repay the principal amount of $3,792,733 dated October 1, 2020. The promissory note is payable in monthly installments through November 1, 2030. The Hospital is required to make monthly payments of $36,623, including interest of 3%.

Balloon Promissory Note

The promissory note consists of an agreement with Carter Professional Care Hamilton, LLC, to repay the principal amount of $4,996,766 dated October 1, 2020. In consideration of the continuing effectiveness of the Management Services Agreement dated October 1, 2020, with Carter Professional Care Hamilton, LLC, a portion of the outstanding principal balance and accrued, but unpaid, interest shall be forgiven commencing on the first anniversary of the Management Services Agreement and on each subsequent anniversary thereafter. Any remaining principal and interest amounts shall be payable in one installment on November 1, 2030. The promissory note has an interest rate of 3%.

Debt Service Requirements – Long-term Debt

Debt service requirements on long-term debt as of December 31, 2025, are as follows:

Year Ending December 31,	Total to be Paid	Non-Balloon Promissory Note		Balloon Promissory Note	
		Principal	Interest	Principal	Interest
2026	$ 439,475	$ 384,535	$ 54,940	$ -	$ -
2027	439,475	396,231	43,244	-	-
2028	439,475	408,283	31,192	-	-
2029	439,475	420,701	18,774	-	-
2030	2,859,951	396,873	7,059	2,289,496	166,523
	$ 4,617,851	$ 2,006,623	$ 155,209	$ 2,289,496	$ 166,523

Note 6. Medical Malpractice Coverage and Claims

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

Accounting principles generally accepted in the United States of America require a health care provider to accrue the expense of its share of malpractice claim costs, if any, for any reported and unreported incidents of potential improper professional service occurring during the year by estimating the probable ultimate costs of the incidents. Based upon the Hospital's claims 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 critical access hospital (CAH) and is paid at one hundred one percent (101%) of allowable costs for certain inpatient and outpatient services. The Hospital is reimbursed for certain services and cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary.

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 97% and 95% of net patient service revenue is from participation in the Medicare and state-sponsored Medicaid programs for the years ended 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, 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 8. Management and Professional Services Agreements

The Hospital has contracted with Carter Professional Care Hamilton, LLC, for various management services. The Hospital has contracted with Carter Clinical Services, LLC, for various clinical services. The initial contract term of the management services agreement is for a period of ten years through October 1, 2030. The initial contract term of the professional services agreement is for a term of ten years through October 1, 2030. Fees incurred for the various management services provided by Carter Professional Care Hamilton, LLC and Carter Clinical Services, LLC, to the Hospital for the years ended December 31, 2025 and 2024, were $2,232,000 and $2,037,000, respectively. Fees incurred for clinical and various other services provided by Carter Professional Care Hamilton, LLC and Carter Clinical Services, LLC, to the Hospital for the years ended December 31, 2025 and 2024, were $11,042,196 and $10,404,611, respectively. Amounts due to Carter Professional Care Hamilton, LLC, at December 31, 2025 and 2024, were $894,565 and $1,081,394, respectively. Amounts due to Carter Clinical Services, LLC, at December 31, 2025 and 2024, were $7,805,267 and $6,003,294, respectively.

See Note 5 for discussion of the promissory note agreements between the Hospital and Carter Professional Care Hamilton, LLC.

Note 9. Cost-Sharing Multiple-Employer Defined Benefit Pension Plan

Plan Description

The Kansas Public Employees Retirement System Plan 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 (KPERS), 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 $64,802 and $102,239, 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 $705,054 and $1,021,393, 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 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 0.035178%, which was a decrease of 0.012905% from its proportion measured as of June 30, 2024, of 0.048083%. At June 30, 2023, the proportion was 0.057129%.

For the years ended December 31, 2025 and 2024, the Hospital recognized pension expense of $44,871 and $186,059, 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	$ 90,853	$ -
Net difference between projected and actual earnings on pension plan investments	-	24,214
Changes of assumptions	17,429	-
Changes in proportion	146,967	363,991
Hospital's contributions subsequent to the measurement date	31,049	-
Total	$ 286,298	$ 388,205

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 124,246	$ -
Net difference between projected and actual earnings on pension plan investments	6,258	-
Changes of assumptions	61,738	-
Changes in proportion	258,679	304,511
Hospital's contributions subsequent to the measurement date	47,994	-
Total	$ 498,915	$ 304,511

At December 31, 2025, the Hospital reported $31,049 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:

2026	$ (12,393)
2027	(5,274)
2028	(69,500)
2029	(45,789)
	$ (132,956)

Actuarial Assumptions

The total pension liability in the December 31, 2024 and 2023, actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement:

	2025	2024
Price 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 assumptions used in the December 31, 2024, valuation were based on the results of an actuarial experience study prepared during 2024.

The actuarial assumptions used in the December 31, 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 table:

	2025		2024	
Asset Class	Target Allocation	Long-term Expected Real Rate of Return	Target Allocation	Long-term Expected Real Rate of Return
Non-U.S. Equities	43.0%	8.20%	43.0%	8.20%
Core Fixed Income	13.0%	2.20%	13.0%	2.20%
Yield Driven	12.0%	5.30%	12.0%	5.30%
Infrastructure	3.0%	6.80%	3.0%	6.80%
Real Estate	15.0%	5.70%	15.0%	5.70%
Alternatives	11.0%	12.00%	11.0%	12.00%
Short-term Investments	3.0%	0.30%	3.0%	0.30%
	100%		100%	

Discount Rate

The discount rate used to measure the total pension liability was 7.00% for the years ended June 30, 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	$ 1,040,438	$ 705,054	$ 423,376

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	8	10
Disabled employees	1	1
	9	11

Total OPEB Liability

The Hospital's total OPEB liability of $48,162 and $54,324 was measured as of June 30, 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, 2024 and 2023, 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% to 10.30%	3.50% to 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 PUB 2010 Mortality Tables, with age setbacks and age set forwards as well as other adjustments based on different membership groups, as appropriate with adjustments for mortality improvements based on MP-2021 Mortality Tables for the December 31, 2024 and 2023, actuarial valuations.

The actuarial assumptions used in the December 31, 2024, valuation were based on the results of an actuarial experience study for the three-year period ended December 31, 2022.

The actuarial assumptions used in the December 31, 2023, valuation were based on the results of an actuarial experience study for the three-year period ended December 31, 2022.

Changes in the Total OPEB Liability

Changes in the total OPEB liability are:

	2025	2024
Balance, beginning of year	$ 54,324	$ 55,719
Changes for the year:		
Service cost	2,804	2,648
Interest	2,130	2,024
Differences between expected and actual experience	(2,646)	519
Changes of assumptions	(2,560)	(696)
Benefit payments	(5,890)	(5,890)
Net changes	(6,162)	(1,395)
Balance, end of year	$ 48,162	$ 54,324

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 current discount rate.

	1% Decrease (4.20%)	Current Discount Rate (5.20%)	1% Increase (6.20%)
Hospital's total OPEB liability	$ 50,164	$ 48,162	$ 46,266

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 $2,711 and $2,966, 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	$ 4,230	$ 8,112
Changes of assumptions	2,306	6,310
Total	$ 6,536	$ 14,422

	2024	
	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 5,035	$ 7,801
Changes of assumptions	2,935	5,072
Total	$ 7,970	$ 12,873

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	$ (2,098)
2027	(1,337)
2028	(400)
2029	(800)
2030	(1,100)
Thereafter	(2,151)
	$ (7,886)

Note 11. Management's Consideration of Going Concern Matters

The Hospital has incurred losses from operations for the past several years, and owes amounts to Carter Professional Care Hamilton, LLC and Carter Clinical Services, LLC in excess of liquid resources (see Notes 5 and 8). The financial statements have been prepared assuming the Hospital will continue as a going concern, realizing assets and liquidating liabilities in the ordinary course of business. Management is considering several alternatives for mitigating these conditions during the next year. These include evaluation of staffing patterns in the Hospital, pursuit of additional tax support, adjustments of charge rates for services to meet market conditions and other forms of financing. Although not currently planned, realization of assets in other than the ordinary course of business in order to meet liquidity needs could incur losses not reflected in these financial statements. There can be no assurance that management's plans will be implemented effectively or that the plans will mitigate negative financial conditions.

The accompanying financial statements have been prepared assuming the Hospital will continue as a going concern; however, the above conditions raise substantial doubt about the Hospital's ability to do so. The financial statements do not include any adjustments to reflect the possible future effects on the recoverability and classification of assets or the amounts and classifications of liabilities that may result should the Hospital be unable to continue as a going concern.

Required Supplementary Information

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
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 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *
Hospital's proportion of the net pension liability	0.035178%	0.048083%	0.057129%	0.032948%	0.066703%	0.051743%	0.045678%	0.009886%	0.052502%	0.154778%
Hospital's proportionate share of the net pension liability	$ 705,054	$ 1,021,393	$ 1,198,512	$ 655,021	$ 800,407	$ 897,045	$ 638,292	$ 137,790	$ 760,468	$ 2,394,461
Hospital's covered-employee payroll	$ 865,907	$ 1,108,154	$ 1,061,244	$ 831,147	$ 1,286,285	$ 963,395	$ 933,400	$ 173,609	$ 880,545	$ 1,831,408
Hospital's proportionate share of the net pension liability as a percentage of its covered-employee payroll	81.42%	92.17%	112.93%	78.81%	62.23%	93.11%	68.38%	79.37%	86.36%	130.74%
Plan fiduciary net position as a percentage of the total total pension liability	75.26%	72.75%	70.70%	69.75%	76.40%	66.30%	69.88%	68.88%	67.12%	65.10%

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

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Schedule of the Hospital's Pension Contributions
Kansas Public Employees Retirement System Plan
Last Ten Fiscal Years

	2025 *	2024 *	2023 *	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *	2016 *
Contractually required contribution	$ 64,802	$ 102,239	$ 94,080	$ 75,446	$ 88,103	$ 97,105	$ 89,022	$ 46,237	$ 22,762	$ 174,737
Contribution in relation to the contractually required contribution	64,802	102,239	94,080	75,446	88,103	97,105	89,022	46,237	22,762	217,970
Contribution deficiency (excess)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ (43,233)
Hospital's covered-employee payroll	$ 667,371	$ 1,104,100	$ 1,116,016	$ 847,696	$ 993,280	$ 1,127,818	$ 1,001,370	$ 551,094	$ 264,488	$ 880,167
Contributions as a percentage of covered-employee payroll	9.71%	9.26%	8.43%	8.90%	8.87%	8.61%	8.89%	8.39%	8.61%	24.76%

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

Hamilton County Hospital
A Component Unit of Hamilton County, Kansas
Schedule of Changes in the Hospital's Total OPEB Liability and Related Ratios
Last Ten Fiscal Years

	2025 *	2024 *	2023 *	2022 *	2021 *	2020 *	2019 *	2018 *	2017 *
Total OPEB Liability									
Service cost	$ 2,804	$ 2,648	$ 905	$ 3,194	$ 3,635	$ 2,749	$ 421	$ 415	$ 5,128
Interest	2,130	2,024	1,879	1,382	1,486	2,239	2,320	2,783	2,412
Differences between expected and actual experience	(2,646)	519	4,036	(2,699)	(2,281)	(1,318)	3,463	(13,988)	-
Changes in assumptions	(2,560)	(696)	(301)	(4,592)	179	4,651	1,373	(1,132)	(3,835)
Benefit payments	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)	(5,890)
Net Change in Total OPEB Liability	(6,162)	(1,395)	629	(8,605)	(2,871)	2,431	1,687	(17,812)	(2,185)
Hospital's Total OPEB Liability - Beginning	54,324	55,719	55,090	63,695	66,566	64,135	62,448	80,260	82,445
Hospital's Total OPEB Liability - Ending	$ 48,162	$ 54,324	$ 55,719	$ 55,090	$ 63,695	$ 66,566	$ 64,135	$ 62,448	$ 80,260
Hospital's Covered-Employee Payroll	$ 665,775	$ 1,092,680	$ 1,071,870	$ 539,783	$ 1,112,585	$ 935,034	$ 854,961	$ 96,252	$ 1,359,973
Hospital's Total OPEB Liability as a Percentage of Covered-employee Payroll	7.23%	4.97%	5.20%	10.21%	5.72%	7.12%	7.50%	64.88%	5.90%
Changes of Assumptions									
Discount rate	5.20%	3.93%	3.65%	3.54%	2.16%	2.21%	3.50%	3.87%	3.58%

Note to Schedule: This schedule is intended to show a 10-year trend. Additional years will be reported as they become available.

No assets are accumulated in a trust that meets the criteria 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 fiscal year).